

**Tanzania National Voucher
Scheme (Hati Punguzo)
Quarterly Report**

August - September 2006

**Prepared for
Ministry of Health and Social
Welfare, Tanzania**

and

**United States Agency for
International Development**

**Prepared by
Mennonite Economic
Development Associates**



Tanzania National Voucher Scheme - Hati Punguzo
August 1-September 30, 2006

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ANNEX 1 – Draft Quarterly Report Arusha Region

LIST OF ACRONYMS

District Medical Officer	DMO
Equity Voucher	EV
Hati Punguzo Focal Person	HPFP
Ifakara Health Research and Development Center	IHRDC
Infant Voucher	IV
Insecticide Re-treatment Kits	IRKs
Mennonite Economic Development Associates	MEDA
Ministry of Health and Social Welfare	MoHSW
Monitoring and Evaluation Contractor	MEC
National Malaria Control Programme	NMCP
PLAN Project Voucher	PPV
Pregnant Woman Voucher	PWV
President's Malaria Initiative	PMI
Regional Manager	RM
Regional Medical Officer(s)	RMO
Tanzania National Voucher Scheme	TNVS
Tanzania Pesticide Research Institute	TPRI
Training and Promotion Contractor	TPC
United States Agency for International Development	USAID
World Vision	WV
Zonal Manager	ZM

Tanzania National Voucher Scheme - Hati Punguzo

August 1 – September 30, 2006

EXECUTIVE SUMMARY

This report details MEDA's activities as the Logistics Contractor for the TNVS (Hati Punguzo) for the period from August 1, 2006 to September 30, 2006. In contrast to previous reports dealing only with the Hati Punguzo Pregnant Women Voucher (PWV), this report incorporates the activities of the USAID/PMI funded Equity Voucher (EV) and Infant Voucher (IV). The report covers a period of two months only, in order to comply with a request from the NMCP that future reporting corresponds to the calendar quarters¹. This report is consistent with the elements of the Key Performance Indicators table provided by the Tanzania Ministry of Health and Social Welfare (MoHSW) and agreed upon with USAID/PMI.

On August 6th a new TNVS contract was signed between the MoHSW and MEDA covering the period from August 1st 2006 until October 31st 2007. Two addendums to the new contract are currently awaiting approval from the Ministry. The first of these two addendums addresses the additional costs associated with the accelerated introduction of the phase two operations, and the second addresses the procurement and distribution of KO Tab 1-2-3.

During the reporting period, Hati Punguzo entered a new phase with the launch of the Infant Voucher (IV) within the programme. The IV, funded by PMI through USAID, will be introduced into 15 regions during the next quarter. Preparations for the IV roll out were initiated this quarter, with MEDA regional staff receiving training and developing regional work-plans for the new initiative. In contrast to the cluster training and staggered roll-out of the PWV, training for the IV will be carried out over a three month period in all 15 regions, with training sessions being delivered at the clinic level throughout all of the regions.

During the reporting period, a total of 306,850 vouchers were distributed to DMOs, of which 90,000 were IV and 216,850 were PWV. Since the TNVS started in August 2004, a total of 2,646,775 PWVs have been distributed to RCH clinics or to DMOs, more than twice the Global Fund target of 1,475,000.

The previous quarterly report indicated that the programme had planned to replace existing insecticide formulations with the long-lasting K-O Tab 123. Unfortunately, orders of KO 123 are on hold pending approval from the MoHSW and many of the regions have since run out of the traditional IRKs.

The number of retailers and wholesalers involved in the program grew by 4% over the two month period, from 3,932 to 4,058 (an increase of 126 retailers). The number of wholesalers also increased from 197 to 206. Although MEDA's regional teams will be busy over the next three months launching the IV, MEDA has set an internal target of doubling the number of retailers involved in the TNVS over the next 12 months. We hope that more retailers will lead to increased competition, lower prices and will quell the demand from a growing number of retailers interested in being involved in the TNVS.

¹ MEDA's previous quarterly report covered 4 months so as to correspond with the end of MEDA's first contract with the Ministry

By the end of the 9th quarter, the cumulative Global Fund target for vouchers redeemed was 935,000. The actual number of vouchers redeemed was 1,300,185, or 365,185 in excess of the target figure. A total of 142,298 vouchers were redeemed during the two month period: in August 81,745 and in September 60,553. This represented an average monthly redemption figure of 71,149, compared to the previous quarter's monthly average of 123,917. This decrease was expected as this period is traditionally the slowest for ITN sales, plus there has been an increase in the retail price of ITNs which has also slowed sales.²

To date, 44,034 stub books have been returned to MEDA from the DMOs representing a total number of 1,100,859 vouchers. Of this voucher sub-set, 915,466 have been redeemed by MEDA, making the effective redemption rate 83%. This represents the same redemption rate as in the previous quarter.

An increase in the voucher value from Tsh 2,750 to Tsh 3,250 was approved by the MoHSW, and USAID, and subsequently all of the newly printed IVs offer a subsidy of 3,250 Tsh. In addition, all of the newly printed PWV will provide a subsidy of 3,250. This new subsidy amount is expected to reduce the top up amount that voucher recipients will pay and should compensate for the increase in the retail cost of ITNs over the past few months.

Risk management strategies employed during this quarter include the creation of a Monitoring Unit, which will report to stakeholders on the status of HP at the region, district and clinic levels and will assist in identifying and curbing potential misuse. In addition, a Hati Punguzo Hotline has been created to allow stakeholders to voice questions and concerns. At the retailer level, retailers have been provided with retailer cards and ID numbers to facilitate voucher tracking. Retailers are now also required to display net prices in their shops, and at the nearby clinics.

PERFORMANCE INDICATORS

Performance indicators for MEDA appear in Table 2 appended to this document. They correspond to the Key Performance Indicators table developed by the MoHSW, and USAID.

1.0 STRATEGY: DESIGN AND IMPLEMENT SYSTEMS TO ENSURE EFFECTIVE AND EFFICIENT TRANSFER OF VOUCHERS TO PREGNANT WOMEN VIA THE RCH CLINICS

1.1 Vouchers Procured

The TNVS vouchers are currently printed by a security printer in Johannesburg following a tender process undertaken in June 2006. Tender responses were received from a number of South African security printing companies and Idobe Security Printers was selected on the basis of lowest price and quality of the service offered. Tenders were limited to South African printers because MoHSW required the vouchers to be printed outside of the country for security reasons, and because close collaboration was required between the selected printer and the Johannesburg based Sybrin software company, from whom the programme receives its scanning software and hardware.

Pregnant Women Vouchers (PWV):

Following further improvements in the design of the PWV, and its subsequent approval by NMCP, an additional 1,500,000 Pregnant Women vouchers were ordered from the printer this quarter. These vouchers are expected to be shipped to Tanzania by mid-November 2006, and in

² Also a contributing factor is that the monthly collection of vouchers for A-Z from the Lake Zone was late in arriving in September. This meant that 35,000 vouchers collected in September will be scanned in October.

compliance with instructions received from the Director of Preventative Services of the MoHSW, will include the new subsidy rate of 3,250.

Infant Vouchers (IV):

After design input from all stakeholders, and final approval from the MoHSW and USAID, 875,000 IVs were ordered in July, and in September a partial shipment of 120,000 IVs was received in Tanzania. The remaining vouchers will be sent from South Africa in October and November, and this supply is expected to last until April 2007.

Equity Voucher (EV):

Although a printed draft of the voucher has been developed by MEDA, the final printing order for the EV is not expected to be placed until mid November or until such time as all remaining issues relating to the EV are agreed to by NMCP, MEDA and other stakeholders. This includes the subsidy amount of the voucher, and the distribution mechanism - some of the many factors that need to be incorporated into the final design of the voucher.

1.2 Regional Logistics Teams Identified and Trained

As reported in the previous quarterly report, vouchers are now flowing in all districts of the country, and the program is currently operating at full staffing levels.

In August, all of MEDA's Regional and Zonal Managers (RMs/ZMs) participated in a two day training in Dar es Salaam to prepare for the launch of the IV. The training covered issues such as: training roles between MEDA and WV, distribution of the IV, retailer and wholesaler involvement, new features of the IV voucher etc.

The approach adopted for the IV roll out varies considerably from the PWV experience. The main differences include:

- The PWV roll out was nationwide over a 16 month period, whereas the IV will roll out to 15 regions over a 3-4 month period only.
- MEDA and WV training staff will carry out the training at the clinic level. This is in contrast to the PWV rollout where clinic staff traveled to the district capitals for regional trainings
- Infant vouchers will be delivered to the clinic during the training sessions, rather than after training, as was the case with PWV.

Although MEDA's regional teams were ready to launch the IV in early September, the roll out has been delayed awaiting finalization of World Vision's contract and delivery of the first shipment of vouchers. The launch is now expected to start in early October.

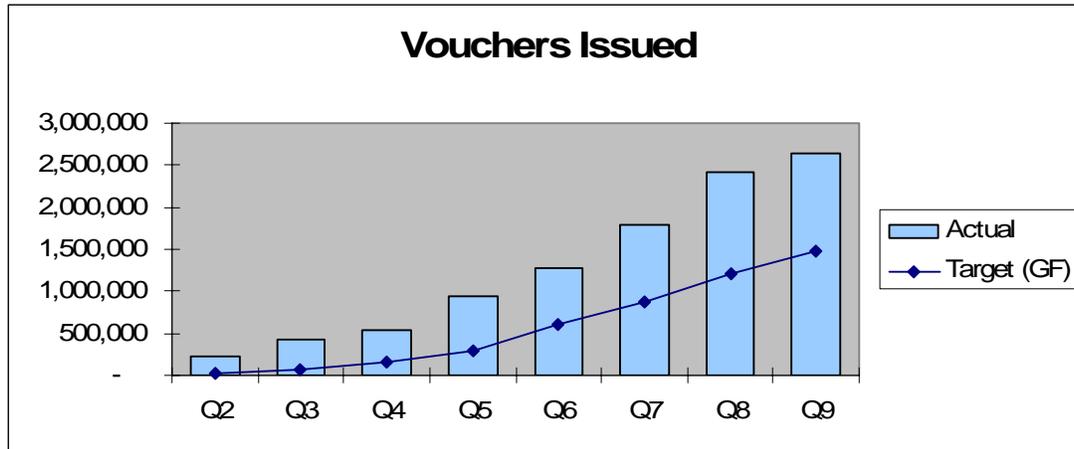
1.3 Vouchers Issued to the District Medical Officers

According to established policy, MEDA's Regional Manager and the DMO re-order vouchers from MEDA HQ's when the stock of voucher books reaches approximately 50% of the optimal amount for that district. In most cases requests for vouchers are based on an estimated 6 month requirement. Vouchers are then sent to the DMOs where they are warehoused, and distributed to the respective RCH clinics after clinic staff returned the empty voucher book stubs to the DMOs.

PWV:

The cumulative target for voucher distribution since the start of the programme was 1,475,000. By the end of September, a total of 2,646,775 vouchers had been distributed. During the quarter a total of 216,850 vouchers were distributed including 123,800 in August and 93,050 in September. Figure 1 shows the number of vouchers distributed compared with target numbers since the beginning of the project.

Figure 1: PWV issued to District Medical Officers.



IV:

Of the initial shipment of 109,000 IVs, 90,000 vouchers were distributed to DMOs in Morogoro and Mwanza by the end of September. Morogoro received vouchers first to ensure availability for the planned official launch of the IV in Morogoro in early October.

In keeping with the PWV procedure, RCH clinics will receive a six month supply of vouchers upon presentation of returned voucher stubs to the DMOs. The initial distribution of vouchers to the clinics will be carried out directly by MEDA regional staff during the MEDA and WV trainings.

2.0 STRATEGY: SET UP SYSTEMS OF FREE DISTRIBUTION OF IRKS TO MOTHERS OF INFANTS AT VACCINATION MILESTONES AT 3 MONTH AND 9 MONTHS

Contrary to plans described in the last Quarterly Report, long life KO Tab 1-2-3 was not purchased and distributed to the regions during this reporting period because the MoHSW has not yet approved its use until such time as it deems acceptable registration information is in place for the product in Tanzania. As a result, MEDA’s current contract with the MoHSW does not include a budget allocation for KO-tab-123, a situation which would require a contract addendum from the Ministry should KO-tab-123 receive the required approvals.

In many regions, IRKs are completely or nearly out of stock which will result in increasing numbers of mothers and infants sleeping under untreated ITNs.

2.1 Insecticide Re-treatment Kits Secured and Stored:

Although a tender was issued for the planned purchase of up to 750,000 long life insecticide kits (KO-tab-123) the order was not placed because of the restriction described earlier. Of ten bidders invited, only one was able to meet all of the requirements of the tender.

2.2 Number of RCH Clinics Distributing IRKS to Mothers:

To date over 4,100 clinics throughout mainland Tanzania have been distributing vouchers as verified by the MIS system used by the program. It is expected that a similar number of clinics have also been involved in distributing IRKs, although this information is not captured by the MIS system and therefore accurate data is not available as to how many clinics have run out of IRKs.

2.3 Number of IRKS Distributed

No IRKS or K-O Tab 123 have been distributed by MEDA during the reporting period.

3.0 STRATEGY: IDENTIFY, TRAIN, AND MONITOR SELECTED RETAIL OUTLETS ELIGIBLE TO RECEIVE VOUCHERS

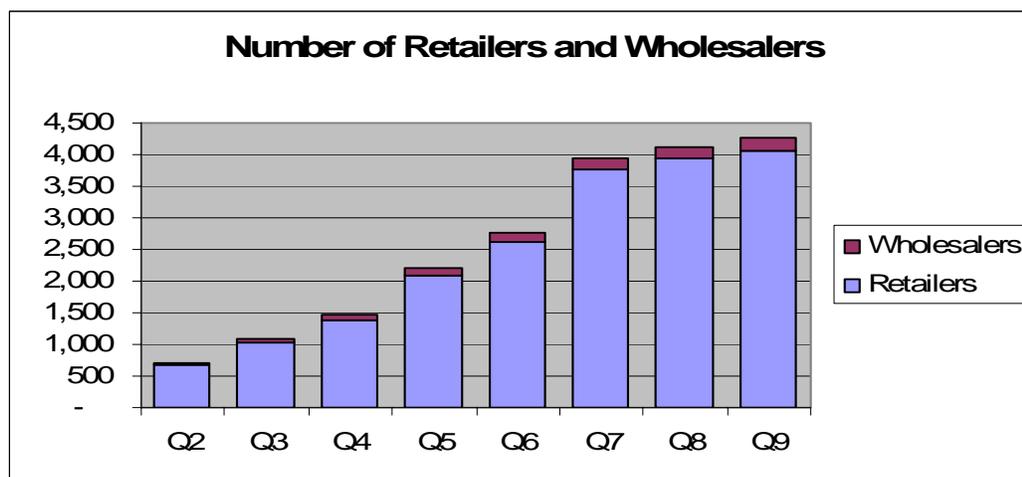
3.1 Retail Outlets Identified and Trained In All Regions By Regional Teams

During the two month period, the number of retailers and wholesalers involved in the program grew by 4%. The number of retailers increased by 126 from 3,932 to 4,058 and the number of wholesalers increased by 9 from 197 to 206. MEDA has set an internal target of doubling the number of retailers involved in the TNVS over the next 12 months. MEDA is confident that this is a realistic challenge because many (initially reluctant) retailers have become convinced that the program represents an opportunity for additional business.

Another internal goal set by MEDA was to ensure a ratio of one private sector retailer for every RCH clinic in the country. During this quarter, that goal has been achieved for the first time. The new challenge is to double the number of retailers so that there are two private sector outlets for every health clinic.

Figure 2 depicts the growth of the commercial sector participating in the TNVS.

Figure 2: Number of Retailers and Wholesalers



MEDA also records the number of retailers and wholesalers per region and district. Table 1 indicates the number of retailers and wholesalers registered in the programme in each region at the end of the quarter.

Table 1: Total Numbers of Retailers and Wholesalers as of September 30, 2006

September 2006			
Region	Number of Retailers	Number of Wholesalers	RCH/Private Sector Ratio
Arusha	131	9	0.79
Dar es Salaam	110	8	0.96
Dodoma	222	5	0.95
Iringa	274	6	0.98
Kagera	203	13	1.02
Kigoma	182	12	1.04
Kilimanjaro	219	14	1.02
Lindi	133	10	0.90
Manyara	108	7	1.08
Mara	183	13	1.07
Mbeya	255	11	0.95
Morogoro	220	12	1.00
Mtwara	149	6	1.01
Mwanza	294	12	1.12
Pwani	164	8	1.04
Rukwa	163	8	0.96
Ruvuma	212	9	1.12
Shinyanga	268	12	1.11
Singida	142	7	1.01
Tabora	182	11	1.13
Tanga	244	13	1.13
National Total	4058	206	1.02

4.0 STRATEGY: DESIGN AND MANAGE VOUCHER REDEMPTION SCHEME

4.1 System Design and Upkeep

The voucher redemption model continues to work well. Since the signing of the new contract with MoHSW, all private sector stakeholders have received payments within the 7 day target period.

In July a new scanning machine was ordered that will increase MEDA's capacity to process the more than 2,500,000 vouchers expected over the next 12 months. Once this scanner has been received from the supplier in Italy it will be linked to a new server computer which will increase MEDA's scanning capacity to approximately 20,000 vouchers per day.

4.2 Redemption Rates

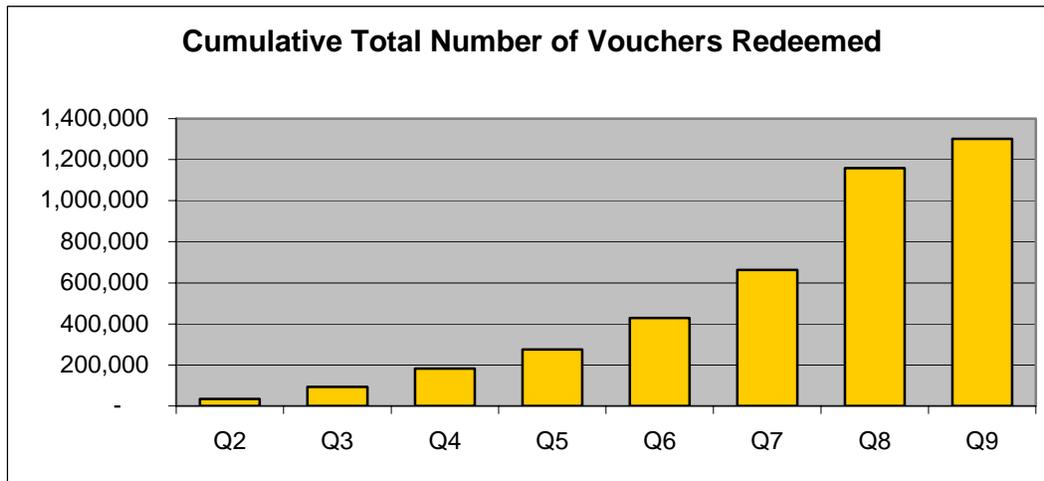
To date, 44,034 stub books have been returned to MEDA from the DMOs, representing a total number of 1,100,859 vouchers. Of this voucher sub-set, 915,466 have been redeemed by MEDA, making the effective redemption rate 83%. This represents the same redemption rate as in the previous quarter.

4.3 Vouchers Redeemed and Coverage Rates

PWV:

By the end of the 9th quarter, the cumulative Global Fund target for vouchers redeemed was 935,000. The actual number of vouchers redeemed was 1,300,185, or 365,185 more than the target figure.

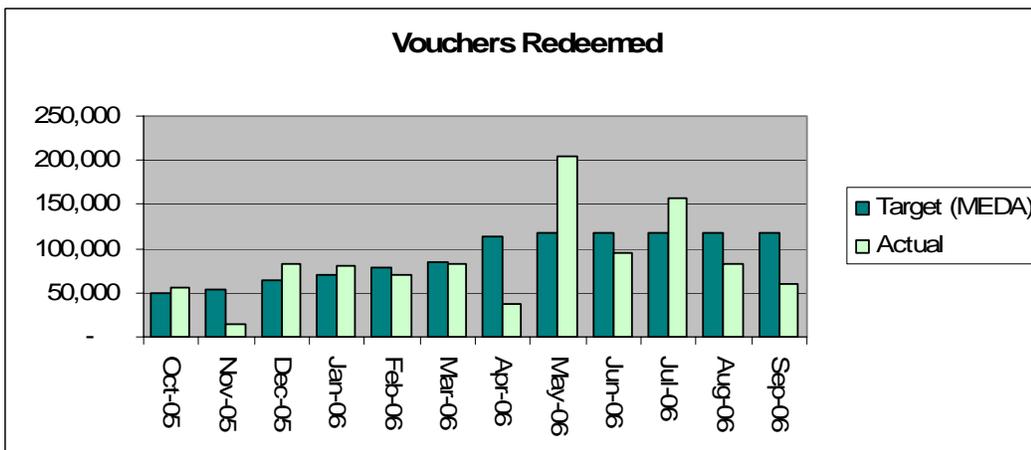
Figure 3: Cumulative Total Number of Vouchers Redeemed



During the two month reporting period, 142,298 vouchers were redeemed and entered into the database. Of that total, 81,745 were redeemed in August and 60,553 were redeemed in September. This represents an average monthly redemption figure of 71,149 vouchers, well down from the average figure reported in the previous quarter.

The following graph (Figure 4) indicates the target figures against the actual figures for the year starting in October 2005.

Figure 4: Total Vouchers Redeemed Monthly



There are a number of explanations for the decrease in redemptions during this period:

- Commercial sales of ITNs routinely decrease during the dry season. It is expected that women who receive the PWV will use it once the rains come bringing more mosquitoes and more frequent cases of Malaria.
- July redemptions (157,566) were higher than usual because of a special push to collect, redeem and account for vouchers before the July 31 end of MEDA's first contract with the MoHSW.

- 35,000 vouchers from Mwanza were redeemed in September, but not processed until early October because the A-Z staff member responsible for submitting them was on leave. This had a major impact on the voucher numbers for the two month period.

Over the past six months, manufacturers under pressure from rising costs have increased the price of ITNs several times, leading to fewer commercial sales of ITNs countrywide. The price increases have been primarily attributed to the increase in the cost of petroleum, the most expensive component of the yarn and to the electricity shortages experienced throughout Tanzania. Further, a recent change in the Tanzania tax law prevents manufacturers from claiming their fuel tax from the Government as had previously been allowed. The higher price for ITNs will, in part, be offset during the next two months by the increase in the subsidy rate of the voucher from 2,750 Tsh, to 3,250 Tsh.

IV:

The IVs will be distributed to all 9 month old infants when they attend a health clinic for their measles vaccination. Because IV distribution to DMOs in Mwanza and Morogoro only started in late September, no IVs have been redeemed as yet. The first IVs are expected to reach the manufacturers and MEDA by mid November.

EV:

Redemption of EVs is not expected to start until February.

5.0 STRATEGY: DESIGN AND IMPLEMENT RISK MANAGEMENT SYSTEMS TO MINIMIZE MISUSE AND FRAUD

To date MEDA has not received any fraudulent or copied vouchers.

During the reporting period MEDA established a Monitoring Unit, financed in part by USAID/PMI. This unit is responsible for the following activities:

- Producing monthly and quarterly reports to track all voucher activities at the region, district and clinic level. These reports will be circulated to all MEDA regional staff, NMCP, Permanent Secretary of Health, DPS. An abbreviated report will also be sent to all RMOs and DMOs.
- Identify potential voucher misuse and work with the coordinators and Regional Managers to develop an action plan whenever misuse is revealed.
- Identify areas that need special attention due to abnormal regional and/or district performance

MEDA's new contract with the MoHSW stipulates that statistical data should be forwarded to the RMOs and DMOs in the field and distribution of these reports fulfils that obligation. Hopefully these reports will instill a growing sense of ownership amongst RMOs and DMOs at the regional and district levels and lead to improved communication for stakeholders to understand areas where the project is performing well and those that need support.

In response to a number of issues raised in the recent Monitoring Report produced by IHRDC, MEDA has developed a number of new initiatives, including the following:

- The creation of a two new phone lines for stakeholders to call regarding any issues or concerns pertaining to the TNVS.
- Numbered retailer cards so that all TNVS registered retailers can be tracked.
- Requirement of all retailers to display their ITN prices at the shop.

6.0 ADDITIONAL COMMENTS

6.1 Signing of Contract between MoHSW and MEDA

On August 6th, MEDA and the MoHSW signed a contract extension retaining MEDA as the logistical contractor for the TNVS for the period from August 1st 2006 until October 31st 2007.

Prior to signing the contract, MEDA management met with the Ministerial Tender Board and agreed to submit a request to the Ministry for an addendum to the initial contract for reimbursement of the extra costs associated with the accelerated roll out of the project. This request was submitted to the Ministry in August.

An addendum to MEDA's new contract will also be required should the Ministry request MEDA to undertake further IRK procurement and distribution activities.

6.2 PLAN Project Voucher (PPV)

Following agreement amongst stakeholders and approval from the NMCP of the PPV design in August, an order was placed for 109,000 vouchers with the printer in South Africa. The vouchers are expected to arrive in Tanzania in early October.

During August and September, MEDA and A-Z cooperated to map all retail activities in all of the 6 designated PPV districts. It is apparent that some rural retailers will be hard pressed to find the money to buy an initial inventory of the more expensive Olyset nets; however, A-Z is confident that, once the voucher is distributed and the demand for the Olyset increases, the financial pressure on retailers will subside.

MEDA expects that distribution of the voucher to PLAN workers will start in November.

7.0 CHALLENGES FOR THE OCTOBER-DECEMBER QUARTER – Q10

The following issues are highlighted for special attention during the next quarter.

7.1 Infant and Project Voucher (IV and PV) – Launch and Operation

Both the IV and PPV will be launched during the next quarter. The IV will be launched in 15 regions and the PPV in 6 districts. The IV will be rolled out over a 3 month period starting in October, and during this period, World Vision staff will accompany MEDA RMs to train clinic staff throughout the 15 regions. At the same time, MEDA staff will deliver the first stock of IVs to the clinics.

The integration of the IV into the TNVS structure will need to be carefully monitored throughout the next quarter.

7.2 K-O Tab 123

As previously discussed, MEDA was instructed by the MoHSW and the NMCP to halt its plans for KO Tab distribution until the new product had received official registration through the Tanzania Pesticides Research Institute (TPRI). Once registered, MEDA will await further instructions from the NMCP and MoHSW regarding distribution of this product through the TNVS. In the meantime, the delayed introduction means that IRKs are running out at clinics and many clinics will be without any form of retreatment kit to distribute to intended beneficiaries.

7.3 Upgrading the Voucher Database

To accommodate the new vouchers being introduced, improvements will be made to the MIS system including an upgraded database, the addition of a new server, and a new scanning machine in the voucher processing department. These changes will be fully implemented and

operational by the end of December. The system upgrade is expected to increase MEDA's scanning capacity to approximately 20,000 vouchers per day.

7.4 Planning for Equity Voucher at the District Level

During the last quarter, MEDA participated in planning meetings with stakeholders in two of the EV districts, Nachingwea (Lindi) and Tandahimba (Mtwara) to determine options for identifying the target population, distribution mechanisms and misuse mitigation tactics for the voucher. In quarter 10, these planning meetings will be carried out in the remaining four districts.

Once these consultations are complete, the EV will need to be designed and printed, the distributor of the voucher in each district will be selected and contracted, and the training of the clinic staff and retailers will commence.

7.5 Quarterly Reports for RMOs and DMOs

A new requirement of the most recent contract between MEDA and the Ministry is that the MEDA quarterly report be sent to RMOs and DMOs. Given the fact that the current Quarterly Report format is not specific to regions, districts or clinics, MEDA will develop a quarterly report unique to each region. Once the format is approved by the MoHSW each region will be sent a report that will highlight the results of the TNVS in their region, district, and specific clinics throughout the reporting period.

A draft copy of a regional report is included as Annex 1 in this report.

Table 2: Performance Indicators

Milestones and Results		3rd Quarter 2004-Q1	4th Quarter 2004-Q2	1st Quarter 2005-Q3	2nd Quarter 2005-Q4	3rd Quarter 2005-Q5	4th Quarter 2005-Q6	1st Quarter 2006-Q7	2nd Quarter 2006-Q8	3rd Quarter 2006-Q9	4th Quarter 2006-Q10	1st Quarter 2007-Q11	2nd Quarter 2007-Q12
Strategy 1: Design and implement systems to ensure effective and efficient transfer of vouchers													
1.1	Vouchers Procured	PWV securely stored and available for distribution	IV securely stored and available for distribution										
	<i>Results</i>	<i>Completed</i>											
1.2a	Regional logistics teams identified and trained to manage distribution of vouchers/IRKs	2 Regional Teams trained	2 regions operational	5 regions operational	7 regions operational	11 regions operational	17 regions operational	21 regions operational	21 regions operational	21 regions operational	=		
	<i>Results</i>	<i>Completed</i>	<i>5 regions operational</i>	<i>8 regions operational</i>	<i>11 regions operational</i>	<i>15 regions operational</i>	<i>20 regions operational</i>	<i>21 regions operational</i>	<i>21 regions operational</i>	<i>21 regions operational</i>			
1.2b	IV training and prep										All net manufacturers informed and trained in IV procedures		
	<i>Results</i>									<i>Completed</i>			
1.2c	EV training and prep										N/A		
	<i>Results</i>									<i>N/A</i>			
1.3a	Vouchers Distributed (Targets) PWV	0	22,000	77,000	160,000	300,000	607,000	880,000	1,200,000	1,475,000			
	<i>Results PWV</i>	<i>2000</i>	<i>232,125</i>	<i>428,227</i>	<i>528,000</i>	<i>947,323</i>	<i>1,271,618</i>	<i>1,788,902</i>	<i>2,424,987</i>	<i>2,646,775</i>			
1.3b	Vouchers Distributed (Targets) IV									0			
	<i>Results IV</i>									<i>90,000</i>			
1.3c	Vouchers Distributed (Targets) EV									N/A			
	<i>Results EV</i>									<i>N/A</i>			

Milestones and Results		3rd Quarter 2004-Q1	4th Quarter 2004-Q2	1st Quarter 2005-Q3	2nd Quarter 2005-Q4	3rd Quarter 2005-Q5	4th Quarter 2005-Q6	1st Quarter 2006-Q7	2nd Quarter 2006-Q8	3rd Quarter 2006-Q9	4th Quarter 2006-Q10	1st Quarter 2007-Q11	2nd Quarter 2007-Q12
Strategy 2: Set up systems for the free distribution of IRK to mothers/caretakers of infants													
2.1	Insecticide Re-treatment Kits procured	IRKs stored and available for distribution	IRKs stored and available for distribution	IRKs stored and available for distribution	IRKs stored and available for distribution	IRKs stored and available for distribution	IRKs stored and available for distribution	IRKs stored and available for distribution	IRKs stored and available for distribution	IRKs stored and available for distribution			
	<i>Results</i>	<i>Tendered</i>	<i>Supplier selected and order placed</i>	<i>200,000 IRKs in storage in DSM</i>	<i>120,000 IRKs in storage in DSM</i>	<i>90,000 IRKs in storage in DSM, 1,000,000 ordered</i>	<i>350,000 ready for distribution in January</i>	<i>18,000 IRKs in stock at MSD, 800,000 on order</i>	<i>800,000 IRKs received and distributed.</i>	<i>No activity</i>			
2.2	Number of RCH facilities distributing IRKs to mothers/caretakers of infants	0	0	250	500	1,200	3,826	4,160	4,394	4,160			
	<i>Results</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>5 regions</i>	<i>11 regions</i>	<i>20 regions</i>	<i>21 regions</i>	<i>21 regions</i>	<i>21 regions</i>			
2.3	Number of IRKs distributed	0	0	0	40,000	105,000	410,000	815,000	1,005,000	1,205,000			
	<i>Results</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>80,000</i>	<i>330,400</i>	<i>450,000</i>	<i>764,000</i>	<i>1,600,000</i>	<i>1,600,000</i>			
Strategy 3: Identify, train and monitor selected retail outlets eligible to receive vouchers													
3.1a	Retailers Accepting Vouchers (Target) PWV		Outlets identified in 2 regions accepting vouchers	Outlets identified in 5 regions accepting vouchers	Outlets identified in 7 regions accepting vouchers	Outlets identified in 11 regions accepting vouchers	2,650 retailers identified in 17 regions accepting voucher	3,000 retailers identified in 21 regions accepting voucher	3,100 retailers identified in 21 regions accepting vouchers	32100 retailers identified in 21 regions accepting vouchers			
	<i>Results PWV</i>		<i>5 regions operating involving 681 retailers</i>	<i>8 regions operating involving 1022 retailers and 63 wholesalers</i>	<i>12 regions operating involving 1372 retailers and 83 wholesalers</i>	<i>15 regions operating involving 2091 retailers and 1119 wholesalers</i>	<i>20 regions operating involving 2618 retailers and 134 wholesalers</i>	<i>21 regions operating involving 3,773 retailers and 174 wholesalers</i>	<i>21 regions operating involving 3932 retailers and 197 wholesalers</i>	<i>21 regions operating involving 4058 retailers and 206 wholesalers</i>			
3.1b	Retailers Accepting Vouchers (Target) IV									N/A			
	<i>Results IV</i>									N/A			
3.1c	Retailers Accepting Vouchers (Target) EV									N/A			
	<i>Results EV</i>									N/A			

Milestones and Results		3rd Quarter 2004-Q1	4th Quarter 2004-Q2	1st Quarter 2005-Q3	2nd Quarter 2005-Q4	3rd Quarter 2005-Q5	4th Quarter 2005-Q6	1st Quarter 2006-Q7	2nd Quarter 2006-Q8	3rd Quarter 2006-Q9	4th Quarter 2006-Q10	1st Quarter 2007-Q11	2nd Quarter 2007-Q12
Strategy 4: Design and manage voucher redemption system													
4.1	System Design	Design Redemption System											
	<i>Results</i>	<i>Completed</i>											
4.2a	Redemption Rate (Target) PWV								85%	85%			
	<i>Results PWV</i>								83%	83%			
4.2b	Redemption Rate (Target) IV									N/A			
	<i>Results IV</i>									N/A			
4.2c	Redemption Rate (Target) EV									N/A			
	<i>Results EV</i>									N/A			
4.3a	Vouchers Redeemed PWV (Targets)						408,000	591,600	807,500	935,000			
	<i>Results PWV</i>	0	33,881	92,264	182,879	279,204	414,878	662,140	1,157,566	1,300,185			
4.3b	Vouchers Redeemed IV (Targets)									N/A			
	<i>Results IV</i>									N/A			
4.3c	Vouchers Redeemed EV (Targets)									N/A			
	<i>Results EV</i>									N/a			
Strategy 5: Design and implement risk management systems to minimize misuse and fraud													
5.1	Risk Management System Development	Record keeping system to document movement of PWVs developed/integrated	Record keeping system to document movement of PWVs developed/integrated	Record keeping system to document movement of PWVs developed/integrated	Record keeping system to document movement of PWVs developed/integrated	Record keeping system to document movement of PWVs developed/integrated	Record keeping system to document movement of PWVs developed/integrated	Record keeping system to document movement of PWVs developed/integrated	Record keeping system to document movement of PWVs developed/integrated	Record keeping system to document movement of PWVs developed/integrated	Record keeping system to document movement of PWVs developed/integrated		
	<i>Results</i>	<i>Completed</i>											

ANNEX 1



Mennonite Economic Development Associates
Logistics Contractor-Tanzania National Voucher Scheme (TNVS)
Q3 (July-September), 2006 Quarterly Progress Report

NATIONWIDE SUMMARY OF HATI PUNGUZO

GENERAL INFORMATION

Region	Average Number of Days Since Launch	Average Number of Months Since Launch	Target (n) for Returned Vouchers This 3 Month Period	Total Vouchers Returned This 3 Month Period (n)
Arusha	486	15.9	13,699	14,983
Dar es Salaam	712	23.3	26,465	27,276
Dodoma	688	22.6	18,001	13,380
Iringa	211	6.9	15,843	9,567
Kagera	337	11.0	21,549	13,947
Kigoma	305	10.0	17,790	12,693
Kilimanjaro	538	17.6	14,633	8,672
Lindi	479	15.7	8,384	5,295
Manyara	279	9.2	11,023	6,807
Mara	339	11.1	14,500	15,078
Mbeya	193	6.3	22,054	12,834
Morogoro	663	21.7	18,645	21,720
Mtwara	447	14.6	11,956	6,251
Mwanza	352	11.6	31,172	38,000
Pwani	606	19.9	9,420	10,370
Rukwa	154	5.0	12,097	7,383
Ruvuma	244	8.0	11,836	12,363
Shinyanga	340	11.1	29,725	26,763
Singida	499	16.4	11,556	9,612
Tabora	426	14.0	18,201	15,658
Tanga	632	20.7	17,397	11,213
National Totals			355,945	299,865

PRIVATE SECTOR INVOLVEMENT

Region	RCH (n)	Retailers at end of Period (n)	W.salers at End of Period (n)	RCH/Private Sector Ratio at End of Period
Arusha	177	131	9	0.79
Dar es Salaam	123	110	8	0.96
Dodoma	239	185	4	0.79
Iringa	285	224	6	0.81
Kagera	211	239	13	1.19
Kigoma	187	208	10	1.17
Kilimanjaro	229	194	11	0.90
Lindi	159	148	10	0.99
Manyara	106	99	6	0.99
Mara	183	150	11	0.88
Mbeya	280	262	12	0.98
Morogoro	232	220	11	1.00
Mtwara	154	141	5	0.95
Mwanza	274	271	13	1.04
Pwani	166	132	8	0.84
Rukwa	178	178	8	1.04
Ruvuma	197	181	7	0.95
Shinyanga	253	292	10	1.19
Singida	148	141	5	0.99
Tabora	171	154	14	0.98
Tanga	228	218	9	1.00
National Totals	4180	3878	190	0.97

MEASURES OF SUCCESS

Region	Accumulated Performance (%)	Accumulated Redemption Rate (%)	Average Turnover Time for Vouchers (Days)	Accumulated Utilization Rate (%)
Arusha	85%	84%	192	53%
Dar es Salaam	82%	91%	170	69%
Dodoma	78%	82%	185	56%
Iringa	54%	75%	197	25%
Kagera	68%	76%	207	42%
Kigoma	76%	83%	193	52%
Kilimanjaro	57%	83%	231	48%
Lindi	50%	66%	239	35%
Manyara	63%	81%	191	40%
Mara	124%	87%	145	49%
Mbeya	59%	83%	161	29%
Morogoro	71%	79%	235	56%
Mtwara	55%	79%	211	40%
Mwanza	117%	90%	156	53%
Pwani	93%	86%	201	51%
Rukwa	45%	64%	170	18%
Ruvuma	93%	85%	185	38%
Shinyanga	86%	91%	187	52%
Singida	81%	84%	201	46%
Tabora	83%	79%	181	51%
Tanga	65%	70%	278	46%
National Totals		83%	197	49%

RANKINGS

Region	Ranking by Performance	Ranking by Redemption Rate	Ranking by Turnover Time
Arusha	6	7	11
Dar es Salaam	8	1	5
Dodoma	10	12	7
Iringa	19	18	13
Kagera	13	17	16
Kigoma	11	11	12
Kilimanjaro	17	10	18
Lindi	20	20	20
Manyara	15	13	10
Mara	1	4	1
Mbeya	16	9	3
Morogoro	12	14	19
Mtwara	18	15	17
Mwanza	2	3	2
Pwani	3	5	14
Rukwa	21	21	4
Ruvuma	4	6	8
Shinyanga	5	2	9
Singida	9	8	15
Tabora	7	16	6
Tanga	14	19	21
National Totals			