QUARTERLY REPORT 27 (AMCC 6) JANUARY – MARCH 2011

Rolling Continuation Channel (RCC) and Round 8

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

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JANUARY-MARCH 2011

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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
AOTR	Agreement Officer Technical Representative
DMO	District Medical Officer
GFATM	Global Fund for AIDS, Tuberculosis and Malaria
GPS	Global Positioning System
HP	Hati Punguzo
IHI	Ifakara Health Institute
IRK	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

Almost 9 million LLINs issued through UCC and campaign over 50% complete.
The total number of LLINs issued to the first four of seven zones is 8,985,536. The end of the quarter was marked with issuing in West Lake zone where a total of 2,329,243 LLINs were issued to the target group. Registration is complete in all zones, with a total of 1,705,829 sleeping spaces registered in Northern zone. The total uncovered sleeping spaces registered nationwide is 15,539,959 sleeping spaces. A total final delivery figure of 19,529,920 LLINs is expected at the end of UCC, if MoHSW approves the remaining orders for the last two zones (Coast and Northern, which are pending approval).

Voucher dispatching resumes in March.
With a contract in place for LLIN supply using PMI-AMCC funds, MEDA recommenced dispatch of IV to DMO offices. A total of 182,950 IVs were distributed between March 11th and 31st. Due to a re-examination of the Voucher Liability calculations, MEDA was also able to distribute more PWV. Between March 17th and 31st, 140,425 PWVs were dispatched. Since the LLIN voucher launch in September 2009, 1,994,900 LLIN PWVs and 1,674,300 LLIN IVs have been distributed.

Since LLIN voucher upgrade, over 1.7 million LLIN vouchers redeemed for a net.
LLIN voucher redemptions since the voucher upgrade in September 2009 stand at 919,294 PWVs and 827,024 IVs. This quarter alone, 234,626 PWV and 175,135 IV were redeemed for LLINs. From program inception a total of 6,993,902 vouchers have been redeemed for a net through March 31st, 2011, of which 4,839,294 were for pregnant women and 2,154,608 for infants. The cumulative redemption rate is 70% for PWV and 61% for IV.

Total of 5,232 LLIN retailers verified by MEDA and input into the TNVS Mobile system.
The number of retailers countrywide as reported by A-Z is 10,250 as compared to 10,246 at the end of the last quarter. However, 5,410 retailers have proof of recruitment in the form of retailer contracts delivered to MEDA by A-Z. MEDA has verified these retailer contracts and found that 5,232 contracts (almost 97% of the 5,410 contracts submitted) are correct and have been locked into the online retailer database. Net sales to these retailers remain strong: since September 2009, a cumulative of 1,733,336 LLINs have been sold to retailers, of which 300,191 were sold this quarter.

New LLIN supply contract signed with A- Z Textile Mills.
As part of the process related to MEDA's tender for an LLIN supplier using PMI-AMCC funding, negotiations were conducted this quarter with two bidders. The most competitive bidder was disqualified. The contract with the second most competitive bidder, A- Z Textile Mills Limited, came into effect on March 1, 2011. This contract will enable the supply of 800,797 LLINs at a cost of USD5.90 per LLIN including delivery to retailer.

The MEDA Tanzania rightsizing process commences.
This quarter MEDA Tanzania prepared a detailed plan to transition the organization upon closure of its Global Fund projects. A needs assessment was conducted to determine the structure and capabilities required to run only the Infant Voucher portion of the TNVS. MEDA looked at new and innovative options for conducting our work, particularly in the field. In March, senior management announced the transition plan to staff whereby all staff will reapply for positions within the organization, with the "rightsized" MEDA in place by July.

MANAGERIAL CONCERNS AND WAY FORWARD

MEDA Tanzania would like to acknowledge the major challenges which we have been facing and which we are fully committed to addressing.

Retailer recruitment numbers reported by A- Z from cash sales (10,250) differ substantially from the total number of completed retailer contracts received by MEDA (5,410). The large variance between these two accounts can primarily be attributed to the multiple names being recorded for one actual shop on the cash sales receipts. Although there are active retailers and new shops for whom paper contracts are yet to be received, it is not believed that it does not represent such a substantial amount. MEDA and A- Z will meet in the upcoming quarter to reconcile reports further and move forward using one common retailer recruitment figure.

The continued hiatus on voucher dispatching due to the required LLIN re-tendering and contracting process (IVs) and the reached voucher liability limit for Global Fund funding (PWVs) resulted in increased levels of voucher stock-outs at the District and Clinic level. The voucher stock-outs resulted in some beneficiaries not receiving their vouchers, hence causing some damage to the program reputation within the public health and private retailer systems. The signing of the PMI AMCC supplier contract and the approval of the revised voucher liability calculations at the beginning of March allowed the resumption of voucher dispatching for both PWV and IV.

UCC activities (LLINs distribution in Coast Zone) were put on hold pending approval of the Procurement and Supply Management Plan by GF. The Local Funding Agency (LFA), PricewaterhouseCoopers (PwC) will be doing data verification exercise, on GF request, this activity is expected to start April 11th 2011 throughout for two weeks. They will be required to submit the report back to GFATM after two weeks of field verifications. This process is UCC activities to be delayed for at least two months given the fact that the LLINs manufacturer will require another four weeks for distribution of LLINs to the village level. The plan is therefore to resume the next issuing (Coast Zone) end of May 2011 given the outcomes of the report by LFA.

Relocation of LLINs inter-zonally is proving costly and complicated. Apart from the fact that relocation of buffer stocks from previous zone is also pending on the verifications being done by LFA, the exercise is has higher cost in relation to the budget available. The budget for the whole exercise is US $ 120,000 but the minimum transport quote for the first four zones is US $ 90,000 while there are other two zones which haven't been quoted for. The question remains whether the remaining US $ 30,000 is enough for the remaining two zones. A decision on the same to be made by MoHSW in and around late April 2011.

UCRC scanning requires substantially higher than estimated resources and time; UCC has currently been using two NCR scanning machines of which one totally stopped working due to dust from cards and the second machine is working but very erratically as scanning stops due to poor condition of cards. These occurrences have caused an accumulation of UCRC back log, which has become a challenge in the sorting and scanning of UCRCs in time. MEDA had initially anticipated scanning at least 190,000 cards a day but the challenge in hardware has brought the number down to around 37,000. A vacuum cleaner has been purchased which is being used to clean the UCRCs before they are scanned. In the meantime a plan is in place to repair NCR scanner and renew the tenure for the UCC team.

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 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 polyester net bundled with an insecticide re-treatment kit, to a Long Lasting Insecticidal Net (LLIN) that comes pre-treated, lasts longer, and does not require retreatment.
2) Increase the affordability of treated bed nets by reducing the top-up amount to be paid by the recipient to a fixed TZS 500.

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 plays 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 three strategies:

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

2. **Contribute to effective and efficient initiatives that ensure 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;

This quarterly report includes 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 Universal Coverage Campaign (UCC)

1.1.1 UCC Activity Summary

Table 1: UCC Activity Summary for January-March 2011

Location	Sleeping Spaces Registered	LLINs Order Incl. Buffer Stock	LLINs Issued to Target Group
Southern Zone	1,947,680	2,530,160	2,214,908
Southern Highlands	2,118,584	2,747,240	2,246,500
Central Zone	2,004,892	2,605,880	2,194,885
West Lake	2,221,421	2,700,640	2,329,243
Lake Zone	2,828,865	3,436,200	-
Coast Zone	2,712,688	3,414,000	-
Northern Zone	1,708,945	2,095,800	-
Total this quarter	**7,250,498**	**8,946,000**	**4,524,128**
Grand Total	**15,543,075**	**19,529,920**	**8,985,536**

1.1.2 Registration of Sleeping Spaces

Registration took place in three zones this quarter, namely Lake, Coast and Northern zones and these marked the end of the registration exercise for UCC. In Lake Zone (Mwanza, Kagera and Mara) registration took place between 3rd and 7th of January 2011 where a total of 2,828,865 sleeping spaces were registered. A total of 3,436,200 LLINs were ordered and delivered to the same zone including an approximately 22% buffer stock (7% at village level and 15% at district level).

In Coast zone (Dar es salaam, Tanga and Pwani), registration of sleeping spaces took place from 24th to 28th January 2011 and a total of 2,712,688 households sleeping spaces were registered. The order totaling 3,414,000 LLINs for this zone will be sent to MoHSW while issuing activities are not yet planned due to the Procurement and Supply Management Plan pending approval.

In the final zone, Northern, a total number of 1,705,829 sleeping spaces were registered for UCC between February 21st to 25th 2011. The Northern Zone order will be sent to MoHSW once the approval for issuing has been given by the MoHSW.

1.1.3 LLIN Issuing

Issuing of LLINs was completed in two zones in the past quarter. In the Central zone (Dodoma, Morogoro and Singida regions), the exercise took place between January 7th and 9th 2011, with a total number of 2,194,885 LLINs issued to target groups.

This number issued is from a total 2,605,880 LLINs delivered leaving approximately 410,995 (15.8%) of LLINs at either village or DMO stores. Arrangements are underway to issue these LLINs to institutional sleeping spaces and to villages still reporting shortfalls.

In West Lake Zone (Kigoma, Shinyanga and Tabor regions), LLIN issuing took place from February 18th to 20th, 2011 with a total of 2,329,243 LLINs issued. 13.8% of the total 2,700,640 LLINs delivered in the zone were remaining after the initial issuing exercise. As in

Central zone, arrangements are underway to issue these extra LLINs to institutional sleeping spaces and villages with reported shortfalls. In West Lake zone the issuing of LLINs for institutional sleeping spaces was done concurrently with household issuing exercise.

1.1.4 Challenges and Actions Taken

Excess buffer stock

While issuance of buffer stocks in each zone has proven useful, the issuance of buffer stocks equivalent to 30% more than the original requirement in each zone has proved to be unnecessary and lead to excess amounts of LLINs after issuing in first two zones. MEDA was asked by MoHSW to provide several options of buffer stock levels, ranging from a very small DMO buffer to an option for expending all funds available. While 30% buffer was sent to the first three zones, MoHSW agreed that buffer stock requirements would be evaluated on a zone-by-zone basis going forward. The MoHSW reviewed the distribution data and comments from MEDA and decided that the 22% buffer stock 15% and 7% at district and village level respectively will be applied in Lake and Coast zones. The buffer stock for Northern has been reduced to 17% to make sure there are no planned surpluses as we finalize UCC activities. This was derived from the analysis performed by MEDA to determine if enough funds were available to deliver this level of DMO buffer.

Redistribution of remaining DMO's Buffer Stocks

The MoHSW ordered MEDA to work with the district authorities to re-distribute the remaining LLINs at DMO's offices to all household sleeping spaces not reached during the issuing exercise and to ensure that all institutional sleeping spaces (orphanages, boarding schools, hospitals, prisons and army camps) not covered with LLINs are to receive nets. MEDA has requested a letter from NMCP to inform all zones that DMOs are permitted to use their buffer stocks to address unmet needs, as was done in Southern zone. Some DMOs have been pro-active in this regard, while others are refusing to issue buffer stocks claiming that they do not have the necessary budget to fund the distribution exercise.

Uncertainty of Issuing dates

Issuing dates for Coast and Northern zones are not yet confirmed due to the issues outlined previously. Initially the issuing dates for both zones were planned and communicated to all partners and stakeholders. Due to the ongoing GF verification exercise, the issuing dates have changed causing uncertainty for planning. To avoid disturbance to regional and district authorities and beneficiaries, MEDA has written a letter to regional and district authorities informing them about the postponement of the issuing campaigns in their respective regions/districts.

UCRC scanning slower than expected

UCRC scanning requires substantially higher than estimated resources and time due to poor condition of the cards returning from the field. The UCC has currently been using two NCR scanning machines of which one totally stopped working due to dust from cards and the second machine is working but continues to face regular downtime for maintenance. These occurrences have caused an accumulation of UCRC backlog, which has become a challenge in the sorting and scanning of UCRCs in time. MEDA had initially anticipated scanning at least 190,000 cards a day based on machine capabilities but the challenge of poor card condition has brought the number down to approximately 37,000 per day. Besides these hardware challenges we are facing, the following issues/problems have also negatively impacted the sorting and scanning of UCRCs resulting in a slow pace of work ;

- Some issuing records were done on papers instead of the UCRC cards, in which case it is impossible to scan the papers into the database.
- Many cards are in very bad shape and can't be scanned since they are very dirty / soiled.

- Some cards are found with the net barcode on top of the card's barcode which makes these cards not scan-able.
- Some cards have been torn apart and can't be counted or scanned

A vacuum cleaner has been purchased which is being used to clean the UCRCs before they are scanned. In the meantime, a plan is in place to repair NCR scanner and renew the tenure for the UCC team. MEDA is also evaluating the UCRC scanning and data quality received as a whole to determine continued viability.

Strategy 2: Contribute to effective and efficient initiatives that ensure 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 27	ITN	0	0	724	0%
	LLIN	500,000	172,075	234,626	37%
	All PWV	500,000	172,075	235,350	30%
Cumulative	ITN	6,650,000	5,946,129	3,920,000	71%
	LLIN	2,500,000	1,994,900	919,294	69%
	All PWV	8,650,000	7,941,029	4,839,294	70%

2.1.2 PWV Procured

A consignment of 500,000 PWVs was procured this quarter. Therefore, the total number of PWVs procured since launch in 2004 then stands at 8,650,000 vouchers, of which 2,500,000 are LLIN PWVs. The procurement of additional PWVs was made necessary by the revised Voucher Liability calculations which have allowed for the dispatching of over 500,000 additional PWVs with existing funding levels.

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 securely stored. Clinic staff members regularly collect or they are supplied with new books by the DMOs' office through regular health supplies deliveries 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%, and during normal supervision visits

Distribution of PWV which had been on hold since January 7th 2011 recommenced this quarter on March 17th 2011 through support from the existing Global Fund funding. In total, 172,075 LLIN PWVs were distributed to districts in this 27th quarter: 31,650 in January and 140,425 in March. Since dispatch of the LLIN voucher began in September 2009, 1,994,900 LLIN PWV have been dispatched. Total PWV distribution to districts at the end of the quarter stands at 7,941,029 of which 5,768,504 vouchers were distributed under GFATM support and 2,172,525 under PMI support. The total number of PWVs that can be distributed after March 31, 2011 according to the March 2011 voucher liability report is now 382,694 LLIN PWVs. Chart 1 and Chart 2 show the actual number of PWVs by voucher type distributed cumulatively and per quarter since July 2004 to date (Q 1 to Q 26).

Chart 1: PWV Distributed to District Medical Officers Cumulatively

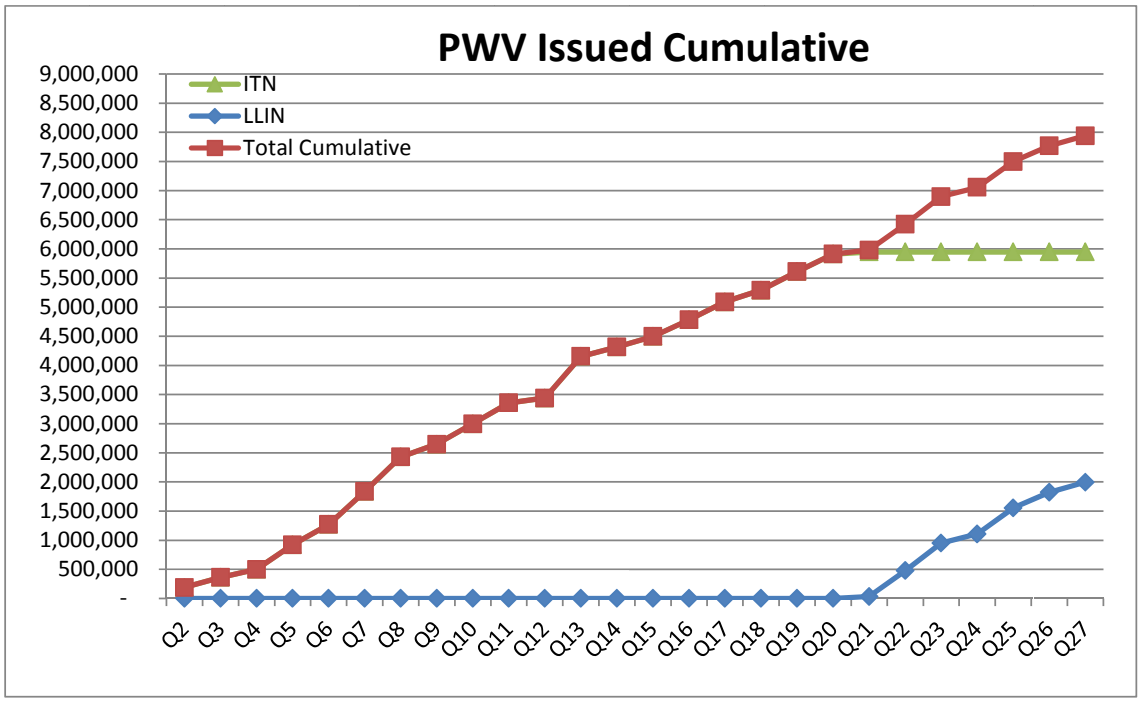
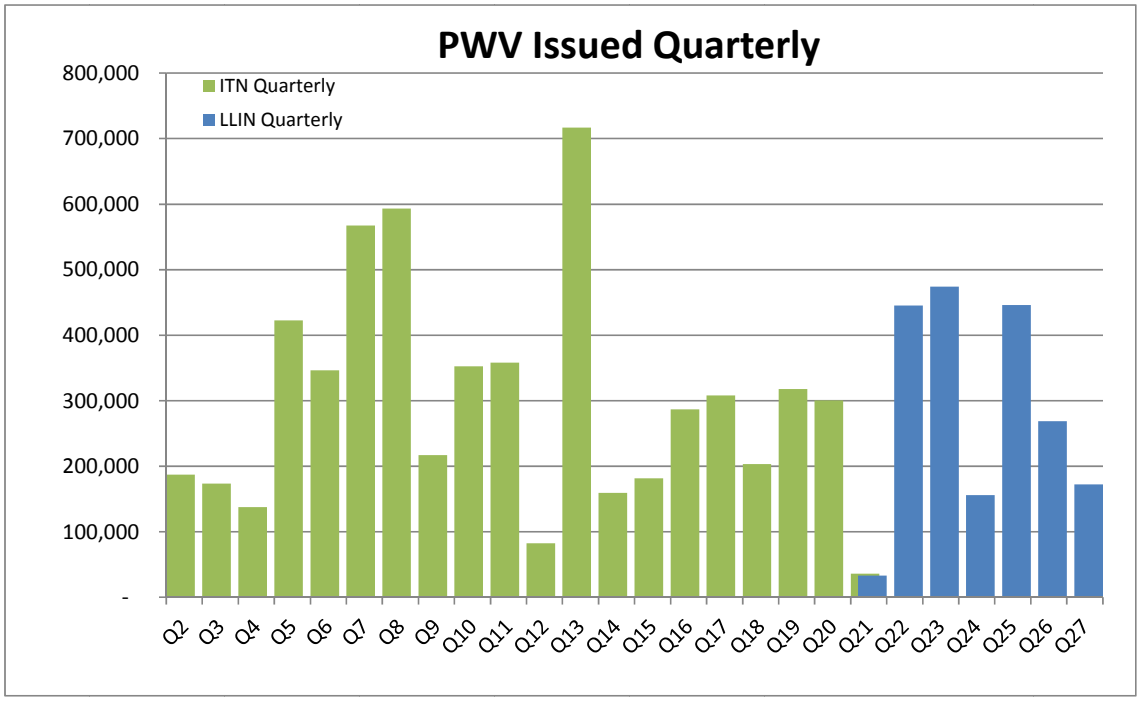


Chart 2: PWV Distributed to District Medical Officers Quarterly



2.1.4 PWV Returned

Returned vouchers are defined as 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 manufacturer and scanned into the database, payment is made to the relevant manufacturer for the value of the LLIN in the contractual agreement.

This quarter, MEDA processed 724 PWV old value vouchers all of them being received in February. This was a result of two one-time only deliveries of the remaining old value vouchers by Moshi Textiles (previous program ITN Supplier) and M.A. Thabit & Sons (previous program wholesaler). The Moshi Textiles old value vouchers were not paid by MEDA as they were judged to have been given enough time and notice to return all old value vouchers within the original due date. The old value vouchers submitted by M.A. Thabit & Sons were paid by MEDA because the wholesaler had tried to return the vouchers through A to Z during the original exchange period however they were not attended. Documentation of the issue and requests from the wholesaler for direct delivery to MEDA were on record since July 2010.

The cumulative number of PWVs returned since program inception stands at 4,839,294 (865,336 funded through PMI) at the end of quarter 27. In total, 235,350 PWVs were returned during the quarter; 71,403 vouchers were returned in January, 48,774 in February and 115,173 vouchers were returned in March, average monthly returns this quarter of 78,450 vouchers returned. Cumulatively, 919,294 LLIN PWV have been returned.

Redemption of old value PWVs for an LLIN at a fixed top up of TZS 500 (hybrid vouchers) were initially permitted at the retailer level until July 31st, 2010 however these vouchers were collected by manufacturers and continue to be submitted in small numbers. Cumulatively, 59,334 Hybrid PWVs have been returned, of which only 15 vouchers were returned in quarter 27: 11 in January, 1 in February and the other 3 vouchers in March. MEDA continues to receive hybrid vouchers past the deadline but has ceased making payment to the Supplier for these vouchers. However, as they represent a net sold and voucher exchanged we do find it important to include them in the program reporting.

Chart 3 and Chart 4 show cumulative and quarterly returns of PWVs by voucher type since program inception. Chart 5 shows the returns of vouchers per subsidy type since October 2009 at the introduction of the LLIN voucher.

Chart 3: PWV by Type Returned to MEDA Cumulatively

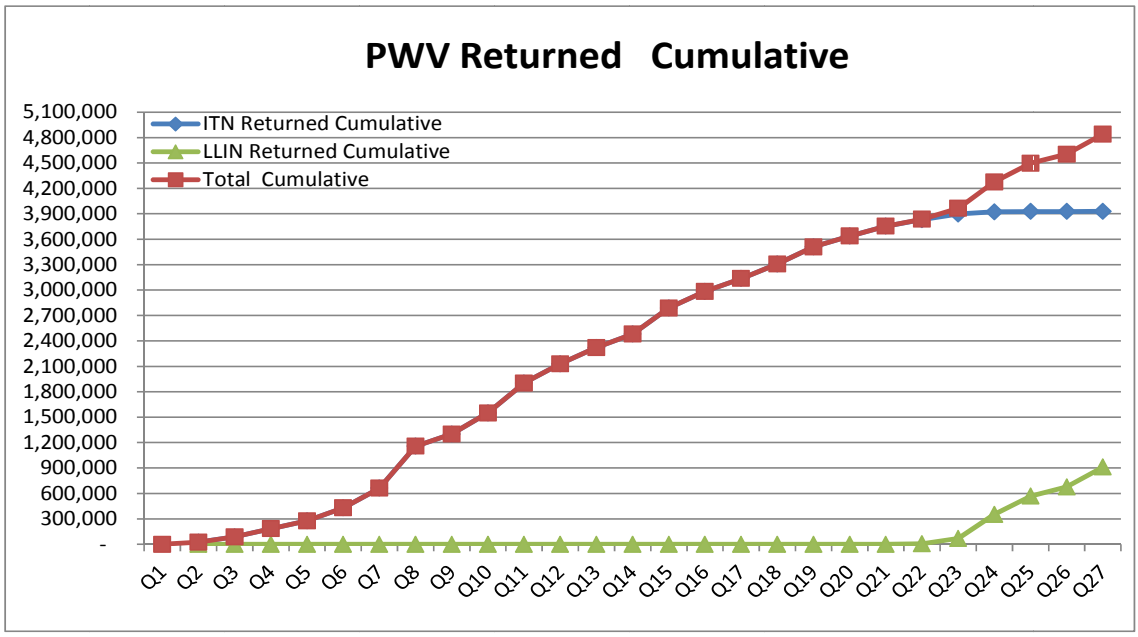


Chart 4: PWV by Type Returned to MEDA Quarterly

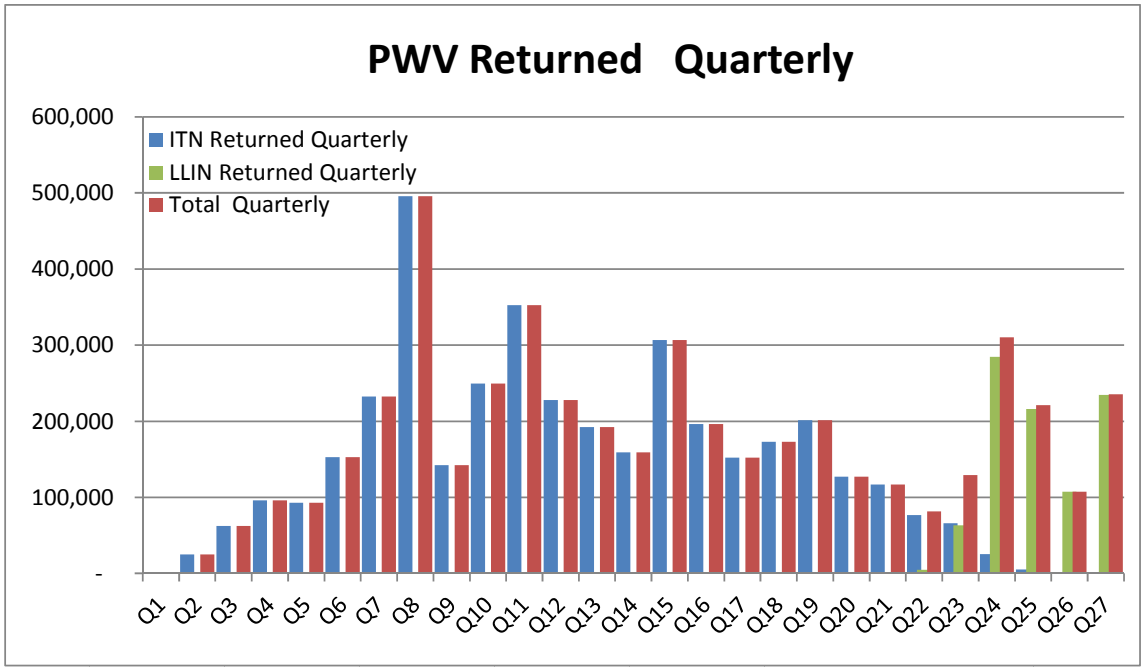


Chart 5: PWV Returned to MEDA by Subsidy Type

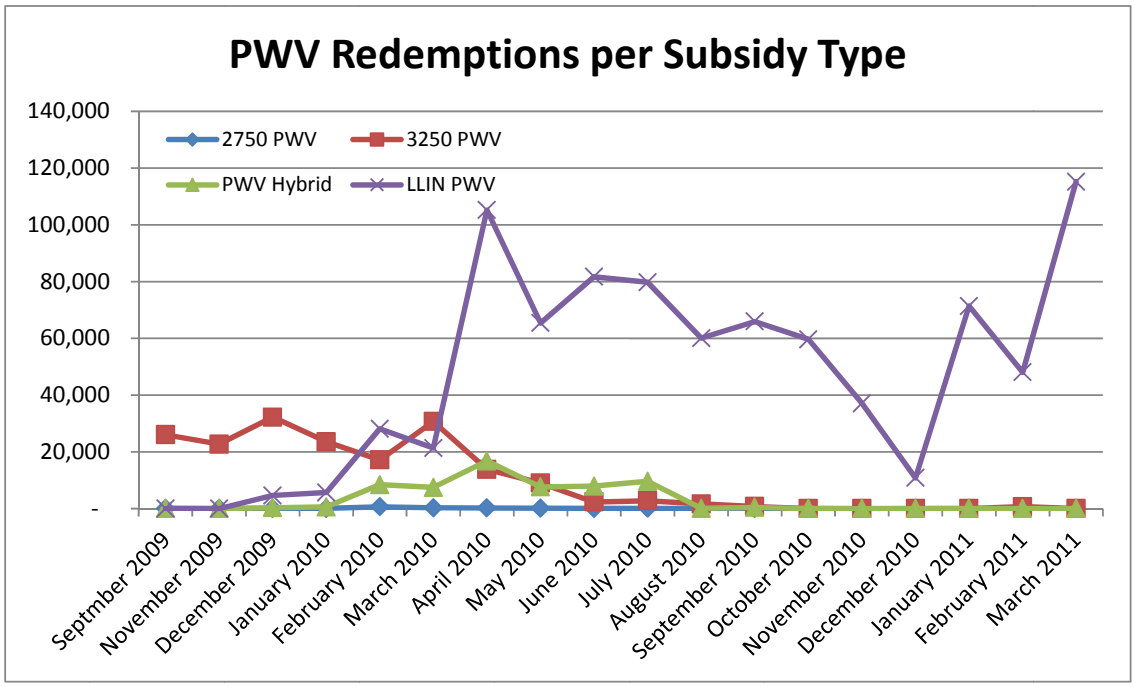


Chart 5 above shows a decline in voucher returns for all other types with exception of LLIN PWVs. The main reason for the sharp increase of LLIN PWVs redemptions is that A-Z sales teams are now back with full swing in the field selling nets since December 2010.

2.1.5 PWV Redemption Rate

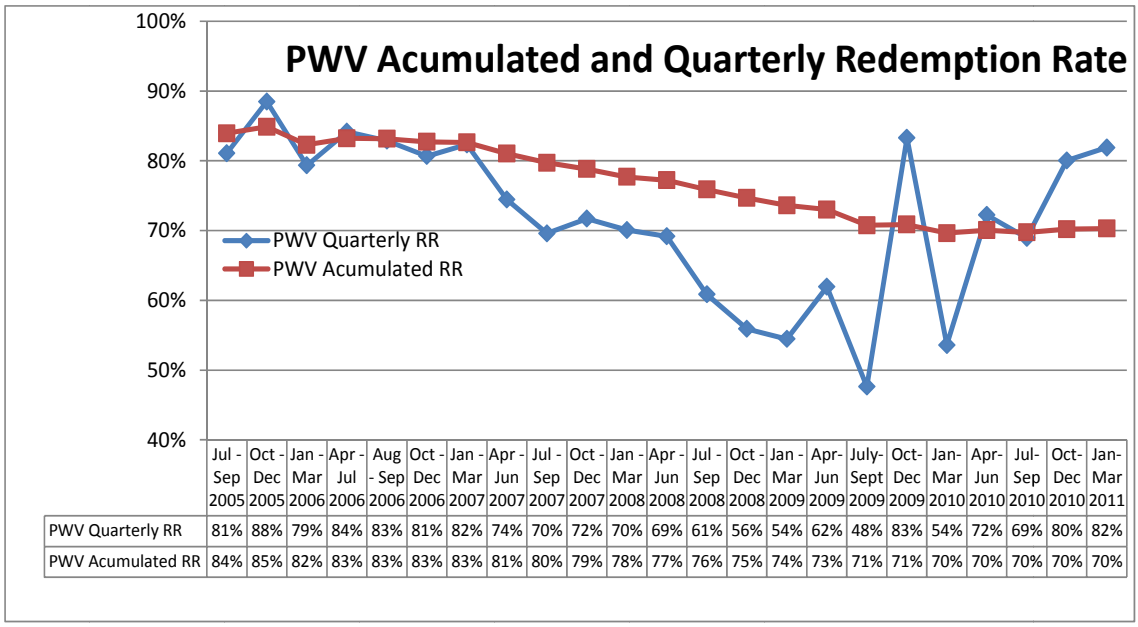
MEDA counts a voucher as "redeemed" when it has been returned to MEDA, scanned into the database and matched with its corresponding stub, which has also been returned and scanned into the MEDA database. The formula used to calculate the redemption rate is therefore:

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

The quarterly redemption rate is calculated based on stubs and vouchers with corresponding stubs returned during the quarter. In quarter 27, there were 4,463 PWV stub books returned, equivalent to 111,575 vouchers. This quarter 91,368 vouchers have been matched with their corresponding stubs at MEDA, resulting in a quarterly redemption rate of 82%.

Cumulatively, 222,560 PWV stub books have been returned to MEDA from the DMOs, representing a total of 5,564,004 vouchers which have been issued to the target group. 3,911,867 of the total 5,564,004 returned vouchers have been matched with their corresponding stubs at MEDA, making the effective accumulated redemption rate 70%. A total of 1,652,137 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 6 shows the comparison of both accumulated redemption rates at the end of each quarter and the quarterly redemption rate.

Chart 6: PWV Quarterly and Accumulated Redemption Rates



	Jul - Sep 2005	Oct - Dec 2005	Jan - Mar 2006	Apr - Jul 2006	Aug - Sep 2006	Oct - Dec 2006	Jan - Mar 2007	Apr - Jun 2007	Jul - Sep 2007	Oct - Dec 2007	Jan - Mar 2008	Apr - Jun 2008	Jul - Sep 2008	Oct - Dec 2008	Jan - Mar 2009	Apr- Jun 2009	July- Sept 2009	Oct- Dec 2009	Jan- Mar 2010	Apr- Jun 2010	Jul- Sep 2010	Oct- Dec 2010	Jan- Mar 2011
PWV Quarterly RR	81%	88%	79%	84%	83%	81%	82%	74%	70%	72%	70%	69%	61%	56%	54%	62%	48%	83%	54%	72%	69%	80%	82%
PWV Acumulated RR	84%	85%	82%	83%	83%	83%	83%	81%	80%	79%	78%	77%	76%	75%	74%	73%	71%	71%	70%	70%	70%	70%	70%

The TNVS program has continued to face challenges in sustaining the increased demand for the new LLINs, which affects redemption rates. This is brought about by mis-match in volumes of vouchers and LLINs at any time in the field in specific places. This is because the voucher value will not be complete if vouchers and LLINs do not arrive consistently at the same time. MEDA and A-Z are continually putting a great focus on retailer coverage rather than total number of retailers to ensure that retailers are in the most remote areas.

The introduction of the LLIN voucher has also afforded a new way of examining redemption trends. MEDA has continued to do batch tracking analysis on the same batch of vouchers which was analysed since quarter 24, which includes 454,050 LLIN PWV that were dispatched to clinics throughout the country over the period October 1st to December 31st 2009. As of March 31st 2011, 304,362 or 67% of those vouchers had been returned to MEDA.

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

PWV dispatched Between October 1 , 2009 and March 31, 2011		
Quantity PWV dispatched:	454,050	100%
Month	**# of LLIN PWV Returned**	**% of total dispatched**
December-2009	2,373	0.5%
January-2010	3,416	0.8%
February[1]-2010	-	0.0%
March-2010	39,904	8.8%
April-2010	78,203	17.2%
May-2010	38,180	8.4%
June-2010	39,315	8.7%
July-2010	31,048	6.8%
August-2010	20,467	4.5%
September-2010	16,842	3.7%
October-2010	10,647	2.3%
November-2010	5,867	1.3%
December-2010	1,187	0.3%
January-2011	5,870	1.3%
February-2011	2,968	0.7%
March-2011	8,063	1.8%
Total Returned by March 31st 2011	**304,362**	**67%**

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 277 days as of March 31st 2011, we are continuously tracking these vouchers indefinitely. Although we expected 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, we will continue to monitor returns of vouchers for extra more months in order to obtain the actual number of days a given batch of vouchers will be exhausted from the field back to MEDA.

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. Cumulatively since October 2009, 926 PW out of 972 PW in the clinic registers over the last four quarters received a voucher during a visit to the RCH clinic for a percentage total of 95.3% 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
Cumulatively (Since Oct. 09)	972	926	46	95.3%

[1] VTS Canon CR-180 scanner broke down and no scanning was done in the month of February 2010

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 staffs 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, thus the need to track both the timing and number of pregnant women accessing and redeeming vouchers for LLIN during pregnancy period. Since the net is meant to protect women from malaria during pregnancy, MEDA also collects data on the proportion of women who receive a voucher at first visit. Due to field teams being out of their regions working on the UCC, updated key performance indicator data was not collected this quarter. As we resume monthly data collection from March 2011, new data will be available in the following quarterly report. Cumulatively, 3,966 out of 4,583 PW received a PWV during their first visit to the RCH clinic for a total of 86.5%. Data is summarized in Table 5.

Table 5: PW Receiving Vouchers at First RCH Visit

	Sample Size (No. of PW)	Received Voucher at 1st ANC Visit	Did Not Receive Voucher at 1st ANC Visit	Proportion Receiving Voucher at 1st ANC Visit
Cumulatively	4,583	3,966	1,411	86.5%

It has been a challenge 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.

Cumulatively, 1549 PW (52%) of 2970 PW had been to the clinic when they were more than 20 weeks pregnant. 1383 PW (46.6%) of 2970 PW had been to the clinic when they were less than 20 weeks pregnant and 38 PW (1.7%) of 2970 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
Cumulatively	2,970	1,549 (52%)	38 (1.7%)	1,383 (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 27	ITN	0	0	375	0%
	LLIN	500,000	182,950	175,135	30%
	All IV	500,000	182,950	175,510	28%
Cumulative	ITN	2,475,000	2,769,800	1,327,585	56%
	LLIN	2,500,000	1,664,300	827,024	61%
	All IV	4,975,000	4,434,100	2,154,608	61%

2.2.2 IV Procured

A consignment of 500,000 LLIN infant vouchers with a slightly modified design were procured and delivered from the security printer in South Africa this quarter. Changes to the voucher include: a two month expiry date (60 day validity vouchers), a net barcode place holder, additional fields to capture contact numbers of retailers and RCH staff, and a change in the colour to brown to explicitly distinguish it from the PW vouchers which are green. The total number IVs procured cumulatively from program start thus increased to 4,975,000 vouchers at the end of this quarter, of which 2,500,000 are LLIN IVs.

2.2.3 IV Distributed to Districts

Voucher books are continually replenished at district level and subsequently at RCH level with clinic staff regularly collecting 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%.

Distribution LLIN IVs was halted during the last quarter (since September 28th 20011) when funding for issuance of new vouchers under PMI's TNVS cooperative agreement was depleted until late this quarter (March 11th 2011) when distribution resumed as per the new voucher liability report plus release of AMCC funds ending up with a total of 182,950 LLIN IVs distributed this quarter. Of the cumulative 4,434,100 IVs distributed to date, 1,664,300 are LLIN IVs. Total number of infants vouchers which can be issued as per March 31st 2011 voucher liability report is 202,045.

Chart 7 and Chart 8 illustrate the actual number of IVs distributed cumulatively and quarterly since their introduction IV vouchers into the TNVS in July 2006.

Chart 7: IV Distributed to District Medical Officers Cumulatively

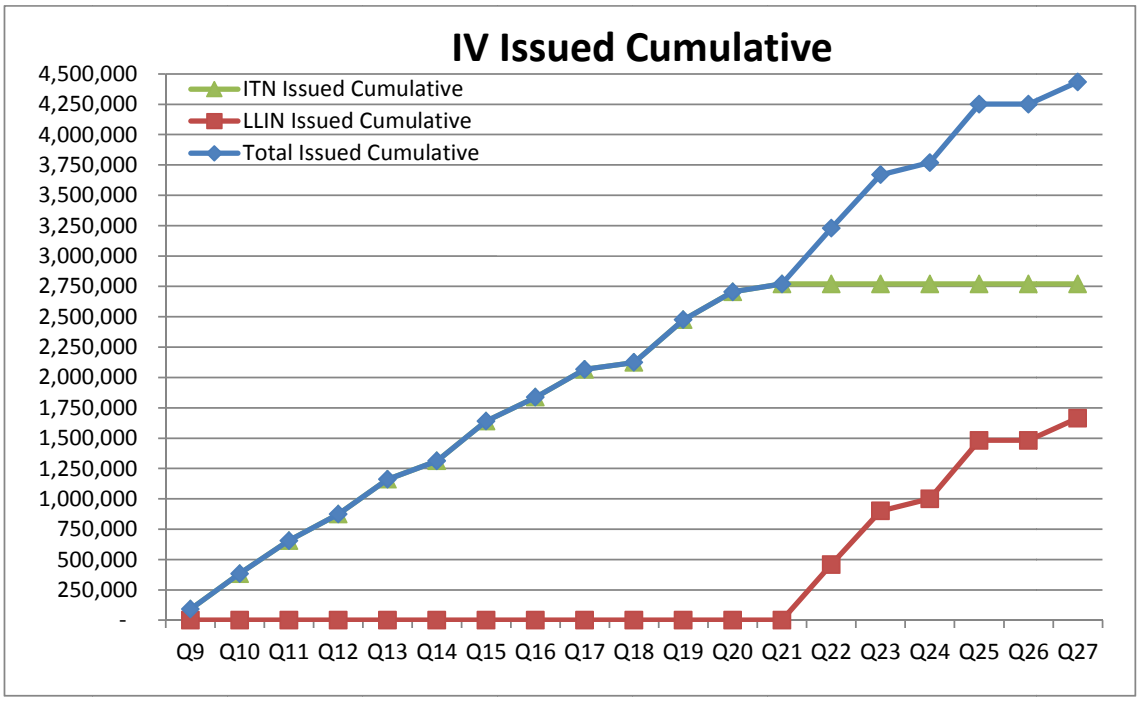
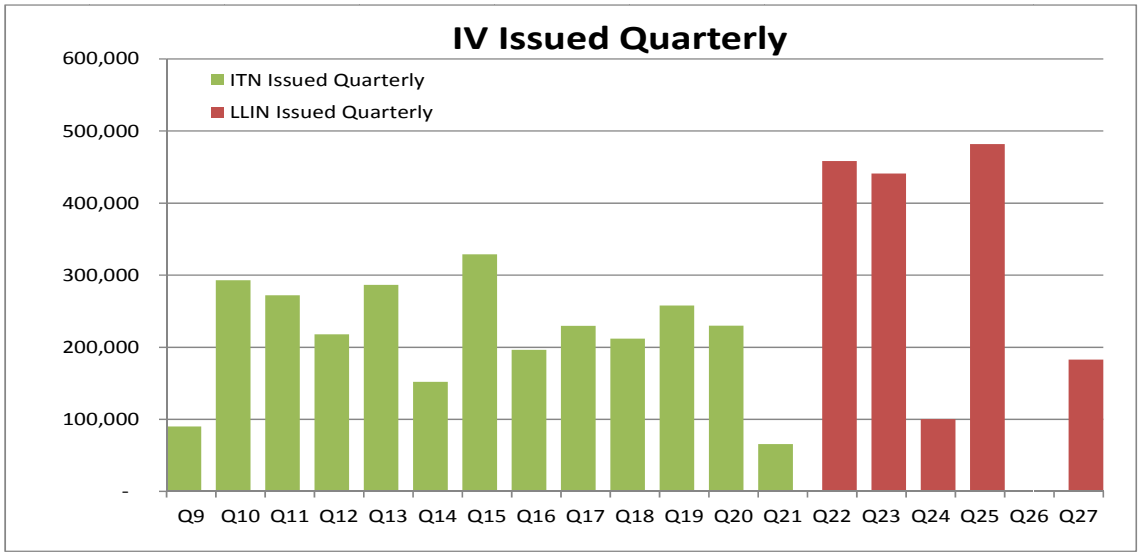


Chart 8: IV Distributed to District Medical Officers Quarterly



2.2.4 IV Returned

A total of 175,510 infant vouchers were returned this quarter, this figure includes 1,252 vouchers funded under Malaria No More (MNM): 61,602 in January, 34,700 in February and 79,648 in March. This results in an average monthly return this quarter of 58,503. Cumulatively since the IV program started in 2006, 2,154,608 IV have been returned.

Of all IVs returned, a subset is LLIN IVs which have been redeemed by mothers or caretakers of infants for the fixed top up of TZS 500 since the launch of this new type of vouchers, cumulatively 827,024 LLIN IVs have been returned, a total of 375 vouchers were old value vouchers returned this in this quarter 27.

Chart 9 and Chart 10 show the number of IVs returned quarterly and cumulatively since each voucher type was introduced to TNVS. Chart 11 shows infant voucher returns by subsidy type including PMI-LLIN IV, MNM-LLIN IV and Hybrid IV.

Chart 9: IV Returned to MEDA Cumulatively

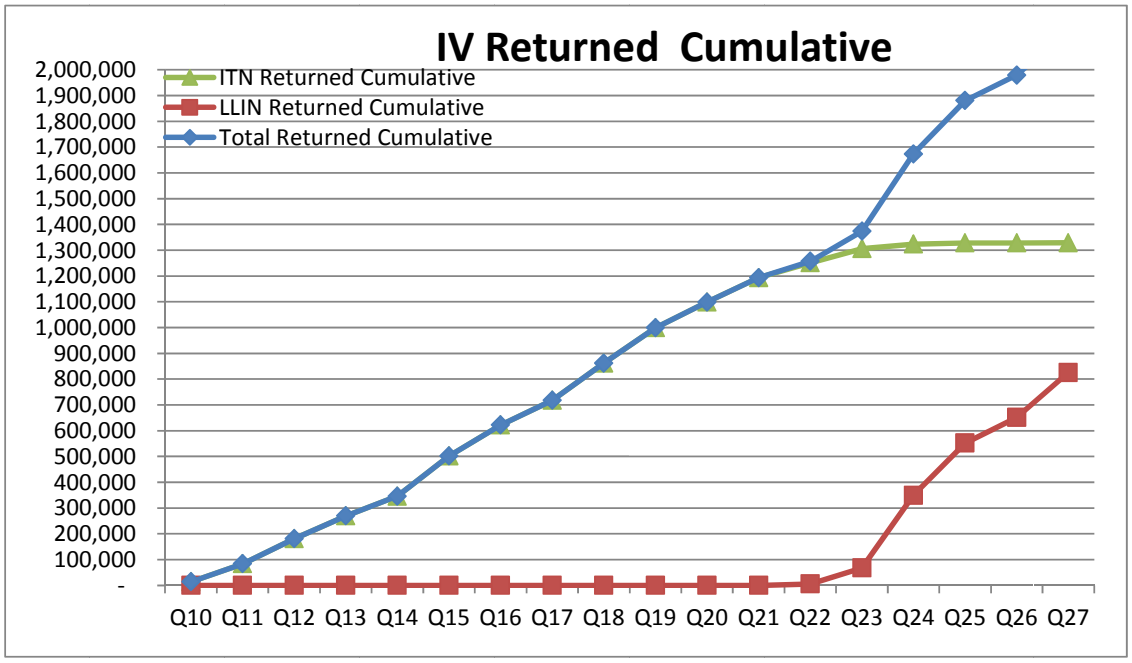


Chart 10: IV Returned to MEDA by Quarter

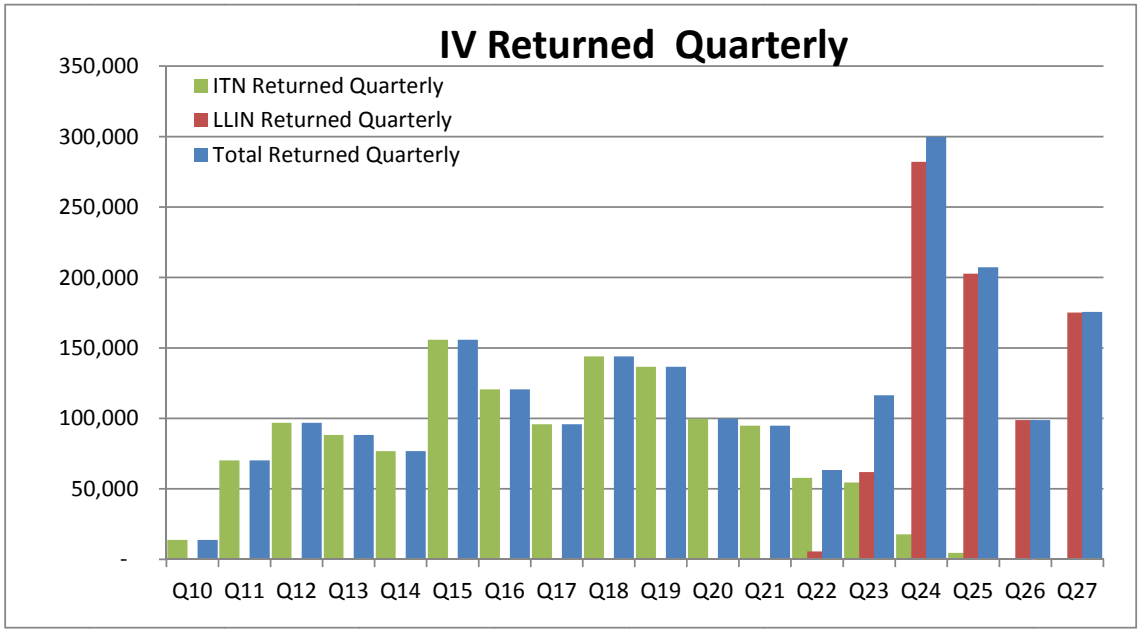
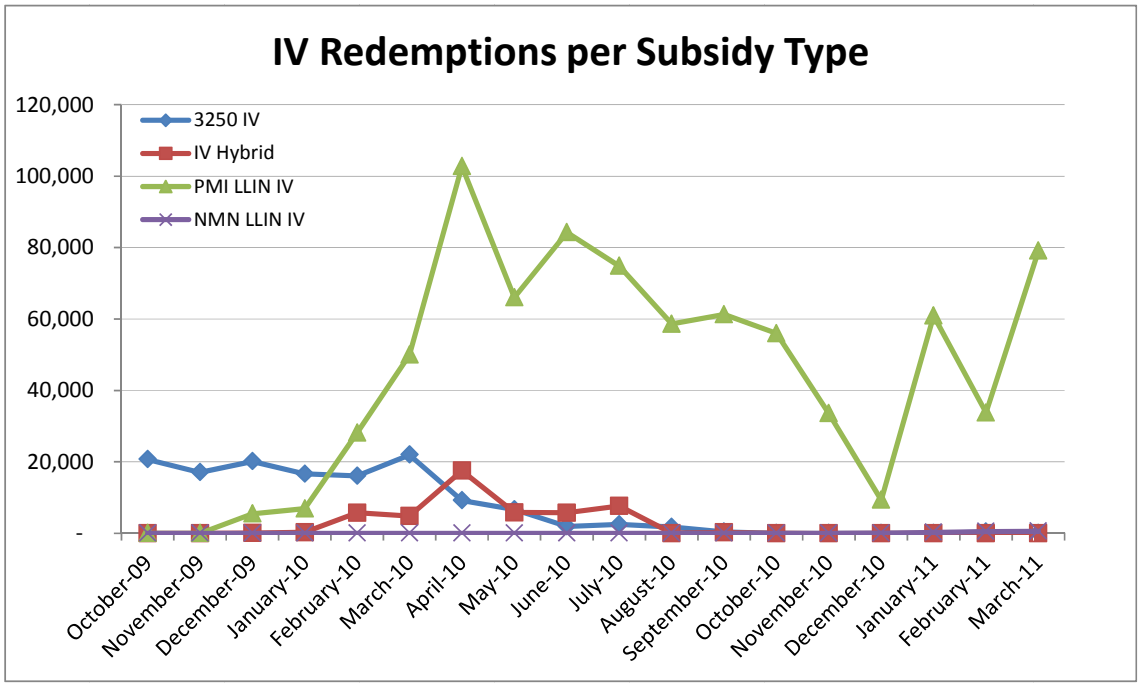


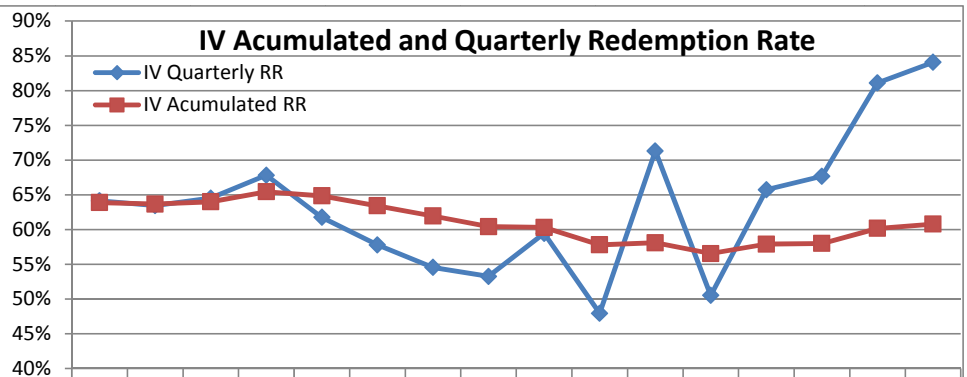
Chart 11: IV Returned to MEDA by Subsidy Type



2.2.5 IV Redemption Rate

Chart 12 shows both quarterly and accumulated redemption rates. Similar to the behaviour of the PWV redemption rates, both quarterly and accumulated redemption rates increased this quarter from 78% to 84% and 60% to 61% respectively.

Chart 12: IV Quarterly and Accumulated Redemption Rates



	Apr - Jun 2007	Jul - Sep 2007	Oct - Dec 2007	Jan - Mar 2008	Apr - Jun 2008	Jul - Sep 2008	Oct - Dec 2008	Jan - Mar 2009	Apr- Jun 2009	July- Sept 2009	Oct- Dec 2009	Jan- Mar 2010	Apr- Jun 2010	Jul- Sep 2010	Oct- Dec 2010	Jan- Mar 2011
IV Quarterly RR	64%	63%	65%	68%	62%	58%	55%	53%	59%	48%	71%	51%	66%	68%	81%	84%
IV Acumulated RR	64%	64%	64%	65%	65%	63%	62%	60%	60%	58%	58%	57%	58%	58%	60%	61%

The number of IV stub books collected this quarter equalled 3,437 which is equivalent to 85,912 vouchers having been issued to the target group. Of the 85,912 IV vouchers returned this quarter, 72,227 have been matched with their corresponding stubs, resulting in a quarterly redemption rate of 84%, higher than last quarter's redemption rate figure of 81%[22]. By the end of the cumulative reporting period (31st March 2011), 92,280 stub books representing a total of 2,306,989 IV vouchers were received from the DMOs. In total, 1,402,442 of the total 2,306,989 returned IVs have been matched with their corresponding stubs at MEDA, resulting in an effective accumulated redemption rate of 61%, again slightly higher than last quarter's figure which was 60%. The total number of vouchers returned but excluded from the calculation due to outstanding stub books is 36,182. Note the increase in quarterly redemption rate is highly associated with an influx of stubs coming back from the field for the last three months.

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 March 31st, 2011, 307,152 which is 66.8% were already 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.

[2] In Q 26 report this number was reported to 78% wrongly due to the stubs assigned as returned in the wrong time period.

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

Dispatched Between October 1st and March 31st, 2011		
Quantity IV dispatched:	**# of LLIN IV Returned**	**100%**
Month	**459,825**	**% of Total Dispatched**
December-2009		1.1%
January-2010	6,899	1.5%
February[3]-2010	-	0.0%
March-2010	48,995	10.7%
April-2010	77,713	16.9%
May-2010	35,230	7.7%
June-2010	35,337	7.7%
July-2010	28,261	6.1%
August-2010	19,541	4.2%
September-2010	15,176	3.3%
October-2010	10,875	2.4%
November-2010	5,187	1.1%
December-2010	1,015	0.2%
January-2011	6,364	1.4%
February-2011	2,836	0.6%
March-2011	8,250	1.8%
Total Returned by March 31st , 2011	**307,152**	**66.8%**

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

	All RCH clinics		Faith Based RCH		Private Sector RCH		Totals	
	All RCH Clinics (n)	Partici-pating in TNVS	Faith Based RCH (n)	Partici-pating in TNVS	Private Sector RCH (n)	Partici-pating in TNVS	All FB and Private (n)	Partici-pating in TNVS
As of end of Sept. 2010	4,891	4,428 (91%)	492	434 (88%)	299	174 (58%)	791	608 (77%)

Cumulatively, information on 791 faith-based and private sector clinics were obtained over quarter 25, of which 608, or 77%, are currently enrolled in TNVS. When MEDA identifies a clinic that is not participating in TNVS, this information is shared with the relevant District

[3] VTS Canon CR-180 scanner broke down and no scanning was done in the month of February 2010

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 is available from all 21 regions. The information 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=4,428)	1,598	2,830	2,084	74%

Using the new data collection process and form, data was obtained for 4,891 clinics of which 4,428 participate in TNVS. Of the clinics participating in TNVS, 1,598 do not conduct outreach services. Of the clinics that do conduct outreach, totalling 2,830, 74% or 2,084 clinics, 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, MEDA “re-collected” in new formats from the previous reporting quarter pertaining to district government involvement in TNVS. Up to the end of quarter 25, nationwide data on district budget inclusion was completed for all districts on the mainland. Of the 131 districts, 62 districts, or 47% include ITN related activities in their district health budgets. Table 11 summarizes this data collected up to quarter 25. No new data has been collected since quarter 25 as TNVS teams have been out of their regions implementing UCC activities. A complete list of districts which have and those which are not including ITN related activities in their budgets can be found in Appendix C.

Table 11: ITN Activities in District Budgets

	Sample Size (districts surveyed)	Districts not including ITN activities	Districts including ITN activities
Cumulatively	131	69 (53%)	62 (47%)

2.3.3 Managing Voucher Stock Levels

To date MEDA has not collected data on the number of clinics experiencing voucher stock outs as this has not been a previously identified reporting requirement. With current staff and methods MEDA lacks the resources to gather this complete data set at the clinic level on a regular basis. However, we are currently researching applications which use mobile phones and SMS to create a feedback process that will regularly record the stock outs of vouchers. This will involve an SMS gateway tool whereby stock outs will be captured as vouchers and stubs are picked up or returned at DMO offices. MEDA is also in the process of developing an electronic voucher which will alleviate the voucher stocks almost completely.

It is proposed that the ID of clinics and voucher stock would be recorded via SMS into a MEDA database. A record of telephone contact information for each district voucher custodian and RCHs representative has been being gathered for this purpose. The future

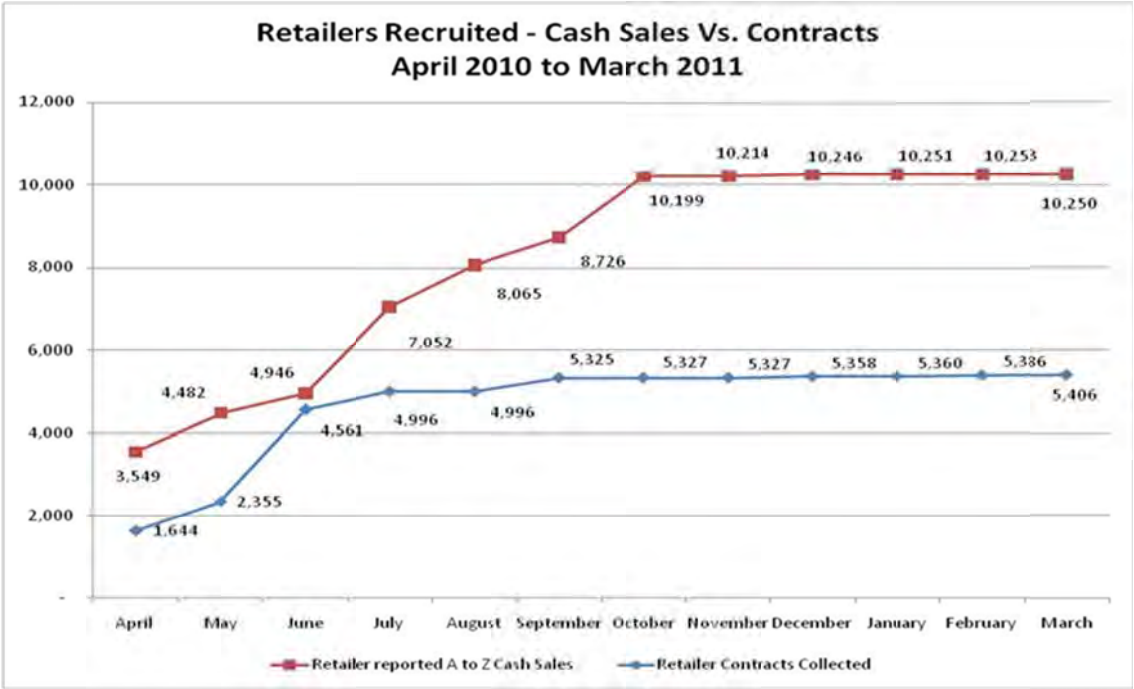
plan of implementing the issuance and redemption of vouchers via SMS is expected to provide us with more insight into the voucher supply chain, particularly those in the paper voucher channels in so doing informimg us on areas with stock out for immediate attention during voucher distribution exercises.

2.4 Expanding and Strengthening the Commercial Supply Chain

2.4.1 Retailer Recruitment

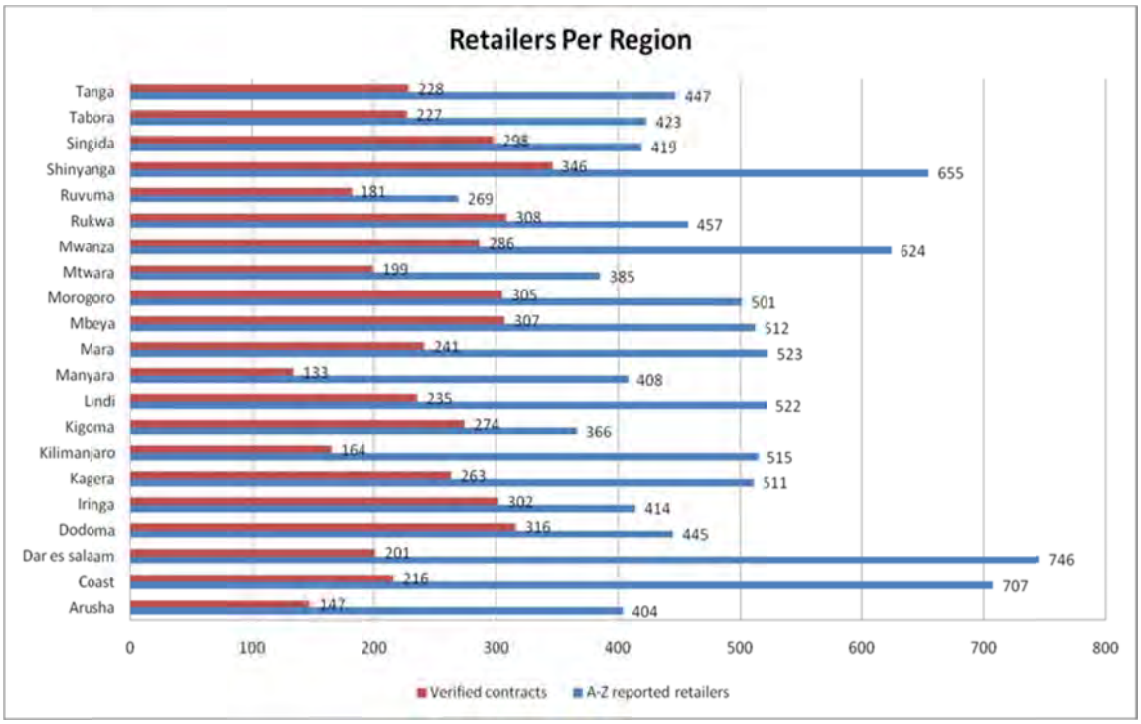
As of March 31st, 2011, the number of retailers who have been sold TNVS-specific LLINs and who are accepting LLIN vouchers numbered 10,250, according to the A-Z March 2011 report taken from Olyset cash sales records. Out of 10,250 reported retailers, only 5,410 retailers' contracts have been delivered to MEDA, of which 5,232 have been verified and entered into the online TNVS retailers' database and Management Information System. The large variance between these two accounts can primarily be attributed to the multiple names being recorded for one actual shop on the cash sales receipts although there are a number of active retailers for whom paper contracts have been yet to be received. MEDA and A to Z will meet in the upcoming quarter to reconcile reports further and move forward using one retailer figure. The pace of new retailers recruited has slowed in recent months as A to Z moved the focus to bring back a higher percentage of the outstanding retailer contracts. A to Z and MEDA have also launched a joint focus this quarter on obtaining the target of 90% of villages serviced by a TNVS retail outlet. Data collection on villages serviced and software updates to allow for tracking of currently uncovered villages and wards began. The number of retailers recruited since April 2010 is presented in Chart 13 below

Chart 13: Retailers Recruited Monthly cumulative April to March, 2011



Total LLIN retailers are distributed by regions and compared to the number of the same retailers those regions but who have received seed capital LLINs as shown in Chart 14 below.

Chart 14: 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 March 2011 the total LLIN retailers according to A to Z cash sales reports was 10,250. Therefore the ratio stood at 2.5 retailers for every clinic on a national level. Dar es Salaam, Coast (Pwani), Manyara and Lindi are still leading with the highest retailer – clinic ratios whereas, Ruvuma Iringa, Dodoma Tanga, Kilimanjaro and Mbeya have lower ratios (below 2), but still above 1. MEDA Regional Managers in regions with lower retailer-clinic ratios will continue to work collaboratively with A-Z representatives on a day-to-day basis to increase retailer recruitment and LLIN distribution. These regions are also benefiting greatly from the implementation of the retailer stabilization stock schemes.

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 March 31st, 2011.

Table 12: Clinic to Retailer Ratio per Region

Region	Clinics	Verified Retailer Contracts Received (A)	A to Z Reported LLIN Retailers (B)	Ratio A: Clinics to LLIN Retailers	Ratio B: Clinics to LLIN Retailers
Arusha	192	152	404	0.8	2.1
Dar es Salaam	140	202	744	1.5	5.3
Dodoma	258	320	445	1.2	1.7
Iringa	298	303	414	1.0	1.4
Kagera	222	267	511	1.2	2.3
Kigoma	190	169	529	0.9	2.8
Kilimanjaro	247	273	422	1.1	1.7
Lindi	171	237	522	1.4	3.1
Manyara	107	134	409	1.3	3.8
Mara	185	241	523	1.3	2.8
Mbeya	281	310	513	1.1	1.8
Morogoro	245	305	501	1.2	2
Mtwara	158	199	385	1.3	2.4
Mwanza	303	287	624	0.9	2.1
Pwani	177	226	707	1.3	4
Rukwa	185	312	457	1.7	2.5
Ruvuma	210	181	280	0.9	1.3
Shinyanga	278	346	655	1.2	2.4
Singida	158	300	349	1.9	2.2
Tabora	188	227	431	1.2	2.3
Tanga	235	241	425	1.0	1.8
TOTAL	**4,428**	**5,232**	**10,250**	**1.2**	**2.5**

As per contract requirements, MEDA is also collecting data on the proportion of villages in Tanzania served by at least one TNVS LLIN retailer based on the LLIN manufacturer's recruitment and sales report. Up the end of last quarter, village coverage by LLINs retailers was estimated to be 60% based on the total number of retailers recruited to be 10,246 retailers. This number of villages serviced estimate was based on extrapolations of received and verified contracts (4,880) towards the larger number reported by A-Z (10,246). Although the total number of retailers reported by A-Z increased to 10,250 at the end of this quarter, verifications of retailers' contracts from A-Z was finalized into our online database which MEDA believes is a more accurate count of the actual number of active retailers. The discrepancy in the two reports is accounted for by some unreturned contracts, however primarily due to one retail shop being recorded as multiple shop or owner names on the A -Z LLIN sales receipts which are used to tabulate their retailer recruitment report.

As of March 31st, 2011, the MIS recorded 5,232 verified and unique retailers in the system. These retailers serve a total of 3,570 unique villages of the 13, 139 total villages in the official list being used in this program, making the current percentage serviced 27.2%. The contracted definition of a 'serviced village' notes that a retailer can service up to two additional adjacent villages as most retailers redeem vouchers from a wide surrounding area. As the data collection for these additional villages serviced per retailer has just begun collection in March, it is important to note that this percentage serviced is an initial

representation as it is not including any 'additional villages serviced'. This software functionality is now in place within the MIS and is being populated by A-Z. MEDA will be able to continue to provide regular updates on the percentage of villages covered in future quarterly reports as this new data is collected and existing data is further cleaned and verified.

2.4.2 Retailer Strengthening

Since quarter 23, in response to retailers', capacity challenge and to help existing retailers afford the cost of transitioning to the new LLINs, MEDA, through funding from PMI and A-Z, started provision of a one-time retailer stabilization stock to be provided to existing retailers in the form of an initial stock of ten 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.

By the end of this quarter A-Z reported having issued 3,562 seed capital agreements. Of the 3,562 reported agreements, MEDA has received 3,490 retailer stabilization agreements from A-Z which are verified before payment is made to A-Z.

2.4.3 Managing LLIN stocks in Retail Outlets

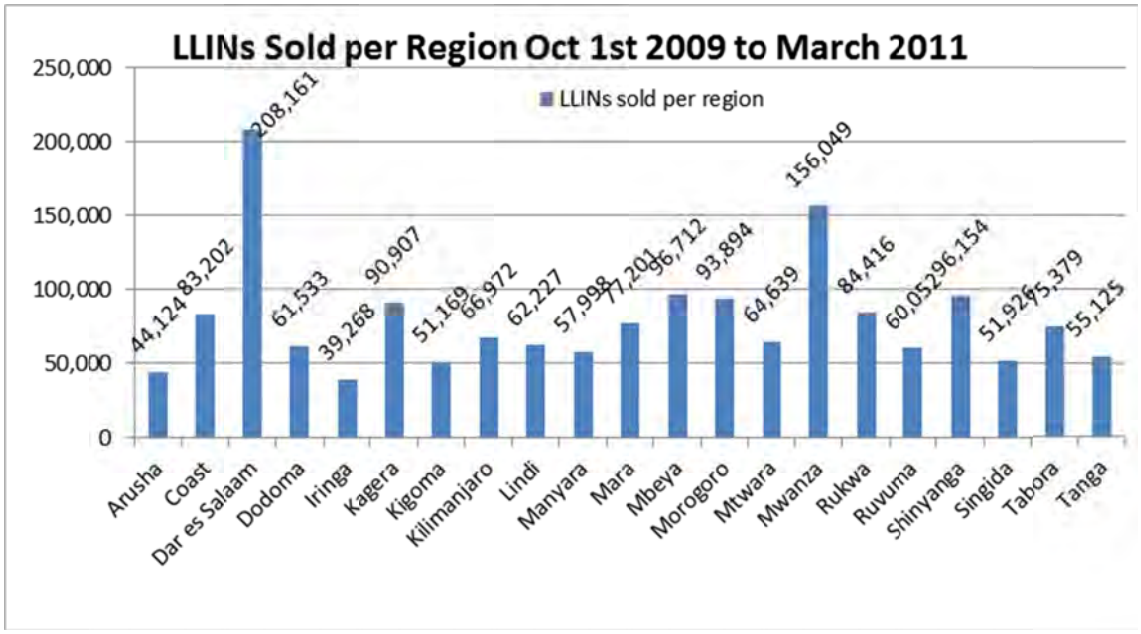
The selected LLIN for the upgraded TNVS is an Olyset© sized 5x6x7, blue and white in colour. It cannot be purchased at full price as it has special packaging identifying it as a net specifically to be redeemed for a voucher and a top up of TZS 500. In their monthly reports, A-Z provides data on the number of these nets sold to retailers. Monthly sales of TNVS LLINs in January were 102,100, February saw an increase to 141,863 LLINs sold, and March recorded 56,228 sales. The significant drop in Olyset sales in March 2011 can be primarily attributed to the prolonged voucher stock-outs at clinic level which led to very few vouchers in circulation and therefore low sales to retailers of replacement nets.
The issuing of vouchers in March should lead to a gradual recovery in LLIN sales in the coming quarter. In total, since the LLIN voucher introduction in October 2009, A-Z has reported net sales to totalling 1,733,336 broken down by month in Chart 15.

Chart 15: LLIN Sales (Voucher Nets) Monthly and Cumulative

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 monthly sales per region as well. Not surprisingly, the net sales are still highest in the areas where population density is highest such as Dar es Salaam and Mwanza, and net sales were lowest in regions with less historical usage of bed nets such as Iringa and Arusha. MEDA has increased its collaborative planning efforts with A to Z to better match their sales distribution to the districts which MEDA releases vouchers. A focus continues to be placed on encouraging A to Z to increase resources allocated to regions which have a high ratio of vouchers issued compared with Olyset sales and remote areas identified as underserviced.

The regional distribution of the cumulative TNVS net sales made between October 1, 2009 and March 31st, 2011 is provided in Chart 16 below.

Chart 16: LLIN Sales (Voucher Nets) per Region since October 2009



2.4.4 Challenges and Actions Taken

The primary challenge in the past quarter has been the continuation of the stock-out of vouchers at the District and Clinic level caused by issues outlined previously in this report. The lack of voucher issuing resulted in many clinics running out of vouchers and beneficiaries not receiving their voucher. The first months of voucher stock-outs originally allowed the LLIN sales to 'catch-up' to the existing unmet demand of vouchers and equalize the supply chain – however the stock-outs carried on and began to increasingly negatively affect the retail sales. The signing of the USAID AMCC re-tendering process and the approval of the revised voucher liability calculations at the beginning of March allowed the issuance of both PWV and IV again and dispatches resumed immediately to all districts with pending requests.

Upon resumption of voucher issuing, MEDA received the approval from the NATNETS Partners Meetings to use the remaining vouchers in stock which held a December 31st, 2010 expiry date. Moving forward, MEDA has switched to vouchers with a set 60-day expiry which is filled out by the clinic staff at time of issuing. Training materials were created to train

and prepare RCH clinic staff, A to Z sales representatives, and TNVS retailers for the voucher changes and expired vouchers released.

MEDA has been contacted in the past quarter by four program wholesalers whom hold large inventories of LLINs/vouchers and wish to downgrade their participation in the TNVS program due to slowing sales levels. The issue presents a challenge of accommodating through A to Z all private sector requests to downgrade or exit from the program. MEDA and A to Z have formulated a set of procedures which are in the process of internal approval to accommodate such requests.

The full effects on the TNVS of the mass distribution campaign have yet to be fully measured; however the program must be ready for such requests in the future as the private sector reacts to the UCC effects on the market.

Preliminary results from an Ifakara Health Institute household survey show that another growing challenge is the lack of awareness amongst clinic staff of proper voucher re-ordering procedures. In the future quarter, MEDA Regional Managers will visit clinics to stress proper voucher ordering procedures and a one page training sheet will also be produced and distributed along with new vouchers dispatched.

The ongoing issue of large variances in regional and district performance and voucher/LLIN availability remain a challenge to the program. MEDA and A-Z management continued to meet regularly during the quarter to strategize on how to overcome the challenges on the programme, including retailer recruitment and LLIN availability. Meetings and training sessions between MEDA Regional Managers and A-Z field staffs for updates and regional strategies continue when MEDA Regional Managers are returned to their home regions from UCC activities.

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

3.1 Human Resources

3.1.1 Training

This quarter, all training continued to remain in-house. Various staff members were introduced to new and future products that we are expecting to be delivering to our clients and staff were trained on the operation of the TNVS Mobile Management Information System. Three Senior Management Team members (Faith Patrick-CM, Ricki Justice-DOM and Lorraine Dias-HR Manager) attended ARPO meeting between late February and early March 2011 whereby they were exposed to various capacity building sessions.

3.1.2 Employee Recruitment

Due to the upcoming end of the UCC and transition to only AMCC/USAID funding, there has been restructuring within MEDA Tanzania at all levels and this includes the structure of the senior roles. After careful assessment, it was determined that Brian Grant's contract as DCOP/Operations Manager was terminated in response to the reduced budget and more limited scope of the project.

The main concepts underpinning the restructuring/rightsizing exercise include:

- A flexible Dar es Salaam based field force deployed to the field on a rotational basis around the country, with structured monitoring and auditing at health facilities and retailers

- Field work based on the principles of – data collection, auditing, M&E requirements with the use of electronic technology

- HQ staff compliment in proportion to field force, with a focus on overall field staff coordination, Voucher Tracking System and financial accounts, contract management and M&E reporting requirements.

An open and transparent social plan (including timeline) for the restructuring/rightsizing has been developed and was launched March 18th, which optimizes staff at MEDA Tanzania. The MEDA Tanzania staffs have been informed of the process and accordingly the new structure and fresh applications for the same were effected in the first week of April. A HR consultant has been engaged to assist in the process largely for the staff interviews and also facilitate some of the social plan support systems. The rightsizing exercise will come to a completion at June end in synchrony with all the national staff current contract terms that will be completed at this point.

One retailer database intern finished her tenure after successfully linking up all retailers in the database with corresponding information. Following the resignation of Team Leader for Finance and Compliance, an advert for the position was placed. Short listing of the application has begun and interviews will be run early next quarter.

3.1.3 Special Events and Visitors

MEDA Tanzania hosted several visitors this quarter. Tim Piper, Director of Health Market Linkages was in Dar es Salaam for two weeks between late January and early February

2011. The main purpose of his visit was general management supervision of the program activities. Nick Ramsing, Project Manager-Market Linkages came early February 2011 for the purposes of working on the requirements and design operation ahead of preparations for the piloting of electronic vouchers (E-Voucher) under the AMCC funding. In mid-February 2011, the finance manager from MEDA HQ in Waterloo, Mr. Brent Steinmann came in for general financial management supervision. He also took time to assist with the revision of the voucher liability protocol system. This new calculation is based on the probability of a dispatched voucher to come back to MEDA pending on the time spent by the particular voucher out in the field.

The last month of the quarter had a number of visitors; Eriola Kruja from Sloan School Management at MIT came in for follow up on the general Global Health Delivery project with MEDA. Angelica Rugarabamu from IHI/Swiss Tropical Institute visited MEDA offices for various discussions related to CDC initiative on ITN cell evaluation, which his currently being conducted under their two organisations. As we mark the end of this quarter, Jerry Quigley who is the Vice President MEDA Market Linkages visited for general management supervision.

This quarter, MEDA COP, Operations Manager and Deputy Operations Manager attended several routine Malaria Stakeholders Meetings designed to inform stakeholders regarding the current status of various Malaria-focused programs countrywide. In several other meetings such as the monthly PMI partners meetings, MEDA was well presented as they provide insights on the overall status on various malaria interventions as well.

3.2 Risk Management for Minimizing Fraud

Four key strategies continue to be employed to minimize fraud and 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.

In this quarter, MEDA continued with the voucher tracking system and database which introduced 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.

No voucher theft or fraud was reported this quarter. MEDA continued to follow up the voucher theft which happened last quarter in Mtwara rural. The issue has been taken to the Director of Criminal Investigation (DCI) in the Ministry of Home Affairs. MEDA has been asked to write an official letter explaining the need for further investigation upon which the fraud department in Mtwara will do investigation of the matter. In early March the fraud department in Mtwara rural liaised with MEDA regional Manager in Mtwara and Fraud department at the MEDA HQ in Dar on further details that would enable police detectives (in Mtwara) to further investigate on fraudulent / stolen vouchers for Mtwara rural. Updates on findings will be communicated in the forthcoming quarter.

IHI monitoring team discovered voucher issuing irregularities in Ruvuma and reported to MEDA. And this incidence was immediately communicated to MEDA regional manager for Ruvuma for a thorough follow-up. Findings will be reported in the next quarter. Likewise, MEDA RM for Rukwa is currently doing a thorough check and follow-up on vouchers that were reported stolen from Sumbawanga Rural district DMO store, the outcome of which will also be reported in the coming quarter

3.3 Monitoring and Evaluation

AMCC Year 2 Work Plan was approved by USAID/PMI, and the Performance Management Plan (PMP) has been finalized.

The web-based retailers' database is now fully functional with 5,232 LLIN retailers in the system, verified and well located for various queries as may be required. Related to this is the need to link the retailers' database with the clinic database. For monitoring purposes (voucher stock outs and orders), collection of telephone numbers for clinics have been set in place which will later be utilized in electronic information transfer via the SMS gateway to and from the clinics.

The M&E team, together with a private consultant, conducted a monitoring and evaluation trip across a five randomly sampled districts delivering the highest portion of the serially redeemed vouchers. The aim of the survey was to select a sample of serially redeemed vouchers and estimate the extent to which we can link serial redemption with voucher mis-use. The findings showed that there is low correlation between serially redeemed vouchers and fraudulent vouchers, but in fact a high correlation between serial redemption with a lot of yet to be known field underlying factors related to the current set up of HP logistics in relation to the geo-spatial distribution of RCH clinics and LLINs retailers.

During the coming quarter we expect the Program Manager, Monitoring and Evaluation from MEDA head offices is Waterloo to visit. Among normal routine supervisory and advisory assignments, Leah Katerberg will assist in the development of new tools and protocols for data collection in TNVS beyond June 2011, when right sizing will have taken place and all field operations will be run from Dar es salaam office.

3.4 Voucher Tracking System (VTS)

All voucher tracking activities continued as scheduled. Continuation of voucher dispatches started in March where first in first out basis was used to replenish clinics. Plans are underway to prioritise dispatches to those areas most affected by the stock outs and have long received the campaign nets. NCR scanners have been breaking down periodically when scanning UCRC due to the dust and dirt on the coupons. The VTS department has stepped up routine maintenance and cleaning of the scanners in response. As a longer term control, a vacuum cleaner to reduce dust accumulation from the cards was solely procured for this purpose.

MEDA is in the process of upgrading its database system to include a staging database platform as a part of data cleaning process. This platform will split the database into a reporting database and an operation database. This is expected to be operational by the end of the next quarter.

3.5 Information Technology

3.5.1 GPS/GIS Data

The GIS mapping task force is now preparing the health facility master list that will be shared with all the partners soon. 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 in this case for MoHSW is to maintain a national GIS database for health. Continuously our field teams have are mapping all program points (RCH clinics, retailers) during their routine monitoring activities and later the GIS team updates the database.

MEDA is facilitating the GPS gathering of A-Z and we have provided their 60 delivery people (sales representatives) with field tools (custom made java application for the BlackBerry) and training to map participating program retailers. We also have an online GIS page that allows us see the retailers and deliveries on a Google map as they happen (real-time).

3.5.2 Mobile and Web Reporting

Mobile reporting via SMS and Web reporting via the TNVS Mobile web site have both progressed considerably this quarter. MEDA's SMS applications are used daily in one third of Tanzania – Arusha, Dar es Salaam, Dodoma, Kilimanjaro, Manyara, Singida, and Tanga by A-Z Regional Sales Representatives (RSR) to report LLINs sales, register new retailers, and send in GPS data. MEDA staff travelled to A-Z on three different trips this quarter to accomplish the following; establishment of A-Z staff log instructions and access to the TNVS Mobile website, rectification of retailer data issues, delivery of mobile and web reporting training, and set new technology-specific goals. The A-Z team is fully on-board with MEDA's developments and now capable of conducting training to their RSR staff in the remaining regions of Tanzania. We expect the training to be complete early in the next quarter.

3.5.3 E-voucher

Also in this quarter, MEDA began working on the e-voucher pilot. The pilot tests new mechanisms for integrating SMS technology into the daily TNVS activities of clinics and retailers – specifically voucher issuance by clinic staff and voucher redemption by retailers.

MEDA staff created a Project Management Plan, assigned dedicated resources to the project and began the technology design phase. Majority of the pilot design and planning processes are expected to be achieved in the next quarter.

3.5.4 IT Upgrades

MEDA procured a state of the art HD ready projector to replace an older model as an enhancement to meeting presentations. As a security measure, a new firewalled proxy server has been installed to filter internet traffic to and from MEDA network. A 2 terabyte hard drive was procured to enhance the offsite data backup spacing needs.

3.6 Fleet Management

Two new Toyota Land Cruisers which were purchased from the Toyota Gibraltar Regional Hub are now in project use.

3.6.1 Procurement of Services

Following vehicle parts price escalations and fluctuations, Automech Garage LTD was approved as a second primary garage along with East Africa Pump Services on top of Automech LTD which was sole primary garages for head office. This move has helped in the determination of where to place vehicles for parts replacement and / or general service depending on prevailing circumstances; also all other primary garages in the regions have remained to be the same. Some other vehicles (the last procurement batch) are still serviced at TOYOTA Tanzania since they are still under service guarantee.

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.

As of the end of this quarter all vehicles installed with Power Track and had some calibrations problems of anomaly in fuel calibration were rectified and are updating correctly. Other PT tasks accomplished during the quarter include the following;

- Geo-fencing (setting up boundaries for each of the specific areas which will allow clear location of the vehicles when in those areas) has been updated and is now working perfectly
- Coordinators are now accessing PT software via the web and use it for monthly parcel verification / approval
- Allocation of Drivers ID burtons (pre-start keys which identifies the driver using specific vehicles at every point in time) has enabled creation of driver performances report which will identify monthly best driver.
- Driver's details can now be available on the Power-track software e.g. expiry date for the driver's licence.
- Vehicles details like insurance, road licences and maintenance dates are now available on Power-track software.

APPENDIX A: PMI AND GLOBAL FUND DATA TABLES

PMI Quarterly Report - data collection table – MAINLAND

Insecticide-Treated Nets: USING PMI FUNDS Implementing Partners: MEDA

Indicator	FY2010 Oct-Dec	FY2010 Jan–Mar	FY2010 Apr–Jun	FY2010 July-Sept	FY2010 TOTAL	Annual Targets FY 10	Remarks on FY 10	Oct-Dec 2010	Annual Target FY11	Jan-March 2011	Annual Target FY 12	Assumptions on targets (Comments)
Number of vouchers procured:												
Infant vouchers procured	-	500,000	500,000	500,000	1,500,000	1,500,000	LLIN IV only	-	1,000,000	500,000	1,200,000	LLIN IV only AMCC target
Number of vouchers distributed:												
(a) To health facilities (RCH)	458,450	440,950	100,150	481,800	1,481,350	1,505,725	LLIN IV via DMOs	-	1,000,000	182,950	1,200,000	LLIN IV via DMOs, AMCC target
(b)Voucher issued to target group (infant)	32,925	194,625	144,901	305,100	677,551	677,551	Equal to the number of stubs returned	-	1,000,000	182,950	1,200,000	Assuming not all vouchers distributed will be redeemed
Number of ITNs procured through:												
(a) TNVS (Voucher redeemed)	63,336	116,594	299,717	207,130	686,777	686,777	Infant vouchers only	98,843	765,000	175,510	1,000,000	Infant vouchers only, AMCC target
(b) U5CC	-	871,080	-	-	871,080	871,080	As per AMCC budget	-	-	-		U5CC completed
(c) Universal coverage	-	600	-	-	600	600	For the UCC pilot in Mwanza AMCC	-	250,000	-	-	Not included in the AMCC Year 2 work plan
Number of ITNs distributed:												
(a) campaigns – U5CC	-	871,080	-		871,080	871,080	As per AMCC budget	-	-	-		U5CC completed
(b) campaigns – Universal coverage	-	600	-		600	600	For the UCC pilot in Mwanza AMCC	-	250,000	-	-	Not included in the AMCC Year 2 work plan
(d) private /commercial sector through retail shops (TNVS)	63,336	116,594	299,717	207,130	686,777	686,777	Equal to the number of IV returned	98,843	765,000	175,510	1,000,000	Infant vouchers only, AMCC target

PMI Quarterly Report - data collection table – MAINLAND

Training/Human Capacity Development: USING PMI FUNDS Implementing Partners: World Vision, JHU, PSI

Where a "/" is shown, the data does not pertain to PMI funded activities under AMCC

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

Indicator	Oct–Dec		Jan–Mar		Apr–Jun		Jul–Sep		Annual Target		Comments
	F	M	F	M	F	M	F	M	F	M	
• Number of health workers trained in:											
(a) ACTs	/	/	/	/	/	/	/	/	/	/	
(b) IPTp	/	/	/	/	/	/	/	/	/	/	
(c) Management of severe malaria	/	/	/	/	/	/	/	/	/	/	
(d) Malaria diagnostics (RDTs or Microscopy)	/	/	/	/	/	/	/	/	/	/	
• Number of persons trained in to deliver:											
(a) ITNs	0	0	0	0	0	0	0	0	0	0	World Vision
(b) IRS	/	/	/	/	/	/	/	/	/	/	
(c) Larviciding	/	/	/	/	/	/	/	/	/	/	
• Number of persons trained in:											
(a) Malaria Early Epidemic Detection	/	/	/	/	/	/	/	/	/	/	
(b) Sentinel Surveillance	/	/	/	/	/	/	/	/	/	/	
(c) Entomologic Monitoring	/	/	/	/	/	/	/	/	/	/	
(d) Demographic Surveillance Sites (DSS)	/	/	/	/	/	/	/	/	/	/	
• Number of persons trained to interpersonal communication skills to deliver malaria interventions	0	0	0	0	0	0	0	0	0	0	JHU/PSI
• Number of community change agents trained	0	0	0	0	0	0	0	0	0	0	JHU/PSI

Global Fund Quarterly Report - data collection table – MAINLAND

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

All data is cumulative unless otherwise specified

Strategy	Indicator	Measure	3rd Quarter 2008 Q 17	4th Quarter 2008 Q 18	1st Quarter 2009 Q 19	2nd Quarter 2009 Q 20	3rd Quarter 2009 Q 21	4th Quarter 2009 Q 22	1st Quarter 2010 Q 23	2nd Quarter 2010 Q 24	3rd Quarter 2010 Q 25	4th Quarter 2010 Q 26	1st Quarter 2011 Q 27
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	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	7,650,000	7,650,000	7,650,000
	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	7,060,000	7,060,000	7,060,000
		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	7,500,304	7,322,829	7,494,904
	PW Voucher Cumulative Redemption Rate	Target	Tbd	Tbd	Tbd	Tbd	Tbd	Tbd	Tbd	Tbd	Tbd	Tbd	Tbd
		Actual	1	1	1	1	1	71%	70%	70%	70%	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	5,491,199	5,491,199	5,491,199
		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	4,496,359	4,382,749	4,618,099
	Proportion of PW receiving PW vouchers irrespective of number of visits (Indicator 3)	Target	1	1	1	1	1	90%	95%	95%	95%	95%	95%
		Actual	n/a	n/a	n/a	n/a	Pilot	93%	95%	96%	95%	95%	95%
	Proportion of women attending ANC receiving voucher at first visit (Indicator 4)	Target	43%	51%	58%	66%	74%	82%	90%	90%	90%	95%	95%
		Actual	n/a	n/a	n/a	n/a	Pilot	85%	86%	88%	87%	87%	87%
	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	46.60%	46.60%	46.60%
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	LLIN Barcodes required for voucher redemption	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	11,500	Tbd	Tbd
		Actual	6,659	6,662	6,648	6,661	6,646	6,646	2,603	4,946	8,726	10,246	10,250
	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%)	Tbd (90%)	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%)	608 of 791 (82.5%)	609 of 791 (82.5%)	610 of 791 (82.5%)
	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%)	Tbd(90%)	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%	4,022 of 4,490 (90%)	4,022 of 4,490 (90%)	4,022 of 4,490 (90%)
	Number of districts including ITN related activities in their district budgets (Indicator 8)	Target	30%	40%	50%	60%	70%	80%	90%	90%	90%	90%	190%
		Actual	n/a	n/a	n/a	n/a	Pilot	40	88 of 134 (66%)	38 of 78 (47%)	62 of 131(47%)	63 of 131(47%)	64 of 131(47%)
	Proportion of villages having at least one TNVS retail outlet accepting vouchers (Indicator 10)	Target	30%	40%	50%	60%	70%	80%	90%	90%	90%	90%	90%
		Actual	n/a	n/a	n/a	n/a	Pilot	39%	39%	39%	50%	60%	60%

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	Tbd	Tbd	Tbd	Tbd	Tbd	Tbd	Tbd	Tbd	Tbd	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	Tbd	Tbd	Tbd	Tbd	Tbd	Tbd	Tbd	Tbd	Tbd	Tbd
		Actual	63%	1	1	60%	58%	58%	57%	58%	59%	60%	61%
	Number of IVs redeemed/returned	Target	Tbd	Tbd	Tbd	Tbd	Tbd	Tbd	Tbd	Tbd	Tbd	Tbd	Tbd
		Actual	718,057	862,190	998,930	1,098,732	1,193,684	1,257,020	1,373,614	1,673,126	1,880,256	1,771,969	1,947,104
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%)	4,315 (64%)	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%)	4,084 (92%)	4,084 (92%)	4,084 (92%)

APPENDIX B: UCC REGISTRATION AND ISSUING SUMMARIES

Southern Zone Registration and Issuing Summary (Zone 1) for the Universal Coverage Campaign (UCC)

Region	District	Total Number of HH before registration	No. Of U5's registered during U5CC	Issuing Points	Total Number of HH during Registration	Number of UCRC issued to VEOs	Sleeping Spaces Registered (Number of coupons	5% Village Buffer	Total LLINs including buffer	Total LLINs Rounded up	Total Bales	23% buffer stock at DMO office	23% bales at DMO office	Total LLINs for Delivery	Total bales for Delivery	Total LLINs Sent to the villages (before and during	No. of LLINs issued	No. of LLINs still needed	No. of LLINs remained at Village/Ward Level	No. of LLINs bales remained at DMOs Level	Number Of LLINs remained at DMO's Office	District Institutional Sleeping Space	Hospital Sleeping Space in the district
Lindi	Kilwa	56,364	47,484	142	47,377	105,300	107,830	5,392	113,222	115,080	2,877	24,800	620	139,880	3,497	115,619	112,056	10,053	3,563	355	14,200	1,135	291
	Lindi Rural	70,701	46,415	230	66,957	163,244	139,657	6,983	146,640	149,720	3,743	32,120	803	181,840	4,546	151,128	144,861	1,234	3,808	760	30,400	1,586	413
	Lindi Urban	11,914	8,506	63	13,378	31,050	30,755	1,538	32,293	33,640	841	7,080	177	40,720	1,018	35,143	34,239	-	866	140	5,600	1,244	198
	Ruangwa	44,469	27,512	108	41,982	90,204	87,784	4,389	92,173	93,600	2,340	20,200	505	113,800	2,845	101,726	100,469	2,659	911	283	11,320	80	103
	Liwale	20,729	20,768	84	22,711	42,800	40,735	2,037	42,772	43,720	1,093	9,360	234	53,080	1,327	46,260	45,756	4,772	504	110	4,400	502	112
	Nachingwea	55,888	30,695	127	51,859	107,150	101,807	5,090	106,897	109,080	2,727	23,400	585	132,480	3,312	113,245	111,450	4,176	1,363	619	24,760	2,542	182
	Sub Total	**260,065**	**181,380**	**754**	**244,264**	**539,748**	**508,568**	**25,429**	**533,997**	**544,840**	**13,621**	**116,960**	**2,924**	**661,800**	**16,545**	**563,121**	**548,831**	**22,894**	**11,015**	**2,267**	**90,680**	**7,089**	**1,299**
Mtwara	Mtwara Urban	33,073	18,645	186	30,132	64,633	66,635	3,332	69,967	71,600	1,790	15,320	383	86,920	2,173	85,985	85,561	-	380	16	640	6,010	60
	Mtwara rural	67,367	45,126	198	56,273	136,900	137,256	6,863	144,119	147,160	3,679	31,560	789	178,720	4,468	162,607	158,636	1,974	3,222	452	18,080	393	110
	Tandahimba	67,268	45,874	187	66,161	157,590	158,363	7,859	165,039	168,240	4,206	36,440	911	204,680	5,117	170,115	166,224	1,309	3,891	858	34,320	435	155
	Newala	60,591	38,572	172	58,594	134,577	136,366	6,818	143,184	146,480	3,662	31,360	784	177,840	4,446	147,868	143,889	654	3,979	752	30,080	483	
	Masasi	124,998	69,420	180	109,475	233,847	213,261	10,663	223,924	226,840	5,671	49,040	1,226	275,880	6,897	229,751	224,896	2,647	3,182	1,170	46,800	3,962	774
	Nanyumbu	49,077	35,678	110	41,949	95,450	91,131	4,557	95,688	97,360	2,434	20,960	524	118,320	2,958	100,130	98,741	1,607	1,303	56	2,240	163	80
	Sub Total	**402,374**	**253,315**	**1,033**	**362,584**	**822,997**	**803,012**	**40,092**	**841,921**	**857,680**	**21,442**	**184,680**	**4,617**	**1,042,360**	**26,059**	**896,456**	**877,947**	**8,191**	**15,957**	**3,304**	**132,160**	**11,446**	**1,179**
Ruvuma	Songea Urban	41,404	32,429	96	39,769	79,801	86,592	4,330	90,922	92,400	2,310	19,920	498	112,320	2,808	107,609	106,742	1,743	862	178	7,120	5,167	525
	Songea Rural	42,740	33,814	112	43,432	91,270	83,787	4,189	87,976	89,520	2,238	19,280	482	108,800	2,720	89,665	89,436	8,584	30	446	17,840	6,716	544
	Namtumbo	39,222	43,386	125	35,262	77,199	78,713	3,936	82,649	83,880	2,097	18,120	453	102,000	2,550	85,474	85,214	20,333	38	242	9,680	11,915	157
	Tunduru	74,508	69,986	164	74,366	135,054	165,544	8,277	173,821	176,400	4,410	38,080	952	214,480	5,362	187,921	186,562	3,764	1,418	308	12,320	3,263	550
	Mbinga	116,364	103,849	384	104,788	210,721	221,464	11,073	232,537	237,480	5,937	50,920	1,273	288,400	7,210	242,975	239,169	9,874	5,391	1,096	43,840	5,313	1,159
	Sub Total	**314,238**	**283,464**	**881**	**297,617**	**594,045**	**636,100**	**31,805**	**667,905**	**679,680**	**16,992**	**146,320**	**3,658**	**826,000**	**20,650**	**713,644**	**707,123**	**44,298**	**7,739**	**2,270**	**90,800**	**32,374**	**2,935**
Zonal 1 Totals		**976,677**	**718,159**	**2,668**	**904,465**	**1,956,790**	**1,947,680**	**97,326**	**2,043,823**	**2,082,200**	**52,055**	**447,960**	**11,199**	**2,530,160**	**63,254**	**2,173,221**	**2,133,901**	**75,383**	**34,711**	**7,841**	**313,640**	**50,909**	**5,413**

Southern Highland Zone Registration and Issuing Summary (Zone 2) for the Universal Coverage Campaign (UCC)

Region	District	Total Number of HH before registration	No. Of U5's registered during U5CC	Issuing Points	Total Number of HH during Registration	Number of UCRC issued to VEOs	Sleeping Spaces Registered	5% Village Buffer	Total LLINs including buffer	Total LLINs Rounded up to approximate of 7% buffer due to bale	Total Bales to village level	23% buffer stock at DMO office	Total buffer bales to DMO office	Total LLINs for Delivery	Total bales for Delivery	Total sleeping spaces registered (before and during	Total LLINs received (before and during issuing)	No. of LLINs issued	No. of LLINs still needed	No. of LLINs remaining	No. of LLINs bales remained DMO office
Iringa	Iringa rural	66,234	48,721	145	72,760	119,500	100,492	5,025	105,517	107,800	2,695	23,120	578	130,920	3,273	110,939	107,918	106,109	3,021	1,809	45
	Iringa Urban	42,656	25,469	157	41,797	74,750	62,930	3,147	66,077	68,880	1,722	14,480	362	83,360	2,084	70,788	69,740	69,595	1,193	145	4
	Kilolo	55,838	40,649	162	59,656	117,500	86,232	4,312	90,544	92,480	2,312	19,840	496	112,320	2,808	89,959	92,282	89,959	1,216	2,078	52
	Mufindi	77,463	55,639	194	84,589	167,400	123,686	6,184	129,870	132,480	3,312	28,480	712	160,960	4,024	127,706	132,545	127,706	884	4,703	118
	Ludewa	33,014	23,516	123	33,508	65,596	50,235	2,512	52,747	54,320	1,358	11,560	289	65,880	1,647	50,711	55,867	53,649	360	2,399	60
	Njombe	132,048	80,592	284	132,798	256,398	210,523	10,526	221,049	225,720	5,643	48,440	1,211	274,160	6,854	211,035	226,392	217,890	10,799	8,360	209
	Makete	27,983	14,575	100	27,130	54,125	41,715	2,086	43,801	45,640	1,141	9,600	240	55,240	1,381	41,715	46,018	44,144	576	1,856	46
Regional Totals		**435,236**	**289,161**	**1,165**	**452,238**	**855,269**	**675,813**	**33,791**	**709,604**	**727,320**	**18,183**	**155,520**	**3,888**	**882,840**	**22,071**	**702,853**	**730,762**	**709,052**	**18,049**	**21,350**	**534**
Mbeya	Mbeya Urban	90,466	60,569	180	90,934	152,330	136,018	6,801	142,819	146,400	3,660	31,320	783	177,720	4,443	144,836	148,408	144,160	5,798	4,420	111
	Mbeya Rural	67,733	50,143	194	78,839	140,710	116,708	5,835	122,543	125,680	3,142	26,880	672	152,560	3,814	124,184	126,339	123,384	11,761	2,799	70
	Mbozi	186,933	139,593	252	191,844	292,288	260,173	13,009	273,182	276,920	6,923	59,840	1,496	336,760	8,419	295,791	297,845	295,831	11,357	1,784	45
	Ileje	31,219	18,247	76	32,716	57,598	51,557	2,578	54,135	55,520	1,388	11,880	297	67,400	1,685	56,662	58,089	56,762	809	1,384	35
	Chunya	59,480	59,460	155	62,385	103,150	91,055	4,553	95,608	97,160	2,429	20,960	524	118,120	2,953	96,371	98,055	96,424	4,991	1,562	39
	Rungwe	80,906	55,455	229	88,456	164,878	137,628	6,881	144,509	148,160	3,704	31,680	792	179,840	4,496	135,200	148,767	145,614	3,513	2,894	72
	Kyela	61,828	43,635	135	66,044	110,082	105,644	5,282	110,926	112,920	2,823	24,320	608	137,240	3,431	105,644	114,322	113,444	5,680	340	9
	Mbarali	68,399	55,556	152	83,688	128,208	119,794	5,990	125,784	127,880	3,197	27,560	689	155,440	3,886	128,849	129,342	128,693	3,591	589	15
Regional Totals		**646,964**	**482,658**	**1,373**	**694,906**	**1,149,244**	**1,018,577**	**50,929**	**1,069,506**	**1,090,640**	**27,266**	**234,440**	**5,861**	**1,325,080**	**33,127**	**1,087,537**	**1,121,167**	**1,104,312**	**47,500**	**15,772**	**394**
Rukwa	Sumbawanga urban	40,086	37,683	68	39,684	53,530	51,107	2,555	53,662	56,560	1,414	11,760	294	68,320	1,708	58,837	59,924	58,679	1,895	594	15
	Sumbawanga Rural	115,973	136,532	231	104,208	183,617	139,155	6,958	146,113	149,680	3,742	32,040	801	181,720	4,543	151,251	151,146	148,093	7,707	2,746	69
	Mpanda	101,794	110,400	188	109,429	179,941	158,051	7,903	165,954	169,360	4,234	36,360	909	205,720	5,143	169,636	171,658	168,005	15,118	3,653	91
	Nkasi	57,032	70,360	107	47,371	74,651	63,786	3,189	66,975	68,880	1,722	14,680	367	83,560	2,089	67,480	69,116	67,480	3,067	1,407	35
Regional Totals		**314,885**	**354,975**	**594**	**300,692**	**491,739**	**412,099**	**20,605**	**432,704**	**444,480**	**11,112**	**94,840**	**2,371**	**539,320**	**13,483**	**447,204**	**451,844**	**442,257**	**27,787**	**8,400**	**210**
Zonal Grand Totals		**1,397,085**	**1,126,794**	**3,132**	**1,447,836**	**2,496,252**	**2,106,489**	**105,325**	**2,211,814**	**2,262,440**	**56,561**	**484,800**	**12,120**	**2,747,240**	**68,681**	**2,237,594**	**2,303,773**	**2,255,621**	**93,336**	**45,522**	**1,138**

Central Zone Registration and Issuing Summary (Zone 3) for the Universal Coverage Campaign (UCC)

Region	District	No of U5'S Registered during U5CC	No of Issuing Points	Total Number of HH before Registration	Total Number of HH during Registration	Number of UCRC issued to VEOs	Number of sleeping spaces registered	5% Villages Buffer	Total LLINs including buffer	Total LLINs Rounded up to approximate of 7% buffer due to bale rounding up	Total bales to Village level	23% DMO buffer stock rounded up due to bale rounding	Total buffer bales to DMO office	Total LLINs for Delivery	Total bales for Delivery	Total sleeping spaces registered (before and during issuing)	Total LLINs received (before and during issuing)	No. of LLINs issued	No. of LLINs still needed	No. of LLINs remained at villages/street level	No. of LLINs bales remained DMO office
MOROGORO	KILOMBERO	74,339	183	97,451	124,383	200,585	181,726	9,086	190,812	192,320	4,808	41,800	1,045	234,120	5,853	226,238	226,736	223,138	-	4,498	275
	KILOSA	94,885	286	146,237	166,466	267,840	224,291	11,215	235,506	238,960	5,974	51,600	1,290	290,560	7,264	236,407	240,778	236,407	9,143	5,823	1,158
	MOROGORO RURAL	22,931	162	82,293	82,542	155,156	115,895	5,795	121,690	124,600	3,115	26,680	667	151,280	3,782	126,179	126,276	132,804	146	1,611	590
	MOROGORO URBAN	33,464	277	110,559	107,787	201,327	145,491	7,275	152,766	158,280	3,957	33,480	837	191,760	4,794	161,383	161,533	150,956	-	4,305	915
	MVOMERO	-	173	77,738	79,670	136,311	110,165	5,508	115,673	117,960	2,949	25,360	634	143,320	3,583	120,030	122,658	120,049	10,164	2,645	503
	ULANGA	37,313	186	65,155	70,651	125,120	104,364	5,218	109,582	111,520	2,788	24,040	601	135,560	3,389	113,831	112,001	113,740	-	476	496
REGION TOTAL		**262,932**	**1,267**	**579,433**	**631,499**	**1,086,339**	**881,932**	**44,097**	**926,029**	**943,640**	**23,591**	**202,960**	**5,074**	1,146,600	28,665	**984,068**	**989,982**	**977,094**	**19,453**	**19,358**	**3,936**
DODOMA	BAHI	47,542	62	55,639	55,726	102,400	74,540	3,727	78,267	79,400	1,985	17,160	429	96,560	2,414	74,540	80,499	77,951	4,215	1,532	429
	CHAMWINO	72,783	119	90,755	84,509	151,580	112,417	5,621	118,038	119,400	2,985	25,880	647	145,280	3,632	112,417	122,190	119,503	4,758	3,254	572
	DODOMA URBAN	76,498	166	142,598	109,123	208,348	149,986	7,499	157,485	159,920	3,998	34,520	863	194,440	4,861	149,986	162,085	153,865	6,773	8,057	978
	KONDOA	115,523	284	120,274	119,700	187,664	172,232	8,612	180,844	184,440	4,611	39,640	991	224,080	5,602	172,232	184,483	174,699	9,289	8,511	875
	KONGWA	59,817	148	80,446	77,866	153,010	103,198	5,160	108,358	110,200	2,755	23,760	594	133,960	3,349	113,655	113,594	112,945	2,204	746	512
	MPWAPWA	72,776	172	78,755	73,588	133,806	101,288	5,064	106,352	108,280	2,707	23,320	583	131,600	3,290	109,766	109,866	106,056	2,161	3,190	564
REGION TOTAL		**444,939**	**951**	**568,467**	**520,512**	**936,808**	**713,661**	**35,683**	**749,344**	**761,640**	**19,041**	**164,280**	**4,107**	925,920	23,148	**732,596**	**772,717**	**745,019**	**29,400**	**25,290**	**3,930**
SINGIDA	IRAMBA	102,314	253	87,769	82,332	163,346	120,532	6,027	126,559	129,720	3,243	27,400	685	157,120	3,928	142,588	144,011	142,588	3,702	1,394	10,000
	MONYONI	73,719	186	65,526	69,733	113,070	99,526	4,976	104,502	106,440	2,661	22,920	573	129,360	3,234	99,526	107,581	117,756	9,569	1,336	552
	SINGIDA RURAL	109,891	220	100,327	101,353	170,093	145,594	7,280	152,874	156,320	3,908	33,520	838	189,840	4,746	145,594	168,134	166,398	11,388	1,728	514
	SINGIDA URBAN	31,860	76	28,736	31,541	53,700	43,647	2,182	45,829	47,000	1,175	10,040	251	57,040	1,426	43,647	47,189	46,030	346	1,257	248
REGION TOTAL		**317,784**	**735**	**282,358**	**284,959**	**500,209**	**409,299**	**20,465**	**429,764**	**439,480**	**10,987**	**93,880**	**2,347**	533,360	13,334	**431,355**	**466,915**	**472,772**	**25,005**	**5,715**	**11,314**
ZONE GRAND TOTAL		**1,025,655**	**2,953**	**1,430,258**	**1,436,970**	**2,523,356**	**2,004,892**	**100,245**	**2,105,137**	**2,144,760**	**53,619**	**461,120**	**11,528**	2,605,880	65,147	**2,148,019**	**2,229,614**	**2,194,885**	**73,858**	**50,363**	**19,180**

West Lake Zone Registration and Issuing Summary (Zone 4 for the Universal Coverage Campaign (UCC)

Region	District	No of U5'S Registered during U5CC	No of Issuing Points	Total Number of HH before Registration	Total Number of HH during Registration	Number of UCRC issued to VEOs	Number of sleeping spaces registered	5% Villages Buffer	No. of institution sleeping spaces registered in the villages & streets	Total LLINs including buffer and institution sleeping spaces.	Total LLINs Rounded up to approximate of 7% buffer due to bale rounding up	Total bales to Village level	15% DMO buffer stock rounded up due to bale rounding *(Including sleeping	Total buffer bales to DMO office + (Hospital and Health Facility sleeping space)	Total LLINs for Delivery	Total Bales for delivery	Total sleeping spaces registered (before and during issuing)	Total LLINs received (before and during issuing)	No. of LLINs issued	No. of LLINs still needed	No. of LLINs remained at villages/street level	No. of LLINs bales remained DMO office	No. of LLINs remained DMO office
Tabora	**Igunga**	112,924	148	67,197	65,600	103,184	104,564	5,228	7,915	117,707	119,920	2,998	16,160	404	136,080	3,402	117,692	120,403	118,739	6,575	11,170	392	15680
	Nzega	118,656	194	98,222	99,048	152,905	163,740	8,187	3,762	175,689	178,640	4,466	25,200	630	203,840	5,096	172,776	180,793	172,927	1,507	7,274	746	29,840
	Sikonge	48,825	93	34,098	31,570	49,660	44,351	2,218	253	46,822	48,200	1,205	7,080	177	55,280	1,382	48,808	49,624	49,188	3,324	550	98	3,920
	Tabora U	43,862	174	56,425	59,674	109,092	91,140	4,557	6,488	102,185	105,440	2,636	14,080	352	119,520	2,988	108,451	107,967	108,451	2,137	3,061	301	12,040
	Urambo	98,861	187	97,980	103,667	131,975	143,890	7,195	2,664	153,749	156,760	3,919	21,800	545	178,560	4,464	159,548	161,599	161,420	16,235	1,235	-	-
	Uyui	93,292	205	64,362	67,705	98,810	99,842	4,992	274	105,108	107,520	2,688	15,040	376	122,560	3,064	116,050	116,231	116,050	6,830	238	69	2,760
		516,420	**1,001**	**418,284**	**427,264**	**645,626**	**647,527**	**32,376**	**21,356**	**701,259**	**716,480**	**17,912**	**99,360**	**2,484**	**815,840**	**20,396**	**723,325**	**736,617**	**726,775**	**36,608**	**23,528**	**1,606**	**64,240**
Shinyanga	**Bariadi**	205,958	239	114,750	126,124	187,125	188,454	9,423	1,233	199,110	201,520	5,038	28,640	716	230,160	5,754	187,125	201,570	200,796	1,505	874	716	28,640
	Bukombe	112,479	201	77,858	79,592	122,439	119,641	5,982	275	125,898	128,480	3,212	18,200	455	146,680	3,667	128,574	129,349	129,289	3,368	60	433	17,320
	Kahama	199,811	316	133,721	136,704	206,959	213,641	10,682	3,965	228,288	232,920	5,823	32,120	803	265,040	6,626	243,600	243,600	240,591	12,834	62	595	23,800
	Kishapu	71,341	134	47,816	53,443	92,537	87,936	4,397	4,140	96,473	98,480	2,462	13,360	334	111,840	2,796	93,556	98,401	93,414	460	4,853	327	13,080
	Maswa	93,088	186	58,607	59,758	91,352	98,984	4,949	1,543	105,476	107,520	2,688	16,480	412	124,000	3,100	98,984	108,495	105,830	1,520	1,346	357	14,280
	Meatu	74,048	121	40,247	49,703	77,618	73,203	3,660	170	77,033	78,960	1,974	11,120	278	90,080	2,252	78,316	78,846	78,386	-	66	278	11,120
	Shiny R	88,892	143	53,419	62,719	95,539	100,519	5,026	1,015	106,560	108,600	2,715	15,200	380	123,800	3,095	107,583	109,116	107,834	2,644	1,252	374	14,960
	Shiny U	30,824	77	32,338	38,474	69,884	65,751	3,288	3,403	72,442	73,280	1,832	11,040	276	84,320	2,108	67,109	74,000	67,883	2,250	5,997	192	7,680
		876,441	**1,417**	**558,756**	**606,517**	**943,453**	**948,129**	**47,406**	**15,744**	**1,011,279**	**1,029,760**	**25,744**	**146,160**	**3,654**	**1,175,920**	**29,398**	**1,004,847**	**1,043,377**	**1,024,023**	**24,581**	**14,510**	**3,272**	**130,880**
Kigoma	**Kasulu**	141,836	229	150,398	152,367	246,317	231,816	11,591	4,539	247,946	249,960	6,249	35,440	886	285,400	7,135	252,540	256,689	252,312	33,046	2,856	-	-
	Kigoma Rural	123,578	186	122,253	105,352	198,242	161,625	8,081	1,914	171,620	173,120	4,328	24,520	613	197,640	4,941	174,512	174,750	132,742	10,095	1,258	477	19,080
	Kigoma Urban	37,744	70	52,594	40,228	102,300	65,519	3,276	1,735	70,530	71,720	1,793	10,320	258	82,040	2,051	70,928	73,179	72,377	318	510	225	9,000
	Kibondo	73,566	104	76,092	83,571	130,211	119,808	5,990	1,719	127,517	129,200	3,230	18,160	454	147,360	3,684	121,507	130,689	121,014	10,144	8,878	329	13,160
		376,724	**589**	**401,337**	**381,518**	**677,070**	**578,768**	**28,938**	**9,907**	**617,613**	**624,000**	**15,600**	**88,440**	**2,211**	**712,440**	**17,811**	**619,487**	**635,307**	**578,445**	**53,603**	**13,502**	**1,031**	**41,240**
Gradnd Total		**1,769,585**	**3,007**	**1,378,377**	**1,415,299**	**2,266,149**	**2,174,424**	**108,720**	**47,007**	**2,330,151**	**2,370,240**	**59,256**	**333,960**	**8,349**	**2,704,200**	**67,605**	**2,347,659**	**2,415,301**	**2,329,243**	**114,792**	**51,540**	**5,909**	**236,360**

Lake Zone Registration and Issuing Summary (Zone 5 for the Universal Coverage Campaign (UCC)																
Region	District	No of U5'S Registered during U5CC	No of Issuing Points	Total Number of HH before Registration	Total Number of HH during Registration	Number of UCRC issued to VEOs	Number of sleeping spaces registered	5% Villages Buffer	No. of institution sleeping spaces registered in the villages & streets	Total LLINs including buffer and institution sleeping spaces.	Total LLINs Rounded up to approximate of 7% buffer due to bale rounding up	Total bales to Village level	15% DMO buffer stock rounded up due to bale rounding *(Including sleeping spaces in	Total buffer bales to DMO office + (Hospital and Health Facility sleeping space)	Total LLINs for Delivery	Total Bales for delivery
	Geita	253,164	331	151,172	174,027	306,830	285,600	14,280	631	300,511	304,560	7,614	43,760	1,094	**348,320**	**8,708**
Mwanza	Ilemela	39,935	106	124,344	92,262	183,550	140,683	7,034	7,434	155,151	157,280	3,932	21,240	531	**178,520**	**4,463**
	Kwimba	82,227	193	60,749	71,886	129,755	122,478	6,124	377	128,979	131,200	3,280	18,760	469	**149,960**	**3,749**
	Magu	137,876	268	93,797	101,957	194,093	181,408	9,070	2,164	192,642	195,240	4,881	28,000	700	**223,240**	**5,581**
	Misungwi	59,328	158	48,613	58,759	104,892	109,037	5,452	368	114,857	116,320	2,908	17,080	427	**133,400**	**3,335**
	Nyamagana	10,882	150	109,254	105,851	197,664	152,950	7,648	7,157	167,755	169,920	4,248	23,360	584	**193,280**	**4,832**
	Sengerema	140,395	257	114,815	123,261	232,479	209,876	10,494	740	221,110	224,080	5,602	32,160	804	**256,240**	**6,406**
	Ukerewe	83,395	145	61,369	64,883	138,849	126,994	6,350	1,729	135,073	136,560	3,414	19,280	482	**155,840**	**3,896**
Total Region		**807,202**	**1,608**	**764,113**	**792,886**	**1,488,112**	**1,329,026**	**66,451**	**20,600**	**1,416,077**	**1,435,160**	**35,879**	**203,640**	**5,091**	**1,638,800**	**40,970**
	Biharamulo	38,934	103	40,737	45,854	81,450	68,832	3,442	1,799	74,073	75,400	1,885	10,600	265	**86,000**	**2,150**
	Bukoba Rural	56,394	163	60,764	59,493	123,496	92,232	4,612	5,037	101,881	103,600	2,590	14,040	351	**117,640**	**2,941**
Kagera	Bukoba Urban	23,110	67	30,142	28,275	50,095	44,423	2,221	9,382	56,026	57,320	1,433	7,080	177	**64,400**	**1,610**
	Chato	61,015	228	57,812	58,173	98,340	83,890	4,516	297	88,703	90,880	2,272	12,680	317	**103,560**	**2,589**
	Karagwe	108,039	236	109,844	116,588	206,965	187,749	9,387	8,467	205,603	208,000	5,200	28,760	719	**236,760**	**5,919**
	Misenyi	37,848	99	40,109	43,955	107,300	68,770	3,439	1,295	73,504	74,920	1,873	11,040	276	**85,960**	**2,149**
	Muleba	78,739	307	99,852	89,476	163,274	128,600	6,430	4,564	138,897	142,120	3,553	19,960	499	**162,080**	**4,052**
	Ngara	64,416	127	59,807	60,132	110,550	91,977	4,599	2,112	98,688	100,160	2,504	14,360	359	**114,520**	**2,863**
Total Region		**468,495**	**1,330**	**499,067**	**501,946**	**941,470**	**766,473**	**38,645**	**32,953**	**837,373**	**852,400**	**21,310**	**118,520**	**2,963**	**970,920**	**24,273**
	Bunda	94,712	198	73,860	85,125	133,394	139,633	6,982	1,340	147,955	150,440	3,761	21,400	535	**171,840**	**4,296**
	Musoma Rural	125,330	221	72,569	95,456	152,400	142,972	7,149	409	150,530	152,800	3,820	21,640	541	**174,440**	**4,361**
Mara	Musoma Urban	38,264	86	28,443	35,239	60,112	57,127	2,856	4,277	64,260	65,400	1,635	8,960	224	**74,360**	**1,859**
	Rorya	83,928	141	66,026	72,844	106,949	110,432	5,522	530	116,484	118,200	2,955	16,960	424	**135,160**	**3,379**
	Serengeti	51,079	184	40,821	56,518	76,438	78,733	3,937	964	82,423	84,480	2,112	11,960	299	**96,440**	**2,411**
	Tarime	77,597	218	80,386	94,033	133,283	141,049	7,052	2,712	150,813	153,120	3,828	21,520	538	**174,640**	**4,366**
Total Region		**470,910**	**1,048**	**362,105**	**439,215**	**662,576**	**669,946**	**33,497**	**10,232**	**712,465**	**724,440**	**18,111**	**102,440**	**2,561**	**826,880**	**20,672**
Total Lake Zone		**1,746,607**	**3,986**	**1,625,285**	**1,734,047**	**3,092,158**	**2,765,445**	**138,593**	**63,785**	**2,965,915**	**3,012,000**	**75,300**	**424,600**	**10,615**	**3,436,600**	**85,915**

Coast Zone Registration and Issuing Summary (Zone 6 for the Universal Coverage Campaign (UCC)																
Region	**District**	**No of U5'S Registered during U5CC**	**No of Issuing Points**	**Total Number of HH before Registration**	**Total Number of HH during Registration**	**Number of UCRC issued to VEOs**	**Number of sleeping spaces registered**	**5% Villages Buffer**	**No. of institution sleeping spaces registered in the villages & streets**	**Total LLINs including buffer and institution sleeping spaces.**	**Total LLINs Rounded up to approximate of 7% buffer due to bale rounding up**	**Total bales to Village level**	**15% DMO buffer stock rounded up due to bale rounding *(Including sleeping spaces in Hospital and Health**	**Total buffer bales to DMO office + (Hospital and Health Facility sleeping space)**	**Total LLINs for Delivery**	**Total Bales for delivery**
	Tanga City	33,464	191	116,612	90,344	181,733	132,122	6,6	11,635	150,363	153,760	3,844	33,36	834	**187,120**	**4,678**
Tanga	Mkinga	-	105	32,328	33,089	60,722	50,079	2,5	295	52,878	54,520	1,363	7,52	188	**62,040**	**1,551**
	Pangani	-	53	16,849	19,137	34,750	27,914	1,3	70	29,380	30,080	752	4,32	108	**34,400**	**860**
	Muheza		171	52,145	62,262	101,910	93,257	4,6	1,259	99,179	101,720	2,543	14,40	360	**116,120**	**2,903**
	Handeni	-	162	84,008	85,148	133,290	126,576	6,3	424	133,329	135,400	3,385	19,28	482	**154,680**	**3,867**
	Kilindi	-	162	51,818	57,454	89,450	81,070	4,0	120	85,250	87,400	2,185	12,52	313	**99,920**	**2,498**
	Lushoto	67,397	249	125,591	124,131	223,728	168,589	8,4	3,889	180,907	185,120	4,628	25,76	644	**210,880**	**5,272**
	Korogwe	-	198	71,533	83,395	139,588	123,290	6,1	194	129,649	132,280	3,307	19,08	477	**151,360**	**3,784**
Total Region		**100,861**	**1,291**	**550,884**	**554,960**	**965,171**	**802,897**	**40,1**	**17,892**	**860,934**	**880,280**	**22,007**	**136,24**	**3,406**	**1,016,520**	**25,413**
	Kibaha Urban	13,151	62	38,613	39,358	77,364	59,350	2,9	3,374	65,692	66,880	1,672	9,28	232	**76,160**	**1,904**
	Kibaha Rural	3,943	53	30,169	24,567	53,612	34,335	1,7	2,448	38,500	39,400	985	5,24	131	**44,640**	**1,116**
	Kisarawe	14,931	106	30,041	31,054	56,245	45,813	2,2	2,831	50,935	52,320	1,308	7,04	176	**59,360**	**1,484**
Coast	Rufiji	22,083	212	63,795	77,607	118,687	115,477	5,7	2,030	123,281	125,360	3,134	17,76	444	**143,120**	**3,578**
	Bagamoyo	33,095	183	83,145	88,785	147,339	122,508	6,1	10,410	139,043	141,640	3,541	25,08	627	**166,720**	**4,168**
	Mafia	5,356	31	13,901	13,958	26,100	18,672		180	19,786	20,360	509	2,84	71	**23,200**	**580**
	Mkuranga	34,892	142	61,731	62,932	115,001	89,402	4,4	5,729	99,601	101,880	2,547	13,56	339	**115,440**	**2,886**
Total Region		**127,451**	**789**	**321,395**	**338,261**	**594,348**	**485,557**	**24,2**	**27,002**	**536,837**	**547,840**	**13,696**	**80,80**	**2,020**	**628,640**	**15,716**
	Temeke	103,994	300	341,937	318,127	453,430	422,878	21,1	3,453	447,475	451,200	11,280	64,52	1,613	**515,720**	**12,893**
	Ilala	75,896	212	237,986	246,849	504,809	414,213	20,7	6,543	441,467	443,520	11,088	64,32	1,608	**507,840**	**12,696**
DSM	Kinondoni	130,189	342	411,236	405,619	626,170	589,033	29,4	33,702	652,187	655,200	16,380	90,08	2,252	**745,280**	**18,632**
Total Region		**310,079**	**854**	**991,159**	**970,595**	**1,584,409**	**1,426,124**	**71,3**	**43,698**	**1,541,128**	**1,549,920**	**38,748**	**218,92**	**5,473**	**1,768,840**	**44,221**
Coast Zone Total		**538,391**	**2,934**	**1,863,438**	**1,863,816**	**3,143,928**	**2,714,578**	**135,7**	**88,592**	**2,938,899**	**2,978,040**	**74,451**	**435,96**	**10,899**	**3,414,000**	**85,350**

Northern Zone Registration and Issuing Summary (Zone 6 for the Universal Coverage Campaign (UCC)																
Region	**District**	**No of U5'S Registered during U5CC**	**No of Issuing Points**	**Total Number of HH before Registration**	**Total Number of HH during Registration**	**Number of UCRC issued to VEOs**	**Number of sleeping spaces registered**	**5% Villages Buffer**	**No. of institution sleeping spaces registered in the villages & streets**	**Total LLINs including buffer and institution sleeping spaces.**	**Total LLINs Rounded up to approximate of 7% buffer due to bale rounding up**	**Total bales to Village level**	**10% DMO buffer stock rounded up due to bale rounding *(Including sleeping**	**Total buffer bales to DMO office + (Hospital and Health Facility sleeping space)**	**Total LLINs for Delivery**	**Total Bales for delivery**
	Babati Urban	18,652	59	17,094	20,799	44,200	31,281	1,564	1,588	34,433	35,360	884	4,96	124	**40,320**	**1,008**
	Babati Rural	52,722	141	55,304	62,035	109,950	94,574	4,729	1,220	100,523	102,480	2,562	9,92	248	**112,400**	**2,810**
MANYARA	Simanjiro	23,395	106	58,299	48,570	81,497	63,082	3,154	9	66,332	67,440	1,686	6,40	160	**73,840**	**1,846**
	Kiteto	18,561	111	52,529	60,634	89,404	79,450	3,973	85	84,279	85,200	2,130	8,20	205	**93,400**	**2,335**
	Hanang	51,305	115	44,222	48,197	83,250	70,307	3,515	2,331	76,153	77,600	1,940	7,24	181	**84,840**	**2,121**
	Mbulu	49,214	149	51,419	50,464	89,600	81,910	4,096	2,500	88,506	90,760	2,269	8,96	224	**99,720**	**2,493**
Total region		**213,849**	**681**	**278,867**	**290,699**	**497,901**	**420,604**	**21,030**	**8,591**	**450,225**	**458,840**	**11,471**	**45,68**	**1,142**	**504,520**	**12,613**
Arusha	Arusha Urban	34,823	142	136,702	131,785	246,350	192,248	9,612	5,738	207,598	210,240	5,256	19,96	499	**230,200**	**5,755**
	Arusha Council	2,933	125	100,890	83,877	124,532	109,843	5,492	3,176	118,511	120,080	3,002	11,08	277	**131,160**	**3,279**
	Meru	54,487	108	63,689	65,661	127,600	110,569	5,528	8,098	124,195	125,560	3,139	11,40	285	**136,960**	**3,424**
	Karatu	33,335	75	40,545	40,145	70,567	62,750	3,138	1,999	67,887	68,800	1,720	6,40	160	**75,200**	**1,880**
	Monduli	22,453	65	45,404	40,623	68,990	51,057	2,553	8,121	61,731	62,720	1,568	5,36	134	**68,080**	**1,702**
	Longido	17,028	72	32,099	23,091	34,819	29,425	1,471	6,866	37,762	38,480	962	3,36	84	**41,840**	**1,046**
	Ngorongoro	27,009	105	51,474	37,491	92,260	51,412	2,571	4,106	58,089	58,960	1,474	5,24	131	**64,200**	**1,605**
Total region		**192,068**	**692**	**470,803**	**422,673**	**765,118**	**607,304**	**30,365**	**38,104**	**675,773**	**684,840**	**17,121**	**62,80**	**1,570**	**747,640**	**18,691**
Kilimanjaro	Moshi Urban	16,433	73	49,173	54,121	86,404	87,611	4,381	12,803	104,795	105,920	2,648	10,00	250	**115,920**	**2,898**
	Moshi Rural	50,737	202	100,970	122,586	213,664	189,167	9,458	9,731	208,356	208,800	5,220	19,48	487	**228,280**	**5,707**
	Hai	17,953	89	47,207	49,248	87,586	79,129	3,956	7,950	91,035	92,520	2,313	8,28	207	**100,800**	**2,520**
	Siha	10,248	51	22,453	23,808	40,542	35,910	1,796	96	38,672	39,480	987	4,24	106	**43,720**	**1,093**
	Same	36,344	187	62,578	63,338	142,060	119,365	5,968	7,347	132,680	134,640	3,366	11,96	299	**146,600**	**3,665**
	Rombo	39,144	117	55,019	61,572	118,711	106,744	5,337	2,871	114,952	116,240	2,906	10,68	267	**126,920**	**3,173**
	Mwanga	16,308	94	33,332	35,474	84,523	63,111	3,156	7,313	73,580	75,080	1,877	6,32	158	**81,400**	**2,035**
Total region		**187,167**	**813**	**370,732**	**410,147**	**773,490**	**681,037**	**34,052**	**48,981**	**764,070**	**772,680**	**19,317**	**70,96**	**1,774**	**843,640**	**21,091**
Total Zone		**593,084**	**2,186**	**1,120,402**	**1,123,519**	**2,036,509**	**1,708,945**	**85,447**	**95,676**	**1,890,068**	**1,916,360**	**47,909**	**179,44**	**4,486**	**2,095,800**	**52,395**

APPENDIX C: DISTRICTS REPORTING TNVS FUNDING

Response Received							
Districts which **have included** TNVS activities in their budget				Districts that do not **include** TNVS activities in their budget			
S/N	**Districts**	**S/N**	**Districts**	**S/N**	**Districts**	**S/N**	**Districts**
1	Kilolo	32	Mbeya Rural	1	Arusha	36	Mtwara Rural
2	Ludewa	33	Kilosa	2	Arusha Council	37	Mtwara Urban
3	Mufindi	34	Morogoro Rural	3	Karatu	38	Newala
4	Biharamulo	35	Morogoro Urban	4	Longido	39	Tandahimba
5	Bukoba Rural	36	Mvomero	5	Meru	40	Nanyumbu
6	Chato	37	Ulanga	6	Monduli	41	Serengeti
7	Karagwe	38	Nkasi	7	Ngorongoro	42	Tarime
8	Muleba	39	Sumbawanga Rural	8	Sumbawanga Urban	43	Kibaha Urban
9	Kigoma Urban	40	Manyoni	9	Iramba	44	Kibaha Rural
10	Kigoma Rural	41	Singida Rural	10	Makete	45	Bagamoyo
11	Kasulu	42	Singida Urban	11	Mpanda	46	Misungwi
12	Kibondo	43	Handeni	12	Njombe	47	Tunduru
13	Babati rural	44	Kilindi	13	Iringa Rural	48	Namtumbo
14	Hanang	45	Korogwe	14	Iringa Urban	49	Mbinga
15	Kiteto	46	Lushoto	15	Igunga	50	Kisarawe
16	Mbulu	47	Mkinga	16	Nzega	51	Simanjiro
17	Chunya	48	Muheza	17	Sikonge	52	Lindi Rural
18	Ileje	49	Pangani	18	Tabora Urban	53	Lindi Urban
19	Mbarali	50	Tanga City	19	Urambo	54	Liwale
20	Dodoma Urban	51	Magu	20	Uyui	55	Siha
21	Chamwino	52	Kwimba	21	Nachingwea	56	Rombo
22	Ilemela	53	Sengerema	22	Ruangwa	57	Ngara
23	Nyamagana	54	Bukoba Urban	23	Kilombero	58	Hai
24	Mwanga	55	Bahi	24	Kyela	59	Moshi Urban
25	Mbeya Urban	56	Ulanga	25	Moshi Rural	60	Ilala
26	Rungwe	57	Mkuranga	26	Same	61	Temeke
27	Mbozi	58	Kongwa	27	Kilwa	62	Kinondoni
28	Misenyi	59	Kahama	28	Rorya	63	Shinyanga Rural
29	Kondoa	60	Rufiji	29	Musoma Urban	64	Shinyanga Urban
30	Mpwapwa	61	Songea Rural	30	Mafia	65	Kishapu
31	Geita	62	Ukerewe	31	Musoma Rural	66	Maswa
				32	Songea Urban	67	Meatu
				33	Babati Urban	68	Bariadi
				34	Bunda	69	Bukombe
				35	Masasi		