

United Nations Development Programme

SUPPORT TO MOHSS FOR ACCELERATED IMPLEMENTATION OF GLOBAL FUND GRANTS



*Empowered lives.
Resilient nations.*





Table of Contents

1	Background	2
2	Partnership between MOHSS and UNDP	3
3	Implementation Arrangements	4
4	Implementation Progress	5
	4.1 Activities completed	5
	4.2 Additional activities undertaken	9
	4.3 Detailed Expenditure Report	10
5	Challenges and Lessons Learned	11
6	Way Forward	12



Background

The United Nations Development Programme (UNDP) is mandated “to help countries achieve the simultaneous eradication of poverty and significant reduction of inequalities and exclusion”¹. It is committed to assist Governments in the implementation of programs towards the attainment of the 2030 Sustainable Development Goals (SDGs) through aligning with government priorities, including those concerning improving access to quality healthcare. Its’ focus is primarily on capacity building: enhancing the expertise and capabilities of national partners to be able to fulfill their mandate independently of external support.

¹ UNDP Vision Statement.

UNDP holds that health services play a significant role in ensuring prosperous, vibrant and resilient communities, and that obtaining needed health services – promotive, preventive, curative, rehabilitative, and palliative – is a human right and development issue². This is enshrined in several treaties, resolutions, and constitutions to cover all population groups, regardless of sex, class, religion, ethnicity, social origin or any other factor, which recognize governance as key to address health and development issues and to achieve SDGs. SDG 3 is ensuring healthy lives and promote well-being for all at all ages. In addition, UNDP has a strong element of capacity development integrated into the various aspects of grant management including financial management, procurement and supply chain management, and planning and monitoring.

The Ministry of Health and Social Services (MOHSS) received funding from the Global Fund (GF) to provide prevention and treatment for HIV, TB as well as pre-eliminations activities for malaria. A TB Prevalence Survey was planned for 2017 to better understand the TB burden in the country. For all the disease grants, there was a need in 2017 for the Government of the Republic of Namibia (GRN) and its partners to accelerate both the expenditure under the grants and the demonstrable results of grant activities. Strong grant performance and verifiable results are key to maximize funding for 2018-2020.

² “Universal Health Coverage in the Post-2015 Development Agenda”, UNDP Issue Brief, 2013.

Partnership between MOHSS and UNDP

In line with UNDP's mandate in health, MOHSS approached UNDP to assist in the acceleration of grant performance. UNDP in Namibia has worked to support the Ministry of Health and Social Services in the implementation of Global Fund Grants, mainly through the National Tuberculosis and Leprosy Program.

On 6 April 2017, MOHSS and UNDP signed a Cost Sharing Agreement to support the Government of Namibia and the Ministry of Health and Social Services (MOHSS) in the accelerated implementation of Global Fund Grants with a total budget of US \$3,395,669 over a duration of nine months. This agreement included the facilitation of additional human resources to MOHSS to address some of the critical gaps to collecting accurate and timely data, procurement of critical equipment and health commodities and thereby improve access to diagnosis, referral to treatment, and support adherence of patients in Namibia. It also included the provision for support and technical guidance on UNDP's Solar 4 Health initiative to ensure that 5 selected health facilities in the country have access to reliable, cost-effective, and sustainable power.

On 11 October 2017, MOHSS and UNDP signed an amendment to the initial CSA for additional procurement increasing the total budget to US \$ 3,411,165

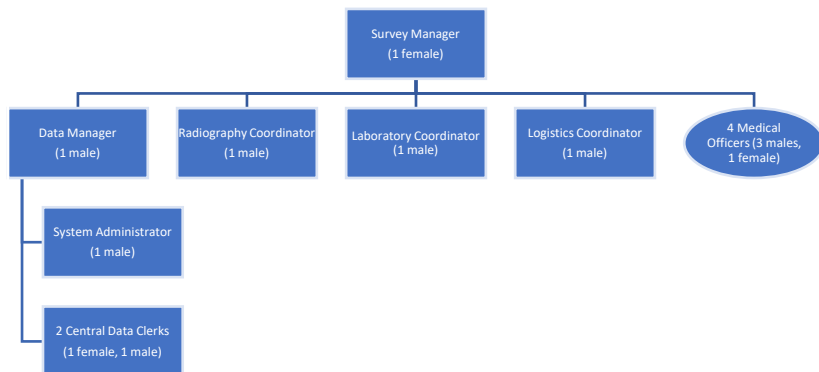
On 21 December 2017, the strategic partnership between MOHSS and UNDP has been further strengthened through the signing of a new Cost Sharing Agreement, totaling US \$1,086,224. Under this agreement, UNDP will facilitate the logistics and technical support to the NTLP to finalize the TB Drug Prevalence Survey (DPS) for the six-month period from January to June 2018.



Implementation Arrangements

The majority of SC holders recruited under this project were based at MOHSS, (after their joint induction by UNDP and MOHSS). 48% of the recruited personnel to conduct and manage the National TB Survey were female. Their day to day activities were monitored and guided by the Survey Manager under the overall guidance of the International UNV.

- The Central Coordinating Team was based at MOHSS in Windhoek and MOHSS provided suitable office accommodation. Computers and printers for the Central Coordinating Team were procured under this project by UNDP.

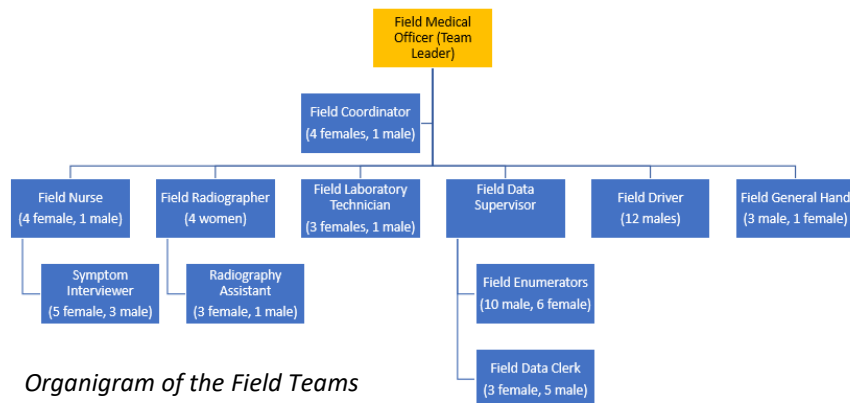


Organigram of the Central Coordinating Team at MOHSS

- The Field Teams were primarily based at field locations in accordance with MOHSS needs and the overall timetable approved by the TB Prevalence Survey TBWG. When the field teams came into Windhoek, they were based at MOHSS in Windhoek and MOHSS provided suitable accommodation. Based on the overall needs of the teams, computers and printers for the Field Teams were procured under this project.

A small team, consisting of two dedicated SC were based in the UNDP Namibia Country Office. These SCs were supported and supervised by an International UNV with programme management experience under the overall guidance of the Deputy Resident Representative. A Junior Programme Officer also supported the project. 80% of the grant management team at UNDP were female.

The Health Implementation Support Team (HIST) provided on-going guidance and support to the team.



Organigram of the Field Teams

Implementation Progress

Activities completed

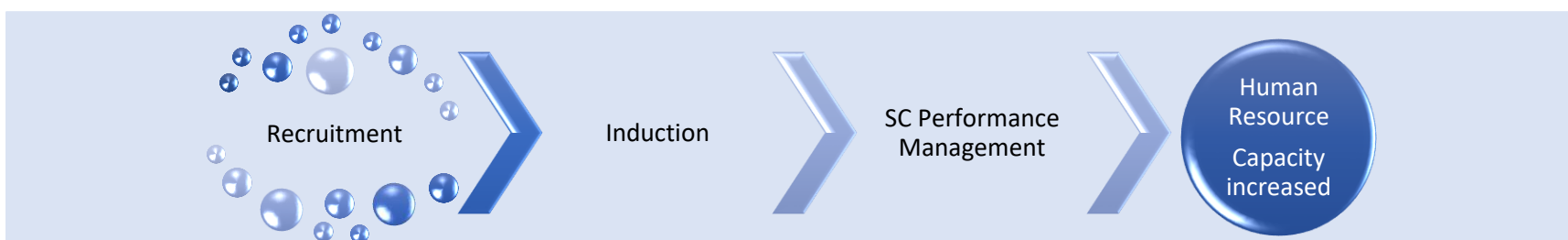
All activities agreed under the initial CSA have been completed including:

Recruitment and management of personnel:

During this year, UNDP managed 92 professionals, of which 38 health professionals, 54 support staff under a SC modality, 2 International UNVs (IUNV) and 4 medical doctors contracted by the Ministry of Health and Social Services to support conducting the TB Disease Prevalence Survey (DPS).

The DPS Central Coordinating Team have been operating under the programmatic guidance of the Chief Medical Officer at the MOHSS in Windhoek. In addition, an IUNV specialist on GF grant management was engaged, through UNDP, within the programme management unit (PMU) to build capacity and support grant implementation. The MOHSS has continued providing them with suitable office space throughout this project.

Activities carried out during the reporting period	Expected results	Results achieved	%
1. Recruitment and management of 92 Service contract holders	MOHSS has increased human resource capacity to conduct activities under GF Grants	Human resource capacity of MOHSS to conduct TB Prevalence Survey under the GF grant has increased	100%
1.1 Service Contract holders are recruited	92	92	100%
1.2 Service Contract holders are inducted	92	92	100%
1.3 Service Contract holders are conducting activities in line with line objectives	92	92	100%
1.4 Service Contract holders' performance is managed in line with clear and transparent criteria	92	92	100%



Procurement of all TB diagnostic equipment and cartridges and associated equipment:

Diagnostic and IT equipment, services and goods for the MOHSS were procured to ensure that MOHSS has sufficient TB diagnostic capacity to undertake the TB Prevalence Survey. Most of the equipment will remain in Namibia, thus increasing the ability of the National TB Programme to arrange timely TB screening of suspected TB cases, as well as perform drug susceptibility testing on confirmed TB cases. A comprehensive consultation process was undertaken to develop and quantify the technical specification in line with international standards. The following items were handed over and were transferred through the project to the MOHSS:

- 20 Computers for field and central teams
- 7 Printers for field and central teams
- 20 Electronic tablets for field/central teams
- 4 Wireless routers for field/central teams
- 6 GeneXpert machines with computer and printer system, 2 per field team
- 4,500 GeneXpert cartridges
- 1 Easy DI-Delft Portable X-ray system including: flight case set of 4, battery pack portable, lead shield portable, tablets and computer
- 5,000 Transport cartridges
- 1 General mobile refrigerator

In addition, three computers for grant management personnel (1 IUNV and 2 SC stationed at UNDP) were procured by UNDP and will be handed over and transferred to the MOHSS when the current CSA extension comes to an end in June.

Activities carried out during the reporting period	Expected results	Results achieved	%
2. Procurement of all TB diagnostic equipment and cartridges and associated equipment	MOHSS has sufficient TB diagnostic capacity to undertake TB DPS	TB diagnostic capacity of MOHSS to undertake TB DPS	100%
2.1 Diagnostics needs are quantified and technical specification are approved/endorsed in line with MOHSS requirements	100%	100%	100%
2.2 Procurement processes for all diagnostic equipment and cartridges and associated equipment launched	100%	100%	100%
2.3 Contracts are in place for all diagnostic equipment and cartridges and associated equipment planned procurements	100%	100%	100%
2.4 All diagnostic equipment and cartridges and associated equipment arrive to the country	100%	100%	100%
2.5 All diagnostic equipment and cartridges and associated equipment are handed over to MOHSS.	100%	100%	100%

Procurement of Solar 4 Health equipment for

five clinics: Health facilities need electricity to power the lights, refrigerate vaccines and operate life-saving medical devices. Solar energy results in lower power bills for health facilities, but more importantly through a stable power supply, helps save lives. MOHSS requested support in procuring and installing solar energy photo-voltaic systems (PV) in clinics, to ensure constant and cost-effective access to electricity in these remote facilities.

UNDPs dedicated, specialized team worked in close collaboration with MOHSS and Ministry of Mines and Energy. In December 2017, UNDP installed and commissioned the Solar PV equipment in the following 5 clinics:

- **Eiseb clinic**, Omaheke region, Otjombinde Constituency
- **Okaukamasheshe Clinic**, Oshana region
- **Kalkrand Clinic**, Hardap region
- **Klein Aub Clinic**, Hardap region
- **Utsathima clinic**, Omusati region, Okahao district

Through this initiative MOHSS is able to provide the remote and under-served communities with health facilities using affordable clean energy with increased resilience to the challenges presented by climate change, including extreme weather events and droughts.



Technical support for scoping, TA for recruitment of staff and building partnerships:

Recognizing the need to respond quickly to the MOHSS request for human resource and diagnostic equipment, UNDP Namibia mobilized support from within and outside the region. Through this South-South co-operation³ as well as support from the UNDP HIST, UNDP to able to promptly recruit and induct the SC holders needed for the DPS. In addition, UNDP Namibia activated technical support from its' central procurement unit to ensure high quality diagnostic equipment was procured in the shortest possible time.

³ UNDP Namibia received support from UNDP Zimbabwe, UNDP Nigeria and UNDP Tajikistan. More details of UNDPs South-South cooperation are available at:

<http://www.undp.org/content/undp/en/home/development-impact/south-south-cooperation.html>



Monitoring & Evaluation and Oversight: To ensure high quality services were delivered throughout the year, UNDPs UNV Project Coordinator conducted spot-checks on the human resource and finance administrative documentation. Visits to the Central team offices at the MOHSS reviewed the SC management and asset management processes in place. The Operations Analyst regularly monitored the procurement and Human Resource processes to ensure UNDP compliance with procedures, rules and regulations.

Two field monitoring visits were conducted to review working practices at field level to ensure standard operating procedures (SOPs) were being fully adopted, to share best practice and improve service delivery. All DPS teams were visited at the field while operating during the project.

Further, all the clinics where Solar 4 Health equipment was installed were visited in order to verify and commission the equipment installed.

During the visits, no major findings were noted; however detailed feedback was provided to the Central Coordinating team to enable all field teams to benefit from successful practices and ensure high quality fieldwork was continued.

Grant Management: UNDP mobilized international and national technical assistance support for the management of the project, as well as finance, procurement and HR management. UNDP engaged a specialist procurement officer who supported the main procurement processes of the project for three months. He supported developing specific TORs and contracts, processing the key purchase orders for main procurement items and ensuring the timely processing of DSA for the 92 SCs in the field.

Also, UNDP arranged HR and Finance assistance to support the SC holders' management and ensure timely payments. The Health Information Support Team (HIST) team was in continuous communication with the UNV project manager to ensure the quality of program service delivery and the achievement of the stipulated results. Their involvement during this year has been critical and has enhanced quality implementation of the activities, providing on-going guidance and daily support the UNDP CO team. Their timely and detailed technical guidance particularly on the procurement component has expedited the procurement options for the TB specialized equipment. Further online support was continuously received from offices and bureaus in the region to ensure best quality of service delivery.

Additional activities undertaken

In addition to the activities detailed in the initial CSA, UNDP has worked closely with MOHSS to identify and address critical gaps that emerged since the original engagement of UNDP in the implementation of the TB DPS. Recognizing the need to support the NTLP in quickly acquiring additional specific goods and services following the recommendations from the pilot phase for the TB DPS supplementary logistic support was facilitated by UNDP.

In line with the request of the MOHSS, UNDP procured fuel for the operations of the leased health mobile trucks and generators, as well as, extra IT and diagnosis equipment needed for the easy flow of survey participants at the TB DPS. By September 2017, the following items were additionally supplied through UNDP:

- 8 laptops with cases, antivirus and Microsoft licenses
- 9 tablets with cases and screen protectors
- 1 cable net UTP CAT5e
- 36 Tablet Screen protectors
- 1 Network Toolkit and Tester
- 2 GeneXpert machines with computer and printer system, for the 4th team created;
- 1 Easy DI-Delft Portable X-ray system including: flight case set of 4, battery pack portable, lead shield portable, tablets and computer.





Detailed Expenditure Report

The overall delivery rate of 100% reflects the result of the collaboration between UNDP and MOHSS. Where savings were identified on budget lines, UNDP proactively discussed with MOHSS, so that available funds could be reallocated to priority activities.

Activity	Approved Budget	Total Expenditure	Budget Variance	Delivery rate %
Initial Activities to respond to MOHSS HR support	61,274	60,073	1,201	98
Provision of Diagnostic and other equipment to support the TB Prevalence Survey	1,144,943	1,217,775	-72,832	106
Recruitment of Human Resources	1,729,143	1,659,195.2	69,947.8	95.9
Solar 4 Health	144,200	147,157	-2,957	102
M&E and Oversight	54,482	59,626	-5,144	109
Grant management	53,891	51,994	1,897	96
GMS (7%)	223,232	222,414.41	1,156.41	99
Sub Total	3,411,164	3,418,234	-7,070.6	100.2

Challenges and lessons learned:

This was an ambitious project, which relied on strong coordination and communication between UNDP and MOHSS. In addition to the limited funds available for TB DPS activities, one of the main challenges facing the TB DPS implementation was the limited number of staff engaged at field and central level at MOHSS, who were managing heavy workloads and competing priorities simultaneously. Following the signature of the CSA with UNDP in April 2017, there was a compressed implementation of TB DPS. Through the strong partnership between UNDP and the MOHSS the Pilot and Data Collection phases were conducted only over six months period while logistics and procurement of key elements were being finalized.

As part of UNDP's commitment to support the Government of the Republic of Namibia, UNDP commenced critical activities prior to signing the CSA. This proactive approach facilitated large numbers of SCs to be recruited both transparently and quickly. UNDP was also able to rapidly respond to emerging implementation challenges during the DPS. This enabled timely and quality service delivery to the MOHSS thought out the project.

At times, delayed disbursements resulted in a lack of funds for payroll and DSA advances. In order to minimize the impact on the DPS, UNDP was able to mobilize funds from other core resources to temporarily support the crucial financial gaps.

Although monitoring and evaluation activities were conducted as per M&E plan; MOHSS, UNDP and the SC holder

acknowledged for the need to strengthen and intensify regularity of monitoring and support field visits. After MOHSS and UNDP visits to all the teams, operations and process compliance by personnel improved.



Way forward:

The DPS commenced quickly, and much of the fieldwork has already been completed. To enable the last stage of field work (data collection), data cleaning and the report writing, two field team support staff and the coordination personnel at central level contracts have been extended for one additional quarter. To ensure the quality of report writing most of the central coordinators have been extended for six months.

In line with recommendations provided by KNCV and WHO, MOHSS and UNDP have agreed to prioritize the procurement of x-ray readings from an independent radiologist, as well as, to contract an additional laboratory technician to increase the diagnostic capacity and quality assure the work completed.

To further accelerate the implementation of the TB DPS activities, UNDP has been requested to support key logistic issues in 2018.

By working together, UNDP and the MOHSS are well placed to complete the DPS in line with international standards and within a very tight timeframe. Through continued support in 2018, UNDP will assist the MOHSS, in completing the first TB DPS in Namibia and provide crucial information in understanding the TB burden in Namibia. This will facilitate better TB programming decisions and contribute to ensuring healthy lives and promote well-being⁴ for all Namibians at all ages.



⁴ SDG Goal 3: Ensure healthy lives and promote well-being for all at all ages



*Empowered lives.
Resilient nations.*

United Nations Development Programme

UN HOUSE, 1st Floor, 38 Stein Street, Klein Windhoek

Private Bag 13329, Windhoek, Namibia

