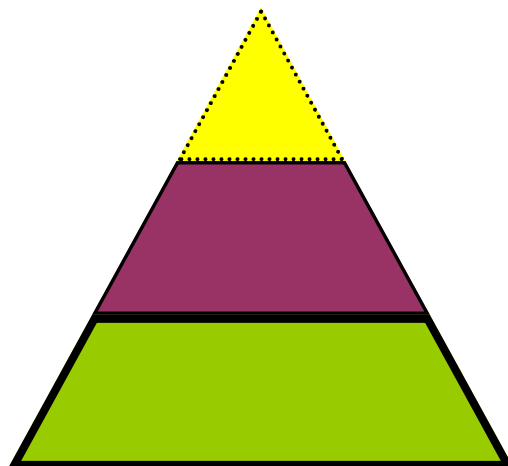




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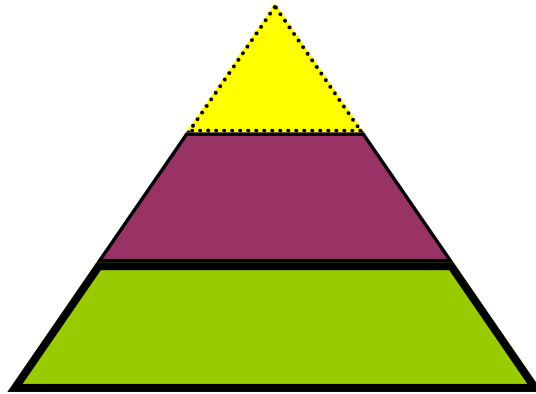
MINISTRY OF HEALTH AND SOCIAL SERVICES

STRATEGIC PLAN 2009 - 2013



February 2009

STRATEGIC PLAN 2009 - 2013



Ministry of Health and Social Services
Windhoek, Namibia

February 2009

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Foreword

I am honored to present the Ministry of Health and Social Services` Five –Year Strategic Plan (2009 – 2013) developed through teamwork and participation of all key stakeholders.

The Ministry` s Strategic Plan was preceded by the health and social services system review and subsequent consultative meetings with the Ministry Staff members across all levels and key stakeholders, who tirelessly identified and outlined critical strategic issues and challenges.

Overall, the Strategic Plan encompasses five broad strategic themes, which are Service Provision, Governance; Human Resource Management; Infrastructure Development and Management as well as Financial Management. These themes provide better understanding of the functionality and inter-relationship among different levels of the health and social welfare system. The Ministry of Health and Social Services is committed to improve internal coordination and synergy among the various programmes as well as with development partners in policy formulation and implementation.

In addition, there is a shortage of health professionals and such it poses a great challenge to effective service delivery, particularly in rural and remote areas. The Plan therefore makes provision for continued training and retraining of health professionals, as well as other innovative mechanisms such as introducing Task Shifting and creation of conducive environment to curb the devastating effects of the shortages of health professionals. The MoHSS will continue strengthening the capacity of hospital services, health centres and clinics level for improved access to health services.

This Strategic Plan chart clear, measurable and relevant activities towards the realization of the vision of the Ministry of Health and Social Services. The core values in achieving our vision are: confidentiality, empathy and caring, honesty, integrity and dignity, impartiality, professionalism and respect.

The Plan requires that hard work should be the cornerstone of our activities to increase our level of performance, efficiency and effectiveness. Hence, I urge all Government offices/Ministries/Agencies, private sector, development partners, Non – Governmental Organisations, Faith based Organisations, trade unions, academic institutions, Parastatals and communities to actively take part in all efforts which are geared towards the improvement of quality health and social welfare services in the public sector. It is high time for us to redouble our efforts in achieving the notion of “Health for All”.

DR. RICHARD NCHABI KAMWI
MINISTER OF HEALTH AND SOCIAL SERVICE

Preface

Namibia set an ambitious goal of becoming an industrialized state by 2030. This vision has set the tone for transformation to reach the desired state. As part of the transformation agenda in taking the country forward the Ministry of Health and Social Services has therefore concluded its strategic plan for the period 2009 – 2015.

The strategic plan has been developed and designed to assist the Ministry and its partners in defining and executing strategic objectives, policies and programmes to address the numerous challenges the Namibian health sector faces. These initiatives are aimed at reducing the nation's morbidity and mortality rate, increase life expectancy and improve health care delivery thereby transforming the country's health sector and contribute to the country achieve or better the aspirations of the NDPs, Vision 2030 and the Millennium Development goals. The strategic initiatives also aim to increase the Ministry's institutional and human capacity and to create a conducive environment for both staff and patients. Furthermore the plan articulates the Vision, Mission and Core Values.

The development of the strategic plan took on a broad consultation within the Ministry and the various stakeholders and embraces the challenges outlined by the health and social services sector review.

I am deeply honoured to have participated in this process and I am grateful to our Minister Dr. Richard Nchabi Kamwi and the Deputy Minister, Hon. Petrina Haingura for their vigorous leadership and inspirational vision demonstrated in the development of the Ministry's Five-Year Strategic Plan.

I wish to acknowledge the Office of the Prime Minister for providing overall management in the development of the strategic plan. The invaluable contribution of the consultancy firm Sperrgebiet Consulting Services is acknowledged with gratitude.

My sincere gratitude to the entire staff of the Ministry of Health and Social Services for their dedication, hard work and commitment of making the development of the Ministry's Strategic Plan a resounding success.

On behalf of the Ministry I thank all those who contributed their time, knowledge and money in the finalization of this endeavor. I wish to take this opportunity to encourage the staff members at all levels and our partners in embracing this strategic plan for us to attain the Vision and Mission we have set.

K.K. KAHUURE
PERMANENT SECRETARY

Abbreviations

BHAG	Big Hairy Audacious Goal
CBHC	Community Based Health Care
CDC	Centre for Disease Control
DF&L	Directorate of Finance and Logistics
DPHC	Directorate of Primary Health Care
DPP & HRD	Directorate of Policy Planning & Human Resource Development
DSP	Directorate of Special Programmes
ELCAP	Evangelical Lutheran Church Aids Programme
ERP	Equipment Replacement Plan
EU	European Union
FBO	Faith Based Organization
FDC	Funds Distribution Certificate
FINIDA	Finish International Development Agency
HIS	Health Information System
HIV/AIDS	Human Immune deficiency Virus/ Acquired Immune Deficiency Syndrome
ICT	Information Communication Technology
IFMS	Integrated Financial Management System
JICA	Japanese International Cooperation Agency
PLWHA	People Living with HIV/AIDS
MIS	Management Information System
OPM	Office of the Prime Minister
OPS	Office of the Permanent Secretary
MOHSS	Ministry of Health & Social Services
M&E	Monitoring & Evaluation
MME	Ministry of Mines& Energy
MRLGHRD	Ministry of Regional Local Government Housing & Regional Development
MOGECW	Ministry of Gender Equality and Child Welfare
MOD	Ministry of Defence
MOAWF	Ministry of Agriculture, Water and Forestry
MILSW	Ministry of Labour and Social Welfare
MOJ+AG	Ministry of Youth Sport Culture
MDSP	Minimum District Service Package
MOF	Ministry of Finance
MOU	Memorandum of Understanding
NAMBTBS	Namibia Blood Transfusion Service
NANASO	Namibia Network of AIDS Service Organization
NAPPA	Namibian Planned Parenthood Association
NBC	National Broadcasting Cooperation
NDP	National Development Plans
NID	National Immunization Day
NIP	Namibia Institute of Pathology
NPC	National Planning Commission
NFPDN	National Federation of People with Disability in Namibia
PEPFAR	Presidents Emergency Plan for AIDS Relief
PMS	Performance Management System
PPMS	Planned Preventative Maintenance System
SWOT	Strength Weakness Opportunity Threats
TB	Tuberculosis

UNICEF	United Nations Children Fund
UNFPA	United Nations Populations Fund
UN	United Nations
USAID	United States Agency for International Development
VSO	Voluntary Service Overseas
US	Under Secretary
WHO	World Health Organization

1. Executive Summary

The Ministry of Health and Social Services has as its mandate; the ***custodian of health and social services, the Ministry of Health and Social Services, has the mandate to oversee, provide and regulate public, private and non-governmental sectors in the provision of quality health and social services, ensuring equity, accessibility, affordability and sustainability.***

In this regard, it faces a daunting task of achieving this very important objective, especially in the face of challenges caused by one of the highest HIV/AIDS, TB and Malaria prevalence rates in the world, which has seen the country's life expectancy reducing from 60 in the early 1990s to 49 at present. These three diseases in particular have led to a greater deterioration in Namibia Human Development Index. The Ministry overall objective is to reverse these setbacks, and put the country on a sustainable and irreversible path of social and health well being, by reducing and eventually eliminating HIV/AIDS, TB and Malaria prevalence rates and other non-communicable diseases, through a well designed and excellently executed health care strategy.

The Ministry Strategic Plan developed during the past number of months is designed to assist the Ministry top Management team in defining and executing strategic objectives, policies and programmes to address the numerous challenges the Namibian Health Sector faces, and by doing so becoming the leading public provider of quality health and social welfare services in Africa by the year 2013.

This Strategic Plan is a medium term plan with a span of five years from the year 2009 to 2013.

The vision is:

“MoHSS ... The leading public provider of quality health and social welfare services in Africa”

The mission is:

“To provide an integrated, affordable, accessible, quality health and social welfare services that is responsive to the needs of the Namibian population.”

In providing these health and social services, the Ministry seeks to attain one overarching goal i.e. the Big Hairy Audacious Goal abbreviated '(BHAG)' which is:

Increase life expectancy from 49 years to 55 years by 2013.

In the execution of its duties and functions the Ministry of Health and Social Services has adopted the following core values are:

- *Confidentiality*
- *Empathy and Caring*
- *Honesty, Integrity and Dignity*
- *Impartiality*
- *Professionalism*
- *Respect*

The strategic issues facing the Ministry of Health and Social Services are grouped into five broad categories. The strategic themes form the underpinning context and underlying tapestry for the initiatives that will lead to the transformation of the Ministry of Health and Social Services into a world class organisation. The five themes are:

- *Service Provision*
- *Human resource management*
- *Infrastructure development and management*
- *Governance*
- *Financial management*

Over the next five years the Ministry of Health and Social Services will require about N\$ 7,960,209,988 (nearly eight billion) in order to execute the 83 initiatives in this Strategic Plan.

2. Plan Objective

This Strategic Plan articulates and sets out the key strategic objectives, activities and resources necessary to successfully effect the planned organizational transformation and to imbed the Balanced Scorecard as the tool of strategy implementation for transforming the Ministry of Health and Social Services into a leading public provider of quality health and social welfare services in Africa.

3. Linkage to High Level Initiatives

This Strategic Plan endeavors to align its strategies and activities to the national initiatives as embodied in

- Vision 2030 the
- NDPs,
- Swapo Manifesto and the
- Millenium Development Goal

The Strategic Plan is aligned to these high level national objectives thus not only ensuring synergy with other national initiatives but also fostering optimisation of Namibian resources engaged in the creation of a healthy and prosperous Namibia.

4. Core Values

Core values	What do we mean
Confidentiality	<ul style="list-style-type: none">• Obligated to keep patient's/client's information confidential and use it only for the purpose of treatment, unless legally obliged to do otherwise.• Do not divulge information relating to clients or the organisation to a third party without consent.
Empathy and Caring	<ul style="list-style-type: none">• Treating others as one wish to be treated.• Provide care and support to clients as though they are members of our own family.
Honesty, Integrity and Dignity	<ul style="list-style-type: none">• All patients/clients have the right to be treated with respect at all times; have their values, culture, religion, and dignity respected at all times; to be listened to, and to be heard; privacy during consultation, physical examination and treatment.• Be truthful to ourselves and to the public and steadfast adherence to a strict moral or ethical code.
Impartiality	<ul style="list-style-type: none">• To treat all clients and colleague equally irrespective of their status, religion, political belief, race, colour, gender and sexuality.
Professionalism	<ul style="list-style-type: none">• Conducting oneself according to the ethics of ones profession.• Abide by the set code of conduct for specific professions.
Respect	<ul style="list-style-type: none">• Show deferential regard for our clients and colleagues and self esteem.

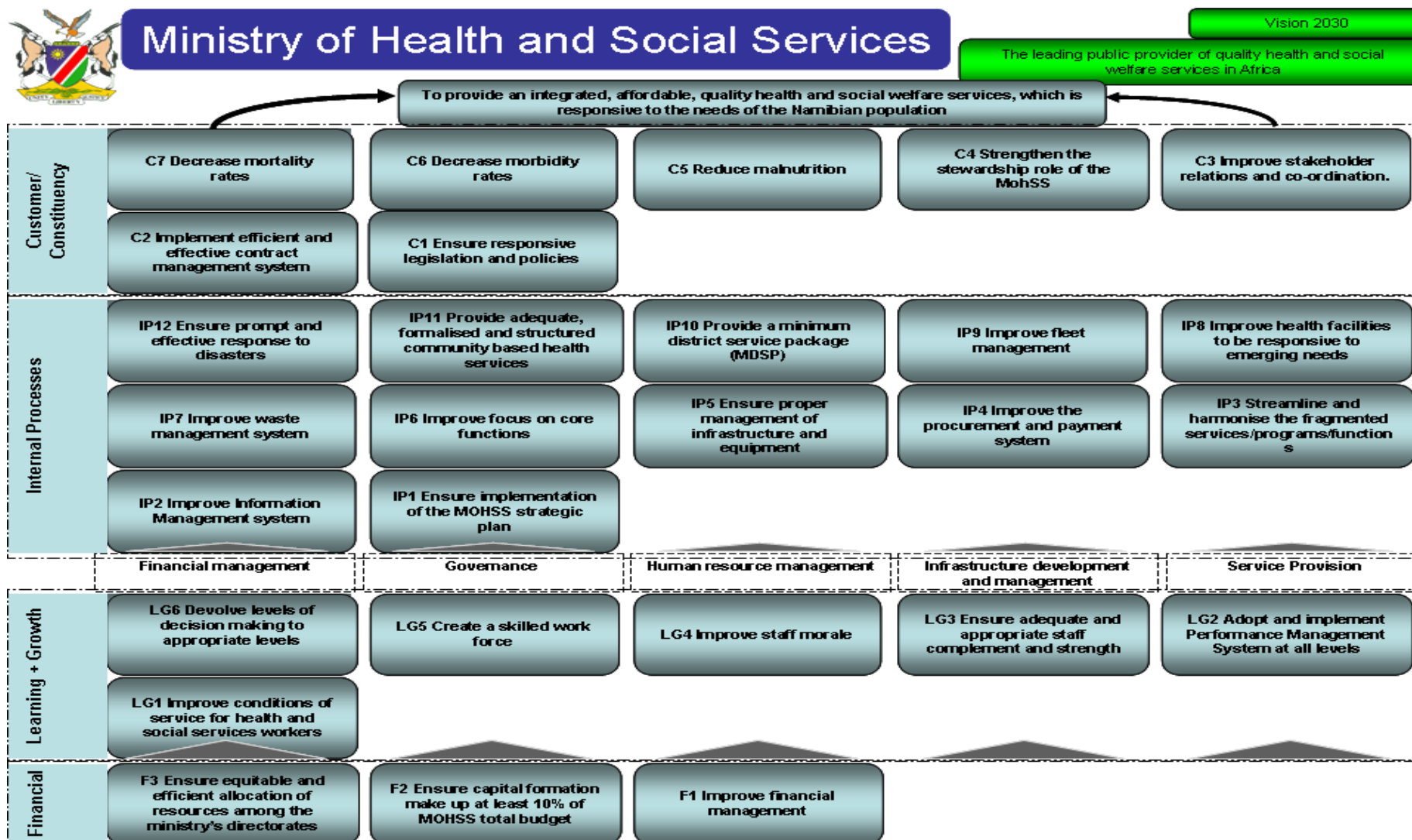
5. Strategic themes

Strategy	What do we mean
Service Provision	The Ministry seeks to focus on core functions, streamline the fragmented services/ programmes/ functions, improve waste management, improve fleet management, improve performance management procedures and systems and other service delivery instruments.
Human resource management	Recruitment, remuneration and retention policies and strategies will be reviewed and upgraded, decision making will be devolved to appropriate levels and staff shortages will be vigorously addressed.
Infrastructure development and management	The minimum District Service Packages will be defined, sufficient extension of health services at community level will be implemented. Adequate development and maintenance strategies for health facilities will be effected and the often unnecessary and expensive referral system will be optimised.
Governance	Adress problems of inadequate/inappropriate information and communication technologies co-ordination, delayed payment of suppliers, poor record keeping, poor communication and co-ordination, bureaucracy, outdated legislation, policies, guidelines and a lack of a well defined Strategic Plan
Financial management	To redress the problem of inequitable distribution of resources, inadequate resource allocation criteria, the need to mobilize more financial resources, and the need to improve financial governance.

6. Strategic themes and objectives

Strategic themes	Objectives
Financial management	<ul style="list-style-type: none"> • Improve financial management • Ensure capital formation make up at least 10% of MOHSS total budget • Ensure equitable and efficient allocation of resources among the ministry's directorates
Governance	<ul style="list-style-type: none"> • Ensure responsive legislation and policies • Implement efficient and effective contract management system • Strengthen the stewardship role of the MoHSS • Ensure implementation of the MOHSS Strategic Plan • Improve Information Management system • Improve the procurement and payment system
Human resource management	<ul style="list-style-type: none"> • Improve conditions of service for health and social services workers • Ensure adequate and appropriate staff complement and strength • Improve staff morale • Create a skilled work force • Devolve levels of decision making to appropriate levels
Infrastructure development and management	<ul style="list-style-type: none"> • Ensure proper management of infrastructure and equipment • Improve health facilities to be responsive to emerging needs • Provide a minimum district service package (MDSP)
Service Provision	<ul style="list-style-type: none"> • Improve stakeholder relations and co-ordination. • Reduce malnutrition • Decrease morbidity rates • Decrease mortality rates • Streamline and harmonise the fragmented services/programs/functions • Improve focus on core functions • Improve waste management system • Improve fleet management • Provide adequate, formalised and structured community based health services • Ensure prompt and effective response to disasters • Adopt and implement Performance Management System at all levels

7. Strategy Map



8. MoHSS Corporate Scorecard

MoHSS											
PERSP	OBJECTIVE	MEASURE	BASE	YR09	YR10	YR11	YR12	YR13	INITIATIVE	RESP UNIT	COST
Customer / Constituency	Ensure responsive legislation and policies	Number of legislation and policies developed in response to the strategic plan.	0	3	4	2	-	-	Build capacity of Managers in Policy Analysis	HRD	N\$ 400,000
		Percentage of legislation and policies updated	0	25%	50%	75%	100%	100%	Develop, Review, update and disseminate legislation, policies and guidelines and monitor policy usage/adherence	OPS	N\$ 1,500,000
	Implement efficient and effective contract management system	Percent contracts implemented in line with service agreement	10%	30%	50%	100%	100%	100%	Review and improve the contract management system	DF&L	N\$ 500,000
		Number of managers trained in Contract management.(cumulative)	0	50	100	150	200	250	Plan and train managers in contract management contract	DF&L	N\$ 500 000

MoHSS											
PERSP	OBJECTIVE	MEASURE	BASE	YR09	YR10	YR11	YR12	YR13	INITIATIVE	RESP UNIT	COST
Customer / Constituency Contd.	Improve stakeholder relations and co-ordination.	Number of stakeholders/clients meetings held and minuted over number planned	1	2	2	2	2	2	Establish a National Health Assembly and convene annual meetings	OPS	N\$ 2,000,000
		Number of Satisfaction surveys conducted out Number planned	1	1	1	1	1	1	Hold bi-annual partner coordination meetings	OPS	N\$ 500,000
		Percent satisfaction of Stakeholders	60%	65%	70%	80%	90%	100%	Undertake annual satisfaction surveys	DPP & HRD	N\$ 2,000,000
	Strengthen the stewardship role of the MohSS	Percentage of partners plans aligned to National Health Strategic Plan	0%	50%	80%	80%	100%	100%	Undertake joint planning with partners	OPS	N\$ 500 000

MoHSS											
PERSP	OBJECTIVE	MEASURE	BASE	YR09	YR10	YR11	YR12	YR13	INITIATIVE	RESP UNIT	COST
Customer / Constituency Contd.	Strengthen the stewardship role of the MohSS	Percentage of managers trained in leadership (cumulative)	0%	50%	70%	80%	90%	100%	Capacity building of managers	OPS	N\$ 2,000 000
	Reduce malnutrition	Rate of underweight (under 5 years)	16%	12%	8%	6%	3%	1%	Promote good child caring practices in households and healthy lifestyles	Director PHC, SWS	N\$ 65,000,000
		Stunting rate (under five)	30%	28%	26%	25%	20%	15%		Director PHC, SWS	
		Rate of obesity (under five)	X	25%	20%	15%	10%	5%		Director PHC, SWS	

MoHSS											
PERSP	OBJECTIVE	MEASURE	BASE	YR09	YR10	YR11	YR12	YR13	INITIATIVE	RESP UNIT	COST
Customer / Constituency Contd.	Decrease morbidity rates	Prevalence rate of HIV / AIDS (no national data, base=pregnant women)	19.90%	19%	18%	16%	14%	12%	Strengthen and expand prevention and treatment measures for HIV/AIDS, TB and malaria (Malaria)	DSP	N\$ 100,000,000
									Strengthen and expand prevention and treatment measures for HIV/AIDS, TB and malaria (HIV/AIDS)	DSP	N\$ 1,400,000,000
									Strengthen and expand prevention and treatment measures for HIV/AIDS, TB and malaria	DSP	N\$ 472,000,000

									(TB)		
Customer / Constituency Contd.		Proportion of eligible PLWHA accessing Art's	70% (47943)	75%	80%	85%	90%	95%	Strengthen and expand prevention and treatment measures for HIV/AIDS, TB and malaria (HIV/AIDS)	DSP	

MoHSS											
PERSP	OBJECTIVE	MEASURE	BASE	YR09	YR10	YR11	YR12	YR13	INITIATIVE	RESP UNIT	COST
Customer / Constituency Contd	Decrease morbidity rates	Malaria incidence rate.	90/1000	80/1000	70/1000	50/1000	30/1000	10/1000	Accelerate and scale up high impact child survival interventions in an integrated manner	DSP	
		TB notification Rate	722/100 000 pop	450/100 000	300/100 000	150/100 000	100/100 000	80/100 000		DSP	
		DPT3 coverage rate	80%	85%	90%	93%	95%	100%		DPHC	N\$ 500,000,000
		Diarrhea incidences reported (in under fives)	286/1000	270/1000	250/1000	200/1000	150/1000	100/1000	Implement a massive National Hygiene and sanitation campaign	DPHC	N\$ 5,000,000

MoHSS											
PERSP	OBJECTIVE	MEASURE	BASE	YR09	YR10	YR11	YR12	YR13	INITIATIVE	RESP UNIT	COST
Customer / Constituency Contd.	Decrease morbidity rates	Incidence of non- communicable diseases	2% (Diabetes)	1.7%	1.4%	1.1%	0.8%	0.5%	Accelerate public education and awareness on prevention, early detection and treatment of communicable and non- communicable diseases	DPHC	N\$ 200,000,000
			1% (Hypertension)	0.9%	0.8%	0.7%	0.6%	0.5%			
			1% (Asthma)	0.9%	0.8%	0.7%	0.6%	0.5%			
	Decrease mortality rates	Percentage of people reported dying from AIDS/TB /Malaria	20% (AIDS)	19%	18%	15%	13%	10%	Introduce legislation for notification of maternal deaths	OPS	
			11.7% (TB)	10%	9%	8%	6%	4%		OPS	
			9% malaria	8%	8%	7%	6%	5%		OPS	

MoHSS											
PERSP	OBJECTIVE	MEASURE	BASE	YR09	YR10	YR11	YR12	YR13	INITIATIVE	RESP UNIT	COST
Customer / Constituency Contd	Decrease mortality rates	TB treatment Success Rate	75%	76%	78%	80%	82%	95%	Finalize and implement the referral policy	OPS	
		Maternal Mortality Rate	449/100 000	325/100 000	275/100 00	200/100 000	150/100 000	100/100 000	Roll out the implementation of the maternal and newborn roadmap in all districts	PHC	N\$ 1,500,000,000
		Infant Mortality Rate	45/1000 L/B	40/1000	38/1000	35/1000	32/1000	20/1000	Strengthen district hospitals and selected health centres to provide EmOC and surgical services	PHC	
		Neo Natal Mortality Rate	24/1000	23/1000	22/1000	20/1000	19/1000	15/1000	Finalize and implement standard treatment guidelines.	US HSWP	N\$ 2,500,000

MoHSS											
PERSP	OBJECTIVE	MEASURE	BASE	YR09	YR10	YR11	YR12	YR13	INITIATIVE	RESP UNIT	COST
Customer / Constituency	Decrease mortality rates								Establish a national inter-sectoral Task Force on Infant and Maternal Mortality reduction		N\$ 100 000
Internal Processes	Ensure implementation of the MOHSS strategic plan	% of institutions with management plans	0%	100%	100%	100%	100%	100%	Execute the strategic plan	PS	N\$ 500,000
	Ensure implementation of the MOHSS strategic plan	% of directorates with Balance score cards,	0%	100%	100%	100%	100%	100%	(cascade scorecards, develop visual factories and implement PDRs)	PS	
	Improve Information Management system	Functioning integrated management information systems in place	0%	33%	66%	99%	100%	100%	Establishment of integrated MIS	US Department PDRM	N\$ 10,000,000

MoHSS											
PERSP	OBJECTIVE	MEASURE	BASE	YR09	YR10	YR11	YR12	YR13	INITIATIVE	RESP UNIT	COST
Internal Processes Contd.	Streamline and harmonise the fragmented services/programs/functions	% of fragmented services / programmes harmonized under one department/directorate	70%	70%	100%	100%	100%	100%	Align fragmented functions under relevant directorate/division within the ministry.	Office of the DPS	N\$ 100,000
		% of fragmented services / programmes harmonized under one ministry	70%	70%	100%	100%	100%	100%	Recommend harmonisation of fragmented social services under one ministry.	PS	N\$ 20,000
	Improve the procurement and payment system	Percentage of institutions with functional IFMS	4%	41%	87%	100%	100%	100%	Rollout IFMS to regions and districts	U.S.	N\$ 6,000,000
		Percentage of payments made within defined timeframe	70%	90%	100%	100%	100%	100%	Train staff on IFMS	OPS	N\$ -

MoHSS											
PERSP	OBJECTIVE	MEASURE	BASE	YR09	YR10	YR11	YR12	YR13	INITIATIVE	RESP UNIT	COST
Internal Processes Contd.	Improve the procurement and payment system	Percentages of procurements made within defined timeframe	30	50%	60%	70%	100%	100%	Re-activate and strengthen the efficiency committee and institute regular scheduled committee meetings	OPS	N\$ -
	Ensure proper management of infrastructure and equipment	Percentage of PPM performed	0	50%	100%	100%	100%	100%	Develop & implement the Planned Preventive Maintenance system (PPMS)	US DPRM	N\$ 200,000
		Percentage of reported breakdowns	X	10%	0%	0%	0%	0%	Develop & implement equipment replacement plan (ERP)	US DPRM	N\$ 250,000
		Percentage of equipment outside their life cycle	54%	30%	25%	15%	0%	0%	Enforce strict adherence to guidelines for donated equipment	US DPRM	N\$ -

MoHSS											
PERSP	OBJECTIVE	MEASURE	BASE	YR09	YR10	YR11	YR12	YR13	INITIATIVE	RESP UNIT	COST
Internal Processes Contd	Ensure proper management of infrastructure and equipment	Down time	x	2 days	2days	2 days	2days	2 days		US DPRM	
	Improve focus on core functions	% of non-core functions out-sourced	29% (SS, CS)	50%	100%	100%	100%	100%	Outsource non-core functions(incinerators, cleaning, laundry, waste management, nurses home)	PS	N\$ 100,000
		% of SLAs to manage out-sourced functions	0%	50%	100%	100%	100%	100%		PS	
	Improve waste management system	% institutions with functional incinerators meeting required standards	57%	70%	100%	100%	100%	100%	Acquire standardised incinerators	US PDRM	N\$ 23,000,000

MoHSS											
PERSP	OBJECTIVE	MEASURE	BASE	YR09	YR10	YR11	YR12	YR13	INITIATIVE	RESP UNIT	COST
Internal Processes Contd	Improve waste management system	% of waste disposal violations	43%	30%	0%	0%	0%	0%	See above for outsourcing	US PDRM	
	Improve health facilities to be responsive to emerging needs	Percentage of health facilities constructed and upgraded according to revised standards	0	100%	100%	100%	100%	100%	Revise, Develop Standards and Norms for upgrading and construction of facilities	OPS	N\$ 150,000
									Ensure equity in establishment of new health facilities		
	Improve fleet management	% of fleet in good running condition	70%	80%	90%	100%	100%	100%	Fleet Replacement & maintenance plan in place	Directorate Finance and Logistics	N\$ 150,000

MoHSS											
PERSP	OBJECTIVE	MEASURE	BASE	YR09	YR10	YR11	YR12	YR13	INITIATIVE	RESP UNIT	COST
Internal Processes Contd	Improve fleet management								Implement a fleet management system	Directorate Finance and Logistics	N\$ 1,000,000
	Provide a minimum district service package (MDSP)	Percentage of districts adhering MDSP	0%	10%	40%	70%	90%	100%	Development /implementation of MDSP(Policies/guidelines revised; physical structure adaptation; Equipment procurement and installation)	OPS	N\$ 2,000,000,000
		Percentage of rural districts adhering to MDSP	0%	10%	40%	70%	90%	100%	Training, recruitment & deployment of relevant staff	US DPRM	N\$ 510,000,000
		Percentage of inappropriate referrals	X	80%	60%	40%	20%	10%	Undertake base line study	1. Director Policy Planning & HRD	N\$ 210,000

MoHSS											
PERSP	OBJECTIVE	MEASURE	BASE	YR09	YR10	YR11	YR12	YR13	INITIATIVE	RESP UNIT	COST
Internal Processes Contd	Provide adequate, formalised and structured community based health services	Percentage of districts with fully functional formalised and structured health service at community level	0%	5%	15%	30%	60%	70%	Development /implementation of a formalised and structured Community Based Health Service	1. Director PHC	N\$ 200,000,000
		Percentage of districts adopting CBH package	0	30%	50%	100%	100%	100%	Training, recruitment & deployment of CBHC staff (see Ouagadougou Declaration)	1. Director PHC	N\$ 780,000,000
		Percentage of community health workers on the establishment with requisite training	0	0	50%	100%	100%	100%	Mobilize resources for CBHC activities	OPS	N\$ -
									Advocate for the implementation of the decentralization of PHC services to regional councils and local authorities	OPS	N\$ 2,000,000

MoHSS											
PERSP	OBJECTIVE	MEASURE	BASE	YR09	YR10	YR11	YR12	YR13	INITIATIVE	RESP UNIT	COST
Internal Processes Contd	Provide adequate, formalised and structured community based health services								Establish a monitoring system for CBHCS	PHC	N\$ 500,000
	Ensure prompt and effective response to disasters	Emergency and disaster preparedness management plan in place	100%	100%	100%	100%	100%	100%	Reactivate emergency and disaster preparedness committee.	PS	N\$ 35,000
		% of regions with emergency Committees	100%	100%	100%	100%	100%	100%		PS	
		% of Simulation sessions conducted	20%	50%	100%	100%	100%	100%		PS	

MoHSS											
PERSP	OBJECTIVE	MEASURE	BASE	YR09	YR10	YR11	YR12	YR13	INITIATIVE	RESP UNIT	COST
Learning and Growth	Improve conditions of service for health and social services workers	Staff turnover rate of key health professionals.	5%	4%	3%	2%	2%	2%	Review the conditions of service & recommend to OPM	HRM	N\$ 225,850
		Reduce Staff turnover rate among support staff.	(6%)	5%	4%	3%	2%	2%	Review the conditions of service & recommend to OPM	HRM	
		Percentage of conditions of service improved	0%	20%	40%	60%	80%	100%	Review the conditions of service & recommend to OPM	HRM	
	Adopt and implement Performance Management System at all levels	Percentage of eligible staff members successfully trained in PMS	0.10%	20%	35%	65%	85%	100%	Adoption of PMS at all levels.	HRD	N\$ 5,200,000

MoHSS											
PERSP	OBJECTIVE	MEASURE	BASE	YR09	YR10	YR11	YR12	YR13	INITIATIVE	RESP UNIT	COST
Learning and Growth Contd.	Adopt and implement Performance Management System at all levels	Percentage of Directorates implementing PMS at all levels	0%	0%	50%	100%	100%	100%	Train staff members on PMS	HRD	
									(Simplification, adaptation of the training materials and training of TOT)	HRD	N\$ 200,000
									Cascading the training to other levels	HRD	
									Institutionalise PMS at all levels)	HRD	N\$ 5,700,000

MoHSS											
PERSP	OBJECTIVE	MEASURE	BASE	YR09	YR10	YR11	YR12	YR13	INITIATIVE	RESP UNIT	COST
Learning and Growth	Ensure adequate and appropriate staff complement and strength	Existence of an organisational structure aligned to strategy	0	50%	100%	100%	100%	100%	Review the staff establishment & recommend to OPM	OPS	N\$ 1,000,000
		Complement versus strength	74%	96%	97%	98%	98%	98%		OPS	
	Improve staff morale	Employee satisfaction rating	?45%	65%	75%	85%	95%	98%	Improve sharing information among the staff members (Internal newsletter)		
		Reduced staff turnover	5%	4%	3%	2%	2%	2%		OPS	N\$ 1,000,000

MoHSS											
PERSP	OBJECTIVE	MEASURE	BASE	YR09	YR10	YR11	YR12	YR13	INITIATIVE	RESP UNIT	COST
Learning and Growth	Improve staff morale	Percentage Reduction of industrial conflicts	2%	1%	1%	1%	0.50%	0.50%	Establish Award recognition system	OPS	N\$ 250,000
		Reduction in absenteeism	?(10%)	8%	6%	4%	2%	2%	Creation of conducive working environment for positive change (construction, renovations of buildings, nurses homes etc)	OPS	N\$ 150,000,000
	Create a skilled work force	Percentage of Staff trained in relevant disciplines.	74%	80%	85%	90%	95%	95%	Skill needs assessment.	HRD	N\$ 113,250
									Determine/Develop training programmes	HRD	N\$ 140,000

MoHSS											
PERSP	OBJECTIVE	MEASURE	BASE	YR09	YR10	YR11	YR12	YR13	INITIATIVE	RESP UNIT	COST
Learning and Growth Contd	Create a skilled work force								Continued professional development.	HRD	N\$ 70,000
	Devolve levels of decision making to appropriate levels	Percentage of decisions devolved to appropriate levels		0%	50%	100%	100%	100%	Review policies on power delegation(determine who signs what at what level)	Policy Planning	N\$ 125,000
		Time taken to respond to issues	6mths	5 days	5 days	5 days	5 days	5 days	Supervisory training programme for all supervisors	Policy Planning	N\$ 5,200,000
Financial	Improve financial management	% of institutions/FDC holders connected to IFMS and utilizing the system (total = 24 institutions)	4%	41%	87%	100%	100%	100%	Implementation of a proper management accounting systems at all levels(acquisition of computers, Training of staff, establishing Networks-LAN WAN) Equipment	US DPRM	N\$ 3,200,888

MoHSS											
PERSP	OBJECTIVE	MEASURE	BASE	YR09	YR10	YR11	YR12	YR13	INITIATIVE	RESP UNIT	COST
Financial	Improve financial management	AG report rating	x	Green	Green	Green	Green	Green		US DPRM	
		Internal Audit rating	x	Green	Green	Green	Green	Green		US DPRM	
		% variance from budget	-1.80%	0.50%	0.02%	0.02%	0.02%	0.02%		US DPRM	
	Ensure capital formation make up at least 10% of MOHSS total budget	% of the Ministry's total budget allocated for capital formation	6.00%	6.50%	7.00%	8.00%	9.00%	10%	Increase funding from 11% to 15% (Abuja declaration)	PS	N\$ 20,000

MoHSS											
PERSP	OBJECTIVE	MEASURE	BASE	YR09	YR10	YR11	YR12	YR13	INITIATIVE	RESP UNIT	COST
Financial Contd	Ensure equitable and efficient allocation of resources among the ministry's directorates	Existence of allocation criteria	0%	50%	100%	100%	100%	100%	Introduce criteria for resource allocation	PS	N\$ 50,000
		Adherence to allocation criteria	0%	0%	100%	100%	100%	100%		PS	

Annexure 1: SWOT Analysis/Situation Analysis

An assessment of the Ministry's present capabilities (situational analysis) resulted in a focused understanding of exactly how to go about achieving the Ministry's BHAG in the next five years. The situational Analysis of the Ministry reveals several issues which this Strategic Plan addresses.

Strengths

On the positive side, there is self evident proof of strong commitment from the Ministry to provide efficient and effective health services to nation. The Ministry has a well defined philosophy and equally well defined values and ethics. The Ministry has clearly defined policies and guidelines even though these are in need of update and modernisation. Other strengths include Existence of training institutions for health workers, reasonable Infrastructure, access to ICT (MIS, HIS, M&E – Electronic databases), availability of resources and committed leadership

Weaknesses

The main feature of the SWOT analysis is that it highlights the Ministry of Health and Social Services' need for standardization and equity of service provision, the improvement of the Ministry's reward systems for its human resources and for enhancing its information management systems.

Opportunities

There are several opportunities which will be leveraged during the execution of this plan. The key ones are:

- Good initiatives from OPM (public sector reforms initiatives)
- Good infrastructure in the country (roads, communications etc)
- Community good-will
- Bilateral agreement with various stakeholders
- Increased support from development partners
- Sectoral collaboration with stakeholders
- Establishment of medical school
- Decentralization policy

Threats

By far the biggest threat is the high attrition rate from the public sector due to poor or non-competitive conditions of service. The second most significant threat is the continued dependency on donors. Poverty and high unemployment not only pose a threat to national stability but by extension tend to increase the morbidity rate.

Annexure 2: Stakeholders Analysis

Stakeholders	Name	MOHSS Expectations	Stakeholder Expectations
Line Ministries	OPM	Enabling Public service staff rules, policies and procedures	Adherence to and implementation of Public service rules, policies and procedures
	Ministry of Education	Provide assistance in Human Resource Development for the health sector Implement school health programmes	Training and development needs analysis in the health sector Identification of potential candidates for training and development for the health sector Manage archives in line with set standards Development of school health programmes
	Home Affairs	Expedient and timely issuing of Work Permit and visas for health personnel Provision of complete data on civil registration	Valid, complete and timely applications and supporting documents
	Min of Works and Transport	Construction and proper maintenance of health Infrastructure and facilities and equipment Timely consultation and formal notification on contractor appointments Adherence to standards Provide guidelines for the transfer of maintenance functions.	Sufficient budget for construction and maintenance Timely and formal notification of maintenance requirements Provision of standards
Line Ministries Contd.	MRLGHRD	Provision of reliable Water, electricity and Sanitation services Ensure that de-centralised functions are implemented	Sufficient budget for services required Set health standards Indicate the health functions which will be de-centralised

	MoGECW	<p>Proper co-ordination of provision of social welfare services between the two ministries.</p> <p>Deal with and advocate for social problems</p>	<p>Proper co-ordination of provision of social welfares services between the two ministries.</p> <p>Deal with and advocate for social problems</p>
	MoD	<p>Assistance with transport and logistics in emergency situations</p> <p>Adherence to health standards</p> <p>Provision of health services To soldiers</p>	<p>Provision of health services</p> <p>Setting of health standards</p>
	MoAWF	<p>Ensure sufficient Food and nutritional security</p> <p>Provision of safe and reliable water supply</p>	<p>Provide minimum nutrition standards</p> <p>Ensure that water quality conforms to set standards</p>
	MoLSW	<p>Provide Assistance and guidelines in the implementation of the labour act in the health sector.</p> <p>Co-ordinate social welfare services between the two ministries</p> <p>Share the available health personnel statistics in the country</p>	<p>Proper implementation of the labour act</p> <p>Co-ordinate social welfare services between the two ministries</p>
Line Ministries Contd.	MoJ+AG	<p>Assist with the review and update of health and social services sector related Legislation</p> <p>Provision of legal advice and services</p>	<p>Provide layman's draft of proposed amendments to legislation</p> <p>Compliance to existing health sector legislation</p> <p>Provide legal medical services</p>
	MoYSC	<p>Implement of sexual reproductive health and social welfare programmes</p>	<p>Provide programmes and standards on reproductive health</p>
	MoF	<p>Provide sufficient health care and social services financing</p> <p>Timely implementation of tenders</p>	<p>Proper sufficient justification for budget requests.</p> <p>Implement budget in line with the Treasury instructions</p>

	NPC	<p>Mobilise resources for health care and social services</p> <p>Provide criteria for budget allocation</p> <p>Develop poverty reduction programmes</p> <p>Provision of statistics and statistical services</p>	<p>Implement planned projects and programmes</p> <p>Prioritize intervention programmes for funding and timeous submission</p>
	MoICT	Information dissemination	Provide health related information for dissemination
	MME	Electrical Supplies	Regulate health and safety
Parastatals	ALL	<p>Funding improvements</p> <p>Use MoHSS services instead of private hospitals</p>	<p>MoHSS as first port of call</p> <p>Proper billing system</p>
Trade Unions	ALL	<p>Collaborative and cordial relationship</p> <p>Educate their members on labour related issues</p>	<p>Adherence to Recognition agreements</p> <p>Provide conducive working environment</p> <p>Promote health services & HIV/AIDS in the workplace</p>
Academic Institutions	ALL	Produce adequate and properly trained health and social services human resources	<p>Provide needs requirements</p> <p>Advocate for more resources for them</p> <p>Nurturing the national school of medicine</p> <p>Provision of clinical training centres mandated</p>
Organisations (NGOs)	Red Cross NAPPA TCE NANASO NFPDN Health Unlimited NASOMA Catholic AIDS Action ELCIN AIDS Action ELCAP Life Line/ Child Line	Assist with Social mobilisation, TB, HIV/AIDS, Community counsellors	Share health care needs and situational analysis
		Assist with Community Based reproductive health service	Provide programmes and standards on reproductive health
		Assist with Condom distribution/CBHC	<p>Provide condoms</p> <p>Share awareness programmes</p>
		Assist with HIV/AIDS awareness and prevention Co-ordination among NGOs	<p>Provide condoms</p> <p>Share awareness programmes</p> <p>Acknowledge the contribution</p>

		Assist in improving and providing access to health services	made by NGOs and Welfare Organizations towards improving health services
		Assist with Social mobilisation, and advocacy around issues affecting people with disabilities Assist in social mobilisation and advocating for health issues	Share information on health issues affecting people with disabilities and the general public. Provide funding for sustainability of health services
FBO	Catholic Health Services	Assist in the provision of Health Care Services Timely submission of budget requests Provide annual financial reports	Set guidelines and standards in the provision of health care services Provide required subsidies
	Lutheran Health Services	Assist in the provision of Health services Timely submission of budget requests Provide annual financial reports	Set guidelines and standards in the provision of health care services Provide required subsidies
	Anglican Health Services	Assist in the provision of Health services Timely submission of budget requests Provide annual financial reports	Set guidelines and standards in the provision of health care services Provide required subsidies
Agencies	NBC, WHO Global Fund UNICEF CDC, EU UNFPA UN AIDS USAID PEPFAR FINIDA French Corporation Medico del Mundo Cuban Medical Volunteers JICA US Corps VSO, GDS	Health related Information dissemination Technical and financial support	Strengthen steward ownership Provision of health related information Share planning activities and health care needs Improved coordination

Welfare Organisations	PONDO CLASH ONYOSE Trust HARK	Services provision	Share planning activities and health care needs
		Assist with Social mobilisation, TB, HIV/AIDS, Community counsellors	Share health care needs and situational analysis
Private Health and Social Services	All	<p>Contribution to health service provision in line with set standards</p> <p>To provide statistics</p> <p>Funding improvements</p> <p>Use services appropriately</p>	<p>Provide health care standards and guidelines</p> <p>Registration and licensing of private health care providers</p> <p>Avail MOHSS facilities to private health care providers</p> <p>MoHSS to improve service delivery</p> <p>Maintain proper billing facilities</p> <p>Conduct consultation to improve implementation on MoHSS Alcohol Policy</p> <p>Involvement in training of health workers</p> <p>Increase funding</p>
Health professions Council	All	To regulate all health and social welfare professionals in the country	<p>To provide the legislative framework</p> <p>To provide infrastructure</p> <p>To provide appropriate standards</p> <p>Account for funds received from the government</p>
Communities		<p>Participate in health care activities</p> <p>Adhere to primary health care provisions e.g. NIDs</p> <p>Contribute to health care funding (i.e. through user fees)</p>	<p>Provision of comprehensive , accessible, quality and affordable Health care and social services</p> <p>Provide Health promotion</p> <p>Support to community based health and social services workers</p> <p>Community involvement and participation in planning, monitoring and evaluation</p>

Laboratory Services	Namibia Institute of Pathology (NIP)	To provide high quality affordable accessible, timely essential laboratory services in line with performance agreements / MOUs	<p>To provide regulatory framework. Standards and norms</p> <p>To honour financial commitments</p> <p>Review of registration, MoU and relevant acts.</p> <p>Physical monitoring for quality assurance</p> <p>To conduct regular inspections</p>
	Blood Transfusion Services of Namibia (NAMBTS)	<p>To provide safe and quality blood and blood products</p> <p>Align Plans to MoHSS Strategic Plan</p>	<p>To provide regulatory framework. Standards and norms</p> <p>To honour financial commitments</p>