

**EXTENSION OF THE MINISTRY
OF HEALTH AND SOCIAL
WELFARE'S TANZANIA
NATIONAL VOUCHER SCHEME**

**Annual Implementation Plan for
Fiscal Year 2006 Funding**

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**Prepared by
Mennonite Economic
Development Associates**



Production & Marketing Linkages Department

EXTENSION OF THE TANZANIA NATIONAL VOUCHER SCHEME

Annual Implementation Plan for Fiscal Year (FY) 2006 Funding

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ANNEX 1

LIST OF ACRONYMS

District Executive Director	DED
District Medical Officers	DMO
Equity Voucher	EV
Hati Punguzo Focal Person	HPFP
Ifakara Health Research and Development Center	Ifakara
Infant Voucher	IV
Insecticide Re-treatment Kits	IRKs
Insecticide Treated Net	ITN
Mennonite Economic Development Associates	MEDA
Ministry of Health and Social Welfare	MoHSW
Monitoring and Evaluation Contractor	MEC
National Malaria Control Program	NMCP
Non-governmental Organization	NGO
Population Statistics International	PSI
President's Malaria Initiative	PMI
Regional Medical Officers	RMO
Tanzania National Voucher Scheme	TNVS
Training and Promotion Contractor	TPC
United States Agency for International Development	USAID
World Vision	WV

EXTENSION OF THE TANZANIA NATIONAL VOUCHER SCHEME

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INTRODUCTION

The Ministry of Health and Social Welfare (MoHSW) through the National Malaria Control Program (NMCP) launched the Tanzania National Voucher Scheme (TNVS), in 2004 with financial support from the Global Fund. The TNVS has successfully increased the use of insecticide treated nets (ITNs) throughout Tanzania, especially amongst the target group¹ of pregnant women and children under five. Based on this success, and to improve ITN access for women and children in the lowest socio-economic quintile as well as for infants, the MoHSW requested the United States Agency for International Development (USAID) President's Malaria Initiative (PMI) to extend the TNVS to include two new vouchers--an Infant Voucher (IV) and an Equity Voucher (EV). The introduction of the Infant Voucher is expected to reduce the incidence of malaria and malaria related deaths among infants as well as yield other positive impacts on vaccination attendance, public awareness and use of ITNs and private sector profitability from the sale of ITNs. The introduction of the Equity Voucher, in six of the poorest districts of Tanzania, is anticipated to increase use of ITNs by women in the lowest socio-economic quintile during and after pregnancy, increase Reproductive and Child Health (RCH) clinic attendance for antenatal care and immunizations, and increase ownership of the programme by local government officials and NGOs involved.

Mennonite Economic Development Associates (MEDA) has been contracted by USAID, with the support of MoHSW, to carry out the logistical component of these two new extension activities launched in mid-June 2006 using US\$ 2,902,300 of Fiscal Year (FY) 2006 funds. Under this project, MEDA, working closely with NMCP, will develop the new vouchers and systems for their distribution and redemption, integrating them into the existing TNVS systems wherever possible. This document presents MEDA's annual implementation plan (including the work plan, management plan and budget) for the FY 06 funding. The estimated period of implementation will be June 15, 2006 through June 14, 2007, although the funds will be available until spent. Additional USAID/PMI funding may be available in subsequent years and will be programmed in the next Implementation Plan.

A. WORK PLAN

1.0 NARRATIVE SUMMARY OF WORK PLAN FOR FY 2006 FUNDING

Reflecting the integrated nature of the new extension activities (EV and IV) within the existing TNVS systems, this work plan is organized according to four of the five major strategies defined under the TNVS². Within each relevant strategy, specific results related to the IV/EV extension have been defined, as well as related activities and milestones marking progress toward each result.

¹ Ifakara Health Research and Development Centre (Ifakara), and the London School of Hygiene and Tropical Medicine Household Report 2005.

² The TNVS Strategy 2 refers to Insecticide Retreatment Kits (IRKs), not relevant to this contract and has thus been excluded from the annual plan

MEDA will begin roll-out of the TNVS extension with the introduction of the infant voucher, to be introduced to 15 regions specially selected by the MoHSW, within the first year. Activities related to the introduction of the equity voucher will follow, to be undertaken in six preliminary districts in year 1. These districts will be selected by the MoHSW and USAID based on pre-determined poverty indicators. Please refer to the attached Excel sheet for a summary of key components of the annual implementation plan, described in narrative below.

1.1 Start-Up Activities

The following key start-up activities will take place during the first three months of implementation:

a) Design and Print Vouchers

The design and printing of vouchers is the first major activity to be initiated upon signing the Extension contract, and is a precondition for all other components of the project. The first priority, to be completed by the end of August 2006, is design and printing of the IV, which will be followed by the printing of equity vouchers three months later. The MEDA Program Manager, working in consultation with the National Malaria Control Programme (NMCP) will take primary responsibility for this important activity.

b) Visit Selected Preliminary Districts (Equity Voucher)

In order to identify partners in the preliminary six districts for distribution of the equity vouchers, representatives of MEDA's management team, along with key NMCP staff, will spend the first three months (Sept – Nov 2006) visiting the six selected districts and meeting with local government, NGOs and other actors. During this period, agreement will be reached regarding partners, as well as, the EV distribution mechanism.

c) Develop Training/Promotion Materials

MEDA will work with the TPC to ensure that government officials are informed of the introduction of the EV and IV. In addition the TPC, with input from MEDA, will produce a participatory training curriculum for voucher issuers. MEDA will also adapt and design guidelines for private sector participants such as manufacturers, wholesalers and retailers. Key staff involved in these activities includes the MEDA Country Manager, Coordinators, Operations Manager, and Monitoring Coordinator. They will develop all private sector training and promotions materials for the infant and equity voucher over a two month period. These activities will be completed respectively by the end of July, and the end of December.

d) Recruit New Staff

The Program Manager and Country Manager will take the lead on recruitment of new staff necessary for implementation of expansion activities. Staff to be recruited include: the Voucher Coordinator, Equity Coordinator, Monitoring Coordinator, and Infant Coordinator. All hiring will be completed by the end of June 2006.

e) Conduct MEDA Staff Training

All MEDA staff will be trained in the theoretical and practical aspects of the expansion of the TNVS, including distribution and stub collection, public and private sector training, and the use of revised reporting and financial formats. The staff training will take place in August and December 2006 for the infant and equity vouchers respectively and will be conducted by the MEDA Operations Manager and Zonal Managers with support from the Program Manager.

Strategy 1: Design and implement systems to ensure effective and efficient transfer of vouchers

The mechanisms for effective and efficient transfer of infant and equity vouchers will be integrated into the existing TNVS systems. Two major results specific to the TNVS extension have been identified under this strategy, as follows.

1.2 Result 1: Infant Vouchers (IVs) Distributed to Children at RCH Clinics During Measles Immunization Visits

One of the key results of the TNVS extension funded by the PMI is the distribution of an infant voucher utilizing the existing public health system. RCH staff will distribute the vouchers to the parents/caregivers of infants during their 9-month measles vaccination visits. In order for MEDA to achieve this, several key activities will take place:

a) Inform and Train Manufacturers

During the first four months of implementation, the MEDA Coordinators, with support from the Program Manager, will inform and train manufacturers on the new infant voucher.

b) Courtesy calls with Regional, District Government, and Collect Statistics

To determine the number of vouchers to be delivered to the target group and minimize voucher shortages and misuse, MEDA Regional Managers and Zonal Managers in close collaboration with NMCP and the TPC, will visit and collect statistics from District Medical Officers (DMOs), *Hati Punguzo* Focal Persons (HPFPs), local government officials, NGOs and Reproductive and Child Health (RCH) staff. This activity will take place through September and October 2006.

c) Initial training at Regional, District and Clinic Levels

In partnership with the TPC, MEDA Zonal and Regional Managers will orient and train RCH staff, and community leaders on the infant voucher expansion activities, and their roles and responsibilities. All training will be conducted on-site, and will thus be a time intensive activity, conducted over the period of September through January 2007.

d) Conduct Re-Training as Necessary

In close collaboration with the TPC, re-training of RCH staff and other key stakeholders will take place on an on-going basis, as needed, to ensure continued quality of distribution activities.

e) Distribute Infant Vouchers Directly to Clinics

Beginning in October, 2006, Regional and Zonal Managers, working in close collaboration with DMOs, will facilitate the distribution the infant vouchers directly to clinics in all regions of operation. This initial distribution of a three-month stock of vouchers to clinics will be complete by the end of January 2006.

f) Replenish DMO stock of Vouchers

Once the first three-month stock of vouchers has been delivered, MEDA staff (Regional and Zonal Managers) will deliver a second three-month stock to the DMO's office. Voucher issuers can then replenish their voucher stock independently of MEDA, at an exchange rate of one stub book for one new book. When the base stock at the DMO's office is down to 50% of its original volume, the Regional Manager will request another six-month supply from MEDA HQ, and then deliver it to the DMO.

Key Milestones Towards the Achievement of Result 1: MEDA has identified the following milestones as benchmarks for progress towards the achievement of Result 1, (indicated on the attached Excel sheet by yellow blocks):

- 1.1: All net manufacturers and key wholesalers informed and trained in IV procedures (by mid-October)
- 1.2: Trainings in IV procedures carried out in all 15 regions (by mid-January)
- 1.3: 400,000 IVs distributed to DMOs (by end of January), and 875,000³ distributed by May 2007.

1.3 Result 2: Equity Vouchers (EVs) Distributed to Most Vulnerable Pregnant Women and Children Under 5 Through District Voucher Providers (DVPs)

A second key result of the PMI extension is the distribution of an equity voucher to improve ITN access for pregnant women and children under five in the lowest socio-economic quintile. The EV program is currently under development by the ITN Cell of the NMCP (primarily identification of the most needed groups and mechanism for the provision of vouchers). MEDA will participate in this process. As the logistics contractor, MEDA will be responsible for distribution of the vouchers as per NMCP's guidelines. The EV will be likely be distributed to the target group via several community-based mechanisms such as existing local government structures, NGOs, or other groups with close association to these communities. The initial results will be closely monitored for efficiency and efficacy by an independent organization. The actual number of EV vouchers distributed in the first year will be dependent on the mechanisms approved by the NMCP.

MEDA will carry out the following key activities upon direction of the NMCP:

a) Inform and Train Manufacturers

MEDA Coordinators, with support from the Program Manager, will inform and train manufacturers on the new equity voucher during the months of Nov-January, 2007.

b) Sign Contracts with District Voucher Providers (DVPs)

Once partners, who will serve as District Voucher Providers (DVPs), for the equity vouchers are identified in the preliminary districts (as discussed under "Start-Up" activities), MEDA will develop and sign contracts with all, in each district, to be completed by December 2006. Zonal and Regional Managers as well as Coordinators are the principal staff involved in this activity.

c) Courtesy calls with Regional, District Government.

Prior to introducing the EV in the six preliminary districts, MEDA, in collaboration with identified DVPs, and the TPC, will undertake courtesy calls with regional and district government to brief them on the program and obtain their cooperation. This activity is to be undertaken primarily by Regional and Zonal Managers.

d) Initial training at Regional, District and Clinic Levels

In partnership with the TPC, MEDA Zonal and Regional Managers will orient and train DVPs, community leaders and other identified stakeholders on the equity voucher, and their associated roles and responsibilities. The training will be completed during January and February 2007.

³ Please note that 875,000 vouchers will be printed, and the project has a budgeted for the redemption of 787,500 vouchers based on a redemption rate of 90%. If the redemption rate is higher then less vouchers will be distributed or adjustments will be made as per agreement between USAID and MEDA.

e) Conduct Re-Training as Necessary

Regional and Zonal Managers will re-train DVPs and other key stakeholders on an on-going basis as needed, in close collaboration with the TPC.

f) Distribute Equity Vouchers Directly to DVPs

Beginning January 2007, MEDA Regional and Zonal Managers will facilitate the distribution of the equity vouchers directly to the identified providers in all six selected districts. This initial distribution of a three-month stock of vouchers will be complete by the end of February 2007.

g) Replenish DVP stock of Vouchers

Once the first three-month stock of vouchers has been delivered, the DVPs will receive a second three-month stock. Re-supply will occur on an on-going basis as needed, whenever the supplier's base stock reaches 50% of its original volume.

Key Milestones:

Key milestones towards the achievement of Result 2 include:

- 2.1: All net manufacturers informed and trained in EV procedures (by mid-January)
- 2.2: Partners in each district and contracts signed (by end of December)
- 2.3: Training at clinic level carried out in EV procedures in all six districts (by end of February)
- 2.4: EVs distributed to all contracted DVPs in all six districts, as per targets (to be further defined based on data/information collection taking place in Sept-Nov 2006)

Strategy 3⁴: Identify, Train and Monitor Selected Retail Outlets Eligible to Receive Vouchers

In keeping with TNVS strategies, the extension program for IVs and EVs will undertake substantial training and monitoring of retailers to ensure ITNs are available to the target populations. MEDA has defined one major result to be achieved under this strategy:

1.4 Result 3: Nets Available and Cost Effective

Net availability and cost effectiveness are essential to achieve and preserve wide coverage of ITNs especially amongst the specific target groups under the PMI. The retailers involved in the program are the key to ensuring consistent costs and widespread availability of nets. There are two key activities towards achievement of this result:

a) Recruit and Train Retailers

MEDA's Regional and Zonal Managers will conduct on-site training and renew contracts of wholesalers and retailers. Training will include guidelines for record-keeping, options for minimizing misuse, procedural differences for processing IV and EV vouchers; and emphasis of the responsibilities that retailers have to provide a variety of fairly priced nets, etc.

All existing TNVS retailers (currently 4000 retailers involved) and wholesalers (192 currently involved) will be invited to participate in the expansion. New private sector stakeholders will also be recruited, trained and contracted. Initial retailer training in all IV regions will be complete by January 2007, and for the six EV districts, by February. Follow-up training will take place on an as-need basis, throughout project implementation.

⁴ Please note that in this plan there is no Strategy 2 because this strategy relates to IRKs purchase and distribution which is outside of the scope of this contract.

b) Visit Net Retailers and Wholesalers to Monitor ITN Supplies and Prices

After contracting retailers and wholesalers for participation in the IV and EV extension, MEDA field teams will visit net retailers frequently to ensure consistent supplies of ITNs, sold at competitive prices. Regional Managers will collaborate with NGOs and government officials to share information about retailer and wholesaler performance. MEDA's regional teams will work one-on-one with any non-compliant retailer in order to improve performance.

Key Milestones:

Key milestones towards the achievement of this result include:

- 3.1: 2,860 retailers in 15 regions accepting IVs (by end of January)
- 3.2: 230 retailers in 6 districts accepting EVs (by end of February) (depending on EV program approval)

Strategy 4: Design and Manage Voucher Redemption System

The voucher redemption system of the TNVS has proven to be user friendly and successful, and will continue to be used throughout the extension for IVs and EVs.

1.5 Result 4: Vouchers Flowing Smoothly/Constantly

In order to ensure that the target group receives ITNs as intended, it will be essential for the IV and EVs to be continuously available through clinics and DVPs respectively. In order to ensure this, MEDA will identify and immediately respond to any management problems as follows:

a) Conduct Regular Stub and Voucher Audits

Regional Managers will maintain close communication with the DMO's office, community leaders and NGOs to ensure there is always an abundant stock of vouchers. In collaboration with the MEDA Coordinators, the Regional Managers will conduct regular stub and voucher audits on an on-going basis to identify accurate statistics, stock outs, or mismanagement.

Key Milestones

The key milestone towards accomplishment of this result is:

- 4.1: Minimum redemption rate of 83%, as compared to the stub books returned to MEDA.
- 4.2: Of the 875,000 vouchers distributed by May 2007, 332,000⁵ will be redeemed for an ITN by June 2007, and 726,250 will be redeemed by November 2007.

Strategy 5: Design and Minimize Risk Management Systems to Minimize Misuse and Fraud

Strategies employed by MEDA for the TNVS will also be utilized for the IV/EV expansion in order to achieve overall program goals and cost effectiveness.

1.6 Result 5: Voucher Scheme Operating with Less than 10% Leakage

The TNVS target of less than 10% leakage will be extended to the PMI expansion. Two key activities relate to this objective:

⁵ This is based on a minimum redemption rate of 83% - 400,000 vouchers distributed by January at a redemption rate of 83% over 6 months equals 332,000. 875,000 vouchers distributed by June 2007 at a redemption rate of 83% equals 726,250 vouchers redeemed.

a) Develop Record Keeping Systems to Document Movement of Vouchers and Files

The MEDA Monitoring Coordinators will lead the development of an extensive record-keeping system to document the transfer of vouchers and file records in order to prevent misuse at all levels. Each time an IV or an EV changes hands, the transfer will be documented. EV and IV exchanges will be incorporated into the existing TNVS tracking and monitoring systems, and additional tracking systems will be created where necessary. The systems for both IV and EV tracking will be developed by November 2006.

b) Conduct On-Going Tracking and Monitoring of IV and EV Transfers

Once the system is developed, tracking and monitoring will continue throughout the life of the project, with the Monitoring Coordinators taking the lead. In addition, MEDA's tracking reports will be compared to the information collected by the M&E contractor (MEC) in order to reveal and respond to any discrepancies.

Key Milestones

Key milestones towards achievement of this result include:

- 5.1: Record keeping system to document movement of IVs developed and fully integrated into TNVS systems (by end of October, 2006)
- 5.2: Record keeping system to document movement of EVs developed and fully integrated into TNVS systems (by mid-November, 2006)

1.7 Monitoring, Evaluation and Reporting

a) Assess Lessons Learned and Improve Program

MEDA will incorporate lessons learned from the frequent TNVS monitoring, evaluation and auditing activities by the MEC including household surveys and analysis of the IV and EV that monitor receipt and use of ITNs by project recipients. MEDA will work with partners to assess the overall performance of the IV and EV expansion, and will adjust logistics support when the monitoring and evaluation results and recommendations from NMCP have been received. Key staff to be involved include the Zonal Managers and Monitoring Coordinators.

b) Quarterly Reporting

The Program Manager will ensure that quarterly reports are submitted in compliance with the schedule agreed upon with the USAID Cognizant Technical Officer. The Quarterly Reports will be incorporated into the report currently being submitted to the Ministry of Health and Social Welfare and copies will be provided to the Ministry.

Quarterly reports will include progress toward meeting all milestones including numbers of infant and equity vouchers distributed and redeemed.

B. MANAGEMENT PLAN

1.0 MEDA

MEDA's experience with the TNVS in Tanzania over the past two years has aided the development of over fifty highly skilled, full-time employees and effective management systems to ensure maximum performance and efficiency.

1.1 Program and Operations Management

MEDA TNVS staff is comprised of two primary management teams, the Senior Management Team (including the Project Manager, Country Manager and Operations Manager); and the Middle Management Team (including Coordinators, and Zonal Managers). The Senior Management Team makes high level decisions related to program direction and strategy as well as on ensuring operational efficiency through streamlined human resources and financial management. The Middle Management team makes decisions in operational areas related to day-to-day implementation, particularly at field level. For example, the middle management team supervises and adjusts field work plans, and ensures logistics and administrative functioning such as vehicle repairs, voucher requests, advance requests and expense claims from the field. Regular meetings between middle and senior management occur twice monthly where progress on project implementation and operational issues are discussed and resolved.

1.2 Financial Management and Auditing

As the Logistics Contractor for the TNVS, MEDA puts special emphasis on financial accountability at all levels including operational systems (such as voucher tracking), internal and external auditing; and specific supervisory mechanisms for staff handling of funds and vouchers. The TNVS accountants are responsible for dispersing funds, internal auditing, verification of transactions and provide backstopping and follow up with field teams to ensure all procedures are followed. To ensure financial integrity at MEDA Tanzania, MEDA headquarters sends an internal auditor from Canada, twice yearly, while external audits are conducted by Ernst and Young on an annual basis. Finally, MEDA meets with KPMG auditors twice per year for monitoring ITN operations, ensuring all voucher disbursement and redemption procedures are followed. In accordance with the requirements of the Cooperative Agreement, an independent audit may also be requested by USAID, and provision has been made in the budget for such an audit, if required.

1.3 Key Staff Roles and Lines of Authority

Field Activities

TNVS field teams are divided by the same zones designated by the Ministry of Health. Each zone is headed by a Zonal Manager (ZM), who oversees the Regional Managers (RMs) in his/her team in addition to the regular RM responsibilities of the region where he/she is based. RMs and ZMs all report to Coordinators in the head office. The Coordinators work with the ZMs and RMs to develop monthly work plans and verify all field expenditures.

Voucher Coordination

At the MEDA office there are three Voucher Coordinators – each one is responsible for the day-to-day planning and operations concerning the infant voucher; equity voucher; and the data base. The Database Coordinator has 5 staff reporting to him, who are responsible for dispatching, redeeming, analyzing, and entering data for all vouchers and stubs.

Operations Management

The Operations Manager (formerly called the Logistics Manager) oversees the day-to-day operations and verifies all expense claims and works with the middle-management team to solve operational problems in the field. They are also responsible for developing tracking systems for the program.

Financial Management

The Finance Manager, who ensures financial policies are followed and financials are submitted on time, supervises two accountants, responsible for recording and verifying transactions as per policies.

Project and Country Office Management

The Project Manager oversees the day-to-day operations, and handles all interaction with the Ministry as well as district authorities. They report to the Country Manager, who is responsible for all donor relationships, and oversees all of MEDA's operations. The Country Manager is in turn supervised and supported by the Project Director, in North America.

Two key staff members proposed by MEDA for the project are the following:

Greg Foster – Project Manager
Gerald Morrison – Finance Manager

2.0 PARTNERSHIPS

2.1 Key Partners and Roles

The MoHSW's TNVS is implemented by several partners, each with distinct and complementary roles, contributing to the smooth functioning of the program since 2004. Key partners of the TNVS and their major roles include:

- MEDA: Logistics Contractor
- World Vision: Training and Promotions Coordinator
- Ifakara: Monitoring and Evaluation
- PSI: Social Marketing
- NMCP: Overall Coordination
- Ministry officials (PS, DPS, DMO, RMO, clinic staff): Coordination of public sector role in voucher disbursement at field level
- District authorities (DED, community leaders): Coordination and collaboration with other relevant plans and programs at local levels
- Manufacturers, retailers and wholesalers: manufacturing and sale of ITNs, acceptance/redemption of vouchers

New Partners Under TNVS Extension

Under the TNVS extension, additional partners of MEDA will include NGOs and community based groups in each of the 6 districts where the equity vouchers will be introduced. These groups will be instrumental in identifying and distributing equity vouchers to eligible beneficiaries. To ensure success of these new partnerships, MEDA will implement proven strategies of training, orientation, and follow-up support for each partner to equip them to carry out their roles effectively.

2.2 Collaboration and Communication Among Partners

Collaboration and communication between TNVS partners has ensured efficient and effective operation of the TNVS program. Mechanisms to ensure this same collaboration under the extension are summarized in brief below.

2.2.1 At National Level

Natnets Steering Committee: The primary mechanism for communication and collaboration between the TNVS partners at the national level is the Natnets Steering Committee. This committee, made up of representatives of NMCP, donors and other stakeholders, meets on a quarterly basis to discuss and make decisions pertaining to broader program strategies and operational issues/challenges.

Bilateral Meetings: In addition to providing input into the steering committee, MEDA undertakes bilateral meetings with each of its key partners including the NMCP, TPC, and MEC monthly, at a national level. These meetings are essential for sharing data and information on the progress of the program; and decision making related to specific programmatic areas, such as timeframe and logistics, for rolling out new vouchers, or finalization of training and promotion materials.

2.2.2 At Field Level

At the field level, MEDA staff work in close collaboration with and maintain on-going communication amongst government, non-governmental and private sector partners to plan and implement program logistics (e.g. voucher disbursement, training) through email, phone, and regular office visits. Topic-specific meetings take place on an as-need basis between partners concerned to plan and carry out collaborative activities such as voucher re-stocking at district level, conducting community sensitizations, or training and promotional events.

In addition to regular communication as described above, MEDA and other TNVS partners participate every year in the DMOs Annual Conference; Annual IMCI/Malaria meeting; and the annual RMO conference to discuss the status of the TNVS, share information and seek input on specific challenges raised. These conferences provide valuable opportunities for TNVS partners to share experiences from across the country.