

Health Sector Project/Programme Management Guidelines

Definitions:

- PM: Programme Manager. Person responsible for Project/Programme planning, implementation, monitoring (during and post project/programme) and post project/programme evaluation. Programme Manager (PM) is used inclusively for Programme Manager (PM), Programme Focal Point (FP), Programme Directors and Coordinators.
- PPD: Policy Planning Division
- MOH: Ministry of Health
- PS: Permanent Secretary
- DGHS: Director General for Health Services

1. Work plan Development

1.1. Work plan development will be lead by PPD

1.1.1.PPD will coordinate work plan development meetings with PMs, relevant department/division heads, and donors.

1.1.2.PPD will coordinate meetings with policy level to get endorsement for the activities proposed by the PM

1.1.3.PPD will share the endorsed work plan with PM Department/Division Heads, policy level of MoH and donor.

1.2. Target for completion of work plans for all UN agencies (except WHO) is mid January of each year.

* WHO will follow different schedule to other UN agencies (Annex I)

1.3. Coordinating section from PPD: Donor mobilization unit

1.4. Responsible staff from PPD:

1.4.1. Ms Shifza Mohamed, Senior Administrative Officer, (email: shif27@hotmail.com phone (ext) :152)

2. Roles and responsibilities of PM

2.1. All information related to WHO programmes can be found in ANNEX 1 of this document

2.2. After receiving signed work plan PMs must plan & start the implementation of respective programme/project

2.3. Copies of FACE forms, quarterly reports to donor and end of project reports must be shared with PPD (applicable for UNICEF and UNFPA projects)

2.4. Sending progress reports/updates to PPD monthly (WHO monthly update and OPP monthly update) or upon request from policy level or PO.

2.5. Prepare presentations/information for mid & end of year project review meetings organized by PPD

2.6. Present progress briefs at donor project review meetings and End of project review meetings.

- 2.7. All communication to donors regarding reprogramming, change in scope, new fund, consultancy or mission related to any projects/programmes via email or letter must be copied to PPD
- 2.8. PMs must appoint a secondary focal point and inform Projects Section/PPD before going on leave/official travel. PMs must ensure that the secondary focal point is appropriately briefed on the latest update and urgent pending work of project/programme
- 2.9. PMs will be appointed after consultation with DGHS/PS and relevant dept/div heads. PPD must be immediately informed after appointment or change of PMs.
- 2.10. Regarding reprogramming of the projects/programme refer to item 4 of this document.
- 2.11. For monitoring of project/programmes refer to item 3 of this document.
- 2.12. PM is responsible for project/programme planning, implementation, routine monitoring and post project/programme evaluation.

3. Project Monitoring

3.1. Monthly updates

3.1.1. Monitoring forms for Office of Programmes and Projects (OPP) (all project/programmes): Complete, updated monthly forms by each PM must be sent to PPD before 5th of each month (Instruction for completion of form in sheet 2 of monitoring form).

3.1.1.1. A reminder will be sent by PPD to PMs copied to relevant dept/div heads on 25th of each month

3.1.2. Programme updates (WHO programmes only): Excel sheet (**location: \\Files-mohf\working_files\PPD\Project information and monitoring\WHO programme updates**) must be updated before the 10th of each month with the **date of update stated in the top of the column.** (Please do not create extra files or rename files)

3.1.2.1. A reminder will be sent by PPD to all PMs copied to relevant dept/div heads on 1st of each month

3.2. One/Two days after the due date for sending project updates/reports PPD will send a list of all programmes and PMs who fail to send updates on time to DGHS copied to relevant dep/div heads

3.3. Midterm review of funds and end of year review will be coordinated by PPD

3.4. End of project review meetings (for specific donor related projects) will be coordinated by PPD as needed

3.5. If any major issues are identified then special project review meetings will be held to address the issues

3.6. Whenever additional project/programme related information is required by the President or Minister all PMs must provide required information upon request of PPD.

4. Reprogramming Activities and funds

4.1. Any reprogramming (funds and/or activity including specific amounts and activity/activities) must be done with initial approval by dept/div head

4.2. Reprogramming form (ANNEX II) must be completed and sent to PPD via email or memo.

- 4.3. PPD will prepare the reprogramming letter signed by DGHS or PS and send letter to donor within two days after receiving request from the PM. The letter will be copied to the PM requesting for reprogramming
- 4.4. If reprogramming is done for a new activity, then process of proposal submission must be done by the PM
- 4.5. All reprogramming requests must be discussed with the technical focal point for each program and communicated with dep/div heads
- 4.6. If policy level informs PPD of any reprogramming due to policy changes, PPD will inform respective PMs by email with details of reprogramming

5. Mission/Consultancies

- 5.1. If policy level participation is needed, all missions consultancies must be planned for dates senior team is available
- 5.2. PPD must be informed of all missions and consultancies by PMs
 - 5.2.1. Purpose of visit ,programme, planned dates and any documents and final report prepared by consultant and mission must be copied to PPD for records

6. Role and Responsibilities of PPD

- 6.1. Coordinate meetings upon the request of donors and MOH policy level with regards to projects/programme formulation, monitoring, donations and missions.
- 6.2. Coordinate work plan (project/programme) and new project document development work
- 6.3. Keep updated project/programme and PMs list for health sector
- 6.4. Process all reprogramming requests and send reprogramming letter to donors within two days of request by PMs
- 6.5. Maintain all reprogramming requests and letters for PPD records
- 6.6. Any changes in Financial Regulation will be communicated to PMs, dep/div heads and donors through PPD only
- 6.7. VC funding or additional funds or new projects received for programme/project to health sector must be communicated to and recorded by PPD
- 6.8. All information about consultancies/missions (Purpose of visit ,programme, planned dates and any documents and final report prepared by consultant) must be recorded by PPD
- 6.9. PPD must record any new donations, funds, project/programme for health sector through any donors or government funding

7. Roles and Responsibilities of Donors

- 7.1. Donors should coordinate the following tasks directly with PPD
 - 7.1.1. Project /Programme formulation (annual and bi- annual and etc)
 - 7.1.2. Inform PPD of new donations (eg: consumables, equipments, kits etc), new funds, new project/programme for health sector (refer to Annex III for donation related documents needed by MOH)
 - 7.1.3. Information regarding missions to health sector (programme, final reports)

- 7.2. Financial Regulation of the government must be followed by all donors. Any changes to Financial Regulation will be communicated to donors through PPD only
- 7.3. Reprogramming of activity, funds or scope, changes of project/programme (changes after project/programme/work plan previously recorded at PPD) will be informed to donors by official letter signed by DGHS/PS
- 7.4. Nominations for PMs or any changes in PM for any project/programme will be informed to donors by PPD only
- 7.5. Donors must participate in project/programme review and work plan formulation meetings and provide information on project/programme implementation upon request of PPD

8. Roles and Responsibilities of Department/Division head

- 8.1. Dept/Div heads must nominate a PM for each programme and inform PPD of the nominations
- 8.2. Dept/Div head must ensure that PMs submit complete handovers and assign a secondary focal point before going on leave/official travel
- 8.3. Dept/Div heads must review all proposals, reprogramming requests, FACE forms or other documents sent to donors by PMs
- 8.4. Ensure that completed and up to date monthly monitoring forms and mid/end of year monitoring forms are sent to PPD by all PMs from respective dept/div
- 8.5. Participate in and ensure participation of PMs at the mid, end of year and end of project review meetings and in donor project progress meetings
- 8.6. PPD must be informed of any new projects, programmes, new or additional funding (including government funding), changes in project/programme (reprogramming of activities/funds, scope changes etc), missions, consultancies, donations received to the dept by donors/external funding agencies (including other sector projects/programmes)

ANNEX 1

WHO programmes

1. WHO Programme

- 1.1. WHO Programme activities are implemented through the following mechanisms:
 - 1.1.1. Agreement for Performance of Work (APW)
 - 1.1.2. Direct Financial Cooperation (DFC)
 - 1.1.3. Fellowships (FEL)
 - 1.1.4. Supplies and Equipment (S&E)
 - 1.1.5. Technical Services Agreement (TSA)
 - 1.1.6. Short-term Consultant (STC)
- 1.2. PMs are required to submit detailed and complete activity proposals for activities already included in the endorsed work plan
- 1.3. Proposal must be sent in the prescribed format duly signed, stamped and addressed to WHO Representative (WR) with a covering letter from the Government. (draft proposal without covering letters will not be considered as final submission)
- 1.4. The budget estimates must be realistic and in local currency
- 1.5. PMs should not utilize unspent balance remaining from an approved activity for another activity
- 1.6. Unspent balance must be returned to WHO for re-utilization at the earliest and a new activity-proposal should be submitted (Deadline to send unspent balance is one month after completion of activity)
- 1.7. Inform WHO with justification if the dates of an activity specified in the proposal is changed
- 1.8. Financial support will not be extended to Contractual Partners who do not submit the technical report, statement of expenditure and/or unspent balance on or before the due dates prescribed in the agreement for completed activities
- 1.9. Request for technical support should be submitted 3 – 4 months before the planned date
- 1.10. Request for program change must be sent to WHO with justifications if an activity in the WHO programme cannot be implemented.
- 1.11. For implementation to be “complete”, three items need to be submitted to WHO within 90 days following completion of the activity
 - 1.11.1. Final Report
 - 1.11.2. Final Statement of Expenditure
 - 1.11.3. Unspent balance, (if any)
- 1.12. Any request regarding VC funding must be sent to WHO through PPD for activities that are not included in the work plan. For activities in the workplan, requests for VC funding must be sent by PMs and copied to PPD.
- 1.13. PPD will coordinate meetings upon the request of WHO
 - 1.13.1. Meeting of MoH Program Managers to discuss WHO Collaboration program –meeting to be arranged once Final work plan is endorsed. – During January

- 1.13.2. Review meeting with Program Managers and Focal Points on implementation of WHO collaboration programs for the biennium. – During March
- 1.13.3. Arrange Individual meetings with PM's to review the implementation of WHO program. – During March & July

2. FAF's timeline

- 2.1. FAFs must be submitted as soon as implementation of WHO programs starts
- 2.2. Lead time for FAF submission is 4 months
- 2.3. Bulk nominations for fellowships is encouraged
- 2.4. Participants must ensure they have health insurance
- 2.5. Complete contact details of fellows are required
- 2.6. Medical Certificate must include doctor's signature and stamp
- 2.7. For new participants supplier details must be provided at the earliest possible
- 2.8. Provide full contact details and valid passport copies when sending nominations
- 2.9. Fellowship Reports must be submitted to WHO within 90 days of completion of activity (fellowship termination studies report and utilization of fellows services report)

3. Study Tour

- 3.1. Study Tour Application Form must be submitted as soon as possible
- 3.2. Lead time for Study Tour Application Submission - 1- 3 months
- 3.3. For new participants, supplier details to be provided at the earliest possible

4. WHO work plan timeline

Activity	Target Date
Development of programme proposals	20 th March
Regional peer review of programme proposals	25 – 27 April
Finalization of programme proposals and submission	End of April
Global peer review of programme delivery proposals	First week of May
Submission of finalised country and Regional Office programme proposals	End of May
Development of programme proposals	20 th March
Regional peer review of programme proposals	25 – 27 April
Finalization of programme proposals and submission	End of April
Global peer review of programme delivery proposals	First week of May
Submission of finalised country and Regional Office programme proposals	End of May
Development of OSERs and submission to SEARO	Mid June

Approval of OSERs (offline)	1st week September
Identification of top tasks and lower tasks	June to mid September
Peer review of workplans	2nd week of September
Finalise of workplans (offline)	End of September
Submission and validation of workplans (online)	Mid October
Submission of final workplans	End of October

ANNEX II

Request for reprogramming of funds

Name of Project/Programme: _____

Donor: _____

Department/Division: _____

Specify changes to work plan/ project (with activity codes):

Justification for reprogramming:

Reprogramming for:

- new activity
- activity for which fund are insufficient

Name and signature of Programme Manager:

Name and signature of Programme Focal Point or Dept/Div head:

ANNEX III

New Donations

The following details must be submitted to PPD for all new donations

1. The following information must be provided to PPD before two weeks of receiving a new donation
 - a. package details (including list of contents with quantity)
 - b. invoice
 - c. airway bill/freight invoice
 - d. completed dangerous goods form with certificate of analysis if any dangerous goods in the package

2. After receiving donations
 - a. Administrative section or hospital/health facility must provide the distribution list to PPD. List must contain information of date, place and quantity of distribution.