



Project Title: *UNDP-Global Fund Programme Mission to Niue*

Project ID:
Award ID:

Member(s) of the Team Participated in the Visit:
*Sara Faletose SU'A; Programme Analyst
Pupaia Leung Wai; Finance/Admin Officer*

Monitoring Visit Start Date: 11th July, 2016
Monitoring Visit End Date: 15th July, 2016

Place(s) Visited:

- *Ministry of Finance and Economic Management*
 - *Development Coordination Division (DCD)*
 - *Finance Division*
- *Ministry of Health*
 - *Office of the Minister of Health*
 - *Office of the Secretary of Health*
 - *Office of the Director of Community Health Services*
 - *Public Health Division*
 - *Office of the National Focal Point for HIV/B*
- *Cook Islands Family Welfare + CKI Red Cross*

Approved Mission Itinerary:

*Depart Apia, 10/07/2016; Arrive Auck, 11/07/2016
Depart Auck 11/07/2016; Arrive CKI, 10/07/2016
Depart CKI, 15/07/2016; Arrive Auck, 16/07/2016
Depart Auck, 17/07/2016; Arrive Apia 17/07/2016*

Counterparts Discussed-with/Met :(In each location)

- *Ministry of Finance & Economic Management*
 - *Andreas – DCD Consultant*
 - *Sandrina – DCD Policy Analyst*
 - *Michelle P. Aisake – DCD Small Projects Unit*
- *Ministry of Health*
 - *Minister of Health – Hon. Nandi Glassie*
 - *Secretary of Health – Elizabeth Iro*
 - *Director of Community Health Services – Neti Herman*
 - *Public Health Staff & Community Health Nurses*
 - *Manager for Nutrition – Karen*
 - *Finance Officer – Mata*
 - *Manager for HR – Te Marama*
 - *National HIV/TB Coordinator – Edwina Tangaroa*
- *CKI Family Welfare*
 - *Executive Director – Rongo File*
 - *Board Member – Polly Tongia*
- *CKI Red Cross*
 - *Red Cross Senior Officer – Ms. Patience*

Objectives of the Mission :

- Establish face to face contacts with MOH counterparts.
- Discuss the operation arrangements with in country partners including Ministry of Finance understand the requirements and processes.
- Provide an overview of advance & acquittal process with UNDP – (FACE form processes).
- Review Cook Islands work plan and identify programming & reporting bottle necks and plan the required mitigation measures.

Planned Activities/Interventions during the mission:

Agenda Item	Date	Time	Organization / Individual	Comments
Courtesy visit & overview of mission Introduction to MOH relevant staff	11/07/16	AM	Director of Community Health Services Sara & Pupaia & Edwina	Introduction and purpose of mission
Meeting with MOH SR Focal Points & National HIV/TB Focal Coordinator	11/07/2016	Whole afternoon	• Edwina / Sara / Pupaia	Introduction & review of mission programme for any changes Go through SR work plan
Courtesy visit to Ministry of Foreign Affairs Meeting with MOH Finance key staff	12/07/16	TBC 2:30am	• Edwina / Sara / Pupaia	Power point presentation on GF program, country profile, finance requirements & issues / challenges
Meeting with Ministry of Finance & Economic Management	13/07/16	11am	• Sara / Pupaia/Edwina • Sandrina, Andreas, Michelle, Mariana	• Finance systems and processes • FACE Forms & signatories to FACE Forms • Project Document & work plan • Payments & Acquittals
Meeting with key health related NGOs Mission Debriefing	14/07/16	TBC 2:30pm	CKI Family Welfare + CKI Red Cross + Sara + Pupaia All stakeholders involved and met with	Informal discussion
Courtesy visit with Hon Minister of Health	15/07/2016	9am	Sara + Pupaia + Edwina	
Final discussions with Edwina + depart CKI	15/07/2016			

Description of Mission Conduct/ Main Findings (vis-à-vis the objectives /activities above):

Met with the Cook Islands National Coordinator for HIV/TB (Mrs. Edwina Tangaroa) on Sunday afternoon when we arrived CKI, and had a brief introduction as this is the first time for us to meet face to face. We had a brief discussions on the mission program re-confirming some of the appointments with stakeholders.

During our mission week:

- We were introduced to the Health Promotion Unit of the Ministry of Health CKI and briefly stated the purpose of our mission. Our courtesy visit to the Ministry of Foreign Affairs, Secretary of Health and Hon. Minister of Health on this first day was postponed due to their unavailability. However, we managed to meet with the MOH Director of

Community Health Services and she was delighted to meet with us and having explained the purpose of our mission. She stated that Edwina needed help from our PMU as she had only just started on this national coordination role in February this year, and that there was no proper handover from the former program coordinator. We touched base on the delay in implementation issue as well as the acquittals.

- The other half of day one was spent with Edwina; going through the whole program orientation as a refresher for her since the SR focal points training she attended in Nadi. We went through the country budget and detailed work plan with her and it was clear that there was a need to revise her work plan since not much implementation was done. There were also activities that needed deferment to Q3 & Q4; and the need to compile all supporting documents for acquittals.
- Day two we continued working with Edwina on her work plan. Pupaia at the same time started working with Mata their Finance Officer on the acquittals, and other finance matters. In the afternoon, we gathered all the finance team, we also invited the Director of Community Health Services, and Manager for Nutrition was also present; and Pupaia conducted her presentation on finance issues and challenges, using the same presentation prepared by the Finance team at our Suva Office. According to MOH Finance, they had raised it before with the Ministry of Finance the issue of having the FACE Forms prepared and signed off by them, however due to the existing arrangements with MOF, the MOH would prefer to maintain the current arrangement for MOH to prepare and sign off the FACE Forms and acquittals. From our discussions, it was clear that the Finance team did not have an updated copy of the work plan, they only have the country budget, and however they are not familiar with detailed work plan + budget. This was provided to them immediately. It was also clear from that discussion that both the coordinator and finance team needed to understand that the activities and budget allocations in the detailed work plan, needs to be reflected in the FACE Form when requesting for funds and during acquittals. At the end of our discussion MOH CKI through their finance team requested UNDP/GF for funding to pay for TB medical supplies that they had procured when their TB case was identified. Advice was sought from our Suva office and it was clear that the payment could not be covered by UNDP/GF due to the fact that the current grant resources covers only the second line drug resistant TB treatment, whereas the first line TB medications should be covered from the national resources.
- Our meeting with the Ministry of Finance & Economic Management (MFEM) was fruitful. We firstly met with Andreas, Sandrina and Michelle of the Development Coordination Division, MFEM. They admitted that their division is currently not at a solid stage to centralize all aid projects for proper coordination and facilitation of all financial arrangements and processes. They do not have a copy of the Project Document and signed Agreement between PR and SR, and they are not really familiar with the UNDP/GF Program in CKI.
- We met with MFEM Finance Division (Mariana) and she clearly explained to us that their MFEM is like a bank where funding would come in from UNDP/GF and enter into one combined account for all aid projects in MFEM, then once implementing agency is identified, they then disburse the funding to MOH account. We had identified that this was part of the cause for the delay in disbursement of funds to MOH, due to this current arrangement. Apparently, the MFEM Finance would not be able to identify which Organization or Ministry that the funding belongs to unless they are advised. The Finance Division also stated that they would prefer the MOH to handle the FACE Forms as all other Government Ministries are processing their own finances and accounts.
- We had an informal meeting with the CKI Family Welfare including a CKI Red Cross Rep. A number of issues and challenges raised by the two organizations were noted as follows (please see respond to these issues raised during our meeting):
 - MOH needs to at least consult with stakeholders that includes them, before country budgets and work plans are developed, in order to reflect a more coordinated and integrated approach for the health sector partners. *(Unfortunately this is the prerogative of the MOH, and we as a development partner can only provide recommendations. However, since this is an internal issue therefore, it should be taken up by them with MOH Management in their sectoral meetings).*
 - Work plan should be in line with national HIV and TB strategies, and the national health strategy *(this is our understanding and we had also cross checked the activities and they are in line with your national strategies, again we will only remind MOH as the SR to this program, to continue linking all these work plans to national strategies)*
 - If UNDP GF can provide for condom dispensers *(we will confirm from our procurement unit in Suva, but the request can also come through Edwina, and that the condom supplies by UNDP/GF only complements the normal supplies provided by UNFPA to countries).*
 - Can UNDP GF facilitate funding for technical assistance to amend the HIV legislation – it's a piece of work that the Family Welfare with support from the Hon. Minister of Health is taking up, but requires funding for TA (total of NZD\$10k to NZD\$15k) – *(again, we will confirm with our Program Manager and feedback on the request).*
 - Small Grants Program for NGOs/CSOs: *(we apologise for such inconvenience caused with the short period of time given to prepare for proposals, the deadline was extended twice based on approval from PIRCCM. We have taken note of all the issues raised and will report them to our Management for consideration. However, we encourage all health related NGOs who are involved in HIV activities and programs to apply for the next round of Small Grants in 2017).*
 - Template is too technical and consists of too many requirements from CSOs/NGOs

- There was not enough time given to them for preparations, given the many requirements for supporting documents.
 - Is there any opportunity to submit their proposal still? The proposal from CKI NGOs was conducted as a Joint Venture with the Family Welfare being the lead agency.
- Mission debriefing – please refer to our presentation conducted during our mission debriefing with all relevant stakeholders on the last day of our mission
- We were fortunate to have met with Madam Secretary of Health (Ms. Elizabeth Iro), and she was pleased to hear about our mission discussions with all relevant partners and also our debriefing. She apologized for not being able to make it to the debriefing due to her busy schedule and that she had just returned from Aitutaki that day.
- We were also very blessed to have met with the Hon. Minister of Health (Sir Nandi Glassie), and he was also delighted to hear about our mission findings. He assured his support for the UNDP/GF Program.

Specific Project Performance/Implementation Issues (including key challenges) :

- Delay in disbursement of funds from UNDP to MFEM and MFEM to MOH – also caused delays in implementation of activities. On the other hand, SR focal point should strengthen collaboration with internal and external partners in implementing the activities, because MOH cannot do this alone. This was evident with the national coordinator having to stall other activities due to her full time workload with the newly identified TB case in June.
- MFEM DCD and Finance Divisions are not copied with SR Agreement, Project Document, and SR work plan and country budget information for national level coordination, monitoring and reporting.
- SR work plan for 2016 needs to be implemented and acquitted up to 80% before requesting for another advance.
- SR voiced confusion with too many reporting templates, and that it is time consuming. They also voiced that UNDP should harmonize and integrate all the reporting templates that include – PUDR Excel templates + PUDR Word template + reporting templates for procurement from Pharm and Lab.
- There is a need to integrate HIV and TB activities with other activities such as TB/Diabetes, HIV/Nutrition, TB/HIV/Oral Health etc.
- Of the 5 remaining unimplemented activities in their work plan, 3 activities have been deferred to Q 3 and 2 for Q4. To date, CKI's acquittal has only reached 76%, excluding the 4% of committed expenses. The 4% committed expenses are 1. HIV/TB focal point salary for period of July 2016, the delay in providing the supporting documents is due to a quarterly reporting process between the two Ministries (MFEM and MOH) 2. HIV/TB television Advertisement for July 2016. The delay is due to a misplaced payment voucher.
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Recommendations/Follow-up Points and by whom:

Recommendations:

- ▶ Project Document + SR Country budget + detailed work plan should be submitted to MFEM DCD
- ▶ Updated SR detailed work plan + budget should be submitted to MOH Finance (Mata) - submitted
- ▶ SR detailed work plan/budget must be developed, revised and monitored by National HIV/TB Focal Point – working in collaboration with MOH Finance team to prepare & complete request for funds and acquittals through FACE Forms.
- ▶ SR request for funds must be in line with the country budget + detailed work plan
- ▶ Project document needs to be submitted by UNDP or MOH to MFEM DCD + they should be copied with all UNDP/GF programming + finance matters = for national reporting
- ▶ UNDP/GF supports the current / existing financial arrangement – all relevant partners (MOH + MFEM) should be informed when there is an advance disbursement.
- ▶ UNDP/GF encourage participating countries through SRs to:
 - ▶ Realize integration of not only TB/HIV activities but also integration with other areas such as TB/Diabetes, HIV/Nutrition, TB/Nutrition etc etc
 - ▶ Utilize / partnering with NGOs / CSOs in the implementation of activities in the current & future work plans
 - ▶ Prioritize 1-2 key activities to be implemented within the quarterly period to avoid having many unimplemented activities – taking into consideration local capacities in terms of manpower + workload.
- ▶ Encourage MOH as national focal point for HIV/TB to invite as many relevant NGOs/CSOs for the 2017 Small Grant Program
- ▶ Monthly inputs to the UNDP GF Communique

No.	Follow up Points	Timeframe	Responsibility
1.	CKI acquittals – Edwina’s salary payment that achieves the 80% acquittal	Ongoing until 80% acquittal is submitted	Pupaia
2.	PUDR reporting Jan-June 2016 + Pharm + Lab reports	Ongoing until submitted	Sara
3.	Send MFEM the Project Document + signed SR Agreement	asap	Sara
4.	Send Mata of MOH Finance the revised SR work plan	asap	Sara / Edwina
5.	Monthly inputs to Communique	Monthly basis	Sara / Edwina

Attachments/Annexes to this Report:

1. Pupaia’s presentation
2. Sara’s presentation

Meeting with Director Community Health Services

Meeting with Finance Unit MFEM



Health Promotion Unit



Meeting with Hon. Minister of Health



Meeting with DCD MFEM



Meeting with Secretary of Health



MOH Finance division



Queen Edwina

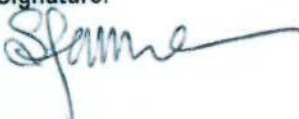





Mission debriefing with MOH & MFEM staff



Meeting with Family Welfare & Red Cross



Reported by: Sara Faletoese-SU'A (Programme Analyst) Pupaia Leung Wai (Admin/Finance Officer)	Signature:  25/07/2016  25/7/2016
Endorsement by Supervisor /Head of the Unit I have read this report (and its Appendices) and support its outcomes and conclusions including the action plan Signature...   Date... 29/8/16.....	

General Instructions:

1. The field monitoring report should be filled maximum one week following the mission
2. The filled field Monitoring Checklist is a mandatory attachment to every field monitoring report.
3. The PMU will archive both soft and hard copy versions of the final approved Field Monitoring Report.