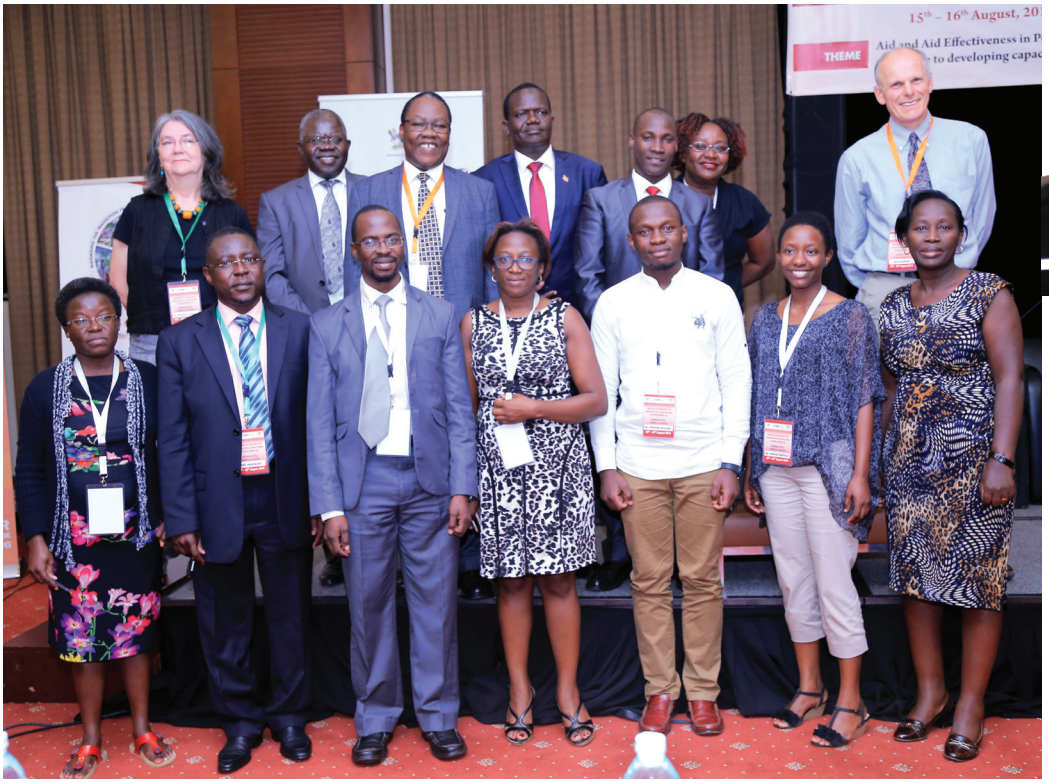
Transitioning from humanitarian aid to developing capacity for health systems

Symposium Bulletin

August 15 - 16, 2018 **Issue 2**

Fungaroo officiated over closing ceremony



The MP for Obongi County in Moyo district, Hassan Kaps Fungaroo (in red tie in the centre of the back row) posing for a picture with the organizers of the two day symposium. Fungaroo closed the symposium with a call to stakeholders to acknowledge the contribution of host communities to the wellbeing of refuges

Panel session 4, which brought an end to the deliberations, was held under the theme: "Bottom up responses: community resilience and resources, gender and related issues in conflict settings".

Among other members, the panel had MP Hasssan Kaps Fungaroo who represents Obongi County in Moyo district.

Fungaroo discussed the role of host communities, their resilience, their contribution in terms of resources and issues of gender in refugee care programmes.

He explained that through his work, he got to interact with internally displaced people in southern Sudan and refugees in Uganda.

He recollected that through out history, the people of West Nile (and Ugandan generally) have been known to host refugees during wars that have affected South Sudan and Congo.

TO PAGE 8

Lessons from Sierra Leone

Dr. Haja Wurie form the ReBUILD Consortium in Sierra Leone, did a special presentation on Day 2 under the theme: *"Managing epidemics in conflict settings: Implications for rebuilding systems"*.

She presented the Sierra Leone experience in two phases of an Ebola outbreak: Pre-Ebola and Post-Ebola.

Phase 1 Pre-Ebola.

- At this stage, we thought we knew the key stakeholders well.
- Built good institutional relationships (team had researchers that had links with WHO, and other key institutions)
- The research team ensured they were members of technical working groups.
- At policy level, they engaged

TO PAGE 2

MAKERERE UNIVERSITY

ReBUILD Consortium

care

UKaid from the British people

Health systems in conflicts and after

Prof. Freddie Ssengooba opened day two with a special presentation on what is being learnt from ReBUILD.

He noted that ReBUILD's research hypothesis is, "Decisions taken early can set direction for development and is an opportunity to accelerate development post-conflict".

He noted that over years, a number of papers have been published and available on *www.rebuildconsortium.com*

Project has had impactful engagements with government and have made input that has informed decisions in northern Uganda, but also ensured that the region generating the knowledge are the first to benefit.

Two follow up studies have been undertaken in Gulu and Kitgum – looking at how the agencies were central to service delivery and how agencies were multiplying over years.

Lessons on financing

- Overtime, the networks were reconfiguring, while new ones came up. For instance, the DHO in the earlier years was so significant but over years became significant.
- Resources being split as new districts got created with implication on financing – original budgets were split into two without additional funds, which affected service delivery.
- Some funding institutions pooled out which created funding gap in the short term with implication on health services. For instance, at the time of the research, a big funder "New heights" was leaving and this created short-term challenges to district e.g. New heights pulled out almost 18% of service providers.
- For Universal Health Coverage (UHC) to be advanced, there is need to increase the way post-conflict is financed, as well as building partnerships.

Lessons on health workforce deployment and incentives

- Workforce shortages and supplies need to be handled with innovations.
-Loyalty of workforce was a key factor
- Need for incentives and packages that can motivate health workers in conflict and post-conflict situations need to be established.
- The labour market depends on the same workforce and as opportunities come to deal with other conflicts, the same health workers move on.
- The short term contracts by humanitarian organizations affect health workforce at the close of such projects. Models that plan for longer term financing and employment need to be employed
– Government take over of projects and infrastructure need to be planned early.

How to improve productivity, skills set, welfare

- There was pragmatism and flexibility during deployment as opposed to fixed policy. I.e. policy was around but in the background and practice was heavily informed by flexibilities that was deployed.
- Showing compassion to health workers during deployment by the supervisors was critical for confidence building.
- Investing in sustainable local workforce to work alongside the technical support from humanitarian agencies for capacity building.
- Assessment of humanitarian actors is necessary for better coordination.

FROM PAGE 1

with policy makers in key offices.

All the above was to ensure enough evidence was built to inform decision making.

In actual reality,

- Policy making space in this phase was limited.
- Research uptake activities were all done, generated research reports and shared. But the evidence generated was not being used.
- No policy or strategic plans were being developed.

Ebola and Post Ebola phase

The reality on ground was that

- Nobody really knew what to do (response got out of control).
- ReBUILD had to go back to evidence to generate evidence on how to motivate health workers, which they had to share.
- ReBUILD developed a post-Ebola action plan after the humanitarian response.
- ReBUILDs' evidence on workforce was used to feed into the review of the HR directorate strategic plan.
- During the outbreak, community health workers were critical in passing on the messages (this originally unrecognized health work force was recognized).
- Regular dialogue with government key departments continued.

Key messages

- Research focus should speak to national needs (research agenda) of rebuilding the health system.
- Coordination of efforts and national ownership key
- Service level agreement, a comprehensive framework that sought to address most of the challenges was put in place.
- Research during the outbreak was critical to confirm key messages that were taken to decision makers.
- Embedding researchers in strategic institutions was key to generating the evidence in the system as well as facilitating research uptake.

Health delivery models discussed

Panel Session 3 was held under the theme: *"Health Service delivery models and how they affect the transition through the post conflict"*.

Panel members shared their perspectives on health service delivery and how the models they use contribute to Universal Health Coverage and better service delivery.

The session was chaired by Prof. Christopher Garamoi Orach.

Dr. Peter Lochoro, the country director for CUAMM (Doctors With Africa). The organization has been working in Karamoja and West Nile for sometime.

He highlighted the three types of people in conflicts ie, the internally displaced, refuges from outside the country and those in a chronic emergency like those in Karamoja where there is no sudden event but a culture and way of life where conflicts and fighting is part of way of life.

He highlighted the need for a systems approach in the way of doing things.

He noted that the pushing for government-led systems is well appreciated, however in recognition of the challenges that govt departments face – sometimes they don't play this desired leadership role.

This is because they are often not facilitated, and sometimes the govt officials in position are junior to coordinate the partners.

The second panelist was Dr. Julius Kasozi, a UNHCR Public Health Officer, who is responsible for coordination of health services in all refugee camps.

He addressed the question. How can we do business better, including in attaining UHC in a manner that is people-centered and in a way that makes us have the people we serve at the center?

He noted that chronic issues in the past have been due to the vertical service delivery (model) – here services by humanitarian agencies are targeted to refugees and not necessarily to benefit of nationals. This has been characterized by fights between the two communities.

The integrated models is working better. Here refugees are moved to where there were government services and services offered can also benefit nationals.

Therefore, no new nice facilities are set up and so existing government facilities are strengthened. This has ensured sustainability as well as mutual benefit. Only in situations where there are no existing govt facilities that new ones are put up and even in such cases DHOs have to be at the fore front.

Key messages

- Need to strengthen leadership at ministry of health to take charge.
- Any humanitarian agencies wishing to support infrastructure development, should work with the district development plans.
- Building refugee workforce is important in human resource for health.

The third panelist was Dr. Alfred Driwale, an assistant commissioner in ministry of health who coordinates the national refugee response planning.

He noted that when there is an incident, humanitarian actors will come and intervene, but work with the assumption that the situation may continue and governments should be able to take on.

Current thinking in Govt is the recognition that though a crisis situation is at hand, we must do better planning moving forward especially with the focus on long term.

In Uganda, Govt set up a healthcare package for normal health service delivery, services are given where communities are with inbuilt referral systems where local health service organizations fail. However, during conflict and post conflict, this approach is not attainable, local capacity become overwhelmed, Health Workers often become a target and run away or withdraw their services, national systems may not cope, thus emergency humanitarian service come in to save lives.

Key issues in such situations include:

- Mobilizing actors with different values became a challenge (e.g. save life no matter what cost while government does not have capacity to sustain such high cost services).
- The vertical model normally applied by humanitarian agencies based on their interest create challenges, are disruptive and not sustainable.

What is being done?

The structure of Ministry of Health is being reconfigured so that actions by all are harmonized, resources are directed to strategic areas, agree on result areas, and hold each other accountable.

The comprehensive refugee response strategy is an effort in this direction.

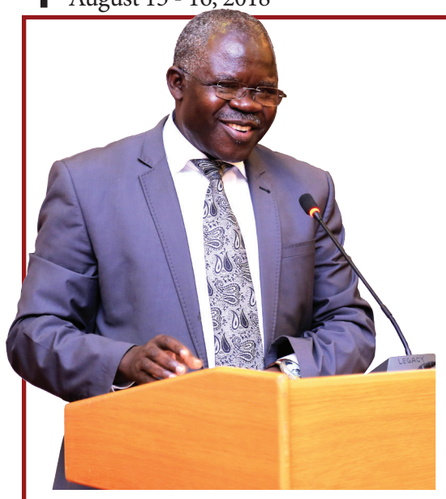
Government provides leadership guided by national health policy working with all stakeholders. Humanitarian resources are to be deployed within this framework.

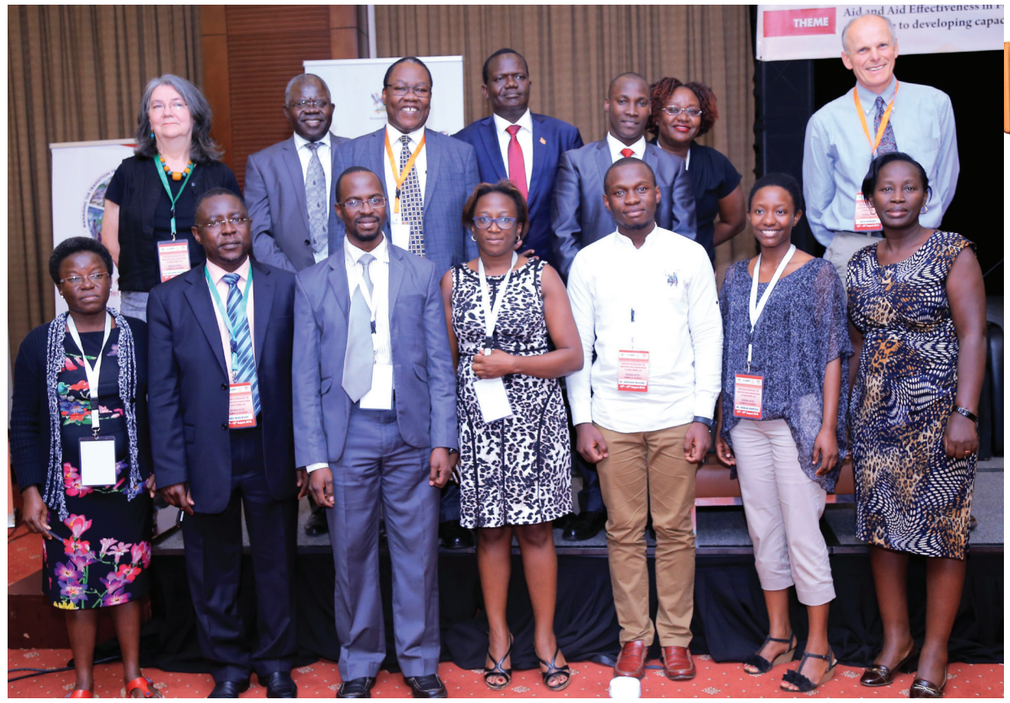
The fourth panelist, Dr. Cyprian Onyachi, the executive director of Lacor Hospital, discussed how churches are contributing to humanitarian and development and how they are supporting universal health coverage.

He also shared lessons learnt from the hospital operating in a conflict situation, which included

- Need for stable passionate and selfless leadership to motivate other health workers.
- The underprivileged should not be excluded from services.
- Partners working with the established hospital ensured sustainability.
- Good relationship with the army and police had to be maintained so as to continue offering health services to the needy (indiscriminately).

Day Two in pictures





Using tools to track aid flow

Day 2 of the symposium had one section for parallel sessions.

Parallel Session 2B was chaired by Dr. Julius Kasozi and discussions were held under the theme: Strengthening support systems in conflict and post conflict settings.

Parallel Session 2A was the more practical of the two. It was a skills building session on how to use aid management tools to track aid flow.

It was conducted by Prof. Freddie Ssengooba and Dr. Christine Kirunga Tashobya.

Prof. Ssengooba noted that coordinating aid and achieving efficiency as people are duplicating largely depends on understanding where the funds are going, who are the players are, who they are working with and which areas they are serving.

He noted that this can only be achieved using the tool of Social Network Analysis approach.

The approach was being used in the symposium to map out who the players are, what they are doing and with whom; how many they are and in which place they are so as to ensure proper coordination.

In addition it will enable the understanding of the financial situation, for example the money they are having.

"So you start from below to see who they are supporting and what resources they are giving them so that you can build a picture of what money is going into relief or system's development using a tool that allows you to pick that information from below to up, in addition to support you to coordinate and to negotiate," Ssengooba explained.

He added that the tool is vital in managing aid, the complaints and concerns being discussed. He said the approach will help the managers know how to get information, how to generate and be able to use it.

Dr. Christine Kirunga Tashobya

She said the demonstration of the Social Network Analysis has been used since 2003 to compare the performance of different districts.

Dr. Tashobya noted that the challenge they have with using the analysis is that it only shows the output, for example the number of children who are immunized, the number of women, men and children who come for outpatients, or proportion of households with latrines. She added that this can lead to gaps that can affect decision making.

For example, from the exercise in the session, Gulu was rated as the best district and Kotido as the worst.

The question that this brought about was "why is Gulu the best and why is Kotido the worst?"

Tashobya explained that: "If you stop at the measurement and only show Gulu is the best and Kotido the worst, then it does not help anyone."

According to Tashobya, Social Network Analysis helps one to understand how districts perform.

However, the information on the inputs that is readily available is on the government side simply because it has a budget, it has health workers it pays and infrastructure is built.

But when it comes to other factors that partners provide into the system, there is little information. Particularly, in areas where you need humanitarian aid like ReBUILD have done in the north for a long time; no one has good information on what resources they are using to produce those outputs. Yet you also have limited information on input which is only from the government side.

She said using the Social Network Analysis approach can help especially when you visit different districts and find out who the partners are, so you build this network as there are very many players during different things.

Tashobya also highlighted the fact that it is the role of government to coordinate the partners at different levels and look for resource to cover gaps. This can be in form of human or financial resources. The other way would be to relocate some of the partners to districts that are not doing very well.

Panel Session 4 ended deliberations

The last major discussion was Panel Session 4, which was held under the theme "Bottom up responses: Community resilience and resources, gender and related issues in post-conflict settings".

The session chair was Dr. Alfred Driwale, the assistant commissioner for clinical services. He is also the coordinator of refugee desk in-charge of health facilitation.

He noted that resources may not be available for the post-conflict period and conditions for use of resources during the post-conflict period may remain as during the conflict period itself.

The panelists were Egan Tabaro of the Transcultural Psychosocial Organisation (TPO); Hon. Hassan Kaps Fungaroo, the Member of Parliament for Obongi County in Moyo District; Sandra Achom of CARE International and Salome Awidi of Luigi Guisani Institute Of Higher Education and a PhD student at UNISA.

Awidi narrated her experiences from her work and research on livelihood sustainability in conflict contexts in Uganda. She worked with the EU-Oxfam Project BRICE on building resilience in Palabek Refugee Settlement and in South Sudan.

Her emphasis was that community-led approaches yield great results and, therefore, community needs should guide the aid response. For instance, she found that refugees were clear that they found literacy-related skills helpful in enabling them to adapt in new environments.

Later, in response to a question from the audience, she explained that she had learnt that meaningful development is one that is people-centred.

She added: "This means that if you go into the community you really need to pay attention to what the real need is. In situations where aid workers come in from outside with a lot of money, there is a temptation to start doing things immediately. However, it is highly important to remember that development should really be with the people and that is where the impact is."

She also highlighted the role of education, and specifically adult education, in building community resilience.

According to Awidi, about 80% of the respondents she talked to; members of different common interest groups in Kyaka II Refugee Settlement mentioned skills as a resource in building their resilience.

She also discovered that the groups that received micro-financing for the village savings did not actually take off. Then those that were set up by the group members themselves through the sale of produce like maize and beans and put this money in a pool and borrowed from it to do income generating activities took off well and it was translated into a village bank.

For Care, Achom said as they responded to emergencies and as people going back home, you realized that they still grapple with many issues. For instance, when you speak to many South Sudanese refugees, they still harbour a number of sentiments. For example, some said they had a number of peace agreements but they have lost trust in all that. Instead they are looking at having a future; something sustainable and they are looking at seeing their children go to school in an environment that is unstable they are not able to achieve this.

Egan Tabaro, a senior clinical psychologist with TPO, based in Bidi Bidi refugee settlement in Yumbe, turned the spotlight on mental health.

The subject had come up briefly on Day One from the audience, and it was a timely discussion.

TPO has been working with the UNHCR in different refugee camps in West Nile and also worked in post-conflict northern Uganda (Lira and Amuru) among other areas.

The main interventions reflected the World Health Organisation global action programme on mental health, particularly to scale up service to a point where low income earners can access them.

Tabaro noted that the number of mental health workers are few, while mental health service institutions carry stigma for most communities. However, TPO trains individuals to be able to detect and treat mental conditions such as substance abuse, clinical depression, Post Traumatic Stress Disorder and in suicide prevention. This way, far more people have been reached than if only psychiatrists and other such professionals were to do the work.

He explained that a one-day training of child protection committees, crisis response committees and other community workers is enough to give them knowledge to identify cases of mental health and refer them to the health centres and to TPO. That way they are able to better link communities to treatment facilities.

He noted that because mental health patients are usually seen from the context of their communities or families, using the community structures helps reach them easily.

In terms of gender, the TPO experience is that the vast majority of beneficiaries are female, mostly because the majority of refugees are women, and also because of women's tendency to be more willing to seek health services.

Quoting from community experiences, he said: "They say when two people have trauma, the woman will go to TPO, the man will go to the bar". It is for such reasons that TPO was deliberately moving to reach men, by creating psychosocial health interventions that suit men.

Closing the session, Driwale thanked the organisers of the symposium, saying it had given him a better understanding of a subject that he deals with as the desk officer in addition to identifying resource people that will give him the right information.

He disclosed that Uganda would showcase on their refugee response model at a United Nations meeting, adding that he would part of the team to prepare the information to be used for the presentation.

FROM PAGE 8

For the case of South Sudan, the first Anyanya war that started in 1950 and ended in 1972 with the signing of the Addis Ababa agreement. During the war, there were refugees in West Nile and Moyo district particularly in Obongi constituency where there were no official refugee settlements established by UN.

The official refugee settlement was in East Moyo in a school called Ajumani Secondary School and Kiforo in a place that has now become Adjumani district.

Fungaroo says usually, the first people to come in contact with refugees and give them initial care are not big organizations, but rather the ordinary members of the host community, more so the women.

"For example, during the most recent conflict in Sudan, when the refugees arrived, women received them, gave them water and even cooked for them food from their granaries before any leaders came to their rescue.

He added that when he visited Lifore sub-county closer to the boarder of Moyo district, he discovered that the chief of the Madi people had established a refugee reception center in a grass-thatched church. In addition, the nationals still brought food and water to the refugee food. It was the local people who organized settlement places for the refugees.

From dialogue to action

In his closing remarks, ReBUILD UK's Nick Hooton reflected on how much was covered during the symposium, reiterated its relevance in a world where conflict continues to grow.

He thanked the organizers, noting that the discussions had been heavy on Ugandan perspective, but global in significance.

Hooton re-echoed the need for people to think of how to move from dialogue to transforming things through informing policy. He said ReBUILD would ensure to take back the discussions to higher levels, particular the Swiss-led initiative to raise the profile of universal health care in emergencies.

"There are so few people doing what we did here in these two days," he stated, noting the wealth of perspective generated from researchers and other participants.

He expressed confidence that the deliberations would inform actions in Uganda, in the region as well as on the international level.

As he concluded, he re-echoed the challenge given by DFID's Ed Barnett on the first day: "to match the high quality of the dialogue with transformation in the field". On this note, he urged everyone to work out how they can put into practice what has been learnt in the meetings.

Starting off the closing ceremony, Prof. Ssengooba gave a quick overview of some of the studies that have been done under Rebuild over the last seven years of collaborative research.

The research produced papers on aid effectiveness; conflict and health workers; gender aspects; health workforce motivation and Ebola management in countries recovering from conflict, focusing on Sierra Leone. Another study was on the voucher system programme and other follow-up studies.

He disclosed that there have been engagements with stakeholders at both central and local government levels to inform their policies. For instance, that research had shown how agencies central to policy provision in districts have been changing, some giving way to different service providers, and mapped the disruptive effects on the community when some actors suddenly left the scene.

He noted that some areas are over invested, while others starved of funders, especially when new districts are split from old ones. These realities inform how to reconfigure the networks and resources to minimize the disruptions to the health service provision and for better transition.

Other lessons learnt were from a project based on life histories that looked closely at the household costs on accessing healthcare and showed up the inadequate functionality of health facilities.

The uniqueness of the post-conflict environment also came to light. The lesson was that in order to achieve universal health care in such areas, there is need to increase the way post-conflict areas and also individuals are financed.

Lessons from the study on health workforce, included the need to give them incentives and packages so as to stay in crisis and post-conflict areas where they are needed most.

It was noted that multi-year programming would guarantee job security in particular areas and thus avert shopping for job opportunities elsewhere.

From the recruitment and deployment study, results showed that there were no major policy shifts to try and improve on deployment in local governments, because they continued to do it based on practical need and willingness of workers.

Ssengooba summarised the key lessons, and pointed out that ReBUILD had used the principles of aid effectiveness in the Paris-Accra Declaration to customise a tool to assess aid effectiveness at the subnational level.