

**QUARTERLY REPORT 25
EXTENSION OF TANZANIA
NATIONAL VOUCHER
SCHEME (TNVS)
JULY - SEPTEMBER 2010**

ANNUAL REPORT PMI FY 10

**Extension of Tanzania
National Voucher Scheme
(TNVS)**

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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

Old value vouchers no longer accepted at retail outlets. As per instructions from the Permanent Secretary of MoHSW, old value vouchers (valued at TZS 2750 and 3250) have not been redeemable at retailer outlets since July 31st, 2010. Over the quarter, A-Z collected these vouchers from the retail chain and submitted them to MEDA. This quarter, MEDA received 5,304 old value PWV and 4,525 old value IV which had been redeemed at retailers for ITNs. Some old value vouchers remain in retail outlets. This challenge is described further in the managerial concerns section of this report.

One year after the LLIN voucher upgrade, over one million LLIN vouchers redeemed. LLIN voucher redemptions since the voucher upgrade in September 2009 for PWV stand at 577,083 and for IV at 553,046. This quarter alone, 215,891 PWV and 202,605 IV were redeemed for LLINs (this includes hybrid vouchers). From program inception until September 30th, 4,496,359 pregnant women and 2,158,677 infants have redeemed a voucher for a net. The cumulative redemption rate for PWV as of September 30th was 70.0% and for IV 59.3% (includes all vouchers regardless of voucher value).

LLIN sales continue to increase monthly. A-Z reports having distributed a total of 1,166,489 LLINs to retailers in exchange for vouchers. Net sales in July were 144,652, in August 152,804 and in September 160,061 totalling 457,427 in this quarter alone. Through provisions in the contract, MEDA exercised their option to extend and now this contract with A-Z expires on August 2011. Changes expected for year two of the contracts are an increase in the net size for TNVS from 4ftx6ftx7ft to 5ftx6ftx7ft at the same price, and a new set of retailer recruitment targets focusing on geographical disbursement of retailers.

LLIN retailer network over 8,700 countrywide, average retailer to clinic ratio is 1.97. The number of retailers countrywide as reported by A-Z is 8,726 as compared to the total at the end of the last quarter which was 4,946. Therefore the new retailers recruited this quarter were 3,780 and represents a 76% increase in the total retailers. In addition, every region has a ratio of at least one retailer per clinic, with the regional average being almost two retailers per clinic.

1.0 SUMMARY OF KEY ANNUAL ACHIEVEMENTS FOR PMI FY10

- The reduced and fixed top-up of only 500 /= Tsh (\$0.35 USD) has had its intended effect. Voucher redemption rates are rising and all reports from the field indicate that beneficiaries are able to redeem their vouchers immediately. Since the 500 /= Tsh LLIN voucher launch in September 2009, 1,481,350 LLIN IVs have been distributed to health facilities.
- Since October 1, 2009, a total of 686,777 beneficiaries received ITNs through PMI funding. Of these, 510,011 IVs have been redeemed for LLINs using LLIN vouchers and an additional 43,035 beneficiaries received LLINs when redeeming an 'old value' voucher which was originally redeemable for polyester ITNs. Therefore, the total beneficiaries who received LLINs specifically were 553,046.
- A-Z reports the recruitment of 8,726 retailers in the TNVS program since the switch to LLINs was made in September 2009. Over one million LLINs have been sold to retail shops for TNVS, which has dramatically increased the availability of LLINs to the population of Tanzania.
- The Under Five Catch-up Campaign came to a successful conclusion on May 31st, 2010 with the final day of issuing LLINs within the Dar es Salaam region.
- In total, the U5CC registered 7,981,010 children under five during the house-to-house registration exercise across all 21 regions of mainland Tanzania. 9,034,677 LLINs were procured from A-Z throughout the whole exercise, when accounting for buffer stocks and unregistered children. 8,753,438 LLINs were issued to beneficiaries through the U5CC program.
- Initial results from the 2009/10 Demographic and Health Survey (DHS) completed by the National Bureau of Statistics (NBS) indicate that, in regions where U5CC had been implemented, a leap of approximately 44 percentage points was seen in the proportion of children sleeping under an ITN since 2007/08.
- Of the total nets procured for the U5CC, PMI contributed funds to purchase and distribute 986,251 LLINs in FY09 and 871,080 in FY10.
- PMI funds under the AMCC contract were used in the design and implementation of a Universal Coverage Campaign (UCC) pilot project in January 2010 in Mwanza Region. The pilot was crucial in helping to finalize the current design of the UCC standard operating procedures and to foresee and address many potential issues before program launch. Through this pilot, 600 LLINs were procured and distributed.

2.0 SUMMARY OF LESSONS LEARNED FOR PMI FY10

- When launching the upgraded LLIN voucher in October 2009, vouchers were distributed to health facilities before nets were available at retailer level. This created an imbalance between the volumes of vouchers and that of nets. Even when the LLIN supplier began to deliver substantial quantities of LLINs to retailers, the demand for LLINs was still higher than supply since many pregnant women and caregivers were holding their vouchers waiting for arrival of LLINs. In response, the LLIN supplier had to quickly scale up their LLIN distribution efforts, and increased the number of vehicles and staff in the field. Ideally, the LLIN supplier would have been allowed adequate time to stock LLINs before issuing of vouchers began.
- Coupled with the above, another lesson learned was related to the capacity of the LLIN retailers to stock/buy enough LLINs to meet the demand. This lack of working capital meant that retailers were buying small amounts of LLINs or refusing to participate in TNVS. To address this challenge, a retailer stabilization stock scheme was implemented that provides retailers with ten LLINs at no cost (5 funded by PMI) when they buy five. By the end of the year 2,486 retailers had been issued with stabilization stock and it is hoped that in FY11 this scheme will continue.
- The need for a more rapid and sophisticated feedback mechanism between MEDA Tanzania HQ and the field on a number of issues including stock outs of both vouchers (at RCHs) and LLNs (at retailers). This has led MEDA to conduct research and development of electronic communications options which will allow rapid multi-directional feedback on LLIN and voucher stocks.
- The introduction of a net barcode (inserted into the net package) has reduced the cases of vouchers frauds/forges dramatically since their introduction. No vouchers are accepted for redemption by MEDA without barcodes. Since the barcodes are unique, they are identified as genuine in the database. To date, no barcode forgeries have been identified.
- Vouchers can sometimes take one year or more from when they are dispatched and when they are redeemed. There is a need to reduce the time that a voucher is held by a beneficiary. The sooner a voucher is redeemed, the sooner that person will be sleeping under an LLIN. The NATNETS steering committee proposed that in future, vouchers have a validity period of 60 days from when the voucher is issued until when it is redeemed. MEDA has started exploring mechanisms of implementing this limited validity voucher and options will be piloted in the coming year.

3.0 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.

- i) *The continuing periodic LLIN stock outs at various TNVS retailers, and voucher stock outs in health facilities.*

Improving LLIN distribution in conjunction with A-Z is a primary concern. MEDA's contract with A-Z includes a provision for a 12 month extension at MEDA's option. Extension discussions were initiated early in the quarter and voucher redemptions have continued throughout. MEDA exercised the option to extend as per the contract and now this contract with A-Z expires on August 2011. A-Z continued to distribute nets, but having exceeded its allowable net distributions in the contract (approx 1.3m), A-Z ceased net deliveries to retailers (and therefore voucher collection) on September 22, 2010. A further obstacle is the increase in ceiling needed for this contract and whether funding from PMI's AMCC Cooperative Agreement could be included for use in this pre-existing LLIN supply arrangement. Upon consultations and meetings with NMCP and PMI, MEDA decided that two actions are needed:

- a) MEDA will immediately increase the ceiling amount in A-Z's contract which includes a net quantity equal to the available MEDA funds from GF and USAID-TNVS cooperative agreements. This will allow A-Z to continue with net deliveries. This will be done early next quarter.
- b) MEDA will commence the process of floating an international competitive tender for LLIN supply using AMCC funds. The outcome of this tender will determine the way forward.

Even with this extension of time and increase in value of the A-Z contract to minimize disruptions, A-Z have informed MEDA that it will require approximately one month to start production of TNVS LLINs before field level distribution can begin. Therefore, it is expected that LLIN stock outs in retailer outlets will continue. Secondly, the tendering process will create infant voucher stock outs at DMO and facility level. While MEDA can continue redeeming previously dispatched infant vouchers through funding set aside under its TNVS cooperative agreement, we cannot dispatch any more infant vouchers until a contract is in place with an LLIN supplier, which, due to the tendering process, will be in mid-January. MEDA will strategize with NMCP to come up with the best way of communicating LLIN and infant voucher shortages to stakeholders.

- ii) *The future of the pregnant woman voucher is not known.*

Funding is available for dispatch of approximately 250,000 PWV. These will be dispatched over the next quarter. Beyond that, a close out plan is required unless additional funding will be made available for more PWV. All TNVS partners will require guidance from NMCP on this issue so that a timely and accurate message is sent to all stakeholders, including the government and the public about the way forward.

- iii) *The quantification of number of retailers and health facilities experiencing respective stock outs of LLINs and vouchers is required.*

As stated last quarter, MEDA does not currently have the ability to collect direct data with regards to the number of clinics experiencing voucher stock outs and retailers experiencing

LLIN stock outs. Further discussion and future M&E plans are being designed to better gather this data are discussed in Section 3.5.2.

MEDA will continue to update future quarterly and monthly report submissions with the progress being made and challenges encountered in these identified areas.

iv) Old value vouchers are still in retail outlets requiring redemption.

During the quarter MEDA received complaints from some retailers that A-Z had not collected all old value vouchers held at retailers prior to the deadline of July 31st. MEDA decided that in the best interest of maintaining the retail chain, it would consider one off requests for redemption of outstanding vouchers arising from genuine cases where A-Z was not able to collect the vouchers before the deadline. We feel it is a risk to ignore these retailers as it will result in a loss of confidence by the retailers in the TNVS. These outstanding cases were reviewed, old vouchers collected and effective payments were made.

v) This quarter, MEDA conducted a data audit and the following areas were identified to strengthen reporting.

- Data in the data base, as far as possible, should be supported by auditable signed off hard copies for voucher procurement and voucher distribution.
- A date entry error has been noted where dates have been entered in English format and American format which causes an error when running multiple queries over the same period. The team will hire a database consultant to remedy this error as soon as possible.
- MEDA relies on information contained in the voucher database and this should be verified and cross-checked on a regular basis.
- In the case of vouchers procured, we have historically not used the database to obtain this data, putting us at risk of human error when calculating vouchers procured. Each time vouchers are procured they are scanned into the database and therefore this should be the primary source of this data provided it is supported by paperwork.
- On a monthly basis the M&E team leader has been tasked with verifying the data in the database by comparing it to financial records such as purchase orders and payment vouchers. This procedure will further strengthen MEDA's data reporting.

4.0 BACKGROUND AND RATIONALE

In October 2004, MEDA and the donor community, under the auspices of the Tanzania Ministry of Health and Social Welfare (MoHSW), launched a collaborative effort to increase the availability of insecticide treated nets (ITNs) to pregnant women and infants in Tanzania through the Tanzania National Voucher Scheme (TNVS).

Pregnant women and children under the age of five are most vulnerable to malaria. Pregnancy reduces a woman's immunity to malaria, making her more susceptible to infection and increasing the risk of illness, severe anaemia and death. For the unborn child, maternal malaria increases the risk of spontaneous abortion, stillbirth, premature delivery and low birth weight - a leading cause of child mortality. According to Roll Back Malaria (www.rollbackmalaria.org), malaria kills a child in the world every 30 seconds, mostly children in Africa.

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

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

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

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

- 1) Increase the quality of bed nets by switching from an ITN that consists of 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 will play a major role. The goal of the campaign is to provide LLINs for all sleeping spaces which were not covered during the U5CC through a mass distribution approach resulting in high ITN ownership and coverage countrywide. In addition to this it will create the market for a sustainable TNVS.

This report has been structured into two strategies:

1. **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;
2. **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 MEDA's fourth quarterly report for this ending FY 2010 serves as both quarterly and annual report including 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.

5.0 STRATEGIES

STRATEGY 1: CONTRIBUTE TO EFFECTIVE AND EFFICIENT INITIATIVES THAT ENSURE ONGOING AND MORE SUSTAINABLE DISTRIBUTION OF LLINS

1.1 Infant Voucher (IV)

1.1.1 Infant Voucher Activity Summary

Table 1 summarizes IV procurement, distribution and redemption for the quarter, annually for PMI FY10 and cumulatively.

Table 1: IV Activity Summary

		Procured	Distributed	Returned	Redemption rate
Quarter 25	ITN	0	0	4,525	54.4%
	LLIN ¹	500,000	481,800	202,605	73.0%
	All IV	500,000	481,800	207,130	67.7%
PMI FY10	All IV	1,500,000	1,481,350	686,777	
Cumulative	ITN	2,975,000 ²	2,769,800	1,327,210	70.0%
	LLIN	2,000,000	1,481,350	553,046	69.2%
	All IV	4,975,000	4,251,150	1,880,256	59.3%

1.1.2 IV Procured

In July MEDA procured 500,000 LLIN IVs. The total number IVs procured cumulatively from program start stands at 4,975,000 vouchers at the end of this quarter, of which 2,000,000 are LLIN IVs (1,500,000 in FY10).

1.1.3 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 of the infant voucher continued this quarter under PMI support. A total of 481,800 LLIN IVs were distributed this quarter: 126,000 in July, 276,975 in August, and 78,825 in September. This is nearly five times higher as compared to last quarter when 100,150 IVs were distributed. The lower distribution in quarter 24 was in response to the voucher liability which prevented distribution of vouchers in the quarter, however by removing old value vouchers from the liability calculation, we were able to once again commence distribution. By this end of this quarter, the total number of IVs distributed cumulatively stood at 4,251,150. Of the 4,251,150 IVs distributed to date, 1,481,350 are LLIN IVs (also equal to the total IV dispatched in FY10).

¹ In the summary table, the LLIN category includes hybrid voucher returns.

² In the Quarter 24 report, this number was reported as 2,475,000 instead of 2,975,000. As of the submission of this report, MEDA has identified and rectified this error through a data quality audit. We apologize for any inconvenience this error may have caused.

Chart 1 and Chart 2 illustrate the actual number of IVs distributed cumulatively and quarterly since their introduction into the TNVS in July 2006.

Chart 1: IV Distributed to District Medical Officers Cumulatively

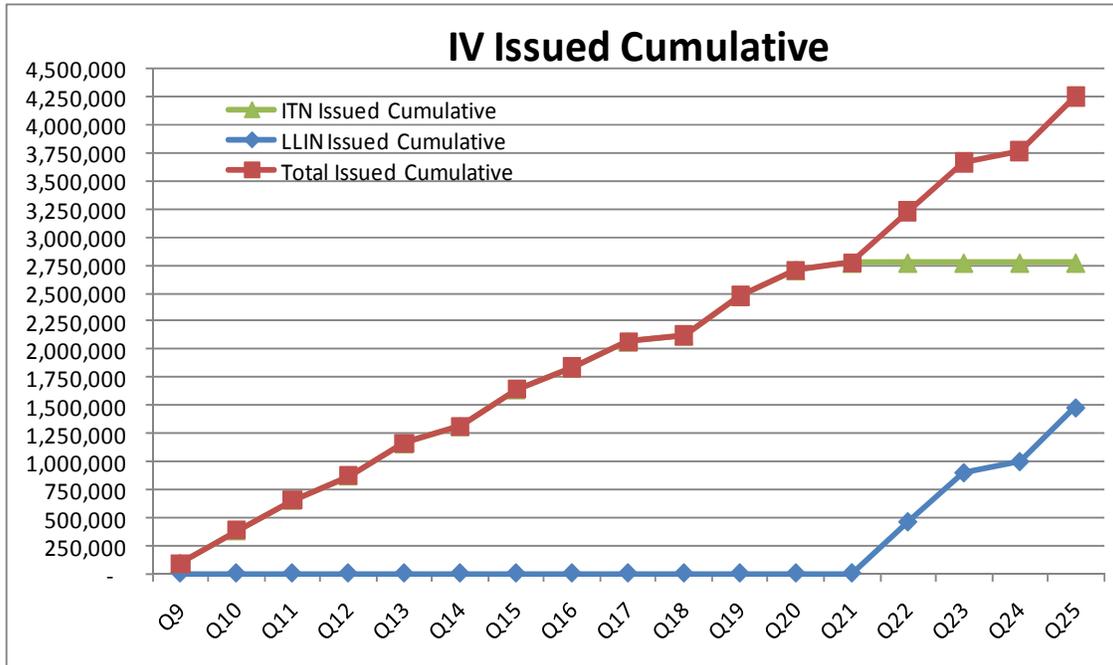
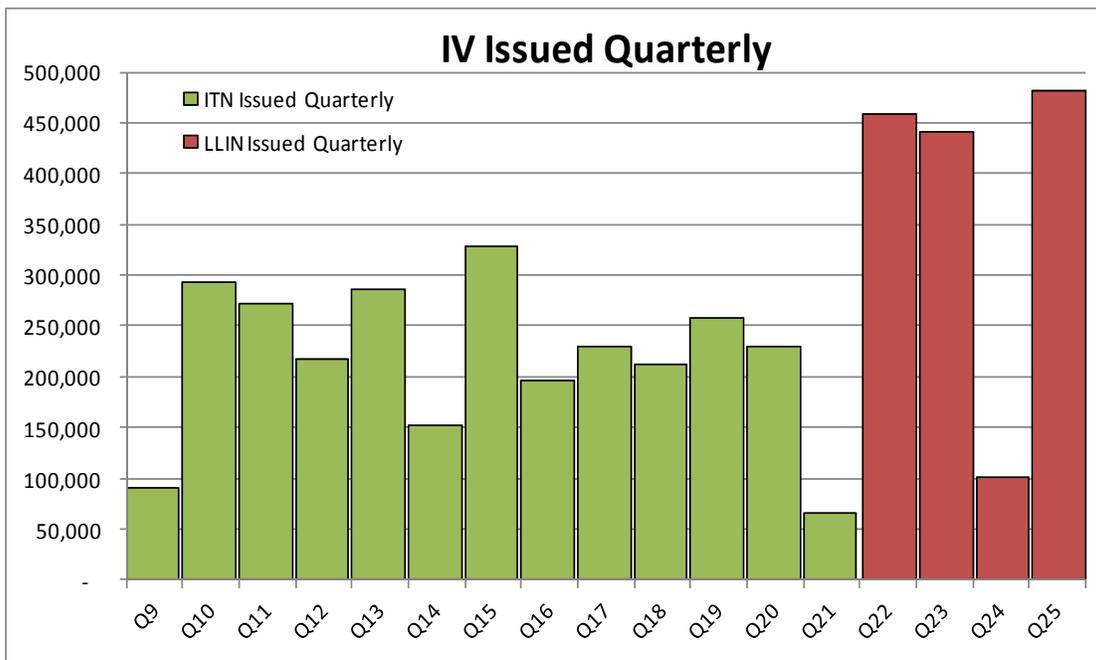


Chart 2: IV Distributed to District Medical Officers Quarterly



1.1.4 IV Returned

A total of 207,130 infant vouchers were returned this quarter: 84,891 in July, 60,357 in August and 61,882 in September. This results in an average monthly return this quarter of 69,044. This is slightly lower than returns for last quarter which was the highest since program inception. Cumulatively since the IV program started in 2006, 1,880,256 IV have been returned, of which 686,777 were returned in PMI FY10. 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, 510,011 LLIN IVs have been returned of which 194,709 were returned quarter 25 (94% of all IV returned this quarter) as follows: 74,832 in July; 58,626 in August; and 61,251 in September.

Another subset of IVs returned are vouchers which were distributed to caregivers of infants as old value vouchers, but have been redeemed for LLINs. The first redeemed Hybrid IVs were submitted to MEDA by the manufacturer in December 2009 and since that time monthly returns of these vouchers have increased substantially. Cumulatively, 43,035 Hybrid IVs have been returned of which 7,896 were returned in quarter 25 as follows: 7,632 in July; 26 in August; and 238 in September. It was initially decided that old value vouchers will no longer be accepted at retail outlets beginning August 1st, 2010 however it has taken time for manufacturers to collect and submit these old value vouchers to MEDA for scanning. This quarter, MEDA received 4,525 old value IV which included: 2,427 in July; 1,705 in August; and 393 in September.

Chart 3 and Chart 4 show the number of IVs returned quarterly and cumulatively since this voucher type was introduced to TNVS in 2006. Chart 5 shows infant voucher returns by subsidy type including LLIN IV and Hybrid IV.

Chart 3: IV Returned to MEDA Cumulatively

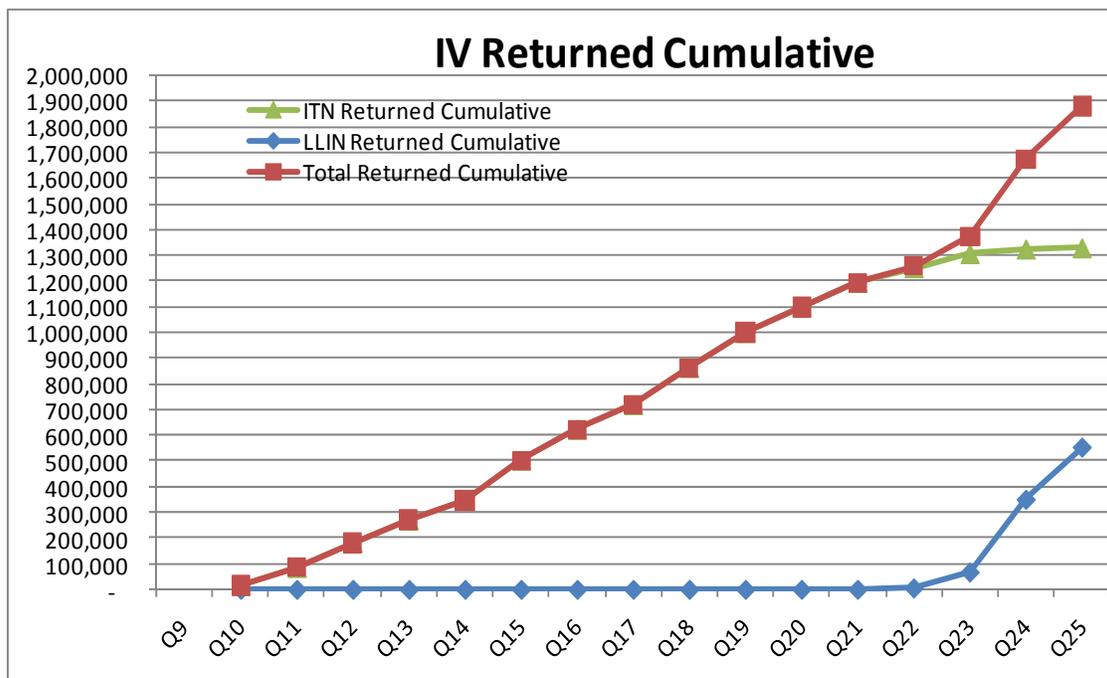


Chart 4: IV Returned to MEDA by Quarter

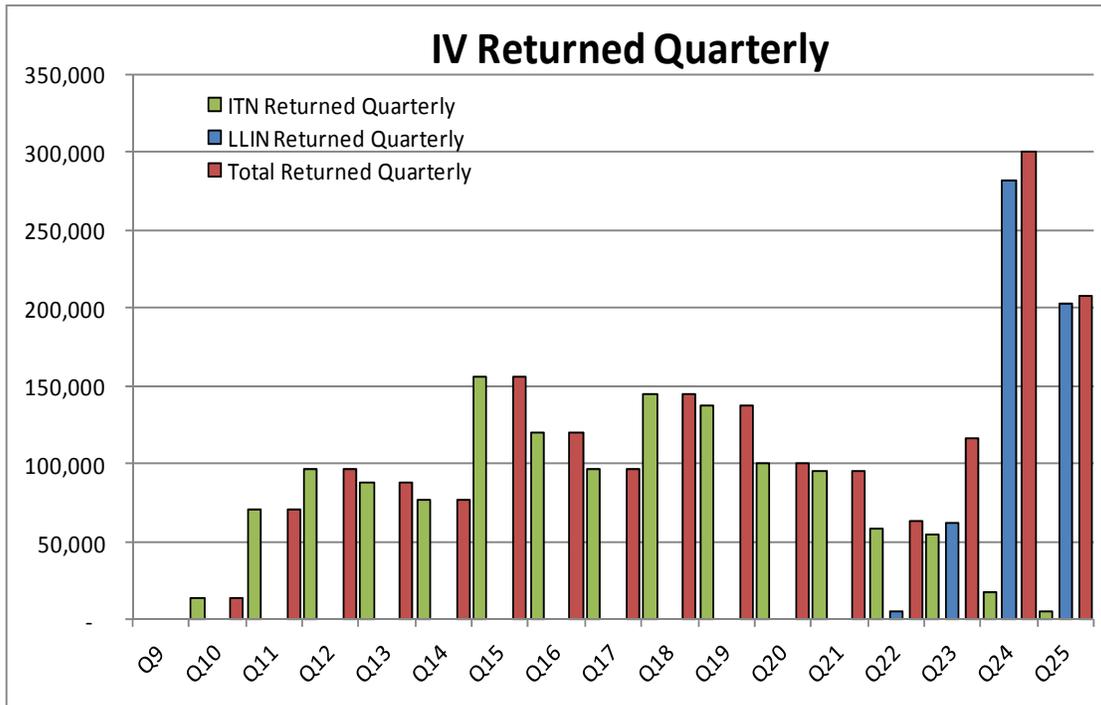
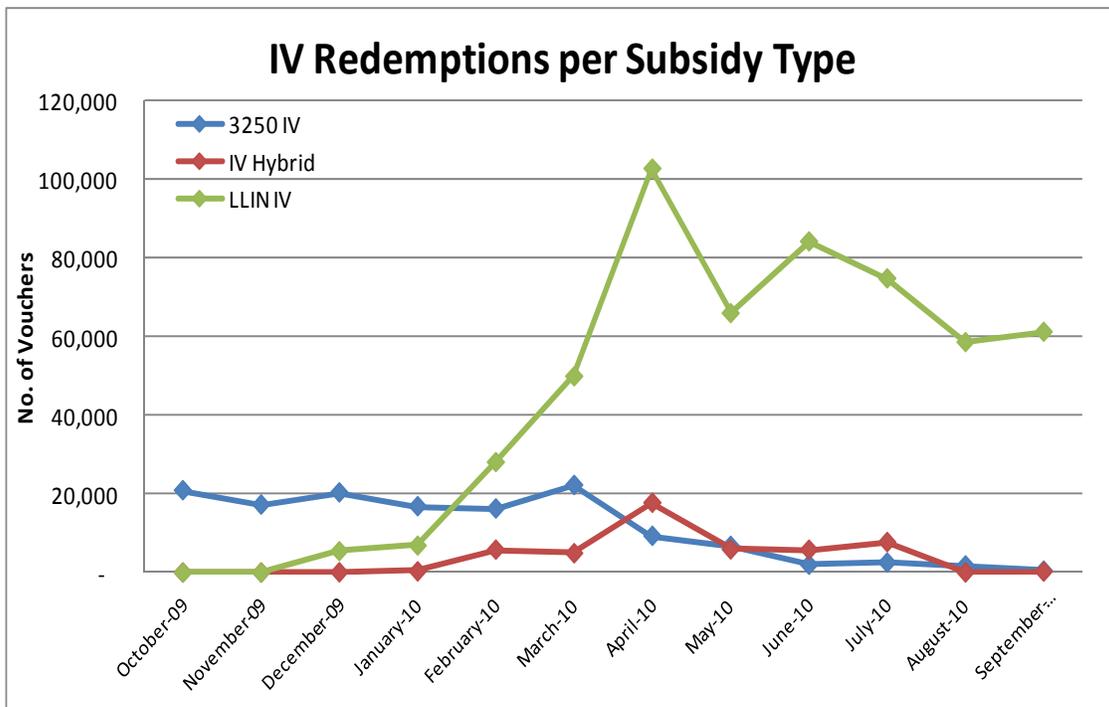


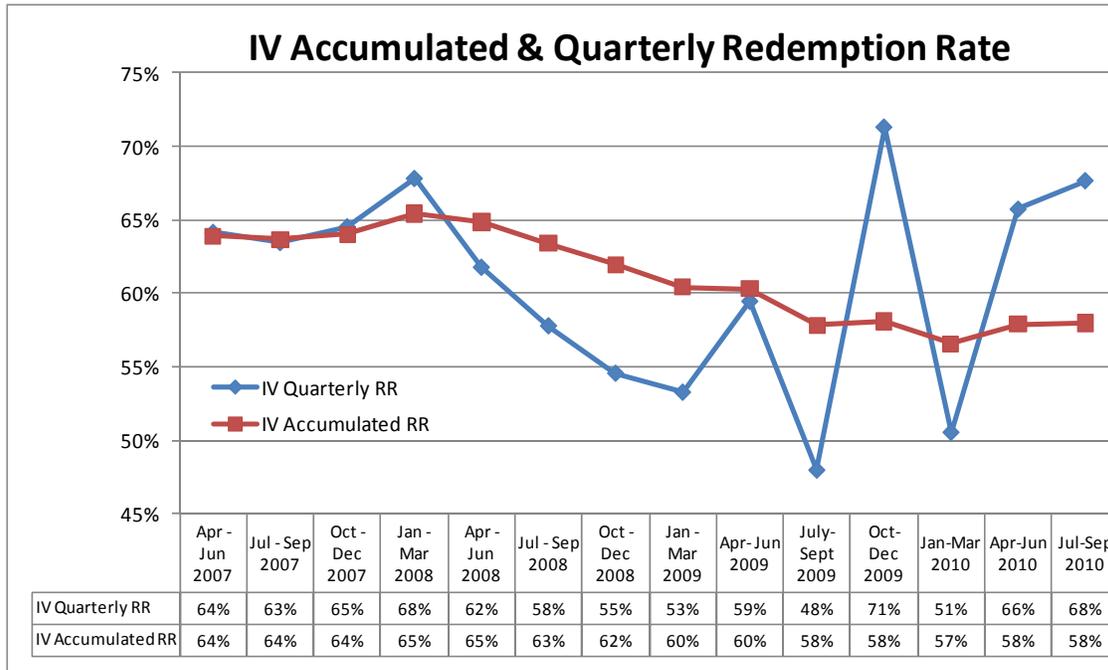
Chart 5: IV Returned to MEDA by Subsidy Type



1.1.5 IV Redemption Rate

Chart 6 shows both quarterly and accumulated redemption rates. Similar to the behaviour of the PWV redemption rates, the quarterly redemption rate increased this quarter, but overall the cumulative redemption rate remained the same.

Chart 6: IV Quarterly and Accumulated Redemption Rates



The number of IV stub books collected this quarter equalled 12,204, which is equivalent to 305,100 vouchers having been issued to the target group. Of the 207,130 vouchers returned this quarter, 206,431 have been matched with their corresponding stubs, resulting in a quarterly redemption rate of 67.7%, slightly higher than last quarter's redemption rate figure of 66%. By the end of the cumulative reporting period, 86,347 stub books representing a total of 2,158,677 vouchers were received from the DMOs. In total, 1,279,613 of the total 1,880,256 returned IVs have been matched with their corresponding stubs at MEDA, resulting in an effective accumulated redemption rate of 59%, again slightly higher than last quarter's figure which was 58%. The total number of vouchers returned but excluded from the calculation due to outstanding stub books is 600,643.

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 September 31st, 272,615 (59%) were already returned to MEDA. This is a higher figure compared to the June 30th vouchers returned, which were 209,637, or 46%. 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 2 shows the proportion of LLIN IVs dispatched in Quarter 4 of 2009 which have been returned so far and the month in which those vouchers were returned.

Table 2: IV LLIN Batch Tracking: Vouchers Dispatched in Q4 2009

Dispatched Between October 1st and December 31st, 2009		
Quantity IV dispatched:	459,825	100%
Month	LLIN IV Returned	% of Total Dispatched
December	5,463	1%
January	6,899	3%
February	-	-
March	48,995	13%
April	77,713	30%
May	35,230	38%
June	35,337	46%
July	28,261	52%
August	19,541	56%
September	15,176	59%
Total Returned by September 2010	272,615	59%

1.2 Voucher Distribution Network

1.2.1 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 3 shows the number and proportion of faith-based and private sector RCH participating in TNVS.

Table 3: Faith-Based and Private Sector RCH Clinics Participating in TNVS

	All RCH clinics		Faith Based RCH		Private Sector RCH		Totals	
	All RCH Clinics (n)	Participating in TNVS	Faith Based RCH (n)	Participating in TNVS	Private Sector RCH (n)	Participating in TNVS	All FB and Private (n)	Participating in TNVS
As 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 have been obtained over the last four quarters, 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 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 14.

Table 4: 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.

1.2.2 District Government Involvement in TNVS

In parallel to the new reporting system for data on faith-based and private sector inclusion in TNVS, data has been “re-collected” in new formats this quarter pertaining to district government involvement in TNVS. This quarter, nationwide data on district budget inclusion has been 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 5 summarizes this data collected this quarter. A complete list of districts which have and those which have not included ITN related activities in their budgets can be found in Appendix C.

Table 5: ITN Activities in District Budgets

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

1.2.3 Managing Voucher Stock Levels

The demand for LLIN vouchers remained high this quarter among pregnant women and caregivers of infants. MEDA Regional Managers took extra care this quarter to request vouchers for districts early in order to avoid stock outs at DMO level.

To date MEDA has not collected data on the number of all 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 developing applications using 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.

In this proposed new application, the ID of clinics and voucher stock will be recorded via SMS into a MEDA database. A record of telephone contact information for each district voucher custodian and RCHs representative is currently being gathered for this purpose. The future plan of implementing the issuance and redemption of vouchers via SMS is expected to eliminate this issue of physical voucher stock outs upon implementation.

1.3 Expanding and Strengthening the Commercial Supply Chain

1.3.1 Retailer Recruitment

As of September 30th, 2010, the number of retailers who have sold LLIN nets for TNVS and who are accepting LLIN vouchers, according to the A-Z reports, were 8,726. This is nearly double the number at the end of quarter 24, which was 4,946. The number of retailers recruited weekly this quarter is presented in Chart 7 below and presented monthly since April in Chart 8.

Chart 7: Retailers Recruited Weekly July to September, 2010

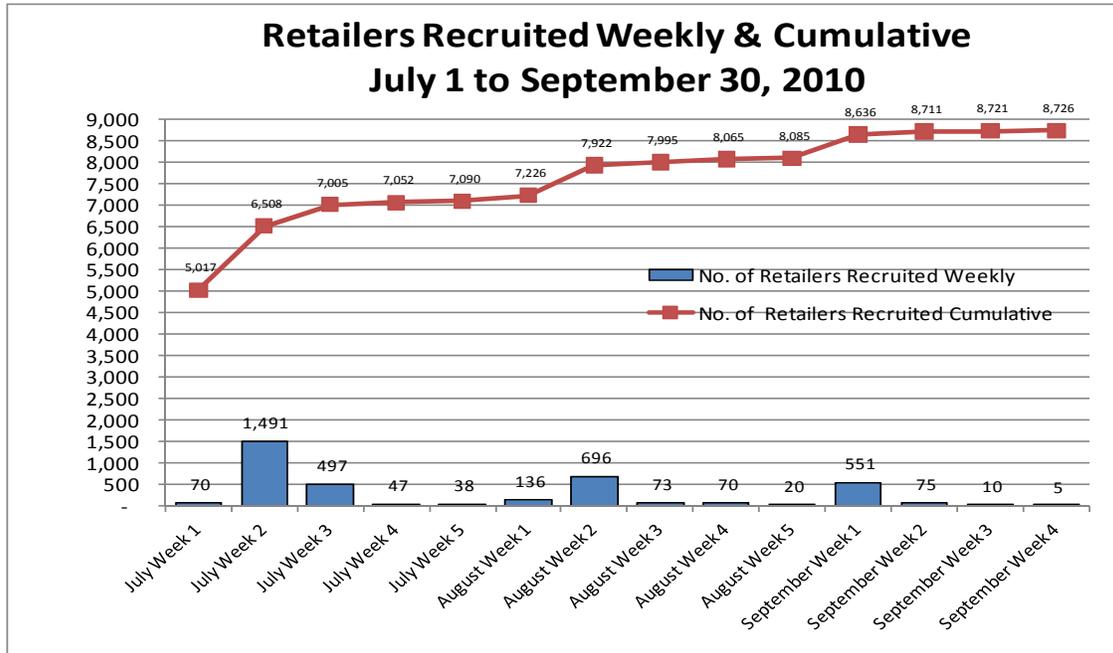
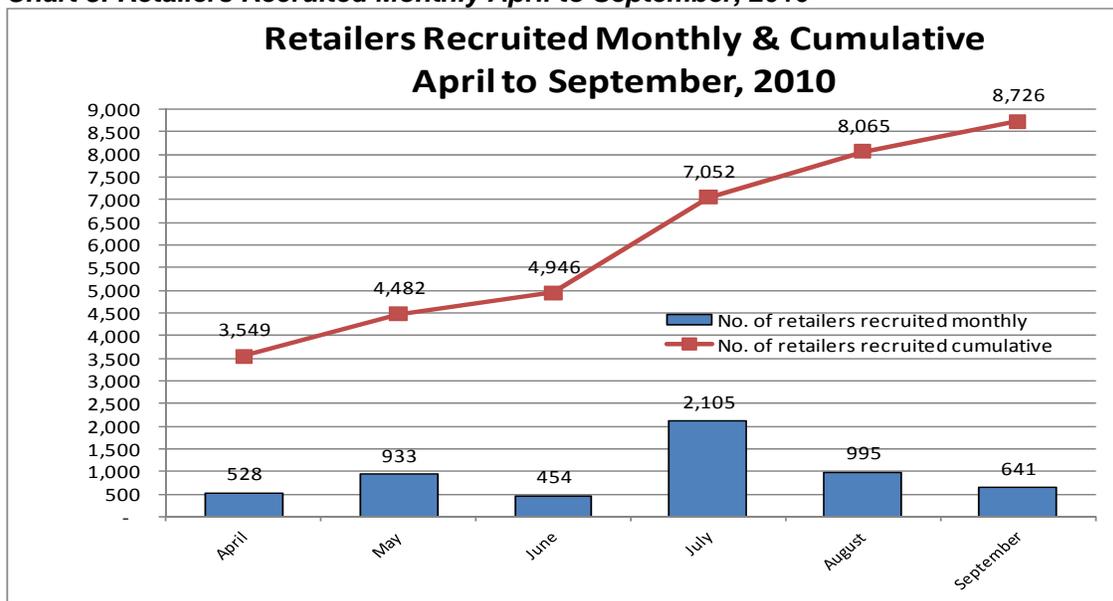
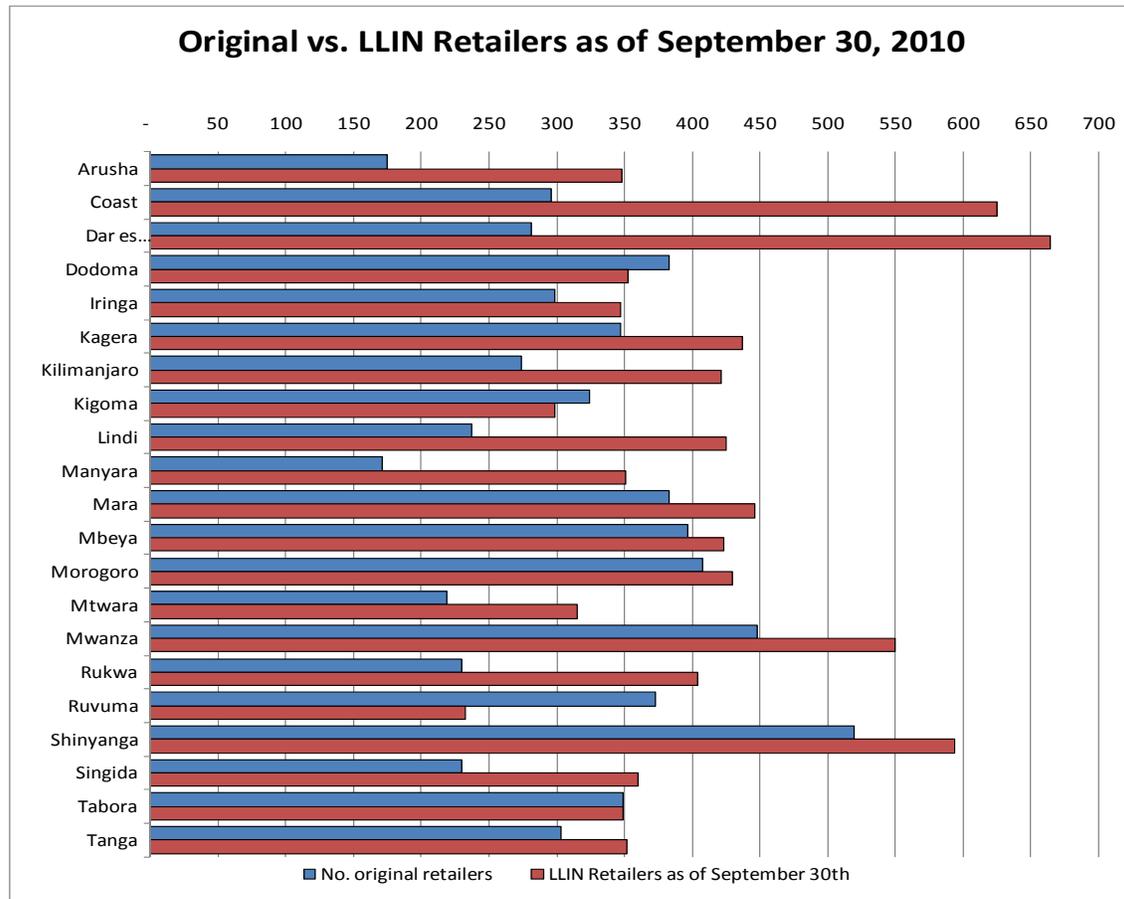


Chart 8: Retailers Recruited Monthly April to September, 2010



6,646 retailers participated in TNVS before the introduction of the LLIN voucher. The LLIN retailers are distributed by region and Chart 9 below shows a comparison to the original number of ITN retailers in the regions.

Chart 9: Regional Distribution of Retailers Accepting LLIN Vouchers



One way of determining focus areas for immediate action is to examine the ratio of clinics to retailers. The number of clinics participating in TNVS is 4,428 and as of the end of September the total LLIN retailers was 8,726, therefore the ratio stood at 1.97 retailers for every clinic on a national level. Dar es Salaam, Coast and Manyara are still leading with the highest retailer – clinic ratio whereas, Ruvuma, Iringa, Dodoma and Tanga have lower ratios. However, these lower ratios are still above 1, which means our previous special attention to these areas for immediate corrective action has worked. MEDA Regional Managers in these regions will continue to work collaboratively with A-Z representatives on a day-to-day basis to increase retailer recruitment and LLIN distribution.

Table 6 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 September 30th, 2010.

Table 6: Clinic to Retailer Ratio per Region

Region	Clinics (N)	ITN Retailers (N)	LLIN Retailers (N)	Ratio: Clinics to LLIN Retailers
Arusha	192	175	348	1.81
Coast	177	296	625	3.53
Dar es Salaam	140	281	664	4.74
Dodoma	258	383	353	1.37
Iringa	298	299	347	1.16
Kagera	222	347	437	1.95
Kilimanjaro	247	274	435	1.75
Kigoma	190	324	355	1.87
Lindi	171	237	425	2.49
Manyara	107	171	351	3.28
Mara	185	383	446	2.41
Mbeya	281	397	424	1.51
Morogoro	245	408	430	1.76
Mtwara	158	219	315	1.99
Mwanza	303	448	550	1.82
Rukwa	185	230	404	2.18
Ruvuma	210	373	233	1.11
Shinyanga	278	519	594	2.14
Singida	158	230	290	1.84
Tabora	188	349	348	1.85
Tanga	235	303	352	1.50
TOTAL	4,428	6,646	8,726	1.97

MEDA is also collecting data on the proportion of villages in Tanzania served or accessing at least one TNVS LLIN retailer. This data is currently being collected and analyzed continuously as it arrives. The current trend analysis derived from available data comes up with the best estimated percentage of villages/streets reached by LLIN retailers under TNVS. Based on the currently available batch of 5,049 retailers' contracts received countrywide, we have extrapolated the data given the reported number of retailers of 8,726. Using 5,049 contracts received by MEDA, 31% of villages have at least one LLIN retailer. Therefore, moving forward as the manufacturer reaches more villages we can tabulate the proportion of villages reached by 8,726 retailers which is nearly 50% coverage of all villages in Tanzania (given 13,000 villages/streets in Tanzania). This represents around 6 digits increase for every 1,000 additional retailers recruited in new areas.

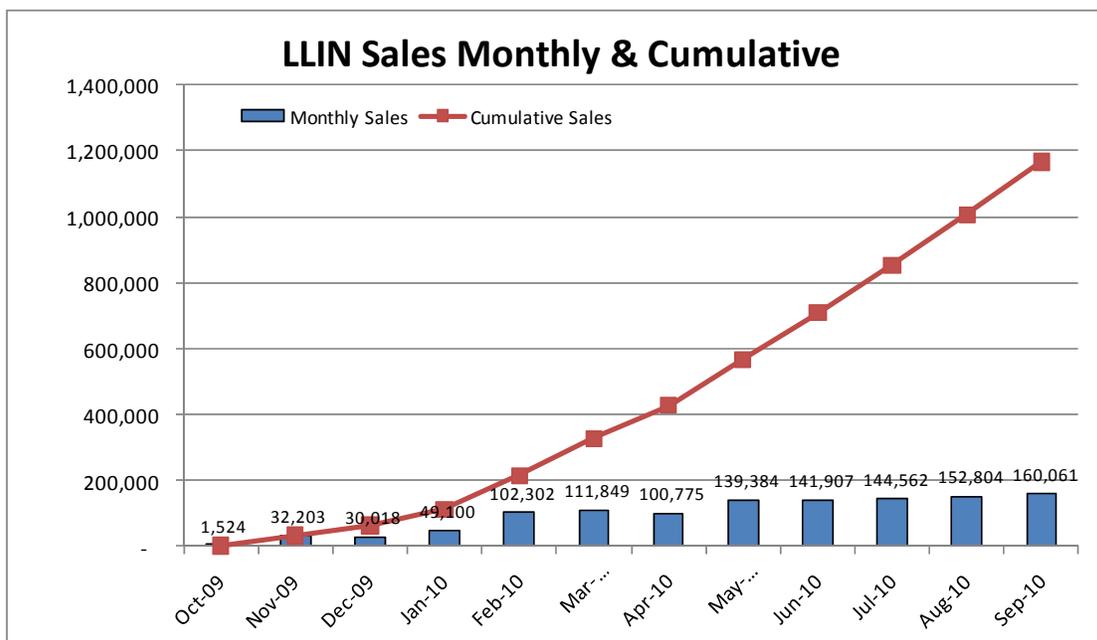
1.3.2 Retailer Strengthening

Since quarter 23, in response to this 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 2,612 seed capital agreements. Of the 2,612 reported agreements, MEDA has received 2,389 retailer stabilization agreements from A-Z which are verified before payment to A-Z.

1.3.3 Managing LLIN stocks in Retail Outlets

The selected LLIN for the upgraded TNVS is an Olyset® sized 4x6x7, blue and white in colour. It cannot be purchased at full price as it has special packaging identifying it as a net specifically to be redeemed for a voucher and a top up of TZS 500. In their monthly reports, A-Z provides data on the number of these nets sold to retailers. In total, since the LLIN voucher introduction in October 2009, A-Z has reported net sales totalling 1,166,489 broken down by month in Chart 10.

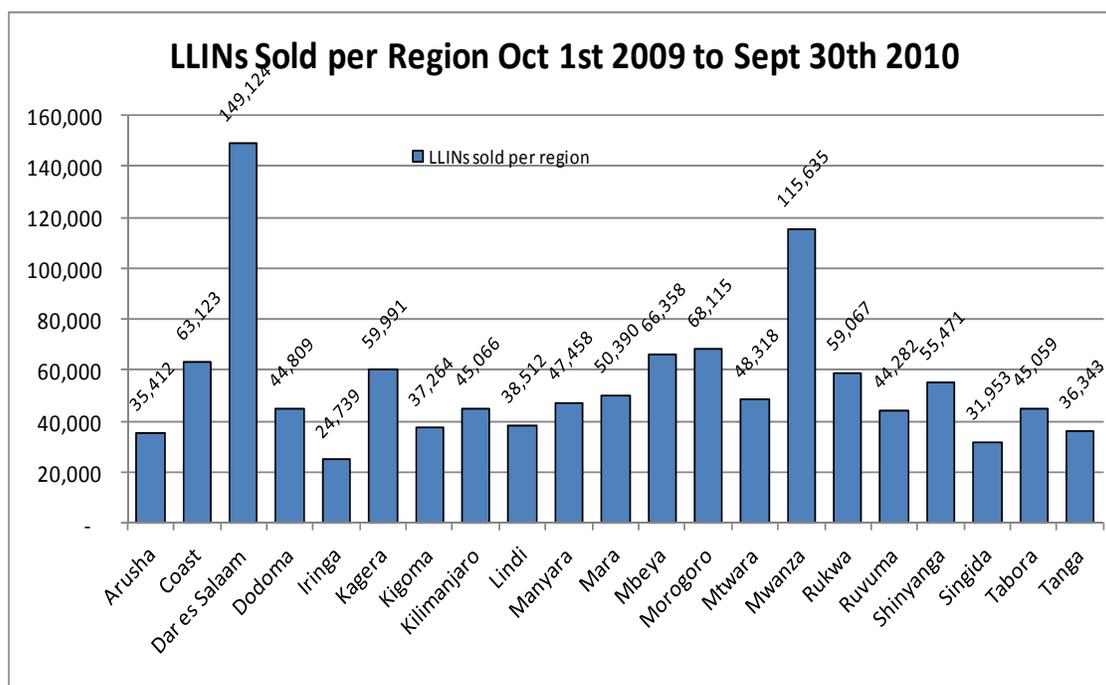
Chart 10: LLIN Sales (Voucher Nets) Monthly



Of the total LLIN sales for TNVS made by A-Z to retailers since October 2009 when the upgraded voucher was introduced, A-Z reports on the sales per region monthly as well. Not surprisingly, the net sales are highest in the areas where population density is highest such as Dar es Salaam and Mwanza. Net sales were lowest in Iringa and Singida. Next quarter MEDA will provide A-Z with data related to voucher dispatches in each district so that they may better target their net sales in line with the quantity of vouchers sent to a district.

The regional distribution of the cumulative TNVS net sales made between October 1, 2009 and September 30th, 2010 is provided in Chart 11 below.

Chart 11: LLIN Sales (Voucher Nets) per Region since October 2009



1.3.4 Challenges and Actions Taken

MEDA and A-Z continued to meet regularly during the quarter to strategize on how to overcome the challenges in the programme, including retailer recruitment and LLIN availability. The contract provision for a 12 month extension, at MEDA's option, was exercised and has resulted in a contract with A to Z that expires on August 2011. These discussions also presented the opportunity to review targets and the modalities of the LLIN sales/retailer recruitment processes for possible future improvements.

STRATEGY 2: SUPPORT THE DEVELOPMENT OF IMPROVED SYSTEMS FOR MANAGEMENT, TRAINING AND MONITORING & EVALUATION

2.1 Human Resources

2.1.1 Training

This quarter, all training remained in-house. Various staff were introduced to new and future products that are expected to be delivered to our clients. In addition, the M&E team trained Regional Managers in Lake Zone on various data collection techniques. Lastly, orientation and training was provided for two new data entry interns who have been tasked with inputting retailer data into the online database.

2.1.2 Employee Recruitment

Four new employees were recruited this quarter including M&E Team Leader (started August 1st 2010), Business Development/TNVS Team Leader (started August 25th 2010), IT Product Development & Research Coordinator (started September 1st 2010) and NHIF/KFW Project's National Program Coordinator (started September 15th 2010). One of our IT Technicians was re-assigned to the role of Voucher Fraud Assistant. Two interns were recruited for a data entry task in the retailer database enhancement to capture the data required in the contract award by MOHSW. The HR department completed the process of performance appraisals for all staff. Staff developed performance objectives for new financial year (2011) and signed off on them in August. A staff satisfaction survey was developed and launched on September 30th 2010.

2.1.3 Special Events and Visitors

MEDA Tanzania hosted several visitors this quarter. Jerry Quigley, Tim Piper, Scott Ruddick and Ann Gordon were in office in September 2010 for various missions including provision managerial consultancy services, planning and supervision of ongoing programmatic activities.

The new Health and Population Office (HPO) Team Leader at USAID/Tanzania Mission, Dr. Alisa Mautner Cameron visited MEDA head offices on September 16th 2010, accompanied by HPO Program Management Specialist Naomi Kaspar. They were introduced to TNVS and U5CC/UCC campaigns activities being conducted by MEDA.

2.2 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 from last quarter. 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. The September 3rd 2010 report revealed the proportion of vouchers redeemed in full books to be 9-11%. This redemption occurrence does not necessarily point to fraud and there are several explanations as to why this occurs, however, it does require follow up. Using this report, MEDA identifies clinics that need to be visited for further follow up and shares this with the field staff so that investigations and corrective action can be taken.

One instance of voucher theft occurred this quarter. In Mtwara Rural 73 PWV books and 61 IV books were stolen in August from the DMO store. All books were blocked in the database and the manufacturer was informed that MEDA would not accept any vouchers with the stolen serial numbers. The case was reported by the DMO to MEDA and the police and is still under investigation.

In July, MEDA provided A - Z with 396,000 barcodes being a balance out of 500,000 LLIN barcodes. On 30th September MEDA placed an order for 1 million additional LLIN barcodes, and these are expected to reach Dar es Salaam by the 10th of October 2010.

2.3 Monitoring and Evaluation

Monitoring and evaluation was on the top of the agenda this quarter. August 24th 2010, MEDA's Country Manager (COP) attended a PMI Partners' Meeting with a theme "Monitoring and Evaluation", during which the main speakers were COP and M&E Specialists from Tanzania Monitoring and Evaluation Management Services (TMEMS). Presentations were focused on the role of having targets integrated into the IPRS for the purpose of annual data review and performance report production from the system for both USAID OP and PMI reporting purposes.

From August 23rd to September 6th 2010, the M&E team conducted a monitoring and evaluation trip in the Lake Zone. The main objectives were: orienting the new M&E Team Leader on the activities of TNVS on the ground; assessing the performance and monitoring capacities of two new Regional Managers; validating the field level use of data collection tools previously developed for KPIs; understanding and clearly documenting the methodological approaches of data collection into the Performance Indicator Reference Sheets (PIRS); and recommending any other necessary data collection adjustments as may be required to ensure the quality of data reported to donors.

AMCC Performance Management Plan and Year 2 Work Plan (PMP) were finalized and submitted to USAID COTR for approval, minor comments were received. Next quarter the AMCC PMP and Year 2 Work Plan will be submitted for final approval as stipulated into the CA.

On September 30th 2010, our Deputy Operations Manager and M&E Team Leader attended an M&E meeting with TMEMS and USAID COTR to discuss harmonisation of USAID/Tanzania IPRS in line with MEDA's data acquisition structure on the ground in relation to the two funding mechanisms/awards (TNVS and AMCC) currently implemented by MEDA. As quarterly targets for voucher redemption were not in place as of the end of last quarter pending negotiations with donors, MEDA's M&E team worked closely with PMI to establish in the upcoming financial year's targets as quarterly target. This collaborative effort has produced redemption targets for the upcoming financial years, which will allow MEDA to report on trends and performance versus targets for IV redemption rates for both the current financial and upcoming financial years' performance plans in relation to previously targeted values.

Preparations for upcoming USAID/RIG Performance Audit for USAID/Tanzania HPO projects were done by soliciting all required documentation, arranging the required print outs and sending all the required necessary documentation to USAID/Tanzania.

2.4 Voucher Tracking System (VTS)

Since June 2010, the VTS department introduced a weekly voucher payment pipeline to track vouchers scanned and the payments made to manufacturers. This initiative has assisted management and the accounts department in assuring that payments are tracked and made efficiently.

In this quarter we installed an NCR UCC scanner that can be used for VTS voucher scanning as well, hence providing a fallback option if one scanner malfunctions. The department further initiated an SMS/mobile project that will provide mobile and SMS applications to aid data collection in the field using JAVAROSA, Blackberry widgets and RapidSMS. A permanent computer was allocated for voucher analysis so as to expedite the payment report process. Leading to an agreement to analyze only 10% of vouchers received weekly so as to cut at least a day or two in payment process.

2.5 Information Technology

2.5.1 GPS/GIS Data

The GIS team attended the quarterly mapping task force team meeting on September, 21st 2010. The committee 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 is for MoHSW is to maintain a national GIS database for health.

This quarter we successfully demonstrated the mapping protocol for health facilities and LLIN retailers. The M&E team was able to send SMS from health facility locations and LLIN retailers' points allowing our GIS officer at MEDA head office to mark or verify the current position of facility or retailer into the Powertrack database.

2.5.2 Mobile and Web Reporting

In this quarter, MEDA's IT department successfully developed three major components in mobile and web reporting. The first component is a native application for mobiles that builds on the previous system – the mobile web forms that report on recruited retailers – but sends retailer information via SMS rather than GPRS (Internet) connection. Feedback from users (A-Z Sales Representatives) found that the GPRS connection was inconsistent across the country, where as SMS is more widely used. The second component is the successful realization of MEDA's plans to adopt SMS-based reporting tools for tracking bed net stocks, orders, and sales. This component also includes outgoing SMS messaging – enabling MEDA to send communication messages to all retailers, DMOs, focal persons, etc. The third component is a TNVS web site that reports on the all the data (real-time) using tables and Geographical Information Systems (GIS). MEDA and A-Z staff can now visually locate retailers on a map to improve bed distribution or identify gaps in reaching hard-to-reach areas.

In next quarter MEDA and A-Z staff will be integrating the three components into the day to day operations. Retailers will be trained to use the SMS-based system for placing bed net orders and reporting stock levels. A-Z field staff will use the mobile application to send data on recruited retailers and report on sales data. A-Z HQ staff will use the GIS tool for planning distribution, whereas MEDA Tanzania HQ staff will use it to monitor activity across the country. It is important to note that these technology integration plans are iterative and will involve redesigning elements in the system. Mobile and web reporting tools are an important aspect of TNVS operations and MEDA will continue to invest in technical innovations.

2.5.3 IT Upgrades

In order to work more effectively with the new state of the art network, a new computer was purchased for the new M&E Team Leader. As well, computer upgrades occurred for team leaders and coordinators.

2.6 Fleet Management

2.6.1 Procurement of Services

The price for parts in the newly appointed garage escalated to the level that MEDA decided to do a thorough evaluation on general service and parts replacement costs. This was done through quotes submitted by designated garages, including East Africa Pump Service Garage (EAPSG), in order to observe due diligence and ensuring that funds are being used wisely. The winning bidder was once again EAPSG. We still have 5 vehicle units running without Powertrack units, however Warrior security, the agent for PowerTrack, have confirmed that these units will be received in early October from South Africa. We obtained quotes for two Toyota Land cruisers from Toyota Tanzania and the Toyota Gibraltar Regional Hub. Analysis was done and provided to the MEDA finance manager for Waiver document preparation. The Land cruisers were ordered from Gibraltar.

2.6.2 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 PowerTrack are updating correctly except for an anomaly in fuel calibration, which has already been reported to Warrior Security.

APPENDIX A

PMI Quarterly Report - data collection table – MAINLAND 2010

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

Indicator	FY2010	FY2010	FY2010	FY2010	FY2010	Annual Targets	Remarks on FY 10	Annual Target	Annual Target	Assumptions on targets (Comments)
	Oct-Dec	Jan-Mar	Apr-Jun	July-Sept	TOTAL	FY 10		FY11	FY 12	
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	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	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	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	765,000	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 AMC	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 AMC	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	765,000	1,000,000	Infant vouchers only, AMCC target

APPENDIX B

Southern Zone registration Summary

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 issued)	5% Village Buffer	Total LLINs including buffer	Total LLINs Rounded up to approximate of 7% buffer due to bale rounding up.	Total Bales	23% buffer stock at DMO office	23% bales at DMO office Rounded	Total LLINs including 30% buffer (Villages & DMOs buffer stock)	Total bales
Lindi	Kilwa	56,364	47,484	142	47,377	105,300	107,830	5,392	113,222	115,080	2,877	24,795	620	139,875	3497
	Lindi Rural	70,701	46,415	230	66,957	163,244	139,657	6,983	146,640	149,720	3,743	32,121	803	181,841	4546
	Lindi Urban	11,914	8,506	63	13,378	31,050	30,755	1,538	32,293	33,640	841	7,074	177	40,714	1018
	Ruangwa	44,469	27,512	108	41,982	90,204	87,784	4,389	92,173	93,600	2,340	20,190	505	113,790	2845
	Uwale	20,729	20,768	84	22,711	42,800	40,735	2,037	42,772	43,720	1,093	9,369	234	53,089	1327
	Nachingwea	55,888	30,695	127	51,859	107,150	101,807	5,090	106,897	109,080	2,727	23,416	585	132,496	3312
Regional Totals		260,065	181,380	754	244,264	539,748	508,568	25,428	533,996	544,840	13,621	116,965	2924	661805	16545
	Mtwara Urban	33,073	18,645	186	30,132	64,633	66,635	3,332	69,967	71,600	1,790	15,326	383	86,926	2173
	Mtwara rural	67,367	45,126	198	56,273	136,900	137,256	6,863	144,119	147,160	3,679	31,569	789	178,729	4468
	Tandahimba	67,268	45,874	171	66,161	157,590	158,363	7,859	166,222	168,240	4,206	36,423	911	204,663	5117
	Newala	60,591	38,572	172	58,594	134,577	136,366	6,818	143,184	146,480	3,662	31,364	784	177,844	4446
	Masasi	124,998	69,420	178	109,475	233,847	213,261	10,663	223,924	226,840	5,671	49,050	1226	275,890	6897
	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	2958
Regional Totals		402,374	253,315	1,015	362,584	822,997	803,012	40,091	843,103	857,680	21,442	184,693	4617	1042373	26059
	Ruvuma Songea Urban	41,404	32,429	96	39,769	79,801	86,592	4,330	90,922	92,400	2,310	19,916	498	112,316	2808
	Songea Rural	42,740	33,814	112	43,432	91,270	83,787	4,189	87,976	89,520	2,238	19,271	482	108,791	2720
	Namtumbo	39,222	43,386	125	35,262	77,199	78,713	3,936	82,649	83,880	2,097	18,104	453	101,984	2550
	Tunduru	74,508	69,986	164	74,366	135,054	165,544	8,277	173,821	176,400	4,410	38,075	952	214,475	5362
	Mbinga	116,664	103,849	384	104,788	210,721	221,644	8,773	232,537	237,480	5,937	50,937	1273	288,417	7210
Regional Totals		314,238	283,464	881	297,617	594,045	636,100	31,805	667,905	679,680	16,992	146,303	3658	825983	20650
Grand Total		976,677	718,159	2,650	904,465	1,956,790	1,947,680	97,325	2,045,005	2,082,200	52,055	447,961	11,199	2,530,160	63,254

Southern Highland Zone registration Summary

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 rounding up.	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
Ininga	Ininga rural	42,656	25,469	160	41,797	74,750	62,930	5,025	105,517	107,800	2,695	23,120	578	130,920	3,273
	Ininga Urban	66,234	48,721	156	72,760	119,500	100,492	3,147	66,077	68,880	1,722	14,480	362	83,360	2,084
	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
	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
	Ludewa	33,014	23,516	124	33,508	65,596	50,235	2,512	52,747	54,320	1,358	11,560	289	65,880	1,647
	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
	Makete	27,983	14,575	102	27,130	54,125	41,715	2,086	43,801	45,640	1,141	9,600	240	55,240	1,381
Regional Totals		435,236	289,161	1,182	452,238	855,269	675,813	33,791	709,604	727,320	18,183	155,520	3,888	882,840	22,071
	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
	Mbeya Rural	67,733	34,409	196	78,839	140,710	116,708	3,893	81,744	83,880	2,097	17,920	448	101,800	2,545
	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
	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
	Chunywa	59,480	59,460	156	62,385	103,150	103,150	91,055	95,808	97,160	2,429	20,960	524	118,120	2,953
	Rungwe	80,906	55,455	230	88,456	164,878	137,628	6,881	144,509	148,160	3,704	31,680	792	179,840	4,496
	Kyelea	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
	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
Regional Totals		646,964	466,924	1,377	694,906	1,149,244	1,030,672	135,488	1,028,706	1,048,840	26,221	225,480	5,637	1,274,320	31,858
	Rukwa Sumbawanga	40,086	37,683	84	39,684	53,530	51,107	2,555	53,662	56,560	1,414	11,760	294	68,320	1,708
	Sumbawanga	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
	Mpanda	101,794	110,400	209	109,429	179,941	158,551	7,903	165,954	169,360	4,234	36,360	909	205,720	5,143
	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
Regional Totals		314,885	354,975	631	300,692	491,739	412,099	20,605	432,704	444,480	11,112	94,840	2,371	539,320	13,483
Zonal Grand Totals		1,397,085	1,111,060	3,190	1,447,836	2,496,252	2,118,584	189,884	2,171,014	2,220,640	55,516	475,840	11,896	2,696,480	67,412

APPENDIX C

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		