IMPLEMENTATION OF SUBSIDY ITNs VOUCHER SCHEME: EXPERIENCE FROM CHUNYA DISTRICT

IMPLEMENTATION OF SUBSIDY ITNs VOUCHER SCHEME: EXPERIENCE FROM CHUNYA DISTRICT

By

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A Dissertation Submitted For Partial Fulfillment of the Requirement for the Awards of Masters of Science in Health Monitoring and Evaluation of Mzumbe University

2015

CERTIFICATION

We, the undersigned, certify that we have read and hereby recommend for acceptance by the Mzumbe University, a dissertation entitled ***Implementation of Subsidy ITNs Vouchers Scheme: The Experience From Chunya District,*** in partial fulfillment of the requirements for the award of Masters of Science in Health monitoring and evaluation of Mzumbe University

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DECLARATION

I, Yohana Lumuliko Ngulukia do hereby declare that, this particular dissertation which is titled ***Implementation of Subsidy ITNs Vouchers Scheme: the Experience from Chunya District*** is my original work and that it has not been presented and will not be presented to any other University for similar or any other degree award.

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Finally, I take the opportunity to emphasize that the contents of the study are findings from the study area as conducted during my fieldwork session such that the discussions, conclusions and suggestion provided herein have relied on professional judgment. It is not easy to mention everyone in this context, all in all I appreciate their contribution, hence brings my heartfelt gratitude for their tireless support towards me.

ABBREVIATIONS

BCC	Behaviors Change and Communication
CHMT	Council Health Management Team
DED	District Executive Director
DHIS	District Health Information System
DMO	District Medical Officer
HF	Health Facilities
ITNs	Insecticide treated nets
IRKs	Insecticide Re-Treatment Kit
KINET	Kilombero Net Project
LLIN	Long-Lasting Insecticidal Nets
MDGs	Millennium Development Goal
MEDA	Mennonite Economic Development Association
MoHSW	Ministry of Health and Social Welfare
mRDT	Malaria rapid diagnosis test
NMCP	National Malaria Control Program
PMI	President's Malaria Initiative
PPP	Public-Private Partnership
RCH	Reproductive and Child Health clinic
RBM	Roll Back Malaria Global Malaria Action Plan
SMATNET	Social Market Net project in Tanzania
TNVS	Tanzania National Vouchers Scheme
TV	Television
WHO	World Health Organization

ABSTRACT

The study main objective was to explore the implementation of subsidy ITNs vouchers scheme, the experience from Chunya District, specific objectives was on examining malaria incidence, investigating subsidy insecticide treated nets (ITNs) vouchers coverage and identifying challenges faced by subsidy ITNs vouchers program actors and beneficiaries during the implementation. This study was descriptive cross-sectional, applied a triangulation of quantitative and qualitative methods. Information's on malaria incidence and subsidy ITNs vouchers coverage was obtained from soft and hard copies archived records and reports by using checklist extracted from the District Medical Office. Information on challenges experienced during the implementation was obtained through an in-depth interview by involving three key participants, who were malaria focal person, community leader and selected woman rearing a child as program beneficiary were involved. Data analysis involved summarization and import in micro-soft excel for quantitative data for table and figure. For qualitative data atlas.ti was used for grounded theory and content analysis. Overall findings indicated the decline in malaria incidence as DMO's report depicted from 34% in 2012 to 9.2% for out-patient department (OPD) and 10% for in patient in the year 2013. Further findings revealed that, 9,380 pregnant women were identified in 2013, only 2,915 received subsidy ITNs vouchers equal to 31%. Also, findings revealed a total 5,163 of subsidy ITNs vouchers distributed to pregnant women in 2014, but a report was blank for the number of pregnant women received. Furthermore, majority of participants have knowledge about subsidy voucher. Also, findings observed that, some community members missed their share. Challenges identified were poor communication and coordination between actors. Subsidy ITNs vouchers scheme has shown to contribute in reducing malaria incidence despite some setbacks those emerged. It is necessary for the health sector management to rectify weaknesses observed for improvement during future intervention of the same nature.

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CHAPTER ONE

BACKGROUND AND PROBLEM STATEMENT

1.1 Background

Globally about 515 million people are affected by malaria whereby nearly 80% of malaria cases are found in Africa (Snow R.W.*at el,* 2005). A report from World Health Organization 2012 indicated that there were approximately 219 million cases of malaria in 2010, and 660,000 deaths whereby 90% was from Africa. The most affected victims are under five children, as well as pregnant mothers leading to infant mortality of 18% (WHO, 2005; WHO, 2012). A possibility of deaths for pregnant women in developing countries is 97 times as much as for women in developed countries for all causes but also these deaths are aggravated by malaria as indirect cause (www.news-medical.net). A pregnant woman in malaria endemic areas has a 50% higher risk of malaria infection during pregnancy than non-pregnant women. Between 2009 and 2012, approximately 94,000 newborn deaths were averted as a result of scale-up essential malaria prevention strategies including Insecticides Treated Nets (ITNs) interventions during pregnancy.

In developing countries ITNs have been found to be the best way to prevent malaria (Lengeler C, 2004; Fegan GW *at el*, 2007). Countries which attain high coverage and uses of malaria control interventions during this period saw the mortality rate fall by as much as 20%. Effective roll-out and use of these proven preventive measures contributes positively to the achievement of Millennium Development Goals (MDGs) four, five and six respectively. The Millennium Development Goal 6 together with the Abuja Declaration focused on reducing mortality and morbidity by rising up to 80% coverage of children and pregnant women on uses of ITN (MDGs, 2005).

The Roll Back Malaria Partnership took a leadership position in advocating for achieving the intended goal of reaching at least 80% ITN coverage of pregnant mothers and under five children within Africa.

The US President's malaria initiative (PMI) has provided the leading financial support to enable countries to move towards increasing coverage by 85% (Lancet, 2006; UN, 2005; WHO, 2005). Following the Abuja declaration, heads of African states enacted a plan committing their government support for reaching coverage of 60% of ITNs to children and pregnant women as victims of circumstances. This plan has however shown alarming slow progress towards achieving the goal of reducing the pregnant women and under five children mortality rate (WHO, 2005). It is only in recent years that the situation appears to have improved by showing positive trend of increase in the coverage in ITNs distribution in some African nations (Noor A.M *at el,* 2009).

For instances studies carried out during 1990's by Binka FN *at el*, 1998; Howard SC *at el*, 2000; Maxwell CA at el, 2002 and Gimnig JE *at el*, 2003, highlighted strategies on mainstreaming system for effective and efficient transfer of vouchers, procure vouchers, identify, train and monitor selected retail outlets eligible to receive vouchers, manage vouchers redemption and managing risk of vouchers misuse and frauds which were focusing on ITN Subsidy scheme promotion, has greater than individual benefits and allows to protect everyone in the population in the target areas. The eventual excess number of ITNs will assure mass-effect benefits even those who do not sleep under an ITNs.

In Tanzania, the ITN promotion program started in 2007.The progress made over the years was initially documented by the Tanzania Demographic Health Survey (TDHS) 2007/08 to 2009/2010, which showed that there were increases of the percentage of households that own at least one Insecticide Treated Net (ITN) from 39.2% to 63.4%, increased percentage of children sleeping under an ITN from 25.7% to 64.1%, also the percentage of pregnant mothers who sleep under an ITN increased from 26.7% to 57.1% in same period (URT, 2010). The program was funded by the Global fund and its implementation, involved a partnership between three key stakeholders in the country namely, MEDA who was distributing the ITNs and vouchers to the district authorities.

The District Medical Officers (DMO) who were receiving and distributing the vouchers to their health facilities and contracting the business outlets for selling the Subsidy ITNs to their clients. The third partner was the World Vision (Tanzania) who had a role of promoting the ITN and sensitizing the communities on the use of the product.

1.2 Vouchers Scheme In Tanzania

In Tanzania the program was prepared in 2003 and approved in 2004 and went into implementation phase from 2004 to 2009 and 2009 to 2012, and the program came into the third phase during 2014(URT, 2009). The ITN Subsidy vouchers scheme in the country has been funded by the U.S President's malaria initiatives (PMI), which was launched in June 2005 aiming to reduce malaria by 50% within five years in 15 high burdened countries in the sub Saharan Africa. The initiative worth $ 1.2 billion targeted the scale up of malaria prevention and treatment interventions. The initiative intended to encourage country ownership by investing in country-led plans and health system by using strategies that would enhance the increase of efficiency and impact in a coordinated manner, integrate program, mainstream key partnerships, multilateral organizations and contributions from the private sectors, uses of women and girl-centered approach, improving monitoring and evaluation as well as promoting research and innovative techniques.

1.2.1 Experience on factors that affecting ITN vouchers scheme success.

Press release by the national malaria control program Dr P. Mwita, explained that effectiveness and efficiency of the program had been noticed with obstacles whenever it passed several stages due to the fact that involved various partners (URT, 2012). However, the program was highly vulnerable, the reason behind being that was relied on external donor funding gone with very minimal support injected by the government of Tanzania (USAID, 2014).

On the other side, the matter on the delay of adopting the ITN keep-up strategy has adversely affected the implementation of ITNs strategy for FY 2013 and FY 2014.

Unusable nets remained a dilemma in the country. In fact, the short longevity of ITNs implication less than three years has been a challenge for NMCP as a result of shortened net life which in turn needed funding in addressing and covers the gap (ibid).

Despite drastic efforts towards achieving program targets, some other literature argues that challenges on vouchers system included among other frauds due to its value hence trigger high risk, some retailers tended to refuse honoring vouchers and at times failed to get their money, banks refused to co-operate and there were some wrong users of nets (Njau *et al,* 2009).

1.3 Problem statement

Malaria prevalence is positioned highest among the leading top ten diseases in Chunya district. The number of reported cases in 2012 stands at of 26,030 (23%) of the population, while the number of deaths was 93. These were mostly children causing an estimated death rate of 48% and 34% among children under-five and adults respectively. Malaria therefore is highly responsible for accelerating infant and maternal mortality as well as in-direct cause among others in Chunya district (Chunya profile,2013).

This accelerates loss of productivity to the disadvantaged poor pregnant women and under five children who lives in remote rural areas in the district through time for caring for the sick, attending funeral services and following regular attendances at health facilities for case management (McIntyre & Gilson, 2005; URT, 2005; URT, 2012). Gallup & Sachs (2001) pointed out that, critical malaria in the country can decrease per capita income growth of 1.3% annually, such that Tanzania spent 3.3% of GDP for incurring malaria costs almost more than US$ 11.00 per person.

According to Worrall *et al.* (2005), specified that, the poorest of the poor suffered most from malaria because of the failure of access to quality health services, both preventive and curative. The vouchers scheme which was launched in 2008 in line with six strategic areas which are the implementation system for effective and efficient transfer of vouchers, procure vouchers, identify, train and monitor selected retail outlets eligible

to receive vouchers, management of vouchers redemption system as well as implementation of risk management systems to minimize misuse and frauds. In spite of all the above well intended outlined strategies, the vouchers scheme activities have ceased since 2014 after nine years of its operation in the district (Chunya profile, 2014).

Overall, the Subsidy ITNs vouchers scheme has been proved to be a cost-effective malaria addressing initiative, which has been implemented via public-private partnership approach. Yet it has ceased its operations at a time when malaria has shown to respond to a combination of interventions including ITNs leaving, with great concerns, the light of pregnant women and under five children at stake. This is a major setback in the fight against malaria, which has had many previous negative lessons like the premature cessation of the global malaria eradication initiative, which resulted into epidemic outbreaks in countries where good progress had been achieved, due to loss of individual immunity hence the greater numbers of malaria deaths. Indeed, some reports talked of malaria coming back with vengeance (Mboera *et al,* 2002).

1.4 Significance of the evaluation

It is therefore expected that this will be followed by failure of pregnant women and children to access ITNs Subsidy vouchers and therefore failure to obtain ITNs and as a result, coverage with ITNs will decrease. A greater concern is that, with this decrease, malaria mortality will be on the rise in the district.

It is a pity that the program has ceased without a thorough evaluation of its performance and without any record of lessons learnt that would inform future intervention. Questions remain regarding the benefits of the vouchers scheme. Also it scrutinizes challenges met and the effectiveness of strategies which were implemented to meet the challenges (if any) and what should have been done to maintain the scheme. At the same for the intention partial fulfillment of requirements for award of Masters of Science in Health monitoring and evaluation of Mzumbe University.

1.5 Evaluation questions and objectives

1.5.1 Evaluation Questions

1.5.2 Main Evaluation Question

What was the implementation of the Subsidy ITNs vouchers scheme for the experience from Chunya district?

1.6 Specific Evaluation Questions

i. What was the trend of malaria cases for the period of the program implementation?
ii. What was the trend of Subsidy ITNs vouchers coverage during the implementation?
iii. What were the challenges encountered during the implementation of Subsidy ITNs vouchers program in health facilities?

1.7 Evaluation Objectives

The main objective of the evaluation so far was to explore the lessons learnt following the implementation of the ITNs vouchers scheme in Chunya district; hence the specific objectives being,

i. To explore the trend of malaria cases for the period of the program implementation
ii. To investigate the trend of Subsidy ITNs vouchers coverage during the implementation
iii. To identify challenges encountered during the implementation of Subsidy ITNs vouchers program in health facilities

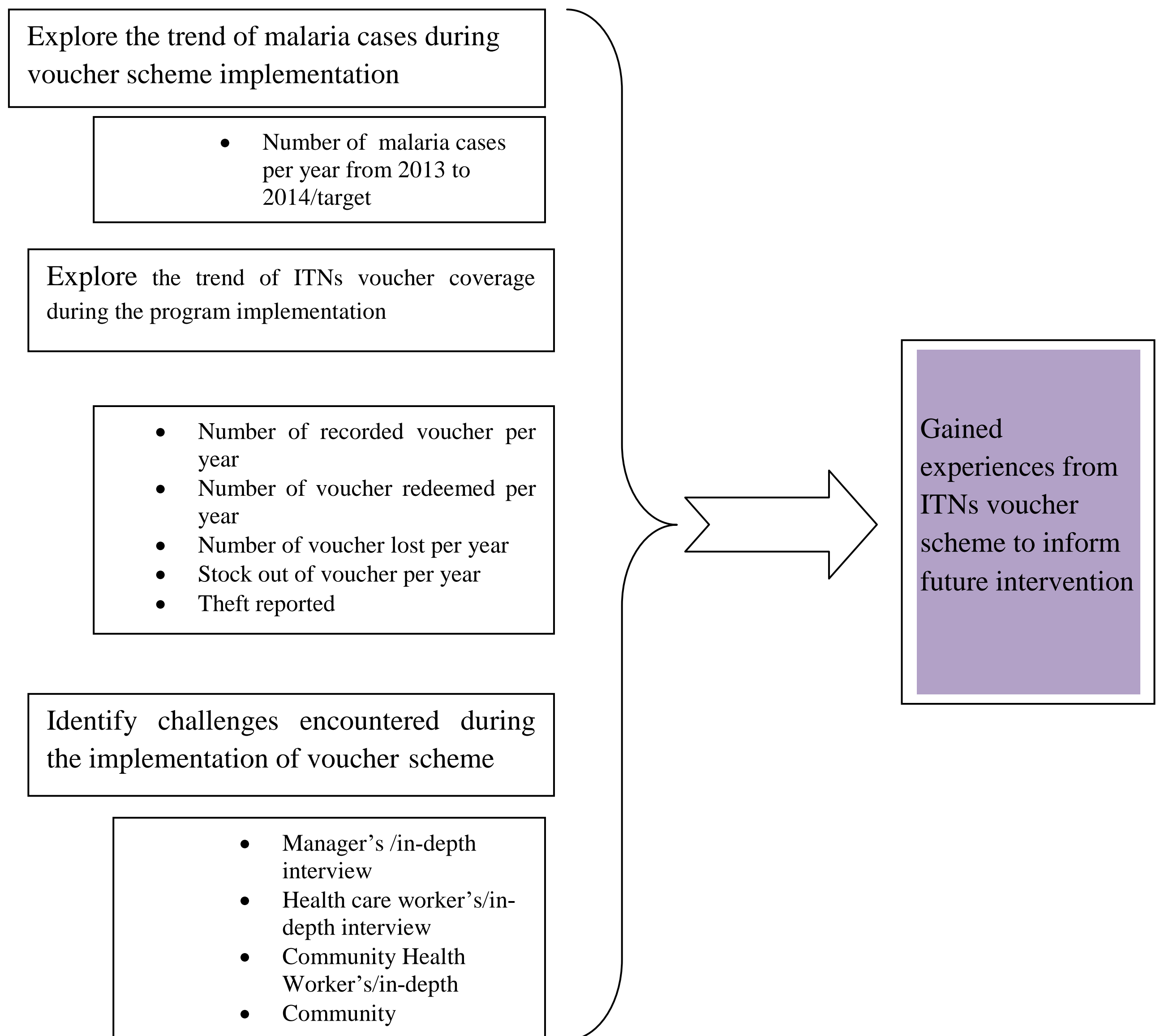
1.8 Significance of the Subsidy ITNs vouchers program Evaluation

This evaluation was intended to enlighten on what was achieved regarding the contribution of the program to the coverage of pregnant women and under five children by ITN and overall mortality trend in these groups. This evaluation also intended to explore and come out with challenges faced during the implementation of ITNs vouchers scheme. This was because knowledge of the benefits and challenges of such a scheme would provide vital lessons to future implementation of similar initiatives. Also, there was so far no any evaluation done in the district, during its implementation over the past nine years, therefore the evaluation findings came up with baseline information on how well other malaria programs could be successful.

1.9 Aims of the study

The major aim of conducting this evaluation was to explore information's on the implementation of Subsidy ITNs vouchers scheme for the experience from Chunya district.

Figure 1.1: Conceptual framework on experiences of Subsidy ITNs vouchers scheme in Chunya district



Source: Adapted from World Bank report, 2011.

1.10 The conceptual framework

The conceptual framework for this study was that, the experiences came out in course of the implementation of Subsidy ITN vouchers scheme, which was a dependent variable,

was defined as the improved quality of life due to continuation of delivering PWI and IV which purely resulted from the mentioned independent variables.

The contents focused on the lesson learnt following the implementation of PWV and IV scheme to meet the expectation of actors and users, whereby interest was to capture the data on what was the trend of malaria cases during implementation, trend on coverage of Subsidy ITNs vouchers and the severe consequences of malaria following stoppage or discontinuation of ITNs vouchers scheme in the district. Usage of services implied that the capacity of the health facilities to request and distribute Subsidy ITN vouchers scheme.

CHAPTER TWO

LITERATURE REVIEW

2.1 Theoretical literature

2.1.1 The status of malaria

In endemic areas, both adults and children are more likely to suffer from regular attacks of malaria. In epidemic areas, with unstable transmission all people are vulnerable to malaria due to low immunity (Carter & Mendis, 2002).Under five children and pregnant women are victims of malaria disease. At the macro level, malaria has a significantly negative impact on economic activities. There are evidences of reduction in per capita income growth of 1.3% in a state per annum if malaria is severe (Gallup & Sachs, 2001)

Tanzanians' use of a total of 3.4% from a GDP for curing Malaria implies that, it incurs US$ 11.00 per individual. Somewhat, adverse effects of malaria in the economy at the micro level are very conspicuous witnessed by losing productivity and extra money for treatment (McIntyre & Gilson, 2005). The majority who suffer are just coming from the poor of the poorest society who face challenges in accessing prevention and treatment services against malaria, hence malaria becomes a burden to the country's most affected (Worrall *et al*., 2005).

2.1.2 The initiatives for improving health through Subsidy ITNs vouchers

The meeting of African heads of state in line with Abuja Declaration of 2000 insisted on increasing their commitment to reduce malaria mortality at half level in Africa by 2010. The adequate prevention and treatment approach would be the best manner contributing to curb the malaria disease (WHO, 2000). In response to this declaration Tanzania signed and embarked on a malaria program in order to stick to use insecticide-treated nets (ITNs) prevention and indoor residual spraying, advanced technology of examination and diagnosis such as RDT plus laboratory and improved case management.

Donors like International Bilateral are still supporting the initiative by injecting resources in the country, therefore intervening malaria remains a very big change due to lack reliable funding (*ibid*).

2.1.3 Strategies of Subsidy ITNs vouchers at National level

As a result of the International ITN Conference held in Dar es Salaam in 1999, the Ministry of Health and Social Welfare (MoHSW) in Tanzania formed a Task Force in order to formulate a national ITNs policy and strategy, followed in 2001 initiating a Comprehensive Malaria Medium Term Strategic Plan with effect from 2002 to 2007. In this view, it enhanced the performance of ITN for Malaria control (URT, 2002). In 2002, the NATNETS program was introduced to work as a huge integrated program with package of firstly, coordination country wide, under the umbrella of national malaria control program, secondly, strategic social market abbreviated SMARTNET and thirdly, the system of Tanzania National vouchers scheme abbreviated TNVS for delivering vouchers to pregnant mothers and under-five children. The intention in designing the mechanism was to ensure sound coordination and complementariness of all activities (URT, 2002; Magesa *et al.,* 2005; Kramer, 2005).

In 2007, MoHSW formulated a new Malaria Strategic Plan for the reduction of maternal and infant mortality which could be an alternative solution towards reaching MDGs aspects, that intended for the period of 2008 to 2013.In this particular plan it added a fourth component centered on distributing free ITN to under-five children and members of the families depending on funds availability (URT, 2007). The strategy introduced in Tanzania the “catch up – keep up” policy. Whereby, the component had gone hand in hand with mass distribution for the aims of attaining high coverage and routine distribution I turn with reflect sufficiently covered vulnerable groups in campaigns (Grabowsky *et al*., 2007).

2.1.4 The availability of Subsidy ITNs vouchers in Tanzania

In Tanzania a series of studies and small scale intervention was conducted between 1985 and 2000 in order to explore information on the impact of ITN on health and also test distribution system like in Kilombero Net Project (Erlanger *et al.,* 2004). Therefore this study will contribute a body of knowledge in challenges setbacks achievement after phase-out stage of Subsidy ITNs vouchers in the study area. Also, between 1998 and 2007, Tanzania introduced and used social marketing approach as the main instrument for production and distribution of untreated nets, insecticide re-treatment package, ITN and insecticidal net of longer uses which was started with SMITN project and followed by SMARTNET project through financial support from donors (Koot *et al.,* 2006). Through these experiences the study at hand aimed at exploring information on the role of social market (retail shop) in redemption of Subsidy ITNs vouchers around the study areas.

Production of ITN locally has boosted social market project, as that of malaria program convinced private companies under SMARNET to increase ITN production in line with increased local capacity which had reduced production costs and thus distribute in affordable retail costs. Nowadays Tanzanian factories are in the frontline position in the world market of nets, such that the country earns foreign currency via net exportation. Tanzanian nets products was lacking insecticide treated up end of 2007 where they started to distribute separately the Insecticide Re-Treatments Kit (IRKs). During 2002 new nets were bundled with IRK, one at the same time produce LLINs distributed all over the country (URT, 2002, URT, 2005).

The Tanzania Malaria control program has made a deliberate choice of using the commercial sector for distribution in order to reduce transaction costs in the health sector and enhance sustainability. The intention of the project was to link distribution and sell of net through a network between wholesaler and retailers. The incentive schemes put in place to addressed distribution bottlenecks by promoting outlets and wholesaler to serve the majority at rural settings in terms of using shifting market as new

sales point plus shops and kiosks (Mponda *et al.*, 2008) such that 71% of net in households belongs from the points, 18% from a health centers and dispensaries and the remaining 11% from other sources with longevity of up to 3 years (Whiting, 2005).

Figure 2.1: TNs vouchers

Jina kamili la mama:
Wilaya:
Kata:
Kijiji:
Balozi/Mwenyekiti wa mtaa:
Namba ya kadi ya kliniki:
Jina la kliniki:
Mtumishi aliyeidhinisha:
Tarehe:

01836349

HATI PUNGUZO
TANZANIA

01836349

Hati hii itatumika hadi: 30th June 2006
Kiwango cha thamani ya hati: Tshs 2,750 /=

Hati Punguzo itatumika kununua chandarua chenye dawa au chandarua chenye dawa ya kudumu tu.
Hati lazima iambatanishwe na kadi ya kliniki ya mama mjamzito.

Source: © 2008 Hanson et al; licensee BioMed Central Ltd.

2.1.5 Accessibility of Subsidy ITNs vouchers for pregnant women and under five children

In the initial stages Tanzania concentrated on social marketing of nets, and the Global Fund subsidies came to effect in order to facilitate combating Acquired Immuno Deficiency Syndrome (AIDS), Tuberculosis (TB) and malaria. At the end of 2004, the TNVS was established for the purpose of making easy to issue vouchers to pregnant women once they visited health clinics for the first antenatal services. This was followed by procure nets in affordable price from US$ 1 which replaced US$5 hence making nets readily available to reach vulnerable population and underprivileged people in the country.

In case a woman affords to pay more, she could obtain a large size net, and in 2008 the government increased a subsidy to enable the targeted group to purchase LLIN under price of US$ 0.40 therefore the percentage of women buying net with redemption

increased by 80%. Some of the women failed the redemption because they were facing financial constraints and this hampered them on the uses of vouchers resulting to misplacing of vouchers. However, many shops were sometimes running out of stock while some other places pregnant women had a low awareness on the importance of using nets until the raining season (Nathan *et al.,* 2008).

Figure 2.2: Vouchers ITNs distribution point

Source: USAID (2010). Tanzania Health System Assessment Report

The infant vouchers was launched by the end of 2006, under support from the President's malaria Initiative whereby child rearing mother received ITN vouchers when coming for vaccination, Jones & Sedekia, (2008) pointed out that, the rate of redemption in 2008 decreased because of lack of money. About 3 million nets were purchased during January 2005 and December 2007 facilitated by vouchers system. During the ITN distribution exercise there were numbers of issues that emerged, when Tanzania introduced public private partnership concept for the intention of engaging some civil society organization like NGOs and relief organizations issuing nets to specific target groups mainly refugees, orphans and vulnerable children. Experiences of previous evaluations of these initiatives alert presence of problem in distribution.

There was a room for leakage of nets in the market, stealing and other related issues which has been reported (Reed & Stephen, 2005; Koot *et al*., 2006).

The social market insisted to increase demand as that, prior to 2004, these techniques were adopted to portray facts through the mass media. Commonest used for spreading messages related to malaria were the radio, TV, newspapers, posters and billboards. The feedback in 2003 proved that the low income personnel in peripheral areas has been reached under the path of mass media. This drives the motion to switch the sensitization campaigns during 2004 in remote areas having common malaria cases.

Figure 2.3: Mosquitoes prevention (*ZuiaMbu)* promotion poster

Source: H. Minja et al. IEC campaign for insecticide-treated nets in Tanzania

The teams strived and visited almost all malaria endemic areas in duration of 3 years, rotating from one ward to another through meeting with influential people like government officials and religious leaders. Key messages transmitted by using videos and road shows in hot spot areas such as center and marketplaces were insisting on malaria prevention.

In January, 2007 the campaign was spread in all districts focusing on promotion with the aims of facilitating TNVS vouchers towards redemption and adequate net application. The progress showed a success because political parties influenced such as a campaign

championed by Hon Benjamin Wiliam Mkapa a former President of the United Republic of Tanzania, who insisted on a national slogan for rejection of Malaria in Swahili ‘Malaria haikubaliki’ campaign. The assumption holds true that malaria is a cured and preventable disease (URT, 2007).

2.1.6 Subsidy ITNs Vouchers Policy Process in Tanzania

Developing the national ITNs program in Tanzania was a process that took years. The frequent consultation between policy-makers, research institutes, NGOs and donors was crucial for its success. The ITN cell and NATNETS committee roles to ensure smoothening operation was a very important aspect in managing national program in collaboration with number of stakeholders in this area. NGOs working in the Malaria program were linked switch in business as that, it was a big challenge for government organization to join for work (URT, 2007; Hanson K, 2008).

The good progress of ITN cell under NMCP was due for financial and technical aid from donors that helped in soliciting resources from Global fund and PMI (Hanson, 2009). Currently, Tanzania switched in distributing free nets through mobilizing stakeholders in discussion and reach consensus to commit efforts upon single national program. The social market collaborates in campaigns of distributing free nets and as such, fighting malaria takes place globally. The summit of 2008 for MDG malaria guided the policies pertains to ITN in Tanzania in line with The Role Back Malaria Global Action Plan (RBM, 2008a).

2.2 Subsidy seed and fertilizer vouchers scheme for Agricultural Sector in Tanzania.

The World Bank Board of Executive Directors in 2012 approved US $25 million purposely to boost the productivity of Tanzania’s agriculture sector via timely delivery of seeds and fertilizers to 300,000 farmers, and added financing of US$ 30 million to enhance farmers access the latest in agricultural knowledge, farm technology and irrigation infrastructures whereby International Development Association played role to

fasten experience on implementation of seed and fertilizer vouchers scheme(World Bank, 2012).

The best practice of giving the subsidies by the government to the community through introduction of vouchers system like what has been noticed in the flagship National Agricultural Input Vouchers Scheme for seed and fertilizer, was geared towards green revolution in line with the slogan "KILIMO KWANZA", meaning "agriculture first". This seeks for achievement on rising grain and fertilizer prices, rural investments in farm economy could facilitate small farmers in easy access to local infrastructures and get inputs, and extension services.

The results of ceasing the subsidies on promoting the agricultural sector would adversely affect the poor rural farmers as well as on the pregnant women and under-five children vouchers as most vulnerable group on addressing killer diseases malaria.

Either this action would hamper the initiative of the country towards controlling and or eradicating hunger and malaria, eventually rendering the economy unstable. There was need to sustain the vouchers scheme to support the poor of the poorest rural society pregnant women inclusive to access the Subsidy net since they are low income potentials.

CHAPTER THREE

EVALUATION METHODS

3.1 Study Area

The study was conducted in Chunya district, which is located in the North-West of Mbeya region, one among the nine districts forming Mbeya region. It lies between 7^0 and 9^0 latitudes south of the equator and between 32^0 and 34^0 longitudes East of the Greenwich. The district is bordered by Singida and Tabora regions to the North; Iringa region and Mbarali district to the East; Mbozi and Mbeya districts to the South, Rukwa region and Lake Rukwa to the West.

The district consists of 29,219 square kilometers total area (29,219,000 ha) which is 46% of the regional area.78.7% of the land is arable. The population of Chunya district was 700,345 in 2012 (URT, 2012); So that, it was accounted about 9.8% of the total regional population. Either, Chunya consisted of 234,000 males (50.3%) and 201,033 females (49.8%).The average household size was estimated to be about 4.5 persons and the dependence ratio was 92(Chunya district profile, 2014). The district consists of 34 health facilities of about two hospitals, one owned by the government and the other mission, four health centers and 29 dispensaries distributed in four divisions (Chunya district profile, 2014).

3.2 Evaluation Period

This study was done from January 2015 to June 2015 during the field work. The trend were gone hand in hand with the collection of field notes and prepared report. Evaluability assessment was carried between November 2013 and December, 2014 during leave vacation and repeated during February 2014 through dialogues with potential and key program stakeholders in and out of the district.

3.3 Evaluation Approach

This study was used formative evaluation in order to explore the Subsidy ITNs vouchers scheme program in the district. This provided a rich picture of a program as it unfolds. It allowed deep scrutinizing factors challenging the implementation process of the program. The worthiness of formative evaluation includes clarifying of goals, determination of the design of the particular program in terms of eligibility for implementation, examining the problems on implementation and documentation, clarifying outcomes trend, presence of measures for facilitating co-current monitoring, stage summative evaluation, analyzing the results and submit the report to the intended clients (Bonte-Tinkew *et al.;* 2007).

Either, formative evaluation does compliment summative evaluation and is crucial when knowing which prevails at work. Huge program can be noted by discrepancy between formal program theory and actual local implemented (Bonte-Tinkew *et al;* 2007). Formative evaluation is centered to strength or improves proposed program or intervention via check and balance in the delivery of the program, effective implementation for quality and the components related to the organization, personnel, structures and procedures.

This was done as a transformation evaluation approach, focusing on detected discrepancies between what has been direction expected and actual outputs of the entire program versus real happening, analyzing strengths and weaknesses, uncover pulling and pushing factors posed as challenges or barriers or expected opportunities, and to generate understanding on a proper manner could be implemented. At the same time formative evaluation plays a role as responsive to the dynamic context of a program (www.evalsed.info).

3.4 Evaluation Design

The preferred design to fit the context was the cross-sectional study, which allows intensive exploration of vouchers scheme program implementation in terms of malaria cases trend, ITNs vouchers distribution and how challenges might be influenced the success or failure of the program including identifying potential challenges or barriers.

Table 3.1: Evaluation plan

S/No	Program component	Evaluation question	Evaluation Dimension	Activities	Methods of data collection
1	Malaria cases reduction	To determine the trend of malaria cases for the period of program implementation.	Accommodation	Review malaria cases register per year from 2012 to 2014	Documentary review
2	Increase quality services to beneficiaries	To identify lessons learnt from the Subsidy ITNs vouchers program implementation in health facilities?	Compliance	Ascertain information on challenges from ITNs vouchers actors and beneficiaries	Interview ITNs vouchers actors and beneficiaries

Source: Adapted from WB to sweet Subsidy ITNs vouchers evaluation protocol

3.5 Focus of evaluation and dimensions

The focus of this study was centered on intermediate outcome evaluation and based on compliances, accessibility and accommodation of program results to act as an evaluation standards, hence maximize program value. In these cases, the particular evaluation mainly emphasizes and is focusing on the activities, outputs and short term, and intermediate outcomes as outlined in a program logic model to enable direct measurement activities. One advantage of this evaluation model is, it makes the evaluator to bear flexibility and adapt evaluation strategies in case changes could arise as per program inputs and activities.

Donarbedian, a founder of evaluation domains, has express dimension as, an accommodation of services as conforming to objectives, services accessibility, and it is a general term applied when specifying the extent of accessing a product specifically on device, services and environment by as large a number of population as possible. This was reflecting physical or actual access of ITNs vouchers that stands as whether or not in the right place and at the right time.

Compliance of services offers room for comfort ability availability as per services providers and receivers. There was an element of services provider to adhere with redesigned guidelines or the plan of the service that goes with established guidelines and specifications applicable in Chunya context, hence the implementation Subsidy ITNs vouchers scheme satisfies the targeted population (URT, 2009).

3.6 Evaluation Indicators

The indicators and variables which have been incorporated in the study included the number of new malaria cases, Subsidy ITNs coverage and challenges that have been experienced by actors and beneficiaries interviewed. The conceptual frameworks, logic model and table 2 highlighted the contents as that, number of new cases of malaria reported from 2013 to 2014 to portray the incidence as a results of exploring the trend of malaria cases during vouchers scheme program implementation. Also other outcome indicators investigated were the trend of ITNs vouchers coverage to capture the number of ITNs vouchers supervision done per year from 2013 to 2014, number of ITNs vouchers recorded per year from 2013 to 2014 and the number of ITNs vouchers redeemed per year from 2013 to 2014 to provide an overview on program implementation.

Lastly, other indicators were identifying challenges encountered by ITNs vouchers scheme actors and beneficiaries during implementation in terms of types to health care workers, community leaders and beneficiaries when scheme operating. On the case of dependent variables which were used, which have measured gained experiences from ITNs vouchers implementation to inform future malaria intervention as stipulated in

conceptual frameworks and logic model (see figure 1and table 1). Table no 2 was used to describe the independent variables incorporated in this particular study.

Table 3.2: Definitions of variables and their presumptions

S/No	Evaluation objectives	Variables	Output Indicators	Measures
1	Explores the trend of malaria cases during vouchers scheme program implementation	Documentary review of cumulative malaria cases per year	Number of malaria cases per year from 2013 to 2014	Scale
		Documentary review of new malaria cases per year	Number of new cases of malaria reported from 2013 to 2014	Scale
2	Investigate the trend of ITNs vouchers coverage during implementation	Review documents to ascertain recorded vouchers per year	Number of ITNs vouchers recorded per year from 2013 to 2014	Scale
		Review documents to ascertain vouchers redeemed per year	Number of ITNs vouchers redeemed per year from 2013 to 2014	Scale
		Review visitor's book to ascertain supervision records done on ITNs vouchers per year	Number of ITNs vouchers supervision done per year from 2013 to 2014	Scale
3	Identify challenges encountered by ITNs vouchers scheme actors and beneficiaries during implementation	In-depth Interview managers on challenges when scheme operates	Types of challenges encountered by managers when scheme operates	Scale
		In-depth Interview health care workers on challenges when scheme operates	Types of challenges encountered by health care workers when scheme operates	Scale
		FGDs with community leaders on challenges encountered when scheme operates	Types of challenges encountered by Community leaders when scheme operates	Scale
		In-depth interview with benefited mothers on challenges	Challenges encountered by beneficiaries	Scale

Source: Adapted from WB to suit Subsidy ITNs vouchers evaluation protocol

3.7 Population and Sampling

3.7.1 Target Population

The target population included all pregnant women and under-five children who were attending RCH clinic from different health facilities in Chunya district and entitled to receive Subsidy ITNs vouchers. Also involved reported patients who have attended in various health facilities for the purpose of receiving malaria treatment.

3.7.2 Source Population

The source population in this evaluation was pregnant women and under-five children who were involved and received Subsidy ITNs vouchers services when attended RCH clinic from different health facilities in Chunya district, Mbeya region.

3.7.3 Study Population

The study population was consisted three key informants who were malaria focal person and village leader, definitely involved during Subsidy ITNs vouchers program implementation. Also, pregnant women who were entitled to receive subsidy ITNs vouchers when they attended RCH clinic from different health facilities in Chunya district. These study population was obtained after realizing their involvement in the program and also calculating the number of pregnant women who attended the clinic and were entitled to receive Subsidy ITNs vouchers in the study area.

3.7.4 Study units and sampling units

3.7.4.1 Study units

The study unit included all ITN vouchers scheme records from different health facilities and all personnel who worked for Subsidy ITNs vouchers scheme in Chunya district in Mbeya region.

3.7.4.2 Sampling Units

Unit of analysis in this study was archive records for Subsidy vouchers scheme in Chunya district, Subsidy ITNs vouchers from DMO office report and Chunya district council profile. These data provided information which were quantified and presented in percentages. These reports were from all health facilities in the district as shown in table 3. The other study unit involved the key personnel who worked for ITN vouchers scheme in Chunya district and provided information concerning challenges encountered when the program was implemented.

Table 3. 3: Number of health facilities in the study area

S/No	Type of health facility	Total(n)
1	Hospitals	2
2	Health center	3
3	Dispensaries	29

Source: Chunya district profile, 2014

3.7.5 The Evaluation Sample

The sample for analysis was archive records of Subsidy vouchers scheme in Chunya district, malaria incidence reports from DMO office and Chunya district council profile. These data provided information in quantitative form. This information was collected from all health facilities in the district as shown in table 3. The other study sample incorporated 3 key personnel who were involved during Subsidy ITNs vouchers scheme implementation in Chunya district.

3.7.6 Sampling procedure/techniques

The sampling procedure for collecting quantitative information on trend of malaria cases and Subsidy ITNs vouchers distribution was doing documentary review then sorting and selecting the archived records and report by using already prepared checklist to track information on Subsidy ITNs vouchers and incidence of malaria.

Also, non-probability sampling technique was used in selecting interviewees in collaboration with malaria focal person who assisted us to identify the key informant and those involved in the program were interviewed to collect data concerning challenges encountered when the program was implemented. These were a malaria focal person, community leader and women rearing a kid who provided their insight on challenges encountered during implementation.

3.7.7 Inclusion and exclusion criteria

Inclusion criteria in this study were, archive records concerning Subsidy ITNs vouchers, malaria incidence reports and malaria focal person who were involved during program implementation. Exclusion criteria were records other than those involved in the subsidy ITNs vouchers scheme, malaria incidence and health workers who were not involved when the program was implemented in Chunya district.

3.7.8 Data collection

Data collection was started after discussion and agreeing with malaria focal person that assisted us to do documentary review to extract hard and soft copy reports on Subsidy vouchers scheme through which was done by ascertaining archive records and reports concerning subsidy ITNs vouchers and malaria incidence reports. Checklist designed was used to capture information related to malaria incidence each year from 2013 to 2014. Then, the following task was to conduct in-depth interviews to already indentified key informants to get their insight on challenges they encountered when the program took off. The exercise took a fortnight.

3.7.9 Development of data collection tools

Development of interview schedule and check list were centered to capture valued data, as a result of regular and frequent reviewing of literatures on ITNs vouchers scheme aspects, the interview schedule was prepared in English language based on the

objectives of the study and local situation of the study area. Already, a prepared interview schedule was translated into Swahili to English languages.

The interview schedule included questions related to knowledge on malaria intervention and mosquito nets as well as challenges faced on vouchers redemptions and related questions on the uses of bed nets. The check list also in English language was prepared for added information on the remaining vouchers; ITNs theft even translated in Swahili language to fit the study then translated into English.

3.8 Data management and analysis

3.8.1 Data entry

The quantitative data has been double entered into designed database by two independent data entrants, where by the database included the feature that incorporate consistence checks and completeness data. Epi info version 3.2 databases were employed for data entry, and then data were exported to statistical package for cleaning, coding and analysis. Qualitative data has been extracted from tape recorders through transcribing and translation, were then imported to Altas.ti version 12 for winnowing, coding and analysis.

3.8.2 Data cleaning

For *quantitative data:* Were the hard and soft copy reports on subsidy vouchers scheme through which was done by ascertained by extracting archive records and reports concerning Subsidy ITNs vouchers and malaria incidence reports through documentary review and recorded in designed checklist to capture information related malaria incidence each year from 2013 to 2014 was entered in Microsoft excel aimed at data cleaning in order to note and correct illegal codes, inconsistencies and missing values. For all missing information 999 was used to replace them and 888 was used to replace non-applicable information so that it became easy to distinguish between them. Further coding and grouping was done by creating dummy variables.

Qualitative data; These data were transcribed which were recorded by tape recorder through in-depth interviews conducted to already identified three key informants to get their insight on challenges they encountered when the program took off and turned into verbatim then transferred in atlas.ti for coding. The process was done after reading, reading and re-reading over again the documents so as to get clear understanding and all unwanted or unnecessary collected information was removed away.

3.8.3 Data analysis

The qualitative data were collected from in-depth interview of three key informants who were malaria focal person, village leader who was involved during implementation and a woman rearing a child who benefited by ITNs vouchers. The recorded information on challenges experienced during the implementation of subsidy ITNs vouchers program gathered from the three participants were transcribed verbatim in Swahili, transported in atlas.ti and organized into chunks and themes relevant to the study objectives, and analyzed based on grounded theory using content analysis in order to capture data on the experiences of ITNs vouchers scheme program.

Quantitative data was summarized and entered in micro-soft excel sheet whereby calculations with soft ware was done accordingly. These quantitative data was imported in stata for the purpose of getting minimum, maximum and mean when analyzed participant characteristics. In these same quantitative data descriptive analysis with percentage and frequencies was used to observe the incidence of malaria and coverage of Subsidy ITNs vouchers during the study period. Secondary data of hard and soft copy reports from all health facilities in the district were extracted from DHIS database, where a table was used to portray the trend.

3.8.4 Ethical issues

The letter of approval from Mzumbe University was granted for the intention of introducing me to go to the study area to proceed with data collection, and then the letter was submitted to the District Executive Director (DED) who granted a letter to permit

data collection process in Chunya district hospital. A copy of this letter from the DED was shown to malaria focal who agreed to corporate with me in conducting the evaluation. Confidentiality was mandatory during exercising the study whereby pseudonyms was used to mark interviewed participants for qualitative data and care in handling quantitative data which were archive records and reports obtained through documentary review. This was followed by, labeling and custody the notes and other materials. Summary report submitted in the School of Public Administration and Management of health system management. Any further research or analysis of data of study can be accessed by request after getting a written permission from Mzumbe University, Morogoro.

CHAPTER FOUR

PRESENTATION OF FINDINGS

4.1 Introduction

The main evaluation study objective was to explore information on the lessons learnt during the implementation of ITNs vouchers scheme in Chunya district. The specific objectives were: (i) to explore the incidence rate of malaria cases for the period of program implementation, (ii) to determine the coverage of subsidy ITNs voucher coverage and (iii) to identify lessons learnt from the Subsidy ITNs vouchers program implementation in health facilities.

The findings are organized in the following manner; firstly the sample characteristics which are presented as followed by presenting data related to the main evaluation question, which also is followed by an analysis and presentation of data for each specific evaluation study objectives.

4.2 Sample and sample characteristics

The evaluation study sample involved documentary review of two annual malaria incidence reports and 2 reports of registered pregnant women who received Subsidy ITNs vouchers in 2013 and 2014 which were collected from the District Medical Offices (DMO); these reports were from 33 health facilities within the district. These health facilities were of three categories, two hospitals, three health centers and 27 dispensaries. Also, the same study sample involved in-depth interview from five participants' specifically three government officials, one community leader and one ITN client.

Table 4.1: Characteristics of Study participants involved in in-depth interview (n=3).

Variable	Observation (n=3)	Mean	Std Dev	Min	Max
Age	3	45.66667	26.10236	25	75

Source: Subsidy ITNs evaluation Report, 2015.

As described in Table no 4, it indicates the, demographic characteristics of the participants. They were three; their mean age was 25 while their maximum age was 75. Other qualities which were not shown in the table are education level, one man had a university education and the other had primary school education while one female had primary education.

4.3 The trend of malaria in Chunya district.

(i) The incidenc*e* of malaria disease

Findings from objective one which was centered on determining the trend of the malaria incidence during implementation of Subsidy ITNs vouchers scheme in Chunya district has been measured in terms of number as well as percentage of malaria cases per year from 2013 to 2014. The data encompassing six months from January to June, 2015 were not picked due to incompleteness. Trend of malaria cases were presented in two parts, one Out-Patients Department (OPD) cases and the other in-patient malaria cases.

Table 4.2: The trend of OPD malaria cases in Chunya district

Year	Total OPD attendance	%	Malaria Cases
2013	18,285	9	1,651
2014	106589	9.2	9,844

Source: DMO Annual malaria reports

Table 4.2 indicates that, in 2013 the incidence of malaria diagnosis from OPD for all health facilities was 9% while in 2014 the incidence was 9.2%.

Table 4.3: The In-patient malaria cases in Chunya district

Year	Total In-Patient	%	Malaria Cases
2013	3,198	11	352
2014	11,135	10.4	1,156

Source: DMO Annual malaria reports

Findings as per table 4.3 depict that, the trend of malaria cases for admissions among all health facilities in Chunya district, which shows the percent of admitted cases. The number of admitted cases was 11%, in 2013 and 10.4% in 2014. Also, reports of malaria diagnosis using mRDT in 2013 for Chunya district archived records from DMO office indicated that, there were a total of 1600 people tested, whereby 382 were confirmed positive malaria equaling to 28.8%.

4.4 Trend of ITNs vouchers in the district

The objective was insisting to investigate the trend of Subsidy ITNs vouchers distribution in Chunya district, whereby the objective was measured in terms of number and percentage of vouchers and ITNs distributed for each pregnant woman and under five children attended RCH clinic among health facilities during the first visit in Chunya district and was included the ITN which were distributed per house hold level.

As per table 4.4, a report from DMO office indicates that, there were a total of 14,680 pregnant women in 2009, 11,723 in 2010, and in 2011 they were 12,732. The number of pregnant women in 2012 was 10,978, 9,380 in 2013 and there were no number of pregnant women reported to have attended RCH clinic in 2014. Findings from this evaluation as revealed in table 4.4 show that, from 2009 to 2012 there was no report of pregnant women who received ITN. While in 2013 there were 9,380 pregnant women who attended RCH clinic, out of who 2,915 received ITN vouchers, which is 31%. However, in 2013 the findings have revealed that there were 5,163 ITN given to pregnant women although the number of pregnant women who attended the RCH clinic in that year was not recorded in the report.

Similarly, there was no report that indicates an existence of close follow-up and supervision which was supposed to be done on Subsidy vouchers scheme during implementation.

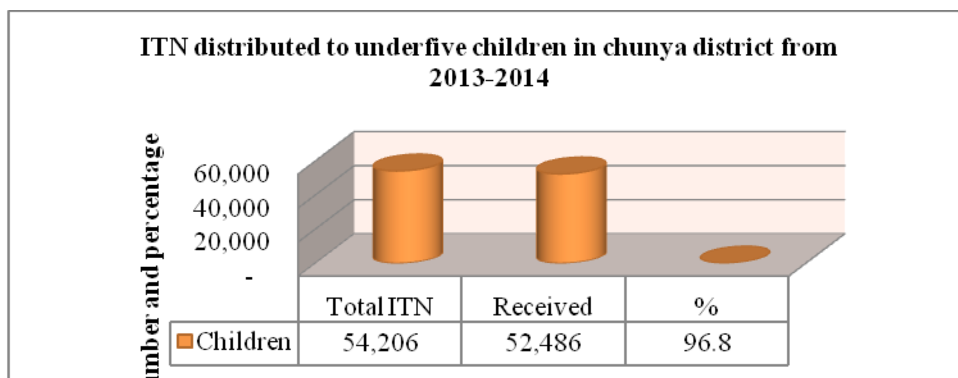
Table 4.4: Trend of ITN vouchers for pregnant women who attended RCH and received from 2009-2014.

	2009		2010		2011		2012		2013		%	2014	
	Total	ITN	Total	ITN	Total	ITN	Total	ITN	Total	ITN		Total	ITN
Pregnant women	14,680	0	11,723	0	12,732	0	10,978	0	9,380	2,915	31	0	5,163

Source: DMO Annual report, Chunya

Also, there were information's which reflect ITN distribution to some under-five children in the study area as per figure 4.1 below.

Figure 4.1: ITN distribution to under-five children in Chunya district from 2013-2014



Source: DMO Annual malaria reports.

Figure 4.1 show that, Chunya district received 54,206 ITN, which were supposed to be distributed to all under-five children who attended RCH clinic among other health facilities. Among those under-five children 52,486 received ITN in the same time period which amounted 96.8%. However, these findings do not concur with DMO report for the same period which reveals that the ITN distribution for under-five children was at

100%. Further finding show that at house hold level there were no households surveyed which could be supplied with ITN. However, the DMO report revealed that a total of 91,760 ITN were distributed among household in Chunya district.

4.5 Challenges faced by Subsidy ITNs vouchers actors and beneficiaries

This objective was based on identifying challenges encountered by ITNs vouchers scheme actors and beneficiaries during the program implementation. This objective was intended to explore information related to difficult circumstances whenever ITNs vouchers scheme actors and beneficiaries were in operation. The objective was measured by application of qualitative research approach. The reason of choosing qualitative research approach was hence to gear on rigor explore and understand in-depth the personal experiences when the program works. This approach applies grounded theory aiming at understanding the insight of individual experiences on their own context in difficult situation in connection to program functioning.

There were four emerging themes, which were information obtained from in-depth interviews from three participants. The termed themes were knowledge about subsidy ITN vouchers, lesson learnt about ITNs vouchers distribution and challenges encountered to implementers as well as beneficiaries. Another emerging theme was views, perception, and opinion which is related to ITNs vouchers program. The participants were malaria focal person, community leader and one beneficiary who by then was a pregnant woman who was currently rearing her child and received ITN vouchers to enable her to redeem and obtain mosquito net as vector control technique.

Findings from theme of knowledge about ITN indicated that all three participants knew that there was a program which provided bed nets to people in the community. They have also explained that, the major aim of introducing ITN vouchers scheme was to reduce malaria morbidity and mortality which affected the people in Chunya district. A quote' from malaria focal person pointed importance of program as:

> *"Subsidy vouchers were an effective way to reduce unwanted mortalities caused by malaria especially those who are at risk of exposure specifically pregnant women and under-five children. Also it might stand and contribute to address mosquitoes as vector control approach, definitely will decrease trend of malaria in our district".*

Another participant, who was himself involved during ITNs program execution had shown high understanding and knowledge on the importance of using ITNs which are redeemed from vouchers scheme. He said,
"We had surveyed in our area to register all the community members and finally we came to realize the number of pregnant women and under-five children who are liable to receive Subsidy ITNs vouchers".

The beneficiaries were registered by names in the ledger and submitted to the program implementers ready to receive ITNs, also the second participant has revealed the importance of using ITNs which have been distributed all over the district due to the fact that it helps much to reduce infant and maternal mortality.
"The importance of using ITNs in protecting against malaria helps to reduce maternal and infant mortality as well as the whole community mainly one caused by severe malaria".

On lesson learnt out of ITNs vouchers scheme program as explained by participant number one, the findings have revealed good things to cement which have been perceived through ITNs vouchers program was the direct supervision in the sense that, in the past, during the implementation of program lacked this package due to the nature of the program. MEDA were contracted by the government to distribute the product themselves and government left as to watch and finally ended with a lot of complaints from beneficiaries which resulted from bureaucracy. Unfortunately the introduction, launching and implementation of the program have left out the package of involving local and influential people probably that is why there were misuse of services of Subsidy ITNs vouchers and it led to the failure on getting and redeem vouchers to some

other pregnant women and under five children as required. Another participant, who was a community leader, reported that, MEDA did not involve them anymore in their progress and this has caused some clients, of the program to lack information at the right time hence failing to access ITNs. The quotations contested by the community leader said:

"But now the vouchers scheme didn't involve us whenever handing the issue to the selected agents and we do not have any information that would redeem vouchers to ITNs".

The prevailing perception is that, the village government as a grassroots management has been involved in the ITN distribution program to the whole society during under-five catch up campaign; however, there were some procedures which have not been clear to these authorities. The same participants in his quotations said that:

"In our village there were mosquito nets which were brought to be distributed and there was a remaining portion and this because some village members didn't get information, then the program staff took back the net to their office".

Either, the remaining ITNs were collected from village government office backed to program staff offices, in turn when the other village members came and asked for their share they were told that, time for distribution was over hence they did not succeed to get them, and this was in line with some participant quotations who said:

"Village members who came late from far away found that there were no more nets hence, they missed, when they decided to go the program office for collecting their nets the answer was the time to distribute has elapsd so there is no possibility to get one".

Further findings from another emerged theme which were centered on challenges encountered during ITNs vouchers program implementation indicates that, nearly all three participants have reported the presence of several challenges which have been observed such as lack of trustworthiness, transparency and accountability among ITNs vouchers scheme implementers.

This has been reported by participant one who pointed out that, some dealers who were selected to redeem ITNs vouchers had a misconception towards the program. Their assumptions seem to be that they do not get profit when engaged and works on the Subsidy ITNs vouchers exercise. Another challenge is the lack of trustworthiness in the sense that, majority of these dealers were not honest by setting high price for redemption which exceeded that amount agreed as fixed. Participant one said:

> *"The big challenges that we faced during implementing the vouchers scheme are the tendencies of retail shop dealers who perceive that there is profit when deals with subsidy ITNs vouchers as agents in turn the situation has resulted to some dealers to increase the price and seriously affect pregnant women who redeem at higher price than Tsh 500".*

Hence the settling of such situation has gone with a number of initiatives to convince them to accept the service provision to be a dealer for vouchers redemption.

"If possible it is better to devote more effort to address prevailing misconceptions and change mind set of retail shop dealers on the importance of collaborating with us to reach the goal".

A community leader has aired that, there were some weaknesses on the distribution of ITNs in such way that, the exercise was not open, non-transparent and with the gap on poor communication with community leaders, pregnant women and children. This has led to rising complaints on the whole exercise which has left some essential package that might be helpful to enable everybody access to ITN, the quotes of participant said:
"The exercise of distributing ITNs was carried in a secret way and it had reached a point staff decided to hide information on the reality and this has denied even communication for pregnant women and under-five children in accessing services".

Another emerging theme on Subsidy vouchers scheme program on actors and beneficiaries were focusing on views, perception, and opinion in relation with the program implementation. In this aspect, participants were interviewed on what could

have been done purposely to improve future intervention which fall or resemble in nature. They explained that, there was need to impart education as an awareness creation to retail shop dealers, community and special groups like pregnant women and under-five hence attaining the same understandings towards Subsidy ITNs vouchers scheme. He said:

> *"It is an important factor to create awareness to retail shop dealers purposely for addressing notion of increasing price of redeems ITNs at high price to pregnant women than the fixed one. Because this has adversely affected services and ruin the objective of the program as a result the donors have decided to withdraw and quit in August last year. They stick on profit rather than service to the needy".*

Furthermore, a community leader, when interviewed on what could have been done better for the Subsidy ITNs vouchers scheme program, he pointed out that, the ITN vouchers scheme program could have been continuous process for sustainability. This is because the distribution was done once and most mosquito nets belonging to beneficiaries were torn that's they can't be able to prevent malaria any more. He further added that, the government should consider all community members when deciding on the second round especially those who live in the peripheral and marginalized areas.

"I think as long as malaria is still a problem and a threat to the life of people in the community and those nets distributed in previous time dilapidated-out and torn was required to ensure the continuation of ITNs. The government should employ intentional initiatives to bring nets in highly marginalized areas particularly in hamlets".

Further findings from participant three as program beneficiary she has portrayed to have received knowledge on subsidy vouchers scheme when she attended RCH clinic. Also she added that, there was no problem when she met with health care workers whereby. She depicted her feelings that, health workers were representing a good attitude towards service provision and explained well about ITN vouchers. She also acknowledges that she received Subsidy vouchers which she exchanged in the shop for Tshs 500 as it implies there were obstacles on the entire as per her explanations below:

"I got my Subsidy ITNs vouchers when I visited RCH clinic for the first time during 2012, and now the child has three years. In fact I didn't encounter any difficult status when I went to the agent to redeem it and got ITN"

CHAPTER FIVE

DISCUSSION OF THE EVALUATION FINDINGS

5.1 Malaria incidence for 2013 to 2014 in Chunya district

This evaluation was conducted in Chunya district from February to July, 2015, which employed a descriptive cross-sectional study design. Methodology used involved the triangulation data collection techniques by applying qualitative and quantitative approach. Information gathered from quantitative approach was about malaria incidence and Subsidy ITNs vouchers distribution whereby hard copy report was used for archived records and soft copies from DHIS was extracted from DMO's office in Chunya district. The other method applied was in-depth interview of key informants who were involved during the implementation of the program. In-depth interviews from key informants gathered information on the challenges which were encountered by services providers and recipients.

The study major evaluation objective was aimed to explore the lessons learnt during implementation of Subsidy ITNs vouchers scheme. The discussion was focused on specific evaluation questions centered on examining the trend of malaria incidence, identifying the trend of ITNs distribution and gathered information on perception of the challenges observed by actors and beneficiaries for the period of the program implementation.

(i) Trend of malaria cases in Chunya District for the year 2013 to 2014

Overall findings on the trend of malaria have been categorized in two parts, which are in patient implying those admitted in different health facilities and out-patients departments meaning those receiving medication and return home. In 2013 the incidence of malaria diagnosis from OPD for all health facilities was 9% while in 2014 the incidence was 9.2%. Also the trend of malaria cases for admissions in different health facilities in Chunya district in 2013 were 11% and in 2014 the trend was 10.4%.

The observation from literatures review when prepared evaluability assessment it was indicated that, malaria incidence was 23% for Chunya District Council in the year 2012 (Chunya profile, 2013). Although the incidence of malaria before the malaria control `program took off in 2008 is lacking, further findings indicate that the incidence of malaria was 28.8% for the year 2013 as per DMO's report. Furthermore, the study funding showed that in the year 2013 and 2014 the average malaria diagnosis for the out-patient department was 9.1% and that of in-patient average malaria diagnosis was 10.7% during the same period.

Therefore, there were great discrepancies in these two reports, in the sense that, the reason could be inadequate managerial capacity within DMO office which reported malaria cases relying on malaria rapid diagnosis test (mRDT) only. Study findings report was relied on both mRDT and blood slide diagnoses in detecting malaria among health facilities in Chunya district. Either finding of two studies on quality health services provision and management issues which were carried out in Kenya and Malawi from 2003 to 2007 highlighted that, for efficiency of ITNs deliverable model required integration with other programs such as vaccination which could improve the managerial capacity (Kara Hanson, *et al,* 2008).

At the same time the discrepancy could also be due to the reason that our study showed health facilities based report while in the DMO report it failed to indicate whether the source was community survey or health facilities report. From these findings, Subsidy ITNs vouchers scheme had been revealed to play a role among other malaria control initiatives carried out in the study area (Chunya district profile, 2013).

(ii) Subsidy ITNs vouchers coverage trend from 2013 to 2014

The finding on investigating the trend of Subsidy ITNs vouchers coverage during implementation, as shown in Table 4.4 outline facts for objective two which was focusing on exploring the trend of Subsidy vouchers coverage during program implementation.

The information from annual district health reports collected from DMO's office portrayed that, there was a total of 14,680 pregnant women in 2009 and 11,723 pregnant women in 2010. The number of pregnant women in 2011 was 12,732, in 2012 were 10,978 pregnant women and in 2013 there were 9,380 pregnant women. However, in 2014 there were no pregnant women reported to have attended RCH clinic. Findings from this evaluation revealed that, from 2009 to 2012 there was no report of pregnant women who received ITN. While in 2013 there were 9,380 pregnant women who attended RCH clinic out of those 2,915 received ITN vouchers which was 31%. The findings from the study on implementation of ITN subsidy scheme through public-private partnership carried by (Njau *et al,* 2009) at Kilombero Tanzania emphasized that, despite drastic efforts towards achieving program targets, some other literature argued that challenges on vouchers system included among others frauds due to its value hence trigger high risk, some retailer tended to refuse honoring of vouchers and at times failed to get their money, banks refused to co-operates and there were some wrong users of nets.

However in 2013, the findings revealed that, there were 5,163 ITN provided to pregnant women although the number of pregnant women who attended the RCH clinic in that year was not recorded in the report. On the same line there was no report indicating the existence of close follow-up and supervision which was made on subsidy vouchers scheme during the implementation. The findings are on the number of pregnant women who were surveyed and identified from year 2009 to 2012 such that, a report indicated that there were no Subsidy vouchers provided in the same time period. Further more in 2013 the number of pregnant women who attended RCH clinic was 9,380 out of those 2,915 received Subsidy ITNs vouchers which was 31%. However, in 2014 a total of 5,163 Subsidy ITNs vouchers indicated to have been provided to pregnant women such that, their number was not shown in the report.

The findings resemble the study conducted in 2007, aimed at assessing the efficiency of new Malaria Strategic Plan in the MoHSW which was formulated for the reduction of maternal and infant mortality. The strategy was perceived as an alternative solution towards reaching MDGs aspects, intended for the period of 2008 to 2013.

The content of plan added a fourth component centered on distributing free ITN to under-five children and members of the families depending on funds availability (URT, 2007). Through study findings on combining catch-up and keep-up strategies aiming at sustained coverage of ITN, they stand as the strategy in which, the nation later introduced the "catch up – keep up" policy such that, the component was gone hand in hand with mass distribution for the aims of attaining high coverage and routine distribution in turn with reflecting sufficiently covered vulnerable groups in campaigns (Grabowsky et al., 2007).

This implies that, the report is inaccurate, incomplete and lacks transparency, loses justification for the actual number and percentage of Subsidy ITNs vouchers distributed and pregnant women who received, the service findings do conform to the information collected from a community leader during in-depth interview who claim that, there were some village members who missed mosquito nets yet they were left out to be involved during Subsidy ITNs vouchers distribution which was in line with the community leader who quotes:

"*But now the vouchers scheme did not involve us whenever handing the issue to the selected agents and we do not have any information that there was agent who redeems subsidy ITNs vouchers".*

The study findings on tracing progress of ITN cell under NMCP carried out within MoHSW in 2007 following awards of financial and technical assistance from donors have pointed out that, the strategy was helpful in soliciting resources from Global fund and PMI (Hanson, 2009). Moreover, past situation, nation switched on distributing free nets through mobilizing stakeholders in discussion and reach consensus to commit

efforts upon single national program. The intention was to reach a large part of population. Also, another study was carried out on assessing the social market which was collaborated in campaigns of distributing free nets as that, fighting malaria was done globally.
The summit of 2008 for MDG malaria guides the policies pertaining to ITN in Tanzania was also an evidenced in line with The Role Back Malaria Global Action Plan (RBM, 2008a).

In additional to that, quotes from participant one, who was malaria focal evidenced failure in conducting supervision when scheme was on operation and in turn he suggested that there was need to switch on ample and adequate supervision once the program of such nature would be supported in future, his quotes said;

> *"It is a very important factor to create awareness to retail shop dealers purposely for addressing the notion of increasing the price of redeems ITNs at high price to pregnant women than fixed ones. Because this has adversely affected services and ruin the objective of the program as a result the donors decided to withdraw and quit in August last year. These shop owners stick on profit rather than service to the needy".*

Therefore the overall coverage of ITNs vouchers for pregnant women was 31% which was low. This could mean that there could be a room for misuse of vouchers at delivery point starting at health facilities to retail shops. These findings coincide with a study carried out by (Adriana Tami, *at el*, 2005), which suggests on minimizing vouchers leakages there is need of employing control measures at RCH clinic and to a certain extent for commercial sales agent. Also increasing awareness of the whole community on their right in receiving discount vouchers may also help to address misuse at health facilities.

On the same line, the observation of the study on tracking vouchers under TNVS conducted during 2008 in the northern part of Tanzania contested that, some of the women failed when they went to the retail shops for the redemption because they were facing financial constraints and this hampered them on uses of vouchers which in one way or another resulted in a misplacing of vouchers.

However, many shops were sometimes running out of stock while in some other places pregnant women had low awareness on the importance of using nets until the rain season (Nathan *et al.,* 2008). Through the proof from malaria focal who has indicated that there were some retail shop dealers who decided to increase the amount of money for redemption which was threatening the global initiatives focusing on maternal and infant mortality.

(iii) Challenges faced by Subsidy ITNs vouchers actors and beneficiaries

This objective was focusing on identifying challenges encountered by ITNs vouchers scheme actors and beneficiaries during program implementation. The objective was intended to explore some difficult circumstances and obstacles noted by ITNs vouchers scheme actors and beneficiaries during the implementation period. Findings obtained following in-depth interview which was conducted during the study period revealed that, overall knowledge towards Subsidy vouchers scheme was high among participants due to the fact that majority of interviewed people were agreed to know about the program. This implies that, health facilities workers were imparting adequate health education and health information about Subsidy vouchers scheme to clients who visited RCH clinics at their first time.

This implied that knowledge on the importance of using treated nets as vector control measures brought good results. Posters, media messages, leaflets and magazines were frequently used at large in publishing the information regardless the language used provided the spread of message as intended. The information in this part coincides with some national events like one which took place in 2007 in Dar Es Salaam Tanzania which was influenced in political parties such that campaign championed by Hon

Benjamin Wiliam Mkapa a former President of the United Republic of Tanzania, who insisted on a national slogan for rejection of Malaria in Swahili 'Malaria haikubaliki' campaign. The assumption holds true that malaria is cured and it is a preventable disease (URT, 2007).

However, despite the adequate knowledge provided, some pregnant women were redeemed Subsidy ITNs in higher prices which was the exceeding of the proposed amount of Tsh 500. Quotes from malaria focal person tally with findings that:

> *"The big challenges that we faced during implementing the vouchers scheme is the tendencies of retail shop dealers who perceived that there was profit when dealing with Subsidy ITNs vouchers agents in turn the situation has resulted to some dealers to increase the price and seriously affected pregnant women who redeem at higher price than Tsh 500".*

With respect to the subsidy ITN voucher, the overall findings suggests that, although there was a survey carried out intentionally to receive mosquito nets, some village members have been reported missing their share of nets. The major reason of missing was that they did not report at convenient time to collect their share during distribution exercise. This was not fair to treat the termed community members who have missed due to the fact that, a village leader highlighted facts that, there was a portion of nets which were returned to the office. When the leader made a follow-up on the same returned nets they were told that, the exercise has ended there and over, hence there was no possibility of getting those nets. It matters not whether they were already registered in the ledger since the beginning. Study finding on effectiveness of ITN and curtains on malaria prevention conducted in Malagarasi, have revealed that, the number of efforts put in place on choice for Tanzania Malaria control program which used commercial sector for distribution in order to reduce transaction costs in the health sector and enhance sustainability.

It is obvious that, the intention of the project was to link distribution and sell of nets through a network between wholesaler and retailers. In the long run the program could curb chances of complaints and cheating to some program staff as raised in findings hence comply with other study finding as displayed In developing countries ITNs have been found to be the best way to prevent malaria (Lengeler C, 2004; Fegan GW *at el*, 2007).

Countries which attain high coverage and uses of malaria control interventions during this period saw mortality rate fall by as much as 20%. Effectives roll-out and use of these proven preventive measures contributes positively to the achievement of Millennium Development Goals (MDGs) four, five and six respectively. The Millennium Development Goal 6 together with the Abuja Declaration focused on reducing mortality and morbidity by rising up to 80% coverage of children and pregnant women on uses of ITN (MDGs, 2005).

Furthermore, overall findings on supervision indicated that, the program lacked adequate and close supervision towards overseeing subsidy ITNs distribution to the community. Majority of the participants during in-depth interview have pointed out that, there was a number of challenges noticed during implementation. These were lack of information, poor communication and coordination between distributing contractors who was MEDA, government official and shop retail dealers, failure in supervision and untrustworthiness among actors. A malaria focal person pointed out this in one of his quotations that;

> *"The big challenges that we faced during the implementation of subsidy ITNs vouchers scheme was the tendencies of retail shop dealers who perceive that there was no profit when deals with Subsidy ITNs vouchers agents in turn the situation has resulted to some dealer to increase the price and seriously affect pregnant women who redeem at a higher price than Tsh 500".*

On the other hand the incentive scheme was employed to overcome elements of bottlenecks during distribution by promoting outlets and wholesaler to serve the majority at rural settings in terms of using shifting markets as new sales point plus shops and kiosks. Study finding on census of retail ITN in TNVS pointed that shifting markets can facilitate the distribution (Mponda *et al*., 2008).

During ITN distribution exercise there was a number of issues that emerged, when program implementation in collaboration of public-private partnership concept for the intention of engaging several sectors.

The challenges emerged mattered a lot in that funder ceased and withdrawn from supporting the subsidy ITNs program in 2014. Our study revealed several challenges such as increased prices of redemption ITNs vouchers to some retail shop owners, missing of vouchers to some pregnant women and lack co-operation from some few implementing partners.

Therefore, the study findings on free net distribution carried out in Lindi Tanzania by (Reed & Stephen, 2005) and study findings on output to purpose review conducted on SMARTNET by (Koot *et al*., 2006) was found that, there was a room for leakage of nets in the market, stealing and other related issues as reported. Therefore, the lesson learnt was that, the government should ensure adequate and close communication with grassroots' authorities and stakeholders in case another program of such nature is expected to be established in future which will gear program sustainability.

CHAPTER SIX

SUMMARY, CONCLUSION AND POLICY IMPLICATIONS

6.1 Introduction

In this chapter we are presenting the summary, conclusion and partly the policy implications in connection to the study. The summary will portray key evaluation study findings while the conclusion part will depict findings suggestions and recommendations as part which highlights proposed strategies to be undertaken. On the aspect of policy implications will display what could happen if effective measures would not be put into consideration.

6.2 Summary of Subsidy ITNs voucher Evaluation Findings

The overall evaluation question was focusing on exploring what was the implementation of subsidy ITNs vouchers scheme, which was in terms of seeking informations on experiences from Chunya district. In this view, this evaluation study collected both quantitative data which was obtained through documentary review of archive records and reports of trend of malaria incidence and Subsidy ITNs vouchers coverage. These were secondary data which have been gathered by using checklist to get facts related on implementation ITNs vouchers scheme in Chunya district and obtained primary data from three in-depth interviewees who were malaria focal person, community leader and a woman as a beneficiary in the sense that, she was the one who received subsidy ITNs vouchers during program operation. Secondary data was soft copies extracted from DHIS and hard copies the archive records and report related to malaria incidence and subsidy ITNs vouchers and net distribution coverage from DMO office.

The main independent domains of evaluation study were to explore the trend of malaria cases for the period of program implementation, to investigate the trend of Subsidy ITNs vouchers coverage during implementation and to identify challenges encountered during implementation of Subsidy ITNs vouchers program to actors and beneficiaries.

6.2.1 Summary of independent domain evaluation

(i) Trend of malaria incidence

The findings were obtained from objective one that intended to explore the trend of malaria cases, as indicated that there have been declines in malaria diagnosis incidence as depicted in DMO report from 34% in 2012 to 9.2% and 10% for both OPD and in-patient diagnosis respectively. This could be contributed to partly by subsidy ITNs vouchers scheme program which was launched in 2008 without forgetting the contribution of other initiatives aiming at addressing malaria which was carried out in parallel with malaria control program.

(ii) Subsidy ITNs vouchers coverage

Findings on this objective revealed that, there were surveys made in order to establish the number of pregnant women who could receive subsidy ITNs vouchers in Chunya district from 2008 to 2012. In this study it has been observed that, there was no Subsidy ITNs vouchers provided to pregnant women during the operation. Further findings revealed that, in 2013 the number of pregnant women identified was 9.380, but only 2,915 received subsidy ITNs vouchers which are equal to 31%.

In 2014 the findings revealed that, 5,163 a total number of subsidy ITNs vouchers were distributed to pregnant women, but there were no identified number of pregnant women displayed who were provided with the same subsidy ITNs vouchers. This could mean that, the subsidy ITNs vouchers were provided in vain. On top of that, a community leader has proved that they were left out during the exercise as per his quotation:

"*But now the vouchers scheme did not involve us whenever handling the issue to the selected agents and we do not have any information that was to redeem vouchers to ITNs".*

(iii) Challenges faced actors and beneficiaries when program implemented.

Likewise findings obtained following in-depth interview which took place during study period revealed that, overall knowledge towards Subsidy vouchers scheme was high among participants. This implies that, health facilities workers were imparting health education and health information about Subsidy vouchers scheme to clients who attended RCH clinic at their first visit. Also, findings suggested that, with respect to subsidy ITN overall findings is alarming that, although there was a survey carried out for the intention of arranging a plan to receive mosquito nets yet some village members have been reported to miss their share of nets.

This was not so fair to treat these community members like this as who missed nets due to the fact that, a village leader has clearly highlighted that, there were some portion of nets which were returned to the office. The situation of this kind can be translated as that, the program implementation was not of good governance and gone with inadequate transparency to contractors who was MEDA, program key staff towards reaching and serving the program recipients. This implies that, there was no obedience of the stipulated standards and guidelines those geared in guiding quality services to pregnant women and under-five children.

Some of the study participants highlighted challenges specifically on lacking information, poor communication and coordination between distributing contractors who were MEDA, government official and retail shop dealers, failure in supervision and untrustworthiness among actors. A malaria focal person was quoted saying that;

> *"The big challenges that we faced during implementing the vouchers scheme was the tendencies of retail shop dealers who perceived that there was profit when dealings with subsidy ITNs vouchers agents in turn the situation has resulted to some dealers to increase price and seriously affect pregnant women who redeem at higher prices than Tsh 500".*

6.3 Conclusion

Subsidy ITNs vouchers scheme has shown contribution towards declining in malaria cases as per diagnosis, OPD and in-patients reported during implementation in Chunya district. However, there were number of challenges encountered the Subsidy ITNs vouchers which emerged as a results of in-strong managerial chain to among actors. These challenges could provide room for improvement during future intervention of the same nature. On the same line, program performance could be influenced by incentives to actors and regular supervision. Several parties engaged and committed to attain the intended goal such as national campaign events which were insisted on rejection of malaria consequences.

6.4 Recommendations on Policy Implications

Overall, the results found that, where health facilities reported services provision for Subsidy ITNs vouchers, they were keeping records while other were not, that implies impartial recording systems. Stakeholders' involvement in the intervention was a very essential package at all stages of the program implementation; this is because it would create sense of ownership, hence ensuring sustainability by using internal capacity without depending on outside resources.

The program outcome would not be affected even from awarding phase to phase out hence holding the element of self-continuation. The implementation of the vouchers scheme pointed out some difficulties in the study area. Somewhat, managements were supposed to share merits and demerits with stakeholders to a fine tune future intervention. Decentralization insists local authorities' involvement for the purpose of delivering services closer to people rather than skipping them. However, interesting issues were services delivery appreciation by interviewed beneficiary.

The study recommends that, the Chunya Council Health Management Team (CHMT) have responsibility of conducting regular supervision and follow up by establishing keen monitoring and evaluation unit purposely to track the program progress aiming at

obtaining quality services and information which can be useful in future planning. This should go hand in hand with severe guidance for both urban and rural health facilities to develop mechanism and strategy to keep records and reports for easy availability in case demanded by users. Also at the national the national malaria control program has to ensure mechanism which favor regular policy review.

6.5 Recommendation for Further Research Areas

This evaluation was aiming at gathering information which can help to gain experience on the past performance of the malaria control in the study. Due to the nature of study, this evaluation did not go in to detail to ascertain information on some issues as related to Subsidy ITNs vouchers scheme, although they could be used to know the prevailing situation for improvement. Therefore some other areas of interest, which we recommend for future research, are as follow:

i. Studies which can examine the mechanism used in collecting information and submission of reports from rural health facilities. Through the study the information on modalities of record gathering and compilation for channeling them to the next level will be known.
ii. Studies to investigate the willingness of beneficiaries to sustain adopted knowledge from implemented program. This will help to know the extent of awareness of the community who received knowledge and use information for action.
iii. Studies which compare the extent of demand and quality services provision between urban, semi-urban and rural beneficiaries. The findings will be very useful for determining the level and quality of services provided to the needy.

Through these research findings, they will be useful for the improvement of intervention to favor most marginalized rural population pregnant women and under-five among the targeted group. Effectives ruled-out and use of these proven preventive measures contributes positively to the achievement of goal four, five and six under Millennium

Development Goals (MDGs) policy which emphasize on reducing infant mortality, maternal mortality and combating tuberculosis, HIV/ADIS and malaria among. The Millennium Development Goal 6 together with the other declaration with suit improvement of human life including reducing mortality and morbidity.

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APPENDICES

APPENDIX I: INFORMED CONSENT (FOR IN-DEPTH INTERVIEW) IN CHUNYA DISTRICT

Hello, my name is______________________, I am from_____________________. We are conducting a program evaluation on Subsidy ITNs vouchers scheme in Chunya district. I would be very much appreciating your participation in this evaluation. The purpose of the intended evaluation is to explore the experiences on the implementation of Subsidy vouchers scheme in the district. The study will go further capture lesson leant after cease of the scheme whether there are consequences.

Therefore, the information that you provide will help in future malaria intervention related schemes. I would like to ask you some questions about the ITN program. You will be participating in the evaluation voluntarily and you can withdraw from the evaluation without penalties, now or in the future No physical, emotional or psychological harm would result to you as consequences of participation in the evaluation. All sensitive information about you will be protected. Your views and opinions, likes and dislikes, suggestions and recommendations will be treated confidentially and that only people closely associated with the evaluation will be have access to the data. Do you want to ask me anything more about the evaluation?

May I begin the interview now?

Signature of interviewer: ____________________Date_____________________

APPENDIX II: INTERVIEW GUIDE FOR SUBSIDY ITNS VOUCHERS SCHEME PROGRAM MANAGERS IN CHUNYA DISTRICT

Interviewer:

Date:

Place:

Thank you for making time to talk to me; the interview shall take about 45 to 60 minutes. I am a member of the evaluation team for Subsidy ITNs vouchers scheme program, and we are seeking to capture insights of those involved in leadership roles regarding experiences of this program.

This interview will be gather information, then summarized, analyzed, aggregated and used for other coming malaria intervention.

The interview will tape-record (if interviewer feels it is appropriate).

Status of program

1. Kindly, tell me your overview about the Subsidy ITNs vouchers scheme?
2. What have been the major accomplishments of the Subsidy ITNs vouchers scheme?
3. What do you think were the strengths towards the program related to pregnant women and under five children?

Roles in the program

4. What was your role within the Subsidy ITNs vouchers scheme program?
5. Have all proposed activities implemented as planned?
6. Which do you think were the activities need extra attention in terms of money, people and resources?

Barriers in the program

7. Did the number of staff suffice the demand for better services?

8. What emerged as major challenges for effective Subsidy ITNs vouchers scheme program implementation?

9. Were there initiatives to overcome the Subsidy ITNs vouchers scheme program challenges?

10. Gives the key barriers which were encountered in Subsidy ITNs vouchers scheme program?

Future

11. What lesson has been learned that might be useful to other malaria intervention scheme?

12. Within your area of jurisdiction what has been accomplished over past years in the Subsidy ITNs vouchers program implementation in health facilities?

13. What needs to be in place to ensure the long-term sustainability of the Subsidy ITNs vouchers program outcomes in health facilities?

Conclusion

14. Do you have any other comments?

Thank interviewee again

APPENDIX III: CHECKLISTS FOR SUBSIDY ITNs VOUCHERS SCHEME PROGRAM IN CHUNYA DISTRICT

Date:__________________________Location/Ward: ______________________________

For ITNs related

S/No	Item	Yes	No	Comments
1	Is the recorded vouchers beneficiaries list misplaced?			
2	Any remained vouchers reef			
3	Any remained ITNs at health facilities			
4	Any vouchers theft report			
	Total score			

Yes=0

No= 1

Trend of malaria cases from helath facilities

S/No	Item	2010	2011	2012	2014	Comments
1						
2						

APPENDIX IV: INTERVIEW GUIDE FOR COMMUNITY LEADERS FOR SUBSIDY ITNS VOUCHERS SCHEME PROGRAM IN CHUNYA DISTRICT

Interviewer name:_____________________________

Date: _____________________________

Location/Ward: _____________________________

Thank you for making time to talk to me; the interview shall take about 30 to 45minutes. I am a member of the evaluation team for Subsidy ITNs vouchers scheme program, and we are seeking to capture insights of those involved in leadership roles regarding experiences of this program.

This interview will be gather information, then summarized, analyzed, aggregated and used for other coming malaria intervention.

The interview will tape-record (if interviewer feels it is appropriate).

1. Tell me about Subsidy ITNs vouchers scheme program
2. Is there any contribution in activities you made during implementation?
3. Do you who were the beneficiaries of Subsidy ITNs vouchers scheme program?
4. What do you think were the strength of Subsidy ITNs vouchers scheme program?
5. What do you think were the weakness in Subsidy ITNs vouchers scheme program?
6. What challenges did you encountered during Subsidy ITNs vouchers scheme program?
7. What needs to be in place for long term sustainability of Subsidy ITNs vouchers scheme program effects?
8. Do you have any comments?

Thank interviewee again

APPENDIX V: BENEFICIARIES INTEVIEW SCHEDULE FOR SUBSIDY ITNs VOUCHERS SCHEME PROGRAM IN CHUNYA DISTRICT

Interviewer name:____________________________

Date: ____________________________

Location/Ward: ____________________________

Thank you for making time to talk to me; the interview shall take about 30 to 45minutes. I am a member of the evaluation team for Subsidy ITNs vouchers scheme program, and we are seeking to capture insights of those involved in leadership roles regarding experiences of this program.

1. Did you received information on ITNs vouchers in right time?
2. Was there any difficult to redeem ITNs vouchers at the nearest outlets?
3. Did you ever across agent who rejected to honour vouchers?
4. When did health care workers issued you with ITNs vouchers?
5. Have you ever across the rise of price in procuring vouchers?
6. Did you come across interference from health care to access vouchers at outlets?
7. Have you ever attended clinic with husband to to be issued with vouchers?
8. Is there any more challenges you came across during subsized ITNs vouchers scheme implemenation?

Thank interviewee again