

In accordance with the drive for national ownership as stated in the Paris Declaration and recently adopted Accra Agenda for Action, this joint programme will be implemented by the Ministry of Health and Social Welfare. Due to the unique nature of the volunteer modality, extensive support will be provided by UNDP/UNV Lesotho. Current experience with the partners involved in this joint programme indicates that sufficient capacity exists to achieve the intended results in an effective and efficient manner.

Sustainability of results

The joint programme has two main objectives which are both linked to sustainable results. The first objective, the temporary stop-gap that will contribute to alleviating the human resource crisis in the health sector might at a first glance not be sustainable beyond the duration of the joint programme. However, this objective needs to be seen as a complementary measure to other activities that are taking place to address the human resource crisis.

Efforts and benefits brought about by this project will be sustained through the following strategies:

- The continuing fellowship programme implemented under the WHO support to the country for training various health professionals and other health professionals. This will build up the number of trained professionals to complement the national health workforce. Results of this programme will only be visible after completion of the training, as each batch of medical staff will require a minimum of 5 years training before qualification
- The government has, since October 2008 initiated a programme of training doctors in the University of Ife in Nigeria with an annual intake of 20 students per year. The first batch of qualified doctors is expected to join the national workforce in the last year of the implementation of this project. This should facilitate a smooth transition from the UNV Medical doctors to the nationals.
- The Government is also establishing a Medical School which will be able to take over the training of doctors from the above-mentioned programme in a more sustainable matter. It is envisioned that in 2 to 3 years, the University of Ife will only be used for pre-clinical training only, as the Lesotho facility should then be able to manage the remainder of the programme.
- Boston University has initiated the Family Residence Programme, which is being implemented in two districts of Berea and Leribe. While this programme is in its first year of implementation, it is hoped that it will attract more Basotho who will undergo a training programme in Medicine while they are in the service. When qualified, they will be assimilated into the stream of doctors to be assigned to different parts of the country.
- The Emergency Human Resource Plan intends to double the production of trained health professionals from the local training institutions. A larger pool of trained health personnel of different cadres will impact positively during the departure of the UNV Medical doctors.
- Baylor and Clinton Foundation also have ongoing mentoring programmes to improve health service delivery. The improved capacity of those involved in the mentoring programme will support continuity of the results from this project.

It is, therefore, imperative that the current joint programme is seen as a bridging arrangement designed to cover the first years during which no qualified staff will become available through the above mentioned programmes. As such, in a complementary fashion

with the other programmes, the joint programme will, in a sustainable manner, ensure that qualified medical staff is made available to Lesotho throughout the coming years.

The second objective of the current joint programme is to build the capacity of *in-situ* medical staff through quality supervision, peer- and on-the-job training. It is expected that these activities will take place during the entire placement of the UNV Medical Doctors. The length of the programme (i.e. 4 years) will allow for sufficient and continued training opportunities which, in turn, will ensure sustainable results.

However, as is clear from the lessons learnt from the different UNV programmes in other African countries (see above) it is essential that this skills transfer does get the required priority as it will otherwise easily suffer because of the significant need of the UNV Medical Doctors to administer health services. Along the lines of the lessons learnt, part of the programme strategy will be to 1) jointly monitor skills transfer indices as a measure of success for the programme (see monitoring framework) and 2) ensure proper training and coaching of staff at the institutions receiving the UNV Volunteers, so that they understand and appreciate their role and can benefit maximally from the presence of the UNV Medical Doctors (see work plan).

Results Framework

With the focus being on improving delivery of health services to all, contributions from this joint programme to the outcomes in the United Nations Development Assistance Framework (UNDAF) 2008 – 2012 are multiple:

- Outcome 1: Capacity strengthened to sustain universal access to HIV prevention, treatment, care and support, and impact mitigation
- Outcome 2: Improved and expanded equitable access to quality basic health, education and social welfare services for all
- Outcome 4: Governance institutions strengthened, ensuring gender equality, public service delivery and human rights for all by 2012

Under the joint programme, three different mutually reinforcing outputs are foreseen which will contribute to the overall programme objectives. The underpinning activity is the deployment of qualified UNV Medical Doctors who will be the driving force behind all other programme activities.

Output 1 - High quality medical care provided in the beneficiary health facilities over the project duration.

Foreseen activities:

- Recruit UNV Medical Doctors to Lesotho
- Orientate UNV Medical Doctors prior to their deployment in different facilities
- Deploy and support the living of UNV Medical Doctors in different health facilities
- Through the UNV Medical Doctors, provide specialized and general medical care: To in-patients and outpatients in selected health facilities; and
- As a roving specialist to patients in other health facilities.
- Organize dialogue to facilitate sharing of lessons and good practices.

Output 2 - Junior doctors and nursing personnel in the beneficiary health facilities given on the job training and supervision.

- Foreseen activities:
- Conduct on-the-job training for junior medical doctors and other clinical staff in the assigned health facilities
 - Provide training sessions in other health facilities per arrangement by the central level and/or affected health facilities.

Output 3 – Technical capacity of the disease control division strengthened to implement disease prevention and surveillance interventions.

- Foreseen activities:
- Train the central level disease control staff in epidemiological principles and their implementation
 - Support the operationalisation of the integrated disease surveillance and response system
 - Support the operationalisation of the national health emergency preparedness and response system.

The immediate primary beneficiaries of this joint programme are the people from Lesotho, including poor urban and rural citizens who seek and receive improved health services from the nearest Government, CHAL, or Lesotho Red Cross Society health facilities. Additionally, people currently receiving care will be able to access medication and follow-up from a local health center, rather than having to queue for hours in-line at a hospital-based center, with the resulting much higher risk of exposure to TB and other infectious diseases.

The immediate beneficiaries also include medical officers and nursing personnel engaged in the different health facilities through capacity development activities such as on-the-job training and supportive supervision.

Secondary beneficiaries include those who, because of better access to - and better quality of - health services for everyone in the population, are less exposed to infectious diseases (such as TB).

Costs related to placement of UNV Medical doctors

The results framework in the section below includes budget estimates for the placement of 12 UNV Medical doctors in the first year and an additional 8 (i.e. a total of 20) in subsequent years. The amounts are based on the pro-forma costs for one-year placements (see below). As before-mentioned, the actual number of UNV Medical doctors to be placed will depend mostly on fund availability and absorptive capacity as the need is significantly beyond the 20 initially foreseen under this project.

It is important to note that actual costs will vary based on additional allowances, such as family allowance (i.e. \$250 and \$450 per month for 1 dependent and 2 dependents respectively) as well as home leave entitlements (i.e. travel for UNV Volunteers and their family members). To incorporate an average of these allowances in the planning, the pro-forma costs for a one-year placement has been used.

UNV Pro forma costs as of 29 August 2008:

- 65,174 USD for a one-year placement
- 118,034 USD for a two-year placement
- 183,208 USD for a two-year placement plus one-year extension.

The pro forma costs are comprised of different in-country as well as security related costs as indicated in the table below.

TABLE 4: Breakdown of PRO FORMA Costs

Item	Percentage
Settling in grant*	16%
Volunteer Living Allowance	
Living Allowance	30%
Accommodation (Housing & Utilities)**	8%
Insurance	3%
Language training and orientation	1%
Sundry***	1%
External Cost (travel and resettlement)	7%
Residential security	34%

*Includes allowance for household items, furniture, transportation and temporary accommodation
 **This component will be adjusted in cases where accommodation is provided free of charge by the project, Government etc.
 ***Covers contribution to a central fund for medical and security evacuations and other miscellaneous in-country costs

TABLE 5: Results & Resources Framework

UNDAF Outcome: Improved and expanded equitable access to quality basic health, education and social welfare services for all									
JP Outputs	Participating UN organization-specific Outputs	Participating UN organization	Implementing Partner	Indicative activities for each Output	Resource allocation and indicative time frame*				Total
					Y1	Y2	Y3	Y4	
High quality medical care provided in the beneficiary health facilities over the project duration	<i>Demand-driven and decentralized public service delivery based on claim-holder aspirations and participation</i>	UNDP	MohSW	Deploy and support the living of UNV Medical doctors in different health facilities*2	64	43	2	2	111
				Orientate UNV Medical doctors	2	3	3	3	
				Provide specialized and general medical care*3	0	0	0	0	
				Organize dialogue to facilitate sharing of lessons and good practices	0	3	3	3	
Indicator: Number of UNV Medical doctors deployed		UNV							
Baseline: 0									
Target: 20									
Total: High quality medical care provided in the beneficiary health facilities over the project duration									
		WHO		Conduct on the job training*4	5	3	3	3	4,679
	<i>Demand-driven and decentralized public service delivery based on claim-holder aspirations and participation</i>	UNDP		Provide training sessions in other health facilities*3	0	0	0	0	15
		UNV							0
Total: Junior doctors and nursing personnel in the beneficiary health facilities given on the job training and supervision									
									15

- An Issue Log shall be activated in the MA management system and updated by the Project Manager to facilitate tracking and resolution of potential problems or requests for change.

- Based on the initial risk analysis, a risk log shall be activated in the MA management system and regularly updated by reviewing the external environment that may affect the project implementation.

- Based on the above information recorded in the MA management system, Project Progress Reports (PPR) shall be submitted by the Project Manager to the joint programme coordination mechanism, using the standard report format available.

- A project Lesson-learned log shall be activated and regularly updated to ensure on-going learning and adaptation within the organization, and to facilitate the preparation of the Lessons-learned Report at the end of the project.

- A Monitoring Schedule Plan shall be activated in the MA management system and updated to track key management actions/events.

Annually

- **Annual Review Report.** An Annual Review Report shall be prepared by the Project Manager and shared with the joint programme coordination mechanism. As minimum requirement, the Annual Review Report shall consist of the standard format for the QPR covering the whole year with updated information for each above element of the QPR as well as a summary of results achieved against pre-defined annual targets at the output level.

- **Annual Project Review.** Based on the above report, an annual project review shall be conducted during the fourth quarter of the year or soon after, to assess the performance of the project and appraise the Annual Work Plan (AWP) for the following year. In the last year, this review will be a final assessment. This review is driven by the joint programme coordination mechanism and may involve other stakeholders as required. It shall focus on the extent to which progress is being made towards outputs, and that these remain aligned to appropriate outcomes.

Mid-Term and Final Project Evaluation

Towards the end of 2010 and 2012, an evaluation will be conducted funded through the project. An international consultant will be engaged to assess the impact of the project and draw up Lessons Learned. The evaluation should be specifically focused towards determining the extent to which the national capacity is sufficient to continue to carry out the foreseen activities. If gaps exist, the evaluation should serve to indicate the required activities to ensure sustainable national capacity. This evaluation is critical to ensure that the exit strategy is viable and that national capacity is indeed built as one of the key results.

TABLE 6: Joint Programme Monitoring Framework (JPMF)

Expected Results (Outputs & Outcomes)	Indicators (with baselines & indicative timeframe)	Means of verification	Collection methods (with indicative time frame & frequency)	Responsibilities	Risks & assumptions
High quality medical care provided in the health beneficiary facilities over the project duration	Number of UNV Medical doctors deployed Baseline: 0 Target: 20	Review of administrative records UNV	Can be collected on a quarterly basis	UNV	Indicator is merely a proxy of the health services provided through the UNV Medical doctors, however it is a measurable indicator.
Junior doctors and nursing personnel in the beneficiary health facilities given on the job training and supervision	Indicators: Number of staff trained / supervised Baseline: 0 Target: 200	Review of administrative records of the health facilities (organizational charts, meeting minutes etc)	Can be collected on a quarterly basis from the different health facilities	MOHSW	Quantitatively supervision and training can easily be measured. However the quality of supervision and training is more difficult to measure.
Technical capacity of the disease control division strengthened to implement disease prevention and surveillance interventions	Indicators: Trained disease control staff Integrated response system Baseline: 48 staff, 1 system Target: 100 staff trained, 1 integrated system in place	Review of training attendance Technical review of system	Should be collected on a semi-annual basis	MOHSW	Capacity to use the integrated system is difficult to measure unless a simulation exercise is done through which users can qualify

Reporting

The MA will prepare and share narrative and financial reports in accordance with its policies and procedures and operational policy guidance for submission to the Joint Programme Coordination Mechanism. These reports will be developed by the responsible parties identified in the agreed management and coordination arrangements at the frequency described in the monitoring and evaluation section.

Audits

Consistent with current practice, audits of joint programmes will be conducted in accordance with the respective UN organisations' requirements. The audits conducted by the MA's internal and/or external auditors should be considered acceptable to all UN organisations contributing to the pool. As such, this joint programme will be audited through the internal UNDP audit mechanism and therefore, the budget includes costs estimates for annual audits.

Legal Context or Basis of Relationship

This project document shall be the instrument referred to as such in Article 1 of the SBA between the Government of Lesotho and UNDP, signed on 31st December 1974.

Consistent with Article III of the Standard Basic Assistance Agreement, 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.

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.

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 this agreement.

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.

Work Plans and Budgets (2009)

UN organization-specific Annual targets		UN organization	Activities	TIME FRAME				Implementing Partner	PLANNED BUDGET		
				Q1	Q2	Q3	Q4		Source of Funds	Budget Description	Amount
JP Outcome: Improved and expanded equitable access to quality basic health, education and social welfare services for all											
JP Output 1: High quality medical care provided in the beneficiary health facilities over the project duration (of UN organization 1)											
<i>Demand-driven and decentralized public service delivery based on claim-holder aspirations and participation</i> UNDP	WHO	Recruit UNV Medical doctors	X		X		MoHSW	TBC	Volunteer Living Allowance	758	
		Deploy and support the living of UNV doctors in different health facilities	X	X	X	X	MoHSW	TBC	Contractual Services	64	
		Orientate UNV Medical doctors	X		X		MoHSW	TBC	Training	2	
		Provide specialized and general medical care*3		X	X	X	MoHSW	TBC	NA	0	
<i>Demand-driven and decentralized public service delivery based on claim-holder aspirations and participation</i> UNV	UNV	Organize dialogue to facilitate sharing of lessons and good practices				X					
		JP Output 2: Junior doctors and nursing personnel in the beneficiary health facilities given on the job training and supervision (of UN organization 1)									
<i>Demand-driven and decentralized public service delivery based on claim-holder aspirations and participation</i> UNDP	WHO	Conduct on the job training		X	X	X	MoHSW	TBC	Training materials	5	
		Provide training sessions in other health facilities			X	X	MoHSW	NA	NA	0	
<i>Demand-driven and decentralized public service delivery based on claim-holder aspirations and participation</i> (of UN organization 3)		UNV									
Project annual audit (of UN organization 3)											
Total Planned Budget											
Includes both programme cost and indirect support cost										832	
Total WHO										832	
Total UNDP										832	
Total UNV											