Regional Health Office (RHO) Stakeholders Meeting

Wednesday January 13, 2016 at the U.S. Embassy Accra

Introduction:

This publicly shared document provides information gathered from the Stakeholders Meeting that introduced the RHO Concept Note and discussion around key questions such as achieving scalable impact in FP and HIV, engaging more partners, and learning how treatment coverage can be improved in West Africa. The discussion, inputs, and resulting themes were utilized during the RHO Project Appraisal Document (PAD) Planning Retreat on January 26 - 27, 2016 and will continue to influence the direction of RHO activities. The RHO is publicly sharing this document and encourages comments and feedback from all interested parties and stakeholders on the West Africa Regional Health Office Concept Paper or this report via accraaidwarhopublic-dl@usaid.gov.

Relevant Documents: RHO Concept paper

Organizations in Attendance: UNFPA, Marie Stopes International, FHI360, Engenderhealth, PNLS-Togo, IBTCI(E4D), Care International, WHO-Ghana, World Vision, Commission for Human Rights(CHRAJ), ONPPC Togo, Futures Group (Palladium Group), VOTO Mobile, Vodafone Ghana, ONPPC Niger, USAID (Ghana, WA, Benin)
Total Attendance: 25 participants (9 partners in Ghana, 6 partners from other countries, 10 USAID Staff)

Purpose of Stakeholder Meeting:

USAID/RHO values engagement with key regional stakeholders on our strategic direction from 2015-2019. The RHO is publicly presenting our concept for implementation during time period and envisions a broad exchange of ideas amongst each other with an opportunity for stakeholders to give input and ideas to the Project Design. While there are no current solicitations from RHO, this project design will inform all RHO activity solicitations between now and end of 2019.

Inputs from the participants are summarized as follows:

Emerging Themes:

Partnerships and Coordination

- USAID/WA's role is to serve as a catalyst and facilitator in creating partnerships and be as inclusive as possible. Promotion of cross-border collaboration is essential. Bring together regional partners; consider putting in place a regional committee.
- Organize stakeholder meetings to address opportunities and gaps in the health sector; provide targeted real problems to consider.
- Coordination and communication are important. There must be an interaction between partners. More focus on advocacy is needed. Increase investment in webinars, meetings, etc.
- Partners should not only be those seeking to get USAID resources, but those who have solutions to put on table and leverage USAID efforts; move more into development driven partners.
- Engage more religious and community leaders and civil society organizations.
- Be proactive and engage the private sector. More proactivity in leveraging the private sector is necessary to avoid duplication of efforts.
- There are opportunities in using technology. Technology providers are not aware of the health sector gaps; communicate these so the private sector can see how they can help fill them.

- Government is the oldest partner; we need to improve how we are having these conversations and have more than verbal agreements.
- Governments must be involved from the onset. You must engage the government and inform them regularly about strategy formulation. Shared responsibility is key.

Integrated Approaches

- Consider integrated Reproductive Health and HIV, especially with adolescents; similar to FP and HIV these topics deal with sexuality. Concerning adolescents, there is a political conflict regarding contraception. Family health and HIV must be placed together to limit the infection of young people.
- There must be synergy between education, sensitization, sex education, and school.
- Address religious and cultural barriers to transform demand to usage of services. Consider the linkages and look at partnerships between health and education sectors.
- Focus on programming and policies that promote service integration and task sharing. There is a lack of integration; look at integration of services platforms.
- Education, Awareness Raising, and Behavior Change are key to impacting RH/FP indicators. Engage with communities and community workers for this purpose.
- We need to consider a cross sector approach, emergency humanitarian work, resilience, adaptation, etc. and integrate our approach.

Analysis and Implementation

- We need to gather the voice of users and provide mechanisms for social accountability and health care accountability. Establish sustainability from the beginning.
- Develop tools and employ robust data analysis to guide formulation
- Different categories of data are not mutually exclusive. There needs to be profound analysis of data that is aware of difficulties with logistics and the national supply chain.
- We lack systems that work; there is a problem of distribution, information, and customer service.
- Capacity must be reinforced: human resources and the health system. Health Systems Strengthening is needed in SCM, HIS, HR.

Strategic Planning

- Conceptualize health more broadly than through a bio-medical approach as issues in the sub region are behavioral. The high level goal must be pitched a bit higher; focus on the rate of indicator improvement.
- There were different thoughts on whether the Development Objective (DO) is high enough ("utilization" of services" - while we want this to measurably contribute to higher outcomes, this may be too broad to be useful to implementing partners who need to focus their work and measurements in specific areas. Also, at this stage, the focus is still mainly on increasing quality of service in West Africa.
- Identify the problems first and incorporate a sustainability plan from the project onset; establish the funding sources from the beginning; don't raise expectations of the rural folks only to disappoint them.
- Create a platform or events where everyone can learn the areas that are not working and the gaps.
- HIPs are known, but not how to scale them; scalable impact must be sustainable. Consider a technical assistance system for countries to move past the pilot stage and effectively scale interventions.
- We fail to pay attention to social, cultural, and religious background. We need to break cultural and financial barriers; the population must be better informed.

Ongoing Questions for Consideration

1. Does USAID want additional partners or deeper partnerships? What are the eligibility criteria to be a USAID Partner? What's evidence of a partnership? Will USAID brokerage partnerships?
2. Can USAID create multi-country solicitations, since we have the same partners implementing similar projects across countries in the sub-region?
3. What is USAID's rationale for geo-spatial and beneficiary focus? How does USAID choose whether to operate in an urban or rural area? How are priority populations defined?

Progress and Next Steps

Activities	Target Date	Date Completed
Stakeholder Meeting	13 Jan 2016	13 Jan 2016
Review Input from Stakeholder Meeting	18-25 Jan 2016	18-25 Jan 2016
RHO Retreat	26-27 Jan 2016	26-27 Jan 2016
Develop, Plan and Timeline for Assessments: Gender, Sustainability, Socio-economic, GIS, Youth	10 Feb 2016	
Public Report of Stakeholder Meeting	10 Feb 2016	
Perform Assessments: Gender, Sustainability, Socio-economic, GIS, Youth	22 Feb - 15 April 2016	
PAD Development	30 March - 15 April 2016	
Second Stakeholder Meeting for input into full Project Design (PAD)	14 April 2016 (Tentative)	
Input Stakeholder inputs, additional assessments	15 April - 30 April, 2016	
Internal PAD Approval Process begins (submission to PRO/FO)	5 May 2016	
PAD Finalization	20 May 2016	
PAD shared publicly	June 1, 2016	