QUARTERLY REPORT 31 (AMCC 10) January - March 2012

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

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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
CDC	Centre for Disease Control
CIDA	Canadian International Development Agency
COMMIT	Communication and Malaria Initiative in Tanzania
AOTR	Agreement Officer Technical Representative
DFID	Department for International Development
DMO	District Medical Officer
GF	Global Fund
GFATM	Global Fund for AIDS, Tuberculosis and Malaria
GPS	Global Positioning System
HP	Hati Punguzo
IHI	Ifakara Health Institute
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
MOH	Ministry of Health
MoHSW	Ministry of Health and Social Welfare
NMCP	National Malaria Control Programme
ODK	Open Data Kit
PMI	President’s Malaria Initiative
PSI	Population Services International
PT	Power Track
PWV	Pregnant Woman Voucher
RCH	Reproductive and Child Health
RM	Regional Manager
RMO	Regional Medical Officer
RSR	Regional Sales Representative (A to Z)
SDC	Swedish Development Cooperation
SMT	Senior Management Team
TNVS	Tanzania National Voucher Scheme
UCC	Universal Coverage Campaign

USAID	United States Agency for International Development
VTS	Voucher Tracking System
WV	World Vision

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QUARTERLY REPORT 31
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OVERVIEW

This report is meant to showcase the milestones of the Tanzania National Voucher Scheme on the Achievement and Maintenance of Comprehensive Coverage with Long Lasting Nets in Tanzania. It is a mechanism to provide the donors with visibility of challenges, progress and successes of the program. Below is a high-level summary of how the report is structured for quick navigation:

1. Background and Rationale of the Program: This section gives you the history of the program and also explains why this program is important.

2. Executive Summary: This is a section providing a quick summary and highlights of the report's contents.

3. Strategies: This is a section that outlines the frameworks which were set in order to achieve pre-determined goals.

4. Appendices: Detailed points of reference.

The following are the strategies upon which the Program was formed and was aimed at achieving:

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

Strategy 2: To contribute to efficient and effective initiatives that ensures ongoing and more sustainable distribution of LLINs: TNVS, which includes information on Pregnant Woman Vouchers (PWV), Infant Vouchers (IV), and the voucher distribution and redemption channels.

Strategy 3: To provide support and development of improved systems for management, training and monitoring & evaluation: Addresses cross-cutting systems such as Human Resources, Information Technology, Fraud Control, and Monitoring & Evaluation.

EXECUTIVE SUMMARY

The key highlights for this quarter are as follows:

Voucher distribution continues to rise:
There was an increase in the distribution of PWVs to the districts from the previous quarter's 262,360 total. This quarter, 493,448 PWVs were supplied to clinics (of which 23,523 were eVoucher), while 487,553 IVs were dispatched to meet the outstanding voucher requests nationwide. Since the LLIN voucher launch in September 2009, 2,993,202 LLIN PWVs (including 24,727 eVouchers) and 2,996,894 LLIN IVs (including 29,394 eVouchers) have been distributed cumulatively. MEDA has expired all outstanding vouchers marked with the December 31, 2010 date. Agreements were made between MEDA, NMCP and A to Z to end the acceptance of these vouchers and their respective payments by April 30, 2012.

More than 2.8 million LLIN vouchers redeemed since LLIN voucher upgrade:
Since the TNVS programme's inception, a total of 8,105,844 vouchers have been redeemed. Of these, 5,412,579 were for pregnant women and 2,693,265 for infant beneficiaries. LLIN voucher redemptions, since the voucher upgrade in September 2009, stands at 1,492,579 PWVs and 1,365,679 IVs. Specifically during this quarter, 132,807 PWVs, of which 11,125 were eVoucher PWVs, and 164,688 IVs, of which 12,774 were eVoucher IVs, were redeemed for LLINs. Since Q22 (as of Dec. 2009), the cumulative redemption rates for PWV and IV LLIN vouchers are 73.4% and 73.4% respectively.

Over 5,600 LLIN retailers verified by MEDA and more than 250,000 LLINs sold:
A total of 5,604 private-sector retailers have been confirmed as TNVS participants with contracts that have been entered and verified in the MEDA retailer database. Recorded net sales for the quarter were 251,933 LLINs sold. Increased sales and voucher returns are expected in the next quarter, as the vouchers dispatched in March slowly enter the system through a supported increase in A-Z Regional Sales Representatives (RSR).

Steady increase in eVoucher redemption and now exceeding 10,000 per month:
With the pilot phase completed as of December 2010, eVoucher saw significant program growth during this quarter which included the launch of a toll-free short code (#15027) and a shift in server hosting from Dar es Salaam to Canada. The launch of the toll-free short code more than quadrupled the number of incoming messages from 6,399 to 37,975 within the one month period of January to February. This increase in activity within the system database represents the increase in eVoucher issuances, redemptions and net deliveries done via mobile phone and tracked in real time. Having concluded eVoucher training in Dar es Salaam Region, training commenced in Mwanza, Arusha and Shinyanga Regions where three full time Field Officers were allocated to focus on those areas. In this past quarter, 51,439 vouchers were issued and 23,899 vouchers redeemed across the four regions. The eVoucher channel is steadily increasing with February already at 11% and March at 12% of all vouchers redeemed. Therefore, it is on track to achieve 20% of monthly redemptions by the end of the year.

EKN funding completed:
By the end of this quarter, the EKN funding of $2,212,331 was fully exhausted. The funding was used for 374,971 Infant Vouchers.

Further sections in this report provide an in-depth recount of the TNVS programs achievements, challenges and ways forward in achieving the above mentioned strategies for the period covering January-March 2012.

BACKGROUND AND RATIONALE

It is a documented fact that pregnant women and children under the age of five are most vulnerable to malaria which forms the basis of a strategic public health imperative for the program. 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 one child in the world every 30 seconds, where Africa bears the biggest disease burden.

It is also a documented fact that Malaria is both preventable and treatable. To date, effective preventive and curative measures have been developed; however, sleeping under ITNs remains one of the best and most important strategies for protecting pregnant women and their new-borns from malaria-carrying mosquitoes. Research shows that ITNs reduce placental malaria, low birth weight, abortions and stillbirths in women living in the malaria affected regions of Africa. Sleeping under ITNs also reduce overall child mortality by 20 per cent. TNVS is an effort to boost coverage rates among pregnant women and infants in Tanzania.

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).

MEDA is responsible for the logistical coordination of the TNVS programme and for ensuring availability, accessibility and affordability of vouchers and nets across the country through a contracted supplier. The supplier is contracted to manufacture, distribute and recruit retailers. MEDA has assigned staff members in every region to assist the supplier to recruit additional retailers, register and share information on the unfolding TNVS and monitor voucher activity at health clinics and retail shops on a continuous basis. To accomplish this, MEDA works closely with programme stakeholders, including local government officials, local organizations, clinic staff and the private sector.

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

MEDA and its partners have rolled out an upgraded Hati Punguzo (HP) voucher, which extends and enhances the current TNVS programme. 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 low fixed amount of TZS 500. 3) Put a 60 day time limit from the time of issue to increase redemption rates.

Strategy 1: To contribute to efficient and effective LLIN distribution campaigns.

This specifically refers to the logistics of registration and LLIN issuing for Universal Coverage Campaign (UCC); This component is currently complete.

Strategy 2: To contribute to effective and efficient initiatives that ensures ongoing and more sustainable distribution of LLINs.

2.1 Infant Voucher (IV)

2.1.1 Infant Voucher Activity Summary

Table 1 summarizes cumulative and quarterly IV procurement, distributions and redemptions. Refer to Appendix B for IV indicators, targets and achievements for USAID/AMCC.

Table 1: IV Activity Summary

		Procured	Distributed	Redeemed
Q 31	IV-LLIN Paper Vouchers	500,000	459,650	151,914
	IV-LLIN e-Vouchers	N/A	27,903	12,774
	All IVs	**500,000**	**487,553**	**164,688**
Cumulative	IV-ITNs	2,475,000	2,759,800	1,327,586
	IV-LLIN Paper Voucher	3,500,000	2,967,500	1,352,317
	IV-LLIN e-Vouchers	N/A	29,394	13,362
	All IVs	**5,975,000**	**5,756,694**	**2,693,265**

2.1.2 IVs Procured

A consignment of 500,000 IV-LLIN paper vouchers ordered last quarter was delivered to MEDA this quarter from a new Printing Company (Tall Security Printer-UK), after long delays in procurement and port clearance were experienced. The cumulative number of paper based Infant Vouchers procured thus totals to 5,975,000. In order to ensure that delays no longer occur, MEDA devised a pre-emptive voucher ordering system that will allow vouchers to arrive and be stored at MEDA HQ to respond to orders from districts in a timelier manner. Just as this quarter's procurement of vouchers arrived, a new order was placed and is set to arrive in May.

2.1.3 IVs Distributed to Districts

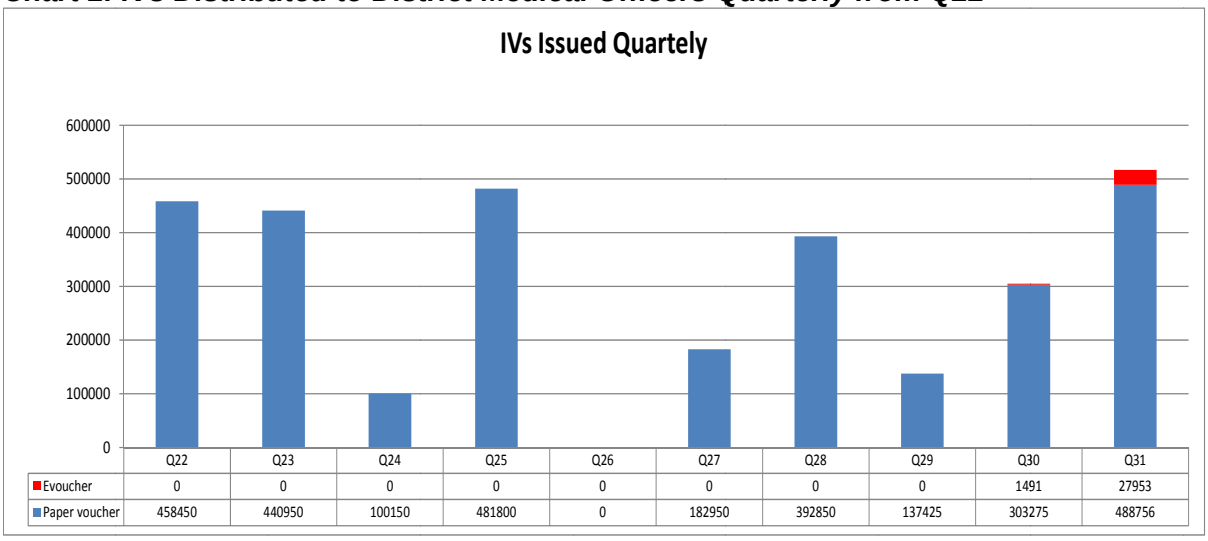
As with the PWV process, Infant Voucher books are continually replenished at district levels and subsequently to RCH clinics through voucher orders placed with MEDA and filled depending on availability of donor funding. In response to each order for three months of inventory, vouchers are sent by MEDA to the District Medical Office (DMO) where they are securely stored. Clinic staff members then collect or are supplied with new books by the DMOs through regular health product deliveries, and during supervision or reporting visits. New voucher books are then exchanged for the book stubs of already issued vouchers. DMOs are required by the programme design to perform this exchange to clinics when the clinic stocks reach 50%, and similarly, exchange stub-books with MEDA when the DMO stock reaches 50%. While the above scenario applies to paper vouchers, with eVouchers, requests are made and approved through mobile phone when RCH staffs are in need of issuing more vouchers.

Distribution of infant vouchers (both paper based and eVoucher) through the support of USAID/PMI and EKN funding continued during this quarter where a total of 487,553 LLIN IVs (of

which 27,903 were eVouchers) were distributed. Since the dispatch of LLIN vouchers begun in September 2009, a total of 2,996,894 LLIN IVs have been dispatched (figures including 10,000 LLIN IVs distributed under Malaria No More funds and 29,394 eVouchers) with a cumulative total of 5,756,694 IVs (including ITN IVs).

Chart 1 illustrates the actual number of IVs (both paper and eVouchers) distributed per quarter since the introduction of LLIN IVs into the TNVS in October 2009 to March 2012.

Chart 1: IVs Distributed to District Medical Officers Quarterly from Q22

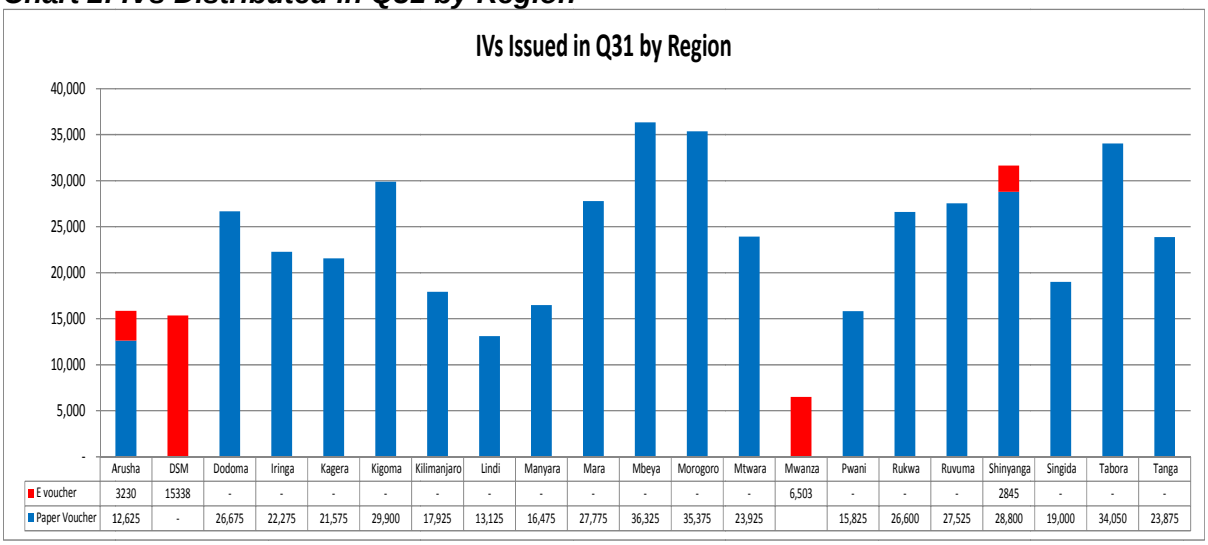


	Q22	Q23	Q24	Q25	Q26	Q27	Q28	Q29	Q30	Q31
Evoucher	0	0	0	0	0	0	0	0	1491	27953
Paper voucher	458450	440950	100150	481800	0	182950	392850	137425	303275	488756

Key: Q22=Oct-Dec 2009, Q23=Jan-March 2010, Q24=April-June 2010, Q25=July-Sept 2010, Q26=Oct-Dec 2010, Q27=Jan-March 2011, Q28=April-June 2011, Q29=July-Sept 2011, Q30=Oct-Dec 2011 and Jan-March 2012=Q31

Chart 2 illustrates the number of IVs distributed by region within the past quarter. Under PMI/USAID funding all regions received vouchers this quarter. The mass amounts of paper vouchers for three-month stocks issued to DMOs in March explains the significantly high numbers of voucher issuances in most of the regions. Dar es Salaam and Mwanza, on the other hand, show unusually low issuances as they only issued eVouchers this quarter. (Note: a paper voucher issued is recorded when the voucher departs from MEDA HQ with a specific region destination, whereas an eVoucher issued is one that is issued to a beneficiary at an RCH clinic). As the gradual roll-out of eVoucher in Mwanza, Shinyanga and Arusha continues, both types of vouchers will be issued in these regions, and will thus be reflected in the coming quarters.

Chart 2: IVs Distributed in Q31 by Region



	Arusha	DSM	Dodoma	Iringa	Kagera	Kigoma	Kilimanjaro	Lindi	Manyara	Mara	Mbeya	Morogoro	Mtwara	Mwanza	Pwani	Rukwa	Ruvuma	Shinyanga	Singida	Tabora	Tanga
E voucher	3230	15338	-	-	-	-	-	-	-	-	-	-	-	6,503	-	-	-	2845	-	-	-
Paper Voucher	12,625	-	26,675	22,275	21,575	29,900	17,925	13,125	16,475	27,775	36,325	35,375	23,925		15,825	26,600	27,525	28,800	19,000	34,050	23,875

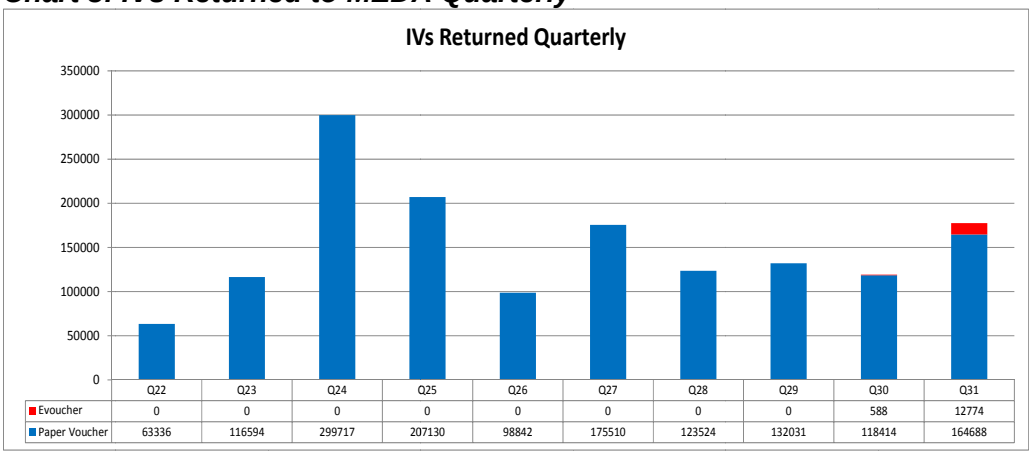
2.1.4 IVs Redeemed

Redeemed paper vouchers are defined as vouchers that have been redeemed at retail outlets, then collected by LLIN suppliers, and returned to MEDA. For every paper voucher returned and scanned into the MEDA database, payment is made to the supplier for the value of the LLIN based on the contractual agreement. Note: While the above scenario applies to paper vouchers, with the eVoucher channel, vouchers are redeemed and validated through the retailer's registered mobile phone. The A to Z RSR then exchanges the retailer's account balance of eVouchers for new LLINs and all transactions are recorded in real-time in the system database.

A total of 164,688 IVs (of which 12,774 were eVouchers) were redeemed this quarter. Cumulatively, 2,693,265 IVs have been redeemed since the IV programme started in 2006.

Chart 3 shows the total IV redemptions quarterly since the LLIN launch in October 2009 to March 2012 (Q22 – Q31). The low quarterly IV redemptions for quarters prior to Q31 are the result of the lower than required IVs dispatched due to voucher liability issues detailed in past quarterly reports.

Chart 3: IVs Returned to MEDA Quarterly



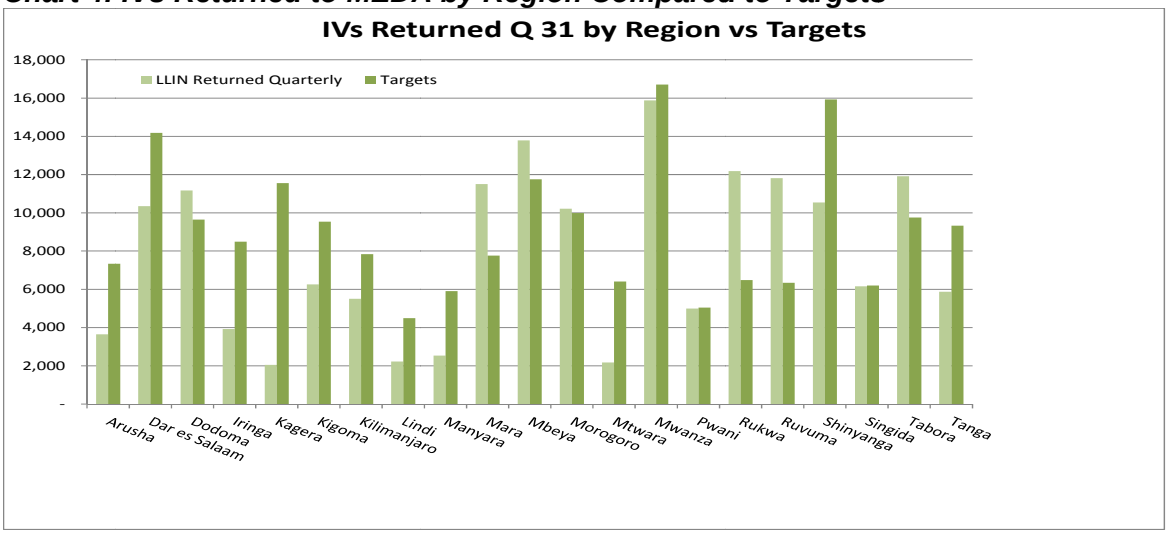
	Q22	Q23	Q24	Q25	Q26	Q27	Q28	Q29	Q30	Q31
Evoucher	0	0	0	0	0	0	0	0	588	12774
Paper Voucher	63336	116594	299717	207130	98842	175510	123524	132031	118414	164688

Key: Q22=Oct-Dec 2009, Q23=Jan-March 2010, Q24=April-June 2010, Q25=July-Sept 2010, Q26=Oct-Dec 2010, Q27=Jan-March 2011, Q28=April-June 2011, Q29=July-Sept 2011, Q30=Oct-Dec 2011 and Q31=Jan-March 2012

Chart 4, below, illustrates all IVs redeemed this quarter compared to set quarterly targets. These targets are an internally developed measurement obtained by calculating the proportion of annual estimated ANC attendants of each region multiplied by the total targeted annual vouchers redeemed (calculated based on the contractual agreement made with USAID). MEDA will look to continually evaluate the accuracy of these targets in coming quarters and refine if needed. The accuracy of these targets is important in order to provide an estimate of regional performance levels and to also make continuous improvements to achieve these levels.

It is observed that IV redemptions for Q31 are within or just below targets for most of the regions with the exceptions of Arusha, Iringa, Kagera, Lindi, Manyara and Mtwara, which are still showing considerably lower redemptions as compared to their targets. The missed internal regional targets are a result of the overall low IV redemptions in the quarter as highlighted earlier.

Chart 4: IVs Returned to MEDA by Region Compared to Targets



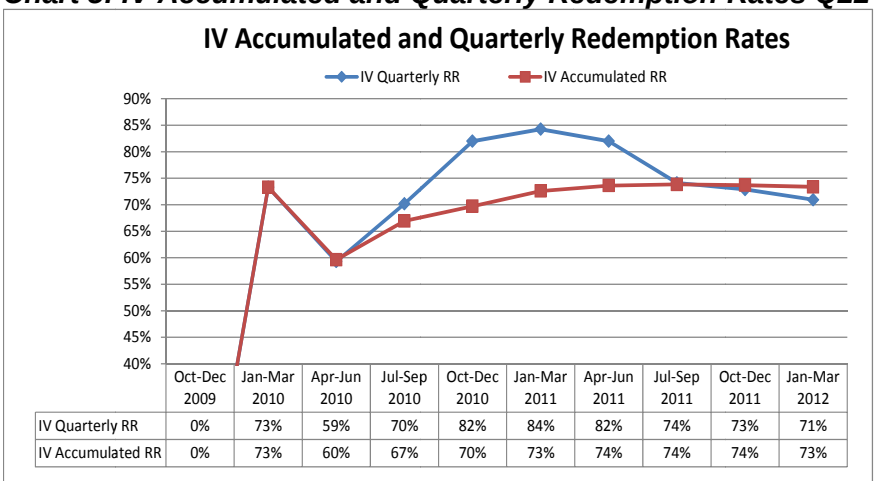
Key: Q22=Oct-Dec 2009, Q23=Jan-March 2010, Q24=April-June 2010, Q25=July-Sept 2010, Q26=Oct-Dec 2010, Q27=Jan-March 2011, Q28=April-June 2011, Q29=July-Sept 2011, Q30=Oct-Dec 2011 and Q31=Jan-March 2012

MEDA has also set district level targets for IV redemptions which have been shared with Field Officers and subsequently with clinic staff and retailers for continued district performance improvements. Similar to regional targets, district level IV targets are an internally developed measurement obtained by calculating the estimated ANC attendants of each district multiplied by the total targeted annual vouchers redeemed for that district's region (calculated based on the contractual agreement made with USAID). For example, if Tanga Urban clinic attendance represents 7% of all Tanga regions' clinic attendance, this district is now set with the target of achieving 7% of the annual donor-defined target for voucher redemptions in Tanga. Some regions like Dodoma, Mara, Mbeya, Rukwa, Ruvuma and Tabora have exceeded their targets. This explains the need to re-visit their targets as the population dynamics might have changed. Refer to Appendix C for 21 regional graphs that illustrate district level IV quarterly redemptions since July 2010 and averages, in comparison to their targets.

2.1.5 IV Redemption Rates

Chart 5 shows redemption rates since the launch of LLINs in September 2009. Quarterly and accumulated redemption rates stand at 71% and 73% respectively.

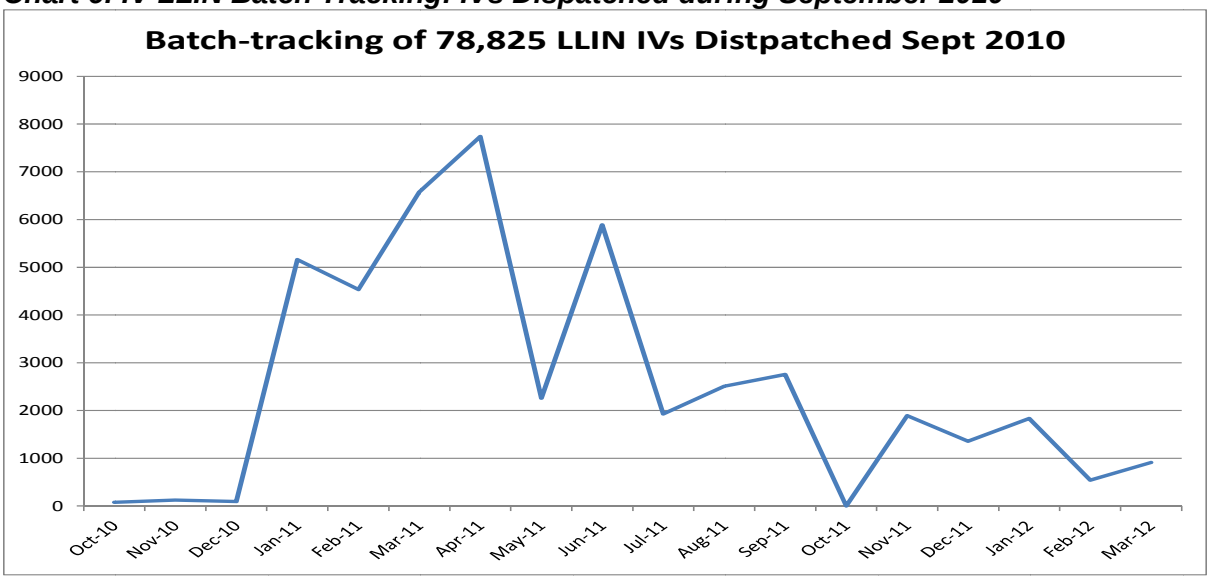
Chart 5: IV Accumulated and Quarterly Redemption Rates Q22 – Q31



	Oct-Dec 2009	Jan-Mar 2010	Apr-Jun 2010	Jul-Sep 2010	Oct-Dec 2010	Jan-Mar 2011	Apr-Jun 2011	Jul-Sep 2011	Oct-Dec 2011	Jan-Mar 2012
IV Quarterly RR	0%	73%	59%	70%	82%	84%	82%	74%	73%	71%
IV Accumulated RR	0%	73%	60%	67%	70%	73%	74%	74%	74%	73%

The total number of IV stub books collected this quarter was 5,165, which is equivalent to 129,124 vouchers issued to the target group. Of these 151,000 IVs, 109,119 were matched with their corresponding stubs, resulting in a quarterly redemption rate of 71%. By the end of the cumulative reporting period (31st March 2012), 119,092 stub books representing a total of 2,977,288 IVs were received from the DMOs. In total, 1,886,159 of the total 2,977,288 returned IVs have been matched with their corresponding stubs at MEDA, resulting in an effective accumulated redemption rate of 73%.

Chart 6: IV LLIN Batch Tracking: IVs Dispatched during September 2010



As with PWVs, MEDA also conducts batch tracking analysis on a batch of LLIN infant paper vouchers distributed within a specific period. Batch tracking helps to understand the length of time it takes a voucher to return to MEDA.

Chart 6 above shows the tracking of voucher returns from a batch of vouchers distributed in September 2010. Similar to PWV batch tracking, MEDA gauges the flow of infant vouchers between DMO, RCH and retailers, and the availability of vouchers needed to cover infants during their infancy. Initial trend analysis of prior batches showed voucher returns reaching maximum levels after 6 months and then decreasing to minimal amounts after more than 12

months from the date of issuance. In this batch of 78,825 IVs, a total of 46,173 (59% of the total) were returned to MEDA by the end of March 2012. In the month of October 2011, no vouchers were scanned into the MEDA database which slowed the turnover of the batch as reflected by the sharp fall in the graph.

2.1.6 PWVs vs. IVs

The decline of PWV redemptions over the past year as compared to IV redemptions was the result of the following: more IVs were issued in 2011 than PWVs; a change in policy where infants were now given vouchers when they went to the RCH for their first vaccination (unlike before when they received a voucher at nine months); and following increased voucher stock outs at the RCH level in 2012, HPFPs urged clinics to give vouchers to all infants who had not received them yet.

2.2 Voucher Distribution Network

2.2.1 TNVS Clinics Conducting Outreach Services

This quarter, MEDA continued to collect data on the number of clinics that provide outreach services to the remotest areas. The proportion of these clinics that do conduct outreach services that also include TNVS (i.e. issue vouchers to target groups) in their outreach was also calculated. To acquire this data, MEDA employed pure random sampling techniques where inferences to the population were drawn. This information is shown in Table 2.

Table 2: Clinics Conducting Outreach Services

Data Collection Period	Total Clinics Sampled	TNVS Clinics not Conducting Outreach (n)	TNVS Clinics Conducting Outreach (n)	Clinics including TNVS in Outreach (n)
Jan - Mar 2012	**543**	**32% (173)**	**68% (370)**	**71% (262)**

Out of a total of 543 clinics sampled, 32% were found not conducting outreach services. Of the 370 clinics that were conducting outreach services, 71% reported including TNVS activities in these services.

2.2.2 World Vision

World Vision, as sub-awardee for MEDA in AMCC, provides training to clinics distributing vouchers. In an effort to improve the number of vouchers issued and redeemed it has been proposed, through a supplementary work plan submission by MEDA to USAID, to focus more of World Vision's efforts on improving clinic voucher issuance. This work plan provides TNVS support activities through the provision of targeted trainings to clinics and program beneficiaries. Although awaiting approval and obligation from USAID, discussions on preparatory activities have taken place.

2.2.3 Challenges and Actions Taken

High voucher stock outs have been experienced throughout the country over the past months. Vouchers are normally sent directly to the District Medical Offices that have ordered them, via a MEDA Field Officer or EMS shipment, prompting their distribution to the RCH clinics through regular reporting or DMO supervision visits. In recent quarters, delays have been experienced especially during this final stage of distribution. High numbers of clinics have not received their

vouchers for many months due to lack of supervision trips occurring at the district level, because of government funding deficiencies (explained by the DMO office staff). In addition, these delays have been caused by the lengthened voucher procurement and port clearance processes of last quarter, which caused vouchers ordered to be received at MEDA HQ at the end of February instead of early January. To mitigate these challenges, MEDA expedited the usual voucher distribution process to ensure that vouchers would reach the RCH clinic level and thus the beneficiary as soon as possible.

At the beginning of March, eight Field Officers were assigned the responsibility of distributing vouchers to all the RCH clinics in the regions where voucher stock-outs had lasted the longest. By the end of March, 48 of 48 DMOs in eight regions (Kagera, Morogoro, Mtwara, Dodoma, Tabora, Singida, Pwani, and Manyara) were issued vouchers, and 96% of the RCH clinics in these regions received vouchers directly. Vouchers were also dispatched directly to the DMO offices of all other regions via EMS. MEDA will continue with this expedited voucher distribution process in the coming months until assurance that stocks have been refilled at all the RCH clinics requiring them. In addition, as discussed earlier, a proactive voucher ordering process has been implemented that addresses the delays in procurement and port clearances that would have been expected. Storing of these vouchers at MEDA will help to meet voucher demands in a more efficient manner.

MEDA also recently launched an initiative at the end of March 2012 to monitor and track countrywide voucher stocks at the clinic level. This was done in order to actively address the voucher stock-out challenge. To achieve this, each week a random selection of 10% of RCH clinics are telephoned throughout the country. A report is then generated that provides a list of the clinics that have, and do not have vouchers in stock, with their accompanied reasons. In addition, a list of the clinics that were not reachable or are no longer in service is also compiled. The report is then shared with the Field Officers in the field, who follow up on the clinics experiencing stock-outs, and then order vouchers through the Voucher Tracking System as needed. Not only does this initiative seek to decrease stock-outs at the clinic level, but it also highlights the areas in the country where the most challenges are being faced in real-time, therefore informing MEDA on where further assistance or follow-up may be needed.

MEDA's has expired all paper vouchers marked with the expiry date "December 31st, 2010" (these vouchers were granted a 12 month extension of validity by order of the MoHSW) and will now be fully expired by April 30, 2012. The number of vouchers with this expiry date represented the vast majority of outstanding vouchers still in the field. A small percentage of these also continued to be in active circulation this past quarter because clinics were receiving the voucher stocks late from DMO offices. A comprehensive plan was put in place, with NMCP and A to Z's agreement, to gradually phase out the acceptance and payment of these vouchers. All retailers were to stop accepting the expired vouchers from beneficiaries as of December 31st, 2011. As well, A to Z sales staff were expected to continue accepting the expiring vouchers in exchange for the replacement LLINs in order to ensure the removal of all expired vouchers from the system. Once they make up a sufficiently low percentage of all vouchers collected, MEDA will issue a final cut-off date to A to Z for the submission and payment of these expiring vouchers. It is with this progression that the final cut-off date of April 30, 2012 was reached.

While challenges regarding voucher and LLIN availability were significant this quarter, numerous stories of how the TNVS program is positively impacting people's lives are prominent. The extent of this impact is depicted in a woman's story, outlined in **Appendix D.**

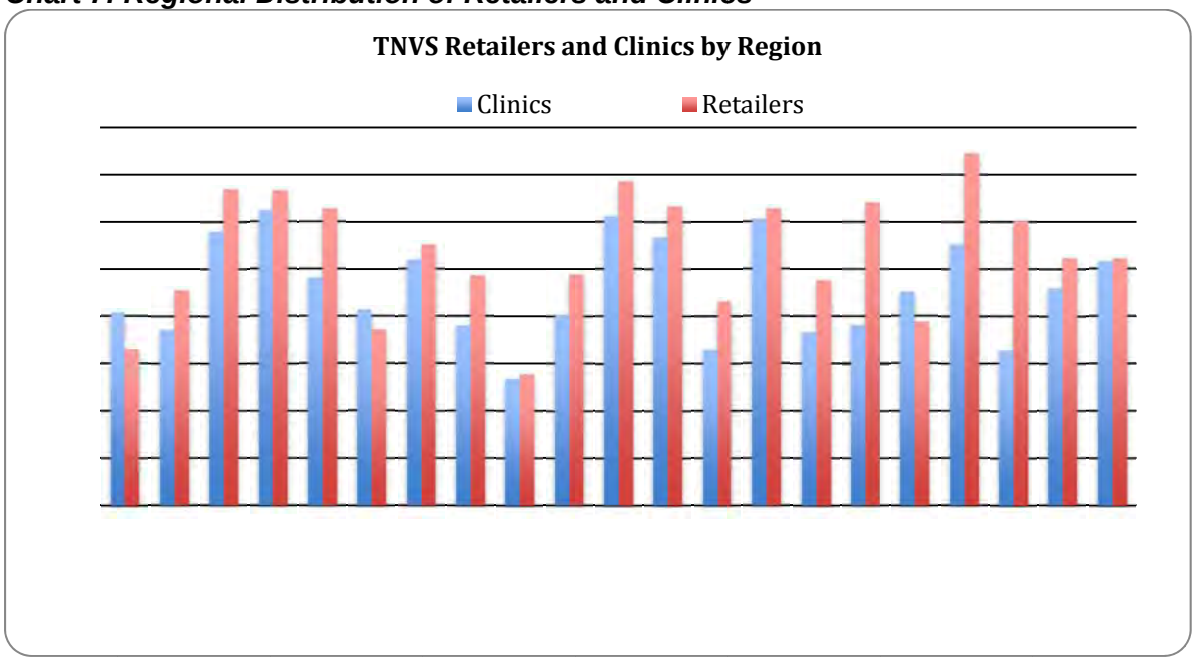
2.3 Expanding and Strengthening the Commercial Supply Chain

2.3.1 Retailer Recruitment

The number of verified shops serving as TNVS retailers entered as of the end of the quarter on March 31st, 2012 into MEDA's online retailer Management Information System (MIS) was 5,604. MEDA has received 5,611 physical retailer contracts from A to Z since the LLIN programme launch in September 2009, up 20 since the previous quarter.

Low and irregular voucher distribution during the previous quarters was among the major reasons for the reduction in net demand. In addition to this, the high level of capital required for investment in LLINs, as well as free bed nets distributed during mass distribution campaigns lowered private-sector confidence in the program. As documented in previous quarterly reports, this led to a challenging environment in which active recruitment of new retailers with sufficient capital to invest in the program was required. The high number of voucher distributions in this past quarter will assist in restoring the demand of LLINs, and will in hopes encourage the private-sector to continue to invest. In addition, MEDA continues to work with A to Z to focus their staff on new retailer recruitment in needed areas. The total number of verified LLIN retailers distributed by region compared to the number of participating RCH clinics per region is shown in Chart 7 below.

Chart 7: Regional Distribution of Retailers and Clinics



2.3.2 Clinic to Retailer Ratio

MEDA has consistently used the measurement of the ratio of retailers to clinics to ascertain the service coverage of clinics in regions and districts. In this quarter, MEDA revised its method of recording active TNVS clinics (an active clinic is defined as one that has issued and redeemed at least one voucher since January 2011) where the number of clinics now participating in TNVS can be recorded as 4,813. With the number of contracted LLIN retail outlets totalling 5,604, the ratio of retailers to clinics on a national level is currently 1.16.

This marks a decrease from the previous quarters due to the increased number of RCH clinics

recorded as participating in the program. MEDA Field Officers will be working to ensure each of these newly recorded clinics is properly served with 1 to 2 nearby retailers depending on local circumstances. Based on these figures, Rukwa, Singida and Shinyanga show the highest ratios of above 1.3 while Arusha, Kigoma and Ruvuma report significantly lower ratios of below 1.0 (a statistic that has not changed since last quarter).

New retailer recruitment in the areas of highest need remains a priority for the program although significant progress in improving these figures remains a challenge. MEDA Field Officers work to identify clinics and geographic areas which are underserviced and to collaborate with A to Z to contract new retailers. MEDA is also working with A to Z management to find ways to properly incentivize A to Z sales representatives to put the much needed focus on this activity.

Table 3 shows the number of active clinics, the number of retailers recruited to accept LLIN vouchers and the respective ratio of LLIN retailers to clinics as of March 31st, 2011.

Table 3: Clinic to Retailer Ratio per Region

Region	Active Clinics	Verified Retailer Contracts Received in MIS	Ratio: LLIN Retailers to Clinics
Arusha	204	165	0.81
Dar es Salaam	186	228	1.23
Dodoma	290	335	1.16
Iringa	312	333	1.07
Kagera	241	314	1.30
Kigoma	207	186	0.90
Kilimanjaro	260	276	1.06
Lindi	190	243	1.28
Manyara	134	139	1.04
Mara	202	245	1.21
Mbeya	306	343	1.12
Morogoro	284	317	1.12
Mtwara	165	216	1.31
Mwanza	303	314	1.04
Pwani	183	238	1.30
Rukwa	191	321	1.68
Ruvuma	226	194	0.86
Shinyanga	277	373	1.35
Singida	164	301	1.84
Tabora	230	262	1.14
Tanga	258	261	1.01
Grand Total	**4,813**	**5,604**	**1.16**

2.3.3 Retailer Strengthening

A major challenge in the current TNVS is the high cost of the LLIN bed nets and low levels of funding for the retailers to invest in the sufficient amounts of LLINs. In response to investment capital challenges and to help retailers afford the cost of transitioning to the new LLINs, MEDA, through funding from PMI and A to Z, started a provision of a one-time retailer stabilization stock. This has been provided to existing retailers in the form of an initial stock of ten free LLINs (5 provided by PMI and 5 through A to Z) when the retailer purchases 5 additional nets with

his/her own capital. This important gesture has helped to maintain a strong and sustainable retail chain and has encouraged vendors to remain committed to a programme that relies on them for both voucher and full price sales.

By the end of this quarter A to Z reported having signed 3,882 seed capital agreements with TNVS retailers which represents 69.3% coverage. The signing of new retailer stabilization stocks has slowed in recent quarters due to the overall slow retailer recruitment and that almost all of the most active retailers have already signed the contract. When A to Z RSR's return to their Arusha HQ, they are to be provided with a list of retailers from each district that have not yet received a stock stabilization contract, and are expected to sign the remaining retailers on their next visit.

2.3.4 Managing LLIN Stocks in Retail Outlets

The selected LLIN for the upgraded TNVS is a blue and white Olyset© sized 5x6x7. The original program design did not allow for the LLIN to be purchased at full price as it has special packaging identifying it as a net specifically for the redemption of a voucher and a top up of TZS 500. MEDA has received MoHSW approval to alter the packaging to allow for the sale of TNVS nets at full market price through the private sector where demand exists.

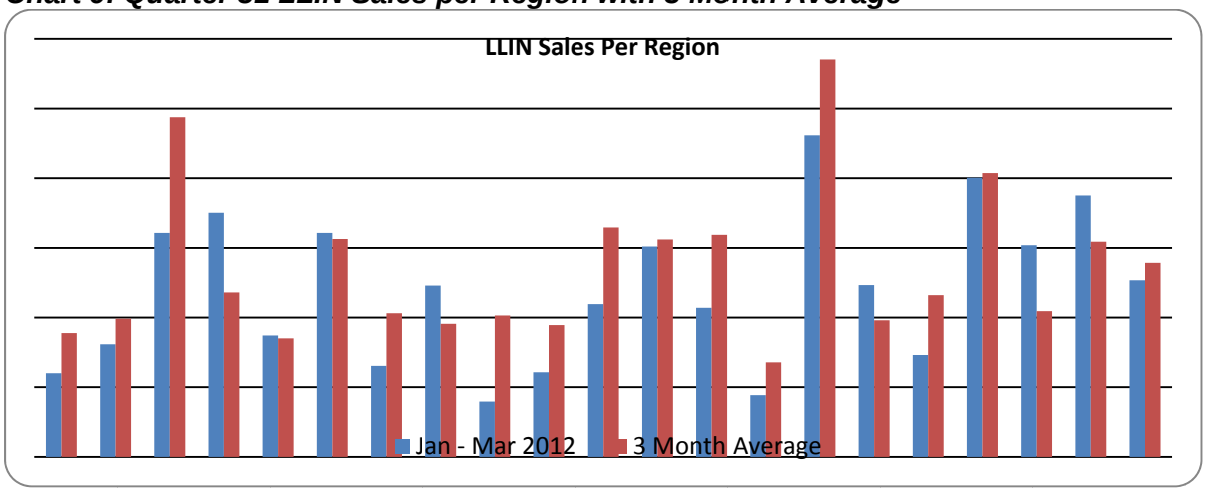
In their monthly reports, A to Z provides data on the number of nets sold to retailers through the TNVS program. Monthly sales of TNVS LLINs in January were 91,162, in February they decreased to 63,966, and in March were recovered to 96,805. In order to meet the TNVS programmatic targets of approximately 134,000 vouchers redeemed per month, A to Z will need to sell closer to 150,000 LLINs per month to retailers. The total LLIN sales to retailers for Q31 were 251,933, down slightly from the previous quarter's sales of 265,464. However this was to be expected given the lack of new voucher distribution in January and February. MEDA expects to see a sharp increase in LLINs sold to retailers in the following quarter as retailer demand is highly linked with the voucher availability at their nearby clinics. Since the LLIN voucher introduction in October 2009, A to Z has reported net sales totalling 2,819,247. These sales are broken down by month in Chart 8.

Chart 8: LLIN Sales Monthly and Cumulatively

MEDA receives monthly LLIN sales data broken down to the regional and district level, which allows for further detailed analysis of the net availability in each geographic area. Net sales vary from month to month in any given region based on whether the sales representatives in that area have returned to A to Z HQ or not, as these are when sales are recorded. The urban areas of Dar es Salaam and Mwanza, which traditionally account for most LLIN sales, have continued in the trend of lowered LLIN sales this quarter. This is partly a reflection of the lack of paper vouchers available for most of the quarter as well as a result of the gradual uptake of the eVoucher channel. Other regions experiencing lower than average sales this quarter were; Lindi, Mtwara, Manyara, Ruvuma, and Arusha – attributed mostly to the low levels of new vouchers available in those regions. Dodoma, Kilimanjaro, Tabora, Singida, and Rukwa regions all outperformed their historical averages indicating that net availability may be high in these regions. MEDA continues to regularly undertake collaborative planning efforts with A to Z to better their sales distribution to the districts where MEDA is actively releasing vouchers or where LLIN stock-outs are reported.

The regional distribution of the cumulative TNVS net sales made in Q31 compared with their three month average from the previous twelve months is provided in Chart 9 below.

Chart 9: Quarter 31 LLIN Sales per Region with 3 Month Average



2.3.5 Challenges and Actions Taken

Voucher distribution to districts was delayed for much of the quarter due to the paper voucher printing and port clearance delays. These delays led to further voucher stock-outs which affect the LLIN sales and the private-sector participation. The supplier, A to Z, faced reduced demand from retailers for program LLINs in much of the quarter. Upon the distribution of the new vouchers at the end of February and March, A to Z increased the number of sales representatives actively distributing the LLINs in five of the most underserved areas.

Retailer capital remains a significant challenge to the TNVS program. The high cost of purchasing a larger number of new LLINs results in many retailers experiencing periods of net stock-outs while they await their next visit from A to Z. MEDA is working with A to Z to revise and set distribution routes which would allow for a more regular frequency of distribution and reduce net stock-outs.

The expiry of the 'December 31st, 2010" vouchers also presented a challenge to the programs retailers and net supplier in the past quarter. This was due to the high volumes of outstanding vouchers expiring and the large number of stakeholders. MEDA led efforts to coordinate the voucher expiry effort in close collaboration with A to Z and ensure that all parties were following the same timelines. MEDA sent multiple communications out to all retailers with the appropriate instructions and deadlines in order to minimize confusion. A key piece of the successful voucher expiry exercise will be to ensure that very few retailers are left with expired vouchers and that A to Z sales representatives continue to honour the vouchers until the appropriate deadlines.

MEDA recently launched an initiative in February 2012 to monitor and track countrywide LLIN stocks at the retailer level so as to meet the goal of decreasing LLIN stock-outs. To achieve this, each week, 10% of randomly selected retailers are called throughout the country. A report is then generated that provides a list of the retailers called, with and without stocks, as well as their percentages. The report is then shared with A to Z to follow-up with the retailers as needed. This initiative seeks to decrease stock-outs at the retailer level and highlights the areas in the country where efforts should be focused. Since the initiative began, averages of about 30% of retailers have reported zero LLINs in stock. In addition, between 2% and 8% of the retailers called have stated they are no longer selling LLINs. A to Z continues to follow up with these retailers to provide them with nets when necessary and to ascertain the reasons for their dropping out so as to encourage them to rejoin the program.

Strategy 3: To support the development of improved systems for management, training and monitoring and evaluation.

3.1 Human Resources

Various trainings, special meetings, employee recruitment, as well as, visits from MEDA HQ and a number of Malaria partners took place this quarter as outlined in the sections below.

3.1.1 Training

During this quarter, all MEDA Tanzania received in-depth Office 365 training and the use of Lync facilities. The E-voucher team underwent Performance Management training; linking performance to results and the Finance department members were engaged in two major courses namely – *USAID Contracts: Moving from Cooperative Agreements to Contracts and Financial Management for US Government Funding.*

3.1.2 Staffing and Employee Recruitment

This quarter saw the end of two CIDA internships in February 2012 for the eVoucher Project Assistant, Kristina Lugo, and M&E Associate, Kara Klassen. From April through to June, there will be a short term deployment of their skills, the former in the same department and the latter assisting with assignments within the Operations Department.

Two temporary staff have been engaged in conducting a short-term survey which involves validating the retailer details and net stock status. This survey, intended to give the eVoucher department greater visibility of the net stock at hand, will also assist in strategy formulation of how to best match demand and supply with vouchers having resumed issuance. The three month engagement commenced in the middle of March.

The next quarter has been earmarked for recruitment in the IT/VTS department, which had been postponed following a hectic first quarter of the year. The original position was further broadened to best include the emerging requirements of the current and future skillsets needed

especially with the growth of eVoucher. The Finance department is reviewing its processes for efficiency and effectiveness, which may potentially result in future recruitment.

3.1.3 Special Meetings

This past quarter saw MEDA attend a number of regular malaria partner meetings which serve to share progress and challenges of the various partners working in this area. NATNETS Coordination meetings occurred monthly which gave MEDA the opportunity to share accomplishments, challenges, and program updates with the NMCP, Donors, and various partners. On March 14th, 2012 MEDA presented the TNVS progress and program updates in a presentation at the PMI Partners Meeting for Vector-Control. MEDA hosted meetings that were very essential to the success of MEDA programs and operations as a whole. Amongst the many items shared, the vital ones are listed below:

- Tuesday, January 17th 2012; MOH internal auditors attended a meeting at MEDA offices where a presentation was done by MEDA staff on the functionality of the TNVS Program to allow the invitees to gain a better understanding and be able to approve, authorize and supervise the voucher destruction exercise.
- Tuesday, January 31st 2012; SDC visited MEDA offices to gain an insight on MEDA activities and the launch of the eVoucher process. With the company of a few MEDA members, SDC members proceeded on a field visit at a clinic and retailer to see the eVoucher pilot in process.

3.1.4 External Visitors

Lauren Good, the eVoucher consultant, visited MEDA this quarter to assist the eVoucher team with the launch of the short code, development of promotional materials, as well as, to support the network operations and monitoring. Thom Dixon, Director of Health for MEDA came to gather information on the broader health sector landscape for future proposals and introduction to various organizations within Tanzania. Ariane Ryan, Project Manager in Market Linkages also visited MEDA-Tz from the 25th to the 29th of February, to assist with the agricultural initiatives and attend the NHIF project staff meeting. In addition, Drs. Julie Gutman and Michelle Chang from CDC Atlanta Malaria Branch visited one of the health facilities to observe the electronic voucher pilot in action on March 9th 2012.

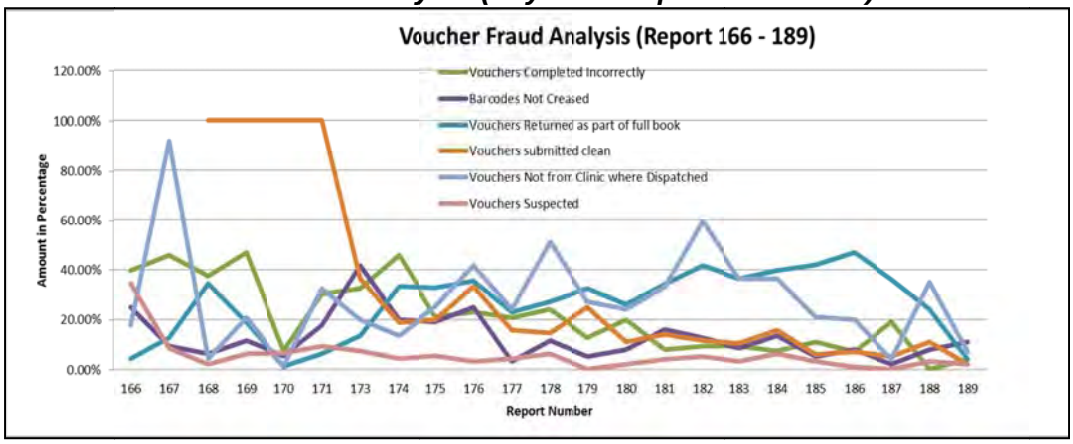
3.2 Risk Management for Minimizing Fraud

Six key strategies continued to be employed this quarter to minimize fraud. These included the following:

- ⇨ Use of LLIN barcode in the net bag for the new LLIN vouchers, which helps to assure that an actual net was exchanged for the voucher at a retail shop;
- ⇨ 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 staff members have lost their jobs;
- ⇨ Performing random spot-checks at beneficiaries' homesteads to ascertain if they actually received and redeemed their voucher, conducted during M&E field visitations; and
- ⇨ Physical analysis undertaken of a statistically relevant sample from each batch of vouchers returned by the supplier for payment. The analysis evaluates barcode stickers, completeness of written information and percentage of full voucher books returned.
- ⇨ Continuation of electronic voucher (eVoucher) – piloted in DSM, and now being rolled in Arusha, Shinyanga and Mwanza in phase one, and later to be rolled out in Kilimanjaro, Tanga and Mbeya.

During the period of January to March 2012, MEDA continued with the voucher tracking system that used a database to identify suspect vouchers for further analysis. For each batch of vouchers submitted by the manufacturer, the database identified vouchers which were redeemed entirely as a full book. In the previous quarter, MEDA had undertaken extensive analysis to identify which clinics were regularly returning full books of vouchers and following up in these areas. Initial investigation by field officers and the M&E team at these clinics indicated that these redemptions were the result of irregular LLIN deliveries by A to Z – most often directly to RCH clinics. This was immediately reported to A to Z senior management and MEDA is now glad to report that this delivery method has declined as seen in Chart 10. Moreover, MEDA field officers carrying out M&E are also reporting that A to Z sales representatives is, in fact, refraining from selling directly to RCH clinics.

Chart 10: Voucher Fraud Analysis (Payment Report 166 to 189)



No major voucher theft has been reported this quarter, which is an indication that district authorities are keen on implementing voucher safety strategies as suggested by MEDA.

Also during this quarter, MEDA received a summons to witness in the hearing for criminal case number 15 (of 2012). However, the hearing of this case on the theft of 12 Hati Punguzo voucher books from DMO Kinondoni stores was postponed till mid-April 2012. Mention of such a case scares and sends a message to the public that the TNVS program is one to be taken seriously.

3.3 Monitoring and Evaluation

In this quarter our M&E team took time to set templates for including eVoucher data within the main data reporting structure. The team has now provided both input and output formats for data and reporting afterwards. This analysis has helped a great deal to forecast for both the supply and demand of eVoucher quantities in various areas. In supply and demand analysis, the M&E team developed a spread sheet which depicts monthly historical redemptions, estimated clinic demands, and the number of LLINs needed to supply to their corresponding retailers. This same mechanism is also used to identify lower performing clinics and audit retailer stock of paper vouchers.

In collaboration with the Operations Department, the M&E team launched two initiatives simultaneously (discussed in more detail in earlier sections of this report). These initiatives involve randomly selecting 10% of clinics and 10 % of retailers, to be called to establish their

voucher and LLIN stock levels respectively. These initiatives have allowed MEDA to better respond during voucher and LLIN distributions in order to ensure improved redemption levels.

Routine Open Data Kit (ODK) based data collection continued this quarter with the adjustments made to the checklists from last quarter, employed. The four ODK tools, namely: the DMO Hati Punguzo checklist, the RCH Hati Punguzo checklist, the LLIN Retailer checklist along with the Most Significant Story (MSC) survey, were further tested by M&E members from HQ to determine the applicability of the model and suggest future adjustments be made to the checklists if needed. The clustered random sampling technique used to select clinics for M&E field operations introduced last quarter, remained in effect and allowed MEDA to draw inferences from an even greater sample size.

3.4 Information Technology

3.4.1 Voucher Tracking System (VTS)

All voucher tracking activities continued as scheduled during this quarter after having received the voucher consignment from the printer. Voucher issuances resumed for both types of vouchers commencing late February. MEDA's plans to use the staging database and the eVoucher views to create a consolidated reporting platform are still underway and expected to be completed in the next quarter, instead of the current one, due to delays caused by switching hosting platforms. MEDA has continued the consolidation of paper and electronic voucher data in this quarter.

3.4.2 GPS/GIS data

A to Z Regional Sales Representatives (RSRs) who are equipped with GPS units intermittently continue to map remaining TNVS retailers via the TNVS mobile reporting system using the applications installed on their Blackberry smartphones.

3.4.3 Mobile and Web Reporting

TNVS Mobile, the SMS-based reporting platform and Management Information System database, continued to collect data on A to Z LLIN deliveries to retailers, which are used to monitor LLIN availability for the voucher programme. The introduction of a toll free short code is expected to address a number of challenges such as delivering pertinent program updates and information to retailers and clinics countrywide. These have been faced during the mobile and web reporting by A to Z.

TNVS Mobile continues to support both the paper and electronic channels by tracking the deliveries of LLINs made by A to Z RSRs to retailers. The number of deliveries reported this quarter increased from 54 to 754 due to the rollout of the eVoucher program to three additional regions and the launch of the toll-free short code. The eVoucher workflow mandates RSRs to send delivery reports for all exchanges of eVouchers because A to Z is paid once confirmation of retailer deliveries are made; therefore, the expansion of the eVoucher program has led to increased TNVS Mobile activity.

A to Z has required that all RSRs send delivery messages but a majority of A to Z RSRs operating in the paper channel regions have discontinued sending delivery messages due to lack of training and mobile network issues. RSR activity has been monitored on a weekly basis and follow up calls are made to RSRs who have not reported deliveries within a one week time period. MEDA continued to make excellent use of the opportunity to send mass outgoing SMS messages to all program retailers registered in the database this quarter. Outgoing messages

were sent regarding programmatic updates, voucher expiry actions, net supply instructions and paper voucher availability in retailer's respective areas.

This quarter, Clinic/Retailer Matching and Map Overlay functions were added to the web reporting application. This Clinic/Retailer matching function documents the many-to-many relationship between clinics and retailers. The Map overlay function displays a clinic and its corresponding retailers in a map view.

Two functionalities are scheduled to be rolled out in the next quarter:

1. Placing net orders: allows retailers to send orders of nets
2. Check eVoucher balance: allows RSRs exchanging eVouchers to check the balance of eVouchers collected in the current month.

3.4.4 Electronic Voucher

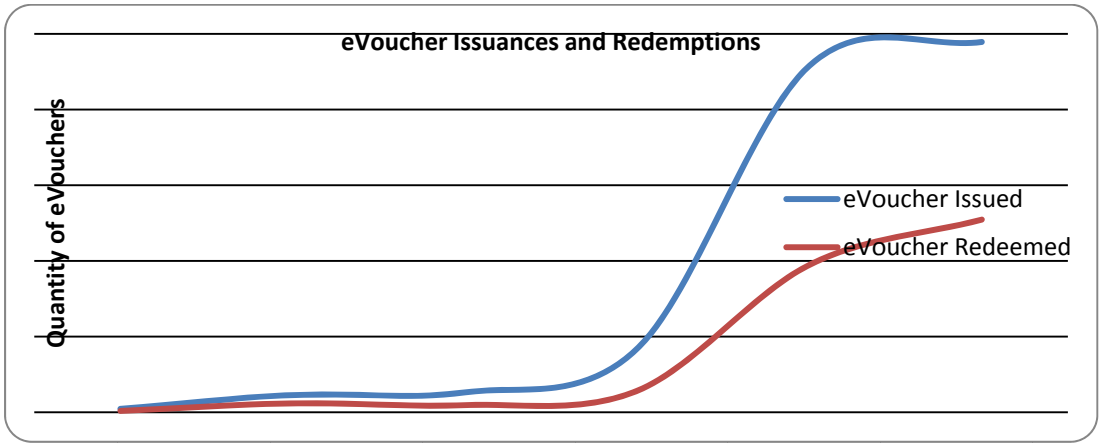
The eVoucher program has experienced significant growth; currently 11% of all vouchers redeemed are eVouchers and the channel is on a trajectory to exceed 30% of monthly redemptions by the end of the year. Furthermore, the program launch saw an additional three regions participating in eVoucher activities and two technical upgrades:

1. Launch of a toll-free short code (#15027)
2. Move of servers previously hosted in Dar es Salaam to be hosted in Canada

With the launch of the toll-free short code, incoming messages increased from 6,933 received in January to 37,975 messages received in February. This increase in activity within the system database represents the eVoucher issuances, redemptions and net deliveries done via mobile phone and tracked. While the technical upgrades helped to drive the program in the right direction, a few setbacks occurred that were related to mobile network stability and availability. In addition to the technical upgrades listed, the eVoucher program added three field officers to focus their full-time efforts on launching the program beyond Dar es Salaam. MEDA now has five dedicated staff to eVoucher initiatives, in addition to the project consultant. Three other staffs also work on eVoucher as part of the ongoing integration of the channel into the TNVS activities. In the past quarter, 51,439 eVouchers were issued and 23,899 eVouchers were redeemed across 4 regions.

Chart 17 below provides a summary of eVoucher issued and redeemed since the launch of eVoucher pilot in October 2011 and shows the steady increase of the eVoucher activity.

Chart 17: Total eVouchers Issued and Redeemed



This quarter, eVoucher training was completed for all clinics and retailers in Kinondoni district of Dar es Salaam Region, concluding training for the entire region. In addition, eVoucher training began in Arusha, Mwanza and Shinyanga regions on January 30th 2012. A total of 433 clinics have been trained, and 354 actively participated in the eVoucher program this quarter. An in-depth growth analysis was performed and these regions were selected because they have shown high levels of historical voucher activity while having good network connectivity. Revised training and promotional materials were created to help emphasize the main messages of the training (see Appendix E).

Going forward, training and follow up will continue in Arusha, Mwanza and Shinyanga with an emphasis on the quality of the training to ensure users have a strong understanding of the process and benefits of the program. Upon completion of training in these districts, MEDA will evaluate progress made and refine roll-out schedules in new districts and regions in the upcoming quarter. Relationships will continue to be developed with the representatives from each of the mobile network operators to ensure timely resolution when network challenges are experienced. Research and a business case will be developed for a robust Incident Management tool that will serve to document operation issues as they are resolved.

3.4.5 EVoucher and IT Upgrades

To further beef up the eVoucher infrastructure robustness, MEDA successfully shifted the host of the eVoucher system offsite. This remarkably reduced system downtimes that were caused by power outages and other reliability issues experienced with hosting in Tanzania. Additionally, as an enhancement to its IT infrastructure and an increase in productivity, MEDA migrated to Microsoft Office 365 suite. MEDA also procured six more Samsung tablets to enhance data collection in the field.

3.4.6 Challenges and Actions Taken

While MEDA continued to experience significant improvements and upgrades to its IT department, a number of challenges were also encountered. Throughout the month of March, the mobile networks showed great instability causing delayed message responses within the eVoucher program and network outages on a frequent basis. For a period of two weeks, users sending SMS from the TIGO network were billed for their outgoing SMS even though all messages sent to the short code are to be paid by the program. The continual challenges and poor reliability experienced caused frustration and discouragement in the end users, and lower issuances and redemptions than were hoped for. To address this issue, the following interventions have been implemented.

- Response Team – MEDA is implementing a Response Team that will be activated every time the eVoucher system is down to engage market actors so to provide timely information on issue and resolution with a view to keep usage up. We have noticed that the redemption rates drastically go down every time we have a system outage thus the need to have this level of planned intervention.
- Targeted SMS messages – market actors identified to have slowed their usage are now targeted by SMS messages and follow-up calls.
- Weekly Targets – the eVoucher Team now has weekly targets which are reviewed every Monday afternoon at our touch point meeting
- Business Process – we have now streamlined our business process especially when interacting with our server and SMS gateway vendors. This has improved issue identification and resolution.

- Technical Process – MEDA has deployed monitoring software that will send notifications when application is down.
- Platform Stabilization – through routine documentation of issues we are now able to isolate recurring issues and proactively engaging Peaceworks for mitigation of the same. For instance, we have identified that the Kannal application has been frequently losing connection to the Selcom gateway.
- Ticket System – MEDA is in the process of deploying an internal and external facing ticket system to help track eVoucher issues. This system will allow us to generate trouble ticket and track them through resolution stage.
- End to end server testing – MEDA has set up an end to end server testing protocol to detect issues with the carriers earlier for timely resolution.

Other setbacks to the program continued to revolve around low eVoucher issuances and redemptions. Actions being taken to increase the effectiveness and efficiency of the eVoucher program include the following:

- Sending out targeted messages to clinics that have not issued vouchers in past week
- Development of a Response Management Plan and team for when major outages occur
- An emphasis placed on follow-up of clinics trained, as well as. continuing to train new ones

3.5 Fleet Management

Following MEDA Tanzania's staff downsizing, eighteen vehicle units have been sold leaving MEDA Tanzania with sixteen vehicle units for the TNVS project.

3.5.1 Procurement of Services

During this quarter, MEDA tendered for a vehicle service and maintenance up-keep garage. Nduvini Auto Works LTD emerged a winner and has thus become MEDA's new primary garage for all vehicle servicing and maintenance requirements, as it will serve as a one-stop shop (*i.e. general service, parts and tires*). The contract for these services to MEDA has been drawn up and is expected to be signed soon. Gajjar Auto Works will remain as MEDA's second primary garage. Also, all other primary garages throughout the regions will remain the same as M&E and TNVS activities in the field are carried out, and vehicle servicing is required.

3.5.2 Power Track Reporting

During the quarter, Power Track (PT), which is a vehicle-based computer that monitors operations of the vehicle and driver behaviour including marking the vehicle's GPS position every ten seconds; continued to be operational for fifteen MEDA vehicle units. Data from the on-board computer is then transmitted via a mobile link to the head office every two hours.

A reviewed contract for the power tracking services (between MEDA and Warrior Security) has been developed based on the now fifteen MEDA vehicle units and new costing. The contract is being reviewed by MEDA's Senior Management Team (SMT).

At of the end of the quarter, all remaining vehicle units that were installed with Power Track were fully operational with regards to all functionalities. Other PT tasks accomplished successfully during the quarter include the following:

- ⇨ Creation of a Weekly PT Report which identifies places vehicles visit and re-fuelling stations, as well as if drivers over-speed (note: currently over-speeding is any speed greater than 110km/hr.);
- ⇨ Generated monthly driver performance reports to identify the best MEDA drivers;
- ⇨ PT continued to be a tool for the collection of GPS data for the TNVS;
- ⇨ Automatic PT reports generated by the PT Software continued to be used as a benchmark for field officers physical retirement reports;
- ⇨ Various reports required for operational purposes such as (i) vehicle fuel profiles, (ii) mileage and (iii) time sheets etc. were compiled.

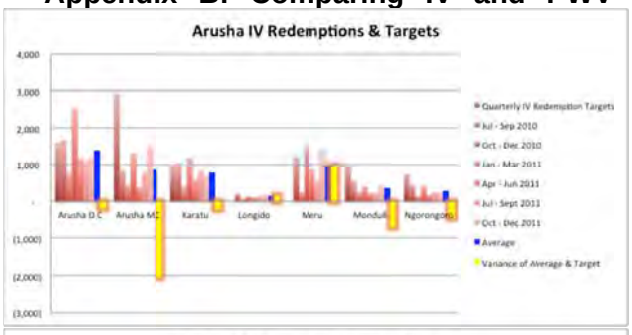
Appendix A: USAID/AMCC Indicators, Targets and Achievements

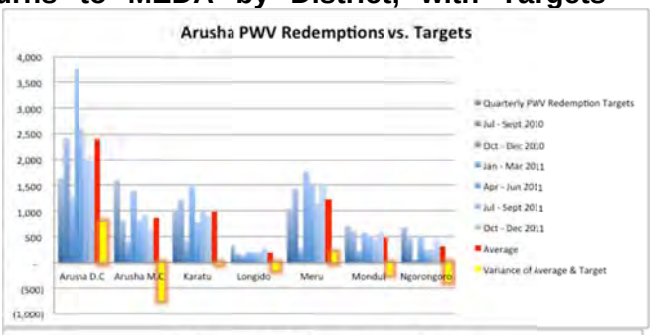
PMI Quarterly Report - data collection table – MAINLAND

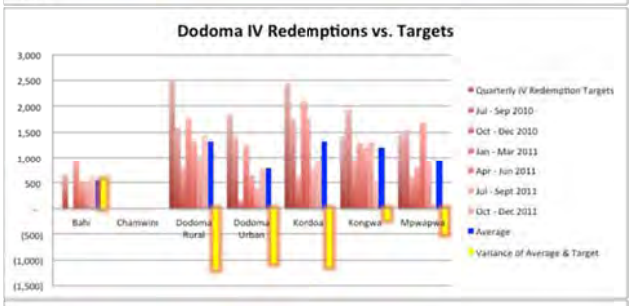
Insecticide-Treated Nets: USING PMI FUNDS Implementing Partners: MEDA

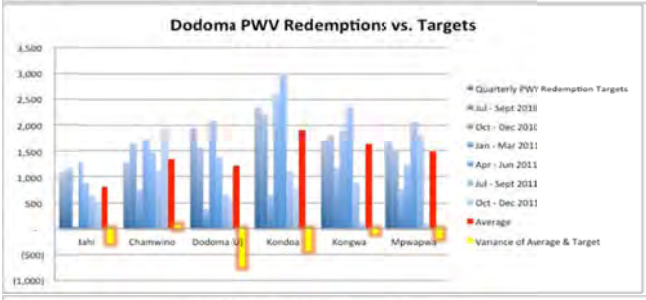
Indicator	Annual Target FY11	Jan-March 2011	April-June 2011	July-Sept 2011	Oct-Dec 2011	Jan-Mar 2012	Annual Target FY 12	Assumptions/Comments on FY12 Targets
Number of vouchers procured:								
Infant vouchers procured	########	500,000	-	-	-	500,000	1,300,000	Achieved 38% of targeted vouchers to be procured in FY 2012. Plans in place for additional procurement in coming quarters.
Number of vouchers distributed:								
(a) To health facilities (RCH)	########	182,950	392,850	137,425	304,776	487,553	1,300,000	Achieved 61% of targeted vouchers to be distributed for FY 2012.
(b)Voucher issued to target group (infant)	########	182,950	392,850	137,425	304,776	487,553	1,300,000	Achieved 61% of targeted vouchers to be distributed for FY 2012.
Number of ITNs procured through:								
(a) TNVS (Voucher redeemed)	765,000	175,510	123,524	132,031	118,493	164,688	762,712	Currently achieved 38% of targeted vouchers to be redeemed in FY 2012.
(b) U5CC	-	-	-	-				U5CC completed
(c) Universal coverage	250,000	-	-	-			-	Not included in the AMCC Year 2 work plan
Number of ITNs distributed:								
(a) campaigns – U5CC	-	-	-	-				U5CC completed
(b) campaigns – Universal coverage	250,000	-		615,010	375,880	N/A	-	UCC completed
(d) private /commercial sector through retail	765,000	175,510	123,524	132,031	118,493	164,688	762,712	Currently achieved 38% of targeted vouchers to be redeemed in FY 2012.
eVoucher Distributions and Redemptions								
Proportion of IVs that are delivered/distributed through SMS by mobile phones					1,585 (0.5%	27,903 (5.7%)		Represents % of Jan 2012 - Mar 2012
Proportion of IVs that are redeemed through SMS by mobile phones					664 (6.1)	12,774 (7.8)	20%	Represents % of Jan 2012 - Mar 2012

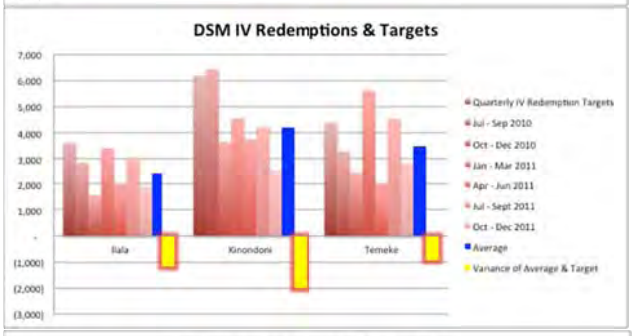
Appendix B: Comparing IV and PWV Returns to MEDA by District, with Targets

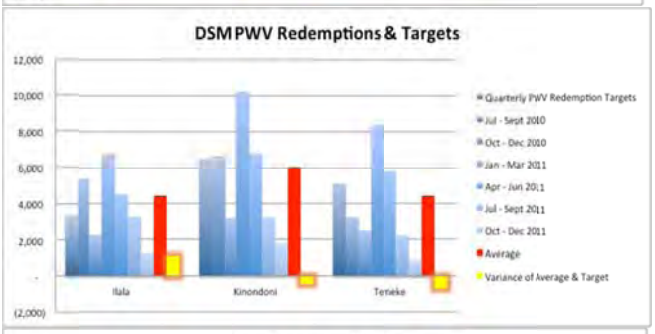


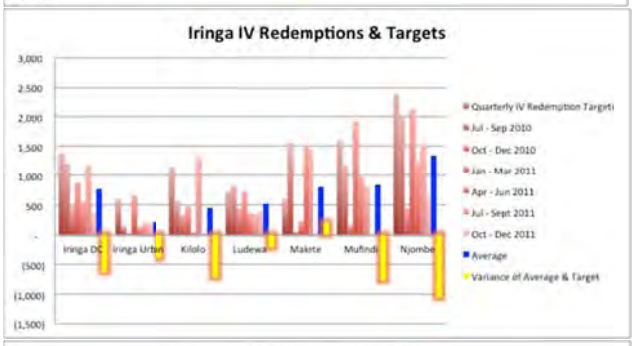


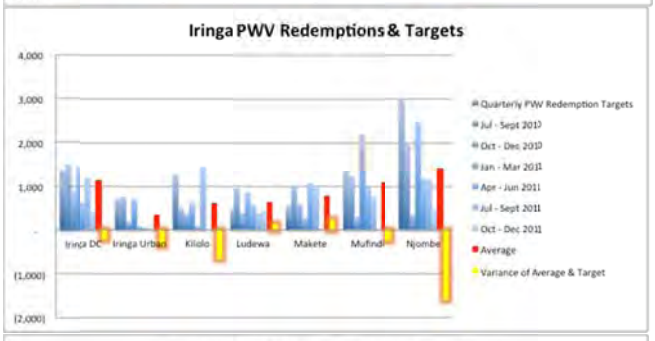


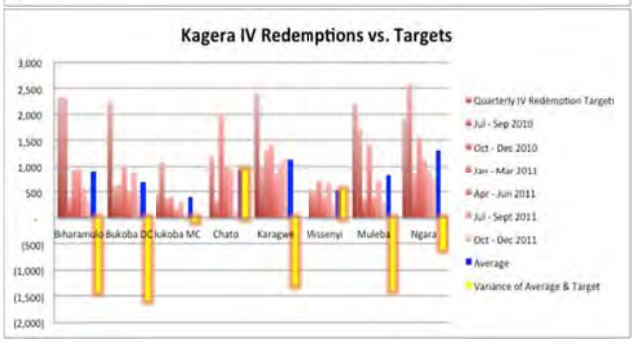


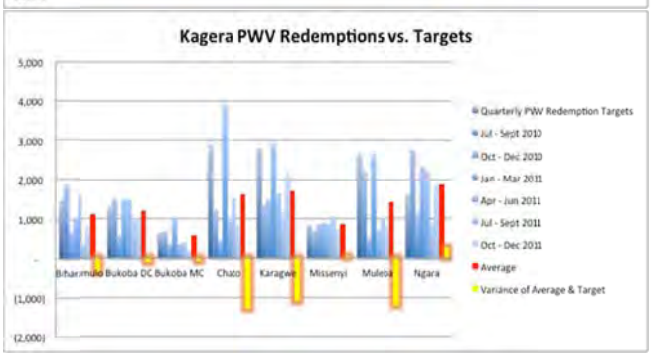


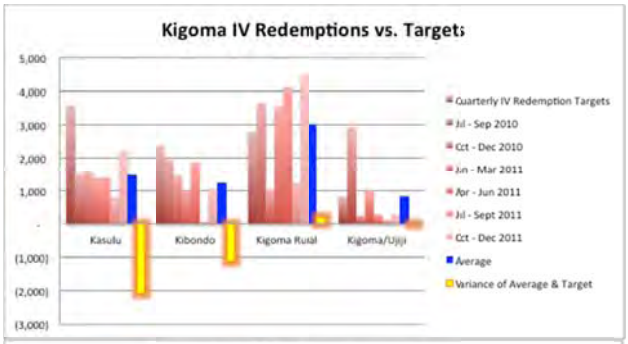


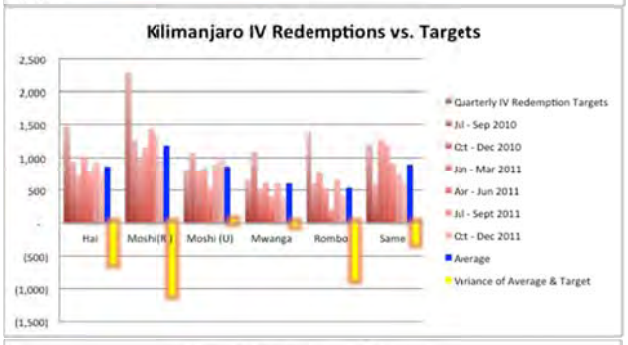


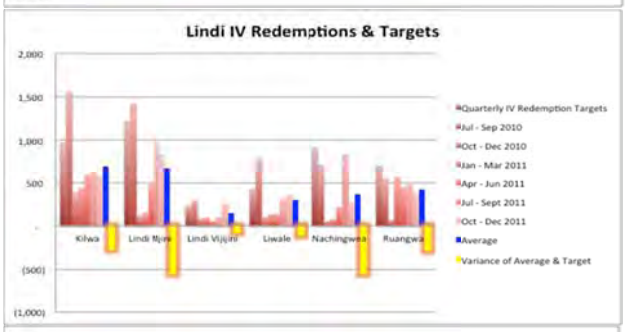


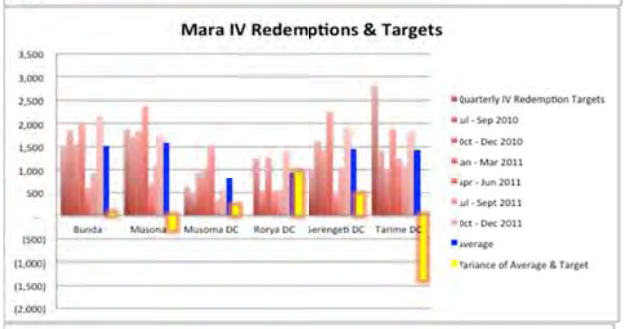


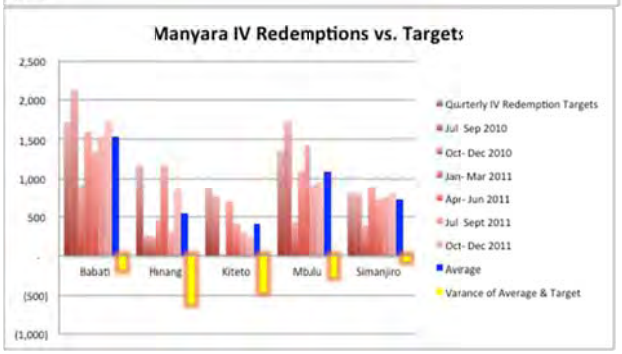


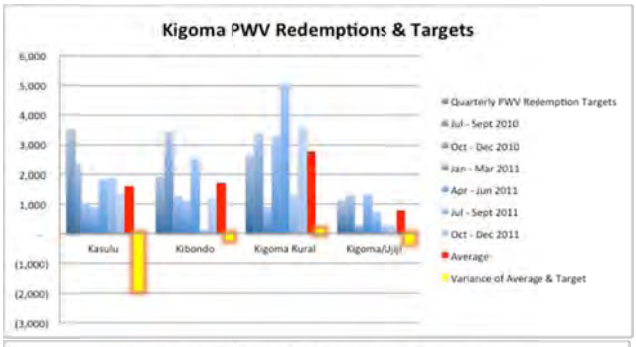

Kigoma IV Redemptions vs. Targets
5,000
4,000
3,000
2,000
1,000
-
(1,000)
(2,000)
(3,000)
Kasulu
Kibondo
Kigoma Rural
Kigoma/Ujiji
Quarterly IV Redemption Targets
Jul - Sep 2010
Oct - Dec 2010
Jan - Mar 2011
Apr - Jun 2011
Jul - Sept 2011
Oct - Dec 2011
Average
Variance of Average & Target

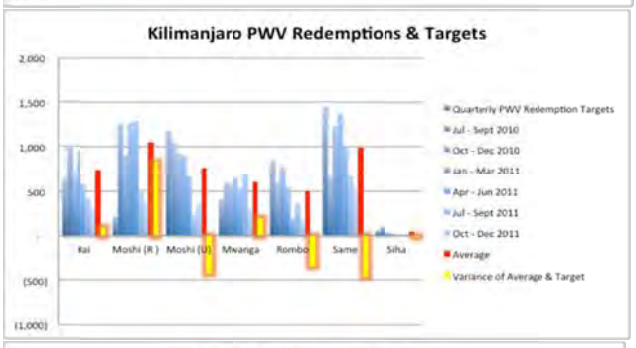

Kilimanjaro IV Redemptions vs. Targets
2,500
2,000
1,500
1,000
500
-
(500)
(1,000)
(1,500)
Hai
Moshi(R)
Moshi (U)
Mwanga
Rombo
Same
Quarterly IV Redemption Targets
Jul - Sep 2010
Oct - Dec 2010
Jan - Mar 2011
Apr - Jun 2011
Jul - Sept 2011
Oct - Dec 2011
Average
Variance of Average & Target

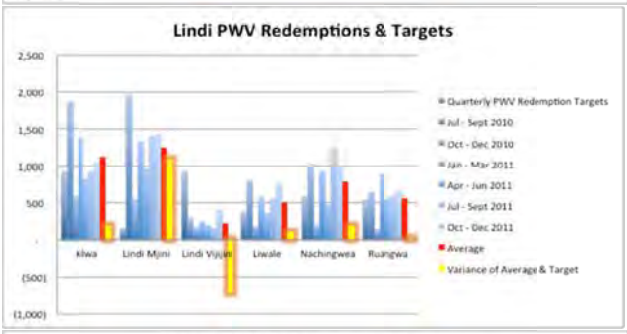

Lindi IV Redemptions & Targets
2,000
1,500
1,000
500
-
(500)
(1,000)
Kilwa
Lindi Mjini
Lindi Vijijini
Liwale
Nachingwea
Ruangwa
Quarterly IV Redemption Targets
Jul - Sep 2010
Oct - Dec 2010
Jan - Mar 2011
Apr - Jun 2011
Jul - Sept 2011
Oct - Dec 2011
Average
Variance of Average & Target

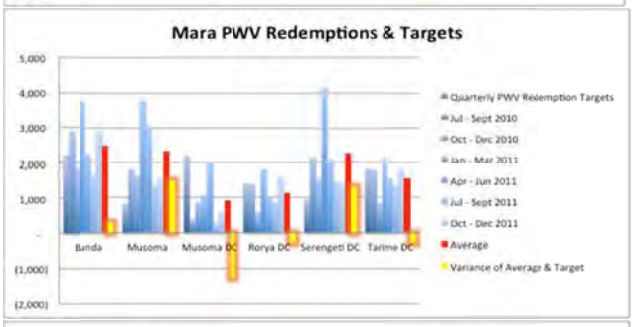

Mara IV Redemptions & Targets
3,500
3,000
2,500
2,000
1,500
1,000
500
-
(500)
(1,000)
(1,500)
(2,000)
Bunda
Musoma
Musoma DC
Rorya DC
Serengeti DC
Tarime DC
Quarterly IV Redemption Targets
Jul - Sep 2010
Oct - Dec 2010
Jan - Mar 2011
Apr - Jun 2011
Jul - Sept 2011
Oct - Dec 2011
Average
Variance of Average & Target

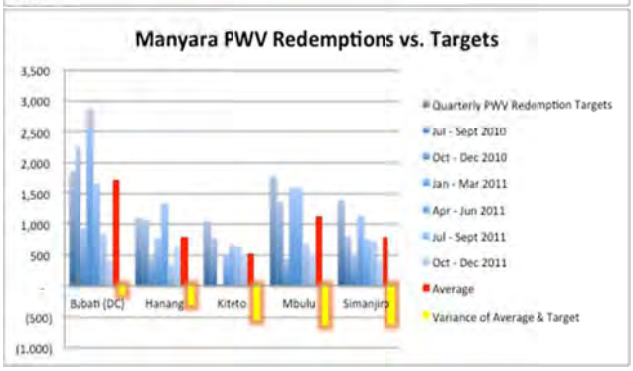

Manyara IV Redemptions vs. Targets
2,500
2,000
1,500
1,000
500
-
(500)
(1,000)
Babati
Hanang
Kiteto
Mbulu
Simanjiro
Quarterly IV Redemption Targets
Jul Sep 2010
Oct- Dec 2010
Jan- Mar 2011
Apr- Jun 2011
Jul Sept 2011
Oct- Dec 2011
Average
Varance of Average & Target

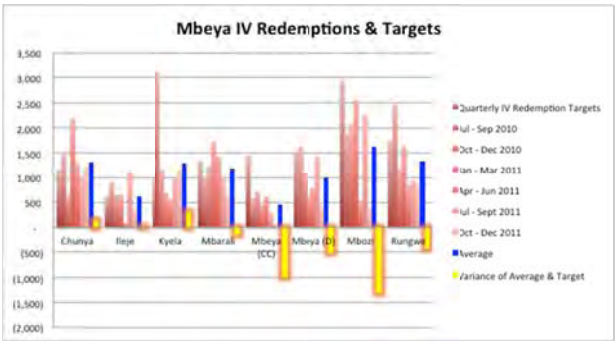

Kigoma PWV Redemptions & Targets
6,000
5,000
4,000
3,000
2,000
1,000
-
(1,000)
(2,000)
(3,000)
Kasulu
Kibondo
Kigoma Rural
Kigoma/Ujiji
Quarterly PWV Redemption Targets
Jul - Sept 2010
Oct - Dec 2010
Jan - Mar 2011
Apr - Jun 2011
Jul - Sept 2011
Oct - Dec 2011
Average
Variance of Average & Target

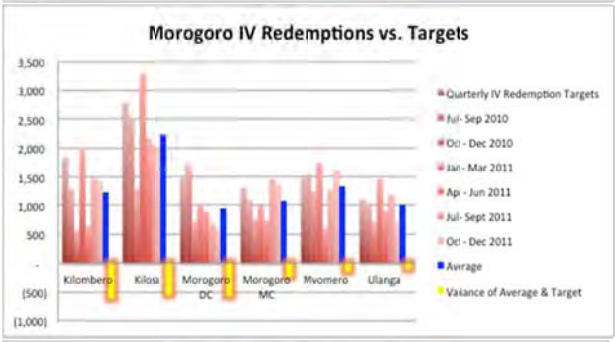

Kilimanjaro PWV Redemptions & Targets
2,000
1,500
1,000
500
-
(500)
(1,000)
Hai
Moshi (R)
Moshi (U)
Mwanga
Rombo
Same
Siha
Quarterly PWV Redemption Targets
Jul - Sept 2010
Oct - Dec 2010
Jan - Mar 2011
Apr - Jun 2011
Jul - Sept 2011
Oct - Dec 2011
Average
Variance of Average & Target

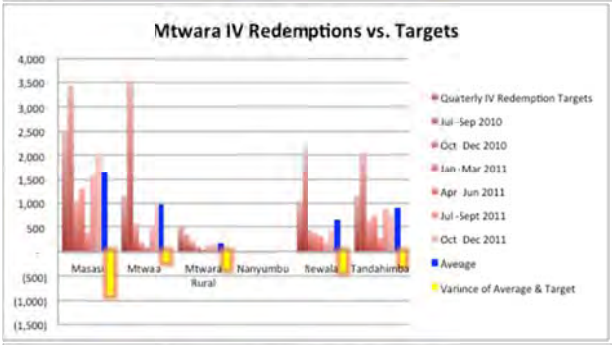

Lindi PWV Redemptions & Targets
2,500
2,000
1,500
1,000
500
-
(500)
(1,000)
Kilwa
Lindi Mjini
Lindi Vijijini
Liwale
Nachingwea
Ruangwa
Quarterly PWV Redemption Targets
Jul - Sept 2010
Oct - Dec 2010
Jan - Mar 2011
Apr - Jun 2011
Jul - Sept 2011
Oct - Dec 2011
Average
Variance of Average & Target

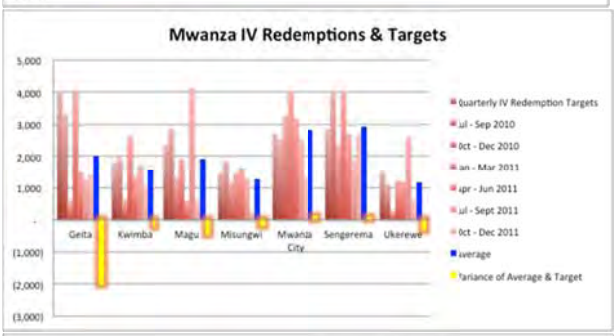

Mara PWV Redemptions & Targets
5,000
4,000
3,000
2,000
1,000
-
(1,000)
(2,000)
Bunda
Musoma
Musoma DC
Rorya DC
Serengeti DC
Tarime DC
Quarterly PWV Redemption Targets
Jul - Sept 2010
Oct - Dec 2010
Jan - Mar 2011
Apr - Jun 2011
Jul - Sept 2011
Oct - Dec 2011
Average
Variance of Average & Target

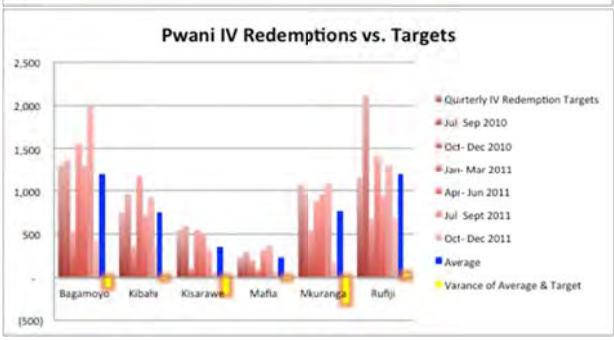

Manyara PWV Redemptions vs. Targets
3,500
3,000
2,500
2,000
1,500
1,000
500
-
(500)
(1,000)
Babati (DC)
Hanang
Kiteto
Mbulu
Simanjiro
Quarterly PWV Redemption Targets
Jul - Sept 2010
Oct - Dec 2010
Jan - Mar 2011
Apr - Jun 2011
Jul - Sept 2011
Oct - Dec 2011
Average
Variance of Average & Target

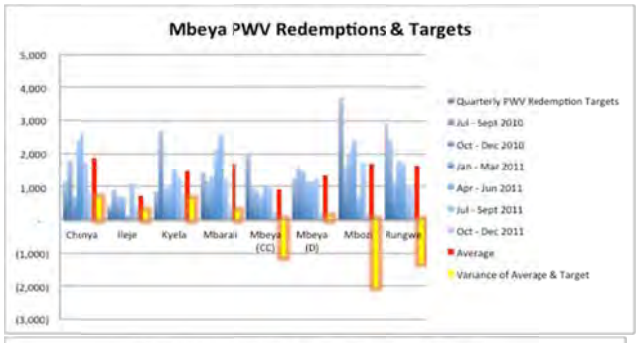

Mbeya IV Redemptions & Targets
3,500
3,000
2,500
2,000
1,500
1,000
500
-
(500)
(1,000)
(1,500)
(2,000)
Chunya
Ileje
Kyela
Mbarali
Mbeya (CC)
Mbeya (D)
Mbozi
Rungwe
Quarterly IV Redemption Targets
Jul - Sep 2010
Oct - Dec 2010
Jan - Mar 2011
Apr - Jun 2011
Jul - Sept 2011
Oct - Dec 2011
Average
Variance of Average & Target

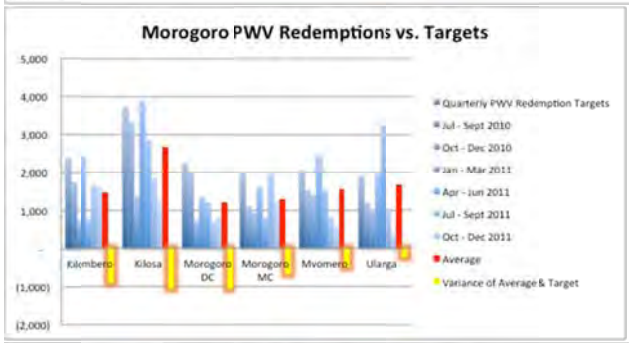

Morogoro IV Redemptions vs. Targets
3,500
3,000
2,500
2,000
1,500
1,000
500
-
(500)
(1,000)
Kilombero
Kilosa
Morogoro DC
Morogoro MC
Mvomero
Ulanga
Quarterly IV Redemption Targets
Jul- Sep 2010
Oct - Dec 2010
Jan - Mar 2011
Ap - Jun 2011
Jul- Sept 2011
Oct - Dec 2011
Average
Variance of Average & Target

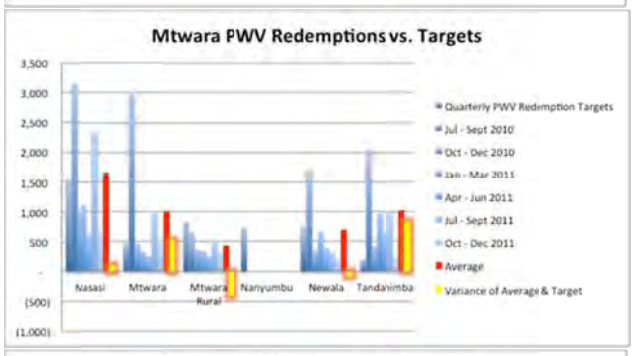

Mtwara IV Redemptions vs. Targets
4,000
3,500
3,000
2,500
2,000
1,500
1,000
500
-
(500)
(1,000)
(1,500)
Masasi
Mtwara
Mtwara Rural
Nanyumbu
Newala
Tandahimba
Quarterly IV Redemption Targets
Jul -Sep 2010
Oct Dec 2010
Jan -Mar 2011
Apr Jun 2011
Jul -Sept 2011
Oct Dec 2011
Average
Variance of Average & Target

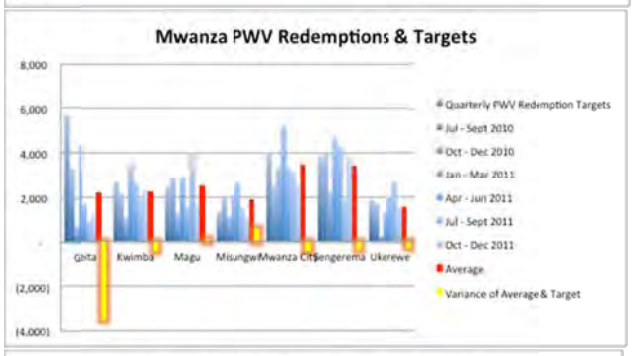

Mwanza IV Redemptions & Targets
5,000
4,000
3,000
2,000
1,000
-
(1,000)
(2,000)
(3,000)
Geita
Kwimba
Magu
Misungwi
Mwanza City
Sengerema
Ukerewe
Quarterly IV Redemption Targets
Jul - Sep 2010
Oct - Dec 2010
Jan - Mar 2011
Apr - Jun 2011
Jul - Sept 2011
Oct - Dec 2011
Average
Variance of Average & Target

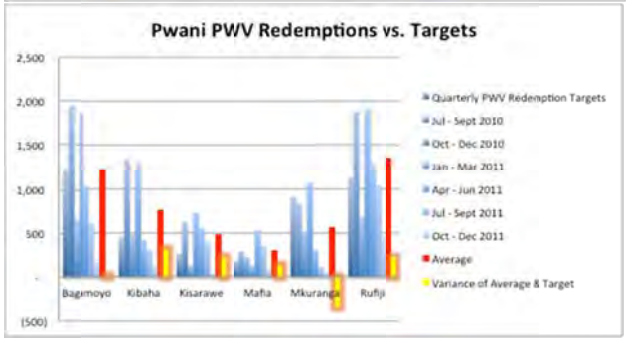

Pwani IV Redemptions vs. Targets
2,500
2,000
1,500
1,000
500
-
(500)
Bagamoyo
Kibaha
Kisarawe
Mafia
Mkuranga
Rufiji
Quarterly IV Redemption Targets
Jul Sep 2010
Oct- Dec 2010
Jan- Mar 2011
Apr- Jun 2011
Jul Sept 2011
Oct- Dec 2011
Average
Varance of Average & Target

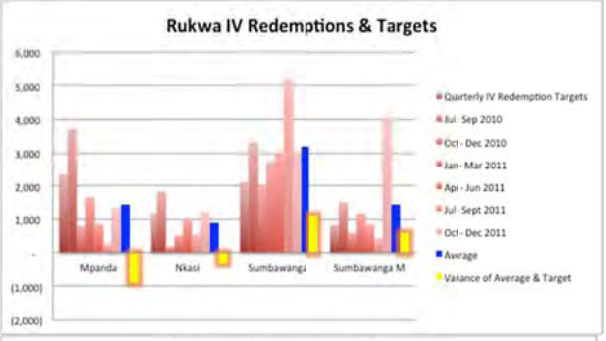

Mbeya PWV Redemptions & Targets
5,000
4,000
3,000
2,000
1,000
-
(1,000)
(2,000)
(3,000)
Chunya
Ileje
Kyela
Mbarai
Mbeya (CC)
Mbeya (D)
Mbozi
Rungwe
Quarterly PWV Redemption Targets
Jul - Sept 2010
Oct - Dec 2010
Jan - Mar 2011
Apr - Jun 2011
Jul - Sept 2011
Oct - Dec 2011
Average
Variance of Average & Target

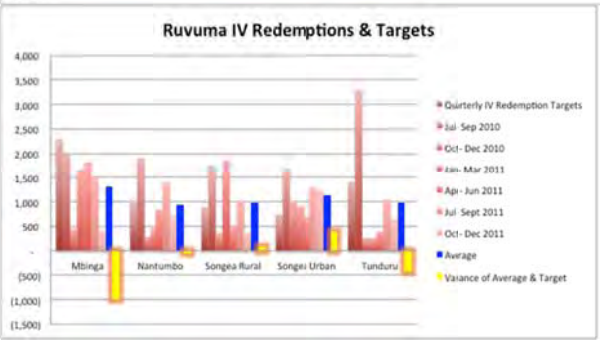

Morogoro PWV Redemptions vs. Targets
5,000
4,000
3,000
2,000
1,000
-
(1,000)
(2,000)
Kilombero
Kilosa
Morogoro DC
Morogoro MC
Mvomero
Ulanga
Quarterly PWV Redemption Targets
Jul - Sept 2010
Oct - Dec 2010
Jan - Mar 2011
Apr - Jun 2011
Jul - Sept 2011
Oct - Dec 2011
Average
Variance of Average & Target

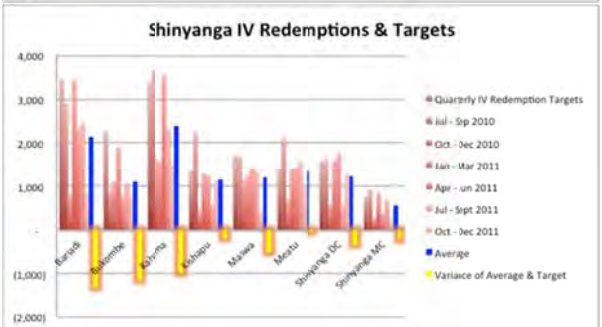

Mtwara PWV Redemptions vs. Targets
3,500
3,000
2,500
2,000
1,500
1,000
500
-
(500)
(1,000)
Nasasi
Mtwara
Mtwara Rural
Nanyumbu
Newala
Tandanimba
Quarterly PWV Redemption Targets
Jul - Sept 2010
Oct - Dec 2010
Jan - Mar 2011
Apr - Jun 2011
Jul - Sept 2011
Oct - Dec 2011
Average
Variance of Average & Target

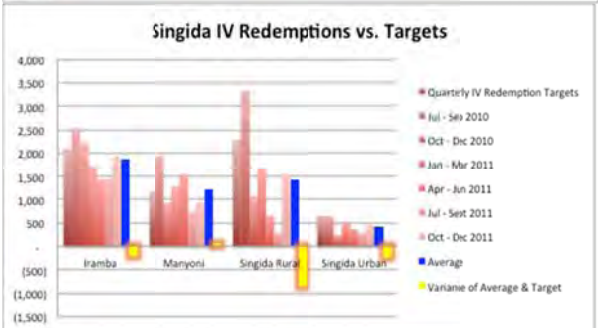

Mwanza PWV Redemptions & Targets
8,000
6,000
4,000
2,000
-
(2,000)
(4,000)
Geita
Kwimba
Magu
Misungwi
Mwanza City
Sengerema
Ukerewe
Quarterly PWV Redemption Targets
Jul - Sept 2010
Oct - Dec 2010
Jan - Mar 2011
Apr - Jun 2011
Jul - Sept 2011
Oct - Dec 2011
Average
Variance of Average & Target

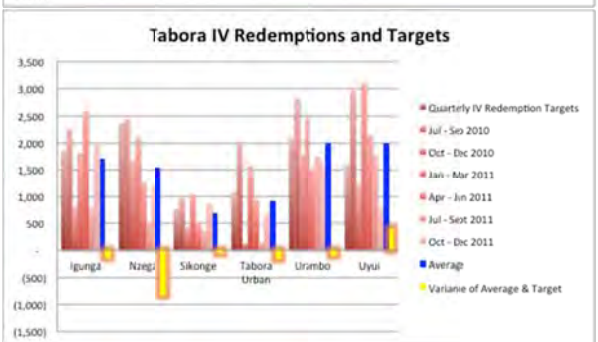

Pwani PWV Redemptions vs. Targets
2,500
2,000
1,500
1,000
500
-
(500)
Bagamoyo
Kibaha
Kisarawe
Mafia
Mkuranga
Rufiji
Quarterly PWV Redemption Targets
Jul - Sept 2010
Oct - Dec 2010
Jan - Mar 2011
Apr - Jun 2011
Jul - Sept 2011
Oct - Dec 2011
Average
Variance of Average & Target

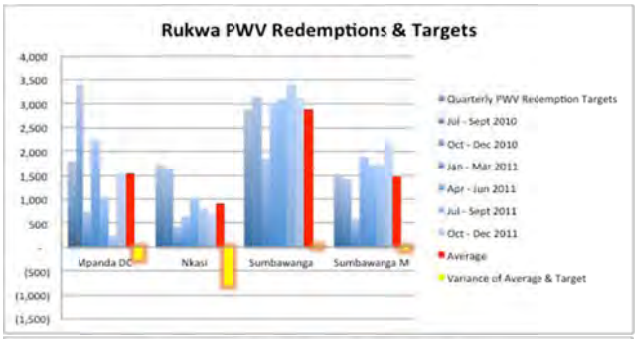

Rukwa IV Redemptions & Targets
Mpanda
Nkasi
Sumbawanga
Sumbawanga M
Quarterly IV Redemption Targets
Jul- Sep 2010
Oct - Dec 2010
Jan - Mar 2011
Apr - Jun 2011
Jul- Sept 2011
Oct - Dec 2011
Average
Variance of Average & Target

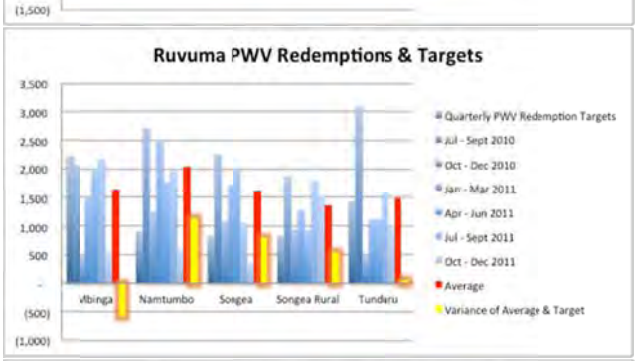

Ruvuma IV Redemptions & Targets
Mbinga
Namtumbo
Songea Rural
Songea Urban
Tunduru
Quarterly IV Redemption Targets
Jul- Sep 2010
Oct - Dec 2010
Jan - Mar 2011
Apr - Jun 2011
Jul- Sept 2011
Oct - Dec 2011
Average
Variance of Average & Target

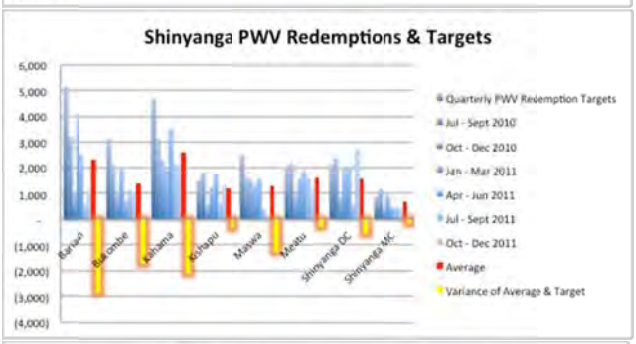

Shinyanga IV Redemptions & Targets
Kahama
Kishapu
Maswa
Meatu
Shinyanga DC
Shinyanga MC
Quarterly IV Redemption Targets
Jul - Sep 2010
Oct - Dec 2010
Jan - Mar 2011
Apr - Jun 2011
Jul - Sept 2011
Oct - Dec 2011
Average
Variance of Average & Target

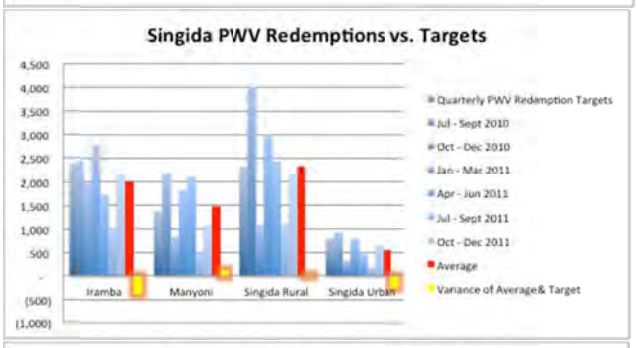

Singida IV Redemptions vs. Targets
Iramba
Manyoni
Singida Rural
Singida Urban
Quarterly IV Redemption Targets
Jul - Sep 2010
Oct - Dec 2010
Jan - Mar 2011
Apr - Jun 2011
Jul - Sept 2011
Oct - Dec 2011
Average
Variance of Average & Target

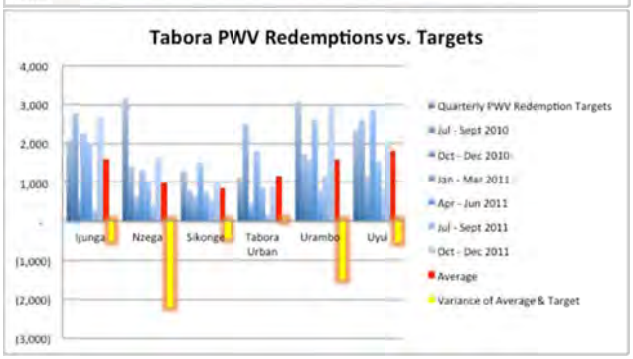

Tabora IV Redemptions and Targets
Igunga
Nzega
Sikonge
Tabora Urban
Urambo
Uyui
Quarterly IV Redemption Targets
Jul - Sep 2010
Oct - Dec 2010
Jan - Mar 2011
Apr - Jun 2011
Jul - Sept 2011
Oct - Dec 2011
Average
Variance of Average & Target

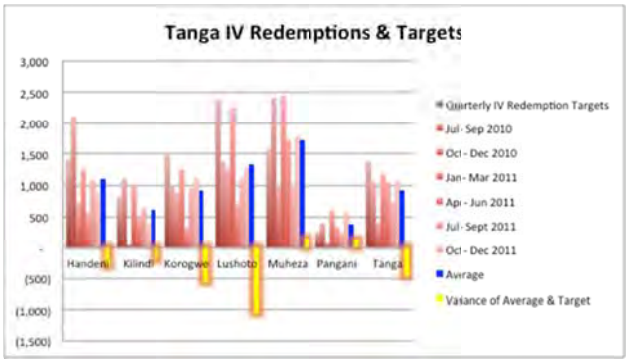

Rukwa PWV Redemptions & Targets
Mpanda DC
Nkasi
Sumbawanga
Sumbawanga M
Quarterly PWV Redemption Targets
Jul - Sept 2010
Oct - Dec 2010
Jan - Mar 2011
Apr - Jun 2011
Jul - Sept 2011
Oct - Dec 2011
Average
Variance of Average & Target

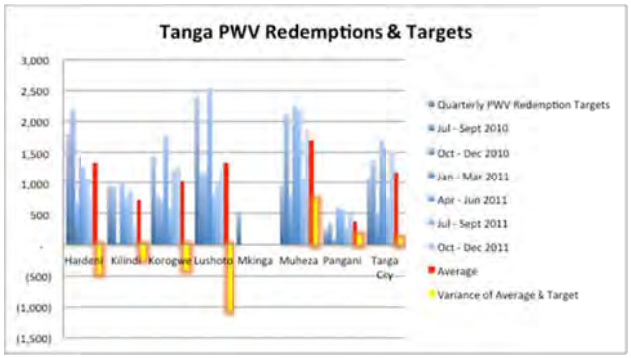

Ruvuma PWV Redemptions & Targets
Mbinga
Namtumbo
Songea
Songea Rural
Tunduru
Quarterly PWV Redemption Targets
Jul - Sept 2010
Oct - Dec 2010
Jan - Mar 2011
Apr - Jun 2011
Jul - Sept 2011
Oct - Dec 2011
Average
Variance of Average & Target


Shinyanga PWV Redemptions & Targets
Bariadi
Bukombe
Kahama
Kishapu
Maswa
Meatu
Shinyanga DC
Shinyanga MC
Quarterly PWV Redemption Targets
Jul - Sept 2010
Oct - Dec 2010
Jan - Mar 2011
Apr - Jun 2011
Jul - Sept 2011
Oct - Dec 2011
Average
Variance of Average & Target


Singida PWV Redemptions vs. Targets
Iramba
Manyoni
Singida Rural
Singida Urban
Quarterly PWV Redemption Targets
Jul - Sept 2010
Oct - Dec 2010
Jan - Mar 2011
Apr - Jun 2011
Jul - Sept 2011
Oct - Dec 2011
Average
Variance of Average& Target


Tabora PWV Redemptions vs. Targets
Igunga
Nzega
Sikonge
Tabora Urban
Urambo
Uyui
Quarterly PWV Redemption Targets
Jul - Sept 2010
Oct - Dec 2010
Jan - Mar 2011
Apr - Jun 2011
Jul - Sept 2011
Oct - Dec 2011
Average
Variance of Average& Target


Tanga IV Redemptions & Targets
3,000
2,500
2,000
1,500
1,000
500
-
(500)
(1,000)
(1,500)
Handeni
Kilindi
Korogwe
Lushoto
Muheza
Pangani
Tanga
Quarterly IV Redemption Targets
Jul- Sep 2010
Oct - Dec 2010
Jan - Mar 2011
Apr - Jun 2011
Jul- Sept 2011
Oct - Dec 2011
Average
Variance of Average & Target


Tanga PWV Redemptions & Targets
3,000
2,500
2,000
1,500
1,000
500
-
(500)
(1,000)
(1,500)
Handeni
Kilindi
Korogwe
Lushoto
Mkinga
Muheza
Pangani
Tanga City
Quarterly PWV Redemption Targets
Jul - Sept 2010
Oct - Dec 2010
Jan - Mar 2011
Apr - Jun 2011
Jul - Sept 2011
Oct - Dec 2011
Average
Variance of Average & Target

Appendix C: Impact Story

***"LLIN usage halted malaria incidents in my family"* – Tatu Geho of Ruvuma Region.**

"Use mosquito nets to stop malaria!" was a message Tatu Geho, of Namtumbo District, Ruvuma Region, often heard on the radio as she went about her daily tasks. Even though she heard the message, she did not pay heed to its importance until her newly born girl, Shirai Salum, got malaria late last year.

As women in Tanzania do when they are pregnant, Tatu went to a clinic for a regular check-up when she was pregnant with Shirai. Along with the check-up, she received a voucher for which she redeemed at her community's retail shop for a Long Lasting Insecticide Net (LLIN). Not understanding the importance of its use, she put it in some corner of her room, and effectively forgot about it.

A few months later, Shirai was born and when she was a month old, she became terribly sick. Worried for her daughter's health, Tatu took Shirai to the clinic where she was immediately diagnosed with malaria. The doctor asked Tatu if she was using a mosquito net, to which she replied, "No."

It was at that point that Tatu realized that she had put her own child's life at risk by not considering the severity of contracting malaria and how easy it was to significantly prevent it, with the use of a net. With the doctor's strict recommendation, Tatu began using the LLIN and since then, neither her nor Sharai, her infant, have had malaria. Tatu says that her belief in the effectiveness of using nets has been confirmed not only because of her own personal experience but also because people in her village and even her family have begun to also use nets. She now sees the value of using LLINs and hopes that others will as well – as the radio message she continues to hear states, malaria incidents really can be reduced with the use of a net.

Appendix D: Electronic Voucher Training and Promotional Materials

Vocha kuptia ujumbe mfupi wa simu

MEDA Tanzania ni mdau katika mapambano dhidi ya ugonjwa wa malaria, anayesimamia utekelezaji wa mpango wa Hati Punguzo chini ya Wizara ya Afya na Ustawi wa Jami. Kupitia mpango huu, wafanyakazi wa sekta ya afya wanaofanya kazi katika vituo zaidi ya 4500 nchini, wanatoa vocha yaHati Punguzo kwa kinamama wajawazito na watoto, zinazowawezesha kupata chandarua kutoka kwa muuza-duka aliyeteuliwa kupokea Hati Punguzo kwa shilingi mia tano tu. Tangu kuanzishwa kwa mpango huu, Hati Punguzo imetoa vyandarua 7,918,896 kwa kinamama wajawazito na watoto, ili kuwalinda na maambukizi dhidi ya ugonjwa wa malaria.

Katika juhudi za kuboresha huduma kwa kinamama wajawazito na watoto katika vita dhidi ya malaria, MEDA imeanzisha mfumo mpya wa elektroniki wa kutoa Hati Punguzo kupitia ujumbe mfupi wa maneno kwenye simu. Teknolojia hii ina faida nyingi. Kliniki haitahitaji kuwa na vitabu vya Hati Punguzo (Vocha) za karatasi ambao ilikuwa ni tatizo huko nyuma. Hivi sasa Ujumbe mfupi wa simu utatumwa kupitia namba ya msimbo inayoruhusu kufanyika kwa mawasiliano ya haraka na bila gharama kwa wafanyakazi wa kituo cha afya.

Pamoja na kuongezeka kwa kasi ya upatikanaji wa vocha, mpango huu pia unawezasha MEDA, wauzaji wa rejareja wa vyandarua, watengenezaji vyandarua na wasambazaji kupata muda unaostahili kufanya tathimini ya uhakika ya mahitaji ya kila Mkoa na Wilaya. Kwa kufanya kazi kwa ukaribu na watengenezaji na wasambazaji wa vyandarua, lengo la MEDA la kuondoa ukosefu wa vyandarua ambao umekuwepo siku za nyuma litakamilika.

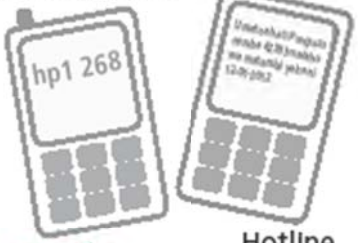
Tunatoa shukrani zetu kwa wafanyakazi wa kliniki na wauzaji wa rejareja waliopo pamoja nasi katika mpango huu. Pamoja, tunaamini mfumo huu mpya wa kutoa Hati Punguzo utaongeza upatikanaji wa vocha na vyandarua kwa kinamama wajawazito na watoto.

Hatapungukiwa na vocha

- Kutuma ujumbe ni bure.
- Namba za msimbo ni haraka na rahisi.
- Hii inaondoa matumizi ya Hati Punguzo za karatasi.
- Usitumie vocha za karatasi isipokuwa pale ambapo mtandao wa simu haupatikani.
- Tafadhali wasisitize kinamama wajawazito wakomboe Hati Punguzo zao ndani ya muda mfupi, kupitia kwa muuzaji wa rejareja aliye karibu.
- Mtandao utakapokutumia namba ya Hati Punguzo ambayo pia itakuwa na tarehe ya mwisho wa matumizi yake. Andika namba ya vocha na tarehe ya mwisho wa matumizi kwenye kadi ya kliniki ya mama mjamzito upande wa juu.

Ujumbe wa haraka na wa bure kupitia simu yako.

- Ili kupata huduma hii, simu za wafanyakazi wa kliniki zinahitajika kuwa zimesajiliwa na MEDA.
- Kama mfanyakazi wa kliniki ataacha kazi katika kliniki hiyo, mganga wa kituo/kliniki anatakiwa kuwajulisha MEDA. (0753631492/0786418103)
- Ushiriki wako utasaidia kufuatilia upatikanaji wa vyandarua kwa wauzaji wa rejareja
- Hati Punguzo ya eletroniki inawezesha kuwa na vocha wakati wote – hautapungukiwa na vocha
- Iwapo mtoaji wa huduma za afya katika kituo /kliniki ataacha kazi, tafadhali wajulishe MEDA mara moja. (0753631492/0786418103)
- Endelea kuweka kumbukumbu za vocha zote zilizotolewa.zilizolewa.



MEDA

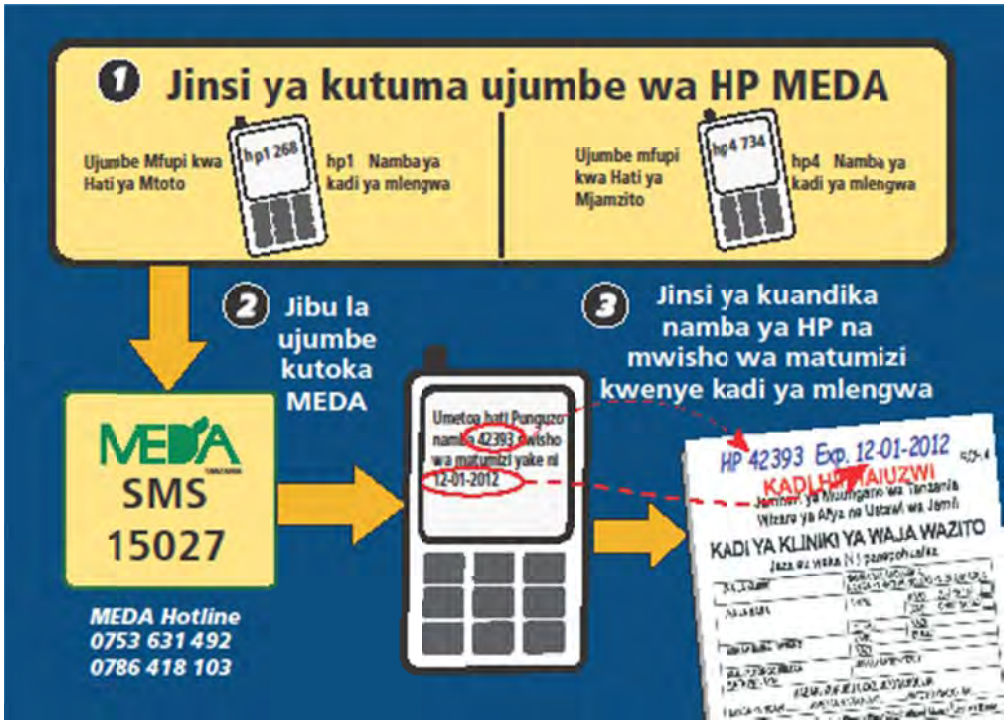
Hotline
0753 631 492
0786 418 103

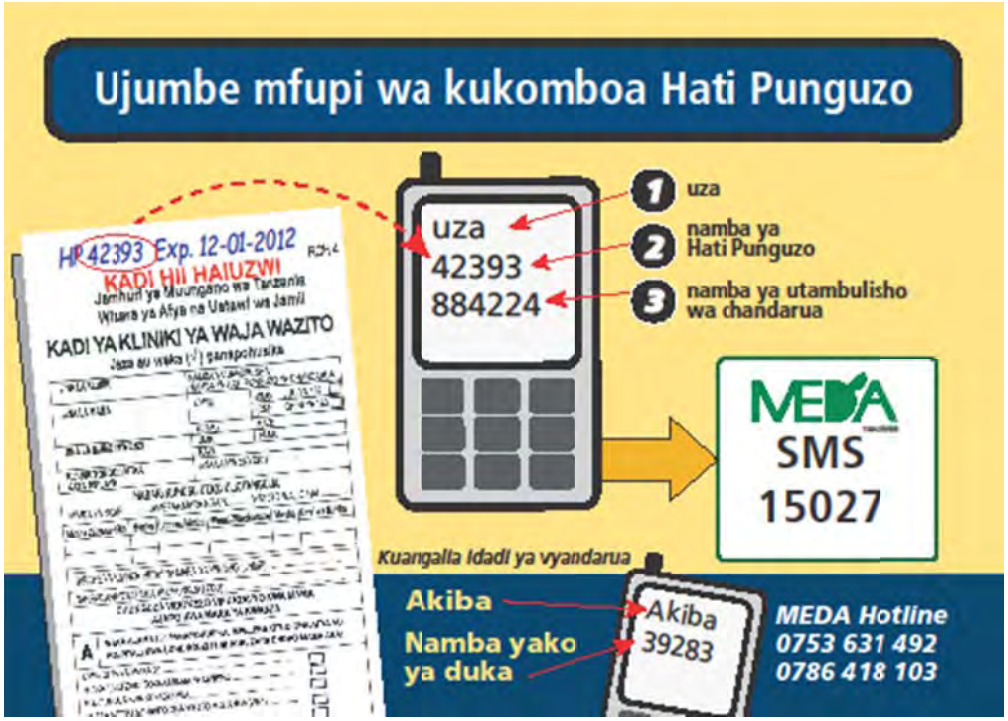
Vocha kuptia ujumbe mfupi wa simu.

MEDA TANZANIA

Hotline
0753 631 492
0786 418 103

MEDA TANZANIA


1 Jinsi ya kutuma ujumbe wa HP MEDA
Ujumbe Mfupi kwa Hati ya Mtoto
hp1 268
hp1 Namba ya kadi ya mlengwa
Ujumbe mfupi kwa Hati ya Mjamzito
hp4 734
hp4 Namba ya kadi ya mlengwa
2 Jibu la ujumbe kutoka MEDA
3 Jinsi ya kuandika namba ya HP na mwisho wa matumizi kwenye kadi ya mlengwa
MEDA
SMS
15027
MEDA Hotline
0753 631 492
0786 418 103
Umetoa hati Punguzo namba 42393 mwisho wa matumizi yake ni 12-01-2012
HP 42393 Exp. 12-01-2012
KADI HII HAIUZWI
Jamhuri ya Muungano wa Tanzania
Wizara ya Afya na Ustawi wa Jamii
KADI YA KLINIKI YA WAJA WAZITO


Ujumbe mfupi wa kukomboa Hati Punguzo
HP 42393 Exp. 12-01-2012
KADI HII HAIUZWI
Jamhuri ya Muungano wa Tanzania
Wizara ya Afya na Ustawi wa Jamii
KADI YA KLINIKI YA WAJA WAZITO
uza
42393
884224
1 uza
2 namba ya Hati Punguzo
3 namba ya utambulisho wa chandarua
MEDA
SMS
15027
Kuangalia Idadi ya vyandarua
Akiba
Namba yako ya duka
Akiba
39283
MEDA Hotline
0753 631 492
0786 418 103

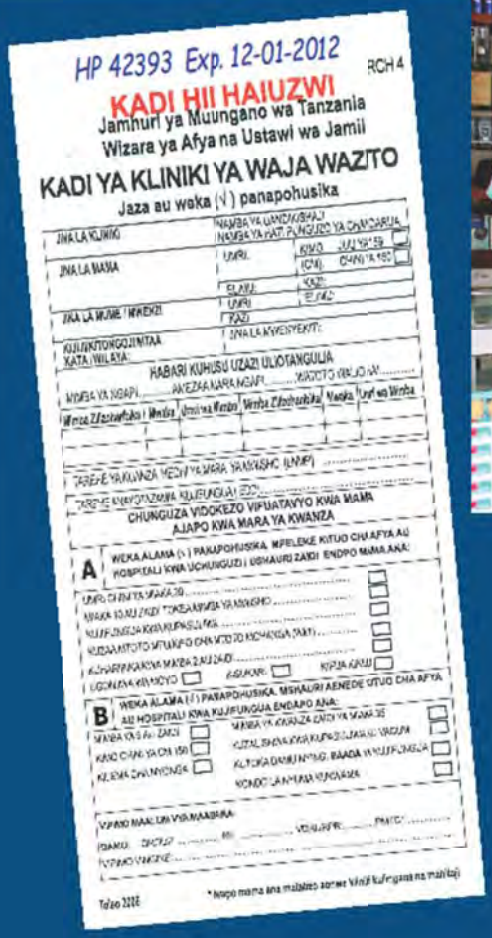
Mjamzito na mtoto?

HATI PUNGUZO MPYA TANZANIA

HP kwa ujumbe mfupi wa simu

Je Unajua?

- *Mbu wanaeneza malaria*
- *Malaria inahatarisha afya ya mama mjamzito na mtoto*
- *Kulala chini ya chandarua chenye dawa kunapunguza uwezekano wa kupata maambukizi ya malaria.*
- *Akina mama wajawazito na watoto wanahaki ya kupata vocha ya Hati Punguzo na kupata chandarua kwa bei ya sh.500/=.*
- *Hati Punguzo ni haki yako*



MEDA
Hotline
0753 631 492
0786 418 103