



NANASO TECHNICAL PRESENTATION ON GRANT IMPLEMENTATION

HIV/AIDS and TB Care
PR APPLICATION PROCESS/CAPACITY ASSESSMENT
25 June 2020

3 GOOD HEALTH
AND WELL-BEING



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NANASO's profile

- **Oldest organic network** for civil society organization started in 1991
- **Broad-based** community membership network
- Serving **diverse** interests
- Over years provided **conducive space** for civil society integration in GF grant implementation ensuring **inclusivity**
- **Unrivalled experience** in grant management
- **Prerequisite** understanding of Global Fund architecture
- **Sound working relations** with government
- Understanding of the **disease burden**
- Strong **advocate** for the removal of legal and structural human rights and gender barriers

5 Key principles of the allocation based funding model

Principles of the funding model

- **Impact:** Namibia presents a high disease burden and lowest ability to pay. As a country Namibia has retained focus on achieving UHC through optimized investment on key population and vulnerable populations
- **Predictable:** process and financing levels are predictable with an allocation which should yield high success rate of applications
- **Ambitious:** prioritize above allocation interventions to integrate into grant when additional internal or external sources of funding are identified. The identification of models such as social contracting hold great prospects for increased for front-loading investment to optimize results
- **Flexible:** in line with country schedules, context, and priorities, Namibia is on track aligning with NSF and disease context
- **Streamlined:** our grants are aligned to meet the needs the beneficiary populations in particular AGYW, KPs and vulnerable populations which include PLHIV, ALHIV, PWD



Efficient and effective grant implementation obligatory on;

- ☐ Oversight on grant implementation (Unique to grant)
- ☐ Aligned Performance Framework (Grant context)
- ☐ Effective SR management (Management of contracts, Communication, Support and Advocate for unique needs)
- ☐ Monitoring financial and programmatic performance (Verifications, Monthly reviews, Peer Reviews, benchmarking)
- ☐ Sound relationship with CCM (Improved communication)
- ☐ Sound relationship with GFCT (Regular communication and expeditious turn-around time)
- ☐ Adequate report and compliance with grant condition and contractual agreement (PUDR, Management Letters, Conditions)
- ☐ Swift disbursement of grants to SR (Swift turnaround on disbursement)
- ☐ Adequate financial controls systems (financial policies, financial systems, critical staff)
- ☐ Risk mitigation (Heat matrix/risk mitigation measures)
- ☐ Effective board oversight

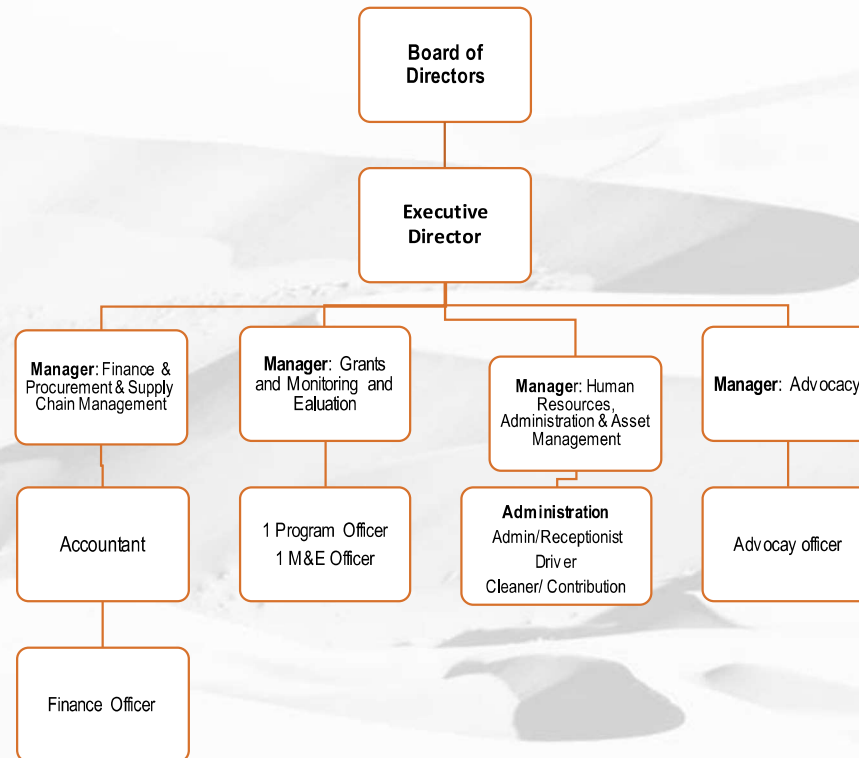


Areas to mitigate risks

1. Programmatic & Performance Risks	1. Financial & Fiduciary Risks	1. Health Services & Products Risks	1. Governance, Oversight & Management Risks
1.1 Limited program relevance	2.1 Low absorption or over commitment	3.1 Treatment Disruptions	4.1 Inadequate CCM Governance & Oversight
1.2 Inadequate M&E& Poor Data Quality	2.2 Poor financial efficiency	3.2 Substandard Quality of Health Products	4.2 Inadequate PR Governance & Oversight
1.3 Not Achieving Grant Output targets	2.3 Fraud, corruption, or Theft of Global Fund funds	3.3 Poor Quality of Health Services	4.3 Inadequate PR Reporting & Compliance
1.4 Not achieving program outcome and impact targets	2.4 Theft or diversion of non-financial assets	3.4 Inadequate Access and promotion of Equity & Human Rights	4.4 Inadequate Secretariat and LFA Management & Oversight
Poor aid effectiveness & Sustainability	2.5 Market and Macroeconomic losses		
	2.6 Poor financial reporting		



PR tailored Organogram 2021 -2023



Sustainability Strategy

- Strategic Plan 2018 -2022
- Sustainability plan 2019 -2022
- Social Contracting modeling/ pilot through GF Grants
- Resource mobilization
- Public Private Partnership



Discussions

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