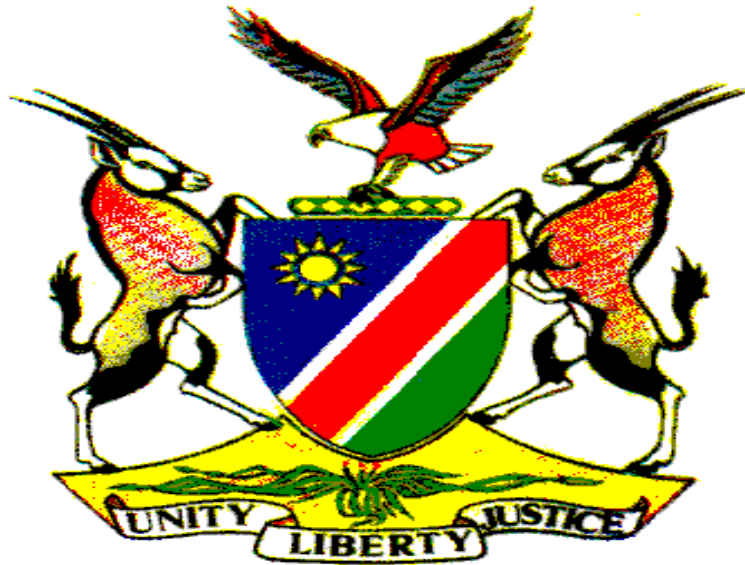


**GOVERNMENT OF THE REPUBLIC OF  
NAMIBIA**



**MINISTRY OF HEALTH AND SOCIAL  
SERVICES**

**Policy on Development Co-operation**

# MINISTRY OF HEALTH AND SOCIAL SERVICES

## Policy on Development Co-operation

**Directorate of Policy Planning and HRD**

**Division: Planning**

**Subdivision: Development Co-operation**

**P/Bag 13198**

**Windhoek**

**Republic of Namibia**

**Telephone: (061) 2032570/2908**

**Fax: (061) 227607**

**E-mail Website: <http://www.healthnet.grn>**

**Email: [doccentre@mhss.gov.na](mailto:doccentre@mhss.gov.na).....**

**Dates: (1) July 2001**

(2) (Sept 2001

(3) 11 June.2002

(4) 16 July 2002

(5) Nov 2002

(5) 18 July

(6) Aug 2003

(7) Dec 2003

(8)

(9)

(10)

*Dates when policy has been reviewed - Will change once policy is finalised*

**FOREWORD**

There is an increased demand in donor support to African countries including Namibia for the development of their health systems. However, most Development Partners retain significant policy leverage and strong financial stakes because of the vulnerability of such countries, which leads to problems in managing development projects. The absence of strong Government or Ministerial direction has had ? adverse consequences in some cases.

Major problems identified such as duplication and fragmentation of projects, tight conditionality and lack of standardised reporting mechanisms hinder the effectiveness and efficiency in the management and implementation of development projects/programmes.

This policy clarifies the goal of external assistance as a contribution to the development of the health and social welfare of the people of Namibia. It identifies the policy objectives and principles on which development cooperation should be co-ordinated and utilised, and further elaborates on strategies for achieving these objectives.

All development Partners, MOHSS officials, and all members concerned about this policy are called to ensure the implementation of this policy and to adhere to the content provided.

I hope that this policy will not only assist the MOHSS in managing aid effectively, but will also be helpful for other relevant ministries and institutions to effectively overcome inefficiencies in the deployment of aid.

This policy will be updated constantly to include new and important developments as they come up.

**DR LIBERTINE AMATHILA**  
**MINISTER FOR HEALTH AND SOCIAL SERVICES**

## **PREFACE**

External assistance has played an important role in the development of health and social services provided by the Republic of Namibia. The Ministry of Health and Social services has donor support to implement a number of development projects aimed at improving access and quality of care throughout the country.

The Ministry of Health and Social Services has taken significant strides in improving its managerial capacity for all aspects of its operation, which will be enhanced by restructuring and decentralisation. Development policies and strategies are clearly articulated and are implemented through a well-defined annual planning process within the National Development Plans. The ministry therefore has the capacity to take on a more strategic co-ordination role in the management of development assistance with less reliance on donor procedures and work practices.

This policy comes after a process of situation analysis, based on a questionnaire circulated to development partners in July 1998, and supporting discussion paper in 1999. It has also been prepared after further consultation on the discussion paper and development cooperation issues generally, which was held with a cross section of government officials at the ministry, directorate, regional and district levels, and development agencies and international NGOs.

This policy seeks to strengthen the mobilisation, management and integration of external aid resources to support the Ministry of Health and Social Services in achieving its development priorities and strategies. Policy principles and strategies are identified by which the utilisation of development assistance will be guided in the future, and an institutional framework for implementation is proposed.

This policy is the representation of inputs from various MOHSS officials. I thank them all for their commitment and enthusiasm, especially the Development Co-operation subdivision staff. In particular, I wish to thank the Health and Social Sector Support Programme (HSSSP II) Finland, for providing the ministry with consultants who rendered technical assistance in the development of this policy.

**DR KALUMBI SHANGULA**  
**PERMANENT SECRETARY**

## ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ARI	Acute Respiratory Infection
CDD	Control of Diarrhoeal Disease
DCU	Development Co-operation Subdivision
DFID UK	UK Department for International Development
DP	Development Partners
DPP & HRD	Directorate of Policy, Planning and Human Resource Development
DRT	Donor Round Table
EPI	Expanded Programme on Immunisation
EU	European Union
GRN	Government of the Republic of Namibia
GTZ	German Technical Cooperation
HIV	Human Immunodeficiency Virus
HSSSP2	Health and Social Sector Support Programme, Phase 2
IMCI	Integrated Management of Childhood Illnesses
KfW	Kreditanstalt für Wiederaufbau
MoF	Ministry of Finance
MoHSS	Ministry of Health and Social Services
NDP2	National Development Plan, 2
NGO	Non Governmental Organisation
NIHP	National Integrated Health Programme
NPC	National Planning Commission
PC/M	Project Coordinator / Manager
PHC	Primary Health Care
PMT	Project Management Team
SB	Supervisory Board
SC	Steering Committee
SWAp	Sector Wide Approach
TB	Tuberculosis
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations Children's Fund
WHO	World Health Organisation

## TABLE OF CONTENTS

FOREWORD		2
PREFACE		4
ACRONYMS		5
EXECUTIVE SUMMARY		7
1 INTRODUCTION		<b>Error! Bookmark not defined.</b>
2 SITUATION ANALYSIS		<b>Error! Bookmark not defined.</b>
2.1 Context (Conceptual background)		<b>Error! Bookmark not defined.</b>
2.2 Findings of situation analysis		<b>Error! Bookmark not defined.</b>
3 POLICY FRAMEWORK		<b>Error! Bookmark not defined.</b>
3.1 Policy Goal		<b>Error! Bookmark not defined.</b>
3.2 Policy principles		<b>Error! Bookmark not defined.</b>
3.3 Policy objectives		<b>Error! Bookmark not defined.</b>
3.4 Policy strategies		<b>Error! Bookmark not defined.</b>
4 INSTITUTIONAL FRAMEWORK FOR POLICY IMPLEMENTATION		<b>Error! Bookmark not defined.</b>
4.1 National planning process		<b>Error! Bookmark not defined.</b>
4.3 Project management structure		<b>Error! Bookmark not defined.</b>
4.4 Project Management Cycle		<b>Error! Bookmark not defined.</b>
4.5 Role of the Development Co-operation Unit		<b>Error! Bookmark not defined.</b>
4.6 Role of External agencies		<b>Error! Bookmark not defined.</b>
5 RESOURCE IMPLICATIONS		<b>Error! Bookmark not defined.</b>
6 KEY IMPLEMENTATION PHASES		<b>Error! Bookmark not defined.</b>
7 MONITORING AND EVALUATION		<b>Error! Bookmark not defined.</b>
Annex 1 Reference List and Bibliography		<b>Error! Bookmark not defined.</b>
Annex 2 Donor Round Table: revised Terms of Reference		<b>Error! Bookmark not defined.</b>
Annex 3 Annual planning and development cooperation management cycle		<b>Error! Bookmark not defined.</b>
Annex 4 Additional information on sector-wide approach		29

## EXECUTIVE SUMMARY

The goal of this policy on development cooperation is to strengthen the mobilisation, management and integration of external aid resources to support the Ministry of Health and Social Services in achieving its development priorities and strategies, as contained in NDP2, the Public Sector Investment Programme and supporting annual plans.

This policy paper outlines the approaches of the MoHSS to achieve this goal by establishing appropriate policy principles, recommending strategies, and detailing an improved institutional framework.

It is directed at the various Development Partners who provide assistance to the MoHSS, specifically bilateral and multilateral donors, UN agencies and international NGOs.

This policy comes after a process of situation analysis, based on a questionnaire circulated to development partners in July 1998, and supporting discussion paper in 1999. It has also been prepared after further consultation on the discussion paper and development cooperation issues generally, which was held with a cross section of government officials at the ministry, directorate, regional and district levels, and development agencies and international NGOs.

The policy is based on the principles for development cooperation as stated in NDP2, primarily:

- The importance of government development plans in directing external assistance.
- The value of a strategic dialogue with Development Partners at sector level.

The specific policy objectives for the implementation period are to:

- i. Ensure primacy of national health policies and plans and adherence thereof.
- ii. Ensure properly strengthened and developed capacity to undertake development initiative and to manage projects effectively and efficiently at all levels.
- iii. Harmonise development co-ordination mechanisms in place to streamline duplication and fragmentation of projects, and to direct external funding to close the resource gap in the ministry (local priorities)
- iv. Improved and well-established dialogue between donors/MoHSS leading to a more realistic and constructive co-ordination.
- v. Common financial arrangement, monitoring and evaluation mechanisms established to streamline multiplicity of project procedures and management in the ministry.

The main strategies and recommendations for upholding the principles are:

***(a) Ensuring the primacy of national health policies and plans by***

- Ensuring that all development assistance is focused on sector priorities.
- MoHSS initiating all programmes for funding.
- Encouraging all development partners to make funding commitments in line with the MoHSS annual planning and budgeting process.

***(b) Ensuring MoHSS has the capacity to manage projects effectively by:***

- Reviewing aid management procedures for efficiency and effectiveness, and developing a manual to ensure all participants understand their roles, responsibilities, and the procedures involved in accessing and deploying aid.
- Reducing the burden of numerous projects by standardising project management arrangements, combining projects management structures, and improving reporting by Development Partners to MoHSS.

***(c) Making donor co-ordination strategic by:***

- Highlighting all problematic areas as outlined in the essential indicators and in NDP2 (PSIP2) for priority funding and directing external assistance to address them
- Review, strengthen and give a more strategic focus to the overall project management structures in the MoHSS

***(d) Implications of decentralisation on the co-ordination of development assistance by:***

- Retaining MoHSS national level's role as co-ordinator between regions and Development Partners.
- Carrying out a review of procedures in order to improve flows of information and financing.
- Investigating the possibility of either using regionally based bank accounts more extensively, or channelling donor funds through the state

***(e) Considering the appropriateness and feasibility of a sector wide approach for development assistance co-ordination***

- The sector wide approach seeks to address problems of co-ordinating external assistance by facilitating the integration of external assistance within the government's planning and management systems.
- This means that instead of donors funding specific projects, they channel their money through government systems either through the ministry of *finance* or directly to the line ministry concerned.
- Governments and donors' work together on this to reduce the number of separate donor missions.

In support of these recommendations, the policy proposes a standardised project management structure for all projects implemented by Development Partners, based on a process of annual consultations, supervisory boards, and steering committees. These should be run in line with the national planning cycle in order to encourage integration with this process.