



# NATnets *news*

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## Infant Voucher Goes Countrywide

Implementation of the Infant Voucher Initiative which began in October 2006 in 15 initial regions has now been extended to all the 21 regions of mainland Tanzania. The initiative is implemented through the Tanzania National Voucher Scheme and complements the pregnant women voucher which indirectly targets infants.

The main objective of the Infant Voucher initiative is to protect children from malaria by increasing their access to insecticide treated nets at a highly subsidised price. Every child aged 9 months is eligible for the voucher valued at Tsh.3,250/.

The voucher was introduced in response to the unacceptably heavy burden of malaria among this highly vulnerable group. In Tanzania, malaria accounts for 43% of all under-five outpatient attendance, 35% of under-five hospital admissions and 37% of under-five deaths. Malaria is also a major cause of anaemia among young children.

Therefore, expansion of the initiative to all regions of the country is a major step forward in ensuring that this highly vulnerable group is protected from

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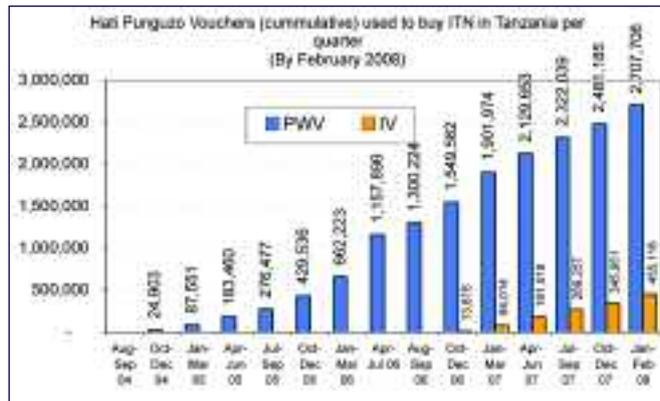
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## HP Redemption Hits 3 Million Mark



The Tanzania National Voucher Scheme (TNVS), popularly known by its Swahili translation-Hati Punguzo (HP) realised a major milestone in January 2008 when the programmes' voucher redemption figures hit a record 3 million mark. This translates to over 3 million ITNs bought by pregnant women and mothers of infants through the voucher scheme. With a cumulative figure of 6 million vouchers distributed over the past three years, the programme envisages that every

pregnant woman and infant attending clinic will receive a discount voucher and secure an ITN to protect themselves from malaria.

Implementation of the scheme began officially in October 2004, with the primary objective of enabling pregnant women and infants access ITNs at a highly subsidised price.

Through the scheme, every pregnant woman attending antenatal care clinic and every infant aged 0-9 months gets a discount voucher (Hati Punguzo) valued at Tsh.3,250/=, which covers about two thirds of the cost of a bed net bundled with an insecticide treatment kit. The scheme is a public-private partnership initiative, financed by the Global Fund to fight HIV/AIDS tuberculosis and malaria (GFATM).

## President Bush Lauds Malaria Control Efforts in Tanzania

The United States of America President, George W. Bush, during his recent visit to Tanzania, hailed the various malaria control efforts in the country. The visit provided the president with a first hand experience of the activities supported by the President's Malaria Initiative (PMI) and PEPFAR.

PMI has provided USD76.5 million over the past three years to Tanzania (both mainland and Zanzibar) in support of the malaria control activities. The support has been increasing over the years with the highest funding approval being USD34 million for implementation of different



President George W. Bush chats with pregnant women attending antenatal care clinic at Mount Meru Hospital in Arusha. Looking on is Laura Bush and Reproductive and Child Health (RCH) staff at the Hospital

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Tanzania National Voucher Scheme



United Republic of Tanzania



National Malaria Control Programme

## Editor's Note

This is to thank all Natnets News readers for the interest you have taken in this special product. We continue to receive encouraging comments from different readers regarding the newsletter.

In this edition, we are delighted to share with you the latest developments in the implementation of the Tanzania National Voucher Scheme, which in January 2008, realised a major milestone when voucher redemption figures hit a record 3 million mark. This significant achievement has been possible mainly because of the contributions and commitment of different stakeholders including health facility teams as demonstrated by the experience from Buguruni Health Centre

We also wish to take this opportunity to reflect on the visit by President George W. Bush to Tanzania, which left us with a strong message on the need for an integrated approach to malaria control which includes the use of ITNs, Artemisinin-based combination therapies and indoor residual spraying among other key interventions.

The commitment of the Government and partners to ensure equitable access to ITNs by the groups most vulnerable to malaria, cannot go un-mentioned. The new strategy to complement the voucher system with the under-five "catch-up" campaign will go a long way to ensure that those children not currently covered by the voucher scheme are protected with long lasting insecticide treated nets (LLINs). The move by A-Z Textile Mills to increase LLIN production is an indication that even the private sector is not left behind the continuing struggle against malaria.

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### NATnets News is published by

ITN Cell

National Malaria Control Programme

P. O. Box 3430

Dar es Salaam, Tanzania

Tel: +255 22 2124 977

Fax: +255 22 2124 976

Email: info@natnets.org

### Produced by

MediaNet Limited

P. O. Box 8608

Dar es Salaam, Tanzania

Tel: +255 22 2760 288

Email: info@medianettz.com

## President Bush Lauds Malaria Control Efforts in Tanzania

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malaria control activities both in Tanzania mainland and Zanzibar from October 2007 to September 2008.

During the visit, President Bush announced that PMI will this year join the Global Fund to Fight HIV/AIDS, tuberculosis and malaria (GFATM) and the World Bank to distribute 5.2 million long lasting insecticide treated bed nets to children in Tanzania aged between 12 months and 5 years. The president had a chance to visit several sites in Dar es Salaam and Arusha regions.

While in Arusha, he witnessed production of long lasting insecticide treated nets at a state of the art factory, newly established by A-Z Textile Mills in partnership with Sumitomo Chemical, a multinational Japanese company. He also visited an antenatal care clinic and paediatric ward at Mount Meru Hospital where children with malaria were being cared for. While at the hospital, he had a chance to chart with pregnant women



President Bush presents an ITN to a pregnant woman at Mount Meru Hospital

waiting for antenatal care services and observed how vouchers are issued out. He also presented free insecticide treated bed nets to some of the women.

In his remarks at Mount Meru Hospital, President Bush underscored the need for an integrated approach to malaria control, sighting the example of Zanzibar and Muleba District in Tanzania mainland, where significant progress has been realised to reduce the burden of malaria among the most vulnerable groups, following introduction of indoor residual spraying (IRS) alongside the use of ITNs and Artemisinin-based combination therapies (ACTs).

## COMMIT Set for Implementation

On the 3rd of March 2008, the National Malaria Control Programme (NMCP), in collaboration with partners, convened a crucial consultative meeting involving key stakeholders in the Communication and Malaria Initiative in Tanzania (COMMIT) Project, with the objective of harmonising inputs from the stakeholders towards implementation of the project. In attendance were programme officers from NMCP, Johns Hopkins University Bloomberg School of Public Health, Population Services International Tanzania (PSI-Tanzania), Research Triangle Institute (RTI), USAID/PMI, JHPIEGO, representatives from Tanzania Net Manufacturers, NGOs and faith-based organisations; among others.

The meeting particularly focused on identifying target behaviours to be promoted and key messages to be communicated to the communities with the aim of promoting ITN use, prompt care seeking and appropriate treatment of

malaria using the Artemisinin-based combination therapy, intermittent preventive of malaria in pregnancy, and indoor residual spraying, among the key malaria control interventions implemented in the country.

The main objective of COMMIT is to build on the ongoing malaria control initiatives by ensuring that Tanzanian communities, households and individuals are equipped with relevant knowledge and skills about the malaria disease so that they can take advantage of the available life saving measures. Emphasis will be put on reaching the disadvantaged with limited access to information, especially those in rural areas.

The project will be implemented through a consortium arrangement, between Johns Hopkins University Bloomberg School of Public Health Centre for Communication Programmes, PSI-Tanzania, and RTI. It is funded by PMI.

# Towards Equitable Access to ITNs .....

## Under-five children to get free LLINs

Over the years, the attention of the Government and development partners has been on how best to reduce the burden of malaria especially among the most vulnerable groups, mainly pregnant women and under-five children. The introduction of Tanzania National Voucher Scheme was a bold step forward to increase access to ITNs by pregnant women and their children.

Through the scheme, every pregnant woman attending antenatal care clinic and children aged 9 months get a discount voucher at Tsh. 3,250/=, which covers two thirds of the cost of a bed net bundled with an insecticide treatment kit. The 9th month is a strategic catch period when the child goes for measles vaccination.

Despite these efforts there are still a number of challenges to be addressed in order to increase access to ITNs and ensure equity in protecting the groups most vulnerable to malaria. Preliminary results from TNVS evaluation indicate that even though there are improvements in ITN ownership within each socioeconomic group, differences in

coverage by socio-economic status continue to be seen. The poorest women and children remain least likely to use an ITN and coverage is lower in rural urban areas. This is mainly due to inability of the poorest socio-economic quintiles to afford the top-up price of an ITN despite having the voucher.

While TNVS further envisages that the ITN obtained using the Infant Voucher will last for at least two years, how to protect the child between the age of 3 and 5 years has been a matter of great concern.



Photo by M. Halidham

Subsequently, the Government of Tanzania, with support from the World Bank, PMI and the Global Fund to fight HIV/AIDS, TB and Malaria (GFATM) plans to

distribute free long lasting insecticide treated nets (LLINs) to all children aged 0-5 years through a "catch-up" campaign. Coverage of infants will continue to be addressed through the PMI-supported infant voucher initiative. The value of the pregnant woman and infant vouchers will also be increased considerably to reduce the top-up price and permit purchase of LLINs by the poorest socio-economic quintiles.

## Free Nets versus Voucher System

The decision by the Government to distribute free LLINs to under-five children through the "catch-up" campaign alongside implementation of the voucher scheme, is indeed a bold one. It comes against a backdrop of years of a contentious debate on how best to ensure access to ITNs by all vulnerable groups as a means to fight malaria.

On one hand have been proponents of free distribution of nets, sighting the need for equity and universal coverage of this life-saving intervention. On the other hand are proponents of cost-sharing mechanism like the voucher scheme, emphasising the need for sustainability of the intervention through involvement of the private sector while ensuring increased up-take of ITNs.

A cost-sharing mechanism like the voucher is looking for setting up a long term viable system, which is based on a response that meets a demand. On the demand side, even with a minimal contribution to the costs, the beneficiaries become rapidly aware of the importance of preventive care; therefore their decision to buy a net is meant to ensure that pregnant women and children will sleep under it on a regular basis. On the response side, the production and the distribution chain is organised through the private sector, which is quite efficient for this kind of activity.

A free distribution mechanism is based on the understanding that the government has the direct responsibility to ensure that the target beneficiary receives a free net. This assumes that the government will be able to support financially and technically in the long term the costs and distributing mechanisms related to this activity. This implies a choice on setting financial priorities by the public sector.

Both schools of thought deserve credit for their valuable ideas and convictions which have made it possible to adopt the current strategy which recognises the need to reinforce the existing voucher scheme with a one-time "catch-up" campaign for all children who are not beneficiaries of the voucher programme.

## Important Lessons from Equity Voucher

In September 2006, the Ministry of Health and Social Welfare in collaboration with partners, introduced as special "Equity Voucher" as part of the continuing efforts to ensure equitable access to ITNs by groups most vulnerable to malaria. The introduction of the voucher was in response to continuing reports from different parts of the country indicating that a number of pregnant women and their infants were unable to meet the top-up price of an ITN despite having a discount voucher. Six districts, namely Tandahimba, Nachingwea, Bagamoyo, Magu, Dodoma Rural and Sumbawanga Rural were selected to pilot the initiative on the basis of their high under-five and infant mortality rates and poverty index.

However, implementation of the initiative has been characterised by numerous challenges and minimal progress in reaching the target beneficiaries. Among the challenges are the problem of definition of who is really poor, as this varies from one area to another; unreliable system of identification of the poorest; poor documentation at the community level; and difficult co-ordination of voucher distribution mechanisms.

These challenges serve as an eye-opener to the up-coming under-five "catch-up" campaign to be executed through community based channels. Eligible children for free LLINs will be registered by local government staff at the ward and village levels.

# Infant Voucher Goes Countrywide

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malaria. The six regions to be covered in the expansion phase are Dar es Salaam, Kilimanjaro, Arusha, Manyara, Singida and Tabora. Training officers from World Vision Tanzania (TNVS training and promotion contractor) are already in all the six regions conducting the training to RCH staff at different health facilities. The training is going on hand in hand with distribution of the infant vouchers to the facilities by trained staff from Mennonite Development Associates (MEDA), the TNVS logistics contractors.

By the end of March 2008, 106 out of the 705 health facilities in the six regions had been covered. It is expected that the remaining facilities will be covered by the end of April 2008.

The training targets at least three RCH staff at the dispensary level, five at health centres and 10 in hospitals.

The on-site training approach adopted in the implementation of the infant voucher initiative has made it easier to train more health workers simultaneously while ensuring that they engage with practical realities of their work environment. It has also enabled the trainers to supervise other TNVS activities at the facilities, as they update the RCH staff on new developments.

The Infant Voucher initiative is supported by the United States Agency for International Development (USAID) with funding from the US President's Malaria Initiative (PMI).

## A-Z to Increase LLIN Production



Photo by M. Haidiliani

A to Z Textile Mills, Tanzania's leading ITN manufacturer, recently launched a state-of-the-art factory for production of long lasting insecticide treated bed nets (LLINs). The factory is a 50/50 joint venture between A-Z and Sumitomo Chemicals, a Japanese multinational company based in Tokyo.

What began with technology transfer in 2002 has today become Africa's largest and the only LLIN manufacturing unit a huge production capacity. With the launch of the factory, A-Z plans to produce at least 10 million nets per year. So far it has created over 3,200 job opportunities, supporting over 20,000 people.

While presiding over inauguration of the new factory on February 8, 2008, the Vice President of the United Republic of Tanzania, Dr. Ali Mohammed Shein commended A-Z Textile Mills for their contribution in the fight against malaria and reduction of poverty. He underscored the importance of ITNs as a cost-effective tool for prevention of malaria.

Olyset®, the branded LLIN produced by A-Z is particularly credited for its durability and efficacy. It was the first LLIN to be submitted to the World Health Organisation's Pesticide valuation Scheme (WHOPES) and remains the only LLIN to have passed all four stages of evaluation process, confirming its efficacy and longevity. Olyset® is woven in such a way that enough air can pass through it but not mosquitoes. The net is treated at the factory and remains effective even after several washes. It therefore does not require any re-treatment and can last for at least five years.

## Buguruni HC Reveals Secret to Success

Buguruni Health Centre is one of the health facilities in Dar es Salaam which has recorded remarkable success in TNVS implementation. From October 2004 to date, the facility has provided over 12,000 pregnant women with vouchers. In this issue, we talk to Dr. Mwijuma Mbagu, the medical officer in charge of the facility, about the factors behind the success of the programme at the facility.

**Q: What are the factors behind the high up-take of ITN vouchers by pregnant women at your facility?**

**A:** The high up-take of ITN vouchers by pregnant women attending the facility is a result of combined efforts by the facility's administration, service providers and other stakeholders, to ensure that pregnant women are motivated to attend antenatal care clinics where they are issued with the vouchers. We have also done our best to improve quality of health services at the facility which include among others, general cleanliness, public health education and provision of reliable referral services in case of complications.



Dr. Mwijuma Mbagu

This has helped to attract more pregnant women to our facility. In addition, the health centre is situated in a strategic location easily accessible by pregnant women from different streets in Buguruni Ward.

**Q: How do you reach pregnant women outside the facility?**

**A:** We have an elaborate community outreach programme involving community based health care providers, youth groups and NGOs working in the facility's catchment area. The stakeholders have been instrumental in educating mothers about the voucher scheme and malaria control in general.

**Q: What challenges do you face in the implementation of the voucher scheme?**

**A:** The top-up price of ITNs is a major challenge. We are doing our best to sensitise men through our outreach programme to support their spouses to meet the top-up price.



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