



NETCELL ITN UPSCALING PROJECT PHASE 1

FINAL REPORT



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Executive Summary

The Swiss Agency for Development and Cooperation (SDC) has supported the Netcell ITN Upscaling Project with the aim to “*support national upscaling of ITNs in Tanzania through the strengthening of the ITN cell within the National Malaria Control Programme*”. The Netcell Project Phase 1 has been successful to a large extent in meeting its main objectives and the agreed performance indicators (as indicated in the table below), although retreatment of nets to make them an ITN remains a challenge. The partnership under the NATNETS Programme is working well.

Targets	Results
<ul style="list-style-type: none"> 50% of Tanzanian households have at least one insecticide treated net 	<ul style="list-style-type: none"> 46.3% of households own at least one net (up from 37% in 2000) 53% of children under 5 slept under a net (26% under an ITN)¹ 42% of pregnant women slept under a net (21% under an ITN)
<ul style="list-style-type: none"> 60% of the hamlets, at least, have one outlet for selling nets and insecticide for net treatment 	<ul style="list-style-type: none"> 1500 retailers accepting vouchers, most of them in remote rural areas and of which 80% are new to the ITN business
<ul style="list-style-type: none"> 40% of nets will be re-treated according to the available protocol for net treatment 	<ul style="list-style-type: none"> 50% of nets treated with insecticide
<ul style="list-style-type: none"> 80% RCH clinic staff are trained on the value of ITNs for pregnant women and children under 5 years 	<ul style="list-style-type: none"> Staff in every RCH clinic in 17 of 21 regions trained. All regions to be covered by first quarter of 2006.
<ul style="list-style-type: none"> 60% of the head of households are aware of the importance of their children sleeping under treated nets 	<ul style="list-style-type: none"> 76.6% of population aware that children under 5 are most vulnerable to malaria and 85.1% aware that an ITN is the measure of prevention
<ul style="list-style-type: none"> 60% of pregnant women are aware of the benefits of sleeping under an appropriately treated ITN 	<ul style="list-style-type: none"> Overall net use by pregnant women is approximately 40%. Understanding of the importance of sleeping under a net is increasing rapidly.

The programme itself has received considerable attention from other development partners and will likely expand substantially during Phase 2 of the Netcell Project.

The main focus during Phase 2 will be on:

- expansion of the Voucher Scheme to children under 5;
- the promotion of the transfer of the LLIN technology to the Tanzanian Net Manufacturers,
- retreatment of the current stock of nets;
- continued strengthening of the public sector to manage the ITN upscaling process.

¹ NMCP Survey undertaken in 2003 in 14 districts. Results of the 2005 are expected shortly.

1 Introduction

This final report of the Netcell ITN Upscaling Project Phase 1 outlines the main results achieved during Phase 1 and the main activities undertaken for each strategy.

2 Background

Tanzania is one of the most highly endemic countries in the world with approximately 31 million people at risk from malaria. The burden of malarial disease is correspondingly heavy, with an estimated 16 million episodes of illness killing 80,000 children every year. Further, malaria consumes an estimated US\$350 million of national resources per year (3.4% of GDP) through (1) direct expenditures of state and households (estimated to be USD 10-20 per year), (2) loss of economic productivity and (3) loss of economic opportunities, especially for industrial development. Malaria is therefore a major contributor to the continuing cycle of poverty and stifled economic performance. It is not only a health, but also a major development issue.

Insecticide treated nets (ITNs) are a feasible and highly cost-effective malaria prevention tool. Available evidence suggests that ITN use reduces all-cause mortality in children under 5 years by 27%, and the number of malaria episodes by 50%. Protected children are generally healthier, are less anaemic and grow better than those who are not protected. Protected pregnant women have 30% less anaemia than unprotected women and have less risk of maternal morbidity and mortality. Given the high share of malaria among all health facility attendances (30-40%) the beneficial effect of large-scale ITN use in the country can not be stressed enough.

3 Outcome and Objectives of the Netcell Project

The purpose of SDC's support to the Netcell Project Phase 1 is *"to support national upscaling of ITNs in Tanzania through the strengthening of the ITN cell within the National Malaria Control Programme"*.

The three main objectives are:

1. To provide the national ITN cell with core technical personnel required for its effective functioning
2. To provide the national ITN cell with core resources required for its effective functioning
3. To assist the ITN cell in becoming the effective executive agency of the NMCP for all matters related to ITNs in Tanzania

The ITN cell is responsible for overall coordination of all ITN activities in Tanzania brought together under the NATNETS Programme (see below), and for establishing and managing the Tanzania National Voucher Scheme (TNVS). The main strategies and activities undertaken during Phase 1 of Netcell are described in Section 6.

4 NATNETS

The Netcell ITN Upscaling Project is part of the broader National Insecticide Treated Nets (NATNETS) programme. NATNETS is a long-term multi-donor, multi-partner initiative to promote the national use of ITNs by making nets *affordable, accessible and acceptable*. The programme is made up of complementary interventions aimed at (i) changing behaviour through mass promotion campaigns; (ii) supporting rapid development of a commercial distribution system for ITNs and insecticide re-treatment

kits and (iii) providing a targeted subsidy for nets to pregnant women and their infants. The overall goal is to massively scale up the use of ITNs in Tanzania.

The three other main components of NATNETS are:

1. **SMARTNET** implemented by Population Services International (PSI) and funded by the Department for International Development (DFID) and the Royal Netherlands Embassy (RNE), which focuses on assisting the Tanzanian net manufacturers to expand their wholesaling and retailing network of different net products in the country, especially in rural areas and increasing demand for ITNs through the *Malaria Haikubaliki* (Malaria is Not Acceptable) campaign
2. **Tanzania National Voucher Scheme (TNVS)**, a Public Private Partnership funded by the Global Fund which enables pregnant women and their infants to have access to an ITN at very low cost through the retail network, and in addition provides free insecticide for the retreatment of nets
3. **Complementary ITN upscaling activities** supported by Development Cooperation Ireland. The main areas to which support is being provided are:
 - Promotion of Long Lasting Nets;
 - Communication and Advocacy;
 - Training and Institutional Strengthening, specifically at district and community level;
 - Review of the TNVS.

5 Achievements of NATNETS

SDC's contribution to ITN upscaling in Tanzania through the NETCELL project was made conditional to reaching well-defined and measurable intermediate performance indicators. The time frame for the agreed key performance indicators is the following:

2002:	below 10% coverage with ITNs in children and pregnant women
2003:	15 %
2004:	22 %
2005:	30 %
2007:	60 % coverage with ITNs in children and pregnant women

The operational targets to be achieved by the year 2005 are:

- 50% of Tanzanian households have at least one insecticide treated net
- 40% of nets will be re-treated according to the available protocol for net treatment
- 60% of the hamlets, at least, have one outlet for selling nets and insecticide for net treatment
- 80% Reproductive and Child Health (RCH) clinic staff are trained on the value of ITNs for pregnant women and children under 5 years
- 60% of the head of households are aware of the importance of their children sleeping under treated nets
- 60% of pregnant women are aware of the benefits of sleeping under an appropriately treated ITN

The achievements of the NATNETS programme have been grouped into the following categories to be in line with the operational targets as defined above: coverage; retreatment; commercial access to ITNs; training; and general awareness.

5.1 Coverage

Coverage figures are obtained from different surveys, national and district based. The results of these studies are relatively comparable and show a definite increase in ITN use amongst the target group.

The Tanzanian Demographic Health Survey (DHS) 2000/2001 stated that on average in the year 2000 approximately 37 % of all households in Tanzania owned at least one mosquito net. Ownership varied greatly by region (Dar es Salaam 76%, Iringa 10%) and from urban (71%) to rural (28%) areas. The same survey showed that only 11% of children under five and 8% of pregnant women sleep under an ITN.

These figures have increased substantially over the years. The revised draft DHS 2005 report shows that 46.3% of all households have at least one mosquito net (an increase of almost 10%), of which 74.1% in urban areas and 45.1% in rural areas. These figures show that the increase of ownership is greatest in the rural areas where the majority of the population live.

30.7% of children under 5 and 31.2% of pregnant women slept under an *ever treated* net the night before. However, the figures for ITN coverage (i.e. nets treated within the last 12 months) are considerably lower, i.e. 16% for children under 5 and 15.6% for pregnant women. This discrepancy seems to indicate that nets are most likely treated when bought, but not retreated regularly thereafter. To counter this problem the TNVS distributes free insecticide to the voucher beneficiaries when they return with their infant for vaccinations at 3 and 9 months. The Voucher Scheme has not been implemented long enough to see an effect on retreatment but rates are expected to go up in the coming year as a result of the free distribution. (See also 4.2 below).

According to recent NMCP surveys undertaken in 2003 in 14 districts, 26% of children under 5 slept under an ITN the previous night and an additional 27% slept under an untreated net (total: 53%). Similarly, 21% of pregnant women slept under an ITN and an additional 21% slept under an untreated net (total: 42%). The results of the NMCP 2005 survey undertaken in June and July in 21 districts are expected to be finalised by October of this year.

These figures correspond to the results of a small TNVS household survey undertaken by the M&E contractors in four districts which showed that overall net use by pregnant women is estimated at 34% (results from HH survey) to 66% (results from exit survey) and 50-60% of these nets are treated. This survey also showed that the newborn children slept with their mothers, which is an important indication of the effectiveness of the TNVS.

In addition to the household surveys, the commercial sales of ITNs (nearly 2 million in 2004 and expected 3 million in 2005) and the redemption rate of the TNVS (87%) also give a good indication that coverage is now increasing rapidly. The commercial sales of ITNs in Tanzania in the first two quarters of 2005 when the TNVS was rolling out to half of the country is **42%** higher than the same period in 2004, before the introduction of the Voucher Scheme. This figure is expected to be even higher when the Voucher Scheme is operating on a national scale by early 2006.

Out of every 100 pregnant women that use a voucher, 87 women use it to purchase a net. Based on statistics of the Ministry of Health, 90% of pregnant women attend an antenatal clinic. This means that in those areas where the TNVS is operational, it is estimated that 78.3% of pregnant women and their infants are sleeping under an ITN (i.e. 87% of 90%).

On the basis of the current ITN distribution and coverage figures it can safely be said that during the last three years NATNETS has prevented each year at least 5000 deaths per year².

A general trend worth noting is that thanks to improved health care (including increase in ITN use) over the past 5 years³, infant mortality rates have dropped from 99 to 68, an improvement of 31%. Similarly, mortality of children under 5 years of age has dropped 147 in 1999 to 112, an improvement of 24%. This improvement of 24% represents 39,500 less deaths each year!

5.2 Retreatment

The recent sales figures of NGAO⁴ show almost a doubling of sales in the first 2 quarters of this year, compared to the same period last year. Based on household survey results it is estimated that 50% of all nets in Tanzania are treated with insecticide within the past 12 months.

Despite the great increase in retreatment rates, encouraging continuous retreatment remains a challenge. With the expected introduction of the long-lasting insecticide KO- TAB 123⁵ through the SMARTNET Project eventually all locally produced nets in Tanzania can be made into long lasting insecticidal nets. This is now top priority of the NATNETS Programme. There is also discussion about holding a mass retreatment campaign with the KO Tab 123 to convert the existing crop of nets in Tanzania (estimated at 7 million) into LLINs. When this is implemented the coverage figures of pregnant women and children under 5 sleeping under an ITN/LLIN will double in a very short time.

5.3 Commercial access to ITNs

One of the main issues that NATNETS has been struggling with over the past years is to increase the number of retailers in remote rural areas. With the introduction of the voucher scheme the rural penetration has received a great push. Currently there are approximately 1500 retailers who are part of the Voucher Scheme, 80% of which are new to the ITN business and the majority of these shops are located in rural areas. This tremendous increase in retail outlets in remote areas selling nets is due to the fact that with the introduction of the voucher system there is almost guaranteed demand for ITNs. The number of non voucher sales has also increased as people are able to buy nets for the first time in their community.

5.4 Awareness

A recent Knowledge, Aptitude and Practice (KAP) analysis⁶ showed that general awareness amongst the population of malaria is high. 75.4% of the respondents had a correct understanding of the cause of malaria and 85.1% thought malaria was preventable and indicated ITNs as the measure of prevention. 76.6% of respondents mentioned children under 5 as the most vulnerable group but only 4.5% mentioned pregnant women. Even this perception is now changing due to the Voucher Scheme and the continuous behaviour change campaigns through SMARTNET.

² Based on calculations from the SDC funded KINET study in Kilombero region which showed a 27% reduction of malaria mortality and 50% reduction in morbidity amongst children under 5 who had slept under an ITN for a period of 1 year.

³ Preliminary results Tanzania Demographic Health Survey 2004

⁴ Insecticide retreatment kits which are socially marketed by PSI through the SMARTNET Project, one of the components of the NATNETS programme

⁵ The KO-Tab 123 developed by Bayer consists of an insecticide which is used in the TPRI approved deltamethrin KO-Tab (marketed in TZ as Ngao kidonge) combined with a well researched and internationally registered binder (or 'glue') used in the textile industry. Although the final stage of the WHOPES approval process is not expected to be completed until the end of 2006, there is substantial independent evidence from different laboratory and field studies done by reputable research institutions which show that KO Tab 123 is an effective long-lasting insecticide which lasts up to 25 washes.

⁶ Draft Communication Strategy for National Malaria Control Programme, Vantage Communications, August 2005

According to the TNVS Household survey awareness and use of the Voucher Scheme is high (93% of exit survey; 64% of women aged 15-49 in HH survey). In addition, the utilisation of ANC services is high (58% of currently pregnant women, 100% of those who gave birth in 2004/5).

5.5 Training

The Training and Promotion Contractor of the TNVS has trained over 3,000 Reproductive and Child Health Care staff in over 17 regions about the TNVS as well as about malaria in general. These staff are from all public health facilities (hospitals, health centres and dispensaries) as well as from private and voluntary hospitals and health centres. By the end of 2005 all relevant staff in all of the regions will have received training. In addition, continuous training is being provided to all the malaria/IMCI focal persons who have been appointed to each district. Joint monitoring reviews undertaken by NMCP and the TNVS contractors indicate that in general the clinic staff are distributing the vouchers according to the TNVS procedure and are providing the pregnant women with accurate information on malaria and the importance of sleeping under an ITN.

5.6 Summary

Target	Result
<ul style="list-style-type: none"> 50% of Tanzanian households have at least one insecticide treated net 	<ul style="list-style-type: none"> 46.3% of households own at least one net (up from 37% in 2000) 53% of children under 5 slept under a net (26% under an ITN) 42% of pregnant women slept under a net (21% under an ITN)
<ul style="list-style-type: none"> 60% of the hamlets, at least, have one outlet for selling nets and insecticide for net treatment 	<ul style="list-style-type: none"> 1500 retailers accepting vouchers, most of them in remote rural areas and of which 80% are new to the ITN business
<ul style="list-style-type: none"> 40% of nets will be re-treated according to the available protocol for net treatment 	<ul style="list-style-type: none"> 50% of nets treated with insecticide
<ul style="list-style-type: none"> 80% RCH clinic staff are trained on the value of ITNs for pregnant women and children under 5 years 	<ul style="list-style-type: none"> Staff in every RCH clinic in 17 of 21 regions trained. All regions to be covered by first quarter of 2006.
<ul style="list-style-type: none"> 60% of the head of households are aware of the importance of their children sleeping under treated nets 	<ul style="list-style-type: none"> 76.6% of population aware that children under 5 are most vulnerable to malaria and 85.1% aware that an ITN is the measure of prevention
<ul style="list-style-type: none"> 60% of pregnant women are aware of the benefits of sleeping under an appropriately treated ITN 	<ul style="list-style-type: none"> Overall net use by pregnant women is approximately 40%. Understanding of the importance of sleeping under a net is increasing rapidly.

6 Strategies and Activities

To meet the objectives and targets identified above, a number of strategies were formulated for the ITN Cell to pursue. These strategies and related activities are presented to the NATNETS Steering Committee for approval on an annual basis. The main activities undertaken during phase 1 per category are summarised below.

6.1 Strategy 1: Ensuring proper management of the TNVS

Much of the first year of operation was spent on designing and setting up the Tanzania National Voucher Scheme. The implementation of the programme has been contracted out to four different contractors selected through competitive bidding. Many bureaucratic hurdles had to be overcome during the tender process which took over a year to complete. The contracts with the implementing agencies were signed in July 2004. However, as a result of the delays, the funding agency, *The Global Fund to Fight AIDS, TB and Malaria* (GFATM), almost cancelled its grant in August 2004. After lengthy negotiations between the National Malaria Control Programme/ ITN Cell with support from STI (Christian Lengeler and Don DeSavigny) and the GFATM it was agreed that the first phase of the TNVS would be extended until October 2005 under the conditions that the objectives would be revised and the budget recast.

The actual implementation of the TNVS started in October 2004 and at the time of writing the TNVS is operational in 17 of the 21 regions. The entire country will be covered by the first quarter of 2006.



The results to date are very encouraging:

- Over 300,000 vouchers have been redeemed. Once the programme is operating on a national scale the projections are that over 1 million nets will be bought with vouchers per year, in addition to the existing commercial sales;
- Redemption rate is 87%, i.e. for every 100 women that received a voucher 87 women have used it to purchase an ITN;
- As a result of the TNVS, clinics are seeing an earlier attendance to ANC as well as an increase in attendance.
- Over 1900 retailers signed up to the voucher scheme, of which 80% are new to the ITN business;
- The number of non-voucher sales has increased as people are able to buy nets for the first time in their community. Regions are reporting an increase in net sales (pre-TNVS compared to current sales minus TNVS sales) of between 20-40%.

6.2 Strategy 2: Establishing an effective Public Private Partnership (PPP) for ITNs

The PPP approach to scaling up ITN use in Tanzania is based on the assumption that the private sector (manufacturers, wholesalers, retailers) undertakes the distribution and sales of ITNs, whilst the public sector provides a targeted price subsidy to the most vulnerable groups and creates an enabling environment. Through the SMARTNET project the net manufacturers receive support for marketing and strengthening their distribution network.

The day-to-day contact between with the manufacturers and the wholesalers regarding the TNVS is done by the logistics contractor, the NGO Mennonite Economic Development Associates (MEDA). The ITN Cell Team Leader is the spokesperson for the Net Manufacturers in the Steering Committee.

The Ministry of Health senior management is very supportive of the PPP approach to ITN Upscaling. Unfortunately, the free net campaign which was undertaken in August in Lindi Region has caused confusion amongst the partners with regard to the MoH policy. This campaign originated with an initiative of the actress Sharon Stone who helped mobilise a pledging session during the World Economic Forum in Davos for ITNs for Tanzania. Although USD 1 million was pledged, eventually only USD 147,000 was collected by the Global Fund, which was acting managing the funds on behalf of the WEF. When it was first announced that USD 1 million has been pledged, the Global Fund exerted substantial pressure on the Tanzanian Government as well as on international partners to push for a free net distribution campaign in Tanzania. Although initially the National Malaria Control Programme as well as the Tanzanian Global fund partners advised against free nets, the Tanzanian Government eventually agreed to hold a one-off Presidential Campaign to distribute free nets in Lindi and Mtwara regions. Preparations were already underway when the Government was informed that the pledged funds were not forthcoming. UNICEF, a great proponent of free net distribution, then informed the Ministry that they were willing to fund the shortfall to enable to campaign to continue.

The focus in phase 2 must be to make explicit the government policy on ITN Upscaling and ensure that no decisions regarding large scale ITN interventions are taken outside the NATNETS Steering Committee.

Continued lobbying and interventions will be needed to ensure that the PPP policy of the MoH remains accepted by all development partners. The vast majority of pregnant women (87%) who receive a voucher use it to buy a net, which seems to indicate that the voucher subsidy level (i.e. \$2.70) is sufficient to make the net affordable for most. The main criticism of the Voucher Scheme focus on the small proportion of the target group which are not using the voucher to purchase a net and therefore claiming that the scheme does not reach the most vulnerable. The challenge in Phase 2 will be to address this equity issue, by: (1) understanding the underlying reasons for non-use and identifying those that cannot afford the top-up price, and: (2) by reaching those pregnant women who are currently not accessing the voucher through the public health channels for example by introducing a top-up mechanisms consistent with the PPP approach for those who cannot afford the top-up price.

6.3 Strategy 3: Promoting ITN Up-scaling at district and community level

During Phase 1 much time and effort was put into change management and creating awareness of the PPP approach at district and community level. This was done through presentations at national public health meetings and the parliament as well as through 'sensitisation visits' to a number of regions by joint TNVS teams consisting of ITN/NMCP staff and TNVS contractors. The teams often included district staff from other regions where the TNVS is being implemented successfully in order to facilitate "peer discussions".

6.4 Strategy 4: Reducing taxes and tariffs on nets for public health

As the Ministry of Finance reviews the tax bills annually it is essential to continually lobby for a favourable tax situation for nets. For the past two years the lobbying efforts have been successful: the VAT on mosquito nets remains zero-rated for the financial year 2005/2006 and the import duty on the yarn for the production of nets has been set at 0%.

6.5 Strategy 5: Establishing the regulatory framework for Nets and Insecticides

There is a Tanzania Bureau of Standards (TBS) standard for nets as per the WHO guidelines. All manufacturers produce according to these standards but there is some concern that reject nets end up in the Tanzanian market while the higher quality nets are exported. Most international customers of nets

(e.g. UNICEF, PSI) undertake quality control checks but for the local market there is no regulatory agency which has the capacity or mandate to do so.

The NATNETS Steering Committee agreed that PSI, as supplier of the insecticide kits to the manufacturers, would discuss with the manufacturers about carrying out periodic unannounced quality control checks at the factories.

6.6 Strategy 6: Promoting Long Lasting Insecticidal Nets (LLIN) onto the Tanzanian market

Several activities have been undertaken to promote LLINs onto the Tanzanian market but the process has proven to be difficult. The (international) demand for LLINs greatly exceeds the supply and the only LLIN producer (Olyset nets) in Tanzania, A-Z Textile Manufacturers, tends to prioritise export over production for the local market. SMARTNET is working with A-Z to assist in the marketing of the Olyset nets in Tanzania but currently the commercial price of the nets is still too high for the mass population and the international demand outstretches the supply by far. Currently, the Olyset nets are only commercially available in 4 regions in Tanzania.

With support from JICA, approximately 40,000 LLINs were successfully socially marketed by PSI in Kigoma and Kagera regions at a subsidised price of Tsh 2,500. The Voucher Scheme was not yet implemented in these regions when this project was undertaken so the revolving fund did not interfere with the private sector.

The NATNETS partners are currently in discussion on how to stimulate competition, increase supply and decrease price of the LLINs. The main option that is being pursued is technology transfer to the Tanzanian Net Manufacturers to enable them to treat their polyester nets with a long lasting insecticide at factory level. This would most likely be a much cheaper production process than the Olyset production and could be introduced with a relatively limited investment to all the factories. A feasibility study will be undertaken with support from USAID and discussions will be held with the Tanzanian Net Manufacturers regarding the introduction of this new technology. In the interim, the KO-Tab 123 seems to be the most efficient and effective options to convert nets into LLINs (see paragraph 5.2 above).

6.7 Strategy 7: Establishing the ITN Cell of the National Malaria Control Programme (NMCP) as the focal point for ITNs in Tanzania

With the move of the National Malaria Control Programme (NMCP) from the outskirts of the city to a central location in Dar es Salaam the visibility of the ITN Cell has greatly increased. In general the ITN Cell/NMCP is the first point of entry for organisations working in the field of ITNs. The NATNETS Consultative Group is the main forum where the stakeholders meet to discuss ITN matters.

The NATNETS Steering Committee will remain the main decision-making board on all interventions related to ITN Upscaling, including all the new initiative that are coming on board such as the US President's Malaria Initiative (see 6.8 below).

Now that the TNVS has been operating for almost one year, there are tangible results which need to be made public. During Phase 2 emphasis will be put on documenting the results of NATNETS in general and the TNVS in particular.

6.8 Strategy 8: Achieving a broad financial base for ITN up-scaling in the coming 5 years

In addition to the SDC and the GFATM contribution a number of other development partners have contributed to ITN Upscaling Activities.

Development Cooperation Ireland (DCI) committed Euro 600,000 for the period 2003 to 2005. Approximately Euro 400,000 of this amount was channel through the Netcell Project account. The main expenditures were for promotion of LLINs, communication and advocacy, and training and institutional strengthening. The remainder of the grant will be channelled through the Exchequer and the Health Basket. Given the system of budget allocations to the different programmes it is unsure whether these remaining DCI funds will eventually be earmarked for ITN upscaling activities.

The Japanese International Cooperation JICA provided approximately USD 190,000 worth of LLINs which were socially marketed by PSI.

UNICEF funded the free net campaign after the original funding from the World Economic Forum fell through (see 6.2 above).

Recently the United States Government have been in discussion with NMCP regarding a large financial input for malaria control under the President's Malaria Initiative (PMI). The ITN Cell has submitted a proposal for funding for expansion of the Voucher Scheme to children under 5 to the PMI delegation who in turn will submit it to their headquarters. A decision is expected by the end of 2005. The PMI delegation has also indicated interest in supporting the technology transfer to the net manufacturers.

DFID has also shown interest in the expansion of the Voucher Scheme to children under 5 years of age. During Phase 2 negotiations with these two partners will continue. It is also planned that a new request for continuation of the Voucher Scheme after October 2007 will be submitted to the GFATM sometime in 2006.

6.9 Strategy 9: Mainstreaming HIV/AIDS and gender issues into the ITN up-scaling activities

It has proven difficult to specifically mainstream HIV/AIDS into the ITN upscaling activities. The focus of the TNVS at this stage was on rolling out the Scheme to all the districts and ensuring that all facilities are issuing the vouchers correctly and to all eligible women. During phase 2 more emphasis will be put on reaching out to the most vulnerable groups, including people living with HIV/AIDS.

7 Conclusion

The Netcell Project has been successful to a large extent in meeting its main objectives and the agreed performance indicators. However, retreatment of nets to make them an ITN remains a challenge. The partnership under the NATNETS Programme is working well. The programme itself has received considerable attention from other development partners and will likely expand substantially during Phase 2 of the Netcell Project. The main focus during Phase 2 will be on expansion of the Voucher Scheme to children under 5, the promotion of the transfer of the LLIN technology to the Tanzanian Net Manufacturers, retreatment of the current stock of nets as well as continued strengthening of the public sector to manage the ITN upscaling process.