



Minutes of Activity Info Meeting – UNHCR Beirut

Date: March 5, 2014

List of participants

Organizations
CLMC , IMC, IOCC , IOM, Makassed, Makhzoumi , PU-AMI , Relief International, UNHCR, UNICEF, UNFPA ,WHO

Summary of discussions and action points

No.	Action Points	Focal Point	Deadline
1.	Drop down boxes to be installed with P-Code locations into AI for easier reporting at the site level.	Georges Haddad UNICEF	Before next reporting period
2.	WHO will check with Dr Alissar as to whether it can be agreed to change AI age disaggregation to the MOPH HIS standards	Lucie, WHO	ASAP
3.	Amended AI instruction package to be sent to all partners	Georges Haddad UNICEF	Before next reporting period
4.	Remove the UNICEF sub-indicator “# of health facilities provided with cold chain systems”. This activity will be included in the indicator “strengthening of health capacity building” objective.	Georges Haddad UNICEF	Before next reporting period

No.	Issue	Focal Point	Deadline
1.	Outputs and activities in ActivityInfo (AI) were discussed. It is important to note that if an agency applied for health programs under RRP6 - they must only report on activities in the health section. Even if there is not a specific activity in health section it should not be reported in other sectors. Eg if an agency does health promotion and PSS activities should not report that directly on an activity anywhere in AI. Those		

	<p>types of services can be reflected in the narrative.</p> <p>UNICEF have specific indicator that only relate to UNICEF partners. They are mutually exclusive activities and do not create any double counting with other activities.</p> <p>To ensure activities are not double counted it is important to ensure that each individual activity is only counted once. Eg, if a women receives only an ANC service that should be marked on the ANC activity and not also on the “# of consultations activity”. That is the same for immunizations. If a child goes to the PHC and receives only a routine vaccination than that activity is recorded under ‘# of routine vaccinations’ and not also ‘# of consultations’. Unless the child receives a consultation for an illness and a routine vaccination. Both would be recorded as separate activities.</p> <p>Some activities have detailed disaggregation and some do not. The reason for this is that AI would too cumbersome if every activity was disaggregated to such an extent. The HNWG decided previously which activities needed detailed disaggregation.</p> <p>Where possible agencies agreed to include activities down to the site level for activities. The IM section will assist with this by adding drop down boxes with the site P-Codes that will make it easier to describe locations.</p> <p>Action plan: Drop down boxes to be installed with P-Code locations</p>	Georges Haddad UNICEF	Before next reporting period
2.	<p>Age disaggregation on AI is not the same as the MOPH HIS or how the majority of agencies disaggregate age. It was recommended to modify age disaggregation to be in line with the MOPH HIS.</p> <p>The age disaggregation for routine vaccinations has been amended from <2 to <5 to capture all children in the routine immunization program and to confirm with how agencies are disaggregating their data.</p> <p>Action plan: WHO will check with Dr Alissar as to whether it can be agreed to change AI age disaggregation to the MOPH HIS standards.</p>	Lucie, WHO	ASAP
3	<p>Action plan: Amended AI instruction package to be sent to all partners</p>	Georges Haddad UNICEF	Before next reporting period

4	<p>Objective 2: Secondary Health Care</p> <p>Agencies that refer patients to SHC and if those patients are treated under UNHCR funding should not report that as a SHC activity. UNHCR will count that separately.</p> <p>Where an agency covers the fees for a SHC activity themselves it should be reported under the agency in AI.</p> <p>If a patient is re-admitted into for SHC that should be recorded as a new consultation on AI</p>		
5	<p>Objective 3: Strengthening National Health Systems</p> <p>Counting training activities for healthcare workers should be included when the training has been completed not the number of trainings in a month if the activity continues past another month.</p> <p>If training is long term or on-going then a training activity can be counted at the completion of each module.</p>		
6	<p>The equipping of a health facility indicator on AI includes substantial equipping as part of a specific program and not just supplying one or two small items. Equipping does not mean consumables or health kits.</p> <p><u>Action plan:</u> Move the UNICEF sub-indicator “# of health facilities provided with cold chain systems” under the indicator “strengthening of health capacity building”</p>	Georges Haddad UNICEF	Before next reporting period
7	The # of assessment indicators has been removed from AI		