Netcell Phase III Review

Performance, Lessons & Recommendations

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"Feedback is the breakfast of champions"

Dr Ally Mohamed, Programme Manager, National Malaria Control Programme.

Executive Summary

This review examines the performance of the third phase of SDC's support to the ITN Cell of the National Malaria Control Program, identifies lessons learned, and makes recommendations for a subsequent phase of support for malaria control.

The performance of the project is judged to be very good. The project has succeeded in supporting a strong, effective and efficient coordination and management unit for ITNs. This has permitted good coordination across multiple donors around a single national ITN strategy. It is testament to the effectiveness of the Unit that major additional resources have been mobilized and ITN coverage has expanded rapidly. The project is judged to be relevant, highly effective and efficient, and to have taken reasonable measures to mainstream HIV/AIDS and gender. The ITN cell is a recognized part of the NMCP and it has succeeded in ensuring the active involvement of the MOHSW as well as local government councils and council health departments. The ITN cell has disseminated appropriate information about the ITN strategy across multiple channels with the result that the program is very widely known-about. The main challenge facing the project has been to build capacity with NMCP to take over the functions of the Team Leader and contracted ITN Cell staff. As a result, there is little prospect for imminent handover to NMCP personnel.

On the basis of lessons learned from this phase, the review recommends:

1. A continuation of support from SDC to the NMCP to assist with the effective implementation of malaria control strategies.
2. A fundamental review of NMCP staffing requirements including technical skills – so that the government personnel can progressively take over roles being played by contract personnel. This review should include – but not be limited to – the staffing required for the ITN cell.
3. The next phase of support should continue to "back-stop" the ITN cell, which should be led by an NMCP staff. Other contract personnel within the ITN Cell should be phased out over a (maximum) three-year period.
4. The new senior Technical Assistant should be called *Adviser* rather than *Team Leader*, to signify the leadership of the MOHSW and ensure that executive responsibility and accountability rests with the Ministry. However, the TA should provide a "back-stopping" function to assist where necessary in effective program execution.

5. The remit of the whole SDC-funded TA package should be broadened beyond ITNs to include other aspects of malaria control where NMCP feel that support is warranted. The precise identification of priority areas should take place in concert with NMCP's organizational review and should take into account the TA being provided by other partners such as RTI.

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Acronyms

ANC	Antenatal Care
CHF	Community Health Fund
CMO	Chief Medical Officer
DPS	Director Preventive Services
IHI	Ifakara Health Institute
ITN	Insecticide-treated net
LLIN	Long-lasting insecticidal net
MEDA	Mennonite Economic Development Associates
MMTSP	Malaria Medium Term Strategic Plan (2008-2013)
MOHSW	Ministry of Health and Social Welfare
NATNETS	National strategy for ITNs
NETCELL	Unit (cell) within NMCP responsible for ITNs
NMCP	National Malaria Control Program
PIU	Project Implementation Unit
PS	Permanent Secretary
PSI	Population Services International
RBM	Roll Back Malaria
SDC	Swiss Agency for Development Cooperation
TNVS	Tanzania National Voucher Scheme
TOR	Terms of reference
URT	Republic of Tanzania
WHO	World Health Organisation

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Paul Smithson & Angelica Rugarabamu,
September 2011

Overview

The purpose of this review exercise was to provide an independent, objective assessment of progress during the Phase 3 of SDC's support to the ITN Cell of the Ministry of Health and Social Welfare (hereafter referred to as "Netcell"); to document lessons learned, and to make recommendations to SDC regarding any future follow-on support to the National Malaria Control Programme of the Ministry of Health and Social Welfare. The report was commissioned by SDC on behalf of the Ministry of Health and Social Welfare. The Ifakara Health Institute, which has a long involvement in ITNs in Tanzania (including the Monitoring and Evaluation of the Tanzania National Voucher Scheme), was commissioned to undertake the review. The work was carried out by Paul Smithson and Angelica Rugarabamu of IHI's Resource Centre.

Approach

The objectives, as spelled out in the Terms of Reference (Annex 1) are summarized as follows:

> *"The principal objective of the planned review is to provide the Swiss Agency for Development and Cooperation (SDC) Office in Dar es Salaam with sufficient information to make an informed judgment about the performance of the project in Phase 3 (its relevance, results and sustainability), to document lessons learned in the implementation and to provide practical recommendations for a possible fourth phase of the project and beyond. This external review shall at the same time inform SDC about possible new developments in its involvement in malaria control strategies…. If the recommendation is for SDC to continue the support of NETCELL, detailed recommendations should be made on the objectives of the phase and on the project set-up."*

In assessing performance of the project, the review was required to assess the level of fulfilment of project outcomes and outputs (as spelled out in the project logframe). The review was also required to provide commentary on project relevance, efficiency, effectiveness, sustainability and to assess the extent to which cross-cutting considerations were addressed (HIV/AIDS and Gender).

Consultants were asked to review project documentation, other related documentation on ITNs in Tanzania, and to conduct interviews with key informants from the MOHSW, the project implementers, contractors, ITN donors, and other ITN stakeholders. The consultants were required to make a presentation of their preliminary findings and conclusions to a stakeholder meeting (25 May 2011) and to incorporate the feedback received.

As required by the TOR, the Annexes include a list of documents reviewed (Annex 2), list persons interviewed/consulted (Annex 3), and the power-point presentations delivered at the stakeholder meeting (Annex 4).

The remainder of this report is divided into three main sections. The first section deals with the performance of the Phase 3 project. Within this section, we consider the extent to which envisaged outcomes and outputs were achieved; the relevance, efficiency and sustainability of the support; and the mainstreaming of HIV/AIDS. The next section summarises lessons learned from Phase 3. Finally, recommendations are put forward for future SDC support to the NMCP.

SECTION 1:

PERFORMANCE OF THE PROJECT

- Outputs and Outcomes
- Relevance
- Efficiency
- Effectiveness
- Gender
- HIV/AIDS
- Sustainability

Outcomes and Outputs

The project document stipulates four main "outcomes", each of which has a number of subsidiary "outputs". A performance assessment was assigned for each of the outcomes and outputs. The assessments provided here take account of the additional information and feedback gleaned from the stakeholder consultation meeting.

Outcome 1: Netcell functions effectively and efficiently.

The consultants judge that this outcome has been fully achieved.

> *Outcome 1: "Netcell functions effectively and efficiently and it attracts all donors active in this field and harmonizes them in an aligned way"*

There were three outputs specified under this outcome:

- Netcell is recognized by all its stakeholders as the coordinating body for all NATNETS program components in the frame of a single NATNETS strategy.
- Donor funds are managed effectively and efficiently in accordance with international accounting practices
- NETCELL provides effective strategic and management support to all NATNETS program components

The consultants judged that all of these specific outputs, and the overall outcome have been fully achieved, in spite of considerable growth in the size and complexity of the undertaking.

Over the period of phase 3, ITN ownership by households with children under the age of five rose from 44% (2007/8) to 81% (2010). ITN use by pregnant women rose from 26% to 57% over the same period, while ITN use by under-fives rose from 25% to 64%.

The NMCP's ITN Cell is recognized and respected by all stakeholders as the co-ordinating unit for ITN strategy, programming and implementation. This was particularly impressive given the number of different donors involved and the periodic tensions between some stakeholders over the optimal strategy for maximizing and sustaining ITN coverage.

The ITN Cell has managed a range of sub-contractors firmly and effectively. Its management of donor funds and financial accountability has been successful and has not been subject to adverse audit or complaint.

The ITN cell has been particularly successful in mobilizing additional grant funding for ITNs, and in coordinating multiple sources of funds under a cohesive strategy and timeline. It successfully managed to mobilize timely follow-on funding from Global Fund.

During the period of Netcell support, there was a five-fold expansion in the magnitude of funds managed (from ~$5m per year to ~$25m per year). SDC's technical and operational support to Netcell during phase 3 amounted to ~750,000 CHF (~$0.5m) per year. This represented around 10% of the annual ITN budget at the beginning of Phase 3, but only 2% of annual ITN budget by the end of Phase 3.

This relatively small investment in technical and operational support has enabled the mobilization of substantial additional resources and has been the major determining factor in the timely, effective and efficient implementation of Government's ITN strategy. As such, it represents extremely good value for money.

Outcome 2: Ownership, Transfer, Sustainability

The consultants judge that this outcome has been partially achieved

> *Outcome 2: "The ownership of the Ministry of Health is enhanced through progressive transfer of skills and management control [to them]"*

There were two specific subsidiary outputs to this outcome:

- Tanzania national deputy team leader fully involved in the functioning of the NETCELL
- Strong awareness among senior MOHSW management of the role and importance of NETCELL

After repeated requests by SDC a Deputy NETCELL team leader was designated in early 2011. However, this individual has multiple additional duties, including deputy program manager and in-charge of monitoring and evaluation for NMCP. Considering these considerable responsibilities, as well as the day-to-day tasks and obligations that necessarily arise, it is difficult to conceive how this individual could fully take over the tasks and responsibilities currently undertaken by the contracted NATNETS team leader.

With regard to the second output, the ITN strategy, its operations and achievements are very widely understood – both within the MOHSW and among the donor community. The involvement of NMCP staff in NATNETS implementation has been greater in some areas (e.g. plans and funding proposals, procurement) than in others (e.g. drawing up sub-contracts, management & monitoring of sub-contractors, accounting). On balance, the NMCP management has a clear

understanding of what NETCELL has been doing, but the continued reliance on contracted staff means NMCP staff [first-hand] experience with the intricacies of NETCELL management on a day-to-day basis is more limited because these duties have been discharged mainly by contract staff of the NETCELL.

Notwithstanding the above, there is no question that the NATNETS program has been fully owned by MOHSW from the outset. The issue is therefore not so much the *will* to sustain the program, but the *feasibility* of transfer of all program management responsibilities in the short term.

The issues and challenges surrounding transfer of responsibility and sustainability of effective management of NATNETS remain the chief challenges facing the project. These issues are explored in greater depth in subsequent sections of the report.

Outcome 3: Local government involvement

The consultants judge that this outcome has been achieved (in principle), but not in the manner specified in the "outputs"

> *Outcome 3: "The ITN program is better integrated in routine planning, management, monitoring and service delivery at regional and district level."*

There were three subsidiary outputs to this outcome:

- ITN up-scaling activities further integrated into council health plans and implemented by decentralized government levels
- Councils and communities increasingly aware of ITN benefits
- Councils and communities [are] supported by NETCELL in their initiatives to plan for and upscale ITNs.

The design of the TNVS meant that there was little practical opportunity for councils, health departments, facilities and communities to supplement the scheme through their own efforts. Voucher production and distribution was carried out by the voucher contractor. Delivery of ITNs was done by the ITN suppliers through the wholesale and retail supply chain. National behaviour-change communication was also contracted out. The role of facilities was to maximize ANC attendance, to ensure that every eligible woman received a voucher, and to educate women on the importance of ITNs for themselves and their infants. It was therefore not to be expected that Council health departments would budget their own resources for ITN activities, nor that they would take significant initiative for ITN distribution or BCC above and beyond the TNVS.

The situation was somewhat different with the mass distribution of LLINs through the under-five campaign and the universal campaign.

In these cases, local government officials from the village level upwards played a critical role (in collaboration with MEDA) in compiling lists of eligible households and supervising delivery of LLINs. The fact that these very large logistical exercises were carried out successfully, and that LLINs were delivered to the target households demonstrates the awareness, commitment and level of effort of local government organs in the exercise.

The ITN Cell has designated coordinators for each zone in order to strengthen coordination, information exchange and performance monitoring in the regions and districts.

The Tanzania DHS 2010 showed that 76% of under-fives who lived in a household owning at least one ITN slept under an ITN the night before the survey. The proportion was even higher among households that owned more than one ITN, and among children aged less that two years. These statistics indicate that communities are aware of the benefits of ITNs and are ready and willing to use them if sufficient ITNs are available to the household.

Overall, the consultants view (confirmed at the consultation workshop) was that the "outputs" specified under this outcome did not capture accurately indicators of decentralized participation in Natnets implementation. On reflection, all stakeholders considered that local government (councils, village governments, council health departments and front line health personnel) had played their part actively and effectively.

Outcome 4: Dissemination of NATNETS experience

The consultants judge that this outcome has been achieved.

> *Outcome 4: "The Tanzanian experience on process and impact of the past and upcoming activities within NATNETS are presented in the relevant forums."*

The output specified: "Experience of NETCELL and NATNETS programme are collected analyzed disseminated through the new website, newsletter, publications, documents (CD Rom) and on national and international forums."

Natnets experience has been extensively documented and disseminated through published literature (see references at Annex 2), reports, presentations, consultations and briefings. The program and its achievements are widely known within the MOHSW, development partners, civil society organizations and even among MPs. It is also well-understood at local government level, particularly within Council Health Departments. Public information announcements and advertisements have been made through poster,

leaflet, radio and television. The program has attracted regular media mention, particularly in connection with the mass distribution campaigns. At international level, the NATNETS experience is well-known to the WHO and other ITN stakeholders, and extensive reference to the Tanzania experience is available on the WHO-Roll Back Malaria website. A google search for "Natnets" + "Tanzania" + "ITN" on 22 May yielded 668 results. A draft website is operational at http://tempnatnets.org but has not been formally launched. Annual newsletters describing the program and its progress were published in English and Swahili in 2008, 2009, 2010. In short, NETCELL has done an excellent job in disseminating information about NATNETS to diverse audiences within and outside Tanzania.

NETCELL Relevance

SDC's support to Netcell was timely and relevant. The voucher-based, public-private partnership strategy for scaling up ITNs represented a new and innovative departure for the MOHSW. It was a sensible judgement that MOHSW would require technical assistance to set up the system. This judgement continued to be valid in light of the growing scale, budget and complexity of the ITN strategy over the Phase 3 period of support.

Netcell has been critical not only in effective project implementation, but also in mobilizing additional funds, coordinating multiple donors and funding streams, and adapting strategy in the light of evidence (e.g. use of TNVS monitoring data to adopt top-up cap, switch to LLIN). Netcell support also enabled the timely development of a major funding proposal for Global fund support – first to continue the voucher scheme – and later to complement the voucher with mass distributions for under-fives and for all sleeping spaces.

Netcell has also provided the capacity to ensure that MOHSW could account for results – without which it would have been difficult to maintain Global Fund support.

Overall, the project addressed a clear and valid need for technical support within the MOHSW's NMCP, and did so in a way that supported and enabled MOHSW's leadership of the national ITN effort. The consultants therefore consider SDC's support for Netcell during phase 3 to be necessary, valuable and relevant.

Effectiveness & Efficiency

The effectiveness of the project – in terms of its achievement of the desired outcomes and outputs has already been documented above. Considering that during Phase 3 the ITN strategy grew massively in scale, funding and complexity, the project actually exceeded the expectations at the beginning of this phase. The consultants therefore rate the project has having been extremely effective, in terms of funds mobilized, coverage achieved, accountability for funds and

results, as well as in achievement of the specific outputs specified in the logical framework. Moreover, these achievements have been registered in spite of considerable institutional challenges (including quite long bureaucratic chain of command, very long procurement lead times, the need to maintain the active support of multiple organizations as well as MOHSW senior management).

As already described, at the start of Phase 3, support to Netcell would have represented approximately 10% of total annual expenditure on ITNs. The rapid increase in funding for ITNs (at least partially attributable to Netcell) provided an opportunity for economy of scale. While ITN turnover increased five-fold, the financial and personnel budget of Netcell increased only modestly. The result was a technical assistance package that represented only 2% of annual ITN turnover – an even higher level of efficiency than originally planned.

Gender and HIV-AIDS Mainstreaming

Gender

Tanzania's national voucher scheme was designed to target pregnant women and children under the age of five, on the basis of their biological vulnerability to malaria morbidity and mortality. Among under-fives, successive DHS surveys and the TNVS monitoring data indicate no disparity in ITN use between the sexes. To this extent, the strategy can be considered to be "pro-female" (pregnant women) and "gender-neutral" (infants/under-twos). As the strategy expanded to distribute LLINs to all under-fives, DHS data again confirms that there was no difference in the coverage achieved between males and females (both 64%).

On the other hand, the delivery mechanism of the voucher (ANC clinics) depends primarily on female nurses – and therefore represents a modest increase in the workload demands on this category of staff. According to TNVS reports high workload was cited by ANC staff as a problem, although this is unlikely to be a significant contributory factor to non-receipt of vouchers by the target clientele[1].

Within Netcell, there is a gender imbalance among the contract staff (5 males, 2 females). However, this is not considered to have had any adverse impact on the gender sensitivity/neutrality of program implementation.

[1] More important factors are shortage of vouchers, or "judgements" by ANC staff that the woman would not be able to afford the top up and therefore should not be given a voucher.

HIV/AIDS

The aims and objectives of the Netcell and Natnets do not directly impinge on HIV/AIDS. However, the program has taken sensible and relevant steps to mainstream HIV/AIDS concerns. Among the program staff, HIV/AIDS workplace sensitization has been carried out. The program also conducted in-depth discussions with the NACP and PEPFAR regarding special provision/targeting for people living with HIV/AIDS. In the end, this was not taken forward by NACP, although the Netcell had shown willing to collaborate. There are no other obvious HIV/AIDS considerations that we would have expected the NATNETS/NETCELL to address or respond to.

Sustainability

This was the major area where the consultants felt that progress during phase 3 fell short of achievements. By the end of phase 3, ITN strategy implementation remained dependent on the contract staff and team leader funded by SDC's Netcell support. All key informants consulted (including NMCP staff) did not believe it would be feasible for the Deputy Team Leader and NMCP staff to take over full responsibility for Netcell operations by the end of Phase 3. Although a "Deputy Team Leader" had been designated towards the end of the period, other duties and obligations of this staff member are considerable.

It should be stressed that the sustainability challenges cannot be attributed to shortcomings by the Netcell team or Team Leader. There is ample evidence that SDC made repeated appeals to the MOHSW to appoint a team leader counterpart (deputy). In the absence of government counterparts, the Netcell team had little opportunity to provide the skills transfer and progressive transfer of executive responsibilities that was envisaged at the beginning of Phase 3.

The fact that handover of Netcell functions and responsibilities to NMCP staff has not occurred does not mean that the program is at imminent risk. It simply means that continued operation of Netcell/Natnets remains dependent on contract personnel – in the same way that the ITN strategy as a whole remains dependent on external financial support.

The sustainability challenges were discussed at some length at the stakeholder workshop. The lessons and recommendations arising are discussed in more detail in subsequent sections.

SECTION 2:

LESSONS LEARNED

Lessons Learned

Strengths

This review concluded that Netcell has been very successful in supporting effective implementation of the government's ITN strategy. In particular, the ITN Cell has supported the implementation of ITN plans on time and on budget; mobilised additional funds; forecast financial and commodity requirements/gaps and lead times; provided strong coordination of multiple donors around a single strategy; digested data from research, monitoring and evaluation; adapted strategy to respond to new knowledge and policies; absorbed unforeseen increase in the magnitude and complexity of ITN strategy; serviced donor accounting and reporting requirements; and documented and disseminated information about the program to different stakeholder groups.

Lessons Learned

From these strengths, we can conclude that having a well-managed group of contract personnel attached to a government department can be a successful way of supporting effective strategy implementation. Some key informants felt that other aspects of the national medium term malaria strategy (e.g. clinical management - drugs, diagnostics) would have benefited from similar TA support, particularly as regards forecasting gaps in funding and supply chain management, pro-active mobilization and coordination of funds, more effective monitoring of implementation status and prompt resolution of implementation bottlenecks. The possibility of *broadening* TA support to the NMCP to incorporate other aspects of the national malaria control strategy should be actively considered for the next phase.

Weaknesses

The weaknesses identified are closely inter-related and stem from the inherent risks and tensions associated with a "project implementation unit" (PIU) type of support within a government department.

To begin with, it should be noted that the default government policy position discourages the creation of PIUs within government departments. In spite of government's clear preference, PIUs remain common, particularly in projects funded by donors (notably US) that prefer to contract with non-government implementing agencies.

These contractors enjoy a high level of operational autonomy, within the framework of a project agreement and associated deliverables.

On the other hand, other donors provide implementation support to government in the form of attached advisers, technical personnel and support staff. In these instances, executive authority continues to rest with government personnel, but much of the "doing" falls on the contract personnel.

Handing over to government

The technical support package supported by SDC can be regarded as a mix of the two models above. The "ITN Cell" is situated with NMCP, is recognized as a part of the organogram, and is managed by – and accountable to - the Program Manager[2]. On the other hand, the Unit has been staffed entirely by contract personnel, and the Team Leader position is filled by an expatriate. This unconventional arrangement was regarded as essential at the beginning of Phase 1 of SDC support, when the NMCP had very limited personnel, zero experience with the establishment and management of a voucher scheme and was faced by a massive implementation challenge after securing Round 1 Global Fund support. The intention was to progressively build NMCP's human resource capacity with a view to establishing a fully-functional, indigenous, government-staffed unit that would continue ITN operations. Over time, reliance on contract personnel would diminish, and the leadership of the ITN cell would be handed over to a senior NMCP official.

In practice, this has proved impossible to achieve. Two reasons can be discerned: one circumstantial and the other practical. The circumstantial reason is the unforeseen growth in the magnitude, complexity and value of the ITN program. Instead of progressively scaling back contract personnel (and handing over to NMCP civil servants), the ITN cell was obliged to expand the size of the team to accommodate the increase in implementation responsibilities.

The practical reason is a familiar "chicken and egg" problem. As long as there are contract personnel fulfilling implementation functions, there is no need for (scarce, and often over-worked) government personnel to do so. Yet unless/until domestic capacity has been established through hands-on experience, the functions of the contract personnel cannot be handed over. SDC and the ITN Cell Leader made numerous (largely unsuccessful) attempts to have government personnel assigned to the Unit and to have a "Deputy Team Leader" appointed who would shadow the team leader and later take over leadership. In the absence of personnel to hand over to, the reliance on contract personnel has continued. It is therefore a statement of fact that the ITN Cell continues to be almost wholly

[2] On paper, the ITN Cell team leader reports to the head of Vector Control. In practice, the reporting line is direct to the NMCP Program Manager.

reliant on contract personnel. Abrupt withdrawal of those personnel would certainly result in significant disruption. From a purely practical perspective, there is clearly a need to continue to fund contract personnel for the ITN cell, otherwise the entire program will be put at significant risk – resulting in child deaths, frictions with the ITN donors, and embarrassment for government.

In the short run, there is therefore a need to continue with contract personnel. In the medium term, there needs to be a systematic process whereby government personnel are appointed on a full-time basis to assume the responsibilities of ITN strategy implementation, permitting a planned withdrawal of contract personnel.

In recent years, NMCP has expanded its staff complement. However, it would appear that none of these personnel were appointed with the express intent of assuming ITN responsibilities. The reviewers were also told by senior key informants that NMCP could acquire additional personnel if it wished to do so. In the course of the review, it became clear that a fundamental review of the organization, structure/reporting lines and staffing of NMCP has not been undertaken for some time – and that this is overdue in the light of the very rapid growth in malaria control over the past decade. The staffing requirements of the ITN Cell should be determined in the context of this wider review of NMCP structure and personnel requirements. Moreover, the number and skill mix of staff for ITN strategy implementation will depend to a large extent on decisions reached on ITN distribution (catch-up and keep-up). These decisions were under consideration but had not yet been reached at the time of this Phase 3 review.

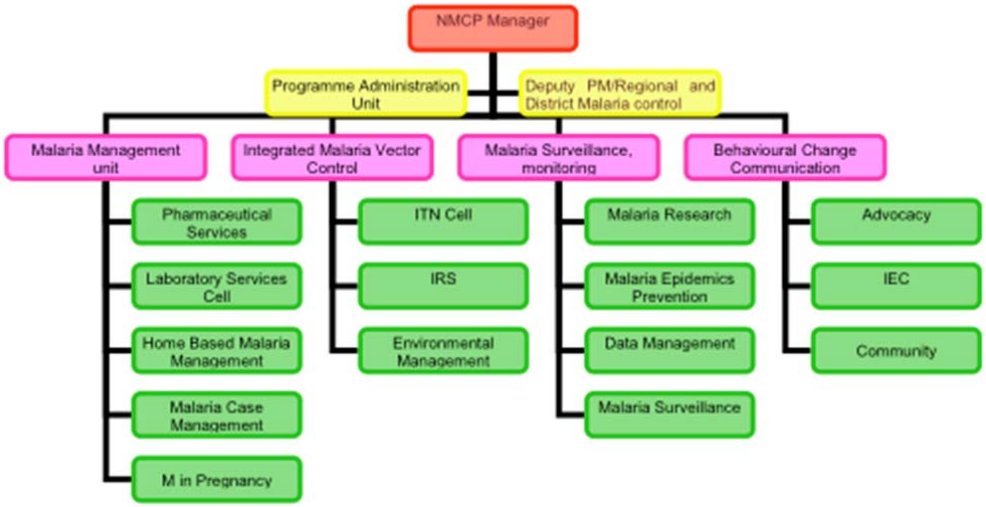
Executive "Team Leader"

The SDC support provided for an expatriate Team Leader with executive responsibility for ITN strategy execution. This was justified because of the scarcity of staff within NMCP and the need for a highly skilled, diligent, results-oriented person to get the program running. The high level of management autonomy of the ITN Cell has also probably been a significant factor in the successes it has achieved.

However, this arrangement has a number of disadvantages. First, it reinforces the impression of a "foreign" implant within the NMCP. Second, it was regarded as "inappropriate" that a non-government person should speak on behalf of government to donors and other ITN stakeholders. Third, it contributed to the perceived or real "disconnect" between the ITN Cell and the rest of the NMCP – to the extent that many NMCP government staff said that they were largely unaware of what the ITN Cell staff did. This third issue also reflects inadequate management coordination within NMCP to foster communication and information exchange across the units.

Reporting Lines

Already mentioned above, the ITN Cell (on paper) falls under Vector Control. In practice, the ITN Cell Leader has reported direct to the Program Manager. Some NMCP staff felt that this was a distortion of the proper reporting lines. The "direct line" to Program Manager is perhaps inevitable when we consider that important decisions could not be made by the i/c Vector Control, and many decisions (in any case) need to be referred higher up the chain of command to DPS, CMO or PS. This problem has been a bureaucratic irritation rather than a serious impediment to program performance. The reviewers consider that this issue is best resolved in the context of a broader review of NMCP structure and staffing (as described above). The current NMCP structure, as depicted in the MMTSP, is shown below.



Separate accounting

Another aspect of ITN Cell management that was raised was the accounting arrangements for donor funds. These funds are held in a government bank account, with government signatories (in addition to the ITN Cell Team Leader). The preparation of financial statements of account has been undertaken by a contracted accountant (on a part-time basis) rather than by a government accountant. The management of project funds under a separate bank account is common in Tanzania and is permissible under the accounting regulations. In other respects, the ITN funds are managed in a similar way to government funds (payment authorization, tendering and procurement). On discussion, it would appear that the only issue is the need to ensure that these expenditures can be incorporated into the government accounts. We do not see any reason why this cannot be achieved and do not consider that it requires significant change in current accounting arrangements.

Voucher contractor-health worker interface

The design of the ITN voucher scheme requires a contractor to manage the whole process of voucher distribution, monitoring and

redemption with ITN supplier(s). This puts non-government contract personnel in a position where they monitor – and occasionally correct – the performance of government personnel in clinics and council health departments. On the whole, this has worked well. However, there have been incidents when health personnel resented being "told what to do" by non-government personnel. Further probing suggests that this is a) a rare problem b) related to the tone and behaviour of contractor personnel – rather than a fundamental structural problem.

Lessons Learned

In summary, the priorities that emerge for the next phase include:

- Limits to the executive authority and representative functions of a new "team leader". This could be achieved by having an "Adviser" who acts as back-stop to an NMCP team leader. The senior TA would not have formal management authority over the program and would not act as spokesperson for the NMCP (although informal interaction with ITN stakeholders would obviously continue).
- A fundamental review of NMCP staffing and organization structure is overdue. This is timely considering the arrival of a new Program Manager. This staffing/organization review should result in hiring and placement of personnel to take over the functions of contracted ITN Cell staff. The contracted staffing could then be rapidly reduced after a short hand-over / coaching period.
- Consider broadening the remit of SDC technical assistance package and remit to include support to other aspects of the NMCP (see next section: Recommendations). The design and remit of such a technical assistance package must be coordinated with other donors active in Malaria who are already providing technical support (e.g. RTI, PATH, JPHIEGO).
- A senior TA working directly with the Program Manager and Deputy Program Manager (rather than within ITN Cell only) would also avoid the difficulties that have arisen regarding reporting lines, while fostering better information and communication across units.
- The issues concerning accounting and contractor-health worker interface are of relatively minor importance. They can be resolved by management action and do not impinge on the design of future SDC support to the NMCP.

SECTION 3:

RECOMMENDATIONS FOR FUTURE SDC SUPPORT TO NMCP

Recommendations

Based upon the commentary, issues, challenges and lessons described above, recommendations for a future phase of SDC support are summarised below.

1. SDC support has enhanced the operational effectiveness of the NMCP. It remains relevant and important. Due to delays in building the necessary capacity for handover, we recommend a continuation of SDC's technical support to the NMCP. This support should be for a duration of not less than three years. Over this period, it is vital that NMCP makes the case for the long-term staffing that it requires, and posts suitable personnel accordingly.
2. Under the new phase of support, the senior TA should have the title *Adviser* rather than *Team Leader*. This puts responsibility and accountability squarely with the MOHSW. It should help to build local ownership & accountability, improve internal coordination within the NMCP, and avoid problems with contract staff speaking on behalf of the Ministry.
3. This senior technical adviser should act as an adviser and assistant to the NMCP Program Manager and his Deputy. Their duties should include maintaining close vigilance of the performance of the ITN Cell, and assisting where necessary with proposal writing, financial/commodity/procurement forecasting, operational planning, monitoring and trouble-shooting.
4. The remit of the senior TA (and the SDC-supported TA package as a whole under Phase 4) should extend beyond ITNs. In particular, the functions described above are equally important and applicable for the "case management" aspect of malaria control – particularly with regard to ensuring continuity of supply of drugs and diagnostics.
5. The other aspects of technical support warranted should be negotiated directly with the NMCP, taking into account the priorities identified by the Program Manager, the findings of the staff/organization review, and the technical assistance contributions of other partners (most notably those funded through PMI). Whatever the precise parameters (scope, number of personnel, job description of senior contracted TA) need to be spelled out and agreed as a part of the Phase 4 project document.
6. The specific requirements for continued temporary (contract) staffing of the ITN Cell will depend upon decisions taken regarding the "keep up" modalities. To avoid the "chicken and egg" problem, the phasing out of these contract staff should be timetabled and form an explicit part of the agreement governing Phase 4 support.
7. Accounting arrangements for SDC funds can under Swiss TPH, as is currently the case, but financial statements should be provided to MOHSW so that this support can be reflected in MOHSW accounts.
8. Accounting arrangements for other ITN support can also remain in a separate bank account, though the principal signatories of this account

should be government personnel and financial accounting reports should be streamlined as far as possible with government accounting systems.

SECTION 4: ANNEXES

Annex 1: Terms of Reference

TERMS OF REFERENCE FOR EXTERNAL EVALUATION OF NETCELL PROJECT

1. OVERALL BACKGROUND

Tanzania signed in 2000 the Abuja targets which include a 60% coverage of ITNs for the two most vulnerable groups - pregnant women and children under five by 2010. To reach these targets the government formed the National Insecticide Treated Nets Strategy (NATNETS) in 2001. The strategy was built on a Public Private Partnership approach and consisted of four main components: (i) Social marketing of ITNs which ensured that all mosquito nets manufactured and sold by Tanzania's four net manufacturers were accessible and bundled with an insecticide treatment kit. Completed in 2007. (ii) The provision, through the Tanzania National Voucher Scheme (TNVS) of a discount voucher issued to pregnant women attending for ante-natal care and to all infants at measles vaccination; this allowed the purchase of an ITN (bundled net) at a heavily discounted price. (iii) The provision, through commercial channels, of subsidized insecticide re-treatment kits to encourage home re-treatment of nets. (iv) Demand creation and Behaviour Change Communication to stimulate the demand for and the use of ITNs. In addition, the Swiss Agency for Development and Cooperation (SDC) supported the creation of an ITN cell in 2002, whose role since that time is the coordination and support of all actors and resources of the NATNETS programme. The ITN cell is supported by the NETCELL project implemented by the National Malaria Control Programme (NMCP) and the Swiss Tropical and Public Health Institute (Swiss TPH). Under this strategy, there was a steady improvement in net ownership and usage, but the rate of increase has been considered too low to achieve the original Abuja targets of 60% ITN coverage of vulnerable groups within a reasonable time frame.

The Government in its new National Malaria Mid-Term Strategic Plan 2008-2013 shifted from the vulnerable group approach of the Abuja target to a wider coverage aiming to eliminate malaria as a public health problem. The current strategic plan sets a goal of Universal Coverage, meaning that at least 80% of sleeping sites should be protected by an ITN by 2013. This is now being achieved by two mass campaign issuing LLINs, firstly to all children under five (which was completed in May 2010) and secondly by the current Universal Coverage Campaign which is scheduled for completion in May 2011. Accodring to the RBM Partnership, this represents a "catch-up" strategy,. The current "keep-up" strategy of the TNVS has also been modified by increasing the value of the voucher to permit the purchase of an LLIN with a fixed top-up amount of Tzs 500/= ($0.37). This shift has been made possible by the availability of increased financial resources, which reflect the awareness of the international

community that malaria is a major obstacle to reach the MDGs 4, 5 and 6. During the past five years the financial volume for the NATNETS programme has increased more than six fold thanks to the Global Fund to fight AIDS TB and Malaria, the World Bank, the US Presidential Malaria Initiative (PMI), UNICEF, Malaria No More, SDC and the Ministry of Health and Social Welfare (MoHSW).

Thanks to the coordination role of the SDC-supported NETCELL project and the vastly increased resources and activities, the NATNETS programme has achieved an encouraging progress in coverage for the targeted vulnerable group through the Voucher Scheme combined with free mass distribution of ITNs. The ITN coverage rate of children and pregnant women has increased from 26% in 2007 to 64% and 57% respectively in 2010 (DHS 2010). The proportion of households owning at least one ITN increased from 39% in 2007 to 64% (DHS 2010).

The Swiss contribution to the ITN cell (NETCELL project) plays an important role for the MoHSW and for all involved donors because it allowed the harmonization and coordination of all strategic components and resources into a single programme. As a result, donors are disbursing their funds through the regular Government channel and their approach abide to the national strategy. Also high quality technical and managerial support of the Swiss TPH and a sound monitoring system by the Ifakara Health Institute (IHI), supported by the London School of Hygiene and Tropical Medicine (LSHTM) have contributed to convince the Global Fund, PMI and other donors to support the malaria control efforts in Tanzania.

2. NETCELL PROJECT

Overall goal:

To contribute to a reduction in morbidity and mortality caused by malaria, especially for vulnerable groups.

Overall objective of the project:

To achieve the upscaling of ITNs in Tanzania in a sustainable and equitable way.

Phase 3 of NETCELL aimed to achieve the following outcomes:

1) The NETCELL functions effectively and efficiently, it harmonizes all donors active in this field and convince them to align to Government strategies and priorities.
2) The ownership of the Ministry of Health and Social Welfare is enhanced through the progressive transfer of skills and management control from NETCELL to the Ministry.
3) The ITN upscaling activities are better integrated in routine planning, management, monitoring and service delivery at regional & district level.
4) The Tanzanian experience on process and impact of the past and upcoming activities within NATNETS are collected, analyzed, documented and diffused in the relevant forums.

3. OBJECTIVE & IMPLEMENTATION OF THE REVIEW

The principal objective of the planned review is to provide the Swiss Agency for Development and Cooperation (SDC) Office in Dar es Salaam with sufficient information to make an informed judgment about the performance of the project in Phase 3 (its relevance, results and sustainability), to document lessons learned in the implementation and to provide practical recommendations for a possible fourth phase of the project and beyond.

This external review shall at the same time inform SDC about possible new developments in its involvement in malaria control strategies. Currently, NETCELL staff are located within the NMCP and support one specific cell, the ITN cell. NMCP also includes other cells, namely:

1. A Case Management Cell (for the provision of Artemisinine-based Combination Therapy (ACTs) and rapid Diagnostic Tests (RDTs)

2. An Evaluation and Monitoring Cell

3. A Vector Control Cell (mainly concerned with Indoor Residual Spraying (IRS) and larviciding

4. A Behaviour Change Cell

5. A group concerned with epidemic Surveillance and Response.

Each of these cells is faced with an acute human capacity and resource shortage. SDC is willing to check whether a broader support to NMCP (i.e. to one or more cells apart from the ITN Cell) would be warranted. The review should analyse the challenges faced by the other cells and make recommendations on how to address them with a Swiss contribution (building on NETCELL experience).

If the recommendation is for SDC to continue the support of NETCELL, detailed recommendations should be made on the objectives of the phase and on the project set-up.

3.1. Issues to be assessed

The following questions should be answered by the reviewer:

Relevance

The analysis on relevance should focus on the extent the project fulfilled the objectives defined for Phase 3 in the current context of malaria control in Tanzania.

- Is the project coherent with the GoT's policies and strategies?
- Is the project integrated within the malaria program?
- Have the right key stakeholders and target groups been identified and included in the IT&N cell's work?

- Is the transfer of skills and management control from NETCELL to the Ministry adequate?

Efficiency

- How efficient is the overall project management ?
- How have the various activities led to the intended outputs, as indicated in the log frame of the project, in terms of both quantity and quality ?
- Is the current set-up cost efficient, and how should it look like in a possible future phase?

Effectiveness

- To what extent have the expected outputs (in the log frame) been reached?
- What have been the supporting and hindering factors?
- Were there any unexpected outputs?

Outcome

- What was achieved in terms of outcomes by the project?
- What were the contributing factors or hindering factors for achieving these outcomes?
- Did women and men benefit equally to and from the project's inputs (personnel and activities), outputs (results) and outcomes?

Sustainability

- Is the project approach contributing to sustainable changes?
- What kind of changes?
- Are the project outcomes sustainable?
- What capacity is being developed at beneficiaries and at local government level?
- What should the project focus for a possible next phase and how to ensure sustainability?

3.2. Mainstreaming gender and HIV-AIDS

- To what extent was the mainstreaming approach of gender and HIV-AIDS implemented in the project (either the SDC minimum standards or the project's strategy/ work place policy covering gender and equality and HIV-AIDS)?
- Have the a) project partners and personnel and b) the project beneficiaries been informed about HIV-AIDS prevention and familiarized on gender equality issue? If so, are there any success stories that the project can share?
- Was there focal person(s) appointed to deal with mainstreaming activities and then to document all project achievements? If the answer is positive, did they have a work plan to implement the mainstreaming activities?
- Was the mainstreaming of gender and HIV-AIDS transversal theme taken into account during the planning phases and process?
- Were the collected data (if any) on effect of the project disaggregated for women and men?

- Were the key process (e.g. dialogue between stakeholders), procedures (e.g. TORs) and planning tools (e.g. log frame) explicit on mainstreaming of gender and HIV-AIDS?

3.3 Methodology

The external review consultant will have to perform desk reviews including the project's literature and the national health policy documents. The consultant will also hold discussions and interviews with different stakeholders from:

- NMCP : Malaria Programme Manager, ITN Cell leader, Cell Leaders in malaria program including Case Management and Monitoring and Evaluation.
- MoHSW outside NMCP: Chief Medical Officer, Director for Preventive Services, Director Reproductive and Child Health, Chief Pharmacist, Chief Laboratory Technologist
- PMI, CDC, Global Fund
- UNICEF, WHO (NPO Malaria, NPO IMCI/reproductive health), World Bank
- PSI, MEDA, World Vision
- IHI, NIMR
- MSD
- Swiss TPH

3.4. Expertise required

The following experiences and competences are expected from the consultant:

- Senior program management experience in public health or related development field;
- Interest in equity issues in the health sector
- Knowledge of the Tanzanian context (policy and strategies, reform processes….)
- Experience with different funding mechanisms and management of complex programmes (incl. fund management, technical and organizational support…)
- Good knowledge and if possible experience in malaria control
- Methodological competences (in the areas of qualitative and quantitative researches), project management, good writing skills;
- Fluent in English, if possible advanced knowledge in Kiswahili.

3.5 Reporting Requirements

- A presentation for the debriefing session and discussion of the preliminary draft including results, major conclusions and recommendations (logistics to be arranged by SDC Programme Officer responsible for the project)
- Within 2 weeks from the debriefing, a draft report submitted to SDC for comments
- A final report (max. 15 pages plus annexes) to be sent to SDC (date will be specified in the contract). The annexes should include a list of documents consulted and persons interviewed, as well as the PowerPoint presentation used for the debriefing. The report should be delivered in 2 paper copies and an electronic (email, CD) version.

3.6 Work plan

The assessment is to take place over a period of 15 days, and shall be completed not later than **March 10th 2011.** The breakdown for the time period is as follows:

- 5 days preparation and reading of documents, questionnaires preparation, methodology and plan of action
- 3 days meeting in Dar es Salaam with MoHSW officials, Swiss TPH, PMI, CDC, WHO, UNICEF, WB, Global Fund, PSI, MEDA, World Vision, MSD, IHI, NIMR
- 2 days preparation of PPP presentation and debriefing (at least 2 - 3 hours)
- 5 days report writing

Annex 2: Persons Consulted

SDC	Jacques Mader
	Dr Elizeus Kahigwa
	Karin Salerno
Swiss TPH	Dr Christian Lengeler
NMCP	Dr Ally Mohamed
	Dr Renata Mandike
	Dr Sigsbert Mkude
	Theresia Shirima
	Fidelis Muhogamwenda
	Jubilate Minja
	Mr Lucas
	Fabrizio Molteni, RTI
ITN Cell	Nick Brown
	Wilhelmina Rimisho
	Godfrey Kalagho
	Pascal Francis
	Ally Mnzava
	Yusuf Kingu
	Samson Nyantori
MOHSW	Dr Neema Rusibamaila
	Mr Joseph Muhume
	Mr Yusuf Mgaya
	Hanif Nazareli
Contractors	Dr J Miller, PSI
	Godfrey Mbaruku, PSI
	Faith Patrick, MEDA
	Ricki Bezuidenhour, MEDA
	World Vision
DPs	Andrew Rebold, USAID
	Peter McElroy, CDC
	Rose Shija, WHO
	Dr Iriya, WHO
	Gloria Roman, PWC (Global Fund fiduciary agent)
	Dominick Haazen, World Bank

Annex 3: Slides Presented at Stakeholder Meeting 25 May 2011

9/23/11

External Review of Netcell

PART 1 – Summary of project performance

Paul Smithson & Angelica Rugarabamu, IHI

25 May 2011

Overview

- TOR
- Methods
- Project Objectives
- Project Performance
  - Relevance
  - Effectiveness
  - Sustainability

TOR

- Review SDC Phase 3 support to Netcell, in order to:
  - Commentary on project performance (relevance, results, sustainability)
  - Document lessons learned
  - Recommendations for [possible] Phase 4

Methods & info collected

- Orientation meetings with
  - SDC (Mader & Kahigwa)
  - Swiss TPH (Lengeler)
  - NMCP (Mandike)
- Document Review (n=7)
  - all project docs & progress reports
  - List of "recommended read" docs from SDC
- Key informant interviews & discussions

Key informants/interviews

- 1-1 meetings with 14 people
- Round table meeting with NMCP + contracted personnel (5)
- Interim "validation" meetings with Nick Brown & Christian Lengeler
- **Note**: *unable to secure interviews with PS, CMO or DPS despite repeated attempts*

Project Objectives

- **Outcome 1**: Netcell is recognised by all stakeholders as the coordinating body for all NATNETS program components, in the frame of a single NATNETS strategy
- **Outcome 2**: The ownership of the MOHSW is enhanced through progressive transfer of the skills and management control to them
- **Outcome 3**: The ITN programs are better integrated into council health plans and implemented by decentralised government levels
- **Outcome 4**: The TZ experience on process an impact of the past and upcoming activities within NATNETS are presented in the relevant forums

1

Project Performance (1)
Relevance: **HIGH**

- Embedded "semi-autonomous" unit within MOHSW administration
- Reinforced single, GOT-led ITN strategy
- Enabled effective translation of strategy to action on massive scale
- Enabled evolution of ITN strategy
- Mobilised funds to support the strategy
- Ensured accountability for $ & results – essential for continued support

Project Performance (2)
Effectiveness: **HIGH**

- Outstanding results in terms of
  - ITNs delivered
  - coverage achieved,
  - funds mobilised
  - Accountability for funds & results
- Effective management of a much larger ($$) effort than anticipated; partly attributable to Netcell effort
- Multiple, concurrent delivery strategies successfully managed
- By/through/with MOHSW & LGAs
- Forward planning (strategies, activities, fund mobilisation, financial planning ongoing)

Project Performance (3)
Sustainability: **POOR**

- Sustainability of *results* dependent on ongoing ITN strategy, funding, implementation
- MOHSW/NMCP capacity to do this without continued support still limited
- Sub-optimal achievement on Outcome No.2: *The ownership of the MOHSW is enhanced through progressive transfer of the skills and management control to them*
- Largely constrained by factors beyond project control

Summary

- A bigger, more complicated effort than originally envisaged
- Effectively delivered – major credit to Netcell
- Done with/through GOT + sub-contractors: seen as a national success
- Well-positioned for future ITN strategy & funding
- Main problem is sustainability
- Project performance in detail (by outcome) in next presentation

Discussion – overview / part 1

2

External Review of Netcell

PART 2 – Detailed performance vs outcomes and outputs

Paul Smithson & Angelica Rugarabamu, IHI

25 May 2011

Outcomes & outputs

- Outcome 1: Netcell funtionality
  - 3 Outputs
- Outcome 2: Ownership & skills transfer
  - 2 Outputs
- Outcome 3: Integration Regions & Councils
  - 3 Outputs
- Outcome 4: Dissemination
  - 1 Output

Project Implementation Outcome-level assessment

Outcome	Judgment
1. Netcell effectiveness	++
2. Skills transfer & sustainability	--
3. Integration with regions, councils	+/-
4. Dissemination	+
OVERALL: +	*Better* than could be expected in the circumstances. Outcome 2 deficiencies largely beyond project control

OUTCOME 1:

Netcell functions effectively and efficiently and it attracts all donors active in this field and harmonizes them in an aligned way

Output	Judgment /Remark
Netcell is recognized by all its stakeholders as the coordinating body for all NATNETS program components in the frame of a single NATNETS strategy	**Achieved.** Recognition by all key players of the important role of NETCELL in coordinating ITN activities. Contractors managed effectively (but "hard task-master"!)
Donor Funds managed effectively and efficiently in accordance with international accounting practices	**Achieved.** Major accountability task successfully managed (minor issues during round 1 RCC where figures on the report did not reconcile with the accounting records)
NETCELL provides effective strategic and management support to all NATNETS program components	**Achieved.** ITN cell has enabled successful fund mobilisation on massive scale in consultation with MOHSW/SC. Expansion of the program from 19 million with 4 staff to 100 million dollars and 7 staff

OUTCOME 2:

The Ownership of the Ministry of Health is enhanced through progressive transfer of skills and the management control to them

Output	Judgment/Remark
Tanzania National Deputy Team Leader fully involved in the functioning of the NETCELL	**Not achieved.** Deputy not appointed until early 2011. Multiple additional responsibilities. No immediate prospect of handover to full-time staff in NMCP. Continued dependence on Netcell contract staff. MOHSW concerns re semi-autonomous status of Netcell
Strong awareness among senior MoHSW Management of role and importance and NETCELL	**Partly Achieved.** ITN strategy & achievements widely understood. Skills & capacity required to sustain this not fully understood. Senior level participation in Natnets SC uneven. Procurement timeline constraints. Shared understanding on accounting systems? Shared vision on future Natnets management?

OUTCOME 3:

The ITN programme's are better integrated in routine planning, management, monitoring and service delivery at regional and district level

Output	Judgment/Remarks
ITN up scaling activities further integrated into council health plans and implemented by decentralized government levels	**Partially Achieved.** CHMT supervise ITN activities at the district level. Major role in planning & implementation of mass distributions. Essential role in voucher scheme implementation (PW & Infant contact, BCC). Other voucher scheme admin centralised. New regional/district coordinator epointned. But approx 50% councils not planning/budgeting for ITN. Problems with "authority" of contractors (esp Media) vis-à-vis Councils.
Councils and communities increasingly aware of ITN benefits	**Achieved.** High levels of awareness & collaboration LGAs, Council Health Dept, village governments. Successful BCC & sensitisation. Very high levels of ITN use in households that own at least 1.
Councils and communities supported by NETCELL in their initiatives to plan for and upscale ITNs	**Achieved.** Insofar as councils & communities bore responsibility for mass distributions. Limited room for local initiative in routine keep-up

OUTCOME 4:

The Tanzanian experience on process and impact of the past and upcoming activities within NATNETS are present in the relevant forums

Output	Judgment/Remarks
Experience of NETCELL and NATNETS programme are collected analyzed disseminated through the new website, newsletter, publications, documents (CD Rom) and on national and international forums	**Achieved**. Natnets experience extensively documented in published literature; reports & widely disseminated in national & international forums. Natnets + Tanzania+ITN = 668 results. Website operational at http://tempnatnets.org/. Newsletters Eg/Sw 2008, 2009, 2010 + Malaria Day supplement. Key docs available on website. Extensive reference to Natnets on international sites (e/g WHO-RBM)

2

Netcell Review Part 3
Issues, lessons learned

Paul Smithson & Angelica Rugarabamu, IHI

25 May 2011

ITN Cell's strength is also its weakness

- External TA + "semi-autonomous" operation were critical to its success
- What would have happened if fully managed/ integrated in NMCP without embedded TA?
- But, unsustainable in the long term and causes inevitable frictions
- How to maximise the strengths & minimise the weaknesses?

Strengths

Our judgment: without NETCELL, MOHSW would have had difficulty to:

- •Mobilise this level of funding (cf program planning, costing, gap-identification, proposal-writing)
- •Service donor accounting, reporting requirements (esp. GFATM)
- •Implement NATNETS to time and budget
- •Manage pro-actively multiple sub-contractors
- •Absorb unplanned increase in size, complexity, cost of ITN strategy
- •Document/disseminated as effectively
- •Keep all partners committed to coordinated strategy

Challenges

- Netcell seen as a "foreign implant". Not fully integrated into NMCP
  - Is this a problem of structure, organisation, TOR that can be "fixed"?
  - Can some Netcell functions be fully integrated?
  - Or is it inevitable that embedded TA will cause problems?
- Our judgment: a bit of both

Specific challenges SUMMARY

- Representing government
- Prospects for handover (leadership)
- Prospects for handover (other program implementation functions)
- Reporting lines within NMCP
- Separate accounting / financial reports

Representing Government

- Visibility of Netcell (esp. representational role)
  - Reasonable political-bureaucratic concern
- Recommend
  - Essential that MOHSW personnel seen to be in charge
  - NMCP PM + MOHSW senior management all official representational roles
  - NetCell TA provide briefing, background, deal with queries
  - Communications with donors all officially through PS
  - Can be accommodated without detracting from Natnets functionality

Equipping NMCP to lead

- Desirable objective, specified in project outcomes
- NMCP could + should progressively absorb Netcell leader functions
- Delay in appointment of "deputy"; multiple other duties; poor prospects for handover
- For time being, no option but to continue significant TA support
- Recommend:
  - Appointment of senior GOT counterpart
  - Clarity on reporting lines (direct to PM)
  - Clarity on specific role of senior TA (ITNs only, or broader?)

Equipping NMCP to implement

- What additional contract personnel needed in short-medium term?
- Does presence of contract staff remove incentive to absorb the responsibilities (double bind)? => presumption in favour of appointment rather than more contract personnel
- Need to define more clearly what skills, personnel required to sustain ITN strategy implementation +/- other parts of MMTSP
- Depends on nature of ITN strategy
- AND depends on clarity on NMCP current establishment & forward view

Managing contractors

- Inherent risk of "authority" frictions – non-govt personnel telling health workers / officials what to do
- Vulnerable to procurement interruption/ discontinuity
- Q: sustainability / desirability of ITN model that remains dependent on contractors for routine function?
- DIY less vulnerable, more sustainable
- Change the model to make it less dependent on contractors?

Accounting

- Out-sourced accounting works
- "Allowable" under CAG rules (project funds)
- Full integration of ITN cell + other donor resources into GOT accounts not desirable (practical considerations + donor trust)
- Make it more palatable: *control* over accounts (signatories – "whose money is it")
- But maintain out-sourced preparation of financial statements and accounts

Support ITN, or "whole strategy"?

- Management constraints not unique to ITNs
- Similar issues with other strategy elements (& likely to grow not diminish)
  - Planning, proposal development, costing
  - Forecasting "critical path" dependencies (esp. procurement & cash flow lead times)
  - Managing donors, accountability
  - Rigorous focus on results & timely corrective measures
- Strong case for *broadening* the TA support

Recommendations (1)

- Continue technical & implementation support to NMCP through SDC support
- Broaden scope of support to embrace "whole strategy"
  - Greater benefits, economies of scope
  - Less fragmentation
- TA "team leader" report to NMCP PM (avoid reporting line problems)
- TA "team leader" has counterpart, not "deputy" – so informal rather than formal management control over personnel

2

Annex 4: Documents Consulted

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Recommendations (2)

- Continue outsource financial accounting, but with GOT lead signatory
- Undertake formal assessment of NMCP establishment, requirements, priorities for appointment. Make use of "internal re-allocation" possibilities [like pharmacist]
- Presumption in favour of "own staff" rather than contract personnel
- All contract staff *either* time-limited assignment *or* specified capacity-building / handover targets
- Consider part-time contract personnel instead of full-time? (discuss pros & cons)

Discussion (Part 3)
Issues, Lessons Learned, Recommendations for Phase 4

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