

# UNDERSTANDING WHO BUSINESS RULES

## Handbook for Ministries of Health in the African Region



REGIONAL OFFICE FOR

World Health  
Organization  
**Africa**

WHO/AFRO Library Cataloguing – in – Publication Data

**Understanding WHO business rules: Handbook for Ministries of Health in the African Region**

1. World Health Organization – organization and administration – standards
2. International Cooperation – organization and administration – standards
3. Organizational Policy
4. Comprehension
  - I. World Health Organization. Regional Office for Africa II. Title

**ISBN: 978 929023312 1 (NLM Classification: WA 541 MW6)**

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Designed and Printed in the WHO Regional Office for Africa,  
Republic of Congo

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# Abbreviations

AFRO	WHO Regional Office for Africa
CCS	Country Cooperation Strategy
DFC	Direct Financial Cooperation
ECM	Enterprise Content Management (WHO's Electronic Archiving System)
ERP	Enterprise Resource Planning
GSM	Global Management System (WHO's Global ERP System)
HQ	Headquarters
MoH	Ministry of Health
PO	Purchase Order
RD	Regional Director
WCO	WHO Country Office
WHO	World Health Organization
WR	WHO Country Representative

# Purpose of this Handbook

# Purpose of this Handbook

This handbook has been prepared to inform the counterpart Ministry of Health personnel of the policies and procedures of the World Health Organization (WHO) with respect to several important areas where both organizations work jointly towards the achievement of health results. These are: Contractual Arrangements for Programme Implementation including Direct Financial Cooperation, Technical Services Agreements, Letters of Agreement, Fellowships, Travel, and Procurement.

The purpose of this handbook is to strengthen the understanding of WHO business rules, establish clear expectations, define roles and responsibilities, and increase the efficiency of cooperation between WHO and Ministries of Health in the African Region.

The handbook is not all-inclusive or intended to provide strict interpretations of WHO policies; rather, it offers an overview of the business in WHO.

The Organization reserves the right to revise, suspend, revoke, terminate or change any of its policies, in whole or in part, whether described within this handbook or elsewhere, at its sole discretion. If any discrepancy between this handbook and current Organization policy arises, conform to current Organization policy.

# Introduction



# Introduction

## WHO's mandate

The World Health Organization (WHO) is mandated to direct and coordinate international health within the United Nations system by:

1. providing **leadership** on matters critical to health and engaging in partnerships where joint action is needed;
2. shaping the **research agenda** and stimulating the generation, translation and dissemination of valuable knowledge;
3. setting **norms and standards** and promoting and monitoring their implementation;
4. articulating **ethical and evidence-based policy** options;
5. providing **technical support**, catalysing change, and building sustainable institutional capacity; and
6. monitoring **the health situation** and assessing health trends.

WHO works in the following areas:

- Health Systems;
- Non-communicable diseases;
- Promoting health through the life course;
- Communicable diseases;
- Preparedness, surveillance and response;
- Corporate services.

## WHO's structure and presence

WHO operates across 149 offices located in countries, territories and areas, six regional offices and its headquarters (HQ) based in Geneva. The six Regional Offices cover the following Regions: Africa, the Americas, the Eastern Mediterranean, Europe, South-East Asia, and the Western Pacific. The WHO Global Service Centre (GSC) is one of HQ's outpost offices and is based in Kuala Lumpur.

# Roles and responsibilities of different levels of the Organization

## **Roles and responsibilities of different levels of the Organization**

The role of the WHO Country Office (WCO) is to lead in the implementation of a Country Cooperation Strategy (CCS), provide technical cooperation, and implement and monitor international commitments, conventions and legal instruments. It is also responsible for advocating intersectoral collaboration and leading the WHO's UN interagency work. It works to integrate national health priorities in the development agenda and UNDAF. Country Offices support the adaptation and implementation of guidelines and tools at national level, promote research and strengthen research capacity in countries and provide country evidence for global norms / standards setting. In addition, the Country Office will lead the health policy dialogue and provide policy advice to national counterparts. It will also lead the monitoring and evaluation of national policies and programmes and work to support the collection, analysis, dissemination and use of data for monitoring the national health situation.

The WHO Regional Office provides technical backstopping to country offices in addition to leading technical collaboration in countries where WHO has no physical presence. It also provides surge capacity during emergencies, supports Member States for effective engagement in governing bodies and engagement in international initiatives. It convenes regional intergovernmental meetings and working groups and supports Member States' engagement in international initiatives. It will monitor the implementation of norms and standards at regional level and coordinate the establishment and implementation of the regional research agenda. The Regional Office adapts policies to the regional context and leads the development of regional policies and strategies as appropriate. It also monitors the health situation and trends by undertaking the aggregation, validation, analysis, dissemination and use of health-related data.

The WHO Headquarters provides technical backstopping to Regional Offices in addition to developing corporate guidance for CCS and promoting the application of best practices at global level. HQ takes the lead in shaping the global health agenda, the development of international legal instruments, commitments and conventions. It convenes and coordinates global health initiatives and fora. In addition, it formulates the technical norms and standards, develops methodologies, guidelines and tools. It leads the shaping and promotion of the global research and innovation agenda and formulates global public health policies, strategies and plans. HQ monitors the global health situation and trends, in addition to developing guidelines and methodologies for evaluating health programmes and national policies and strengthened health information systems.

The Global Services Centre (GSC) provides a bundle of administrative services to the WHO secretariat including: suppliers-management, human resources, payroll services, leave management, processing of purchase orders, payment of invoices, payment of travel entitlements to staff and non-staff travellers, and award management.

# SECTION: 1

## DIRECT FINANCIAL COOPERATION (DFC)

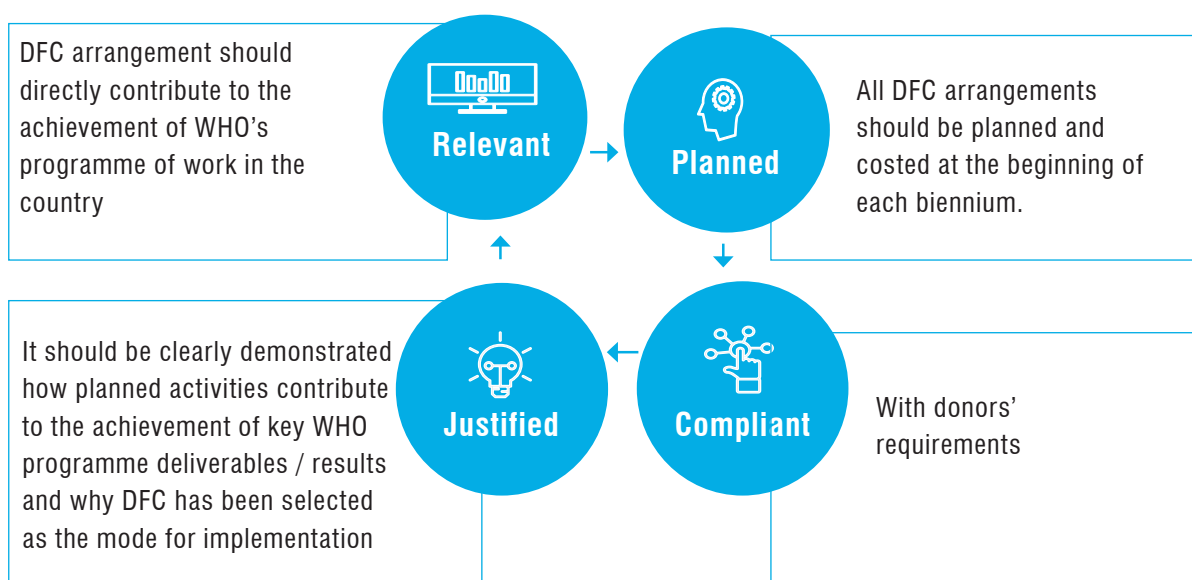
# Direct Financial Cooperation (DFC)

## 1.1 General principles

Under DFC arrangements, payments are made by WHO to cover the cost of items or activities that would otherwise be borne by governments, in order to strengthen their health development capacity and ability to participate more effectively in, or to meet their commitments to, WHO technical cooperation at country level.

DFC arrangements should meet the following criteria:

**Figure 1: Criteria for DFC arrangements**

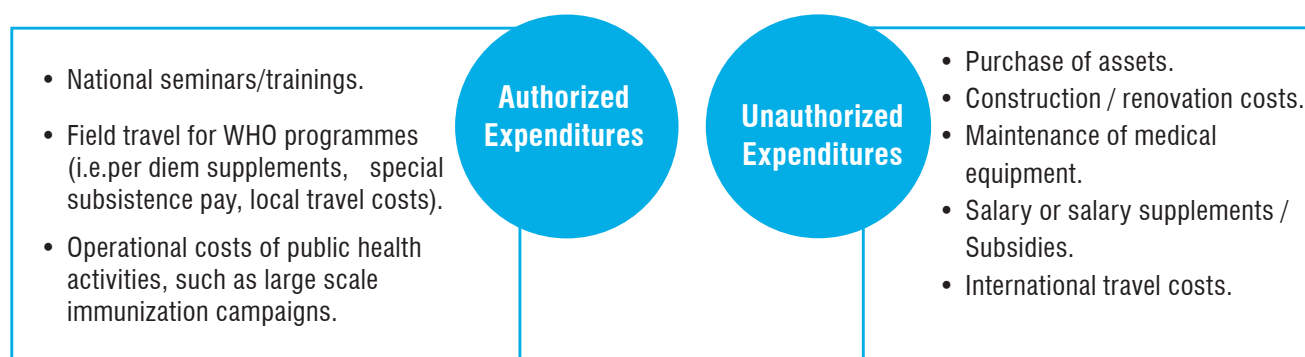


DFC activities are subject to the same standards of health programme accountability and evaluation in terms of relevance, efficiency, effectiveness, and impact as any WHO technical cooperation programme, project or activity at country level.

The types of activities to be incurred under a DFC arrangement need to be agreed to in advance between WHO and the MoH and detailed in the approved budget.

The WHO policy on DFC defines the **types of authorized and non-authorized costs** that can be incurred under a DFC arrangement, as illustrated below:

**Figure 2: Types of authorized and non-authorized costs that can be incurred under a DFC arrangement**



Any costs to be incurred under a DFC arrangement other than the ones mentioned in the above illustration are only permitted if exceptionally approved by the Regional Director.

It is important to note that DFC is not meant to be a mechanism for procurement. However, for small purchases of goods and services that are needed to implement an approved DFC activity, (e.g. *rental of meeting rooms, printing of training materials, purchase of stationery, etc.*), purchasing will be done in accordance with the internal procedures of the Ministry of Health. For those allowed purchases, MoH processes will adhere to generally accepted procurement practices particularly: best value for money, fairness, integrity, transparency and competitive selection of suppliers.

## 1.2 Overview of the DFC process workflow from proposal development to reporting

The process of signing, implementing and reporting on DFC agreements involves many stakeholders, including the MoH, WHO Country Office, WHO Regional Office, and WHO Global Services Centre (in Kuala Lumpur).

Below is an illustration of the DFC workflow from development to reporting. There might be some slight country variations; however, the workflow remains valid for most cases. The workflow below shows that the DFC process can be lengthy and involves many stakeholders. Therefore, it is of crucial importance to ensure early planning, enhanced communication and close coordination between the MoH and WHO.

**Table 1: DFC process workflow from proposal development to reporting**

Responsible party	Step	DFC process
Programme Unit in MoH	<b>Step 1</b>	<b>The Ministry of Health develops and submits a proposal to WHO Country Office</b>
		<ul style="list-style-type: none"> <li>Prepares a draft proposal for the upcoming activities in consultation with the responsible programme officer in WCO.</li> <li>Circulates the proposal internally for approval.</li> <li>Authorized Official in MoH approves the proposal and sends an official DFC request for the consideration of the WCO.</li> </ul>
WHO Country Office	<b>Step 2</b>	<b>The WHO Country Office assesses the MoH proposal for approval or rejection</b>
		<p>Responsible Programme Officer in the WCO reviews MoH's request and assesses it in terms of accuracy, feasibility and relevance to the agreed Plan of Action and programme results. S/he will also check the status of overdue reports from previous DFCs before clearing the MoH's proposal and initiating an appropriate action as follows:</p> <ul style="list-style-type: none"> <li>Confirms that there are <b>no outstanding reports</b>, prepares a justification for implementing the activity under DFC and recommends <b>approval</b> to WHO authorized signatory, usually the WHO Representative;</li> <li>Recommends <b>rejection</b> of the request in case of <b>outstanding DFC reports</b> and ensures the MoH is notified accordingly;</li> <li>In case of overdue reports and <b>only if</b> the proposed activity relates to <b>Emergency</b>, a proper justification is required before obtaining <b>an exceptional approval</b> from the <b>Regional Director</b> (if reports are outstanding for less than one year) or from the <b>Financial Comptroller in Headquarters</b> (if reports are outstanding for more than one year).</li> </ul>
WHO Country Office  WHO Global Services Centre (GSC)	<b>Step 3</b>	<b>Processing the DFC agreement in WHO ERP System (GSM) and release of funds</b>
		<ul style="list-style-type: none"> <li>The administrative staff in the WCO raises a Service "Requisition" in GSM with all the supporting documents.</li> <li>Once a requisition is approved, GSC will generate a Purchase Order and send the final DFC agreement to the WCO to get it signed.</li> <li>Upon signature of the agreement by Authorized Officers representing MoH and WHO, a receipt will be applied in GSM marking that "DFC Deliverable 1: Countersigned DFC Contract" has been received and funds can be released to the MoH.</li> <li>GSC will process the payment by bank transfer to the MoH bank account.</li> </ul>

**Table 1: DFC process workflow from proposal development to reporting - Cont'd**

Responsible party	Step	DFC process
Programme Unit in the MoH  WHO Country Office	<b>Step 4</b>	<b>Implementation of the activity</b>
		<ul style="list-style-type: none"> <li>Upon receipt of funds and in coordination with the WCO, MoH will start the implementation of planned activities.</li> <li>WCO will monitor the implementation activities through follow-up meetings and on site visits to ensure that activities are implemented as agreed.</li> </ul>
	<b>Step 5</b>	<b>Submission of financial and technical reports</b>
Programme Unit in MoH  WHO Country & Regional Offices  WHO Global Services Centre (GSC)		<ul style="list-style-type: none"> <li>MoH prepares and submits the technical and financial reports. Reports should be in line with the agreement and the approved budget and should be certified by the authorized officials. Any unspent balances should be refunded and deposit slips submitted to WCO along with certified reports.</li> <li>Responsible Programme Officer reviews the submitted reports and completes the Funding Authorization and Certification of Expenditures (FACE) form by filling out Column "D" on Expenditures accepted by WHO and Column "E" on remaining balances.</li> <li>Refunds should be monitored closely and the PO is closed only after receiving the refunds in WHO bank account.</li> <li>The FACE form is certified by the responsible Programme Officer and the WR.</li> <li>In case the WCO finds that reports are not satisfactorily prepared, the reports will be rejected, and MoH will be notified to revise them and resubmit accordingly.</li> <li>The responsible administrative staff in the WCO will share the certified reports with MoH and upload electronic copies in WHO electronic system before applying a receipt in GSM against "DFC Deliverable 2: DFC report".</li> <li>The Budget and Finance Unit in WHO Regional Office will review the submitted reports for quality check before approving the Receipt.</li> <li>The WCO will request closing the PO by GSC.</li> </ul>



## 1.3 Development of project proposal and budget breakdown

To request WHO to fund a new project under the DFC modality, MoH should develop a proposal describing the technical and financial aspects of the project. It should be noted that any activity requested to be implemented under DFC arrangement should be approved in the Programme Budget and the Operational Plan. This applies to outbreak and emergency activities. Ad hoc requests cannot be approved.

While developing the project Proposal, the MoH responsible officers need to work closely with the WHO Country team before submitting the proposal for internal approval to ensure technical soundness and accuracy of the proposed budget.

### 1.3.1 The technical component of the project proposal

A sound project proposal would normally include the following information:

1. Terms of reference: including detailed programme / activity description, proposed interventions, and expected outcomes.
2. Timelines: including implementation phases, schedule of monitoring activities, reporting dates, etc.
3. Location(s) where interventions will be implemented.
4. Information on other partners (e.g. other UN Agencies, NGOs, etc.) involved in implementing the activity and their respective roles / contributions.
5. Measurable deliverables: i.e. number of trainees, number of vaccinated children, etc.
6. Assumptions and risks.
7. Lessons learnt drawn from previous similar project implemented in the past (if applicable).
8. Baseline and target indicators that will be used to assess performance.
9. Clarification on any additional support, other than funding, that is expected from WHO.
10. Contact information of programme officers responsible for the implementation in WHO and within the MoH.

In addition to the above, the Responsible Officer in the WCO will be required to prepare a **DFC Justification template** that provides the following information:

- (a) Why DFC is the most appropriate implementation mechanism of the activity;
- (b) Brief description on how activities are in compliance with donors' requirements;
- (c) Measurable deliverables;
- (d) Expected outcomes;

### 1.3.2 The financial component of the project proposal - the budget breakdown

- An important component of the project proposal is the budget breakdown. The budget breakdown should be based on realistic costing of the human and financial resources needed to implement the agreed upon activities. Remember that WHO accepts only itemized budget breakdown, this means that MoH needs to identify all budget items to be incurred during the implementation of the activity (for example: daily subsistence allowance, transportation, printing, fuel, etc.) and estimate the cost for each budget item.
- For each budget item, specifics including dates, duration, location, number of participants, per diem, daily subsistence rates, nature of the travel, estimated travel costs, running costs including petrol and maintenance, number of documents to be printed or translated, should be provided.
- Per diem supplements and special subsistence pay must be fixed, when feasible, in consultation with the UN Resident Representative / UNDP or the government, and should be lesser of either the WHO travel per diem rate for the country or the government per diem rate. In cases where the UN Country Team has adopted government rates, these become the standard rates that will be used for DFCs. MoHs are advised to consult with WCOs to ensure that they apply the correct Per Diem rates.

**Table 2: Example of how the budget breakdown should be formulated**

Budget items	Examples
Number of inputs needed to implement an activity	<ul style="list-style-type: none"> <li>• How many vaccinators / supervisors are needed to implement a Polio campaign?</li> <li>• How many cars are needed to transport vaccinators and supervisors?</li> <li>• How many meeting rooms are needed for the workshop?</li> </ul>
X	
Unit Cost	<ul style="list-style-type: none"> <li>• What is the applicable Daily Subsistence Allowance (DSA) rate / per vaccinator /Supervisor?</li> <li>• What is the rental cost per car?</li> <li>• What is the cost of one meeting room and coffee break per person per day?</li> </ul>
X	
Time units (Number of days, number of hours, weeks)	<ul style="list-style-type: none"> <li>• How many days should vaccinators / supervisors work to complete the vaccination of the targeted population?</li> <li>• For how many days will the car be rented?</li> <li>• For how many days will the meeting room be booked and how many times will breaks be arranged?</li> </ul>

When developing your budget breakdown, remember that the cost of budget items needs to be estimated with accuracy; the budget breakdown will be the benchmark against which WHO will review the financial reports at a later stage and accept or reject expenditures.

Any major deviation from the budget breakdown should be documented in written and approval of WCO obtained prior to incurring expenditures. This should be part of the supporting documentation kept in the MoH files and shared with the WCO for its records.

When finalizing the budget breakdown, please ensure that it is free of arithmetic errors and prepared based on realistic cost estimates. The budget breakdown should be submitted in local currency.

Using unspecified budget items like, “administrative /other/ miscellaneous / overhead” costs should be minimized. Explanations of how these items are costed should be provided.

In addition, WHO is currently operating under IPSAS (International Public Sector Accounting Standards) and applies accrual-based accounting. One of the important principles of IPSAS is the “delivery principle”, which entails that expenditures are expensed only when goods are received or services rendered. Unless the activity has been implemented, the MoH cannot report their costs as expenditures; this is of particular importance for the organizations applying cash-based accounting.

WHO is exempt from the value added tax (VAT) and thus it should not be charged to the budget of any projects funded by WHO.

**Table 3: An example of a rejected budget breakdown and reasons for rejection**

Budget item No.	Description	Cost in USD	Reasons for rejection
1	Training	3,000	<ul style="list-style-type: none"> <li>The budget breakdown is provided in USD.</li> <li>The budget breakdown is not detailed enough.</li> <li>Purchase of assets is not authorized under DFC.</li> <li>Miscellaneous costs are not justified.</li> <li>Total requested amount is not correct.</li> </ul>
2	Meetings	2,000	
3	Per diem	5,000	
4	Transportation	4,500	
5	Procurement of Printer and laptop	10,000	
6	Miscellaneous	1,500	
<b>Total Required Amount</b>		<b>27,000</b>	

While there is no standard template to use to develop the budget breakdown, a sample is provided under Annex 1.

When finalizing the project proposal, MoH needs to ensure that it meets the following criteria:

**Table 4: Project proposal criteria requirements**

Criteria	Requirements
<b>Inclusive and detailed</b>	The proposal should provide all needed information (programmatic and financial) that allows WHO Programme Officers to make a sound decision prior to approving or rejecting the request. It should define the linkages between the implementation of the activity and the national health priorities. The proposal should be detailed enough to answer the following questions: What is the nature of the activities to be financed? Who are the targeted beneficiaries and how many are they? What are the expected outcomes of the project? Why should WHO finance the project? Does the proposed budget provide an itemized budget breakdown? What is the timeline for implementation? Who else will contribute to the implementation? What indicators will be used to assess performance? What are the identified assumptions and risks? What monitoring activities need to be conducted? What are the reporting deadlines?
<b>Submitted well in advance</b>	Processing DFC agreements is a lengthy process, thus it is very important to plan ahead, submit complete proposals, and allow enough time for processing DFCs internally before funds can be advanced and implementation is kicked off. It is recommended that the proposal be submitted as early as possible but not later than one month before the start date of the activity to allow enough time for review and processing.
<b>Approved</b>	Any proposal submitted to WHO should be cleared internally and approved by a senior official authorized to represent the MoH. Project activities should be aligned with WHO health priorities and the conditions stipulated in donors' agreements.
<b>Comprehensive</b>	<p>In case the proposed activity is of a substantial cost or will be implemented in multiple phases, a good planning practice is to submit one comprehensive proposal to WHO. One umbrella DFC agreement can be issued and release of funds can be done in instalments according to a payment schedule.</p> <p>Splitting one activity over multiple agreements with no proper justification, results in considerable increase of transaction costs and administrative burden for WHO.</p> <p>Small-amount DFCs contributing to one result should be grouped together for efficiency purposes.</p>

Upon submission to the WCO, the proposal will be reviewed and cleared by responsible technical and administrative staff to ensure the reasonableness of the budget and the types of activities to be funded. In addition, WHO Programme Officers will prepare a justification on why the DFC should be selected as the mode of implementation for the planned activity (please check justification template under Annex 2).

**Box 1: Reasons for which WHO may reject a DFC request**

WHO can reject a DFC request for any of the following reasons:

- Overdue DFC reports.
- Late / incomplete submissions of DFC proposals.
- Lack of soundness of the technical proposal or reasonableness of the proposed budget.
- The requested activity was not foreseen in the approved Workplan or not aligned with donors' requirements.
- The activity is not authorized under DFC (e.g. international travels, procurement of asset, etc.)
- Unavailability of funds.
- Direct implementation of the activity by WHO will yield more effective results.

## 1.4 Contractual Requirements

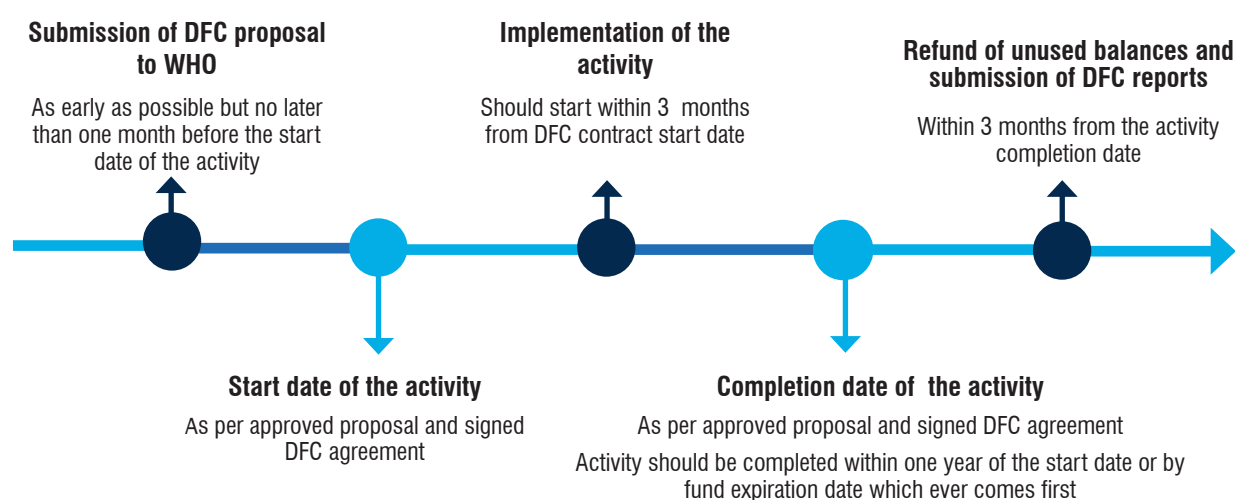
- DFC must be subject to a **formal agreement** that is linked to an approved workplan for WHO at country level. It should clearly indicate the activities to be carried out, the implementation schedule, and the funding sources.
- The standard DFC agreement generated by the WHO Enterprise Resource Planning system (GSM) should be used. **Parallel offline agreements** should be discontinued.
- The DFC agreement should be **signed by authorised officers** representing WHO and MoH before funds are released and activities are implemented (Sample DFC agreement provided under Annex 3).
- MoH should officially communicate to WHO the **list of Officers** who are authorised to sign DFC agreements and FACE reports on behalf of the Ministry and take prompt action to notify WHO in case of any change.
- The contract should include the period over which the expenditures are to be incurred. The activities financed through DFC agreements **must commence within three months** from the date of the agreement and **must be completed within a maximum of one year** from commencement, or **within the period of funds availability**, whichever comes first. The WHO Country Office should ensure that the completion date of the activity and reports are received prior to the award (funding source) end date.

- WHO's financial period covers two years (biennium), starting with an even number; for example 2014-15, 2016-17, etc. Commitments incurred during a financial period are for activities which must begin in that financial period. DFCs should be planned for **completion by the award end date or end of the biennium, whichever comes first**.
- The DFC arrangements result in **contractual obligations** that WHO and the Ministry of Health should fulfil, and can be summarized as following :

**Table 5: Contractual obligations for the MoH and WHO under the DFC arrangements**

Obligations of the MoH	Obligations of WHO
<ul style="list-style-type: none"> <li>• Submit a sound project proposal including description of the planned activities and a detailed budget breakdown.</li> <li>• Use the funds to implement the activities in accordance with the conditions of the DFC agreement and the agreed proposal.</li> <li>• Incur expenditures according to the approved budget only.</li> <li>• Submit timely and accurate financial and technical reports within three months of the completion of the activity.</li> <li>• Return any unutilized funds to WHO within three months of the completion of the activity.</li> <li>• Retain financial documents for five years after the end of the activity and avail them for inspection by WHO upon request.</li> <li>• Make available the relevant portion of the government's audited financial statements to WHO upon request.</li> <li>• Cooperate with WHO officials when conducting coordination meetings, verification missions, on-site visits.</li> </ul>	<ul style="list-style-type: none"> <li>• Provide the necessary level of technical assistance and furnish support to the MoH as per signed agreement.</li> <li>• Make timely transfer of funds to the MoH according to the concluded agreement.</li> <li>• Undertake monitoring, evaluation and oversight of the activities.</li> <li>• Plan and conduct assurance activities.</li> </ul>

**Figure 3: Timeline for managing DFC agreements**



## 1.5 DFC payment

- **Payment terms** are specified in the DFC agreement. Payment can be made upon signature of the contract, or in instalments tied to deliverables, or as reimbursement to the MoH upon completion of activities.
- **Full Payment upon signature** of the contract is permitted; however the agreement of the Director of General Management in the Regional Office is needed for full payments above USD 50,000, otherwise payments are to be made in instalments as specified in the agreement.
- Payments are made by **bank transfer** to the MoH's bank account and not to individual employees.
- The **local currency** or, where applicable, the respective functional currency, should be used for payments.
- DFC payment shall be **withheld** from MoHs that have overdue financial and / or technical reports. Exceptions may be granted in emergency situations provided that sufficient justification for the delay in reporting is received and the request is approved by the Regional Director or the Comptroller in WHO/HQ as needed.
- It is recommended to **open separate bank accounts** for projects funded by WHO to facilitate the monitoring of funds.
- DFC Payments are processed globally by WHO Global Service Centre in Kuala Lumpur, and thus it is very important to allow **enough lead time** for processing the payment.
- When possible, requests for **small-amount DFCs** should be grouped together to lower the administrative burden.

## 1.6 Extension of DFC agreements

- Once a DFC contract has been issued, extending the activity **completion date** should be avoided, especially if the requested extension falls beyond the current biennium.
- If the extension is **unavoidable**, the MoH needs to inform the WCO well in advance and should provide the following documentation:
  - (a) Update on the current status of the activity;
  - (b) A proposal indicating new completion dates (and revised timelines, if needed);
  - (c) Justification for the delay;
- The responsible Officer in WHO will **assess the feasibility of granting an extension** based on funds availability, expiration date of funds (award end date) and programmed activities.

- Upon obtaining the [extension approval](#) by the responsible officer in WHO, the WCO should:
  - (a) Upload all the above listed documentation in WHO electronic archive system (ECM);
  - (b) Inform the Budget and Finance Unit in the Regional Office;
  - (c) Apply the extension in the GSM;
- In case of [unjustified delays](#) and when the WCO assesses that implementation has become improbable, WCO will request the MoH to refund the funds advanced under the DFC agreement.

## 1.7 Reporting Requirements and compliance with WHO policy on DFC

- Following the completion of the activity, [MoH should submit technical and financial reports within three months of the completion date of the activity](#). Timely reporting is of key importance as it demonstrates strong accountability and builds donors' and Member States' confidence in the capacity of WHO to manage its resources and implement its programmes.
- [Delays in reporting on DFCs](#) continue to be raised by Member States and governing bodies and thus WHO has embarked on strengthening its monitoring systems and assurance activities to ensure timely reporting and the quality of reports.
- Delays in receiving reports will result in WHO [withholding](#) any further funding to planned activities with the MoH.

### 1.7.1 Financial reporting

#### 1.7.1.1 The FACE report

- The [Funding Authorization and Certification of Expenditures \(FACE\)](#) form is the tool used for financial reporting on activities implemented under the DFC modality.
- It also enables WHO to certify that the reported expenditures are acceptable and that the activity was implemented in line with the signed agreement. It includes a "Brief Summary" of the technical report that should not substitute a full and detailed technical report.
- The FACE should include a detailed expenditure breakdown by category of expenditure, in line with the approved budget.

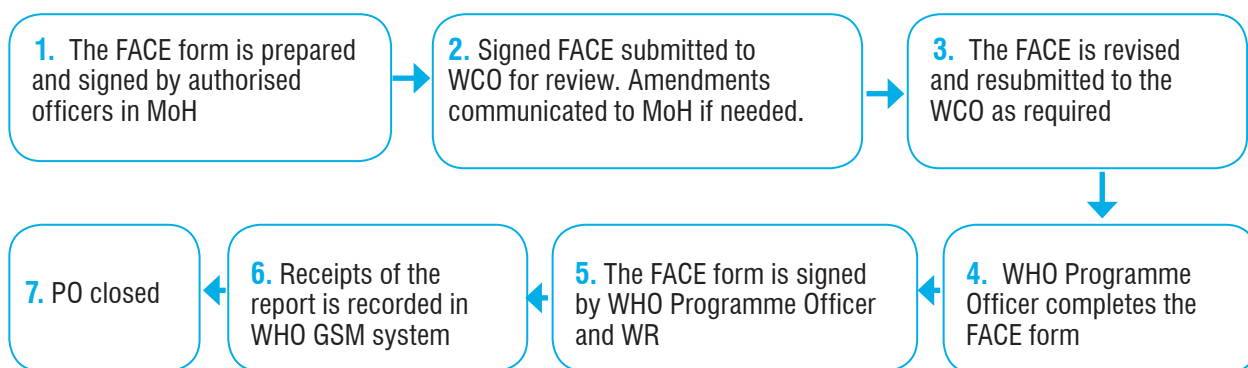


- The FACE should be certified by a senior official authorized to represent the MoH and the responsible Programme Officer in the WCO, as well as the WR.
- The FACE form is part of the DFC agreement that will be sent to MoH for signature (please refer to Annex 3).

#### 1.7.1.2 The process of preparing the FACE report

The illustration below shows the process of completing the FACE form:

**Figure 4: Process of completing the FACE form**



#### 1.7.1.3 What are the different sections of the FACE report?

The FACE form comprises the following main sections:

- (a) General Information including: WHO Reference (PO number, Unit Reference, date and country, responsible officer), funding information (P: Project, T: Task, A: Award, E: Expenditures and O: Organization), currency, PO start and end date;
- (b) Financial report;
- (c) Technical report summary;
- (d) Certification sections;

#### 1.7.1.4 Who should prepare the FACE report?

The FACE report is jointly prepared by WHO and the MoH. Programme and administrative / finance teams should work together when preparing the FACE form to ensure accuracy and reliability of the financial reports. The table below gives you details about who should fill which part in the FACE report:

**Table 6: Division of responsibility for completing the FACE report**

MoH	WHO
1. <b>Financial reporting table, “Budget Line” Column:</b> this refers to the category of expenditures, e.g. (DSA, fuel, printing of materials, etc.) as per the approved proposal and the signed agreement.	1. <b>WHO Reference:</b> this includes general information to track the agreement (date, country, WHO Reference, Purchase Order number, responsible officer and the name of the contractual partner)
2. <b>Financial reporting table, “Authorized amount as per Budget” (Column A):</b> the amount of cash authorized by WHO and transferred to the MoH to implement the activity.	2. <b>PTAEO Information and the currency:</b> this refers to the source of funding against which expenditures will be incurred in WHO financial system and the currency used for payment.
3. <b>Financial reporting table, “Actual Project Expenditures” (Column B):</b> actual amounts disbursed to cover the incurred expenses in relation to the implemented activity. Project Expenditures should be based on the itemized budget breakdown agreed on in the approved proposal. Reporting the incurred expenditures as a total amount is <u>not acceptable</u> .	3. <b>Financial reporting table, “Expenditures accepted by WHO” (Column D):</b> WHO will use this column to accept or reject the expenditures reported under Column B.
4. <b>Financial reporting table, “Difference between authorized and Actual” (Column C):</b> this column equals the difference between the “Authorized Amount as per Budget” listed under Column A and the “Actual Project Expenditures” reported under Column B.	4. <b>Financial reporting table, “Balance” (Column E):</b> represents the difference between the authorized amount (column A) and the expenditures accepted by WHO (column D).

5. **Technical report Summary:** briefly describes the activity, its duration, and the achieved outcomes in relation to the approved project proposal. In case the activity was under-implemented and results were not fully achieved, reasons and justifications should be documented. It should be noted that the technical report summary does not substitute a full technical report. A full technical report should be provided by the MoH and approved by WHO responsible officers.

5. **Refund section:** WHO officers will fill the total funds received from WHO, and the total expenditures accepted by WHO to check if any refund is due. As per WHO rules, any unspent balances should be refunded to WHO's bank account and should not be used for other activities. Refunds should be made to WHO bank account within three months of the completion of the activity. Deposit slips should be shared with WCO and will be uploaded in WHO electronic archive system (ECM), before the PO can be closed.

6. **The Certification section:**

The MoH Programme Manager certifies that:

- (a) the actual expenditures reported in the FACE have been disbursed in accordance with the project proposal and the detailed budget approved for the DFC;
- (b) the supporting documents for these expenditures will be made available for examination, when required, for a period of five years from the date of the completion of the activity;
- (c) any balance remaining will be refunded to WHO within **three months** of completion of the activity;
- (d) the technical report and its summary represent an accurate description of the activities undertaken, the results achieved and the duration of the DFC project, and that these activities are in conformity with the approved project proposal for this DFC.

Certification is done via **date, signature, name** and **title**.

6. **Certification section:** The certification of WHO is required at **two levels**:

WHO Programme Officer certifies that s/he:

- (a) has reviewed the final DFC technical report and has verified that the report is adequate to evidence that the activities were implemented according to the agreement and the approved budget, and that the agreed outputs were achieved;
- (b) visited the site(s) where the activities were implemented and verified that the activities were progressing according to plan during the site visit(s);
- (c) has reviewed the FACE report and confirms that it has been correctly filled out and duly certified by the MoH.

WR/ Head of Office certifies that s/he has reviewed the DFC technical report and the FACE report, and confirms that the activities were carried out, and the planned outputs achieved according to the agreement with the MoH and the DFC approved budget.

Certification is done via **date, signature, name** and **title**.

It should be noted that the Budget and Finance Unit in the Regional Office will be reviewing the submitted reports to ensure their quality before they are approved and the PO can be closed.

Below is an example of an adequate FACE report:

**Table 7: Example of adequate FACE report**

FINANCIAL REPORTING					
	To be filled in by Implementing Partner			To be filled in by WHO	
Budget line (category of expenditure)	Authorized amount as per budget A	Actual Project Expenditure B	Diff. between authorized and actual C = A-B	Expenditures Accepted by WHO D	Balance E = A-D
Rental of Meeting Rooms for 3 days	300,000	400,000	-100,000	400,000	-100,000
Trainers' fees for 4 days	1,080,000	1,080,000	0	1,080,000	0
Printing of training materials	600,000	750,000	-150,000	750,000	-150,000
Coffee/lunch breaks	1,080,000	900,000	180,000	900,000	180,000
DSA for non-resident participants	900,000	630,000	270,000	630,000	270,000
Rental of IT Equipment	-	400,000	-400,000	0	0
<b>Total</b>	<b>3,960,000</b>	<b>4,160,000</b>	<b>-200,000</b>	<b>3,760,000</b>	<b>200,000</b>

**Justification for variations to budget if any:** The meeting room had to be rented for one additional day to convene a one-day preparatory meeting with the 2 trainers. The print shop that provided the least expensive offer has apologized for not being able to meet the set deadline due to some operational limitations, and thus MoH was obliged to use the second best offer which explains the increase in the printing costs. The budget breakdown submitted in the project proposal was based on an estimated number of 30 participants, 10 of whom are non-residents. Only 25 participants attended the workshop, 7 of whom were non-residents which explains the reduced costs. The rental of IT Equipment was not forecasted in the approved budget breakdown as MoH was supposed to provide the IT Equipment which was not feasible. We hope that WHO can reimburse this item, if funds are available. Supporting documents (suppliers' quotations, tentative list of participants and attendance sheet can be provided upon request)

To be filled in by WHO:

1. Total funds received from WHO (To be filled in manually)	<b>3,960,000</b>	Partner to refund to WHO	Balance to be paid to IP by WHO (max total in column A above)
2. Total expenses (column D above)	<b>3,760,000</b>	<b>200,000</b>	0
Balance remaining (1-2)	<b>200,000</b>		

**TECHNICAL REPORT SUMMARY** (to be filled in by Implementing Partner)

Summary of technical report including the description, duration and outcomes (i.e. results) from DFC activities. The summary should confirm that the outcomes as described in the approved project proposal have been achieved and should include reasons for under-implementation if applicable.

Viewing the need to reinforce systematic nutritional surveillance and build the capacity of MoH teams on data collection and analysis, a training of trainers was organized between 15 and 17 August 2015. The training was attended by 27 participants who will roll-out the training at district level during quarter 1 of 2016 with the aim of training more than 300 data collectors/analysts across the country. Full technical report is attached to this financial report.

Below is an example of an inadequate FACE report:

**Table 8: Example of inadequate FACE report**

FINANCIAL REPORTING					
	To be filled in by Implementing Partner			To be filled in by WHO	
Budget line (category of expenditure)	Authorized amount as per budget A	Actual Project Expenditure B	Diff. between authorized and actual C = A-B	Expenditures Accepted by WHO D	Balance E = A-D
	3,960,000	4,160,000	-200,000	3,760,000	200,000
<b>Total</b>	<b>3,960,000</b>	<b>4,160,000</b>	<b>-200,000</b>	<b>3,760,000</b>	<b>200,000</b>

**Justification for variations to budget if any:**

.....

To be filled in by WHO:

1. Total funds received from WHO (To be filled in manually)	3,960,000	Partner to refund to WHO	Balance to be paid to IP by WHO (max total in column A above)
2. Total expenses (column D above)	3,760,000	<b>200,000</b>	0
Balance remaining (1-2)	200,000		

**TECHNICAL REPORT SUMMARY** (to be filled in by Implementing Partner)

Summary of technical report including the description, duration and outcomes (i.e. results) from DFC activities. The summary should confirm that the outcomes as described in the approved project proposal have been achieved and should include reasons for under-implementation if applicable.

Activity implemented as planned.

This FACE Report is not acceptable for the following reasons:

1. Expenditures are reported as a total and not by cost item according to the approved budget breakdown.
2. No justification is provided for variations between the authorised amount and the actual project expenditures.
3. Technical report summary is insufficient; in addition there is no reference to the full technical report.

### **1.7.2 Technical reporting**

- The level of details of the technical report should be commensurate with the value of the DFC contract.
- The “brief summary of technical report” provided in the FACE form does not substitute for the submission of a full detailed technical report.
- Programme and finance staff should work closely when preparing the technical and financial reports to ensure alignment.
- Programme officers in WHO will use technical reports to determine whether the activity was implemented according to the agreed terms or not. Technical report should be also cleared by the WR and the responsible Programme Officer in the WCO.
- Adequate technical report should provide WHO with the following information:
  - (a) A description of the activity;
  - (b) The duration and location where the activity was conducted;
  - (c) Status of implementation of the activity (fully / partially implemented) with a clarification on the activity components that were not implemented and justification provided.
  - (d) The outcomes of the activities and how they relate to achieving WHO programme results;
  - (e) Challenges or facilitating factors that the MoH encountered when implementing the activity;
  - (f) Lessons learned;
- Technical reports comprising statements such as: “activities have been implemented as agreed”, “training conducted as planned” are not acceptable and will be rejected.

### **1.7.3 Supporting documentation and filing requirements for audit trail**

- Supporting documents are documents which serve as evidences in support of financial commitments / transactions. For each expenditure item, a supporting document is needed to prove that the expenditure was incurred as reported. Supporting documents provide assurance to WHO’s management and donors that the funds entrusted to the Organization were used efficiently in line with the agreed results.

- Supporting documents include:
  - Project documents, for example, the approved project proposal, budget breakdown, signed DFC agreement, FACE and technical reports, approvals of budget revisions and DFC's extension;
  - Quotations from suppliers and purchase orders (for more details on procurement, please refer to the procurement section under this handbook);
  - Suppliers contracts, invoices, contracts, delivery notes;
  - Payment vouchers;
  - Bank statements;
  - Copies of bank transfers, bank cheques;
  - List of participants, attendance sheets (example available in annex 4);
  - Gasoline coupons;
  - Petty cash receipts;
  - Journal vouchers;
- The MoH's files should be organized, complete and provide audit trail
- The MoH's files should be organized, complete and provide [audit trail](#): i.e. expenditures reported in the FACE form can be traced clearly in the MoH's accounting books / systems and supporting documents kept in a project file.
- The MoH files should include the [original supporting documents dated and signed](#).
- MoHs are not obliged to submit supporting documents with the FACE form, however, as per the standard conditions of the DFC agreement, financial documents related to the activities funded by WHO [should be retained on file for five years after the end of the activity](#).
- Supporting documents and accounting entries should be availed for inspection by WHO/auditors upon request at any point in time. [Regular spot checking of supporting documents](#) will be undertaken by WHO country and Regional Offices.
- To facilitate verification missions by WHO, the adoption of a [central filing system](#), where original DFC financial and technical reports along with corresponding supporting documents are kept by the Ministry of Health at a central level, is recommended. Copies of the same should be also retained by Programme Officers.

## 1.8 Refunds

- As per WHO rules, any **unspent balances** should be refunded and should not be re-programmed for other activities.
- It is the responsibility of the concerned WHO responsible Programme Officer/country administrative staff to follow-up with the MoH to ensure **early collection of all refunds due to WHO**.
- Refunds should be received not later than **three months** from the date of completion of the activity.
- **Deposit slips** should be shared with WHO Country Office to facilitate tracking of refunds.

## 1.9 Accountability and assurance activities

**Accountability is a shared responsibility** between WHO and Ministries of Health. WHO's new risk-based approach to managing DFC will entail performing risk assessment of MoHs, strengthening assurance activities to ensure compliance with WHO policy, establishing a more rigorous monitoring system to ensure quality and timely submission of reports, performing regular review missions and on-site visits to MoHs and building the capacities of MoH teams in areas such as project development, financial project management, and reporting.

In this context, WHO Regional Office for Africa (AFRO) has embarked on a number of new initiatives to improve the management of the DFC mechanism in the Region. The aim is to reinforce accountability for the achievement of programme results, increase compliance with WHO rules and regulations, ensure efficient management of the Organization's resources and to better meet the expectations of donors and Member States. To achieve this, WHO has reviewed its internal control over the DFC implementation modality and a comprehensive set of assurance activities will be put in place to ensure that:

- The planned activity is performed in conformity with the programme objective indicated in the agreement and in support of the national health development strategy and the programme concerned.
- Project expenditures reported reflect a fair accounting of the disbursement of the concerned DFC funds.



## 1.9.1 The planned assurance activities include

### 1.9.1.1 WHO partners risk assessment

The WHO partners risk assessment is to be conducted by the WCO in collaboration with the Budget and Finance Unit in the Regional Office and HQ with the aim of assessing the financial risk of the MoH, in view of the following factors:

- Existing audit recommendations;
- Number and volume of DFC agreements funded in the past twelve months;
- Number of outstanding reports;
- The amount of funding required for the new activity;
- Number of new DFC agreements issued in the current financial period;
- History of reporting especially with regard to timeliness and adequacy of financial and technical reports received from the MoH;
- Any other considerations: health emergencies, structural changes, etc.

### 1.9.1.2 MoH self-assessment checklist

By completing the self-assessment checklist (Annex 5), the MoH will assess the risks existing in its own organization in different areas such as accounting, staffing, reporting, procurement, internal control, etc.

### 1.9.1.3 On-site monitoring and spot checks of activities

WHO responsible Programme Officers in the WCO will conduct site visits to verify that activities are progressing according to plan.

### 1.9.1.4 Three-level certification of the FACE and the technical reports

The **Authorized Officer representing the MoH** will certify that:

- The actual expenditures reported in the FACE have been disbursed in accordance with the approved project proposal and detailed budget.
- The supporting documents for these expenditures will be made available for examination, when required, for a period of five years from the date of the completion of the activity.

- Any balance remaining from an activity will be refunded to WHO within three months of completion of the activity.
- All activities are in conformity with the approved project proposal.
- The submitted technical report represents an accurate description of the activities undertaken and demonstrates that results were achieved.

**The responsible Programme Officer in WCO** will certify that s/he has:

- Undertaken a thorough review of the final DFC technical report and verified that the report is adequate to evidence that the activities were implemented according to the agreement and the approved budget, and that the agreed outputs were achieved;
- Conducted site visits to verify that activities were progressing according to plan.
- Reviewed the FACE report and confirms that it has been correctly filled out and duly certified by the Ministry of Health.

The **WHO Representative** will certify that s/he has:

- Reviewed the DFC technical report and the FACE report, and confirms that the activities were carried out, and the planned outputs achieved according to the agreement with the MoH and the DFC approved budget.

#### 1.9.1.5 Technical reviews

Technical Reviews will be conducted on a random sample basis (approximately 10%) of all DFCs, and on all DFCs over USD 50,000.

#### 1.9.1.6 Compliance checks at Regional Office

All DFC requests will be reviewed by the Budget and Finance Unit in the Regional Office prior to granting approvals and processing the payments. Furthermore, all DFC FACE reports will be routed to the Regional Budget and Finance Unit for verification prior to confirming the acceptance of the DFC reports.

### 1.9.1.7 Post-facto assurance activities and audits

Post-facto assurance activities and audits include performing verification missions on a sample of concluded DFCs which is determined following a risk-based selection. Verification missions are mainly conducted by WHO staff although independent external parties such as audit firms may also be contracted to assist in assurance activities when deemed beneficial. As explained under section 1.4, supporting financial documents must be retained by MoH for a period of at least five years from the end date of the activity and be made available for inspection by WHO and/or parties acting on behalf of WHO, upon request. The relevant extract of the government's audited financial statements must also be made available to WHO upon request.

## 1.10 Recurring non-compliance issues

The following recurring non-compliance issues were observed during the course of monitoring and reviewing DFC agreements and submitted reports:

- Funds used to support activities that are not authorized under DFC (for example purchase of assets, paying for international travels);
- Proper itemized budget breakdown is not provided or provided with missing information or arithmetic errors;
- Unrealistic cost estimates;
- DSA rates exceed the rates established by the UN Country Team (UNCT);
- No or insufficient supporting documentation, causing a lack of assurance that expenditures were incurred as reported;
- Calculation errors observed in the submitted FACE form;
- Reported expenditures not incurred during the financial period;
- Expenditures reported for activities that were not actually implemented or for activities that were not initially approved in the agreement;
- Late submission of technical and financial reports;
- Poor quality of received reports;
- FACE form not properly completed (expenditures reported as a total and not detailed by budget line);
- FACE form not properly signed, dated or stamped;
- VAT charged to project expenditures.

Poor reporting can be caused by weak internal control systems that can be manifested by the lack of strong financial policies and procedures, absence of proper segregation of duties, no competitive procedures for awarding contracts to suppliers, poor record keeping, and excessive use of cash payments.

## 1.11 Good practices

The following good practices can enhance the implementation of DFCs and lead to a successful partnership between MoH and WHO:

- **Identifying Focal Points** to ensure effective communication and facilitate joint coordination and monitoring. It is proposed that the Operations/Administrative Officer in the WCO be assigned as the focal point for DFC. It is also recommended that MoH assign a focal point for WHO's projects. The list of Focal Points and their respective contact information should be officially communicated.
- **Collaborative planning and effective communication** are essential ingredients to the success of any partnership. DFCs should be jointly planned for. Enough time should be given to the administrative processes to ensure smooth implementation. It is recommended that regular coordination and review meetings be planned between WHO and MoH to ensure timely and regular exchange of information / experiences during planning and implementation phases. Depending on the programme size, the scope of planned activities, the funding volume, and past performance, the WCO and the MoH can jointly decide on the frequency of coordination meetings. In general, it is advisable to have one planning meeting at the beginning of the year (or at the start of the implementation period if it does not coincide with the beginning of the financial year), and review and monitoring meetings on a quarterly or monthly basis as required. For better results, joint meetings should bring together programme and administrative staff. Minutes of those meetings should be recorded, shared with the WCO and copies kept in the project file maintained by the MoH.
- **Using Checklists** can help in minimizing errors and avoiding rejection of project proposals and reports. A guiding checklist is available under Annex 6.

## 1.12 Risks of non-compliance with WHO DFC rules and policies

The main risks associated with DFC arrangements and corresponding mitigating controls are presented in the table below:

**Table 9: Risks associated with DFC arrangements and mitigating controls**

Risks	Mitigating Controls
<p>1. Delays in submitting DFC reports result in the withholding of funding for subsequent DFCs and provide WHO with no assurance that activities were implemented as agreed.</p>	<ul style="list-style-type: none"> <li>- WCO to regularly monitor the due DFC reports and follow-up closely with counterparts in the MoH to ensure timely submission of DFC reports.</li> <li>- Based on reporting history, WCO can use post-activity reimbursement or payment in instalments if needed.</li> </ul>
<p>2. Submission of incomplete proposals causes delays in the implementation of planned activities and failure to deliver results.</p>	<ul style="list-style-type: none"> <li>- Ensure DFC proposals are complete and include a clear description of the activity and a detailed budget breakdown.</li> </ul>
<p>3. Using funds for purposes not in line with the DFC policy or the approved Plan of Action can create a reputational risk for WHO and its partners.</p>	<ul style="list-style-type: none"> <li>- Certification of FACE form and technical reports by MoH, responsible Programme Officer in the WCO and the WR.</li> <li>- Detailed list of expenditures should be reported in the FACE form.</li> <li>- Responsible Programme Officer / Head of Country Office monitor use of funds on-site and spot-check disbursements.</li> <li>- Verification mission and on-site visits to MoH.</li> </ul>

# SECTION: 2

## Travel Management

# Travel Management

## 2.1 General principle

Duty travel is defined as travel on mission for the Organization or on the invitation of the Organization.

Duty travel may also include travel at the invitation of outside institutions or other parties for a specific purpose or activity related to the work of WHO, the cost of which may be borne wholly or in part by the party concerned.

## 2.2 Categories of duty travel

Duty travel is applicable to the following categories of individuals travelling for the Organization:

- WHO staff members; individuals holding temporary appointments, including conference staff and interpreters.
- Consultants and employees of other organizations on loan to the Organization; and individuals on mission for the Organization or representing the Organization when invited by other parties.
- Delegates to the World Health Assembly: each Member and Associate Member of WHO classified as least developed countries.
- Representatives to Regional Committees: each Member or Associate Member whose contribution to the WHO regular budget is at the minimum rate in the scale of assessments.
- Members of the Executive Board.
- Members of expert committees and their sub-committees, and of study and scientific groups.
- Temporary advisers: persons invited for short periods of not more than sixty consecutive days to give advice or assistance to the Organization. This category does not normally apply to persons engaged to give advice or assistance to a Member State.

- Participants at meetings, workshops, and other group activities for the exchange of technical and scientific information.
- Fellows: a WHO fellowship encompasses a range of specially tailored training modalities for individuals and groups in the context of national capacity building. Such training may be of short or long duration and may take place in an appropriate training institution or in the field, within the fellow's home country or in another country.

## 2.3 Requirements for undertaking duty travel

### 2.3.1. Travel Authorization

- Travel Authorizations are required for non-WHO staff travelling on behalf of or at the invitation of WHO.
- The MoH should send the request to the WHO Country office, with a final list of participants to allow the WCO to process the Travel Request in time. **Nominations should be received at least 21 working days ahead of travel date; otherwise the travel cannot be arranged by WHO.** Participants should match the required profile.
- A Travel Authorization must be prepared and approved by the Travel Approver (WHO staff), any time when duty travel is undertaken for the Organization, or when the traveller is representing WHO.
- The Travel Authorization must only reflect the official itinerary.
- **The Travel Authorization must be approved and finalized not later than 10 working days before the date of departure.** Again, no travel should be undertaken before the Travel Request is duly approved.
- For local travel where no travel costs are involved, the traveller does not require a Travel Authorization.

### 2.3.2 Air ticket

- **For workshops and normal meetings**, travel will take place on the most direct route, and the least expensive economy class ticket will be provided for an approved itinerary.
- **Temporary Advisers, Members of Expert Committees and Consultants**, when approved by the relevant Assistant Director-General at Headquarters or the Director of Finance and Administration (DAF) in regional offices, will be provided with the least expensive business class ticket when travel journey time exceeds 9 hours.



- For countries classified as least developed countries by WHO:
  - [Delegations to the World Health Assembly](#) are provided with a return economy class ticket from the capital city of the designated country to the place of the session for one delegate or associate delegate from each designated country.
  - [Representatives to Regional Committees](#) are provided with a return economy class ticket from the capital city of the designated country to the place of the session for one delegate or associate delegate from each designated country.
  - [Members of the WHO Executive Board](#) are provided with an economy class ticket, including stopovers en route, from the Member's place of residence to the place of the meeting:
    - [When travel duration exceeds 6 hours](#), a return business class ticket, including stopovers en route, will be provided from the Member's place of residence to the place of the meeting.
    - [The Chairman of the WHO Executive Board](#) will be provided with a return first class ticket between his/her place of residence to the place of the meeting irrespective of the journey time.
- MoH should adhere to WHO criteria when selecting the candidates who are nominated to attend WHO meetings. [Changes in nominations](#) should be accommodated in exceptional cases.
- Once the nominations are confirmed, it is the responsibility of the WHO Country Office to organize travel arrangements for the participants.
- Once the Travel Authorization is finalized, the WHO Country Office will issue an air ticket.
- For internal/local travels, an air ticket is not required unless exceptionally justifiable (e.g. vast territory, security reasons, alternative mode of transportation being unavailable, impracticable or associated with high cost).

### 2.3.3 Payment of per diem

Per Diem is granted to WHO staff members and Non-staff travelling on behalf of or at the invitation of WHO.

**Travel per diem** is intended to cover all charges incurred on duty travel for lodging, meals, taxes, compulsory service charges, gratuities, and local communications including internet connections and transport, and other minor personal expenses. For periods up to 60 days, per diem is payable at 100% for staff members at all grades; a lower rate applies after 60 days, (except for New York, where the rate goes down after the first 30 days).

Per Diem rates are determined in conjunction with the United Nations and specialized agencies. United Nations system-wide per diems are regularly reviewed, and where necessary updated, to reflect the actual costs incurred for staying in hotels of “good commercial standing”.

### 2.3.3.1 International duty travels

- Full per diem for the approved itinerary can be paid to a non-WHO staff traveller one to two weeks in advance of travel, at the per diem rate in effect at the time of payment, by electronic transfer to the individual’s bank account and in the currency of that account.
- Alternatively, payments to non-WHO staff traveller can be made in cash on arrival at the meeting or conference venue, or prior to departure from a WHO Representative Office in a country. **However, electronic payments are preferred for reasons of cost, convenience and safety.** Thus, non-electronic payments should be used only when a traveller does not have a bank account or when the supplier bank account cannot be used to settle international expenses, or when a traveller’s participation cannot be confirmed before the meeting.
- In case of a new participant, his/her profile will need to be created in GSM to enable WHO to process electronic payments. The creation of the supplier record might take a maximum of 2 weeks.
- Unanticipated travel-related costs, such as conference fees are eligible for reimbursement and can be included in the Travel Authorization. Only essential and unavoidable excess travel costs can be authorized, however, WHO **will not** refund visa related expenses to non-staff travellers.

### 2.3.3.2 Reduced per diem

- Per diem should be reduced for any officially provided meals or lodging in the Travel Authorization. The ERP (GSM) travel module will automatically calculate deductions of 50% of per diem for lodging and 10% of per diem for each meal recorded in the travel authorization. This can be illustrated by the table below:

**Table 10: Per diem components\***

Description	Component of per diem (%)
Hotel/ Accommodation	50
Breakfast	10
Lunch	10
Dinner	10
Incidentals **	20

\* If any of the above per diem components is provided, the total per diem payment will be adjusted accordingly.

\*\* Incidentals are to cover minor personal expenses like purchase of local sim cards or other local communications, etc.

### 2.3.3.3 Local duty travels

- Per Diem for local duty travels is usually paid to local counterparts from MoH to attend seminars, meetings or to supervise other activities (e. g. Polio and surveillance activities).
- Per Diem rates and other costs (e.g. transport costs) are determined in conjunction with other United Nations Agencies in the respective countries (UNCT- United Nations Country Team). When no overnight stay is required, only transport costs are paid according to the rates predetermined by the UNCT.
- The WHO Country Office should pay per diem to national travellers, 2 to 3 days before the travel.

### 2.3.3.4 Payment of per Diem for special meetings

#### (i) World Health Assembly and Regional Committees

- World Health Assembly and Regional Committee delegates do not receive per diem as per WHA resolutions 30.10 and 55.22

(ii) **Members of the Executive Board**

- Members of the Executive Board are paid 140% of the standard per diem during meetings of the Board and periods of necessary travel to and from the place of meeting. A further day's per diem is included for those members who must arrive at least one full day before the opening of the meeting, and up to two additional days' per diem for those members for whom the scheduled flight time to the place of the meeting exceeds eight hours and who make a stopover during travel or arrive at least two full days before the opening of the meeting.
- For members who reside in the place in which the meeting is held, no per diem is payable.

(iii) **Experts and Temporary Advisers**

- MoH personnel travelling as Temporary Advisers and members of expert committees, of their sub-committees and of study and scientific groups receive an allowance consisting of the standard per diem rate for the country in which the meeting is held during authorized travel and during necessary attendance at the meeting.
- For members who reside within commuting distance of the meeting place, the allowance is reduced by 50% for each day on which the committee or group meets. The allowance is normally paid electronically to the individual's bank account, in the currency of the account.
- Exceptionally, payments can be made at the venue of the meeting, in cash, when electronic payment is not possible or is impractical. This allowance is not regarded as remuneration.
- The Comptroller's prior approval (or the approval of the Director of Administration and Finance in AFRO) is required for deviations beyond the standard per diem rate.

(iv) **Security clearance**

- In accordance with WHO and UN security policy, security clearance must be obtained for all official international travel involving WHO staff members, and others travelling on behalf of WHO in the following capacity:

- Consultants;
  - Persons who are engaged by the Organization under a special services agreement (SSA);
  - Temporary Advisers.
- For these categories, it is the responsibility of the staff member administering the travel to ensure appropriate security clearance applications are made. In most cases, it will be staff members from the WHO Country representatives.
  - Access to United Nations Department of Safety and Security (UNDSS) can be found on this link: <https://dss.un.org>.
  - Other travellers (Non-WHO Staff) not falling within the above-category are not required to obtain security clearance.

## 2.4 Travel claims

- Travel claims are submitted upon arrival, after the travel has taken place. **For WHO Staff:** Travel claims are due to be filed within 30 days of completion of duty travel along with copies of hotel bills and their boarding passes. For claims without copies of hotel bills, the per diem rate is reduced to 50% and advance payment recoveries made accordingly.
- Travel claims are typically not required **for non-WHO staff travellers**, including delegates to governing bodies meetings. However, claims for Non-WHO staff are required when actual travel differs from authorized travel and results in either additional payments or over-payments that require recovery. For example, a non-staff member that was paid prior to a meeting but did not attend, or a claim may be filed for additional, unanticipated expenses.

### 2.4.1 Overpayments

- Are recovered directly from the non-staff member in cash, cheque or electronic transfer and deposited into WHO account or the amount due can be deducted from subsequent travel.
- If the traveller has a contract with WHO, the amount due can be deducted from subsequent contract payments.

## 2.4.2 Underpayments

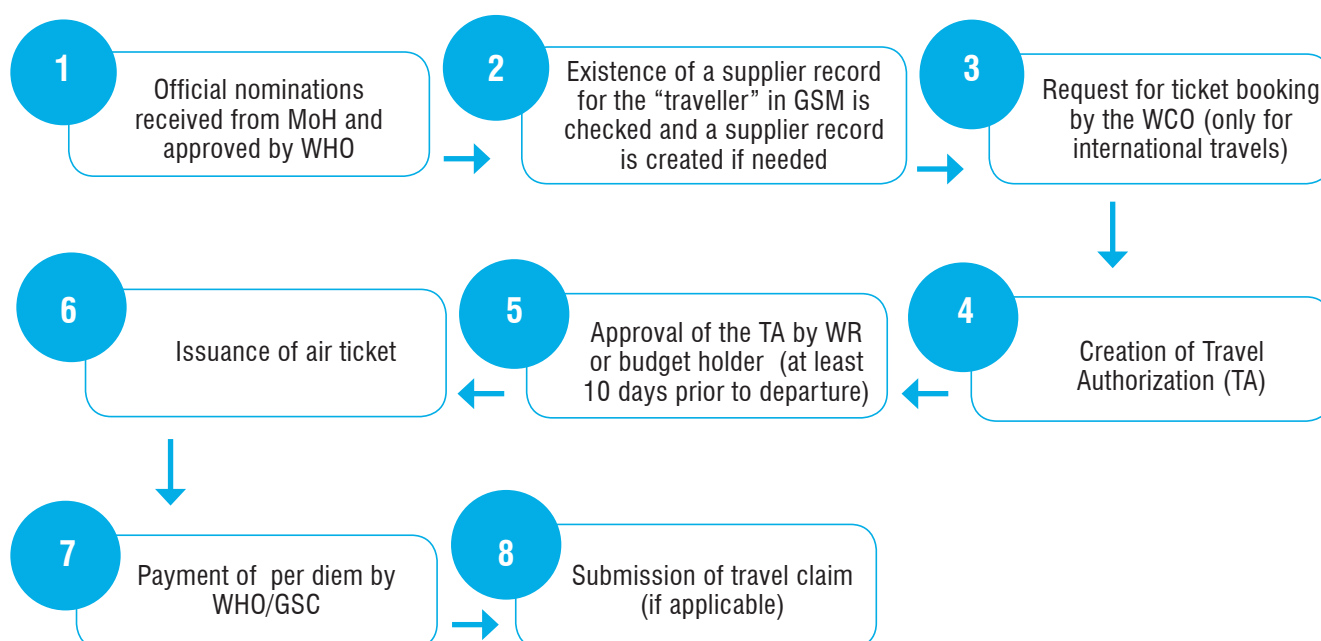
- Additional or unanticipated official expenses can be claimed upon return given that they are backed with adequate receipts. Once the travel claim for the additional amount is approved, payment will typically be made electronically to the traveller's (i.e. supplier's) bank account.

## 2.4.3 Self-purchased tickets

- In exceptional circumstances, when it is not possible for the Organization to purchase air tickets, a travel claim can be filed on behalf of the non-staff member to reimburse the cost of self-purchased tickets, which must be presented along with receipts by the traveller, filed electronically and linked to the claim.

It is the responsibility of the office that prepared the Travel Authorization to prepare the travel claim for non-staff, when necessary. The participant should keep all the relevant supporting documents including boarding passes, hotel receipts and receipts for any additional expenses.

**Figure 4: The processing of duty travel summarized**



## 2.5 Risks of non-compliance with WHO travel rules and policies

- WHO consistently seeks to strengthen the procedures by which it achieves expected results, accountability and stewardship of its resources. It is therefore the responsibility of MoH, the traveller and WHO to ensure that travel rules and policies are complied with; resources are efficiently and effectively used and travellers are accountable for the resources (funds) entrusted to them.
- In case of non-compliance by WHO Counterparts, the following risks might be faced by the Organization.

**Table 11: Risks of non-compliance with WHO travel rules and policies**

Risks	Mitigating Controls
1. DutyTravel Authorization not processed on time, which can result in the traveller not being able to travel on time or expensive air tickets.	MoH should send requests to the WHO Country Representative at least 21 working days prior to departure, including the final list of participants agreed upon.
2. Late processing of per diem payment.	Adequate time (at least 10 days) is required to allow GSC to process the payment; either by electronic transfer or cash payment by the WCO.
3. No refund received for cancelled travel after travel request paid or for lower travel expenses than approved travel request, which can result in misuse of WHO financial resources.	The traveller should notify the WCO of any cancellation or lower travel expenses and the travel requestor (WHO staff member) is responsible for ensuring that a refund is made by the traveller.

# SECTION: 3

## WHO Procurement



# WHO Procurement

## 3.1 Procurement definition

Procurement refers to all actions necessary for the acquisition, by [purchase](#) or [lease](#) of real property, goods, works or professional services. WHO supports Member States in purchasing a wide variety of goods including:

- Medicines and Vaccines;
- Cold Chain and Immunization;
- Laboratory equipment;
- Audio-visual Equipment;
- Diagnostics and Biologicals;
- Hospital Equipment and Supplies;
- Medical Kits;
- Transport including vehicles.

## 3.2 Non-emergency purchases undertaken by WHO for Member States

Procurement services may be provided only to [health administrations of Member States or Associate Member States and to agencies operating under their jurisdiction](#) which request such services. Therefore, if the request for procurement services is not being made in the first instance by the health administration itself or by a comparable authority, the requesting agency should state in its [request letter](#) that it operates under the jurisdiction of the health administration and should transmit the request through the health administration for endorsement.

Requests for or enquiries about the [purchase of supplies on a reimbursable basis](#) are received either directly in headquarters or through regional and country offices. When a request is received, the proposed purchases will be reviewed on an ad hoc basis, a proforma (cost estimate) will be prepared and sent to the government requesting the deposit of funds.

The regional and country offices to whom authority to purchase has been delegated approve purchases on behalf of governments, the United Nations, the specialized agencies and nongovernmental organizations, in accordance with specifications provided by the government.

Purchases of [non-proprietary items](#) are made, to the extent feasible and practicable, on a competitive basis in accordance with the WHO procedures. Following a competitive process, WHO has established Long Term Agreements (LTAs) where prices have been agreed with the identified suppliers in cases of purchase of repetitive goods and services. For [proprietary items](#) to be owned by the government however, WHO procures the type of equipment specified by make and model and from the source of supply indicated by the government.

### 3.3 Emergency purchases undertaken by WHO for Member States

This applies to the [purchase of essential medical supplies and equipment](#) as requested by a government on an emergency basis.

The delegation of authority from Regional Directors to Heads of WHO offices includes provision for local and direct purchases provided they meet WHO procurement criteria concerning the delegation of authority to procure goods and services.

WHO may also procure supplies, equipment and services on behalf of a government, a United Nations agency or a non-governmental organization in official relations with WHO, if the government or organization deposits or pledges funds in an acceptable currency in advance for this purpose ([reimbursable purchases](#)).

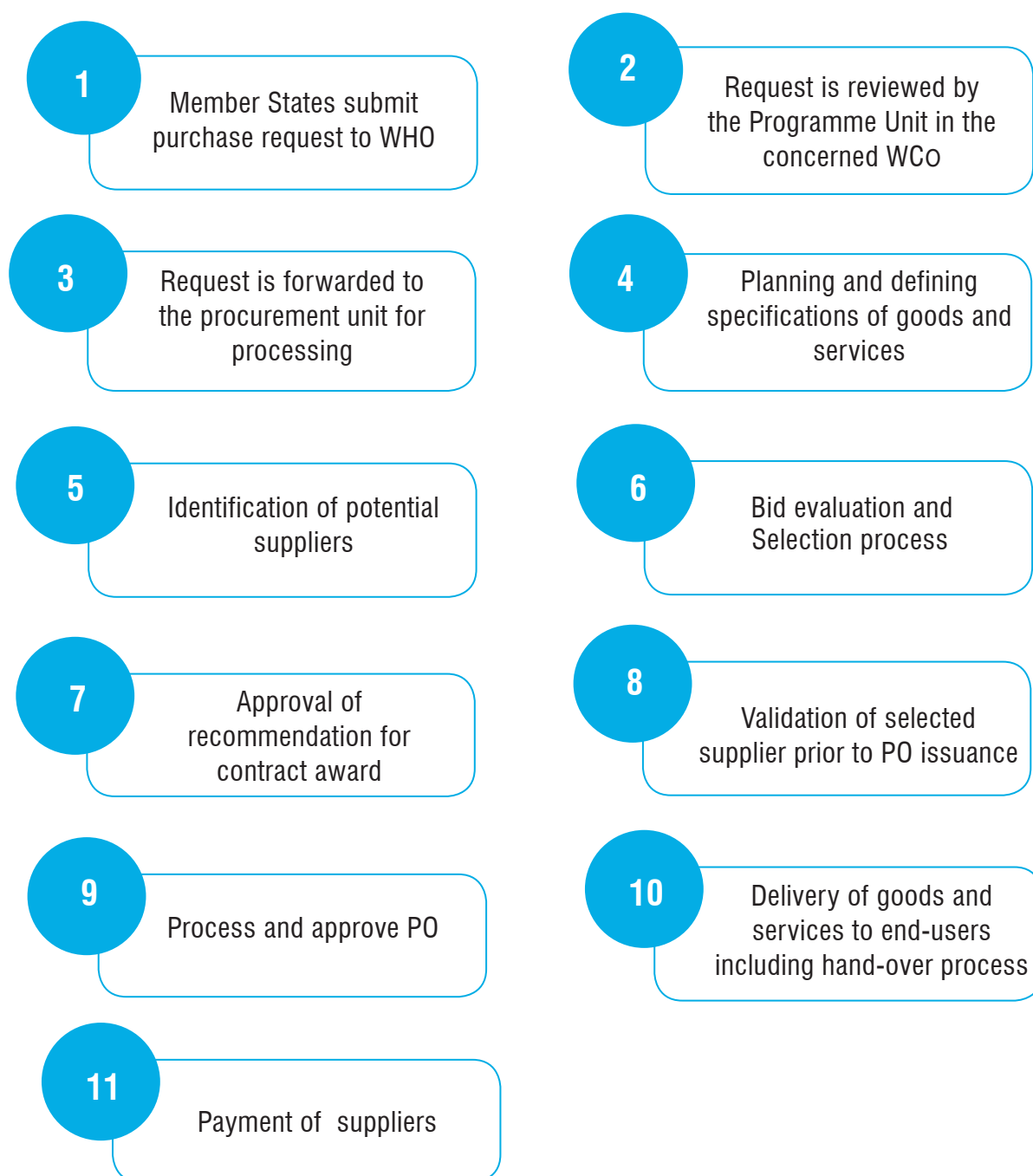
When the WHO official at the country level cannot purchase the required items locally or when central purchase is deemed more advantageous, priority purchase assistance will be provided by the Regional Office or by Contracting and Procurement Services (CPS) at Headquarters.

The [emergency delegation of procurement authority](#) granted by Regional Directors to Heads of WHO Country Offices includes a waiver from the competitive bidding requirements up to USD 100,000. However, the adjudication report requirements will continue to apply; such adjudication reports may be submitted post facto. The Heads of WHO Offices may re-delegate procurement delegation of authority to WHO Offices in neighbouring countries that are able to procure supplies for the emergency.

WHO Regional and Country Offices are responsible for ensuring that [locally procured pharmaceuticals, vaccines and biologicals](#) meet WHO's procurement standards. CPS will provide advice on local procurement to regional and country offices as purchases under these items are excluded from the delegated local procurement under emergency procedures.

### 3.4 WHO Procure-to-Pay Cycle

Figure 5: WHO Procure-to-Pay Cycle



### **3.5 WHO procurement principles**

WHO procures according to the following principles:

#### **3.5.1 Best value for money**

We select a responsive offer that is the best combination of technical specifications, quality and price. To ensure that best value for money is obtained, the process of soliciting offers and selecting a contractor:

- encourages competition;
- ensures impartial and comprehensive evaluation of proposals; and
- ensures selection of the offer that is the most practical and expected to best meet WHO's requirements as stated in the request for proposals or invitation to bid at the lowest price.

#### **3.5.2 Fairness, integrity and transparency**

We guard procurement against collusion and carry out processes on the basis of clear and appropriate regulations, objective evaluation criteria, unbiased specifications and use of standard solicitation documents. This code of conduct includes:

- Prospective providers are not allowed access to information on a particular acquisition before such information is available to all prospective bidders.
- Proprietary and source selection information is not disclosed, directly or indirectly, to any person not authorized to receive such information.
- Generic specifications are used, rather than descriptions that are unnecessarily restrictive or statements of work that may discourage competition. It is vital for transparency and equal opportunity and should be as clear as possible to enable prospective bidders respond positively to the invitation to bid.
- When support is needed to develop specifications, WCOs should consult the Procurement and Supply Services in the Regional Office.
- Staff members have a duty not to solicit or accept, directly or indirectly, any gratuity, gift, favour, entertainment or any promise of future employment from anyone who has or is seeking to obtain WHO contracts.
- A staff member having a financial interest in, or personal connection to, any providers responding to a WHO solicitation should not have any involvement in the related procurement process or contract management and oversight.

- Staff members having a “personal or family” connection to any providers should not be involved in the procurement processes or contract management.

### **3.5.3 Effective competition**

We provide all potential suppliers with timely and appropriate information, as well as equal opportunity for participation in procurement activities through:

- Acquisition planning with a view to developing an overall procurement strategy and procurement methodologies;
- Market research to identify potential providers;
- Competition on as wide a geographical basis as practical and suited to market circumstances;
- Consideration of prudent commercial practices, including appropriate due diligence with respect to prospective suppliers; and
- Formal methods of solicitation including: Invitation to Bid, Request for Proposal, etc., to ensure full and open competition.

### **3.5.4 Best interest of WHO and its partners**

We carry out procurement activities in a manner that best enables WHO and its partners to reach their goals and objectives. This is to ensure all procurement conduct and acquisitions must always be consistent with the objectives and expected results of WHO.

## **3.6 Sourcing process for goods and services**

Procurements below USD 25,000 require at least three written bids to be sourced from potential suppliers for each transaction.

For procurements estimated to cost between USD 25,000 to USD 200,000, the following applies:

- prospective providers are sent a request for proposals or invitation to bid and a description of the goods or services required by the Organization and invited to make an offer;
- bids are received and evaluated;
- immediately after the closing date and evaluation of bids, the responsible officer prepares an adjudication report and a contract is issued in favour of the selected provider.

For the sealed bids process, the workflow and conditions [for procurements above USD 200,000](#) is:

- Request for Proposals are issued to prospective providers who have the technical capacity to provide the required goods or perform the required services;
- Prospective providers are informed that bids will be publicly opened at a time and place specified in the Request for Proposal;
- Prospective providers are requested to send not later than a specified date and time, a sealed bid in an envelope addressed to the attention of the responsible officer;
- Envelopes containing bids are kept unopened by the designated unit in regional offices, and opened only at the time and place specified in the invitation;
- If sealed bids are required, on an exceptional basis, to be opened in country offices, prior approval of Director of Administration and Finance (DAF) is needed.

**Figure 6: Summary of solicitation methods**



### 3.6.1 Ownership and control of goods

The ownership and control of all goods purchased remains with the Organization unless:

- title to the goods has been formally transferred to a government pursuant to a plan of operation or other agreement covering technical cooperation; or
- any equipment is acquired under the terms of the Technical Services Agreement (TSA), in which case such equipment becomes the property of the institution; or
- the goods are acquired under arrangements for reimbursable purchases for Member States, United Nations system agencies or nongovernmental organizations; or
- the goods are otherwise sold or disposed of.

### **3.6.2 Requirements and specifications for goods**

The regional and country office Procurement Unit must be allowed sufficient time before the date on which the goods are to be delivered to their ultimate destination, recognizing that it is not always possible to calculate the precise amount of time required. Every effort should be made to submit procurement requisitions as early in each financial year or biennium as can be arranged.

The period required for the preparation and issuance of invitations to bid and for other steps leading to the placing of an order varies but does not normally exceed two months. The length of time taken to deliver goods also varies with each provider. The local currency is used for local procurement while for international procurement the applicable currency will depend on the supplier country of origin.

## **3.7 Other procurement methods applicable to Member States**

### **3.7.1 Use of Letters of Agreement (LOA) in procurement of services**

Letters of Agreement are used for the procurement of services, where it is not appropriate to use one of the standard service contracts. Further, it may be used for grants, pursuant to which WHO acts as a funding agency and provides financial support for the projects of outside organizations. Funding through grants must be within WHO's overall programmatic priorities.

Therefore, the department proposing to make a grant must prepare a justification memorandum accompanying the grant documentation explaining:

- (i) why a grant is appropriate and describing the review process;
- (ii) how the grantees were assessed and selected;
- (iii) the reasonableness and economy of financial proposals.

### **3.7.2 Technical Services Agreement for procurement of services**

Technical Services Agreement (TSA) refers to an agreement for research or other technical projects/investigations. TSAs which have been reviewed and recommended for funding by an established steering committee or similar established scientific or technical review body are exempt from WHO's rules on competitive procurement and Contracts Review Committee (CRC) review. The review by an established steering committee or a review body includes an evaluation of the TSA budget and/or proposed costs.

# SECTION: 4

## Fellowships



# Fellowships

## 4.1 Overview of the Fellowship Programme

**Fellowships for individual studies** are based on the recommendation of the fellows' respective governments to prepare them and strengthen their current capacities and posts for a specific assignment in their home country after completion of the study programme.

**Fellowships for group training** may be granted to individuals nominated by their government to enable them to take part in a training course or a study tour (often also referred to as "travelling seminar"), which is defined as a visit by a group of health workers or scientists to study sites in one or several countries to examine local problems and methods of dealing with them. The findings and impressions may be described in a report for which all the participants assume collective responsibility or in a report signed by one or more of them.

The award of a WHO fellowship means that an appropriate training programme, which may include distance learning, is planned and facilitated in coordination with national health administrations. It is selected or arranged for an individual or a group and the necessary financial assistance is granted to carry it out. When fellowships are awarded for group training, the type and content of the training programme and the composition of the group are determined prior to the selection of the fellows fulfilling the requirements. In both cases, a training and development needs analysis should be made available and all requests should be based on a training and development plan.

Provision for fellowships is made under each area of work within the Programme Budget and is included in the workplan. WHO supports governments in the administration of the fellowships. Thus, the facilities of the Organization are placed at the disposal of governments for the administration of fellowships, which they provide in whole or in part as part of their national health programmes. Both training courses and study tours may be sponsored jointly by WHO and other organizations.

Further information regarding the fellowship opportunities can be obtained from the respective WHO Country Offices.

## 4.2 Types and duration of awards

Awards of fellowships are normally made to qualified persons to enable them to:

- (a) attend courses or similar group training activities organized or assisted by WHO;
- (b) attend other courses, especially those leading to a postgraduate certificate, degree or diploma;
- (c) observe practices and techniques with which they are not familiar, or to carry out research.

## 4.3 Eligibility for fellowships

Fellowships are available to [nationals of Member States and Associate Members of WHO](#) and to nationals of trust and other territories for whose international relations WHO Member States are responsible, or which are administered by international authorities established by the United Nations.

Preference is given to applicants for training which is necessary for carrying out a health project assisted by the government.

## 4.4 Application for fellowships

The WHO country and regional offices should receive all applications [at least six months in advance of the proposed starting date](#). Regional and Country Offices will assist governments in coming up with their training and development plans that will involve:

- (a) assessing their needs in fellowships required to obtain trained personnel to perform specified tasks; and
- (b) reviewing possible candidates.

Applications must be made on the WHO Fellowship Application (form WHO 52). These are provided either by the office of national health administrations or through the WHO Country Offices.

## 4.5 Terms of reference of the National Selection Committee

The Selection Committee is established by the [national health administration](#), in consultation with the WHO Country Representative. National health administrations should submit applications to a National Selection Committee which will interview applicants and select suitable candidates.

The Committee is composed of the following:

- representatives of the national health administration;
- representatives of the national body concerned with the education of medical and health personnel;
- representatives of the appropriate professional group; and
- a representative of WHO to serve in an advisory capacity without vote.

The Committee should have **between three and five voting members**. In selecting candidates, the committee will assess applications taking into consideration the following criteria:

- Whether the proposed studies form part of a WHO-assisted programme;
- Educational qualifications of the candidates;
- Relevant experience in the subject to be studied;
- Language qualifications;
- Health of the candidates; and
- The proposed duration of studies.

The national health administration should forward the applications of the selected candidates to the WHO Regional Office through the Country Offices, together with the completed Fellowship Application Endorsement sheet; the information on this sheet should match the proposed field of study to be pursued by the candidate.

## 4.6 Acceptance of applications

The Regional Fellowship Officer reviews all applications in the light of comments made by Country or Regional Office staff or WHO Representatives as appropriate, with reference to country training and development needs plan.

The Regional Director, based on the recommendation of the Fellowship Officer, may reject an application if:

- (a) the proposed fellowship is not justified in terms of the study programme;
- (b) the qualifications of the candidate, technical background and knowledge of the language of study will not permit full benefit to be drawn from the fellowship;

- (c) the candidate's health is questionable; or
- (d) the application should not be accepted or should be postponed for other reasons.

Once an application has been accepted, a [provisional study programme](#) for the fellow is prepared. The proposed study programme, if essentially different from the proposal of the applicant or national health administration, is communicated to the candidate and the national health administration for any observations before final action is taken. Regional Fellowship Officers will keep candidates and their governments informed of the status of their application during the period necessary for acceptance, processing, placement negotiations, etc.

## 4.7 Letter of Award

After placement has been arranged and funds have been obligated, the Regional Fellowship Officer prepares a [Letter of Award](#) (form WHO 53) which is signed by the Regional Director. Attached to the Letter of Award is a copy of the WHO Fellowships booklet and, when appropriate, the Fellows' Reports (form WHO 54).

The following illustration shows the process of planning and issuance of fellowships:

**Figure 7: The process of planning and issuance of fellowships**



## 4.8 Financial arrangements for fellowships

Each fellowship covers:

- (a) the cost of travel, both international and in the country of study;
- (b) a stipend or monthly living allowance;
- (c) tuition fees including registration fees for courses and thesis expenses;
- (d) termination allowance;
- (e) health insurance;
- (f) book grant and, if required,
- (g) Other education support materials.

It may also provide for costs of attendance at professional conferences related to the study programme and for costs arising in conjunction with distance learning. All other expenses are at the fellow's own charge.

### 4.8.1 Stipends

A stipend is an [allowance for room, board and incidental expenses](#) incurred by a fellow during the period of the fellowship award. The amount varies from place to place because of differences in the cost of living, but does not vary from fellow to fellow in the same place. In order for the stipends of all fellows in a given location to be paid uniformly and equitably, irrespective of the United Nations agency or source of funds, stipend rates are established by inter-agency agreement.

### 4.8.2 Tuition fees and thesis expenses

WHO pays tuition fees for courses included in study programmes. Such fees, while accruing in local currency, should normally not be paid by the fellow, but bills should be sent to the Regional Office of the region of study.

## 4.9 Reports

Reports on fellowships are made by the fellow during and at the end of the fellowship, by training institutions during the fellowship and by the fellow and the government on the subsequent use made of the fellow's services.

### 4.9.1 Reports during the fellowship

Fellows receive special instructions on reporting which vary according to the country of study. Fellows pursuing studies lasting more than six months are required to submit reports in duplicate after each academic term, or at six-monthly intervals, on form WHO 54. The reports should be sent through the Regional Office of study to the Regional Office of origin. Training institutions are requested to submit an interim confidential report on fellows pursuing academic studies lasting six months or more.

In order to keep national health authorities informed of fellows' progress, the Regional Director sends to governments, as required, any relevant information contained in fellows' reports or received from the region of study or from the institution in which they are studying.

### 4.9.2 Reports at the end of the fellowship

Within one month of the end of their fellowship, fellows are required to submit a Termination of Studies Report, on form WHO 635. This report should be sent to the Regional Office of the region of origin, which will send copies to the Regional Office(s) for the region(s) of study; the latter may in turn forward a copy to the training institution.

### 4.9.3 Reports on the subsequent use of fellows' services

For all fellowships lasting three months or more a report on the Utilization of Fellows' Services (form WHO 55) must be completed in duplicate by the fellow and the national health administration twelve months after the end of the fellowship. For fellowships lasting six months or more an additional utilization report is due after 24 months or 36 months if the length of studies was less than two years, respectively more than two years, in line with the fellow's undertaking to complete minimum service periods. At the appropriate time, the national health administration sends form WHO 55 to the fellow who completes Side 2 and returns it to the government. The government adds its comments on Side 1, retains one copy and sends the other to the Regional Office for the country of origin.

## 4.10 Group training

Individuals nominated by their governments to take part in group training courses or study tours may be awarded fellowships in which case the conditions applicable are the same as those for fellowships for individual study. This holds true whether fellows are attending an independent course, or one which is organized or assisted by WHO.

Individuals nominated, but not awarded a fellowship, are known as participants and are treated in the same way as those attending meetings such as seminars or symposia. In such cases, neither a selection committee nor a medical examination is normally required and a simple letter of invitation is issued.

At the end of the course or study tour, those taking part are asked to complete either a short appraisal form (for participants) or a final report as for an individual fellowship.

The organizer of the course or study tour also prepares, in collaboration with those attending and the teaching staff, a report assessing the success or failure of the course in relation to its objectives, and, if necessary, offering suggestions on improvements that might be made in the organization or curricula of future similar courses or tours.

# Annexes



# Annexes

## Annex 1: Sample Budget Breakdown\*

Activity: Polio Vaccination Campaign, (Region), (Country)				
Date:	15 – 31 Jan 2015			
	Location (.....)			
	Currency: (.....)			
	Unit Cost	No. of units	No. of days (c)	Total d = (a) * (b) * (c)
<b>PER DIEM</b>				
Vaccinators	7,000	100	5	3,500,000
Supervisors	7,000	10	5	350,000
Drivers	7,000	20	5	700,000
Data entry staff	7,000	30	5	1,050,000
<b>Sub-total</b>		<b>160</b>		<b>5,600,000</b>
<b>TRANSPORTATION</b>				
Car rental	100,000	15	5	7,500,000
Fuel	2,000	400	5	4,000,000
<b>Sub-total</b>				<b>11,500,000</b>
<b>PRINTING</b>				
Vaccination cards	750	1,000	-	750,000
<b>Sub-total</b>				<b>750,000</b>
<b>SUPPLIES</b>				
Paper Reams	4,500	15	-	67,500
Pencils	200	200		40,000
Markers	200	2,500	-	500,000
<b>Sub-total</b>				<b>607,500</b>
<b>TOTAL</b>				<b>18,457,500</b>

**Prepared by:**

Name:

Title: .....

Signature: .....

Date: .....

Email / .....

Phone: .....

**Certified by:**

Name:

Title: .....

Signature: .....

Date: .....

Email / .....

Phone: .....

\* Note: this is an illustrative example, figures are not indicative and budget items are not exhaustive.

## Annex 2: DFC Justification Template

DFC JUSTIFICATION TEMPLATE – TECHNICAL	
[Counterpart]	
Emergency project : [(Yes/No)]	
Category Number: [add detail]	
Programme area: [add detail]	
Reference to approved workplan: [add detail]	
Responsible Technical officer at WCO: [add name and function]	
Responsible Technical officer at Regional Office: [add name and function]	
Responsible office at MoH: [add name and contact person]	
PTAEO reference: [add detail]	
DFC start date: [add detail]	DFC end date: [add detail]
JUSTIFICATION FOR DFC	
Objective of the activity: [add detail]	
Clarification why DFC is the most appropriate implementation method: [add detail]	
Brief description of how the activities are in compliance with donor requirements: [add detail]	
Measurable deliverables: [add detail]	
<i>Example: Developed guidelines for xxx</i>	
Expected Outputs: [add detail]	
<i>Example: Strengthen capacity to deliver xxx</i>	
Reference to MoH proposal/agreement: [reference to supporting document that is uploaded]	
A detailed budget by expenditure category is attached.	
AUTHORISATION	
<b>Responsible Technical Officer</b> (Signature):  (Name):..... (Date):.....	<b>WR/WHO</b> (Signature):  (Name):..... (Date):.....

### Annex 3: Sample DFC agreement and FACE Form



**COVERING LETTER**  
**LETTRE D'ACCOMPAGNEMENT**

*Return Address/Adresse de retour:*

88/20 PERMANENT SECRETARY BUILDING 3, 4TH FLOOR  
MINISTRY OF PUBLIC HEALTH, TIWANON RD.,  
TARAD KWANG, AMPHUR MUANG  
NONTABURI  
THAILAND, 11000

Telephone/Téléphone: +66 2 590 1524  
Email / Courriel: sethalpo@who.int

WHO/GSC/GPL  
BLOCK 3510  
JALAN TEKNOKRAT 6  
CYBERJAYA 63000  
Malaysia

**WHO Reference/Référence OMS:**

WHO Reference	2015/550135-0
Purchase Order	201296167-1
Reg. file	
Unit Reference	140130 CAT3, 4 AC

Dr Amphon Jindawatthana  
NATIONAL HEALTH COMMISSION OFFICE, NONTABURI  
88/37 TIWANIN 14 Road, Mueng District,  
Thailand, 11000

**Re: The support for HIA experts, practitioners, authorities and academic to attend 1<sup>st</sup> ASEAN Conf on Impact Assessment**

We are enclosing the Agreement For Direct Financial Cooperation (DFC) between the World Health Organization and NATIONAL HEALTH COMMISSION OFFICE, NONTABURI, in the amount of THB 735,000.00 (Seven Hundred Thirty-Five Thousand), for conducting above-mentioned work. We also attach two document(s) referenced in the Agreement.

We kindly request that you return, duly signed, one copy of the Agreement, keeping one for your files.

Upon completion of the activity, a technical report and financial statement must be sent to the WHO Representative within 90 days. Please be aware that future DFC funding will be withheld to partners with overdue DFC reports.

For any technical or programmatic questions relating to this agreement, please contact Nima ASGARI-JIRHANDEH, asgarin@who.int.

On behalf of the World Health Organization, we thank you for your collaboration.

**CC: WHO Representative, Thailand**

**WHO Global Service Centre**

**Concerne: The support for HIA experts, practitioners, authorities and academic to attend 1<sup>st</sup> ASEAN Conf on Impact Assessment**

Veuillez trouver ci-joint l'Accord pour Coopération Financière Directe (CFD) entre l'Organisation Mondiale de la Santé et NATIONAL HEALTH COMMISSION OFFICE, NONTABURI, pour un montant de THB 735,000.00, vous permettant de mener à bien le travail susmentionné. Veuillez également trouver 2 pièce(s) jointe(s) dont il est fait référence dans l'Accord.

Veuillez nous retourner, dûment signée, une copie de l'Accord et en conserver un pour vos dossiers.

À l'accomplissement du travail, un rapport technique et un relevé financier doivent être envoyés au représentant de l'OMS dans les 90 jours. Veuillez noter que de futures coopérations financières seront retenues pour cause de rapport en retard.

Pour toutes questions techniques ou sur les programmes ayant trait à cet Accord, veuillez contacter Nima Asgari-JIRHANDEH, asgarin@who.int.

Au nom de l'Organisation Mondiale de la Santé, nous vous remercions de votre collaboration.

**CC: Représentant de l' OMS, Thailand**

**Centre de Soutien Administratif Mondial de l'OMS**



## DIRECT FINANCIAL COOPERATION AGREEMENT ACCORD POUR COOPÉRATION FINANCIÈRE DIRECTE

WHO/GSC/GPL  
BLOCK 3510  
JALAN TEKNOKRAT 6  
CYBERJAYA 63000  
Malaysia

### WHO Reference/Référence OMS:

WHO Reference 2015/550 135-0  
Purchase Order 201296167-1  
Reg. file  
Unit Reference 140130 CAT3, 4 AC

The WORLD HEALTH ORGANIZATION hereby agrees to provide to  
*L'ORGANISATION MONDIALE DE LA SANTÉ s'engage par la présente à fournir à*

NATIONAL HEALTH COMMISSION OFFICE  
NONTABURI  
Nonthaburi  
Thailand

Contact/ *Contact*: Dr Amphon Jindawatthana  
Telephone/*Téléphone*: 662 832 9082  
Fax: 662 832 9001 - 2  
Email/ *Courriel*: nationalhealth@nationalhealth.or.th

**The Amount of/Un Montant de:** THB 735,000.00 (Seven Hundred Thirty-Five Thousand)

**For/en vue de:** the support for HIA experts, practitioners, authorities and academic to attend 1<sup>st</sup> ASCEN Conf on Impact Assessment

**For the period** financed by this Agreement  
**Période du projet** financée par le présent accord

Start Date/*De*  
Completion date/*A*

:07-SEP -2015  
:07-DEC -2015

**Due Date** of the technical report and financial statement (90 days after completion)  
**Echéance** du rapport technique et relevé financier (90 jours après la fin de l'activité)

:06-MAR-2016

Any overdue technical and financial report/refunds form the same party?  
(In case of Yes, details and reasons to be attached)

☐ Yes / *Oui* ☐ No / *Non*

*Rapports techniques et financiers/remboursements en retard du même  
bénéficiaire ? (Si oui, inclure les détails et raisons)*

### Summary of Work / Description sommaire des travaux:

Description of work under this Agreement/ *Description des travaux faisant l'objet du présent accord:*

The Support for HIA experts, practitioners, authorities, and academic to attend the 1st ASEAN Conference on impact Assessment Under the Theme of Impact Assessment and Mitigation: Towards ASEAN Engagement and Sustainable Development.

### Financial Terms/ Dispositions financières:

Payments will be made as follows/*Les versements seront effectués comme suit:*

	Deliverable/Résultat	Due date/Date Remise	%	Currency Amount/ Montant en Devise
1	Upon receipt of signed contract	10-SEP-2015	50.00	367,500.00
2	Upon receipt of technical and financial report	07-DEC-2015	50.00	367,500.00
3	Upon receipt of DFC report	07-DEC-2015	0.00	0.00

WHO Workplan References/ Références de l'OMS sur les programmes:

	Project	Task	Award	Expenditure Type	Expenditure Organization	%	USD
1	SETHA1408783	6.1	61774	511-DFC	SE_THA WR Office, Thailand	15.4	3,222.95



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**WHO Reference/Référence OMS:**

**WHO Reference** 2015/550135-0  
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**Unit Reference** 140130 CAT3, 4 AC

	Project	Task	Award	Expenditure Type	Expenditure Organization	%	USD
2	SETHA1408783	7.2	61774	511-DFC	SE_THA WR Office, Thailand	16.82	3,520.13
3	SETHA1408767	3.1	61774	511-DFC	SE_THA WR Office, Thailand	42.06	8,802.42
4	SETHA1408767	2.1	61774	511-DFC	SE_THA WR Office, Thailand	25.72	5,382.75

Additional Conditions, if any, to the General DFC Conditions noted here / *Conditions additionnelles, le cas échéant, aux conditions générales:*

**Annexes**

The following annexes form an integral part of this Agreement: *Les annexes listées ci-dessous font partie intégrante de cet accord:*

Annex/Annexes	File name/Nom du fichier		
1	2015/550 135	Contractual - Terms of Reference	
2	2015/550 135	Contractual - Budget Breakdown	Budget Breakdown

In the event that the terms of the annexes contain any provisions which are contrary to the provisions of this Agreement, the terms of this Agreement shall take precedence/ *En cas de contradiction entre les termes apparaissant sur les annexes et ceux de l'Accord, les dispositions de l'Accord prévaudront dans tous les cas.*

**WHO Official Responsible for the project:**  
**Représentant de l'OMS responsable du projet:**

Signature:.....  
Date:.....

**Authorized Signatory:**  
**Signataire autorisé:**

**ON BEHALF OF THE INSTITUTION/ POUR L'INSTITUTION**  
**Responsible Administrative Authority**  
**Autorité administrative responsable**

Signature:.....  
Name/Nom:.....  
Division:.....  
Date:.....



## DIRECT FINANCIAL COOPERATION AGREEMENT ACCORD POUR COOPÉRATION FINANCIÈRE DIRECTE

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<b>Purchase Order</b>	<b>201296167-1</b>
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<b>Unit Reference</b>	<b>140130 CAT3, 4 AC</b>

### GENERAL CONDITIONS (revised December 2014)

The following general conditions apply to this Direct Financial Agreement, and should be strictly adhered to by the relevant governmental authority in implementing the programme funded hereunder.

1. The activity described in the agreement must commence within three months from the date of the agreement and must be completed within a maximum of one year from commencement.
2. Expenditure should be incurred according to the approved budget for the activity(ies) under this agreement.
3. Payments will be made according to the payment schedule set forth in the DFC agreement, in each case upon receipt of the deliverables mentioned therein. Any advance payment (full or part as the case may be) will be made only upon signature of both the government and WHO to the agreement and upon recording receipt of the signed agreement in the Global Management System (GSM).
4. Advance payments equal to the full amount of the funding provided hereunder are permitted only for one time activities of a short duration (up to 3 months only) or USD 50,000 whichever is less.
5. Payment will be made in local currency.
6. Cheques and bank transfers will be made to the relevant government authority, not individuals. Bank particulars must be recorded in the supplier record in GSM.
7. A final DFC report comprising: 1) a technical report specifying the activities undertaken and outcomes achieved, as against the terms of reference and budget set forth in the agreement, and 2) a financial certification using the funding Authorization and Certification of Expenditure (FACE) form, shall be submitted to WHO within three (3) months of completion of the activity.
8. The report must relate the activity and its outcome to the relevant activities, products and expected results in the approved Work Plan, and be signed by the appropriate government official, and verified by the responsible officer of WHO.
9. The FACE form must include a detailed expenditure breakdown by category of expense and details of unspent balances following the original approved budget. Any funds not utilized must be reported on in the FACE form and returned to WHO within three months of completion of the activity.
10. Further payments will be withheld from governmental authorities which have not submitted DFC reports on a timely basis.
11. Supporting financial documents must be retained by the relevant governmental authority for a period of at least five years from the end date of the activity and be made available for inspection by WHO and/or parties acting on behalf of WHO, upon request.
12. The relevant extract of the government's audited financial statements must also be made available to WHO upon request.

### Conditions générales (révisées en décembre 2014)

Les conditions générales ci-après s'appliquent au présent Accord de coopération financière directe et doivent être rigoureusement respectées par l'autorité gouvernementale compétente dans la mise en œuvre du programme financé au titre de l'Accord.

1. L'activité décrite dans l'Accord doit débuter dans les trois mois suivant la date de l'accord et doit être accomplie dans un délai maximum d'un an après son commencement.
2. Les dépenses doivent être engagées selon le budget approuvé pour l'activité ou les activités prévues au titre de l'accord.
3. Les paiements sont effectués suivant le calendrier indiqué dans l'Accord de coopération financière directe et à réception des produits ou services à livrer aux termes de l'Accord. Des avances (Totales ou partielles selon le cas) ne peuvent être consenties qu'après signature de l'Accord par le gouvernement concerné et par l'OMS et enregistrement de l'Accord signé dans le Système mondial de gestion (GSM).
4. Le versement d'avances égales au montant complet du financement prévu au titre de l'accord, n'est autorisé que pour des activités ponctuelles et de courte durée (jusqu'à trois mois) ou dans les limites de US \$50 000, si cette dernière valeur est inférieure.
5. Les paiements sont effectués en monnaie locale.
6. Les chèques et virements bancaires doivent être établis à l'ordre de l'autorité gouvernementale compétente et non à l'ordre de particuliers. Les informations bancaires doivent être enregistrées dans le registre des fournisseurs du GSM.
7. Un rapport final sur l'accord de coopération financière directe comprenant: 1) un rapport technique précisant les activités entreprises et les résultats obtenus par rapport au mandat et au budget prévus dans l'Accord, et 2) une certification financière établie à l'aide du formulaire d'autorisation de financement et certification des dépenses (FACE) doit être soumis à l'OMS dans un délai de trois mois suivant l'achèvement de l'activité.
8. Le rapport doit établir une correspondance entre l'activité et ses résultats et les activités, produits et résultats escomptés prévus dans le plan de travail approuvé et il doit être signé par le représentant du gouvernement compétent et vérifié par le responsable de l'OMS.
9. Le formulaire FACE doit comporter une ventilation détaillée des dépenses par catégories et indiquer le détail des montants non dépensés par rapport au budget initialement approuvé. Les fonds non utilisés doivent être consignés sur le formulaire FACE et restitués à l'OMS dans les trois mois suivant la fin de l'activité.
10. En cas de retard dans la présentation des rapports prévus par l'Accord pour coopération financière directe, le versement des sommes dues aux autorités gouvernementales concernées sera suspendu.
11. Les documents financiers justificatifs doivent être conservés par l'autorité gouvernementale concernée pour une durée minimale de cinq ans à compter de la date de fin de l'activité et doivent pouvoir être communiqués, sur demande, à l'OMS et/ou aux parties agissant en son nom pour inspection.
12. Les extraits pertinents des états financiers vérifiés du gouvernement doivent également pouvoir être communiqués à l'OMS sur demande.



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**WHO Reference/Référence OMS:**

**WHO Reference** 2015/550 135-0  
**Purchase Order** 201296167-1  
**Reg. file**  
**Unit Reference** 140130 CAT3, 4 AC

**Funding Authorization and Certification of Expenditure (FACE)  
and Technical Report of Outcomes**

Date: 06-AUG-15  
Country: THAILAND  
WHO Ref: 2015/550135-0  
PO number(s): 201296167-1  
Responsible Officer: Dr Amphon Jindawattana  
Implementing Partner: NATIONAL HEALTH COMMISSION OFFICE

**PTAEO INFORMATION** (to be filled in by WHO):

	Project	Task	Award	Expenditure Type	Expenditure Organization	%	USD
1.	SETHA1408783	6.1	61774	511-DFC	SE_THA WR Office, Thailand	15.4	3,222.95
2.	SETHA1408783	7.2	61774	511-DFC	SE_THA WR Office, Thailand	16.82	3,520.13
3.	SETHA1408767	3.1	61774	511-DFC	SE_THA WR Office, Thailand	42.06	8,802.13
4.	SETHA1408767	2.1	61774	511-DFC	SE_THA WR Office, Thailand	25.72	5,382.75

**Currency:** THB

PO No. (Start date - end date)	FINANCIAL REPORTING				
	To be filled in by Implementing Partner			To be filled in by WHO	
Budget line (category of expenditure)	Authorized amount as per budget <b>A</b>	Actual Project Expenditure <b>B</b>	Diff. between authorized and actual <b>C = A-B</b>	Expenditures Accepted by WHO <b>D</b>	Balance <b>E = A-D</b>
			0		0
			0		0
			0		0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Justification for variations to budget if any:

To be filled in by WHO

1. Total funds received from WHO (To be filled in manually)		Partner to refund to WHO	Balance to be paid to IP by WHO (max total in Column A above)
2. Total expenses (column D Above)			
Balance remaining (1-2)			

**TECHNICAL REPORT SUMMARY** (to be filled in by Implementing Partner)

Summary of technical report including the description, duration and outcomes (i.e. results) from DFC activities. The summary should confirm that the outcomes as described in the approved project proposal have been achieved and should include reasons for under implementation if applicable.

**CERTIFICATION BY IMPLEMENTING PARTNER:**

The undersigned Programme Manager hereby certifies that:

- The actual expenditures reported above for the period stated herein have been disbursed in accordance with the approved project proposal and detailed budget for this DFC agreement. The supporting documents for these expenditures will be made available for examination, when required, for a period of five years from the date of the completion of the activity above. Any balance remaining from an activity will be refunded to WHO within three months of completion of the activity.

- The technical report and its summary above represent an accurate description of the activities undertaken, the results achieved and the duration of the DFC project, and that these activities are in conformity with the approved project proposal for this DFC.

Date submitted:.....

Signature:.....

Name:.....

Title:.....

For WHO certification, please see overleaf:



World Health  
Organization

**DIRECT FINANCIAL  
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WHO/GSC/GPL  
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<b>Purchase Order</b>	<b>201296167-1</b>
<b>Reg. file</b>	
<b>Unit Reference</b>	<b>140130 CAT3, 4 AC</b>

**For WHO USE ONLY:**

**Certification by WHO Responsible Technical Officer:**

I hereby certify that:

*I have reviewed the final DFC technical report and have verified that the report is adequate to evidence that the activities were implemented according to the agreement and the approved budget, and that the agreed outputs were achieved.*

*I or another responsible WHO staff member have visited the site(s) where the activities were implemented and verified that the activities were progressing according to plan during the site visit(s).*

*I have reviewed the FACE report and confirm that it has been correctly filled out and duly certified by the implementing partner.*

*(Only if relevant) I have the following comments to add:*

.....

**Responsible Technical Officer:**

Name:.....

Signature:.....

Date:.....

**Certification by WHO Representative/ Head of Office:**

*I hereby certify that I have reviewed the DFC technical report and the FACE report, and confirm that the activities were carried out, and the planned outputs achieved according to the agreement with the implementing partner and the DFC approved budget.*

**(Only if relevant) I have following comments to add:**

.....

**WHO Representative/ Head of WHO Office:**

Name:.....

Signature:.....

Date:.....





**World Health  
Organization**

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**WHO Reference/Référence OMS:**

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**Unit Reference** 140130 CAT3, 4 AC

**Autorisation de financement et certification des dépenses (FACE) et Rapport technique sur les résultats**

Date: 06-AUG-15  
Pays: THAILAND  
Réf.OMS: 2015/550135-0  
Numéro de bon de commande: 201296167-1  
Officier responsable: Dr Amphon Jindawattana  
Partenaire Opérationnel: NATIONAL HEALTH COMMISSION OFFICE

**INFORMATION PTAE0 (à remplir par l'OMS):**

	Project	Task	Award	Expenditure Type	Expenditure Organization	%	USD
1.	SETHA1408783	6.1	61774	511-DFC	SE_THA WR Office, Thailand	15.4	3,222.95
2.	SETHA1408783	7.2	61774	511-DFC	SE_THA WR Office, Thailand	16.82	3,520.13
3.	SETHA1408767	3.1	61774	511-DFC	SE_THA WR Office, Thailand	42.06	8,802.13
4.	SETHA1408767	2.1	61774	511-DFC	SE_THA WR Office, Thailand	25.72	5,382.75

Devise: THB

N° bon de commande (date de début- fin)					
RAPPORT FINANCIER					
À remplir par Partenaire Opérationnel			À remplir par l'OMS		
Ligne budgétaire (catégorie de dépenses)	Montant autorisé par le budget A	Dépense réelle du projet B	Ecart entre le montant autorisé et la dépense réelle C = A-B	Dépense acceptée par l'OMS D	Solde E = A-D
			0		0
			0		0
			0		0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Justification des variations de budget, s'il en existe :</b>					
À remplir par l'OMS:					
1. Fonds totaux reçus d'OMS (à remplir manuellement)			Partenaire à rembourser à l'OMS	Solde à payer par l'OMS à PO (maximum colonne A au-dessus)	
2. Dépenses totales (colonne D au-dessus)					
Le solde restant (1-2)					

**Résumé du Rapport Technique (à remplir par le Partenaire Opérationnel)**

Le résumé du rapport technique inclus les descriptions, la durée et les objectifs atteints (ex. résultats) relatif aux activités de DFC. Le résumé devrait confirmer que les résultats décrits dans la proposition du projet approuvé ont été atteints et doivent comporter les motifs de la sous-exécution si c'est applicable.

**CERTIFICATION PAR PARTENAIRE OPÉRATIONNEL:**

Le directeur du programme soussigné, certifie par la présente que:

- Les dépenses réelles indiquées ci-dessus pour la période indiquée ci-dessus ont été déboursés conformément à la proposition de projet approuvée et le budget détaillé de cet accord de DFC. Les pièces justificatives de ces dépenses seront disponibles pour le contrôle, si nécessaire, pour une période de cinq ans à compter de la date de l'achèvement de l'activité ci-dessus. Tout solde restant d'une activité sera remboursé à l'OMS dans les trois mois suivant l'achèvement de l'activité.
- Le rapport technique et le résumé ci-dessus représente une description précise des activités menées, les résultats obtenus, la durée de l'activité de DFC et l'activité sont conforme à l'activité approuvée.

Date de soumission:.....  
Nom:.....

Signature:.....  
Position:.....

Pour la certification d'OMS, veuillez consulter au verso:

### Seulement pour l'usage de l'OMS:

#### **Certification par Officier responsable de l'OMS:**

Je certifie par les présentes que :

*J'ai examiné le rapport technique du DFC et ai vérifié qu'il est suffisant pour preuve que les activités qui ont été mises en place sont selon l'accord et le budget approuvé et que les objectifs fixés ont été atteints.*

*Je, ou un autre responsable membre du personnel de l'OMS, ai/a visité le site(s) où les activités ont été mises en œuvre et j'ai vérifié que les activités progressaient conformément au plan au cours de la visite du site(s).*

*J'ai examiné le FACE rapport et confirme qu'il a été correctement rempli et dûment certifié par le partenaire opérationnel .*

(Seulement si c'est pertinent) J'ai les observations suivantes à ajouter:

.....

Officier responsable:

Nom:.....

Signature:.....

Date:.....

#### **Certification par Représentant de l'OMS/ Chef du Bureau:**

*Je certifie par les présentes que j'ai examiné le rapport technique de DFC et le FACE rapport et confirme que les activités ont été réalisées, et les objectifs fixés ont été atteints selon l'accord conclu avec le partenaire opérationnel et le DFC budget approuvé.*

(Seulement si c'est pertinent) J'ai les observations suivantes à ajouter:

.....

Représentant de l'OMS/ Chef du Bureau de l'OMS

Nom:.....

Signature:.....

Date:.....



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**WHO Reference/Référence OMS:**

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Unit Reference**

**Funding Authorization and Certification of Expenditure (FACE)  
and Technical Report of Outcomes**

Date:  
Country:  
WHO Ref:  
PO number(s):  
Responsible Officer:  
Implementing Partner:

**PTAEO INFORMATION** (to be filled in by WHO):

Project	Task	Award	Expenditure Type	Expenditure Organization	%	USD

**Currency:**

PO No. (Start date - end date)	FINANCIAL REPORTING				
	To be filled in by Implementing Partner			To be filled in by WHO	
Budget line (category of expenditure)	Authorized amount as per budget <b>A</b>	Actual Project Expenditure <b>B</b>	Diff. between authorized and actual <b>C = A-B</b>	Expenditures Accepted by WHO <b>D</b>	Balance <b>E = A-D</b>
			0		0
			0		0
			0		0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Justification for variations to budget if any:

To be filled in by WHO

1. Total funds received from WHO (To be filled in manually)		Partner to refund to WHO	Balance to be paid to IP by WHO (max total in Column A above)
2. Total expenses (column D Above)			
Balance remaining (1-2)			

**TECHNICAL REPORT SUMMARY** (to be filled in by Implementing Partner)

Summary of technical report including the description, duration and outcomes (i.e. results) from DFC activities. The summary should confirm that the outcomes as described in the approved project proposal have been achieved and should include reasons for under implementation if applicable.

**CERTIFICATION BY IMPLEMENTING PARTNER:**

The undersigned Programme Manager hereby certifies that:

- The actual expenditures reported above for the period stated herein have been disbursed in accordance with the approved project proposal and detailed budget for this DFC agreement. The supporting documents for these expenditures will be made available for examination, when required, for a period of five years from the date of the completion of the activity above. Any balance remaining from an activity will be refunded to WHO within three months of completion of the activity.

- The technical report and its summary above represent an accurate description of the activities undertaken, the results achieved and the duration of the DFC project, and that these activities are in conformity with the approved project proposal for this DFC.

Date submitted:.....

Signature:.....

Name:.....

Title:.....

For WHO certification, please see overleaf:

## **For WHO use only:**

### **Certification by WHO Responsible Technical Officer:**

**I hereby certify that:**

*I have reviewed the final DFC technical report and have verified that the report is adequate to evidence that the activities were implemented according to the agreement and the approved budget, and that the agreed outputs were achieved.*

*I or another responsible WHO staff member have visited the site(s) where the activities were implemented and verified that the activities were progressing according to plan during the site visit(s).*

*I have reviewed the FACE report and confirm that it has been correctly filled out and duly certified by the implementing partner.*

(Only if relevant) I have the following comments to add:

.....

#### **Responsible Technical Officer:**

Name:.....

Signature:.....

Date:.....

### **Certification by WHO Representative / Head of Office**

*I hereby certify that I have reviewed the DFC technical report and the FACE report, and confirm that the activities were carried out, and the planned outputs achieved according to the agreement with the implementing partner and the DFC approved budget.*

(Only if relevant) I have the following comments to add:

.....

#### **WHO Representative/ Head of WHO Office:**

Name:.....

Signature:.....

Date:.....



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**WHO Reference/Référence OMS:**

**WHO Reference  
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Reg. file  
Unit Reference**

**Autorisation de financement et certification des dépenses (FACE) et Rapport technique sur les résultats**

Date:  
Pays:  
Réf.OMS:  
Numéro de bon de commande:  
Officier responsable:  
Partenaire Opérationnel:

**INFORMATION PTAE0 (à remplir par l'OMS):**

Project	Task	Award	Expenditure Type	Expenditure Organization	%	USD

**Devise:**

N° bon de commande (date de début- fin)	<b>RAPPORT FINANCIER</b>				
	À remplir par Partenaire Opérationnel			À remplir par l'OMS	
Ligne budgétaire (catégorie de dépenses)	Montant autorisé par le budget <b>A</b>	Dépense réelle du projet <b>B</b>	Ecart entre le montant autorisé et la dépense réelle <b>C = A-B</b>	Dépense acceptée par l'OMS <b>D</b>	Solde <b>E = A-D</b>
			0		0
			0		0
			0		0
			0		0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Justification des variations de budget, s'il en existe :</b>					
À remplir par l'OMS:					
1. Fonds totaux reçus d'OMS (à remplir manuellement)			Partenaire à rembourser à l'OMS	Solde à payer par l'OMS à PO (maximum colonne A au-dessus)	
2. Dépenses totales (colonne D au-dessus)					
Le solde restant (1-2)					

**Résumé du Rapport Technique (à remplir par le Partenaire Opérationnel)**

Le résumé du rapport technique inclus les descriptions, la durée et les objectifs atteints (ex. résultats) relatif aux activités de DFC. Le résumé devrait confirmer que les résultats décrits dans la proposition du projet approuvé ont été atteints et doivent comporter les motifs de la sous-exécution si c'est applicable.

**CERTIFICATION PAR PARTENAIRE OPÉRATIONNEL:**

Le directeur du programme soussigné, certifie par la présente que:

- Les dépenses réelles indiquées ci-dessus pour la période indiquée ci-dessus ont été déboursés conformément à la proposition de projet approuvée et le budget détaillé de cet accord de DFC. Les pièces justificatives de ces dépenses seront disponibles pour le contrôle, si nécessaire, pour une période de cinq ans à compter de la date de l'achèvement de l'activité ci-dessus. Tout solde restant d'une activité sera remboursé à l'OMS dans les trois mois suivant l'achèvement de l'activité.
- Le rapport technique et le résumé ci-dessus représente une description précise des activités menées, les résultats obtenus, la durée de l'activité de DFC et l'activité sont conforme à l'activité approuvée.

Date de soumission:.....  
Nom:.....

Signature:.....  
Position:.....

Pour la certification d'OMS, veuillez consulter au verso:

### Seulement pour l'usage de l'OMS:

#### **Certification par Officier responsable de l'OMS:**

Je certifie par les présentes que :

*J'ai examiné le rapport technique du DFC et ai vérifié qu'il est suffisant pour preuve que les activités qui ont été mises en place sont selon l'accord et le budget approuvé et que les objectifs fixés ont été atteints.*

*Je, ou un autre responsable membre du personnel de l'OMS, ai/a visité le site(s) où les activités ont été mises en œuvre et j'ai vérifié que les activités progressaient conformément au plan au cours de la visite du site(s).*

*J'ai examiné le FACE rapport et confirme qu'il a été correctement rempli et dûment certifié par le partenaire opérationnel .*

(Seulement si c'est pertinent) J'ai les observations suivantes à ajouter:

.....

Officier responsable:

Nom:.....

Signature:.....

Date:.....

#### **Certification par Représentant de l'OMS/ Chef du Bureau:**

*Je certifie par les présentes que j'ai examiné le rapport technique de DFC et le FACE rapport et confirme que les activités ont été réalisées, et les objectifs fixés ont été atteints selon l'accord conclu avec le partenaire opérationnel et le DFC budget approuvé.*

(Seulement si c'est pertinent) J'ai les observations suivantes à ajouter:

.....

Représentant de l'OMS/ Chef du Bureau de l'OMS

Nom:.....

Signature:.....

Date:.....

#### Annex 4: Sample of attendance sheet

Activity:					
Date:	Location: Zone / Region / Country		PO Number: (Refer to the DFC Agreement)		
	Name / Title	Contact Information	Signature Day 1	Signature Day 2	Signature Day 3
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

This attendance sheet has been maintained by:

Name: ..... Title: ..... Signature / Date: ..... Mobile: .....  
 Email: .....

**Annex 5: DFC – Ministry of Health self-assessment checklist**

Subject area	Yes	No	N/A	Comments
<b>1. Funds flow</b>				
1.1 Can you easily receive and transfer funds from WHO? If so, pls. briefly describe the process.				
1.2 Have you had major problems in the past in receiving funds from WHO, if the funds flow from WHO to you through the Ministry? If so, please describe.				
1.3 If some activities funded by DFC are implemented by others, e.g. if you contract another entity to carry out a part of the work, do you have the necessary reporting and monitoring mechanisms to track the use of funds? If so, please describe.				
<b>2. Organizational structure and staffing</b>				
2.1 Is the organizational structure of the accounting / finance department appropriate for carrying out all necessary tasks? Does the organizational structure provide clear lines of reporting and accountability? If so, please describe.  <i>Attach an organization chart if available</i>				
2.2 Are accounting / finance staff familiar with WHO procedures related to DFC cash transfers?				
2.3 Do you have training policies for accounting / finance staff? Are necessary trainings provided to keep staff skills up to date? If so, please provide details.				
2.4 Has there been significant turnover in staff in the past five years? If this is a problem, what steps are being taken to address this issue?				
<b>3. Accounting policies and procedures</b>				



3.a General				
3.1	Do you have an accounting system that allows for proper recording of financial transactions from WHO, including allocation of expenditures in accordance with the agreed DFC budgets?			
3.2	Are controls in place concerning preparation and approval of transactions, ensuring that all transactions are correctly approved and adequately supported?			
3.3	Is the chart of accounts adequate to properly account for and report on activities and DFC budgeted expenditure categories?			
3.4	Are accounts reconciled monthly? Are explanations provided for significant reconciling items?			
3.5	Are all accounting and supporting documents retained for a minimum of 5 years in a system that allows ready access to users?			
3.6	Do you have policies and procedures for tracking and reporting DFC funds provided by WHO? If so, please describe.			
3.b Segregation of duties				
3.7	Are the following functional responsibilities performed by different units or individuals: (a) authorization to execute a transaction; (b) recording the transaction; and (c) custody of assets involved in the transaction?			
3.8	Are the functions of ordering, receiving, accounting for and paying for goods and services appropriately segregated?			
3.c Budgeting				
3.9	Do your budgets lay down technical and financial targets?			
3.10	Are actual expenditures compared to the budget with reasonable frequency? Are explanations required for significant variations from the budget?			

3.11	Are approvals required prior to significant variations from the budget?				
3.12	Do you have a designated individual responsible for preparation and approval of budgets related to WHO funding?				
<b>3.d Payments</b>					
3.13	Do invoice processing procedures provide for: <ul style="list-style-type: none"> <li>Comparison of invoice quantities, prices and terms with those indicated on the purchase order and with records of goods actually received?</li> <li>Checking the accuracy of calculations, if any?</li> <li>Certification of receipt of delivery of goods / services?</li> </ul>				
3.14	Do controls exist for preparation and approval of payroll expenditures? Are changes properly authorized? If so, please describe.				
3.15	Do controls exist for expense categories that do not originate from payments, such as DSA, travel?				
<b>3.e Policies and procedures</b>					
3.16	Do you have an accounting manual to ensure control of assets and the proper use of funds? Are internationally accepted accounting standards followed? If so, which standard?				
3.17	Do you have written policies and procedures that cover all routine financial management and related administrative activities? Please describe.				
3.18	Are instructions and manuals available and easily accessible to the relevant staff?				
<b>3.f Cash and banks</b>					
3.19	Who are the authorized signatories on the bank accounts that are used for WHO resources? How many signatories are on the bank account and how many are required to execute transactions?				

3.20	Are bank accounts and cash books reconciled monthly? Are explanations provided for significant and unusual reconciling items?				
3.21	Are cash and checks maintained in a secure location, e.g. a locked safe? Who has access to the secure location?				
<b>4. Other offices or entities</b>					
4.1	Do any other offices / entities participate in the implementation of activities funded by DFC? If so, are there policies and processes in place to ensure appropriate oversight and monitoring of implementation?				
4.2	Do you maintain contractual agreements with the other offices / entities?				
<b>5. Audit</b>					
5.1	Are your financial statements audited regularly by an independent auditor? If so, please describe the auditor.				
5.2	Is the audit of your financial statements conducted according to international standards of auditing?				
5.3	Have there been any major accountability issues brought out in audit reports in the past three years?				
5.4	Have any audit recommendations made by the auditors in the past three years not yet been implemented?				
<b>6. Reporting and monitoring</b>					
6.1	Do you prepare financial statements specifically for WHO DFCs? If so, what is the frequency for these statements?				
6.2	Does your reporting system have the capacity to link financial information with information on the progress of technical implementation? Please elaborate.				
6.3	Do your financial reports compare actual expenditures with budgeted figures by expenditure category?				

6.4	Are financial reports prepared directly by an automated accounting system? If they are prepared using spreadsheets or other means please describe.				
<b>7. Information systems</b>					
7.1	Is your financial management system computerized?				
7.2	Do you have policies in place that restrict access to the computerized financial management system to appropriate staff?				
<b>8. Procurement</b>					
8.1	Do you follow internationally accepted procurement principles? Do these principles promote broad participation from potential bidders? If so, please describe them.				
8.2	Do you have written procurement policies and procedures?  <i>If yes, please provide a copy. If not, please attach an outline of your tender procedures specifying methodology, thresholds, approval requirements.</i>				
8.3	Do you have a specific anti-fraud and corruption policy? If so, please describe it.				
8.4	Are exceptions to procedures documented and approved by the appropriate manager?				
8.5	Do you have a procurement committee for review and approval of contracts? If so, please describe.				
8.6	At what value do you require written authorization from senior management for a purchase?				
8.7	Do you use standard bidding documents and contracts?				
8.8	How many staff give their approval before a contract is signed, a purchase is executed, or a payment is made?				

## Annex 6: Proposed checklist for Ministries of Health to improve the management of DFC

Direct Financial Cooperation (DFC) MoH checklist		
Planning Phase		
1.	<b>Plan ahead:</b> DFC agreements trigger an administrative process involving several units and managers at different levels in MoH and within WHO. It is therefore important to plan ahead and submit the DFC proposal early enough.	<input type="checkbox"/>
2.	<b>Plan for implementation:</b> ensure that the start and completion dates set in your proposal are <u>realistic</u> , noting that activities should commence within 3 months from the date of the agreement and must be completed within a maximum period of one year from the commencement of the activity or within the period of funds availability, whichever comes first.	<input type="checkbox"/>
3.	Ensure your proposal includes a detailed <u>itemized budget breakdown</u> covering different activity components and respective costs.	<input type="checkbox"/>
4.	<b>Involve your finance team</b> in developing the proposal and check for <u>reasonableness of costs and accuracy of the breakdown</u> .	<input type="checkbox"/>
5.	Ensure that your planned activities <u>do not include any of the following expense items that are not allowed</u> under DFC arrangement: purchase of fixed assets, drugs or medical equipment, payment of salaries, financing international travel.	<input type="checkbox"/>
6.	If planned activities include payment of per diem supplements or daily subsistence allowance, ensure that the <u>applied rates are in line with the rates established by the UN Country Team (UNCT)</u> .	<input type="checkbox"/>
7.	<b>Engage the WHO Country Office team</b> in the project development and check with them whenever needed.	<input type="checkbox"/>
8.	Ensure that the proposal includes clear <u>deliverables</u> .	<input type="checkbox"/>
9.	When possible, requests for “ <u>small-amount DFCs</u> ” should be grouped together to reduce transaction and administrative costs.	<input type="checkbox"/>
10	The <b>DFC contract</b> is a <u>legally binding document for WHO and its partners</u> . It is automatically generated from WHO ERP system (GSM); familiarize yourself with the terms and conditions of the contract.	<input type="checkbox"/>

Implementation Phase		
11.	Ensure alignment of <b>implemented activities</b> with the approved proposal and the signed contract.	<input type="checkbox"/>
12.	Any expenditures incurred against a DFC agreement should be backed-up by <b>proof of payment and relevant supporting documentation</b> (invoices, receipts, purchase orders, payment vouchers, bank statements, gasoline coupons, attendance lists, petty cash receipts and journal vouchers, etc.).	<input type="checkbox"/>
13.	<b>Supporting documentation</b> should be kept by the contractual partners for at least <b>5 years</b> and should be availed upon the request of WHO for verification purposes.	<input type="checkbox"/>
14.	In case of <b>delays or cancellation of the planned activities</b> , please inform the WCO immediately to take necessary action.	<input type="checkbox"/>
Reporting Phase		
15.	Ensure that quality technical and financial reports are submitted in time ( <b>within 3 months of the completion of activities</b> ). Remember the <b>FACE form is the only tool</b> for financial reporting.	<input type="checkbox"/>
16.	Complete and submit the <b>FACE form</b> to the WCO within 3 months of the completion date of the activity. Remember that delays in submitting reports will result in <b>withholding new advances</b> .	<input type="checkbox"/>
17.	The FACE form should be <b>free of arithmetic errors</b> ; expenses should be reported by category of expenditures in alignment with the original budget (and not as a total).	<input type="checkbox"/>
18.	When filling the <b>FACE form</b> remember that: <ul style="list-style-type: none"> <li>- Column A “Authorized amount” and column B “Actual Project expenditures” should be filled by the MoH, while Column C “Expenditures accepted by the Agency” and Column D “Balance” should be completed by WHO;</li> <li>- The FACE form should be signed and stamped by authorised officers only.</li> </ul>	<input type="checkbox"/>
19.	Any <b>unspent balances</b> should be refunded to WHO’s bank accounts.	<input type="checkbox"/>
20.	The “ <b>Summary of the technical report</b> ” in the FACE should not substitute a full technical report. The level of details provided in the technical reports should be commensurate with the value of the agreement.	<input type="checkbox"/>

# References

## List of references

1. WHO Twelfth General Programme of Work:  
[http://apps.who.int/iris/bitstream/10665/112792/1/GPW\\_2014-2019\\_eng.pdf?ua=1](http://apps.who.int/iris/bitstream/10665/112792/1/GPW_2014-2019_eng.pdf?ua=1)
2. WHO presence in countries, territories and areas, 2015 report:  
<http://www.who.int/country-cooperation/publications/who-presence-report-2015/en/>
3. Report of the Taskforce on the roles and functions of the three levels of WHO:  
[http://www.who.int/about/who\\_reform/task\\_force\\_report\\_three\\_levels\\_who\\_2013.pdf](http://www.who.int/about/who_reform/task_force_report_three_levels_who_2013.pdf)
4. WHO e-manual