

PROJECT DOCUMENT**Grenada**

Project Title: Grenada National Health Insurance (NHI) Programme Support Project

Project Number: 00106192

Implementing Partner: Ministry of Health (MoH) of the Government of Grenada

Start Date: 01.03.2018 **End Date:** 28.02.2019

PAC Meeting date: 9th January 2018

Brief Description

In partnership with the India, Brazil and South Africa (IBSA) Fund through the UN Office for South-South Cooperation, the Government of Grenada, with project administration and implementation support from the UNDP Sub-regional Office for Barbados and the OECS, will seek to develop a National Health Insurance (NHI) Programme.

The NHI process has been ongoing for quite some time in Grenada with support from key regional technical partners including the University of the West Indies Centre for Health Economics (UWI-HEU) which has had success undertaking similar work in the British Virgin Islands, the Bahamas and the Pan American Health Organisation/World Health Organisation (PAHO/WHO). It is anticipated that this project will substantively accelerate progress towards achieving goals related to national health insurance and access to universal health coverage.

Specifically, the project will support the development of a National Health Insurance (NHI) Programme for Grenada that aims to provide universally accessible and affordable health services. It should support the proposal of a system of health care financing that will be relevant for Grenada and responsive to the increasing costs of health care for its constituents. It is hoped that the NHI will facilitate a population wide, cost effective programme with a focus on efficient, quality and affordable care for vulnerable and marginalised populations and those living in poverty.

The initial implementing partner assigned by the government was the Ministry of Implementation with which the project document was signed and implementation commenced on the start date noted above as the 1 March 2018. Since then national elections have resulted in the changing of the implementing partner to the Ministry of Health (MoH), as and as such, this new project document has been revised to accommodate this.

Contributing Outcome (UNMSDF/CPD, RPD or GPD):

UNDP SPD: Priority 1: Evidence-based policy and planning for improved social protection for multi-dimensionally poor and other vulnerable populations


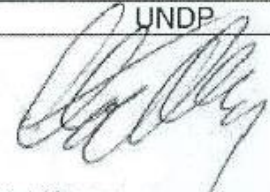
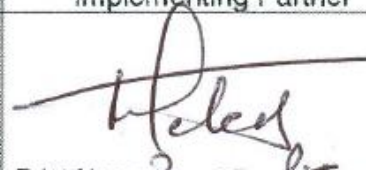
UNMSDF Outcome: A Healthy Caribbean: Improve health and wellbeing by addressing the ability of the state to provide services, increasing access to healthy nutrition, a healthy environment and knowledge as preventive measures. Sustainable health financing and direct action to addresses NCDs, SRH and HIV/AIDS and related stigma is also necessary for better health outcomes

Indicative Output(s) with gender marker²: GEN1

UNDP Gender Equality Strategy 2014-2017:
Outcome 3: b) UNDP will support national and subnational actors to expand women's access to services, including health, social protection, security and HIV, and engage women and men equitably in the prioritization and provision of local services. This includes supporting women's groups in developing and leading anti-corruption initiatives.

Total resources required:	USD 742 925.08	
Total resources allocated:	USD 742 925.08	
	UNDP TRAC:	
	IBSA:	USD 742 925.08
	Government:	
	In-Kind:	
Unfunded:		

Agreed by (signatures)¹:

Government	UNDP	Implementing Partner
		
Print Name: <i>Phyllis Wells-Cornwall</i>	Print Name:	Print Name: <i>Pauline Peters</i>
Date: <i>3 July 2018</i>	Date: <i>03 July 2018</i>	Date: <i>3 July 2018</i>

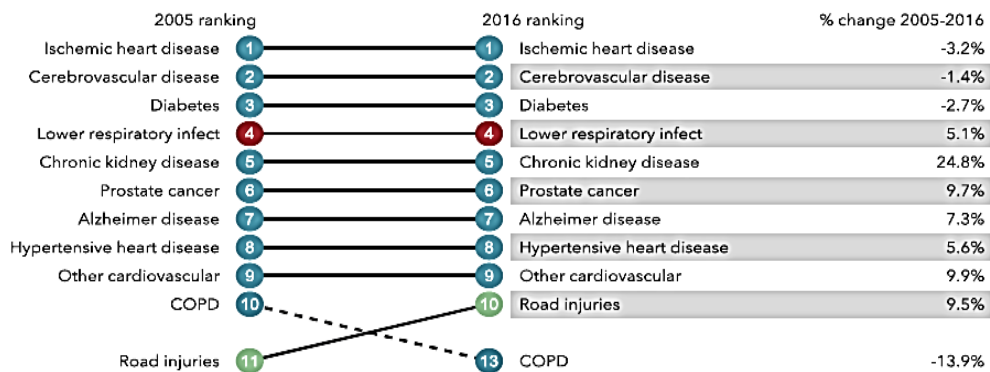
Development Challenge

Health systems in Caribbean countries including in Grenada are facing both existing and emerging challenges including changes in the pattern of demand driven by demographic, epidemiological and technological trends. These shifts are making new forms of health care and treatment both possible and necessary, thereby increasing health service costs and the associated expenditures. The health trends in Grenada are largely mirrored in other Caribbean countries, a region which is acknowledged to be going through a demographic shift towards aging populations alongside the increasing prevalence of non-communicable diseases (NCDs).

Chronic non-communicable diseases (NCDs), such as diabetes, hypertension, cancer and others are now the leading cause of death and disability in Grenada. Having a NCD leads to productivity loss for individuals and families thus contributing to poverty. In addition, they cause increased burdens on individuals, families and communities leading to impoverishment from long-term care, escalating NCD treatment costs and increased risk of costly hospitalizations that are closely related to catastrophic out of pocket spending. Keeping NCD patients out of the hospital to the extent possible, not only decreases the risk of impoverishment and catastrophic out of pocket expenditure, but also decreases governmental hospital level expenditures. Key to keeping NCD patients out of the hospital is a strong primary health care (PHC) system that routinely provides essential drugs, rehab and outpatients services.

When one looks at the top 10 causes of death and their change from 2005-2015 as seen in Figure 1 below, an important conclusion emerges that while the overall ranking has not changed much, there has been a marked increase in the numbers of deaths due to chronic kidney disease. Of note, it that of the top five causes of death in Grenada, all have high risks for costly hospitalization and/or intensive and costly interventions such as haemodialysis amputations and post stroke/post myocardial infarction rehabilitation.

What causes the most deaths?



Top 10 causes of death in 2016 and percent change, 2005-2016, all ages, number

Source: Institute for Health Metrics and Evaluation: <http://www.healthdata.org/grenada>

I. STRATEGY (1/2 PAGE - 3 PAGES RECOMMENDED)

The purpose of the IBSA fund is to aid in the alleviation of poverty and hunger. The project proposal is to fund the operations of a National Health Insurance Secretariat which has the mandate to put in place all the necessary structures leading up to the launch of the NHI programme. The decision of the Government of Grenada to introduce a National Health Insurance plan is in keeping with the 2030 Agenda for Sustainable Development, and specifically Sustainable Development Goal (SDG) 3. Former UN Secretary General Ban Ki Moon is credited with the following quote: “This is the

People’s Agenda, a plan of action for ending poverty in all its dimensions, irreversibly, everywhere, and leaving no one behind.” SDG Goal 3: Ensure healthy lives and promote well-being for all ages. “To promote physical and mental health and well-being, and to extend life expectancy for all, we must achieve universal health coverage and access to quality health care.” SDG Target 3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.

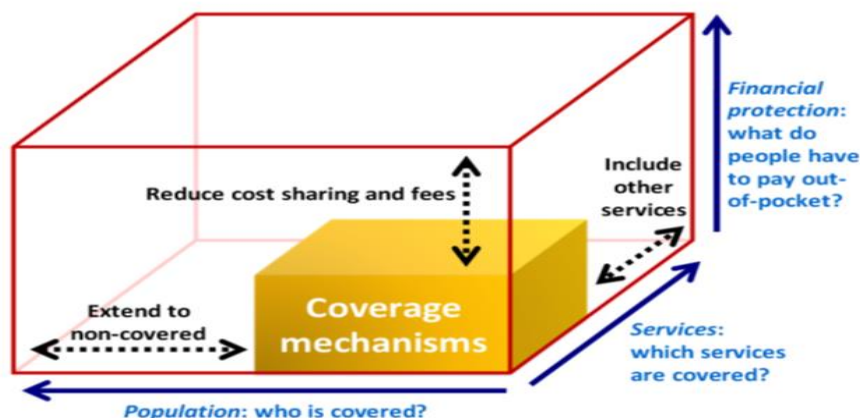
Universal health coverage in all countries could help bring an end to extreme poverty. Health issues are a major reason people are in extreme poverty, putting 100 million people into extreme poverty as well as creating severe financial stress for an additional 150 million people around the world each year. For the poorest people around the world, even what would seem like small costs to visit a doctor or receive a vaccine can be detrimental to a family’s financial stability, and could push some people back into poverty or extreme poverty. With National Health Insurance, these individuals and families can receive these necessary health benefits without sacrificing other areas of life or worrying about being forced back into poverty. According to the World Health Organization, 100 million people fall into poverty each year due to medical expenses. National Health Insurance is intended to ensure that the use of health services does not result in financial hardships for individuals and families. It is in this context that the proposal fits the IBSA objectives and modalities.

In May 2005, the World Health Assembly (WHA) endorsed Resolution WHA58.331 which called upon United Nations Member States to work towards universal health coverage (UHC). The aim of this is that all people who need health receive them, without undue financial hardship. This requires considering the three dimensions of UHC:

- the full spectrum of quality health services according to need
- financial protection from direct payment for health services when consumed
- coverage for the entire population

In fact, Figure 2 shown below shows the relationship between two inter-related, but separate, UHC measures: essential health services coverage for the population and financial protection coverage for the population.

FIGURE 2 Universal Health Coverage “Cube”



Source: World Health Organisation (WHO) - Health Financing for Universal Health Coverage: http://who.int/health_financing/topics/benefit-package/UHC-choices-facing-purchasers/en/

While there is no agreed upon framework that encompasses the robust measurement of Universal Health Coverage (UHC) from a coverage point of view, current efforts focus on incorporating routinely reported measures from various life course phases such as percent of births attended to by

skilled birth attendant, child immunization, family planning, anti-retroviral treatment, TB Treatment, etc. Other important and not regularly measured UHC related indicators include the non-use of tobacco, rates of obesity, hypertension awareness (those who are hypertensive know they are hypertensive), hypertension treatment, diabetes awareness, diabetes treatment, etc. Routinely reported data from Grenada attest to improvements in those indicators that are routinely used and reported on such as immunization rates, anti-retroviral treatment rates, etc. However, there is little evidence to support any declines in NCD related indicators, partly because the NCD related indicators are often not reported on and partly because there has been no improvement. Remembering that four out of the five leading causes of death in Grenada are NCD in nature and these same causes of death have high treatment costs with concurrent high risks for impoverishment and catastrophic health expenditures.

While documentary evidence is lacking that indicates Grenada has attained high rates of good quality service coverage (especially around NCDs and their risk factors), there is evidence that shows there is room for improvement. In fact, nearly 58% of Grenadians are overweight or obese, 23% are hypertensive and nearly 12% are diabetic (Source: WHO Global Status Report on NCDs, 2014). Other indicators such as the Healthcare Access and Quality Index show that there is a large gap between Grenada's currently measure of personal healthcare access and quality to that which represents the best possible based at Grenada's level of development (Source: Institute for Health Metrics and Evaluation: <http://www.healthdata.org/grenada>).

Unfortunately, there is little evidence to document rates of impoverishment due to health care expenses nor incidence rates of catastrophic health expenditures themselves. Nonetheless, because out of pocket health expenses are greater in percentage terms in Grenada than governmental ones, it is not inconceivable, that there are comparatively robust rates of impoverishment due to health expenses with concomitant high incidence rates of catastrophic health expenditures. Poverty reduction as an intended outcome of the effective implementation of a NHI programme for Grenada is therefore noteworthy and an essential outcome of the achievement of UHC.

Furthermore, evidence from an IMF publication shows the eastern Caribbean dead last in the Western Hemisphere in terms of the efficiency of public health expenditures (Waste Not, Want Not: The Efficiency of Health Expenditure in Emerging and Developing Economies, IMF 2013). What this means is that while Grenada has made substantial progress with achieving part of UHC goals especially around those life events that occur earlier in one's life, it is suspected that much less progress towards UHC related goals has taken place when it comes to the prevention and treatment of NCDs. Unfortunately, the relationship between NCDs, impoverishment, catastrophic health expenditures and high government expenditures for little gain in productive life is well established. In addition, in Grenada and much of the eastern Caribbean, the efficiency of public health expenditures remains very low.

Therefore, new coverage mechanisms need to be considered such as described in the yellow box in Figure 2. Said new coverage mechanism needs to include some careful considerations if UHC is to be obtained, and these considerations are the following:

1. Move away from out of pocket spending towards predominant reliance on compulsory and prepaid funding sources. Out-of-pocket payments are the most regressive way of financing the health system, placing financial burden on sick and poor people. Countries should eliminate or substantially reduce out-of-pocket payments and expand progressive mandatory prepayment (i.e. various forms of taxation, including compulsory social health insurance contributions) based on ability to pay.
2. Break or weaken the link between entitlement and contribution: Entitlement should not depend solely on specific contributions made by individuals; otherwise those who are most in need will remain without adequate coverage. Where a high proportion of the population does not have regular, salaried employment, it is difficult to collect direct taxes (e.g. income

- tax or mandatory health insurance contributions). Greater reliance must be placed on general budget revenues sourced primarily from indirect taxes (e.g., value added taxes).
3. Expand fiscal space to increase public spending on health: public financing is critical to subsidise the costs of care for poor and sick populations and to ensure equity on the path to UHC.
 4. Build strength in numbers and enable cross subsidisation by consolidating risk pools. To respond to this challenge, countries should build pools that cover people of different economic and health statuses to enable the redistribution of resources.
 5. Improve efficiency and equity to ensure more health for the money: WHO has estimated that between 20% and 40% of health expenditures are wasted in most countries. Effective purchasing of health services can improve efficiency and release funds that can be reinvested to increase the coverage and quality of care. Such strategic purchasing involves shifting from historical, bureaucratic resource allocation processes towards data-driven approaches that use information about the provider's performance and/or the health service needs of the population they serve.
 6. Align purchasing with benefits to turn promises into results: That is, to create an explicit link between purchasing mechanisms and declared benefits for the population.

The rationale for considering National Health Insurance as a coverage mechanism has numerous advantages that are described below:

The coverage mechanism outlined in Figure 2 becomes a risk pooling mechanism where various sources of health expenditures are managed centrally (by Grenada National Insurance Board). This means that any future employer and employee contributions for health can be combined with governmental contributions to cover the health insurance costs for those who are wards of the state, the vulnerable, the young and the elderly, etc.

A clearly outlined benefits package is utilised by national health insurance. Said benefits packages has limits in coverage (both financial and by health intervention); however, the package is available to all who live in Grenada irrespective of their socio-economic status. A well designed package also assists in aligning purchasing with benefits, turning promises into results.

One of the main drivers for improving efficiency of public health expenditures is changing the way that facilities and providers are paid. Paying by result as opposed to paying by budgetary line item is key to the success of any UHC focused health reform effort. Because Grenada National Insurance Board, budgets by program and pays by claim, it has the flexibility and know how to implement modern strategic purchasing practices. National Health Insurance by incorporating strategic purchasing practices such as capitated payments for PHC providers, program targeted budgeting for PHC sites and global budgeting for Hospitals can make Grenada's health expenditures go much farther in obtaining UHC goals especially those around NCD prevention and treatment at the PHC and community level. Furthermore, the Grenada National Insurance Board already receives contributions from 85% of the employed population (Ninth Actuarial Valuation of the National Insurance Funds of 31 December 2009, ILO) meaning there is a solid foundation to add any national health insurance contributions from employers and employees.

Further, UHC fits in to current strategic the United Nations Multi-country Sustainable Development Framework (MSDF) for the Caribbean of which the UNDP Sub-regional Office for Barbados and the OECS (UNDP SRO) is a participating UN agency, under Priority Area 2: A Healthy Caribbean. This prioritises universal access to quality health care services and systems as a key focal area with an emphasis on supporting full health coverage. As part of efforts towards effective project management and achievement of outcomes, the UNDP SRO has and will continue to consult with relevant PAHO counterparts on the efforts with the Government of Grenada on NHI development.

UHC delivered through a National Health Insurance coverage mechanism aligns with the Government of Grenada's Health Sector Strategic Plan 2016-2025¹ that notes the following as key to supporting the reform of health systems and increasing access to care as follows: health system reform requires the equitable access to comprehensive, quality, people and community-centred health services, strengthening of stewardship and governance, increasing and improving financing, promoting equity and efficiency, and eliminating out-of-pocket expenditure.

The Government of Grenada began to seriously explore the development of a National Health Insurance programme in 2013. This project will accelerate these efforts and is in alignment with current efforts of the Ministry of Health (MoH) to fundamentally reform the Health Sector through legislative and other changes.

II. RESULTS AND PARTNERSHIPS

Project Objective: To support the development and inception of a National Health Insurance (NHI) programme for Grenada that provides universally accessible and affordable health services.

EXPECTED RESULTS

Output 1: Establishment of the NHI Secretariat and Finalisation of Project Annual Work Plan/Implementation Plan

- **Output 1.1: To support the implementation of the project and other NHI programme related activities**

A NHI Secretariat will be established at the onset of project implementation. This will include the hiring of staff persons. Secretariat staff positions to be hired for the duration of the project include the Project Head, an Administrative Officer, a Communications Officer and Secretary. Draft Terms of Reference (ToR) are provided for these in Annex 5. These ToR are subject to review/revision.

- **Output 1.2. Retrofitting of office space and procurement of requisite equipment and supplies.**

While the office space is delineated in the NIS Building, it requires retrofitting to accommodate staff. As well there will be procurement of relevant office supplies and equipment.

- **Output 1.3: Inception Meeting and Drafting of Project Implementation Plan**

Once all the relevant teams/groups are assembled, an Inception Meeting with the Main Technical Consultant², Policymakers, NHI Secretariat, Beneficiary representatives and the Technical Team will be convened to outline a project implementation plan. A comprehensive meeting report should be produced along with a draft implementation plan which will be completed by the Project Head and approved by the Project Board. The Implementation Plan will ensure that project activities will be aligned to the Main Technical Consultant work plan to ensure a comprehensive approach to the project.

- **Output 1.4 Project Board Meeting to review and approve draft implementation plan and Annual Work Plan (AWP)**

Output 2: Fully Costed Proposed Range of Services and Benefits Package

- **Output 2.1. Costing of Proposed Services in the NHI Benefit Package**

1. Review and detailing of currently proposed benefit package(s)
2. Examination of the epidemiological/burden of disease profile (morbidity and mortality) to identify magnitude and trends

¹ Strategic Plan for Health 2016-2025: Prepared By: The Ministry Of Health and Social Security of the Government Of Grenada

² The Main Technical Consultant will be responsible for Outputs 2 – 7 in this project document

3. Review of data on health infrastructure and service capabilities - current and planned public and private - of the local health system, as well as pattern of referrals for overseas care to identify levels of and gaps in coverage
 4. Review of health accounts, health expenditure and related survey data to derive cost of services (and administrative costs)
- **Output 2.2: Costing of proposed benefit package:**
 1. Consideration and detailing of components of the benefit package in broad categories, where possible i.e. primary care, pharmaceuticals and diagnostics, secondary care, overseas care;
 2. Identification and detailing of the benefit package (for example, terms of access, number of screenings per year, etc.) based on the proposal from the Ministry of Health, costing of health care services and an assessment of the capacity of the health care system to deliver the services;
 3. Identification of ‘public health/community health/stewardship’ functions as ‘separate’ components;
 4. Application of costing data in Output 2.1 (1) to develop cost of components and overall benefit package.
 - **Output 2.3: Costing implications and trade-offs of alternative options pertaining to the benefit package:**
 1. Scenario analysis of implications of ‘phased’ approach to the NHI package i.e. components and related costs of different options e.g. primary care and ambulatory pharmaceuticals or pharmaceuticals only or primary and secondary care versus secondary and overseas care;
 2. Comparison, where possible, with components and costs of relevant benefit packages offered by private insurers.

Health services covered should include but are not limited to:

- | | |
|---|--|
| • Primary care visits | • Accident & emergency visits |
| • Specialists visits | • Outpatient care |
| • Inpatient and outpatient mental health care | • Prescription drugs as per the approved national drug formulary |
| • Home health care visits | • Room and Board |
| • Personal prevention services | • Laboratory & diagnostic services |

Output 3: Agreements on the Organizational, Governance and Staffing Arrangements for the NHI Programme

1. Review and recommendation of proposals for organizational changes and associated governance arrangements at the National Insurance Board (NIB) for administration of the NHI,
2. Preparation of organization chart showing departments/units, as well as linkages and relationships among each and inter-relationships with other departments/units in the NIB; Outline and Agreement of key functions and responsibilities of all major partners in the NHI i.e.
 - a) NIB (to administer the NHI programme)
 - b) Grenada Hospital Authority
 - c) Ministry of Health (ensure quality standards in the public and private health sectors)
 - d) Ministry of Social Welfare (to identify persons/members who need government support in paying contributions to the NHI programme)
 - e) Ministry of Finance (to make timely contributions on behalf of government workers, as well as subsidized persons)

Private insurers (if any functions of the NHI programme are sub-contracted to them).
3. Development of job descriptions for core senior administrative personnel in the NHI

4. Outline of main institutional forms and fields of information for completion for applicant members; health service providers; claims; appeals.

Output 4: Identification and Agreement on NHI Programme (NHI) Revenue Generation Options

1. Review of national health accounts (health expenditure) data using health budgets, user fee collections, foreign inflows/grants, relevant household expenditure surveys, private insurance claims;
2. Examination of expected yield of proposed sources of financing for the NHI, including combinations of:
 - a. General or earmarked taxes;
 - b. Payroll contributions;
 - c. Other levies on goods/services;
 - d. Co-payments.
3. Feasibility of (2) above given macroeconomic and 'fiscal space' environment;
4. Outline of framework for co-payments for different levels of services, as well as in- and out-of-network providers.

Output 5: Analytical Report of Macroeconomic Study for Grenada

Preparation of analytical report on macroeconomic and fiscal influences on the NHI, to assist actuarial assessment and projections and to examine the capacity of the economy to sustain the NHI over time.

Output 6: Drafting of NHI Legislation and Regulations

Taking into account the results of the costing of the benefits package, the proposed organisational structure and proposed revenue generation options:

1. Review of existing legislation, including health and non-health related legislation, and identification of implications for NHI;
2. Drafting of NHI Legislation with particular attention to:
 - a. Membership and beneficiaries;
 - b. Benefits;
 - c. NHI Programme Fund;
 - d. Sources and uses of funds;
 - e. Eligible health service providers and contracts;
 - f. Complaints and appeals;
 - g. Governance of the NHI Programme.
3. Drafting of NHI Regulations to accompany NHI Legislation, including:
 - a. Membership and functions of the governing 'Board';
 - b. Schedule of benefits;
 - c. Schedule of contributions by different groups e.g. employed persons, self-employed persons;
 - d. Payment of claims by health service providers.

Output 7: Capacity Building and Technical Support for NHI Management

Following on **Output 3**, the Governance Structure will also involve the reform of public administration of revenue flows for health care for those who cannot afford to pay into the NHI:

7.1 Technical Support in Development of Skills and Capacity at the National Insurance Board for Managing the NHI programme

1. Transfer of knowledge to the NHI Secretariat as they work alongside the Main Technical Consultant and Technical Team during the developing of the NHI programme
2. To support NHI implementation during the transition into a fully staffed NHI Programme office, training will be developed and delivered for key NIB personnel for support to NHI implementation, including:

- a. Negotiating and contracting with health service providers;
 - b. Audits of claims submitted by health service providers;
 - c. Managing arrangements for overseas care.
3. Preparation of materials and delivery of training sessions to guide and enhance knowledge of 'Board' members of the NIB in the 'philosophy' and 'business' of the NHI
 4. To support South-South Cooperation and promote the best possible skills training, opportunities for study tours and attachments will be identified for enhancing NHI knowledge and administrative skills. ³IBSA Fund countries will be prioritised for opportunities for knowledge exchange in accordance with the mandate of their Health Working Group which is governed by a Memorandum of Understanding in the Field of Health and Medicine.

Output 8: Technical Support in Development of Standards of Care and Contracts with Health Services Providers

1. Identification of sources of information and support for development and institutionalization of standards of care in the health system;
2. Identification of types/options of payment systems to be used with contracted health care providers;
3. Assistance in development of formal contracts with health care providers—public, private and overseas—for delivery of services in the benefit package, which meet the established baseline standards of care and are guided by international best practices;
4. Advise on the template and approach on establishment of standards of care to ensure that quality services are being paid for by the NHI;
5. Support the process of negotiation of contracts with health care providers

Output 9: Research and Identification of the requirements for the NHI Health Information Technology Platform

IT Consultant hired to determine software and hardware requirements including payment system, security, storage, etc.

Research and identification of the software and hardware required for the NHI - including registration, claims processing, payment systems, storage, security and reports. This system will link the NHIS to the wider health information system and existing health related applications to support health service providers and facility managers in keeping track of the services and quality of care provided, and for the contracts between purchasers and providers to be properly monitored.

Output 10: Stakeholder Engagement and Communications

Stakeholder consultations will be targeted and should include representatives from vulnerable/marginalised beneficiary groups who are currently excluded from or face financial and other barriers to accessing health care services.

Stakeholder consultations should be held to validate the recommendations of the Main Technical Consultant and based on the feedback received. Recommendations should be made regarding possible adjustments to the NHI programme as it relates to benefits and financing options proposed.

Stakeholders should include but are not limited to:

- The Medical association,
- Dental association
- Pharmacy association
- Trade Unions
- Insurance companies
- Private providers of health and Health services
- Ministry of Health Staff
- Representatives for elderly persons and associated organisations

³ India, Brazil and South Africa Facility for Poverty and Hunger Alleviation (IBSA) Fund: <http://www.ibsa-trilateral.org/about-ibsa/background>

- Representatives for single parent female heads of households and associated organisations
- Agricultural workers and others in the agricultural industry and others in the value chain with a focus on informal work
- Persons in fishing industry including fish mongers and others in the value chain with a focus on informal work
- Other socio-economically marginalised groups
- Children's and Adolescent Services: with a focus on family planning services
- Legal Aid and Counselling Clinic
- Grenada National Council for the Disabled

Output 11: NHI Website Developed and Launched

As part of public education efforts an NHI Website will be developed and launched. The NHI website will provide comprehensive information including but not limited to how it works, benefits, related legislation, the claims process, etc.

Resources Required to Achieve Expected Results

The resources attached to this proposal will ensure the undertaking of the key activities related to establishing the relevant infrastructure for and design of the NHI. It will also support the establishment of the NHI office space and key staff positions, to be expanded over time. However a more consistent investment is required to support the full establishment of a fully functioning NHI.

To address this, National Insurance Board (NIB) will support access to technical staff as needed throughout the process. This will also be the main element of sustainability in the project design. The National Insurance Board as the main implementing partner provides a financially stable platform for NHI oversight. Over its thirty-four years, the NIB's Reserve has grown to just under one (1) billion eastern Caribbean dollars and is one of the leading financial institutions in the country. In 2016, NIB paid over sixty-five (65) million Eastern Caribbean dollars to its beneficiaries while collecting sixty-nine point nine (69.9) million Eastern Caribbean dollars from employers.

*The section in this document on Sustainability and Scaling has more detailed information on the transition from the NHI Support Project to a national NHI implementation process.

Partnerships

The process towards developing and implementing a National Health Insurance (NHI) programme has included collaboration between the Government of Grenada and several other partners including with the Pan American Health Organisation (PAHO) to determine priority areas and to provide technical advice and with the European Union also for technical support. PAHO contributed through the implementation of a National Health Expenditure Analysis (NHA) which will provide the government of Grenada with detailed analysis of what public and private monies are spent on with different types of health care delivery. As well, the European Union will provide funds for further technical support including aspects related to legislation. This will be a part of a larger project which includes the implementation of the STEP Non-Communicable Disease Survey, institutionalization of a monitoring and evaluation system for the health sector and strengthening of the health management information system. The EU funded project is expected to begin in 2018. Meetings between UNDP, PAHO and the EU has resulted in the inclusion of the EU on the technical advisory group for the project to ensure that there is no duplication and that collaboration can be facilitated when relevant.

To ensure that this NHI support project is successfully implemented the key partners, Ministry of Health and National Insurance Board will work closely together to manage the change process.

Risks and Assumptions

Potential Key Risks

Establishing Effective Governance Arrangements

It is understood that there has to be transference of relevant fiscal and management responsibilities currently held by the Ministry of Health to the NIB and the recently established Hospital Authority for effective NHI implementation. To best ensure a system of integrative care that will ultimately lead to a reduction in the burden on the Primary Health Care System, health workers would be employed by the NIB/Hospital Board as agreed in this project. Therefore, it is pivotal that this arrangement is as comprehensive as possible and that the role of the Ministry of Health is clearly defined.

Social and Financial Risk

The Government is unable or late in paying its premium contributions for those who are wards of the state, the poor, the elderly and the young

Political

Given that Grenada's election is constitutionally in March 2018 there may be interruptions to project implementation.

Sustainability

There is a need for a very streamlined staff structure if the NHI is to be sustainable. An IMF Working Paper on National Insurance Scheme Reforms in the Caribbean (October 2016)⁴ has noted that:

- Administrative costs for pension schemes are relatively high, reflecting limited room to exploit economies of scale in small islands
- Despite their centralized structure, pension systems in the Caribbean entail very high administrative costs, ranging from 0.1 to 0.7 percent of GDP
- As a share of contribution income, administrative expenses range from as low as 5 percent in Barbados and Trinidad and Tobago to as high as 26 percent in Belize³
- Administration costs in the Caribbean average 15 percent of contributions compared with around 0.8 percent and 3.0 percent, in the US and Canada, respectively, highlighting the need to correct major inefficiencies in the pension schemes.

Key Assumptions include;

- National Insurance Board is prepared to support the establishment of the NHI
- The Government will be able to make its premium contributions on time as well as provide any other financial support for its functioning
- The Grenadian public would be fully supportive of the NHI
- The necessary legislation would be enacted in a timely manner
- The programme will be premised on sound actuarial and technical advice

Stakeholder Engagement

The Government of Grenada has engaged with the medical and dental association, civil society organizations, Association of Grenada Insurance Companies, Trades Union Council, and Grenada Employers Federation as well, information sessions were held with the general public in each parish including Carriacou and Petit Martinique. These sessions presented general information on the concept of NHI, the Health System strengthening and received feedback on the public on what they wanted to see in the programme the improvement/enhancement required in the health sector to ensure an efficient programme. Given the limited technical and design work that has been done to date the scope of the consultations were limited.

Therefore, once the Actuarial Review has been received, and with the following outputs i.e. Fully Costed Proposed Range of Services and Benefits Package, Completed Proposal for the

⁴ IMF Working Paper National Insurance Scheme Reforms in the Caribbean October 2016

Organizational, Governance and Staffing Arrangements for the NHI Programme (NHI), Review of Feasibility and Quantification of NHI Programme (NHI) Revenue Generation Options and Cabinet's approval of the recommendation for the final basket of services and financing, the public consultations will be expanded to ensure all categories of citizen are included and that their feedback is included into revisions and finalisation of outputs.

Consultations should include but not be limited to the following:

- The various organisations mentioned above
- Private Insurance Companies
- Wide cross section of Business Places
- Representatives for elderly persons and associated organisations
- Representatives for single parents with a focus on female heads of households and associated organisations
- Agricultural workers and others in the agricultural industry and others in the value chain including those in informal work
- Persons in fishing industry including fish mongers and others in the value chain with a focus on informal work
- Other socio-economically marginalised groups
- Children's and Adolescent Services: with a focus on family planning services
- The Child Welfare Authority
- Legal Aid and Counselling Clinic
- Grenada National Council for the Disabled

South -South Cooperation

The world has adopted the Sustainable Development Goals (SDGs) which call for a new and inclusive global partnership, of which South-South cooperation forms a major part. This is intended to complement North-South Cooperation. During the past decades, South-South cooperation has contributed to development results through a variety of flexible cooperation modalities, including knowledge exchanges, technology transfers, financing, peer support, and neighbourhood initiatives, as well as countries forming common development agendas and seeking collective solutions. Both India and Brazil have progressed to Universal Health Care. South Africa on the other hand is well on its way to achieving National Health Insurance and we can learn from their experience. We would welcome avenues of cooperation with IBSA countries as we move towards the implementation of National Health Insurance.

In alignment with the above, there will be knowledge exchanges through study tours to countries in the process of implementing National Health Insurance Programme including the British Virgin Island and or the Bahamas, as well linkages will also be made with relevant South African counterparts. Guidance on this will be sought from the IBSA Fund where necessary.

Knowledge

Grenada would be the first country in the OECS sub region to undertake an NHI project. Due to the similarities of the local economies, the Grenada experience can be used as a template for the other OECS countries. The knowledge and experience gained can be shared with these countries.

This programme once fully implemented will produce and maintain an active database of citizens accessing health care within the country. It will also produce health demographics of citizens thus allowing government to make evidence based decisions on health-related matters.

Sustainability and Scaling up

The proposed project is intended to set the stage for the full implementation of National Health Insurance within three years. Support for the project would enable the Government of Grenada,

through the Ministry of Health to put all systems in place to ensure the smooth functioning of a national health insurance programme. The initiatives taken during the project life would be sustained through budgetary allocation and contributions by members of the programme as would be provided for in the developed legislation for the National Health Insurance Programme.

The objective of the NHI Secretariat is to lay the groundwork towards the implementation of National Health Insurance (NHI) Programme in Grenada. However, the Secretariat and the final implementation of NHI are two separate and distinct activities. The lead consultant has specific deliverables which the Secretariat and the various supporting agencies will manage to ensure the deliverables will be executed as planned.

The staff of the Secretariat will be placed on fix-term contract (one year) and there will be no commitment explicit or implicit that the Secretariat staff will form part of the staffing required for the implementation of National Health Insurance (NHI). As expressed in other parts of the document the Government of Grenada has taken the policy position to have National Health Insurance Programme administered by the National Insurance Board (NIB). The appropriate Legislation and Regulation will be drafted (UWI-HEU deliverable) and enacted to facilitate same. At the appropriate time the NIB will recruit staff to facilitate the implementation of NHI.

Further to the above, annual actuarial assessments will be conducted for the first two to three years following which such assessments can be done on a less frequent basis, to allow for a more accurate assessment of the cost of the programme which will be determined through the levels of claim experience. The results of the assessments will provide a scientific approach for “scaling up” or “scaling down” the programme by making adjustment to the services on offer or the contribution base. The Electronic Medical Records (EMR) being implemented by the Ministry of Health will also be a key functional component which will produce valuable information that can be used in the development of NHI

Further and of critical importance is that project the NIB, has developed significant reputational authority through all aspects of the Grenadian society. This clearly validates the National Health Insurance Advisory Committee’s (NHIAC) recommendation which was accepted by the Government, that the National Health Insurance be administered by the NIB. It is also the reason the Government selected the NIB as the lead agency leading up to implementation. The Chairman of the National Insurance Board on the official launch of the National Health Insurance Program highlighted the Board’s commitment to working with all stakeholders towards implementing a successful program.

Over its history the NIB has developed significant management capacities that will be complimentary in the development of any NHI programme. Its experience and capacities developed over the years in Information Technology, Financial Management, Internal Auditing, Claims Payment, Actuarial Science and Budgeting will certainly bring added value to the process while significantly reducing start-up and long-term cost. The NIB has also developed significant expertise in the collection of contribution from employers with a well-staffed Compliance Department including field officers. Of significance also is the fact that the NIB has its own In-house Legal Department for over ten (10) years. Given the above, it stands to reason that the Board at a moment’s notice can seamlessly deploy any of its staff to the National Health Insurance Program.

The National Insurance Board close working relationship with other social security system in the region, some of whom (e.g. British Virgin Island) are already administering a National Health Insurance Program allows for easy transfer of knowledge through study tours and attachments.

III. PROJECT MANAGEMENT

Cost Efficiency and Effectiveness: To ensure the best possible value for money, the best quality of outputs and for continuity one firm/organisation will be contracted to develop the main technical outputs under this project including proposing and costing a basket of services and corresponding benefits package, legislative review, proposing an NHI programme organisational structure including staffing recommendations and associated terms of reference, capacity building for NHI staff and the development of Standards of Care and Contracts for Health Service Providers. By engaging a Main Technical Consultant with a proven track record in the Region of doing similar work, it is anticipated that this will support harmonisation of approaches to health systems strengthening and delivery of care, in the context of regional and sub-regional integration and in preparation for addressing contingent rights for migrant populations within the OECS Economic Union in particular. While costing and other factors will have to be country specific an amount of policy coherence can be achieved that will lay a good foundation for advancing regional/sub-regional health systems integration.

Project Management

The project will be conducted using UNDP's national implementation modality (NIM). The Ministry of Health (MoH) will act as the national implementing partner with the support of UNDP. The MoH will be responsible for directing and managing the project and monitoring compliance with project work plans as a basis for project execution.

The MoH is the implementing partner and as such will provide technical and coordination support and oversight to the National Insurance Board (NIB) which is charged with the coordination of project implementation including reporting to the UNDP Sub-regional Office for Barbados and the OECS, the Project Board, the MoH and other relevant stakeholders.

The MoH as implementing partner will ensure that requirements for reporting to the UNDP Sub-regional Office for Barbados and the OECS, the Project Board, the NIB and other relevant stakeholders will be fulfilled.

The NIB will establish a Project Secretariat to undertake project implementation and the NIB Focal Point will maintain regular contact with the Project Secretariat and other relevant project stakeholders including working closely with the UNDP Sub-regional Office for Barbados and the OECS.

The UNDP Sub-regional Office for Barbados and the OECS

The UNDP as the designated Executing Agency by the IBSA Fund will ensure that project implementation is undertaken in accordance with the IBSA guidelines, the UNDP rules and regulations and in accordance with the agreed project document deliverables and outcomes. The UNDP will maintain regular contact with project implementation counterparts including the NHI Project Head and will participate as a Project Board and Technical Team Member. The UNDP will maintain contact with the UN Office for South-South Cooperation (UNOSSC) and the IBSA Fund through its Secretariat and will maintain contact with Ministry of Health of the Government of Grenada as the National Implementing Partner and other stakeholders as required. The UNDP will also ensure quarterly reports are submitted to IBSA as required.

Upon request of the Implementing Partner, UNDP provides direct services specific to project inputs and UNDP recovers its costs in full accordance with UNDP's policy on Direct Project Costs (DPCs). UNDP and the Implementing Partner will sign a Letter of Agreement (LOA) which documents the services requested and the associated costs. DPCs should be within the project budget. An appropriate separation between project oversight and direct project support is required in accordance with the UNDP Internal Control Framework.

The Project Board is comprised of representatives of the Ministry of Health (MoH), , Ministry of Finance (MoF), National Insurance Board (NIB) and including membership of the UNDP Sub-regional Office for Barbados and the OECS, PAHO and the IBSA Fund.

The Project Board plays a critical role in project monitoring and evaluations by quality assuring these processes and products, and using evaluations for performance improvement, accountability and learning. It ensures that required resources are committed and arbitrates on any conflicts within the project or negotiates a solution to any problems with external bodies. In addition, it approves the responsibilities of the Project Head and any delegation of its Project Assurance responsibilities. Based on the approved Annual Work Plan (AWP), the Project Board can also consider and approve the quarterly plans (if applicable) and also approve any essential deviations from the original plans. Terms of Reference for the Project Board are attached in Annex 5 in section X. The Project Board will be chaired by MoH with co-chair support from the UNDP.

NB: It is acknowledged that the NIB has a government mandated role in regard to NHI implementation of which this project comprises but a part. The role of the NIB in the context of this Project Board is understood as specific to the implementation of the project in accordance with the required quality assurance and governance processes of the UNDP.

Project Assurance: is the responsibility of each Project Board member; however the role can be delegated. The project assurance role performs objective and independent project oversight and monitoring functions, independent of the Project Head and Technical Team, ensuring appropriate project management milestones are managed and completed. Regular operational oversight will be ensured by the UNDP Sub-regional Office for Barbados and the OECS. This oversight will include ensuring that the project practices due diligence with regard to UNDP's policies and practices. UNDP will provide inputs to the Project Board members regarding the criteria of general project implementation as a reference source for Project Board members to then provide inputs and directions to the Project Head.

NHI Project Technical Advisory Group (TAG)

This team will be made up of the NHI Secretariat Project Head, the NIB Focal Person and other technical representatives of the NIB as required, Permanent Secretary of the Ministry of Health, the Chief Medical Officer or their designate, representative of the Ministry of Finance, representative from the Ministry of Social Development, Housing and Community, representatives from UNDP, PAHO, the EU and other relevant technical experts as deemed necessary for review of technical deliverables being discussed/finalised.

The TAG will have a rotating chair and will be responsible for reviewing and vetting all technical reports/deliverables produced by consultants and make recommendation for sign-off on all final deliverables by the appointed representatives from the Ministry of Health and the National Insurance Board. The TAG will also report as required to the Project Board (it is understood that there is some overlap with membership between the Project Board and TAG).

The TAG will engage the required expertise to lend assistance to the review of specific deliverables.

- The local public health organizations and other stakeholders including the Advisory Committee and the relevant department at St. George's University will also be consulted
- The University of the West Indies Centre for Health Economics (UWI-HEU)

Terms of Reference for the NHI TAG are attached in Annex 5 in section X.

Ministry of Health (MoH): The MoH is understood to be the National Implementing Partner and is accountable for the requisite reporting and overall management of project implementation. The MoH will review and analyse technical reports for feasible recommendations in collaboration with

the National Insurance Board (NIB) and on the recommendation of the Technical Advisory Group (TAG) as well as review all final reporting including financial reporting related to both fund requests and expenditure reporting in accordance with UNDP reporting requirements.

National Insurance Board (NIB): The NIB has been appointed by Cabinet to co-ordinate the implementation process by establishing a Project Secretariat for implementation of project activities including but not limited to:

- Establishment and management of the Project Secretariat
- Research and advise on appropriate IT platform
- Plan and schedule future consultations and public education activities
- Provide monthly reports on status of the project, including information on slippages and specification of mitigating measures
- Assist the Ministry of Implementation with the review and analysis of technical assistance reports
- Work in close collaboration with/maintain close communication with the UNDP Sub-regional Office for Barbados and the OECS
- Report as required to the Project Board

NHI Tripartite Approval Group

Representatives from the Ministry of Health, the Ministry of Finance (MoF) and the NHI Focal Point (as specified by the NIB) will officially approve project deliverables. Their approval will form the basis for the official declaration of completion and signing off on all project deliverables.

The NHI Secretariat: The NHI Secretariat will be responsible for co-ordinating project implementation under the guidance of the NIB, the Ministry of Health, and the UNDP. The NHI Secretariat will serve as an interim mechanism to facilitate project implementation and inception of the first stages of NHI implementation. The NHI Secretariat is expected to eventually transform into a full NHI staff team. The NHI Secretariat will undertake the implementation of project activities including but not limited to the following:

- The provision of support to all project consultants
- Liaising with the UNDP office and the Ministry of Health regarding the disbursement of funds
- Maintains regular communication with the UNDP on project implementation progress, challenges encountered and project management in general
- Interacting with all project stakeholders to ensure adequate engagement and execution of activities
- Coordination of meetings of the Project Board, the Technical Team and other key stakeholders related to quality assurance and project governance
- Negotiation of contracts with Service Providers
- Monitoring of work of contractors
- Monitor and track project progress and deliverables of consultants contracted to undertake aspects of project implementation

The NHI Secretariat will be staffed with project funds for the following positions for which draft Terms of Reference (TORs) are attached in Annex 5 in section X (TORs are subject to review by the NIB, the UNDP and other relevant stakeholders/members of the Technical Team, once the project document has been approved and the project implementation is underway).

- Project Head
- Administrative Officer
- Communication Officer
- Secretary

Once the staff ToRs are approved as indicated above, the recruitment process for the NHI Secretariat will be done by the NIB. It is intended that the NHI Secretariat be fully staffed and operational by April 2018 by which time, relevant consultants would have commenced work in Grenada. Initially, the Project Head will be recruited followed by the other positions within the Secretariat.

The Project Head (PH) will be responsible for day-to-day oversight and coordination on implementation of project activities, supported by operational support personnel dedicated to implementing the work of the project. The PH reports to the National Insurance Board through the Director of the National Insurance Scheme. The PH will provide reports on request to the MoH and Project Board and will report directly on project implementation progress to UNDP Sub-regional Office for Barbados and the OECS as required. The PH is accountable for the quality, timeliness and effectiveness of the activities carried out, as well as for the use of funds, on the basis of the developed Annual Work Plan (AWP) and project implementation plan. The PH will provide financial and narrative reports to the UNDP Sub-regional Office for Barbados and the OECS, on a quarterly basis and in accordance with all other required reporting to UNDP as the executing agency.

Generally, the Project Head will be responsible for meeting government obligations under the project, under the NIM. S/he will perform a liaison role with the relevant Government stakeholders, UNDP and other agencies, NGOs and project partners, and maintain close collaboration with other donor agencies providing co-financing. The PH shall be a fulltime resource acquired competitively.

Financial and Other Procedures

The financial arrangements and procedures for the project are governed by the UNDP rules and regulations for NIM. Financial transactions will be based on direct requests to UNDP from the MoH for specific activities included in work plans and financial reports. All procurement and financial transactions will be governed by national rules and regulations, and must be compatible with the UNDP rules and regulations.

Dollarization clause: "The value of any contribution received by the United Nations Development Programme as part of this Agreement, and which is made in a currency other than the U.S. Dollar, is determined by applying the operational rate of the United Nations prevailing on the date that such payment is made effective. If there is a change in the operational rate of the United Nations before UNDP uses the entire amount paid, the balance will be adjusted according to the value of the currency at that date."

If a loss is registered in the value of the fund balance, UNDP shall inform the donor with a view to determining whether the donor has to provide more funding. Without having any such additional funding, UNDP may reduce, suspend or terminate assistance to the program/project. In the case where there is an increase in the value of this balance, this increase will go to the project to implement its activities, in agreement with the donor.

All accounts and all financial statements are expressed in U.S. dollars. The exchange rate used in each case shall be the monthly exchange rate set by the UN in the OECS. Notwithstanding the foregoing, payments to suppliers are made in local currency. In cases where the total contributions exceed the total reference amount, a budgetary review of the project will be carried out as per UNDP requirements.

With regards to audit arrangements, both UNDP and the Government Audit Department will be required to perform periodic review of the project.

Communications and Visibility Requirements

Full compliance is required with UNDP's Branding Guidelines. These can be accessed at <http://intra.undp.org/coa/branding.shtml> and specific guidelines on UNDP logo use can be accessed at: <http://intra.undp.org/branding/useOfLogo.html>

All stakeholders in this project will be given due credit for their engagement in this initiative. IBSA partners will be provided with visibility and recognition for their instrumental role supporting this project. Credit will be given to IBSA partners during public engagements by the project, particularly in interactions with the media, public and academic appearances and presentations, relations with the local community, the government of Grenada, project visitors and other institutions. Other efforts will be made where appropriate to provide visibility to IBSA and the South-South cooperation elements of this project.

Further, the stakeholders of projects executed with IBSA Fund support will ensure that the role of the IBSA Fund receives clear visibility in any information prepared and publicized (including display of the IBSA logo prominently on the project site, in addition to its usage in all advertisements, flyers, reports, press releases, videos, placards, etc.). In case of an initiative financed by more than one partner, the visibility of the IBSA Fund should be preserved.

IV. RESULTS FRAMEWORK⁵

Intended Outcome as stated in the UNDAF/Country [or Global/Regional] Programme Results and Resource Framework:

UNDP SPD: Priority 1: Evidence-based policy and planning for improved social protection for multi-dimensionally poor and other vulnerable populations

UNMSDF Outcome: A Healthy Caribbean: Improve health and wellbeing by addressing the ability of the state to provide services, increasing access to healthy nutrition, a healthy environment and knowledge as preventive measures. Sustainable health financing and direct action to addresses NCDs, SRH and HIV/AIDS and related stigma is also necessary for better health outcomes

Outcome indicators as stated in the Country Programme [or Global/Regional] Results and Resources Framework, including baseline and targets:

Applicable Output(s) from the UNDP Strategic Plan:

Project title and Atlas Project Number: Grenada National Health Insurance (NHI) Programme Support Project

EXPECTED OUTPUTS	OUTPUT INDICATORS ⁶	DATA SOURCE	BASELINE		TARGETS (by frequency of data collection)		DATA COLLECTION METHODS & RISKS
			Value	Year	Y1: 2018	Y2: 2019	
Output 1: Establishment of the NHI Secretariat and Finalisation of Project Annual Work Plan/Implementation Plan	Successful hiring of the Project Head and other staff for the NHI Secretariat (at least 2 should be women)	Quarterly progress report	0	2018	July 2018		
	Office space retrofitted and relevant supplies procured	Quarterly progress report	0	2018	February 2018		
	Comprehensive report of Inception Meeting and Drafted Annual Work Plan	Draft Annual Work Plan, Inception Meeting Report and Quarterly Progress Report	0	2018	March 2018		
	Project Board Agreement and Finalisation of Annual Work Plan/Implementation Plan	Board Meeting Report, Annual Work Plan and Quarterly progress report	0	2018	July 2018		
Output 2: Agreement on Fully Costed Range of Services and Benefit Package	Submission of detailed Benefits Package	Detailed Benefit Package as submitted by the Consultants, Quarterly Progress Report and Minutes/ Notes/ Comments of the TAG	0	2018	June 2018		
	Agreement and approval of Costed Benefit Package	Approved Costed Benefit Package and signed Deliverable Acceptance Form	0	2018	July 2018		

Output 3: Agreements on the Organizational, Governance and Staffing arrangements for the NHI Secretariat (NHIS)	Agreed/finalised organisational changes and governance arrangements within the NIS for administration of NHIS	Detailed Organizational and Governance Report as submitted by the Consultants, Minutes/Notes/Comments of the TAG, Quarterly Progress Reports and signed Deliverable Acceptance Form where applicable	0	2018	July 2018		
	Finalised organisational chart showing department/units and inter-relationships	Organisational chart for NHIS and related departments/units and inter-relationships, Minutes/Notes/Comments of the TAG, Quarterly Progress Reports where applicable	0	2018	July 2018		
	Finalised and approved Terms of Reference (ToRs) for core senior administrative personnel within NHIS	Completed ToR list, Minutes/Notes/Comments of the TAG, Quarterly Progress Reports where applicable	0	2018	July 2018		
	Main institutional forms and fields of information developed for applicant members	Approved institutional forms. Minutes/Notes/Comments of the TAG, Quarterly Progress Reports where applicable	0	2018	July 2018		
Output 4: Identification of and, agreement on NHI Revenue Generation Options	Feasibility report produced on review of expected yield of proposed sources of financing given the macroeconomic and fiscal space	Completed Revenue Generation Report, Minutes/Notes/Comments of the TAG, Quarterly Progress Reports and signed Deliverable Acceptance Form where applicable	0	2018	August 2018		
	Framework outlined for co-payments for different levels of service	Co-payments Framework, Minutes of Minutes/Notes/Comments of the TAG, Quarterly Progress Reports where applicable	0	2018	August 2018		
Output 5: Macroeconomic Study to determining the capacity of the economy to sustain the NHI over time	Completed and approved Analytical Report on macroeconomic and fiscal influences on the NHIS to support actuarial assessments and projections	Macroeconomic Report, Minutes/ Notes/ Comments the of TAG, Quarterly Progress Reports and signed Deliverable Acceptance Form where applicable	0	2018	July 2018		
Output 6: NHI Programme Legislation and Regulations	6.1 Report of review of existing Legislation, health & non-health, and recommendations for drafting NHIS legislation and Regulations	Report of Legislative Review and Recommended NHIS Legislation and Regulations, Minutes/Notes/Comments of TAG, Quarterly Progress Reports and signed Deliverable Acceptance Form where applicable	0	2018	September 2018		

	6.2 Approved NHIS Legislation	Legislation, Minutes/Notes/Comments of the TAG, Quarterly Progress Reports and Deliverable Acceptance Form where applicable	0	2018		February 2019	
	Approved NHIS Regulations	Regulations, Minutes/Notes/Comments of the TAG, Quarterly Progress Reports, and Deliverable Acceptance Form where applicable	0	2018		February 2019	
Output 7: Capacity Development for the NHI Administrative Agency and the population of a fully staffed NHI Secretariat	NIS/NHIS staff and key stakeholders involved in NHIS implementation trained	Training materials, staff pre-and post-training evaluations, Final Report of the Main Consultant, Minutes of Technical Working Group Meetings, Quarterly Progress Reports and Board Meeting reports where applicable	0	2018	July 2018	January 2019	
	NHI Secretariat capacity built to implement a transition to a fully staffed NHIS office	Final Report of the Main Consultant, Minutes/Notes/Comments of the TAG, Quarterly Progress Reports and Deliverable Acceptance Form where applicable	0	2018	August 2018		
	Seminars and Study tours identified and implemented for further skill development	Study Tour Schedules, Agendas and Relevant Materials, Trip reports and Post Study Tour follow up activities reporting, Quarterly Progress Reports and Board Meeting reports where applicable	0	2018	October 2018	January 2019	
Output 8: Contracting of Health Care Providers relevant to the services in Benefits Package	Agreed template and approach developed on Standards of Care for ensuring that quality care is being purchased through NHIS	Standards of Care, Minutes/ Notes/ Comments of the TAG, Quarterly Progress Reports and Board Meeting reports where applicable	0	2018	November 2018		
	Formal contracts developed and agreed for health care providers delivering services included the benefit package	Contracts, Minutes/Notes/Comments of the TAG, Quarterly Progress Reports and Deliverable Acceptance Form where applicable	0	2018	December 2018		
	Successfully negotiated contracts with health care providers	Hired Health Care Providers under NHIS system, Final Report of the Main Consultant, Minutes/Notes/Comments of the TAG, Quarterly Progress Reports and Deliverable Acceptance Form where applicable	0	2019		February 2019	

Output 9: NHI Health Information Technology Platform	Hire an IT Consultant to research, analyse and recommend on the network design and software for the NHI	RFP for the services of an IT Consultant, Quarterly Progress Reports, Deliverable Acceptance Form where applicable	0	2018	July 2018		
	Comprehensive Report produced on the NHI IT software and hardware to be procured	Final Report of the IT Consultant, Board Meeting reports where applicable	0	2018	October 2018		
Output 10: Stakeholder validation of recommendations and decisions on the NHI and engage in Public Education and Advocacy	Finalised Stakeholder Engagement Plan for Validation of NHIS Proposal	Stakeholder Engagement Plan, Meetings, Quarterly Progress Reports and Deliverable Acceptance Form where applicable	0	2018	August 2018		
	Stakeholder Engagement Plan Implemented and recommendations made on proposed NHIS	Stakeholder Consultation Reports with Follow up recommendations, Reports on adjustments made to NHIS programme plan, Quarterly Progress Reports and Board Meeting reports where applicable	0	2018		January 2019	
Output 11. Development of a Website for NHI	Comprehensive NHIS Website developed and Launched	Published fully functioning website, Report of website Launch, Quarterly Progress Reports, Board Meeting reports where applicable and Deliverable Acceptance Form where applicable	0	2018		January 2019	

V. MONITORING AND EVALUATION

In accordance with UNDP's programming policies and procedures, the project will be monitored through the following monitoring and evaluation plans:

[Note: monitoring and evaluation plans should be adapted to project context, as needed]

In accordance with IBSA Guidelines the Project Document may be revised as follows:

- The Project Document may be revised at any time by agreement of the Board of Directors (Project Board) and among the signatories to the document as appropriate. The purpose of revising it is to make substantive or financial adjustments and improvements to the project.
- Substantive revisions are made in response to changes in the development context or to correct flaws in the design that emerge during implementation. Examples of such flaws justifying revision are outcomes, outputs, strategies, activities under the unexpected changes of conditions and/or assumptions.
- Substantive revisions may be prompted by reports, or by monitoring, evaluation or review activities. The designated institution/implementing partner is expected to raise the issue in the semi-annual/annual project report. Any suggestions of the recipient national Government in this regard would be welcome.
- Substantive revisions are reflected in a revision document including descriptions of the changes in the relevant sections of the Document. The revised Project Document is signed by all the signatories to the original Project Document after duly approved by the Board of Directors.
- In order for a revision to be granted, the Executing Agency must submit a request to the UNOSSC. The UNOSSC will review the request and submit it to the Board of Directors who will decide on granting a revision.

Monitoring Plan

Monitoring Activity	Purpose	Frequency	Expected Action	Partners (if joint)	Cost US (if any)
Track results progress	Progress data against the results indicators in the RRF will be collected and analysed to assess the progress of the project in achieving the agreed outputs.	Quarterly, or in the frequency required for each indicator.	Slower than expected progress will be addressed by project management.		
Monitor and Manage Risk	Identify specific risks that may threaten achievement of intended results. Identify and monitor risk management actions using a risk log. This includes monitoring measures and plans that may have been required as per UNDP's Social and Environmental Standards. Audits will be conducted in accordance with UNDP's audit policy to manage financial risk. Timely disbursement of funds	Quarterly	Risks are identified by project management and actions are taken to manage risk. The risk log is actively maintained to keep track of identified risks and actions taken. Monitoring visits are indicated in the multi-year work plan but it is understood that within the budget attached they can be undertaken as needed re: quality assurance and risk mitigation and management.		12 852.40

Learn	Knowledge, good practices and lessons will be captured regularly, as well as actively sourced from other projects and partners and integrated back into the project.	At least annually	Relevant lessons are captured by the project team and used to inform management decisions.		
Annual Project Quality Assurance	The quality of the project will be assessed against UNDP's quality standards to identify project strengths and weaknesses and to inform management decision making to improve the project.	Annually	Areas of strength and weakness will be reviewed by project management and used to inform decisions to improve project performance.		
Review and Make Course Corrections	Internal review of data and evidence from all monitoring actions to inform decision making.	Quarterly	Performance data, risks, lessons and quality will be discussed by the project board and used to make course corrections.		
Project Report	A progress report will be presented to the Project Board and the IBSA Fund Board through its Secretariat at the UNOSSC and key stakeholders, consisting of progress data showing the results achieved against pre-defined annual targets at the output level, the annual project quality rating summary, an updated risk long with mitigation measures, and any evaluation or review reports prepared over the period.	Quarterly, and at the end of the project (final report)			
Project Review (Project Board)	The project's governance mechanism (i.e., project board) will hold regular project reviews to assess the performance of the project and review the Multi-Year Work Plan to ensure realistic budgeting over the life of the project. In the project's final year, the Project Board shall hold an end-of project review to capture lessons learned and discuss opportunities for scaling up and to socialize project results and lessons learned with relevant audiences.	Quarterly	Any quality concerns or slower than expected progress should be discussed by the project board and management actions agreed to address the issues identified.		

Evaluation Plan⁷

Evaluation Title	Partners (if joint)	Related Strategic Plan Output	UNDAF/CPD Outcome	Planned Completion Date	Key Evaluation Stakeholders	Cost and Source of Funding
e.g., Mid-Term Evaluation						

⁷ Optional, if needed

VI. MULTI-YEAR WORK PLAN ⁸⁹

All anticipated programmatic and operational costs to support the project, including development effectiveness and implementation support arrangements, need to be identified, estimated and fully costed in the project budget under the relevant output(s). This includes activities that directly support the project, such as communication, human resources, procurement, finance, audit, policy advisory, quality assurance, reporting, management, etc. All services which are directly related to the project need to be disclosed transparently in the project document.

EXPECTED OUTPUTS	PLANNED ACTIVITIES	Planned Budget by Year		RESPONSIBLE PARTY	PLANNED BUDGET		
		Y1 2018	Y2 2019		Funding Source	Budget Description	Amount
Output 1: Establishment of the NHI Secretariat and Finalisation of Project Annual Work Plan/Implementation Plan Gender Marker	Hiring of 5 staff positions	83,000.00	17,000.00	National Insurance Board (NIB)	IBSA	71 800	100, 000.00
	Retrofitting of Office space and procurement of office supplies and equipment including IT equipment	52,000.00	3,000.00	NIB	IBSA	72 500	55, 000.00
	Inception meeting (including conference room, lunch, rapporteur)	0		NIB	IBSA	71 600	0
	Project Board Meetings (including conference room, lunch, rapporteur)	0	0	NIB	IBSA		0
	Communication and Administration	14,000.00	2,000.00	NIB	IBSA	72 400	16,000.00
	MONITORING	2,000.00		UNDP	IBSA	71 600	2, 000.00
	Sub-total Output 1		151,000.00	22,000.00		IBSA	
Output 2: Fully Costed Range of Services and Benefits Package <i>Gender marker</i>	Design and costing of detailed benefits package	40,905.00		NIB	IBSA	71 800	40 905.00
	MONITORING	2,000.00					2,000.00
	Sub-Total Output 2		42,905.00	0.00			42, 905.00
Output 3: Agreements on the Organizational, Governance and Staffing arrangements for the NHI Programme (NHI)	Review and Development of the Organizational and Governance Arrangement for the NHI including job descriptions for NHI personnel and development of main institutional forms and fields of information for applicant members	43,320.00		NIB	IBSA	71 800	43, 320.00

⁸ Cost definitions and classifications for programme and development effectiveness costs to be charged to the project are defined in the Executive Board decision DP/2010/32

⁹ Changes to a project budget affecting the scope (outputs), completion date, or total estimated project costs require a formal budget revision that must be signed by the project board. In other cases, the UNDP programme manager alone may sign the revision provided the other signatories have no objection. This procedure may be applied for example when the purpose of the revision is only to re-phase activities among years.

	MONITORING						
	Sub-total Output 3	43,320.00	0.00				43,320.00
Output 4: Identification of and, agreement on NHI Programme (NHI) Revenue Generation Options	Conduct feasibility report produced on review of expected yield of proposed sources of financing given macroeconomic and fiscal space and develop framework for co-payments for different levels of service	26,610.00		NIB	IBSA	71 800	26,610.00
	MONITORING						
	Sub-total Output 4	26,610.00	0.00				26,610.00
Output 5: Provision of support to determining the capacity of the economy to sustain the NHI over time	Undertake analytical Report on macroeconomic and fiscal influences on the NHI to support actuarial assessments and projections	27,110.00		NIB	IBSA	71 800	27,110.00
	MONITORING			UNDP			
	Sub-total Output 5	27,110.00	0.00				27,110.00
Output 6: Cabinet approved NHI Programme Legislation and Regulations	Review existing Legislation, health & non-health, and provide recommendations for drafting NHI legislation and regulations	78,870.00		NIB	IBSA	71 800	78,870.00
	Technical, policy and legal support	10,000.00				71 800	10,000.00
	MONITORING						
	Sub-total Output 6	88,870.00	0.00				88,870.00
Output 7: Capacity Development for the NHIS Administrative Agency and the population of a fully staffed NHI Secretariat	Develop training materials and implement training of NIS staff involved in NHI implementation (including recommendations for study tours for further skills development)	49,409.00		NIB	IBSA	71 800	49,409.00
	Implement Study tours	20,000.00		NIB	IBSA	75 700	20,000.00
	Sub-total Output 7	69,409.00	0.00				69,409.00
Output 8: Contracting of Health Care Providers relevant to the services in Benefits Package	Develop formal contracts for health care providers delivering services included in the benefits package, including to identify and design appropriate payment system to be used with contracted health care providers	61,904.00		NIB	IBSA	71 800	61,904.00
	MONITORING	2,500.00		UNDP		71 600	2,500.00
	Sub-total Output 8	64,404.00	0.00				64,404.00

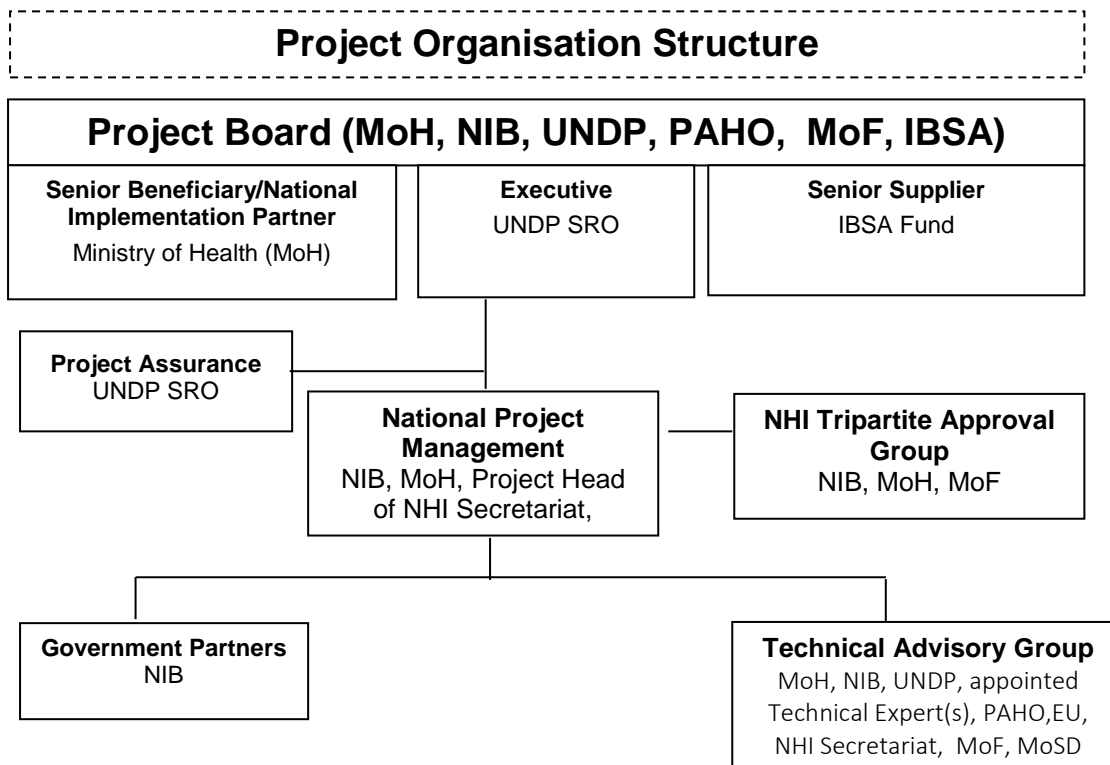
Output 9: NHI Health Information Technology (IT) Platform Defined	Determine IT requirements including security, storage and linkages to NHI service providers	50,000.00		NIB	IBSA	71 800	50,000.00
	MONITORING	2,352.40		UNDP		71 600	2,352.40
	Sub-total Output 9	52,352.40					52,352.40
Output 10: Stakeholder Validation of recommendations and decisions on the NHI	Develop and implement Stakeholder Engagement Plan for Validation of NHI Proposal (inclusive of logistic costs for stakeholder consultations, and relevant rapporteur services)	15,000.00	5,000.00	NIB	IBSA	71 800	20,000.00
	Sub-Total for Output 10	15,000.00	5,000.00				20,000.00
Output 11. Engage in Public Education and Advocacy on NHI	Develop and launch Comprehensive NHI Website	34,000.00		NIB	IBSA	71 800	34,000.00
	MONITORING	2,000.00		UNDP	IBSA	71 600	2,000.00
	Sub-Total for Output 11	36,000.00					36,000.00
	SUB-TOTAL ACTIVITIES	616,980.40	27,000.00				643,980.40
Direct Project Costs (DPC)		42,259.49	1,950.00			74 598	44,209.49
General Management Support 8%		45,183.73	9,551.46			75 100	54,735.19
TOTAL		704,423.62	38,501.46				742,925.08

VII. GOVERNANCE AND MANAGEMENT ARRANGEMENTS

The Project Board is comprised of representatives of the Ministry of Health (MoH), Ministry of Finance (MoF), National Insurance Board (NIB) and including membership of the UNDP Sub-regional Office for Barbados and the OECS, PAHO and the IBSA Fund.

The Project Board plays a critical role in project monitoring and evaluations by quality assuring these processes and products, and using evaluations for performance improvement, accountability and learning. It ensures that required resources are committed and arbitrates on any conflicts within the project or negotiates a solution to any problems with external bodies. In addition, it approves the responsibilities of the Project Head and any delegation of its Project Assurance responsibilities. Based on the approved Annual Work Plan (AWP), the Project Board can also consider and approve the quarterly plans (if applicable) and also approve any essential deviations from the original plans. Terms of Reference for the Project Board are attached in Annex 5. The Project Board will be chaired by MoH with co-chair support from the UNDP.

The UNDP SRO will undertake regular oversight of project implementation including management arrangements, annual work planning and in-situ monitoring, financial and results management, evaluation and project closure. In order to ensure UNDP's ultimate accountability for the project results, Project Board decisions will be made in accordance with standards that shall ensure management for development results, best value money, fairness, integrity, transparency and effective international competition. In case consensus cannot be reached within the Board, the final decision shall rest with the UNDP. Potential members of the Project Board are reviewed and recommended for approval during the Project Appraisal Committee (PAC) meeting. Representatives of other stakeholders can be included in the Board as appropriate. See the suggested Terms of Reference of the Project Board in Annex 5.



VIII. LEGAL CONTEXT

This document together with the United Nations Multi-country Sustainable Development Framework (MSDF) for the Caribbean signed by the Government of Grenada and the UNDP Sub-regional Office for Barbados and the OECS which is incorporated herein by reference, constitute together a Project Document as referred to in the Standard Basic Assistance Agreement (SBAA); as such all provisions of the UNDP Sub-regional Programme Document (SDP) and the UNMSDF apply to this document. All references in the SBAA to “Executing Agency shall be deemed to refer to “Implementing Partner.”

This project will be implemented by Ministry of Implementation of the Government of Grenada (“Implementing Partner”) in accordance with its financial regulations, rules, practices and procedures only to the extent that they do not contravene the principles of the Financial Regulations and Rules of UNDP. Where the financial governance of an Implementing Partner does not provide the required guidance to ensure best value for money, fairness, integrity, transparency, and effective international competition, the financial governance of UNDP shall apply.

The implementing partner agrees to undertake all reasonable efforts to ensure that none of the UNDP funds received pursuant to the Project Document are used to provide support to individuals or entities associated with terrorism and that the recipients of any amounts provided by UNDP hereunder do not appear on the list maintained by the Security Council Committee established pursuant to resolution 1267 (1999). The list can be accessed via <http://www.un.org/Docs/sc/committees/1267/1267ListEng.htm>. This provision must be included in all sub-contracts or sub-agreements entered into under this Project Document.

IX. RISK MANAGEMENT

1. Consistent with the Article III of the SBAA [*or the Supplemental Provisions to the Project Document*], the responsibility for the safety and security of the Implementing Partner and its personnel and property, and of UNDP’s property in the Implementing Partner’s custody, rests with the Implementing Partner. To this end, the Implementing Partner shall:
 - a) put in place an appropriate security plan and maintain the security plan, taking into account the security situation in the country where the project is being carried;
 - b) assume all risks and liabilities related to the Implementing Partner’s security, and the full implementation of the security plan.
2. UNDP reserves the right to verify whether such a plan is in place, and to suggest modifications to the plan when necessary. Failure to maintain and implement an appropriate security plan as required hereunder shall be deemed a breach of the Implementing Partner’s obligations under this Project Document.
3. The Implementing Partner agrees to undertake all reasonable efforts to ensure that no UNDP funds received pursuant to the Project Document are used to provide support to individuals or entities associated with terrorism and that the recipients of any amounts provided by UNDP hereunder do not appear on the list maintained by the Security Council Committee established pursuant to resolution 1267 (1999). The list can be accessed via http://www.un.org/sc/committees/1267/aa_sanctions_list.shtml.

4. Social and environmental sustainability will be enhanced through application of the UNDP Social and Environmental Standards (<http://www.undp.org/ses>) and related Accountability Mechanism (<http://www.undp.org/secu-srm>).
5. The Implementing Partner shall: (a) conduct project and programme-related activities in a manner consistent with the UNDP Social and Environmental Standards, (b) implement any management or mitigation plan prepared for the project or programme to comply with such standards, and (c) engage in a constructive and timely manner to address any concerns and complaints raised through the Accountability Mechanism. UNDP will seek to ensure that communities and other project stakeholders are informed of and have access to the Accountability Mechanism.
6. All signatories to the Project Document shall cooperate in good faith with any exercise to evaluate any programme or project-related commitments or compliance with the UNDP Social and Environmental Standards. This includes providing access to project sites, relevant personnel, information, and documentation.
7. The Implementing Partner will take appropriate steps to prevent misuse of funds, fraud or corruption, by its officials, consultants, responsible parties, subcontractors and sub-recipients in implementing the project or using UNDP funds. The Implementing Partner will ensure that its financial management, anti-corruption and anti-fraud policies are in place and enforced for all funding received from or through UNDP.
8. The requirements of the following documents, then in force at the time of signature of the Project Document, apply to the Implementing Partner: (a) UNDP Policy on Fraud and other Corrupt Practices and (b) UNDP Office of Audit and Investigations Investigation Guidelines. The Implementing Partner agrees to the requirements of the above documents, which are an integral part of this Project Document and are available online at www.undp.org.
9. In the event that an investigation is required, UNDP has the obligation to conduct investigations relating to any aspect of UNDP projects and programmes. The Implementing Partner shall provide its full cooperation, including making available personnel, relevant documentation, and granting access to the Implementing Partner's (and its consultants', responsible parties', subcontractors' and sub-recipients') premises, for such purposes at reasonable times and on reasonable conditions as may be required for the purpose of an investigation. Should there be a limitation in meeting this obligation, UNDP shall consult with the Implementing Partner to find a solution.
10. The signatories to this Project Document will promptly inform one another in case of any incidence of inappropriate use of funds, or credible allegation of fraud or corruption with due confidentiality.

Where the Implementing Partner becomes aware that a UNDP project or activity, in whole or in part, is the focus of investigation for alleged fraud/corruption, the Implementing Partner will inform the UNDP Resident Representative/Head of Office, who will promptly inform UNDP's Office of Audit and Investigations (OAI). The Implementing Partner shall provide regular updates to the head of UNDP in the country and OAI of the status of, and actions relating to, such investigation.

11. UNDP shall be entitled to a refund from the Implementing Partner of any funds provided that have been used inappropriately, including through fraud or corruption, or otherwise paid other than in accordance with the terms and conditions of the Project Document. Such amount may be deducted by UNDP from any payment due to the Implementing Partner under this or any other agreement.

Where such funds have not been refunded to UNDP, the Implementing Partner agrees that donors to UNDP (including the Government) whose funding is the source, in whole or in part, of the funds for the activities under this Project Document, may seek recourse to the Implementing Partner for the recovery of any funds determined by UNDP to have been used inappropriately, including through fraud or corruption, or otherwise paid other than in accordance with the terms and conditions of the Project Document.

Note: The term “Project Document” as used in this clause shall be deemed to include any relevant subsidiary agreement further to the Project Document, including those with responsible parties, subcontractors and sub-recipients.

12. Each contract issued by the Implementing Partner in connection with this Project Document shall include a provision representing that no fees, gratuities, rebates, gifts, commissions or other payments, other than those shown in the proposal, have been given, received, or promised in connection with the selection process or in contract execution, and that the recipient of funds from the Implementing Partner shall cooperate with any and all investigations and post-payment audits.
13. Should UNDP refer to the relevant national authorities for appropriate legal action any alleged wrongdoing relating to the project, the Government will ensure that the relevant national authorities shall actively investigate the same and take appropriate legal action against all individuals found to have participated in the wrongdoing, recover and return any recovered funds to UNDP.
14. The Implementing Partner shall ensure that all of its obligations set forth under this section entitled “Risk Management” are passed on to each responsible party, subcontractor and sub-recipient and that all the clauses under this section entitled “Risk Management Standard Clauses” are included, mutatis mutandis, in all sub-contracts or sub-agreements entered into further to this Project Document.

X. ANNEXES

1. Project Quality Assurance Report

2. Social and Environmental Screening Template

Social and Environmental Screening Template

<i>Project Information</i>	
1. Project Title	Grenada National Health Insurance (NHI) Programme Support Project
2. Project Number	00106192
3. Location (Global/Region/Country)	Grenada

Part A. Integrating Overarching Principles to Strengthen Social and Environmental Sustainability

QUESTION 1: How Does the Project Integrate the Overarching Principles in order to Strengthen Social and Environmental Sustainability?
<i>Briefly describe in the space below how the Project mainstreams the human-rights based approach:</i> <i>The project is in keeping with United Nations goals on the implementation of Universal Health Coverage towards the fulfilment of the right to health.</i>
<i>Briefly describe in the space below how the Project is likely to improve gender equality and women's empowerment</i> Conceptually the achievement of Universal Health Coverage in Grenada will support poverty reduction among vulnerable and marginalised women and in particular female headed households where women are bearing the burden of care for children and other dependents
<i>Briefly describe in the space below how the Project mainstreams environmental sustainability</i> This project does not mainstream environmental sustainability.

Part B. Identifying and Managing Social and Environmental Risks

QUESTION 2: What are the Potential Social and Environmental Risks?	QUESTION 3: What is the level of significance of the potential social and environmental risks? <i>Note: Respond to Questions 4 and 5 below before proceeding to Question 6</i>			QUESTION 6: What social and environmental assessment and management measures have been conducted and/or are required to address potential risks (for Risks with Moderate and High Significance)?
<i>Risk Description</i>	<i>Impact and Probability (1-5)</i>	<i>Significance (Low, Moderate, High)</i>	<i>Comments</i>	<i>Description of assessment and management measures as reflected in the Project design. If ESIA or SESA is required note that the assessment should consider all potential impacts and risks.</i>
	I = P =			
	I = P =			
	QUESTION 4: What is the overall Project risk categorization?			
	Select one (see SESP for guidance)			Comments
	<i>Low Risk</i>	<input type="checkbox"/>		
	<i>Moderate Risk</i>	<input type="checkbox"/>		
<i>High Risk</i>	<input type="checkbox"/>			
	QUESTION 5: Based on the identified risks and risk categorization, what requirements of the SES are relevant?			

	Check all that apply	Comments
	<i>Principle 1: Human Rights</i>	<input type="checkbox"/>
	<i>Principle 2: Gender Equality and Women's Empowerment</i>	<input type="checkbox"/>
	<i>1. Biodiversity Conservation and Natural Resource Management</i>	<input type="checkbox"/>
	<i>2. Climate Change Mitigation and Adaptation</i>	<input type="checkbox"/>
	<i>3. Community Health, Safety and Working Conditions</i>	<input type="checkbox"/>
	<i>4. Cultural Heritage</i>	<input type="checkbox"/>
	<i>5. Displacement and Resettlement</i>	<input type="checkbox"/>
	<i>6. Indigenous Peoples</i>	<input type="checkbox"/>
	<i>7. Pollution Prevention and Resource Efficiency</i>	<input type="checkbox"/>

Final Sign Off

<i>Signature</i>	<i>Date</i>	<i>Description</i>
QA Assessor		UNDP staff member responsible for the Project, typically a UNDP Programme Officer. Final signature confirms they have “checked” to ensure that the SESP is adequately conducted.
QA Approver		UNDP senior manager, typically the UNDP Deputy Country Director (DCD), Country Director (CD), Deputy Resident Representative (DRR), or Resident Representative (RR). The QA Approver cannot also be the QA Assessor. Final signature confirms they have “cleared” the SESP prior to submittal to the PAC.
PAC Chair		UNDP chair of the PAC. In some cases PAC Chair may also be the QA Approver. Final signature confirms that the SESP was considered as part of the project appraisal and considered in recommendations of the PAC.

SESP Attachment 1. Social and Environmental Risk Screening Checklist

Checklist Potential Social and Environmental Risks	
Principles 1: Human Rights	Answer (Yes/No)
1. Could the Project lead to adverse impacts on enjoyment of the human rights (civil, political, economic, social or cultural) of the affected population and particularly of marginalized groups?	No
2. Is there a likelihood that the Project would have inequitable or discriminatory adverse impacts on affected populations, particularly people living in poverty or marginalized or excluded individuals or groups? ¹⁰	No
3. Could the Project potentially restrict availability, quality of and access to resources or basic services, in particular to marginalized individuals or groups?	No
4. Is there a likelihood that the Project would exclude any potentially affected stakeholders, in particular marginalized groups, from fully participating in decisions that may affect them?	No
5. Are there measures or mechanisms in place to respond to local community grievances?	No
6. Is there a risk that duty-bearers do not have the capacity to meet their obligations in the Project?	No
7. Is there a risk that rights-holders do not have the capacity to claim their rights?	No
8. Have local communities or individuals, given the opportunity, raised human rights concerns regarding the Project during the stakeholder engagement process?	No
9. Is there a risk that the Project would exacerbate conflicts among and/or the risk of violence to project-affected communities and individuals?	No
Principle 2: Gender Equality and Women's Empowerment	
1. Is there a likelihood that the proposed Project would have adverse impacts on gender equality and/or the situation of women and girls?	No
2. Would the Project potentially reproduce discriminations against women based on gender, especially regarding participation in design and implementation or access to opportunities and benefits?	No
3. Have women's groups/leaders raised gender equality concerns regarding the Project during the stakeholder engagement process and has this been included in the overall Project proposal and in the risk assessment?	No
3. Would the Project potentially limit women's ability to use, develop and protect natural resources, taking into account different roles and positions of women and men in accessing environmental goods and services? <i>For example, activities that could lead to natural resources degradation or depletion in communities who depend on these resources for their livelihoods and well being</i>	No
Principle 3: Environmental Sustainability: Screening questions regarding environmental risks are encompassed by the specific Standard-related questions below	
Standard 1: Biodiversity Conservation and Sustainable <u>Natural</u> Resource Management	
1.1 Would the Project potentially cause adverse impacts to habitats (e.g. modified, natural, and critical habitats) and/or ecosystems and ecosystem services?	No

¹⁰ Prohibited grounds of discrimination include race, ethnicity, gender, age, language, disability, sexual orientation, religion, political or other opinion, national or social or geographical origin, property, birth or other status including as an indigenous person or as a member of a minority. References to "women and men" or similar is understood to include women and men, boys and girls, and other groups discriminated against based on their gender identities, such as transgender people and transsexuals.

<i>For example, through habitat loss, conversion or degradation, fragmentation, hydrological changes</i>	
1.2 Are any Project activities proposed within or adjacent to critical habitats and/or environmentally sensitive areas, including legally protected areas (e.g. nature reserve, national park), areas proposed for protection, or recognized as such by authoritative sources and/or indigenous peoples or local communities?	No
1.3 Does the Project involve changes to the use of lands and resources that may have adverse impacts on habitats, ecosystems, and/or livelihoods? (Note: if restrictions and/or limitations of access to lands would apply, refer to Standard 5)	No
1.4 Would Project activities pose risks to endangered species?	No
1.5 Would the Project pose a risk of introducing invasive alien species?	No
1.6 Does the Project involve harvesting of natural forests, plantation development, or reforestation?	No
1.7 Does the Project involve the production and/or harvesting of fish populations or other aquatic species?	No
1.8 Does the Project involve significant extraction, diversion or containment of surface or ground water? <i>For example, construction of dams, reservoirs, river basin developments, groundwater extraction</i>	No
1.9 Does the Project involve utilization of genetic resources? (e.g. collection and/or harvesting, commercial development)	No
1.10 Would the Project generate potential adverse transboundary or global environmental concerns?	No
1.11 Would the Project result in secondary or consequential development activities which could lead to adverse social and environmental effects, or would it generate cumulative impacts with other known existing or planned activities in the area? <i>For example, a new road through forested lands will generate direct environmental and social impacts (e.g. felling of trees, earthworks, potential relocation of inhabitants). The new road may also facilitate encroachment on lands by illegal settlers or generate unplanned commercial development along the route, potentially in sensitive areas. These are indirect, secondary, or induced impacts that need to be considered. Also, if similar developments in the same forested area are planned, then cumulative impacts of multiple activities (even if not part of the same Project) need to be considered.</i>	No
Standard 2: Climate Change Mitigation and Adaptation	
2.1 Will the proposed Project result in significant ¹¹ greenhouse gas emissions or may exacerbate climate change?	No
2.2 Would the potential outcomes of the Project be sensitive or vulnerable to potential impacts of climate change?	No
2.3 Is the proposed Project likely to directly or indirectly increase social and environmental vulnerability to climate change now or in the future (also known as maladaptive practices)? <i>For example, changes to land use planning may encourage further development of floodplains, potentially increasing the population's vulnerability to climate change, specifically flooding</i>	No
Standard 3: Community Health, Safety and Working Conditions	
3.1 Would elements of Project construction, operation, or decommissioning pose potential safety risks to local communities?	No

¹¹ In regards to CO₂, 'significant emissions' corresponds generally to more than 25,000 tons per year (from both direct and indirect sources). [The Guidance Note on Climate Change Mitigation and Adaptation provides additional information on GHG emissions.]

3.2	Would the Project pose potential risks to community health and safety due to the transport, storage, and use and/or disposal of hazardous or dangerous materials (e.g. explosives, fuel and other chemicals during construction and operation)?	No
3.3	Does the Project involve large-scale infrastructure development (e.g. dams, roads, buildings)?	No
3.4	Would failure of structural elements of the Project pose risks to communities? (e.g. collapse of buildings or infrastructure)	No
3.5	Would the proposed Project be susceptible to or lead to increased vulnerability to earthquakes, subsidence, landslides, and erosion, flooding or extreme climatic conditions?	No
3.6	Would the Project result in potential increased health risks (e.g. from water-borne or other vector-borne diseases or communicable infections such as HIV/AIDS)?	No
3.7	Does the Project pose potential risks and vulnerabilities related to occupational health and safety due to physical, chemical, biological, and radiological hazards during Project construction, operation, or decommissioning?	No
3.8	Does the Project involve support for employment or livelihoods that may fail to comply with national and international labour standards (i.e. principles and standards of ILO fundamental conventions)?	No
3.9	Does the Project engage security personnel that may pose a potential risk to health and safety of communities and/or individuals (e.g. due to a lack of adequate training or accountability)?	No
Standard 4: Cultural Heritage		
4.1	Will the proposed Project result in interventions that would potentially adversely impact sites, structures, or objects with historical, cultural, artistic, traditional or religious values or intangible forms of culture (e.g. knowledge, innovations, practices)? (Note: Projects intended to protect and conserve Cultural Heritage may also have inadvertent adverse impacts)	No
4.2	Does the Project propose utilizing tangible and/or intangible forms of cultural heritage for commercial or other purposes?	No
Standard 5: Displacement and Resettlement		
5.1	Would the Project potentially involve temporary or permanent and full or partial physical displacement?	No
5.2	Would the Project possibly result in economic displacement (e.g. loss of assets or access to resources due to land acquisition or access restrictions – even in the absence of physical relocation)?	No
5.3	Is there a risk that the Project would lead to forced evictions? ¹²	No
5.4	Would the proposed Project possibly affect land tenure arrangements and/or community based property rights/customary rights to land, territories and/or resources?	No
Standard 6: Indigenous Peoples		
6.1	Are indigenous peoples present in the Project area (including Project area of influence)?	No
6.2	Is it likely that the Project or portions of the Project will be located on lands and territories claimed by indigenous peoples?	No
6.3	Would the proposed Project potentially affect the rights, lands and territories of indigenous peoples (regardless of whether Indigenous Peoples possess the legal titles to such areas)?	No

¹² Forced evictions include acts and/or omissions involving the coerced or involuntary displacement of individuals, groups, or communities from homes and/or lands and common property resources that were occupied or depended upon, thus eliminating the ability of an individual, group, or community to reside or work in a particular dwelling, residence, or location without the provision of, and access to, appropriate forms of legal or other protections.

6.4	Has there been an absence of culturally appropriate consultations carried out with the objective of achieving FPIC on matters that may affect the rights and interests, lands, resources, territories and traditional livelihoods of the indigenous peoples concerned?	No
6.4	Does the proposed Project involve the utilization and/or commercial development of natural resources on lands and territories claimed by indigenous peoples?	No
6.5	Is there a potential for forced eviction or the whole or partial physical or economic displacement of indigenous peoples, including through access restrictions to lands, territories, and resources?	No
6.6	Would the Project adversely affect the development priorities of indigenous peoples as defined by them?	No
6.7	Would the Project potentially affect the traditional livelihoods, physical and cultural survival of indigenous peoples?	No
6.8	Would the Project potentially affect the Cultural Heritage of indigenous peoples, including through the commercialization or use of their traditional knowledge and practices?	No
Standard 7: Pollution Prevention and Resource Efficiency		
7.1	Would the Project potentially result in the release of pollutants to the environment due to routine or non-routine circumstances with the potential for adverse local, regional, and/or transboundary impacts ?	No
7.2	Would the proposed Project potentially result in the generation of waste (both hazardous and non-hazardous)?	No
7.3	Will the proposed Project potentially involve the manufacture, trade, release, and/or use of hazardous chemicals and/or materials? Does the Project propose use of chemicals or materials subject to international bans or phase-outs? <i>For example, DDT, PCBs and other chemicals listed in international conventions such as the Stockholm Conventions on Persistent Organic Pollutants or the Montreal Protocol</i>	No
7.4	Will the proposed Project involve the application of pesticides that may have a negative effect on the environment or human health?	No
7.5	Does the Project include activities that require significant consumption of raw materials, energy, and/or water?	No

3. Risk Analysis. Risk Log



Project Title: Grenada National Health Insurance Programme Support Project	Award ID:	Date:
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1.

#	Description	Date Identified	Type	Impact & Probability	Countermeasures / Mngt response	Owner	Submitted, updated by	Last Update	Status
1	The Government is unable or late in paying its premium contributions for those who are wards of the state, the poor, the elderly and the young	At project development stage	Environmental Financial Operational Organizational Political Regulatory Strategic Other	P = 3 I = 5	Ensuring that the proposed finance mechanism and organisational structure support effective and sustainable public finance management relevant to ensuring the government is able to make its premium payments		Cherise Adjodha	26.10.17	
2	Legislation may not be enacted in a timely manner	At project development stage	Environmental Financial Operational Organizational Political Regulatory Strategic Other	P = 3 I = 5	Working to ensure close collaboration and information sharing among all relevant persons. There needs to be complete Government Ownership of the process and the project should pay close attention to what is needed to support legislative related activities		Cherise Adjodha	26.10.17	
3	Given that Grenada's election is constitutionally in March 2018 there may be interruptions to project implementation.	At project development stage	Environmental Financial Operational Organizational Political Regulatory Strategic Other	P = 2 I = 3	Ensuring that priority activities are strategically implemented and that there is reliable information available to provide to persons with questions on the NHI development process. A good communications strategy should help to ensure that the NHI is kept in the public view so support continued buy in.		Cherise Adjodha	26.10.17	

5	NHI staffing delayed	At project development stage	Environmental Financial Operational <u>Organizational</u> Political Regulatory Strategic Other	P = 2 I = 4	Planning procurement processes early on and ensuring that as large an audience is reached for the best applicants.		Cherise Adjodha	26.10.17	
6.	Lack of public support for NHI programme	At project development stage	Environmental Financial Operational Organizational <u>Political</u> Regulatory <u>Strategic</u> Other	P=2 I=4	Comprehensive consultations will have to be invested in. As well a good communications strategy should be developed to support. Consultations should give an accurate view of what the implications will be for the public to adopting the NHI and should clearly outline what changes may result in the current system. Recommendations from consultations should be taken seriously and key interest groups given an opportunity to participate in decision making on aspects of NHI implementation that will affect them		Cherise Adjodha	26.10.17	
7.	Compromising of Sustainability of the NHI due to potential inflation of NHI Staff structure leading to unnecessarily high administrative costs which compromises the programme's ability to meet the needs of intended recipients	At project development stage	Environmental <u>Financial</u> <u>Operational</u> Organizational Political Regulatory Strategic Other	P=3 I=4	Deliverables from the main technical consultant related to staffing/organisational structure and the finance structure must be adequately researched and the best finance modelling possible should be used to support development of the staffing/organisational structure and the structure of the NHI finance model		Cherise Adjodha	26.10.17	

4. Capacity Assessment: Results of capacity assessments of Implementing Partner (including HACT Micro Assessment)

HACT assessment to be completed.

5. Project Board, Technical Advisory Group and Tripartite Approval Group Terms of Reference and draft TORs of key Secretariat positions

TERMS OF REFERENCE PROJECT BOARD

Background

In partnership with the India, Brazil and South Africa (IBSA) Fund through the UN Office for South-South Cooperation, the Government of Grenada, with project administration and implementation support from the UNDP Sub-regional Office for Barbados and the OECS, will seek to develop a National Health Insurance Programme (NHI).

Specifically, the project will support the development and inception of a National Health Insurance Programme (NHI) for Grenada that provides universally accessible and affordable health services. The proposed system of health care financing will be relevant for Grenada and responsive to the increasing costs of health care for its constituents. This will facilitate a population wide, cost effective programme with a focus on efficient, quality and affordable care for vulnerable and marginalised populations and those living in poverty.

The decision of the Government of Grenada to introduce a National Health Insurance Programme is in keeping with the Sustainable Development Goals (SDGs) outlined in the 2030 Agenda for Sustainable Development, specifically. SDG Goal 3: Ensure healthy lives and promote well-being for all ages, SDG Target 3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all and Target Indicator 3.8.1 Coverage of essential health services (defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, new-born and child health, infectious diseases, non-communicable diseases and service capacity and access, among the general and the most disadvantaged population).

The NHI process has been ongoing for quite some time in Grenada with support from key regional technical partners including the University of the West Indies Health and Economics Unit (HEU-UWI) which has had success undertaking similar work in the British Virgin Islands and in the Bahamas and the Pan American Health Organisation/World Health Organisation (PAHO/WHO). PAHO will be included in project implementation as part of quality assurance and for technical guidance in ensuring that the NHI programme proposed will address as many of the World Health Organisation (WHO) list of service coverage and health systems indicators as is possible. It is anticipated that a population-wide, cost effective intervention will be developed to provide access to universal health coverage, and in particular, for the socio-economically marginalised segments of the population.

The Project Board is responsible for providing guidance and general oversight of the project toward final implementation. The Project Board plays a critical role in project monitoring and evaluations by quality assuring these processes and products, and using evaluations for performance improvement, accountability and learning. It ensures that required resources are committed and arbitrates on any conflicts within the project or negotiates a solution to any problems with external bodies. In addition, it approves responsibilities of the Project Head and any delegation of its Project Assurance responsibilities. Based on the approved Annual Work Plan (AWP), the Project Board can

also consider and approve the quarterly plans (if applicable) and also approve any essential deviations from the original plans.

In order to ensure UNDP's ultimate accountability for the project results, Project Board decisions will be made in accordance with standards that shall ensure management for development results, best value money, fairness, integrity, transparency and effective international competition. In case consensus cannot be reached within the Board, the final decision shall rest with the UNDP.

The Project Board needs to fully understand its roles and responsibilities, and ensure that it meets regularly, is fully engaged and function in accordance with applicable UNDP rules and regulations, and provides effective and timely oversight, guidance and decisions on key programmatic and operational matters for regional projects.

Composition

Representatives from the following organisations shall comprise the Project Board:

Chair appointed by the Government of Grenada (this person can come from the government ministries mentioned below)

- Grenada Ministry of Health
- Grenada Ministry of Finance
- National Insurance Board
- United Nations Development Programme (UNDP)
- Pan American Health Organisation (PAHO)
- India, Brazil and or South Africa Representation in/for Grenada (on behalf of IBSA Fund)

Functions of the Project Board include:

- Providing necessary oversight to ensure sustainability of project
- Offer overall policy and technical guidance and direction towards the implementation of the project, ensuring it remains within any specified constraints
- Provide input into work plans, budgets and implementation schedules to guide the achievement of project objectives
- Review and endorses implementation schedule, annual workplans (AWP) and indicative budget at the commencement of the project.
- Provide guidance and agree on possible countermeasures/management actions to address specific project risks
- Review and endorse changes in project work plans, budgets and schedules as necessary
- Monitor project implementation and provide direction and recommendations to ensure that the agreed deliverables are produced satisfactorily according to plans
- Arbitrate where necessary and decide on any alterations to the programme
- Endorse an overall project evaluation and monitoring function for the duration of the project through a mechanism agreeable to all Project Board parties

Meetings

The Project Board will meet at least every four (4) months, at a time and place convenient to all members. A quorum will be constituted by 51% of the representatives listed in the Composition, and this must be present for meetings of the Project Board to be convened.

Chairperson

The Project Board Chair will chair the Project Board meeting.

The Chair will be responsible for:

- The conduct of the meeting
- Ensuring that an accurate record of the discussions and decisions of each meeting is prepared and forwarded to all members
- Ensuring adequate follow-up on the undertakings of the members of the Project Board.

Secretariat of the Committee

The Project Head will provide secretariat services to the Project Board.

Communication

Documentation being presented for review at any meeting of the Project Board will, as far as possible, be distributed two weeks prior to the meeting. The preparation of the records of all official meetings of the Project Board will be the responsibility of the secretary. These records must be forwarded to Project Board members no later than two weeks after its conclusion.

Duration

The Project Board will exist for the duration of the project.

Funding for Project Board Activities

Participation of country representatives will be funded by their respective organisations.

Meeting Location

Meetings of the Project Board will be held in Grenada.

TERMS OF REFERENCE - NHI TECHNICAL ADVISORY GROUP

Purpose of the Technical Advisory Group (TAG)

The Technical Advisory Group (TAG) is responsible for providing technical guidance, review all project deliverables, seek clarity and make recommendations for change where necessary. The Group will play a crucial role in vetting and evaluating key deliverables to ensure that they are in keeping with their related objectives. For this reason, each institution representative on the TAG is to designate an alternate representative to ensure consistent representation. The TAG will ensure that the deliverables respond to the needs of the populace in keeping with the available resources, overarching goals of Universal Health Care Coverage and prescribed quality standards.

Composition of the Technical Advisory Group

The TAG shall comprise the following representatives: -

- Project Head – National Health Insurance Secretariat
- Focal Person – National Insurance Board (NIB)
- Other Technical Representatives of the NIB (as required)
- Permanent Secretary – Ministry of Health, Grenada (or their designate)
- Chief Medical Officer (or their designate)
- Ministry of Finance, Grenada
- Ministry of Social Development, Housing and Community, Grenada
- United Nations Development Programme (UNDP)
- Pan American Health Organization (PAHO), and
- The European Union (EU)
- Other Technical Experts (as deemed necessary)

The TAG will have a rotating Chair and the Administrative Officer of the Secretariat will function as the Recording Secretary. Duties/Functions of the Technical Advisory Group are to:

- To review and provide technical feedback on all project deliverables, and to make recommendations for revision as deemed necessary.
- Review and provide recommendations on final submissions to the Tripartite Approval Group
- Provide responses on deliverables electronically to NHI Secretariat and to meet either virtually or in person when necessary.

- The TAG will engage the required expertise to lend assistance to the review of specific deliverable when necessary.
- The TAG will also report to the Project Board as required.

Process for Vetting NHI Deliverables

- All deliverables will be submitted to the National Insurance Board and copied to the Project Head.
- The NHI Secretariat will circulate deliverables electronically to all TAG members within 24 hours of receipt.
- Deliverables will be copied to the Implementing partners and all Permanent Secretaries of Ministries represented on the TAG.
- TAG Members will respond to all deliverables received, acknowledging receipt of same.
- Representatives of Ministries are expected to discuss each deliverable with the management of their Ministry. All feedback provided by the representative will be taken to be the position of the represented Ministry.
- Quorum of meetings will be five (5) institutional representatives, three (3) of which must be from government institutions.
- Comments/feedback by members on each deliverable should be sent to all TAG members and copied to the NHI Secretariat at info@nhigrenada.org.
- As a general practice, the NHIS will submit the comments/feedback from the TAG, no more than two weeks after the submission of each deliverable or as specified in the terms and conditions in Consultant contracts.
- Responses to the comments of the TAG will be done within ten days (10) after receipt. The Consultants may also request a meeting to explain same.
- The consultant's responses will be circulated to members of the TAG.

Meetings

Meetings of the Technical Advisory Group will be held in Grenada, at the National Insurance Board Conference Room or alternate designated location. Members residing outside of Grenada will join the meetings virtually.

Duration

The Technical Advisory Group will exist for the duration of the project.

TERMS OF REFERENCE - NHI TRIPARTITE APPROVAL GROUP

Purpose of the Tripartite Approval Group

The main purpose of the Tripartite Group is to provide official and final approval on all project deliverables. They will be responsible for evaluating all deliverables to ensure that they are in keeping with their related objectives and feasibility related to project implementation expectations. Their approval will form the basis for the official declaration of completion and signing off on all project deliverables.

Composition of the Tripartite Approval Group

The Tripartite Group shall comprise the following representatives: -

- Ministry of Finance
- Ministry of Health
- National Insurance Board

Duties/Functions of the Tripartite Approval Group

1. To review and provide approval on all project deliverables
2. Procure the assistance of any technical professional in the final vetting process of deliverables.
3. Meet with project consultants on any deliverable when necessary
4. Make declaration of completion and sign off on all deliverables upon based on review outcome

Process for Vetting NHI Deliverables

- Receive and review deliverables pre- vetted by the TAG and modified by project consultants
- Request an audience with the Consultant and relevant stakeholders to obtain clarification / additional information as required on the deliverables when necessary.
- The Tripartite Approval Group can request of the TAG, an explanation their comments.
- Sign off on each deliverable once are satisfied that it has been completed
- Confirm and sign off the relevant sections of the Policy Framework as the respective components are completed.
- Each member of the Tripartite Group will sign a Deliverable Approval Form to signify acceptance, declaration of completion and recommendation for payment.

Meetings

Meetings of the Tripartite Approval Group will be held in Grenada, at the National Insurance Board Conference Room or alternate designated location.

Duration

The Tripartite Approval Group will exist for the duration of the National Health Insurance Program Support Project.

TERMS OF REFERENCE PROJECT HEAD

Position Title: Project Head

Title of Immediate Supervisor: Director of the National Insurance Board

Unit: NHI Secretariat

General Accountability

Reporting to the Director of the National Insurance Board, the Project Head is generally accountable for the Managing of the Secretariat and the executing of key deliverables towards the implementation of the National Health Insurance (NHI) project. The Project Head is expected to work closely with the various consultants assigned to the NHI.

Responsibilities include but are not limited to the following:

- In consultation/collaboration with the UNDP prepare an Annual Work Plan (AWP) in alignment with the UNDP fiscal year
- Ensure that project deliverables are meet within the established timeframes, and within budget.
- Provide support to and collaborate with to the UWI-HEU team to assist in ensuring that the various project specifications are executed as planned.
- Liaise with the UNDP office ensuring that approved grant funding are disbursed as required to facilitate the smooth execution of the approved activities.
- Act as the chief liaison and coordinator for the various stakeholders, inter alia, the Ministry of Health, the National Insurance Board and the various consultants.
- Assist with the negotiation of contracts with health care providers.

- Prepare project document for the IT Consultancy, ensuring that the consultancy takes into consideration the necessary health linkages.
- Ensure that the National Health Insurance has an updated and relevant website at all times.
- Ensure that the Secretariat is managed in an efficient and effective manner.
- Monitor and track project's progress and handle any issues that arise.
- Liaising with Actuaries for delivery of report and possibly updating of the Actuarial Report based on the recommendation made by project consultants.
- Attend meeting of stakeholders as the need arises
- Coordinate stakeholder consultations
- Provide periodic reports to the Director on the work of the Secretariat.

Qualifications and Experience

Minimum Acceptable Academic/Technical/Professional Qualifications

- Master of Public Health Policy & Administration or Related field
- Minimum Number of Years of Relevant Experience
- Ten (10) years' experience in a related function.

Specific Skills/Experience and/or Knowledge

- Excellent communication Skills
- Excellent Project Management Skills
- Excellent Computer Skills
- Excellent Financial and Narrative Reporting Skills
- Good Research Skills
- Good Interpersonal Skills

TERMS OF REFERENCE COMMUNICATIONS OFFICER

Position Title: Communications Officer

Title of Immediate Supervisor: Project Head

Unit: NHI Secretariat

General Accountability

Reporting to the Project Head of Secretariat, the Communication Officer is generally accountable for executing the communication strategy developed for the unit towards the implementation of National Health Insurance.

Specific Accountabilities

- Developing an effective communication strategy to that will advance the work done on National Health Insurance through the secretariat.
- Plan, organise and facilitate Stakeholder Consultations leading up to the Implementation of NHI.
- Ensure that the website, and other social media sites, developed for NHI is updated and current at all times.
- Prepare brochures, pamphlets, booklets and other reading materials for disseminating to the general public.
- Assist with the establishment of a brand identity for the NHI
- Maintain a database of frequently asked questions with the corresponding answers for effective use.
- Develop and produce materials for the media outlets (print, television, radio etc) as required.
- Prepare press releases and other information materials to dissemination to the press as required.

Education and Experience

Minimum Acceptable Academic/Technical/Professional Qualifications
Bachelor of Science Degree in Communication or related field

Minimum Number of Years of Relevant Experience

Five (5) years' experience in a related function.

Specific Skills/Experience and/or Knowledge

Excellent communication Skills
Excellent Computer Skills
Good Interpersonal Skills
Good Social Media Skills

TERMS OF REFERENCE ADMINISTRATIVE OFFICER

Position Title: Administrative Officer
Title of Immediate Supervisor: Project Head
Unit: NHI Secretariat

General Accountability

Reporting to the Project Head of the Secretariat, the Administrative Officer is generally responsible for assisting the Project Head in ensuring that the Secretariat effectively and efficiently carries out its functions in a professional working environment.

Specific Accountabilities

- Assist the Project Head in ensuring that project deliverables are met within the established timeframes, and within budget.
- Assist with providing support to and collaborating with the UWI-HEU team and any other consultants assigned to assist in ensuring that the various project specifications are executed as planned.
- Assist with the negotiation of contracts with health care providers.
- Prepare reports and presentations with statistical data, as assigned, including regular reports on expenses and office budget.
- Assist in organising and facilitating meeting of stakeholders as the need arises.
- Assist in disseminating information on the work of the Secretariat as the need arises.
- Ensure that contract(s) with the Secretariat are executed in accordance with the stated terms of the said contract(s).
- Ensure that proper recording and safekeeping of the minutes of all meetings.
- Arrange travel and accommodations for visiting consultant, study tour and attachments.
- Provide periodic reports to the Project Head on the work of the Secretariat.
- Manage staff rosters

Education and Experience

Minimum Acceptable Academic/Technical/Professional Qualifications
BSC in Business Administration or related field

Minimum Number of Years of Relevant Experience

Five (5) years' experience in a related function.

Specific Skills/Experience and/or Knowledge

Excellent Communication Skills (written & oral)
Excellent Computer Skills
Good Interpersonal Skills
Excellent Spreadsheet Skills
Social work or Health Services

TERMS OF REFERENCE SECRETARY

Position Title: Secretary

Title of Immediate Supervisor: Project Head

Unit: NHI Secretariat

General Accountability

Reporting to the Project Head of Secretariat, the Secretary is generally accountable for executing all secretarial functions for the unit.

Specific Accountabilities

Correspondence of the unit is typed and proof read

- Handle mail receipt and dissemination
- Ensure that proper recording and safekeeping of the minutes of all meetings
- Assists in photo-copying of documents.
- Ensuring that the telephone is operated in friendly and professional manner
- Ensuring that telephone messages are clearly and accurately written and relayed in a timely manner to the relevant persons
- Locates files for authorized persons upon request.
- Ensuring that forms/brochures, etc. available for distribution to customers are always stocked in the appropriate location.
- Ensuring that the reception area maintains a professional appearance
- Ensuring that visitors are handled in a professional and efficient manner
- Develop and maintain an effective filing system for the Secretariat.
- Ensure office supplies are ordered in a timely manner

Education and Experience

Minimum Acceptable Academic/Technical/Professional Qualifications

Five (5) CXC O'Levels including English and Math

One (1) Advanced Level in English

Minimum Number of Years of Relevant Experience

Three (3) years' experience in a related function.

Specific Skills/Experience and/or Knowledge

Excellent oral and written communication skills
Excellent computer skills
Good time management skills