Transitioning from humanitarian aid to developing capacity for health systems

Symposium Bulletin

August 15 - 16, 2018 **Issue 1**

Introductory session set perfect mood

'Conflict', 'resilience', 'aid', 'transition' and 'development' were the keywords at the symposium on Managing the transition from Humanitarian to Development Aid.

The symposium held at the Serena Hotel in Kampala on August 15-16, brought together over 100 delegates from the academic, district local government, ministry of health, private sector and the Office of the Prime Minister.

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Dr. Sarah Ssali chaired both the introductory and the opening sessions

> "Through out the discussions delegates highlighted the need for proper coordination of all key players during conflicts so as to achieve impact

Exploring opportunities to enhance systems

Representative of minister of disaster preparedness

Ed Barnett

Rhoda Wanyenze

The discussion in the opening session, which was the second item on Wednesday's agenda, centered around the issues of refuges, conflicts and a multi-sectoral approach to planning and problem solving.

The opening session was chaired by Dr. Sarah Ssali and the official opening was done by Innocent Ahirwe who is in charge of refuge integration and legal matters in the ministry of disaster preparedness. Ahirwe represented the state minister for disaster preparedness Musa Ecweru.

The opening session also involved speeches by Ed Barnett (representative from DFID), Prof. Rhoda Wanyenze (Dean Makerere University School of Public Health); Prof. Charles Ibingira (Principal Makerere University College of Health Sciences) and Dr. Timothy Musila (principal health planner in the ministry of health who represented the director general of health services Dr. Henry Mwebesa). Prof. Ibingira highlighted the need for everyone to get educated about crises and how to manage them.

He equated managing a crisis to when one loses a loved one

Dr. Timothy Musila

Prof. Charles Ibingira

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MAKERERE UNIVERSITY

ReBUILD Consortium

care

UKaid from the British people

Opening ceremony

and goes into a state of shock. However, as one grapples with the loss, many people will come to them, but with different motives. While some come to sympathize, others are there to take advantage of the situation, to eat and others want to help. However, he noted that to get funds to solve the problem; largely depends on how ones organizes or coordinates.

He said the research and symposium is timely as it wouldn't have been of great use to collect data, publish a book and then keep quiet.

He affirmed that inviting the participants to share the information is an extra mile. If the participants cannot read they will at least have picked a word or two which they should share. And whenever there is a crisis or disaster then they can apply it.

The professor wished this useful information had come in during the conflict in northern Uganda.

"I think maybe we would have done 100times better," he said.

He regretted that because of not knowing how to tackle a crisis, we might have lost a lot of time, resources and also moving forward on development.

He however encouraged Ministry of Health/Government to take advantage of the College to get good advice in solving many of the problems that happen in health.

Professor Ibingira noted that conflict remains the main drive of humanitarian needs. He estimated that about 134million people in the world are under conflict. And whenever there is a conflict many people come to help and all those conflicts are being chased by over US$ 25,000 billion. It is very important that this money is put to use so that people move from conflict to development, he cautioned

Additionally, when there is a conflict there are many players and consequently a lot of duplication which leads to waste, yet this is very had

earned money.

He said looking at this evidence, particularly the school of Public Health should consider preventing conflict and a lot of resources should go into preventing conflict.

He said Makerere University has brought on board a number of programs; for instance a Master's program on disaster management by the school of Public Health.

"We are building capacity on how to manage conflict. Probably when we get another disaster there will be good capacity to manage it" he affirmed.

In addition, the school of Public health runs a number of short courses in disaster management. So he urged participants to get more information through getting hold of the Dean School of Public Health as to when these programs are running so as to enrich themselves.

Professor said there is need to devote a lot of energy in solving conflict.

"Why can't people talk and resolve conflict? Why should we wait for people to get angry and we solve a crisis?" he asked

He said much as we have this data, we need to put in a lot of energy in activities that prevent or reduce conflict. For example dialogue, discussions, and such conferences to make the world a peaceful place to live in.

ED BARNETT -DFID REPRESENTATIVE

The symposium on aid effectiveness is an opportunity to take stock of the achievements, and learn how to do better in efforts to transition from relief to development aid. This was the key message in the speech by Dr Ed Barnett, the representative of the UK's funding arm, DFID.

He noted that relief support is usually provided to victims of conflict as emergency services, but there is need to turn this aid into long term support beyond the emergency situation. He emphasised that there is no better place for this symposium to take place than in Uganda, which is host to the biggest number of refugees in the world.

Dr Barnett pointed out that conflicts usually lead to fragile states, displaced health workers, destroyed health infrastructure and overwhelming demand for health services, but it is worse for states which are transitioning from conflict.

He noted that there is an international commitment towards increased efficiency of humanitarian aid, adding that in discussing the refugee crisis, the UN General Assembly in 2016 emphasised long term solutions.

Dr Barnett revealed that DFID had contributed 71m pounds in the last 18months towards research and piloting news approaches to achieve longer term solutions and focus on stable resilient systems.

"Saving lives is key, but it is not enough to save lives only. We need to work and support local systems to plan for transition from humanitarian aid to longer term development," Dr Barnett urged.

He commended Uganda for giving refugees equal rights in access to educations and healthcare. He emphasised that DFID will continue to partner with other aid partners and Uganda government to achieve comprehensive response towards the refugee crises.

In closing, Dr Barnett challenged participants to match the high quality dialogue with transformative implementation in the field.

We cannot ignore crisis areas - Hooton

The symposium theme on the transition from humanitarian to development aid became clearer, with the remarks of Nick Hooton, the Rebuild Research and Policy Advisor.
Mr Hooton noted that we cannot ignore the need for resilient health systems in post-conflict situations.
He explained that the Rebuild Consortium was keen on how the interventions made by different actors during and after humanitarian crises affect the long-term development of the communities beyond the crisis period.
He cited a number of examples which show that conflict and post-conflict situations are still a big problem globally. For instance, 6% of the world's population is found in fragile states; one third of maternal deaths take place in conflict areas and nearly half of the world's children face conflict.
"The World Bank estimates that by 2030, 60% of the world's extreme poor will live in conflict settings. If we do not address these crisis areas, then we won't achieve the Sustainable Development Goals and the goal of leaving no one behind," Mr Hooton said.
He noted that humanitarian and development aid cannot be separated, and this research comes in to show

how the complex architecture of different aid partnerships can be shaped to support the immediate needs in emergency settings, but also longer term needs of the communities years down the road.
Mr Hooton reiterated Rebuild's focus on the uptake of quality research at policy level, adding that the Rebuild has engaged nearly 800 individuals, including health practitioners and researchers.

Introductory session set scene for informative discussion

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The symposium started with an introductory session chaired by Dr. Sarah Ssali, an associate professor and the dean of the School of Women and Gender Studies at the College of Humanities and Social Sciences at Makerere University.
Ssali gave an overview of the ReBUILD Consortium, which organised the symposium. The introductory session also involved speeches by Nick Hooton, who represented ReBUILD-UK; Delphine Tumusiime Mugisha, the programme director of Care Uganda and Sam Okello also from Care Uganda. Care Uganda was a co-funder for symposium together with DFID.
The introductory session was concluded by Prof. Freddie Ssengooba who set the scene for the deliberations that followed by giving an overview of aid and the related issues.
The reactions that followed Ssengooba's presentation showed that the mood had been set for informative deliberations.

AID ARCHITECTURE: SETTING THE SCENE

"In a crisis lies opportunity." This quote from former US president, John F. Kennedy, set the stage for a robust discussion on the models of aid directed at conflict areas. Prof. Freddie Ssengooba of Makerere School of Public Health, raised a challenge to donors, government and local actors on how the responses to conflict and post conflict settings can be more appropriate to the communities' needs.
From his experience working and researching in public health, Prof. Ssengooba drew a picture of the aid landscape, showing the marked differences between humanitarian and development aid during and after crises.
While humanitarian aid focuses on life-saving and provision of the basics of life, once conflict ends, they depart, leaving communities struggling without essential funding and sometimes human resources to sustain them.
He pointed out that there are 600m people in conflict situations around the world, while Uganda currently hosts about one million refugees, mostly from South Sudan and Democratic Republic of Congo. The region has challenges that continue to create crisis, yet most times governments are not ready when conflicts emerge.
The question he posed was: how can we leverage the generous humanitarian-driven aid towards long-term development?

This could be done to improve financing, provision of essential medicines, national health policies, health workforce, health statistics and information systems as well as service delivery.
Prof. Ssengooba showed the usual model of the phases of aid, whereby the first phase is humanitarian/relief stage, with a flux of actors and funds intervening in the conflict situation. The transition to the next phase of reconstruction takes between six months to three years and features a dramatic drop in funds and resources, yet the community needs are on the rise. It takes a further 10 years for the development phase to take off, with intermittent levels of resources available for the huge task.
However, he presented an ideal model, whereby long term development is factored into the funding efforts injected during the relief/humanitarian phase early enough. This way, even when the relief phase closes, the development phase continues with sustainable resources continuing to achieve not just the health goals, but other social services required by the populations.
He further proposed learning from service delivery models and partnership with five categories of institutions that have had good results. These included the work of relief organisations, utilising government services, religious foundations, and military forces which have medical teams.
Prof. Sengooba spoke about the risk averse nature of aid agencies which pull out once government partners make mistakes when it comes to accountability and propose a 'soft' approach to ensure the community does not suffer when aid is withdrawn.
Overall, the key message was that there are ways to ensure that the plethora of actors and resources channelled during crisis situations does not translate into wastage, but is leveraged for sustainable development of the population after conflict.

In pictu

Prof. Freddie Ssengooba conducting an interview

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Panel session 1 discussed funding models

Below is a summary from the discussion of panel session 1.

DFID's Dr Ritah Nakigudde on how aid agencies can help the transition from relief to development aid, expressed three key ideas.
1. Saving lives is paramount in crisis situations, but it is not enough for long term development.
2. There is a need to step in early during humanitarian management in order to increase access to services by those who need them long term.
3. Aid needs to be as developmental as possible and as humanitarian as necessary.
4. There is a need to balance between the two, while being mindful of the conflict situation.
5. The importance of building evidence to inform future programming and maximise the benefits: she noted that in most cases of conflict, there is not enough evidence to direct aid actors on what to do.
She later spoke of the challenge of post-conflict migration of specialists to new areas, leaving systems to crumble. There is a need to strengthen health systems even before the crises. The programme design should be such that the system can address both the emergency and transition to providing longterm needs of the communities.
Dr Nakigudde cited the use of multi-year financing rather than the short term programmes as a better model for longterm achievements and easier transition. She said DFID evolved over time to engage more with other aid partners as a way to improve accountability from beneficiaries receiving aid from various agencies.

Dr Martin Mayen from the South Sudan Ministry of Health explained the difficulty of defining the status of South Sudan where conflict, post conflict and pre-conflict situations sometimes overlap. He noted that to build resilience there is a need for a risk assessment matrix all the time, to map where the problem is from and what needs to be done, and whether major operations are needed.
He emphasised that coordination between government and aid agencies is key, adding that governments should take the lead. In South Sudan, he cited government commitment to equitable delivery of services to people, regardless of whether they are in the conflict or non-conflict zones. Development partners are given freedom to access all areas to provide needed services.

Parallel Session 1 A
After the lunch break came the parallel sessions 1A and 1B. Session 1A discussed aid, aid effectiveness and macroeconomic considerations. Below is what transpired.
Tony Odokonyero presented research findings which showed that the impact of aid on health outcomes in Uganda did not match the funds injected. Tracking where aid had been channeled, it turned out, for example, there was little difference in the distances people travelled to access medical consultation; the disease prevalence, disease burden and intensity.

HENRY ZAKUMUMPA
Zakumumpa presented research findings under the title "You win some, you lose some; an analysis of PEPFAR's HIV-specific donor funding model after a decade of support in Uganda (2004-2014).

Plenary 2
This session looked at the topic of the role of non-state providers in building and strengthening health systems during and post conflict.
Dr Nakigudde advocated for greater partnership, including funding, between government and private healthcare providers. The private actors are invested in their communities and are able to deliver the services needed there.

Dr Ian Clarke started his work in Uganda in post-conflict Luwero Triangle, where he established a private Kiwoko hospital. He stressed that private/non-state actors in the health sector need aid to stay afloat. He explained that without the partnership of Australian agencuy and his Friends of Kiwoko the staff and activities of Kiwoko hospital would not survive.
He wondered why governments avoid partnering with private healthcare providers under the pretext that they are business minded. He added that aid is itself a business,adding 'we are all getting paid from somewhere.' In other words, the divide between private and government actors in receiving aid should not exist. Private healthcare providers need aid too, if universal health coverage is to be achieved.

Managing transitioning of contract health workers into formal district employment systems

Vento Ogora Auma who is the health system consultant said the ministry of health is aspiring for 80% and the national staffing levelsis at 70 % and the districts are slightly below.

Agora said there are disparities between urban and rural areas in addition vacancy rates are as high as 60% in areas like Karamoja because it is not easy to attract pharmacists and doctors because they are hard to reach areas. Consequently, there has been increasing use of contract health workers. These are mainly supported through development assistance programmes. It started gaining prominence around in 2010 when there was need for scaling up of PMTC, Option B+, Reproductive health in Karamoja region and issues around malaria.

In 2010/2012 at least 447 contract health workers were employed by the various mechanisms and25 of them were posted in Nwoya district. They went to the three health center IIIs, they went to the district health office and three people went to Private Not for Profit.

Highlighting on the benefits of the study, the staffing levels of Nwoya district increase from 48% to 55%. This is contributed not only by the contract health workers there were issues of replacement recruitment. THE contacting mechanism gave about 7% contribution to mainly technical staff. Records of service uptake indicate that ART improved from 2000to 10,000 about the same period, PMTCT was introduced in all health center iii and strengthened in Anaka hospital. At absorption in 2013,

98% of the people were absorbed but by the time we did the study 64% had transitioned and retained in Nwoya district.

Parallel session 1B explored issues of human resources for health

Dr. Timothy Musila explained that the emergency and disaster may be caused by natural events but they may also ne manmade. He said the natural events are similar. For instance he cited the scenario when people were displaced by mudslides in Bududa. He however noted that there are those that we cause and they are the majority.Dr. Musila also noted that in the recent years there are a number of actors that are active in this area is growing exponentially. "You know with exponential growth of the actors in this area, complexity also increases that means building silages and programming mutually enforcing each other becomes difficult. So we the need for important input from researchers about the way we design our programmes."No amount of intervention will work if it wrongly designed. If you get something wrong that you design results will always be wrong" he said.He is optimistic that symposium will help the participants not only to receive some of the findings of the work that has been on-going but to reflect on the role of government in general in programming and responding to some of these disasters.

Panel session 2 ended the day on a high note

The panel noted that the private sector has done a lot work in delivering health services. However, they noted that there is lack of collaboration between the Government and private sector.

The role of non-state providers bin building and strengthening health systems during and post conflict

Yayi Alfred who is the district health officer (DHO) Yumbe said government has a role in ensuring that the health systems are well established in those setting to provide services for both the nationals and refugees that are settling there.

He said government must remain in charge because according to experience where they hosted refugees in 2003 to 2008 in Kafe and also with the current experience, many partners come around and they are willing to provide resources and mobilize so government has a big role in coordinating this kind of reconstruction. if the non- state actors are left to work on their own they might put structures where they want and higher staff of their choice, might have their own reporting systems which are parallel to that of government and might establish separate surveillance systems of their own. Whether local or central government, they need to be in-charge and coordinate non state actors in making sure that things are done properly with the view of long time.

For instance in Yumbe district, when the refugees came in, the OPM representing the central government informed us that we were going to have 40,000 refugees coming in but in a month's time we have received over 200,000 right now we have 287,000.

So we had to share the available resources; health facilities and schools. We were overwhelmed until we requested non-state actors to come to our rescue.

Justine Namakula -ReBuild

Justine Namakula who is coordinator working with ReBuild says non-state actors do matter because they were there even during the conflict as people ran to the camps.

Namakula hinted on the major issue of concern being that they are increasing in number. Many of them are setting up place but there are those that have been there during the conflict. So there is congestion as the communities themselves are actually seeking services in the same facilities. Nevertheless, we cannot wish them away considering them to be money minded, she said.

Additionally, there have been cases where the districts have engaged some of the service providers to expand coverage in terms of immunization coverage which has contributed to good performance in some districts. For example Gulu has been one of the best performing districts in the country for the league table which is contribution of the private sector.

Emmanuel Ngabirano who is the knowledge and Development manager at Transcultural Psychosocial Organisation (TPO) says the non-state actors are very important because they work smaller, so they tend to be more thorough in terms of modeling and evidence programming. In that regard they usually work with state actors in joint assessment for specific needs.

For instance he cites an example of northern Uganda where it was assured during the conflict that people were very resilient. But when they went back to communities we have been able to show that there are high levels of post-traumatic stress disorders and depression which affect the health system. Some people would go complain of headaches and body pain. So we worked with health workers and trained them how to detect workers on how to detect that this person needs a different intervention and not medication