

Fiji Health Sector Support Program
Program Coordinating Committee
Minutes of Meeting
1430 Thursday 24 November, 2011
MoH Conference Room

Chair: Dr Salanieta Saketa, Permanent Secretary for Health

Participants:

Dr Metuisela Tuicakau (Acting Deputy Secretary, Hospital Services),
Dr Josefa Koroivueta (Deputy Secretary, Public Health),
Ms Sarah Goulding (Counsellor Fiji and Tuvalu, AusAID),
Ms Paulini Sesevu (Senior Program Manager Health Law and Justice AusAID),
Ms Mereseini Q Waibuta (MoF),
Dr Rosalina Sa'aga-Banuve (Program Director, FHSSP),
Dr Asinate Boladuadua (Deputy Program Director – Technical, FHSSP),
Ms Karen Kenny (Senior Program Administrator, FHSSP),
Ms Katrina Mills (Senior Program Manager, JTA International)

Apologies:

Mr Emosi Koroi (Deputy Secretary Administration and Finance),
Ms Margaret Logavatu (Program Manager Health and Social Protection AusAID),
Ms Sarah Gwonyoma (Assistant Program Manager Bilateral Health AusAID),
Dr Isimeli Tukana (Deputy Secretary Policy Planning and Analysis),
Dr Berlin Kafoa (Projects Team Leader, FSMed)

Item	Action
<p>1. Welcome and Devotion</p> <p>Meeting opened at 1440. Dr Koroivueta led the meeting in Devotion.</p> <p>Dr Saketa welcomed the AusAID staff, the Deputy Secretaries, the MoH as well as Karen Kenny, attending her first PCC meeting. Much progress has been made under FHSSP to date; with the first round of FHSSP Governance Committee meetings held. MoH acknowledged the assistance of FHSSP in the development of the 2012 MoH Annual Corporate Plan. Progress has been made in the priority areas of the program including, activities under NCD month in November; the endorsement of the NCD Best Buyers Initiatives for 2012 by Cabinet; the finalisation of prices on the new vaccines and planning for their introduction in 2012; and, the launch of reproductive health policy and the primary health care facility at the Lami Health Care Centre.</p> <p>The agenda was adopted as tabled.</p>	
<p>2. Introduction of new Senior Program Administrator</p> <p>Dr Rosa Sa'aga-Banuve introduced Karen Kenny as the new FHSSP Senior Program Administrator and outlined her background in nursing and program management. FHSSP looks forward to having Karen</p>	

<p>support the program.</p>	
<p>3. Confirmation of previous Minutes</p> <p>Page 2: Item 'b' paragraph 3 should read 'the overall envelope'. Page 3: Line 4 should read 'accountability' Page 4: para 2 should read 'thorough' not 'through'</p> <p>No further corrections. Minutes moved by Dr Koroivueta and seconded by Dr Boladuadua.</p>	<p>PCC Minutes from the first meeting to be updated.</p>
<p>4. Business Arising from previous Minutes</p> <p>4.1 Governance</p> <p><i>4.1.1 Inclusion of Dr Thomason on the PCC:</i> Sarah Goulding has discussed the matter with AusAID Canberra and it has been confirmed that the accountabilities are between AusAID and the MOH. Dr Thomason would be welcome at the PCC meetings as part of the JTA team, but would not have a formal vote. The PCC agreed to this.</p> <p>UN groups who have a link to health in Fiji can be invited to the PCC in observer status.</p> <p><i>4.1.2 Dr Tukana to Chair the PMG:</i> actioned</p> <p><i>4.1.3 Extraordinary PCCs to be called as needed:</i> actioned</p> <p><i>4.1.4 PMG variation authority limit increased to FJD100,000:</i> actioned</p> <p><i>4.1.5 PMG to be run back to back with the NHEC:</i> actioned</p> <p><i>4.1.6 Revised TORs for FHSSP governance to be circulated:</i> actioned</p> <p><i>4.1.7 FHSSP leadership team to provide mentoring and guidance to Divisional colleagues prior to the first PMG meeting:</i> actioned.</p> <p>4.2 FHSSP start up report</p> <p><i>4.2.1 FHSSP Manuals to be distributed to PCC and Divisions:</i> attached to November PCC documents.</p> <p><i>4.2.2 Proposal to rename the Senior Program Administrator as the Deputy Program Director-Operations:</i> PCC agreed for the Senior Program Administrator title to remain unchanged.</p> <p><i>4.2.3 FHSSP branding roll-out to go ahead:</i> actioned</p> <p>4.3 2011 Plan</p> <p><i>4.3.1 All TA and TSO TORs to be reviewed to ensure adherence to guidelines as per Independent AID Review:</i> actioned</p> <p><i>4.3.2 FHSSP team to move forward with approved activity plans and recruitment:</i> actioned</p> <p><i>4.3.3 FHSSP to move forward with TA PHIS Scoping contingent on HIS Committee response:</i> actioned.</p>	<p>UN groups who have a link to health in Fiji can be invited to the PCC in observer status.</p>

4.3.4 Structure for the use of the Unallocated Fund to be developed: to be discussed under Agenda Item 7.

4.4 Budget

FHSSP team to move forward with implementation of the 2011 budget: actioned

4.5 Communications and engagement

Development of a communications plan: to be discussed as part of the 2012 Work Plan under Agenda Item 9

4.6 Other matters

4.6 Ms Goulding to revert with a response to the proposal for financial support for the introduction of the three new vaccines in 2012: Ms Goulding has discussed this proposal with AusAID Canberra who support this, however AusAID currently do not have the funds available. If additional funds become available these will be used for this proposal.

5. Governance

5.1 FAC Update

Four FAC meetings have been held since the start of FHSSP, with a focus on monitoring of program funds, the issues surrounding reporting in AUD or FJD, spending to date and the financial processes and procedures to be used by the program. A Financial Risk Matrix has been developed and been included in the program's Risk Matrix. Guidelines for Unallocated Funds and a strategy on the underspending of funds have been developed and tabled at FAC. Both are tabled for discussion at PCC under Agenda Item 9.

The reasons for the underspend need to be understood so there can be a strategy to address this. Dr Sa'aga-Banuve explained to the PCC the current underspend was largely due to the focus on audits and the production of situational analyses in the first few months of the program, with program spending increasing in October and November. The delay in recruitment of the Planning & Monitoring LTA has also lead to underspend in Objective 5.

AusAID assured the PCC that they have regular discussions with the team regarding expenditure to ensure that it is on track.

5.2 PMG Update

The first PMG meeting was held in November and chaired by Dr Tukana. The proposals presented at PMG will be discussed at Agenda Item 10.

6. FHSSP July – September Quarterly Report

Dr Rosa Sa'aga-Banuve presented the first Quarterly Report of FHSSP.

The objectives on Safe Motherhood, Infant and Child Health and Diabetes have focused on auditing equipment and skills; looking at what is required for facilities upgrades, equipment and training as well as facilitating health worker workshops for up-skilling. Work is still continuing on the development of Primary Healthcare Guidelines, balancing the needs of the clinicians and the public health requirements, a draft is due by end December 2011.

With respect to Objective 5, the focus has been on strengthening public health information system. Don Lewis has completed an STA input to assist in developing these requirements. Support to the MoH annual planning 2012, Divisional Plus meetings and clinical meetings as also been funded under this objective.

Two items have been supported through the Unallocated Funds;

- i. Mataika House (procurement of equipment, test equipment and transport) and
- ii. support for the Mental Health Strategy, which has not been expended yet. This may not occur until early 2012.

A total of ten TSO have been recruited and placed within the MoH. Their reports will be included in the 2011 Annual Report.

The September budget report was presented, as this was the report related to the Quarterly Report. This shows expenditure of 31% of the overall program budget to 30 September 2011.

PCC requested reporting on commitments as well as actual spend. Katrina Mills and Karen Kenny to discuss with the JTA Finance Team.

Dr Sa'aga-Banuve informed the PCC that she will be working with the FHSSP Technical Facilitators to ensure more accurate monitoring of finances and more accurate forecasting.

Ms Goulding thanked the team for their efforts in the financial reporting and the Quarterly Report; this is the type of reporting and monitoring required by AusAID.

It was agreed that what will be spent from the unallocated funds will be highlighted in a different colour in the financial reports.

PSH requested a traffic light system of reporting on the Program reporting to assist the PCC to track the progress of projects.

PSH accepted and acknowledged the details of the Quarterly report and looks forward to the next update.

Katrina Mills and Karen Kenny to discuss reporting on commitments with the JTA Finance Team.

Dr Rosa to work with TFs to ensure accurate monitoring of finances and forecasting.

Highlight unallocated funds expenditure in a different colour in financial reports.

A traffic light system of reporting on the financial reports to be implemented.

7. Unallocated Funds Guidelines

Dr Sa'aga-Banuve presented the Unallocated Funds Guidelines for comment and endorsement.

The PCC agreed on the 40% allocation of unallocated funds to objective areas at the start of each year, which would remain

FHSSP to provide detail of what types of activities can be funded using the 40%.

'unallocated' with priorities identified during the year. Should this remain unspent by October, this will be reallocated to specific activities. PCC would like details of what types of activities can be funded using this 40%.

If there are disasters that are likely to require more than 20% of the Unallocated Funds budget, flexibility will be required to ensure there are enough funds to support the emergency. AusAID informed the PCC that in an emergency when all of the Unallocated Funds had been expended then AusAID Suva will seek additional funds from Canberra.

Once the Unallocated Funds Guidelines are in operation they should be reviewed at each PCC to ensure they are operating correctly. Guidelines endorsed noting the above comments.

Review
Unallocated Funds
Guidelines at each
PCC.

8. Monitoring and Evaluation Framework

Dr Sa'aga-Banuve presented the Monitoring and Evaluation Framework to the PCC. Annex 1 provides the program logic. Release Two of the M&E Framework will give more details of what is on hand and the other data collection methods that will be needed.

Dr Sa'aga-Banuve noted that much of the information needed for FHSSP M&E activities will come from MoH routine data gathering.

PSH requested that M&E be reported on at PCC (6-monthly). Dr Sa'aga-Banuve noted that M&E reporting will be captured in the work plan and quarterly reporting. The work plan has been cross-referenced according to the M&E Framework.

M&E to be
reported 6-
monthly at the
PCC.

PSH acknowledged the hard work put into the M&E Framework. MoF noted that they are very happy with the M&E Framework, as they have also started monitoring aid in kind this year and have an increased interest in M&E.

AusAID have reviewed the M&E Framework as it has been developed and this is in line with the Independent Review of FHSIP. It is important for AusAID and stakeholders to have good data and they commend the FHSSP Team on working with MoH processes and data for the development and collection of the data. AusAID noted that there has recently been a major review of the Australian Aid program, and as a result the Aid program has asked to become more results oriented, which the FHSSP M&E Framework does. AusAID has been asked to report on indicators on maternal and child health to the Australian Parliament regularly. As soon as advice is received on the indicators required these will be sent through to the MoH and FHSSP. Ms Goulding asked if there will be a baseline report produced based on the recent audits undertaken by FHSSP? Dr Sa'aga-Banuve informed the PCC that the baseline information will come from different sources such as the STEPS survey, the situational analysis and audits undertaken in 2011 and will be articulated in the M&E Framework Release 2. Dr Sa'aga-Banuve informed the PCC that the indicators can

AusAID: to provide
MoH and FHSSP
with details of the
maternal and child
health indicators
they are required
to report on.

CSNs review
relevant sections
of the M&E
Framework, by
mid-January 2012.

be changed if they proved difficult to collect, not useful, or other important areas to be measured are identified. PSH requested that the CSNs review their sections in the M&E Framework to ensure they are happy with the indicators and they are relevant, with the Framework to be endorsed at the next PCC.

PSH asked whether and when the mid-term evaluation will be done for FHSSP. Dr Sa'aga-Banuve informed the PCC that it is expected to be occur in 2013. AusAID informed the PCC that the results of this mid-term evaluation would be used as part of the decision on the program extension.

AusAID informed the PCC that a technical assessment on the mobilisation of the program will be undertaken, as a new AusAID requirement. This will occur in February 2012.

The impact of the donor coordination works will also be tracked in the M&E Framework, however it will be difficult to show the impact on FHSSP alone and this is a broader cross-sectoral issues, with a long term focus.

9. 2012 Planning

9.1 MoH update: 2012 Budget & Annual Corporate Planning

No further discussion was held.

9.2 FHSSP 2012 Work Plan and Budget

The Annual Workplan 2012 was presented for comment and endorsement. Dr Sa'aga-Banuve went through the Annual Plan at Objective Level. The budget presented was as follows:

	FJD	AUD
Objective 1	\$895,700	\$519,506
Objective 2	\$1,042,500	\$604,650
Objective 3	\$1,023,840	\$593,827
Objective 4	\$1,040,200	\$603,316
Objective 5	\$814,700	\$472,526
Unallocated Fund	\$1,724,138	\$1,000,000
TOTAL PROGRAM BUDGET	\$6,541,078	\$3,793,825

Objective 1: Endorsed without comment.

Objective 2: Support to Mataika House is identified as coming from the Unallocated Fund. Endorsed with the following comments: AusAID requested clarification on the vaccine costs to be funded under FHSSP. It was clarified that FHSSP was budgeting for the support costs, not the vaccine costs, which will be covered outside of FHSSP. Suggested that 2.1.1.8 'Surveillance Officer' should come out of program funds, not unallocated funds, as it is not an emerging priority.

Objective 3: Endorsed without comment.

Objective 4: This is one of the most challenging areas of the program, as it depends on the goodwill of other Ministries and the people in

Activity 2.1.1.8
'Surveillance Officer' to be funded from program funds, not unallocated funds.

communities. Objective 4 may be slow going, but has the potential to be a great success story of the program. AusAID noted that additional funds have been provided via the WHO for the health promotion in schools project, which will support this objective. Endorsed without change.

Objective 5: Endorsed without comment.

In total ten TSO positions are requested across the five objective areas.

Changes will be made to the overall budget based on the previous discussions under Agenda Item 7 on discussions on how to allocate the 40% of the unallocated funds.

PCC are happy with the Annual Plan and proposed activities against each objective.

The proposed budget is over the Year Two limits as set out in the Scope of Services, and the PCC was asked to review the options to address this on page 18 of the Annual Plan. PSH asked AusAID if the underspend from 2011 can be carried over. AusAID confirmed that this was allowed so long as it was expended before the end of June 2012, being end of the Australian financial year. Option 1 was not agreed to and AusAID would like to work further with the FHSSP team to refine presentation of the budget to address the over-budget issue.

The PCC approved the budget for 2012 with the above comments noted for action.

Changes to be made to the budget based on the discussions on how to allocate the 40% of the unallocated funds.

AusAID to work with the FHSSP team to refine presentation of the 2012 budget.

10. Funding Requests

The following funding proposals were presented:

10.1 Inventory and Warehouse Management System at a total cost of \$1.3million, with \$100,000 requested from FHSSP

10.2 Upgrade of the Levuka Hospital: \$73,640 for renovations

10.3 Western Health Services Medical Boats: \$132,476

10.4 Upgrade of Works at Latoka Hospital \$29,000

All proposals are supported by the MoH for consideration. **Proposal 1 and 3 are the priorities for the MoH.**

AusAID supports these proposals based on the MoH support, so long as they fit the Guidelines for Unallocated Funds and the five objectives. PCC endorsed the funding for all four proposals.

PCC endorsed the funding for all four proposals.

11. Risk and Issues Update

Dr Sa'aga-Banuve directed the PCC members to the Risk Matrix and assured the PCC that the risks are being monitored, with a set of financial risks now included in the matrix, as identified at FAC.

MoF noted that the point under 'environmental risks-funds transfers' has been addressed by the MoF, so there will be no more delays in processing cheques which will minimise this risks.

The Risk Management Matrix was approved with no further comment.

12. FHSIP Interim Activities report – FSMed

As FSMed were not present at the PCC and no report was received by FHSSP, no update was provided.

Dr Sa'aga-Banuve will follow up with FSMed for final report as the interim activities are now coming to a close. PSH informed the PCC that Dr Berlin Kafoa had informed her that the activities were now primarily completed.

Dr Sa'aga-Banuve to follow up with FSMed for final report on the interim activities.

13. Other matters

13.1 PSH informed the PCC that the Minister for Health has been urging for NCD activities to be better coordinated. Following the announcement of the 2012 budget on 25/11/11 there will be a coordination of activities to ensure maximum coordination and usage of funds.

13.2 The Communication Strategy for FHSSP was presented to the PCC for review, discussion and endorsement. The strategy will ensure engagement with stakeholders, key donors and development partners as well as the people of Fiji. The strategy will be achieved through FHSSP Governance mechanisms, regular meetings with counterparts and externally through the media, branding and public diplomacy events. PSH informed the PCC that Cabinet should also be informed of the program's progress on a 6-monthly basis.

Cabinet to be informed of the program's progress on a 6-monthly basis.

Within the Communications Framework, it was recommended that internal and external stakeholders should be key and secondary and the numbering at section 3 needs to be updated.

AusAID to take the Communications Strategy as a draft and ensure it meets the needs of their Charter.

AusAID has launched a new Transparency Charter, which will have relevance for the Communications Framework. AusAID to take the Communications Strategy as a draft and ensure it meets the needs of this Charter.

The Comms Strategy to be updated with the PCC requests and AusAID recommendations following AusAID review.

The FHSSP website has been launched with the first newsletter also sent out.

13.3 Dr Sa'aga-Banuve thanked PSH for her leadership and support to the program with a special thank-you to Ms Goulding and her team for their support. Dr Sa'aga-Banuve reported that things are going well, the team is happy, energetic and moving forward to achieve their objectives. Dr Sa'aga-Banuve wished the PCC a Merry Christmas and

happy holidays. Ms Goulding thanked the team and MoH for their hard work over the first 6 months and the high quality of the documents presented and this has been noted by AusAID. She also thanked the MoF.

13.4 PSH wished all a Merry Christmas and happy new year.

Meeting closed at 4:45pm

14. Next Meeting

The next meeting of the PCC will be scheduled in 2012.