

**Tanzania National Voucher Scheme (TNVS)  
And  
Under-5 Catch-up Campaign (U5CC)  
And  
Achievement and Maintenance of Comprehensive Coverage (AMCC)**

**Hati Punguzo**



Investing in our future  
**The Global Fund**  
To Fight AIDS, Tuberculosis and Malaria



PRESIDENT'S MALARIA INITIATIVE



22<sup>nd</sup> Quarterly Report for October – December 2009

Prepared for

The Global Fund for AIDS, Tuberculosis & Malaria (GFATM)

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By

MEDA Economic Development Associates

**MEDA Economic Development Associates (MEDA)**  
Plot 386 Toure Drive,  
Masaki Area  
P.O. Box 10817  
Dar es Salaam  
Tanzania  
Phone +255 (22) 260-1822, -1830, -1843  
Facsimile +255 (22) 260-1851  
Email: [meda@tz.meda.org](mailto:meda@tz.meda.org)



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## LIST OF ACRONYMS

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

## EXECUTIVE SUMMARY

**PWV Procurement and Distribution:** No PWVs were procured this quarter. More than six million PWVs have been procured since the program started. 445,150 PWVs were distributed this quarter, a cumulative distribution total of 6,424,079 over the life of the program.

**PWV Return and Redemption Rate:** 81,447 PWVs were returned this quarter, making it almost four million PWVs cumulatively. The voucher subset returned was 3,309,257, resulting in a cumulative redemption rate of 71%.

**PW Receiving PWVs:** 217 out of 234 PW were given a PWV during their visit to the RCH clinic for a percentage rate of 93%.

**PW Receiving a PWV at First Visit:** 946 out of 1108 PW received a PWV at first visit to the RCH clinic for a percentage rate of 89%.

**Mean Gestation at First Visit:** 359 out of 770 PW were more than 20 weeks pregnant, 376 out of 770 PW were less than 20 weeks pregnant and 35 of 770 PW were 20 weeks pregnant during first ANC visit to the RCH clinic.

**IV Procurement and Distribution:** No IVs were procured this quarter. A total of 458,450 IVs were distributed this quarter; cumulative distribution stood at 3,228,250.

**IV Return and Redemption Rate:** 63,336 IVs were returned this quarter, surpassing one million IVs cumulatively.

**Clinic Participation:** 160 faith-based and private sector clinics were enrolled in TNVS.

**TNVS during Outreach:** 424 of 711 TNVS RCH clinics that conduct outreach services were found to include TNVS activities during outreach, a participation rate of 59.6%.

**Retailer and Wholesaler Network:** The number of participating ITN outlets on the mainland remained steady at 6,646, a retailer-to-clinic ratio of 1.50. Under the new LLIN voucher, the manufacturer will be responsible for recruiting and maintaining the retailer and wholesaler network.

**Voucher Misuse and Fraud:** This quarter MEDA launched its new LLIN barcode system designed to mitigate fraud in the TNVS system.

**Upgraded LLIN Voucher:** Official launch of the Upgraded LLIN voucher took place in a Dar es Salaam RCH clinic with all TNVS partners and MoHSW officials present. The new voucher reduces the top-up paid by the recipient to TSh 500.

**The U5CC Program Update:** This quarter 562,112 LLINs were distributed to children under 5 in Iringa and Ruvuma regions of Southern Highlands Zone. Registration activities have also been completed in Central Zone and Northern Zone.

**Universal Coverage Campaign:** A pilot program for UCC has been planned for January 2010 in Mwanza and will issue 600 nets across three villages.

## 1.0 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 infants 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. Malaria also kills a child somewhere in the world every 30 seconds, mostly children in Africa.

Malaria is both preventable and treatable. To date, effective preventive and curative tools 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 only around 5 per cent 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. As part of its work MEDA also works closely with program stakeholders, including local government officials, private organizations, clinic staff and the private sector.

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

- 1) Increase the quality of bed nets by switching from an ITN that consists of a polyester net bundled with an insecticide re-treatment kit to an LLIN that comes pre-treated, lasts longer, and does not require retreatment.
- 2) Increase the affordability of bed nets by reducing the top-up amount to be paid by the recipient to a fixed 500.

In addition, MoHSW, along with its partners, determined that ITN coverage was not being achieved quickly enough among the important demographic- children under the age of five years-and resulted in a two-prong distribution strategy. One of the strategies to address this challenge is by embarking on a catch-up campaign that would rapidly increase coverage of

this vulnerable group to a more desirable 80 percent. MEDA was selected as the logistics contractor for this one-time, free distribution of LLINs program, entitled: “Under-5 Catch-up Campaign” (U5CC). Additional backstopping teams were formed to assist Regional Managers with registration of beneficiaries and issuing of nets for the U5CC rollout across the country.

The second strategy involves the provision of an LLIN for every sleeping space in Tanzania captured under the program: Universal Coverage Campaign (UCC). Planning is currently underway for UCC activities that intend to achieve this ambitious and important goal. A pilot of UCC procedures and technologies has been planned for January 2010 in Mwanza Region.

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

### **Upgraded LLIN Voucher**

The past quarter saw the launch of the LLIN voucher and its subsequent distribution to RCH clinics and beneficiaries across the country. However, a few challenges arose. The first challenge stemmed from the perceived risk of public outcry among recipients of old vouchers who may demand the new LLIN and be refused. To prevent this risk, NMCP requested that MEDA develop a system to exchange old vouchers for the new TSh 500 top-up LLIN voucher. Our voucher tracking department found a work-around the scanning technology which allows for the beneficiary to redeem the old voucher for a new LLIN, while allowing MEDA to identify old vouchers exchanged for new nets and track and account for all vouchers for M&E purposes. Both old, new, and the hybrid vouchers have been redeemed by beneficiaries through the Hati Punguzo retail network.

The other challenge involved the distribution and retail channels with the slow distribution rate of Olyset LLINs to the existing retail chain. A-Z’s existing distribution and sales capacity through many regions is growing gradually to meet the high demands of the initial Hati Punguzo LLIN inventory. The retailers in the HP program also experienced challenges with regards to high capital start-up costs for LLINs, slow distribution, inadequate training on program changes, and concerns regarding the TSh 500 profit margin. MEDA is taking the lead in working with the manufacturer to ensure these shortcomings are addressed in a prompt and thorough manner and is also developing proposals to donors for assistance to address the areas of concern.

World Vision Tanzania completed their training of RCH facilities on December 18<sup>th</sup> and MEDA RMs continued throughout the quarter to reach out to missed RCH facilities to train and exchange old vouchers for new where the training was missed. December 4<sup>th</sup> celebrated the official launch of the new TSh 500 top-up voucher in a Dar es Salaam RCH clinic with all partners and MoHSW officials present.

### **Universal Coverage Campaign (UCC)**

Planning and proceedings for the Universal Coverage Campaign (UCC) began in earnest this past quarter. A number of collaborative planning sessions in conjunction with NMCP led to the development of an initial set of policies and procedures to be used for training, registration, and issuing in the UCC. A comprehensive list of Standard Operating Procedures which provide step-by-step instructions and policies to local government officials and volunteers to be involved in the campaign were developed and continuously refined. New registration cards using barcodes and carbon copies to allow for better data tracking after

issuing were designed by MEDA and approved by all partners and samples have been ordered for printing.

Funded under the AMCC project a pilot of all UCC procedures and new technologies has been planned for January 2010 in Mwanza. The pilot will issue 600 nets across three villages and will have staff from MEDA, WVT, and NMCP present to monitor and assess the program. New registration policies, registration cards, training, standard operating procedures, and reporting will be the primary matters to be evaluated. The compressed scale of the Mwanza pilot will allow for a quick and low cost pilot and provide immediate feedback in time to make any necessary changes prior to full program launch.

### Human Resources

In December MEDA/Tanzania held its annual training retreat from 15<sup>th</sup> to 18<sup>th</sup>. All staff from HQ and the field attended. The aim of the retreat was to enhance skills and introduce new programs for all MEDA staff. The retreat involved teamwork exercises, presentations from all departments and teams, and interactions with professional facilitators looking back at the just completed year and discussions on the way forward in 2010.

The Monitoring & Evaluation (M&E) team attended a PMI partners' meeting on U5CC and TNVS as well as an LLIN rollout taskforce meeting.

During the quarter MEDA/Tanzania received Jerry Quigley, Gerald Morrison and Susan Schmitz from HQ in Waterloo for the internal audit and supervision of ongoing TNVS/U5CC activities and financial discussions.

The Coordinator for Human Resources attended a one day workshop on the salary survey which was conducted in Dar es Salaam by Informal International Group (IIG).

Total MEDA/Tanzania staff: 84.

## 3.0 OBJECTIVES AND STRATEGIES

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

#### Strategy 1.1: Continuation of Pregnant Women Voucher (PWV) Scheme

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

|                            | 22 <sup>nd</sup> Quarter |                 | Cumulative Total    |                 |
|----------------------------|--------------------------|-----------------|---------------------|-----------------|
|                            | Returned                 | Redemption Rate | Returned            | Redemption Rate |
| Vouchers                   | 81,447                   | 83%             | 3,835,985           | 71%             |
| Stub Books (Vouchers)      | 1,622 (40,550)           |                 | 186,801 (4,670,029) |                 |
| Stubs of vouchers returned | 33,778                   |                 | 3,309,257           |                 |

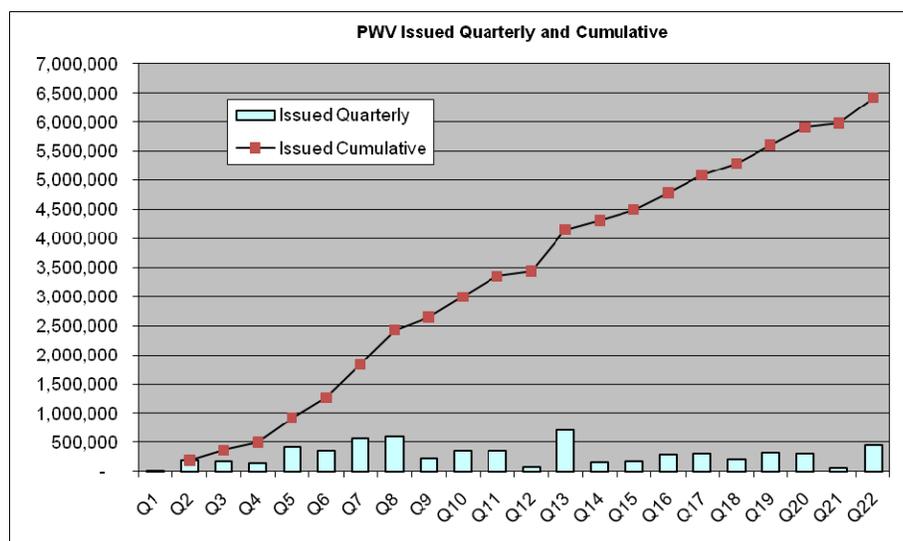
**Pregnant Woman Voucher (PWV) procured:**

This quarter MEDA did not place an order for the procurement of PWV. At the end of this quarter, the total number of PWVs procured cumulatively (since program began) stands at 6,150,000 vouchers.

**Pregnant Woman Voucher (PWV) issued (indicator 1):**

Distribution continued this quarter with GFATM support. In total, 445,150 PWV were issued in the 22<sup>nd</sup> Quarter: 209,400 in October, 198,725 in November, and 37,025 in December. Total PWV distribution to the field at the end of the quarter stands at 6,424,079 of which 4,251,554 were distributed under GFATM support and 2,172,525 under PMI support. Figure 1 shows the actual number of vouchers distributed cumulatively and per quarter.

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

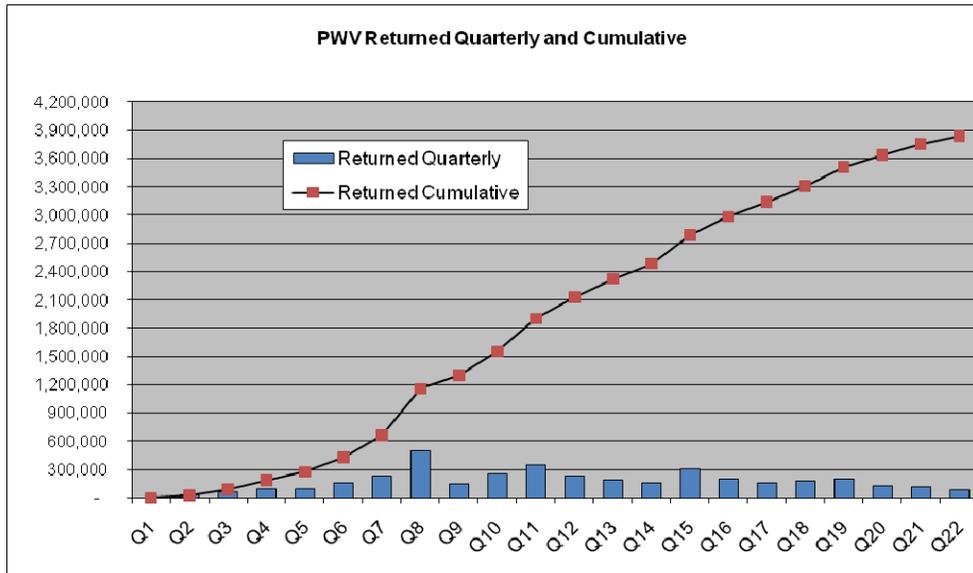


**Pregnant Women Voucher (PWV) returned:**

In total, 81,447 vouchers were returned during the quarter; 26,131 vouchers were returned in October, 22,720 vouchers in November, and 32,596 vouchers in the month of December. The average monthly return this quarter of 27,149 continued the trend of decreased voucher returns seen in previous quarters by 11,882. The cumulative return since program inception stands at 3,835,985 vouchers (865,336 funded through PMI) at the end of the Quarter 22.

Figure 2 shows quarterly and cumulative PWV return. Please note that for every voucher returned to MEDA by a supplier, payment is made to the supplier for the value of the voucher.

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



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

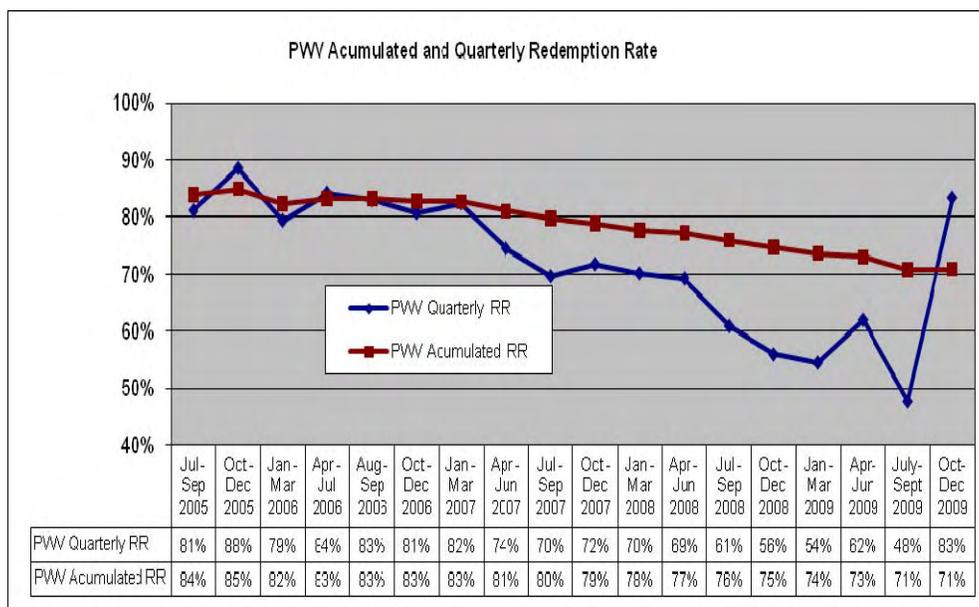
There were 1,622 PWV stub books returned during the quarter, equivalent to 40,550 vouchers. Of the vouchers returned this quarter, 33,778 have been matched with their corresponding stubs at MEDA HQ, resulting in a quarterly increase in redemption rate to 83% from 48% in quarter 21.

Figure 3 shows the abrupt spike in the redemption rate this quarter. This is the result of a decrease in the number of stub books returned. The number of stub books returned to HQ has decreased by 90% from the previous quarter – in Quarter 21, there were 16,485 stub books returned, equivalent to 412,125 vouchers. There are several factors that caused the large decrease in stub books returned, particularly the nationwide dispatch of the new LLIN voucher and the annual staff retreat. MEDA field staff accumulated large numbers of stub books in the field which were returned to HQ during the annual staff retreat at the end of the quarter. These stubs were not scanned during Quarter 22.

Cumulatively, 186,801 PWV stub books have been returned to MEDA from the DMOs, representing a total of 4,670,029 vouchers. 3,309,257 of the returned vouchers have been matched with their corresponding stubs at MEDA, making the effective accumulated redemption rate 71%. A total of 526,728 vouchers received have not been included in the calculation of the redemption rate because their respective stub books are still in the field and some are yet to be recorded to the database.

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

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



### Upgraded TNVS Indicators

This quarter marked the first period of formal collection and reporting of upgraded Global Fund TNVS indicators nationwide following the launch of the pilot last quarter in Central Zone. Although the increased workload of the U5CC was a challenge, MEDA RMs enhanced their routine monitoring schedules in order to send the additional required information to HQ as frequently and meticulously as required.

### The Proportion of Pregnant Women (PW) Receiving a Pregnant Women Voucher (PWV) Irrespective of Number of Visits to the RCH Clinic (indicator 3) :

**Table 2: Pregnant Women (PW) Receiving Vouchers**

|  | 22 <sup>nd</sup> Quarter |         | Cumulative Total |         |
|--|--------------------------|---------|------------------|---------|
|  | Number of PW             | Percent | Number of PW     | Percent |
| <b>Received Pregnant Women Voucher (PWV)</b> | 217                      | 93%     | 217              | 93%     |
| <b>Pregnant Women (PW) Sample</b>            | 234                      |         | 234              |         |

By the end of the quarter records for 234 PW were obtained from clinic registers, of whom 217 PW were recorded to have received a Pregnant Woman Voucher (PWV) irrespective of the number of times they had been to the clinic, for a percentage total of 93%.

**Proportion of Pregnant Women (PW) attending ANC receiving Pregnant Women Voucher (PWV) at first visit (indicator 4):**

*Table 3: Pregnant Women (PW) Receiving Vouchers at first visit*

|   | 22 <sup>nd</sup> Quarter |         | Cumulative Total |         |
|---|--------------------------|---------|------------------|---------|
|   | Number of PW             | Percent | Number of PW     | Percent |
| <b>Received Pregnant Women Voucher (PWV) at first visit</b> | 946                      | 89%     | 946              | 89%     |
| <b>Pregnant Women (PW) Sample</b>                           | 1108                     |         | 1108             |         |

By the end of the quarter records for 1108 PW were obtained from clinic registers and 946 PW were found to have received a Pregnant Woman Voucher (PWV) during their first ANC visit for a percentage total of 89%.

**Mean gestation at first ANC visit (indicator 5):**

Obtaining the mean gestation period of a Pregnant Woman (PW) attending ANC for the first time during pregnancy was contentious as the data did not exist in the format anticipated by the GFATM. Clinic registers only record whether age of pregnancy has been determined to be <20 (less than 20) or >20 (greater than 20) weeks. Data was obtained and recorded accordingly.

*Table 4: Pregnant Women (PW) gestation age*

| Gestation Period | 22 <sup>nd</sup> Quarter |             | Cumulative Total |              |             |
|------------------|--------------------------|-------------|------------------|--------------|-------------|
|                  | Number of PW             | Percent     | Gestation Period | Number of PW | Percent     |
| >20Weeks         | 359                      | 46.62%      | >20 Weeks        | 359          | 46.62%      |
| 20 Weeks         | 35                       | 4.55%       | 20 Weeks         | 35           | 4.55%       |
| <20Weeks         | 376                      | 48.83%      | <20 Weeks        | 376          | 48.83%      |
| <b>Total</b>     | <b>770</b>               | <b>100%</b> | <b>Total</b>     | <b>770</b>   | <b>100%</b> |

By the end of the quarter, out of the 770 PW for whom data was obtained from the Mtuha clinic registers, 359 PW, 46.62% of the total PW sample, attended ANC for the first time when they were more than 20 weeks pregnant, 376 PW, 48.83% of the total PW sample, had been to the ANC for the first time when they were less than weeks pregnant and 35 PW, 4.55% of the total PW sample, had been to the clinic when they were 20 weeks pregnant.

### 3.2 Objective 2: Provide LLIN to infants and children via infant voucher (IV) and under-5 catch-up campaign (U5CC)

#### Strategy 2.1: Continuation of Infant Voucher (IV) Scheme

*Table 5: Infant Voucher (IV) Summary*

|                            | 22 <sup>nd</sup> Quarter |                 | Cumulative Total      |                 |
|----------------------------|--------------------------|-----------------|-----------------------|-----------------|
|                            | Returned                 | Redemption Rate | Returned              | Redemption Rate |
| Vouchers                   | 63,336                   | 71%             | 1,257,020             | 58%             |
| Stub Books (Vouchers)      | 1,317<br>(32,295)        |                 | 60,562<br>(1,514,051) |                 |
| Stubs of vouchers returned | 60,562                   |                 | 879,622               |                 |

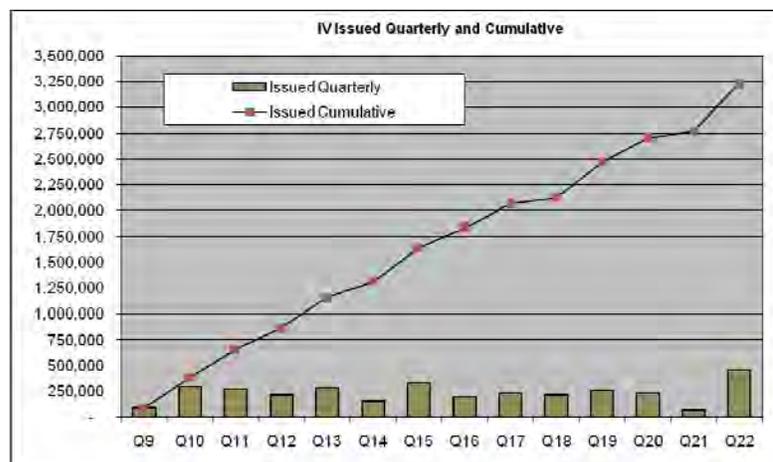
#### **Infant Voucher (IV) procured:**

This quarter MEDA did not place any order for the procurement of IV. The total number IV procured cumulatively from program start stands at 2,975,000 vouchers at the end of this quarter.

#### **Infant Voucher (IV) issued:**

A total of 458,450 IV were distributed this quarter: 217,550 in October, 208,875 in November, and 32,025 IV in December. By the end of the quarter, the total number of IV distributed cumulatively stood at 3,228,250. [Figure 5](#) illustrates the number of IVs delivered to DMOs over the last fourteen quarters.

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

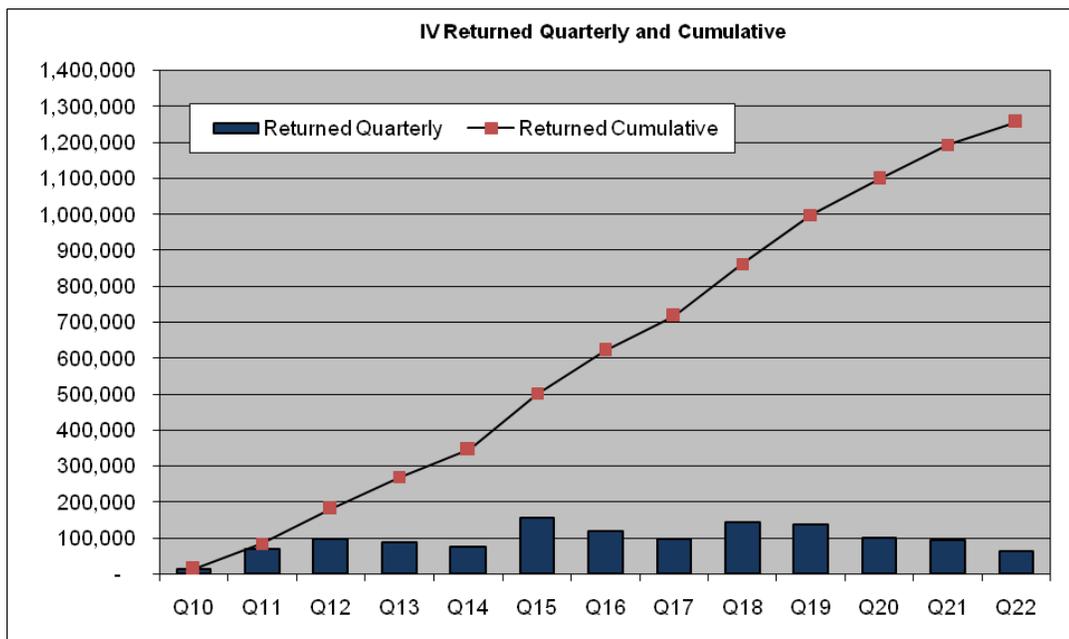


#### **Infant Voucher (IV) returned:**

A total of 63,336 vouchers were returned during the period of October - December 2009; 20,654 in October, 17,046 in November, and 25,636 in December. The average monthly return this quarter was 21,112, representing a drop of 10,539 vouchers per month when compared to the 21<sup>st</sup> Quarter average of 31,651. The drop is primarily attributable to a

planned stock out of old value vouchers and the time required distributing new voucher stock. The cumulative total returned since program inception stands at 1,257,020 IV. Figure 6 shows the number of Infant Vouchers returned per quarter and cumulative. Please note that for every voucher returned to MEDA by a supplier, payment is made to the supplier for the value of the voucher.

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



**Infant Voucher (IV) Redemption Rate:**

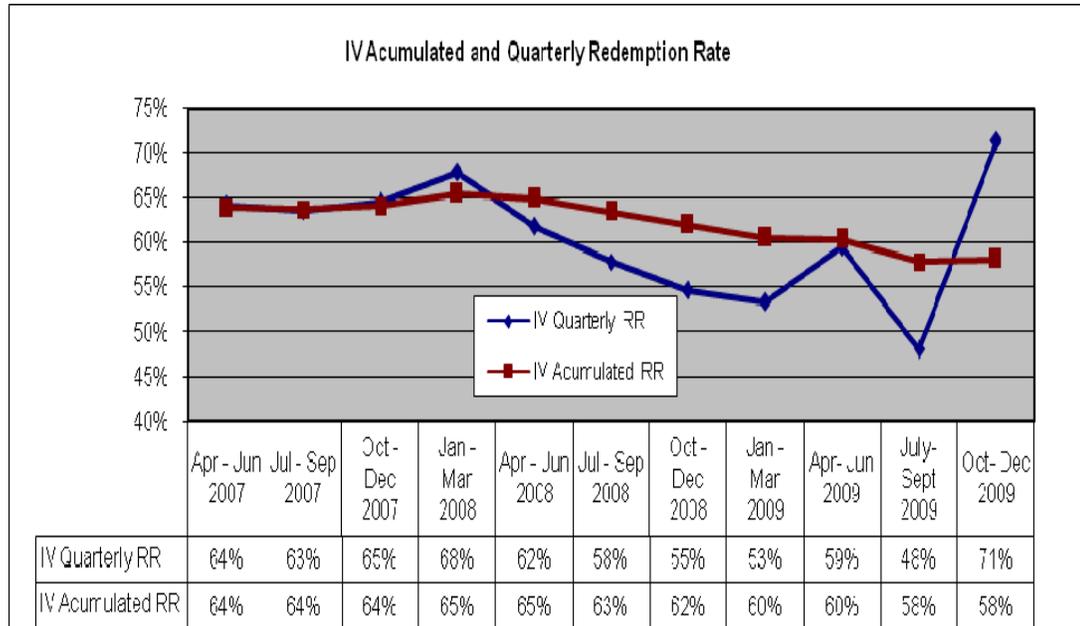
The number of IV stubs books collected this quarter equalled 1,317, which is equivalent to 32,925 vouchers. Of the vouchers returned this quarter, 23,477 have been matched with their corresponding stubs. The resulting redemption rate increased this quarter from 48% to 71% because of fewer recorded stubs.

Figure 3 shows the abrupt spike in the redemption rate this quarter. This is the result of a decrease in the number of stub books returned. The number of stub books returned to HQ has decreased by almost 90% from the previous quarter – in Quarter 21, there were 11,971 stub books returned, equivalent to 299,296 vouchers. There are several factors that caused the large decrease in stub books returned, particularly the nationwide dispatch of the new LLIN voucher and the annual staff retreat. MEDA field staff accumulated large numbers of stub books in the field which were returned to HQ during the annual staff retreat at the end of the quarter. These stubs were not scanned during Quarter 22.

By the end of the cumulative reporting period, 60,562 IV stub books representing a total of 1,514,051 vouchers were received from the DMOs. In total, 879,622 of the returned IV have been matched with their corresponding stubs at MEDA, resulting in an effective accumulated redemption rate of 58% as the last quarter. The total number of vouchers returned but excluded from the calculation due to outstanding stub books is 377,398.

Figure 7 shows the comparison of both, accumulated redemption rates at the end of the quarters and the redemption rate for each quarter.

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



## Strategy 2.2: Implement and manage the Under-5 Catch-up Campaign (U5CC) (indicator 11)

### U5CC Program Update

Challenges to the planned, smooth rollout of U5CC activities were local government elections that halted all U5CC exercises in October. This resulted in delays in all activities in all zones which were scheduled to roll out at that time. Despite delays, this quarter MEDA backstopping teams and host Regional Managers completed the issuing of 562,112 LLINs to children under 5 in Iringa and Ruvuma regions of Southern Highlands Zone from 6<sup>th</sup> to 8<sup>th</sup> November, 2009. Teams also successfully completed the registration exercise in Central Zone (Singida, Manyara and Dodoma) from the 11<sup>th</sup> to 17<sup>th</sup> of November where 984,985 children were registered, and in Arusha and Kilimanjaro regions of Northern Zone on 25<sup>th</sup> of November to 1<sup>st</sup> of December, 2009 where 540,785 children under 5 were registered.

### 3.3 Objective 3: Growth and management of TNVS distribution network

#### Clinic Participation in TNVS

As part of the upgraded Global Fund TNVS indicators, RCH clinics participating in the voucher program were recorded and categorized.

**Table 6: Number and % of Faith-Based and Private Sector RCH clinics included in TNVS (indicator 6):**

|                               | 22 <sup>nd</sup> Quarter |                           |                           | Cumulative Total |                           |                           |
|-------------------------------|--------------------------|---------------------------|---------------------------|------------------|---------------------------|---------------------------|
|                               | No. of clinics           | Participating in TNVS (#) | Participating in TNVS (%) | No. of clinics   | Participating in TNVS (#) | Participating in TNVS (%) |
| <b>Faith-Based clinics</b>    | 120                      | 117                       | 97.5%                     | 120              | 117                       | 97.5%                     |
| <b>Private Sector clinics</b> | 58                       | 43                        | 74.13%                    | 58               | 43                        | 74.13%                    |
| <b>Total</b>                  | 178                      | 160                       | 89.88%                    | 178              | 160                       | 89.88%                    |

Information on 178 faith-based and private sector clinics was obtained during the quarter. 160 clinics are currently registered in TNVS for a total percentage of 89.88% for all faith-based and private sector clinics that are enrolled in TNVS.

**Number and % of TNVS RCH clinics conducting outreach services that include TNVS in outreach services (indicator 7):**

RCH clinics participating in TNVS often provide outreach services to remote areas of their localities. The following represents the number of TNVS RCH clinics that perform outreach services and include TNVS activities in their outreach services, e.g. carry vouchers on their visits to underserved areas.

**Table 7: TNVS during outreach services**

|  | 22 <sup>nd</sup> Quarter |         | Cumulative Total |         |
|--|--------------------------|---------|------------------|---------|
|  | Number                   | Percent | Number           | Percent |
| <b>TNVS RCH clinics conducting outreach services and include TNVS in outreach services</b> | 424                      | 59.6%   | 424              | 59.6%   |
| <b>Total Number of TNVS RCH clinics conducting outreach services</b>                       | 711                      |         | 711              |         |

By the end of the quarter, data had been obtained for 711 RCH clinics that participate in TNVS and conduct outreach services. 424 clinics reported including TNVS activities during these services, for a percentage total of 59.6%.

**Number of districts including ITN-related activities in their district budgets (indicator 8):**

**Table 8: ITN activities in district budgets**

|   | 22 <sup>nd</sup> Quarter |         | Cumulative Total |         |
|---|--------------------------|---------|------------------|---------|
|   | Number                   | Percent | Number           | Percent |
| <b>Districts including ITN-related activities in their district budgets</b> | 40                       | 67.8%   | 40               | 67.8%   |
| <b>Total Districts surveyed</b>   | 59                       |         | 59               |         |

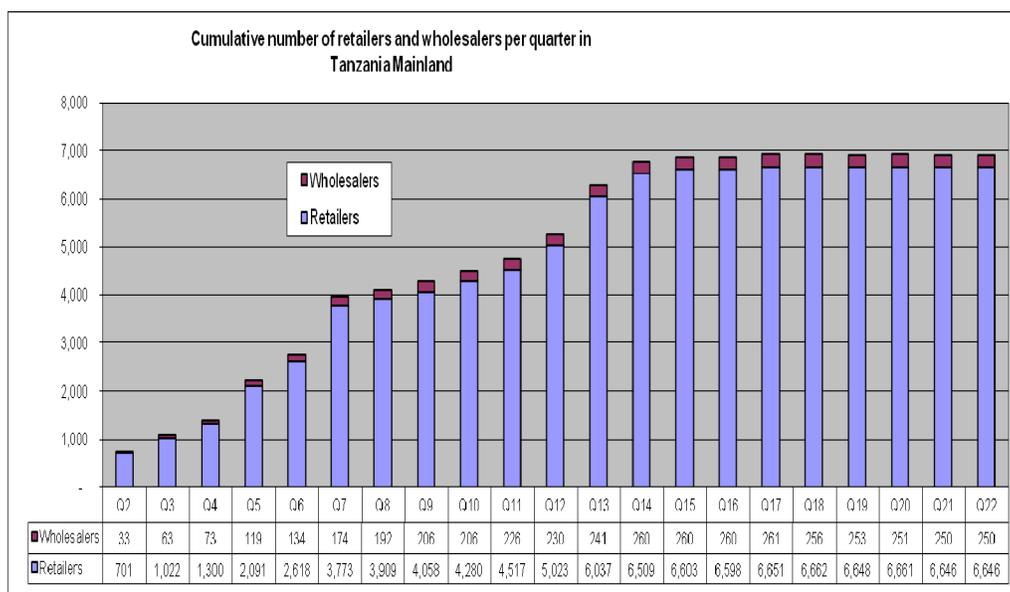
By the end of the quarter 59 District Executive Directors (DEDs) had been interviewed to determine if their districts included ITN-related activities in their district budgets. 40 districts reported having some form of ITN-related activity in their budgets for a percentage total of 67.8% districts around the country.

**Retail Outlets Identified and Trained in All Regions by Regional Teams (indicator 9):**

The number of retail outlets and wholesalers participating in TNVS has remained steady at 6,646 and 250 respectively this quarter.

Figure 4 depicts the overall growth of private sector participants in the TNVS since the inception of the project.

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



With the rollout of the upgraded LLIN voucher the manufacturer will be responsible for the recruitment, training and retention of private sector participants. MEDA has been receiving regular draft reports of this recently-begun, ongoing process which will be reported in the following quarter.

MEDA also records the number of retailers and wholesalers per region and district. Table 2 indicates the number of retailers and wholesalers registered in the program in each region of

mainland Tanzania at the end of the quarter.

**Table 9: Total Numbers of Retailers and Wholesalers as of December 31, 2009**

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

**Proportion of villages having at least one TNVS retail outlet accepting vouchers (indicator 10):**

This data is currently being collected and analyzed. Due to the late start up of the LLIN voucher programme, because of delays by the manufacturer to commit to original launch dates and misaligned schedules among partners, under which the LLIN manufacturer is responsible for contracting TNVS retailers; MEDA did not have adequate data to be able to calculate the proportion of villages with TNVS retailers nationwide. However data was collected in five regions, namely Tanga, Kigoma, Dodoma, Singida and Kilimanjaro. In this sample of five regions, the proportion of villages having at least one TNVS retail outlet accepting vouchers is 39%. Regional proportions are as follows:

**Table 10: Retailer distribution in villages**

| Region       | Retailers   | Villages    | Percent    |
|--------------|-------------|-------------|------------|
| Kigoma       | 153         | 287         | 53%        |
| Tanga        | 214         | 839         | 26%        |
| Kilimanjaro  | 249         | 567         | 44%        |
| Singida      | 146         | 407         | 36%        |
| Dodoma       | 278         | 582         | 48%        |
| <b>Total</b> | <b>1040</b> | <b>2682</b> | <b>39%</b> |

### **3.4 Objective 4: Logistical Management of TNVS**

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

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

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

**Voucher Fraud Mitigation Strategies:** With the inception of the voucher Fraud and Investigation unit at MEDA HQ in early 2008, there has been a decline in the incidence of fraudulent vouchers, resulting from a use of a combination of strategies towards voucher fraud mitigation.

Misuse or misappropriation of vouchers literally means bad or wrong use of vouchers, i.e. giving vouchers to un-eligible beneficiaries (be it Pregnant women or Infants). The voucher system for TNVS was designed with the mitigation of such fraudulent activity in mind. Vouchers are printed by a security printing company on security paper using security ink. The vouchers contain both, a banking MICR numeric field and a bar code. The coupon book of 25 vouchers also contains its own bar code and each voucher therein contains a unique voucher number. The bar code on the coupon book is scanned and tagged to a specific medical clinic out of the several clinics in our database, thus, identifying the clinic which receives a particular voucher book.

**Determination of suspicious or fraudulent vouchers:** Vouchers submitted by ITN suppliers are received and scanned into our database, and then subjected to physical voucher analyses whereby suspicious vouchers are identified based on an established checklist. The percentage of suspected/suspicious vouchers is always calculated per supplier every time vouchers are redeemed at MEDA. Serial numbers of suspicious vouchers are then sent to our Regional Managers (RMs) in the field for immediate follow-up. RMs have always been asked to prioritize visiting vouchers recipients whose names appear on suspicious/suspected vouchers to ascertain their authenticity.

Collaborative efforts between MEDA and other stakeholders has had promising results as we have seen a continued decline in suspected/suspicious vouchers every time we do physical voucher analysis. The decline is a result of the following:

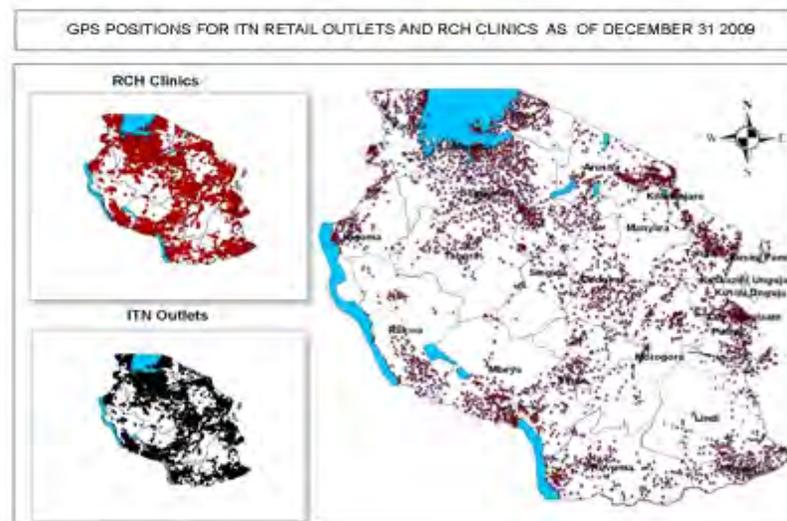
- Collaboration with detective police officers in Dar-Es-Salaam and in the regions in close follow up of suspected cases has succeeded as suspects have been apprehended and subsequently taken for interrogations.
- Where staff/individuals are confirmed to have been involved in voucher fraud, some suspects have been taken to court and cases are currently ongoing, while others have been asked to pay for the misused vouchers and some have lost their jobs.
- Introduction of an LLIN barcode in the LLIN bag for the new LLIN vouchers assures us of a net getting into hands of eligible beneficiaries and that we have active and authentic retail outlets.
- The fact that MEDA RMs could trace each voucher in the HP cycle via random spot-checks has forced potential abusers of the system to refrain from misusing/abusing the voucher scheme.

A combination of all of the above strategies contributes to the decline of fraud, misuse, and abuse of vouchers, thus assuring a more secure voucher program. Since February 2009, MEDA has seen a decrease in voucher thefts at the DMO stores and there have been no reported cases of voucher theft at RCH clinics. In December TSh 875,000 were received from four RCH facilities in Morogoro region (TSh 200,000 from clinics in Kilombero district and TSh 675,000 from clinics in Ulanga district) as refunds for HP voucher misuse.

### Implementation of GPS Program

Efforts to collect GPS coordinates of program stakeholders were on hold this quarter as regional teams focused on U5CC activities. GPS data collection remained the same as the 21<sup>st</sup> quarter with waypoints for 4084 of 4,428 (92%) clinics currently in the program. Mapping of TNVS retail and wholesale outlets stands at 4,315 out of a total 6,648 (64%). The combined percentage for total GPS mapping for TNVS stakeholders remains at 74%. A Web-based GIS retailer database has been launched on MEDA/Tanzania website (medatanzania.org) to be used as a platform for data sharing and reconciliation with partners. All MEDA Regional Managers have been given login credentials. [Figure 8](#) below depicts a map of clinics and retailers for which we have GPS coordinates.

*Figure 8: GPS coordinates at end of quarter*



### Implementation of Power Track

The effort to utilize Power Track in vehicles as a tool for operations continued to progress well during the quarter. The functionality to allow scheduled reporting and automatic emailing of reports has been enabled and procedures are currently being developed to incorporate its use. Also, in December, MEDA coordinators began using Power Track to verify field reports, a process that will be examined and evaluated at the end of January when retirements are done. Fuel profiles for several MEDA vehicles have also been recalibrated.

**Table 5: Performance Indicators**

| Indicators and Milestones  |  | 3rd Quarter<br>2008 - Q17                      | 4th Quarter<br>2008 - Q18                      | 1st Quarter<br>2009 - Q19                      | 2nd Quarter<br>2009 - Q20                      | 3 <sup>rd</sup> Quarter 2009<br>- Q21          | 4th Quarter<br>2009 -                          |
|--|--|--|--|--|--|--|--|
| Objective 1: Provide to pregnant women through RCH clinics a discount voucher that will cover approximately 90% of the cost of a Long Lasting Insecticidal Nets (LLINs) at a commercial outlet |  |  |  |  |  |  |  |
| Strategy 1.1   | PW Voucher procurement                                 | Completed - PWV are available for distribution |
|  | <i>Target</i>  | 5,140,000                                      | 5,380,000                                      | 5,620,000                                      | 5,860,000                                      | 6,100,000                                      | 6,340,000                                      |
|  | PW Vouchers distributed (Indicator 1)                  | 5,090,316                                      | 5,292,554                                      | 5,610,204                                      | 5,910,404                                      | 5,978,929                                      | 6,424,000                                      |
|  | <i>Target</i>  | <i>Tbd</i>                                     | <i>Tbd</i>                                     | <i>Tbd</i>                                     | <i>Tbd</i>                                     | <i>Tbd</i>                                     | <i>Tbd</i>                                     |
|  | PW Voucher Redemption Rate                             | 76%  | 75%  | 74%  | 73%  | 71%  | 71%  |
|  | <i>Target</i>  | 3,368,096                                      | 3,621,999                                      | 3,875,903                                      | 4,145,119                                      | 4,414,335                                      | 4,683,500                                      |
|  | Number of PW Vouchers Redeemed/ Returned (Indicator 2) | 3,136,007                                      | 3,308,815                                      | 3,510,260                                      | 3,637,445                                      | 3,754,538                                      | 3,835,900                                      |

|  |   |     |          |     |     |       |                |
|--|---|-----|----------|-----|-----|-------|----------------|
|  | <i>Target</i>   | 65% | 70%      | 75% | 80% | 85%   | 90%            |
|  | Proportion of PW receiving PW vouchers irrespective of number of visits<br><b>(Indicator 3)</b> | N/A | N/A      | N/A | N/A | Pilot | 93% [Sample:   |
|  | <i>Target</i>   | 43% | 51%      | 58% | 66% | 74%   | 82%            |
|  | Proportion of women attending ANC receiving voucher at first visit<br><b>(Indicator 4)</b>      | N/A | N/A      | N/A | N/A | Pilot | 85% [Sample: ] |
|  | <i>Target</i>   | -   | 20 weeks | -   | -   | -     | 20 week        |
|  | Mean gestation at first ANC visit<br><b>(Indicator 5)</b>                                       | N/A | N/A      | N/A | N/A | Pilot | Data ambi      |

| Strategy 1.1 | Risk Management systems for reduce misuse and fraud                                     | Record keeping system to document movement of PWVs and IVs developed/integrated | Record keeping system to document movement of PWVs and IVs developed/integrated | Record keeping system to document movement of PWVs and IVs developed/integrated | Record keeping system to document movement of PWVs and IVs developed/integrated | Record keeping system to document movement of PWVs and IVs developed/integrated | Record keeping system to document movement of PWVs and IVs developed/integrated |
|--------------|---|---|---|---|---|---|---|
| Strategy 1.3 | Target  | 7,000   | 7,250   | 7,500   | 8,000   | 8,500   | 9,000   |
|              | Retailers registered to Accept Vouchers (Indicator 9)                                   | 6,659   | 6,662   | 6,648   | 6,661   | 6,646   | 6,646   |
|              | Wholesalers registered in TNVS  | 261   | 256   | 253   | 251   | 250   | 250   |
|              | Target  | Tbd (30%)   | Tbd (40%)   | Tbd (50%)   | Tbd (60%)   | Tbd(70%)  | Tbd (80%)   |
|              | Number and (%) of Faith Based and Private Sector clinics included in TNVS (Indicator 6) | N/A   | N/A   | N/A   | N/A   | Pilot   | 89.88% [Sample 17]  |
|              | Target  | Tbd (30%)   | Tbd (40%)   | Tbd (50%)   | Tbd (60%)   | Tbd (70%)   | Tbd (80%)   |

|   |  |           |           |           |           |           |                     |
|---|--|-----------|-----------|-----------|-----------|-----------|---------------------|
|   | Number and (%) of RCH clinics including TNVS in outreach services <b>(Indicator 7)</b>                 | N/A       | N/A       | N/A       | N/A       | Pilot     | 59.6% [Sample       |
|   | <i>Target</i>  | 30%       | 40%       | 50%       | 60%       | 70%       | 80%                 |
|   | Number of districts including ITN related activities in their district budgets <b>(Indicator 8)</b>    | N/A       | N/A       | N/A       | N/A       | Pilot     | 67.8% [Sample:      |
|   | <i>Target</i>  | 30%       | 40%       | 50%       | 60%       | 70%       | 80%                 |
|   | Proportion of villages having at least one TNVS retail outlet accepting vouchers <b>(Indicator 10)</b> | N/A       | N/A       | N/A       | N/A       | Pilot     | 39% [Samp<br>1040/2 |
| <b>Objective 2: Distribute a LLIN to all children aged between one and five via U5CC and Infant Voucher Scheme (IV)</b> |  |           |           |           |           |           |                     |
| <b>Strategy 2.1</b>   | <i>Target</i>  | 1,804,900 | 4,512,251 | 7,221,601 | 7,221,601 | 7,221,601 | 7,221,601           |
|   | Number of LLINs distributed to children under five in mass campaign, by                                | 380,458   | 113,560   | 0         | 435,112   | 4,467,866 | 562,112             |

|  |   |             |             |             |             |             |            |
|--|---|-------------|-------------|-------------|-------------|-------------|------------|
|  | quarter<br>(cumulative).<br><b>(Indicator 11)</b>     | (380,458)   | (494,018)   | (494,018)   | (929,130)   | (5,396,996) | (5,959,10) |
| <b>Strategy 2.3</b>  | <i>Target</i>   | <i>Tbd</i>  | <i>Tbd</i>  | <i>Tbd</i>  | <i>Tbd</i>  | <i>Tbd</i>  | <i>Tbd</i> |
|  | IV distributed  | 2,066,625   | 2,122,575   | 2,474,385   | 2,704,275   | 2,769,800   | 3,228,20   |
|  | <i>Target</i>   | <i>Tbd</i>  | <i>Tbd</i>  | <i>Tbd</i>  | <i>Tbd</i>  | <i>Tbd</i>  | <i>Tbd</i> |
|  | Redemption Rate<br>for IV                             | 63%         | 62%         | 60%         | 60%         | 58%         | 58%        |
|  | <i>Target</i>   | <i>Tbd</i>  | <i>Tbd</i>  | <i>Tbd</i>  | <i>Tbd</i>  | <i>Tbd</i>  | <i>Tbd</i> |
|  | Number of IVs<br>redeemed/<br>returned                | 718,057     | 862,190     | 998,930     | 1,098,732   | 1,193,684   | 1,257,00   |
| <b>Objective 3: Monitoring, Evaluation, and Administration of TNVS</b> |   |             |             |             |             |             |            |
| <b>Strategy 3.2</b>  | Number and (%) of<br>retailers mapped<br>cumulatively | 2,991 (43%) | 4,076 (60%) | 4,314 (65%) | 4,296 (62%) | 4,296 (62%) | 4,296 (62) |
|  | Number and (%) of<br>Clinics Mapped<br>Cumulatively   | 3,592 (82%) | 4,375 (91%) | 4,078 (92%) | 4,040 (91%) | 4,040 (91%) | 4,040 (91) |

## PMI Quarterly Report - data collection table – MAINLAND 2009

Insecticide-Treated Nets: USING PMI FUNDS – 2009 Implementing Partner: MEDA, PSI

| <i>Indicator</i>  | <b>Jan–Mar</b> | <b>Apr–Jun</b> | <b>Jul–Sep</b> | <b>Oct–Dec</b> | <b>Annual Target</b> | <b>Comments</b>  |
|---|----------------|----------------|----------------|----------------|----------------------|--|
| <b>Number of vouchers procured</b>  | 1,000,000      | 200,000        | 200,000        |                | /                    | PWV ended in March when GFATM round 8 started  |
| <b>Number of vouchers distributed</b>                                       |                |                |                |                |                      |  |
| (a) To health facilities (RCH)  | 575,460        | 229,890        | 65,525         | 458,450        | /                    |  |
| (b) Voucher issued to target group (infant & PW)                            | 361,967        | 138,080        | 299,296        | 32,925         | 1,000,000            | PWV ended in March when GFATM round 8 started  |
| <b>Number of ITNs procured through:</b>                                     |                |                |                |                |                      |  |
| (a) TNVS (Voucher redeemed)   | 338,185        | 99,802         | 94,952         | 63,336         | 418,700              | Targets are for USAID Fiscal Year (Due September) and include infant vouchers returned only. However, results for first quarter include pregnant women and infant vouchers returned. |
| (b) U5CC  | 0              | 872,691        | 0              | 0              | 1,000,000            | 352,244 for Lindi and Mtwara; 520,447 for Lake Zone. Lake Zone LLIN were bought in June and distributed in July.   |
| (c) Universal coverage  | /              | /              | /              | /              |                      |  |
| <b>• Number of ITNs distributed</b>   |                |                |                |                |                      |  |
| <i>Please break down the number of ITNs distributed through:</i>            |                |                |                |                |                      |  |
| (a) campaigns – U5CC  | 0              | 469,644        | 520,447        | 0              | 1,000,000            | The number of LLINs distributed includes 117,400 nets donated by UI for Lindi and Mtwara and distributed using PMI funds.  |
| (b) campaigns – Universal coverage  | /              | /              | /              | /              | /                    |  |
| (c) health facilities (ANC or child health clinics)                         |                |                |                |                |                      |  |
| (d) private /commercial sector through retail shops (TNVS).                 | 338,185        | 99,802         | 94,952         | 63,336         | 418,700              | Targets are for USAID Fiscal Year (Due September) and include infant vouchers returned only. However, results for first quarter include pregnant women and infant vouchers returned. |
| (e) Unsubsidized commercial sector  | /              | /              | /              |                | /                    |  |
| (f) other distribution channels (specify)                                   | /              | /              | /              |                | /                    |  |
| <b>Number of ITKs/IRKs procured for</b>                                     |                |                |                |                |                      |  |
| (a) TNMs for bundling   | /              | /              | /              |                | /                    |  |
| (b) stand alone sales through retail shops                                  | /              | /              | /              |                | /                    |  |
| <b>Number of ITKs/IRKs distributed as stand alone for retail shops</b>      | /              | /              | /              |                | /                    |  |
| <b>Number of ITKs/IRKs sold as stand alone to customers by retail shops</b> | /              | /              | /              |                | /                    |  |
| <b>Number of ITNs re-treated with PMI funds</b>                             | /              | /              | /              |                | /                    |  |

**Definition:** -For U5CC and Universal Campaign, ITNs procured means ITNs procured from A-Z factory. For TNVS, ITNs procured means vouchers redeemed at the retail shop.

