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| Reporting Period: | July-December 2012 |
| Venue: | PSI Kenya, Nairobi |
| Dates: | January 28-29-30, 2013 |

# PARTICIPANTS

Achu Lordfred Day 3

Bruce Mackay Day 1, 2 and 3

Daun Fest Day 1, 2 and 3

David Adriance Day 3

Donato Gulino Day 1, 2 and 3

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Jan Pfeiffer Day 1, 2 and 3

Katia Shemionekk Day 3

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Panna Erasmus Day 1, 2 and 3

Rohit Odari Day 1, 2 and 3

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Tadesse Kassaye Day 1, 2 and 3

Thomas Okedi Day 1, 2 and 3

# DAY 1 – JANUARY 28, 2013

**Introduction from K. Bigmore**, main expectations being:

* Improved coordination/communication with JHNP
* Learn on progress and innovations introduced by the HCS partners
* Improved Performance Framework for Vfm indicators

**Presentations** (all presentations are attached for further details):

Dr. P. Erasmus: overview on the HCS and progress data for the reporting period.

* Use of quarters in any presentation concerning the consortium may be confusing: use of specific periods is advised

PSI, D. Gulino: reporting on Social Marketing, Social Franchise Network and BCC. Results from quick assessment on use and storing of Oxytocin have been presented.

* DFID to share DALY coefficients per product to compare and harmonize
* PSI to present Oxytocin survey to MoH
* HCS to determine how to submit the study for a peer review journal

HPA, R. Odari: reporting on activities implemented in Sahil region – Somaliland.

* HPA to find a way to verify effectiveness of training in increasing skills
* HPA to analyse baseline data comparing annual data from HMIS and KAP survey and note seasonal variances and differences

SCI, K. Abdella: reporting on activities implemented in Karkar region – Puntland.

* Need to analyse the health financing systems in place in the various areas (Puntland and Somaliland mainly) to determine what the lessons learnt and best practices are in Contracting, Financing and Cost-Sharing practices

TROCAIRE, O. Mazzaroni: reporting on activities implemented in Gedo region – Somalia.

THET, T. Okedi: reporting on activities impoemented in Somaliland

**Techinical Review**

* Need to clarify on reporting periods: HCS started in July, while the fiscal year starts in April
* DHB in Gedo is different from “zonal coordination”
* MoH doesn’t work with PBF systems; the partners do that in isolation.
* NHPC Act has been signed by the Somaliland President. EPHS to recruit accredited cadres in the very coming future
* DPT3 coverage is low due to some supply issues and delays from UNICEF’s side
* Reporting on 3.2 output of ANC 2+ the HMIS is not effective in determining the # of ANC visits: the partners report into the HMIS tools, Trocaire has trained staff in new HMIS system.
* Need to work out the baseline of the 3.3 output on scorecard
* Doing well on meeting output 3.4 on skilled birth attendance.
* Basic nutrition services have constant supply issues with UNICEF in order to meet the targets
* SCI has been implementing birth spacing activities in 2 pilot districts and will add that to the next reporting.

**Emerging Issues and action points**

* It is clear that the partners are coordinating and benefiting from the different areas.
* Some partners are working on the strategic plans and what links you can make to the “zonal plans”. It will be important to clearly communicate at the local level on that.
* The idea is working towards one annual review process that will include HCS, JHNP and the ministry strategic plan reviews. Try to coordinate that so that it ends up on the same cycle.
* Consortium needs to get one human interest story per quarter. All partners have agreed but there was no follow up (schedule for 2013 detailed in day 2)
* Communication branding, always make sure the UK AID logo is on all documents and follow the branding & communication instructions. M. Oduor to share communication policy with logos with all partners
* A cost efficiency indicator is stock outs of commodities or cash flow. These are indicators that would measure efficiency.
* Update on IMMPACT survey: WHO will give tech update at JHNP meeting. DFID commissioned Aberdeen University to do a maternal study in Somaliland to get baseline data. The lead researcher left Aberdeen and they decided that they didn’t want to let staff go in Somaliland due to security alert for British citizens. Recommended to piggyback on WHO studies. WHO will work with DAS, University of Hargesia and MoH as steering committee meeting. Aberdeen University will work with DAS to collect data. Aberdeen will meet with them in Nairobi. Then Aberdeen will analyze the data. Will have final report by the end of 2014. Will have first a 3 month pilot. JHNP endorsed the study and some funds. HCS non-consortium funds will be used pay for some management costs. Total cost is $595,000 for the study. The data ownership is with MoH Somaliland
* Performance Matrix mentioned in BC needs some clarifications: DFID is happy with the current reporting format, though not directly linked to the log-frame and not giving immediate feedback on performances against expected outputs.

**Client Satisfaction Survey**

* Need to harmonize the questionnaire for Client Satisfaction: external consultant and LNGO are to be recruited for performing exercise. ToR had already been circulated among the partners, no further comments made by DFID/Partners. PSI to advertise the position

**Knowledge Management**

* The target audience for the system is the HCS partners, health sector consortium, MoH in all 3 regions, JHNP, DFID, HCS partner data base of partners.
* The system will be set up with different level of security for different typologies of users. The HCS partners would have access to all the reports.
* Need to link to the Health Consortium site, JHNP, MOH sites, and the HCS partner web sites.
* The coordinator will push out messages to the data base of stakeholders.
* The partners acknowledge that they will need to provide the data and information on a quarterly basis.
* PSI to coordinate the project and move forward with I-Hub.

# DAY 2 – JANUARY 29, 2013

**Budget reviews** (see attached presentation on reporting and expected balances)

Partners agree that no re-allocation of funds is needed and that the expected unspent/overspent can easily be absorbed during the coming quarter (Jan-Mar 2013)

* PSI to communicate with partners on March 1, 2013 to verify: a) spent levels are in line with what stated above, b) current security situation doesn’t affect spending level (activites on hold or extra costs for staff relocated in Kenya)
* PSI to clarify with Mercy on the use of NC funds for reinforcement of extra security measures in Somaliland

**Financial Management**

As for minutes from previous quarterly meeting, need for specific financial guidelines on certain topics is high. Discussions among partners have highlighted what follows:

* 10% adjustment at budget item level
* Realignments on budget – adjusting for over & under spents
* Explanation for quarterly forecast
* Procurement guidelines, when and how to seek PSI approval
* Grant management specifics
* Asset list management – including asset disposal and disposition. Include format.
* Timelines for financial invoice submission, review and advance payment
* DFID branding strategy
* Organizing orientation and refresher training on all of these guidelines

**Quarterly interest stories – schedule**

Oct – Dec 2012 THET (already shared)

Jan – March 2013 TROAICRE

April – June 2013 SCI

July – Sept 2013 HPA

Oct – Dec 2013 PSI

Jan – March 2014 THET

**HSSP Debrief** (detailed presentation provided by M. Madeo on Day 3)

* Last week the HSSP summary was presented by Somaliland but there was no work plan or budget. The UN could not comment on the summary. The budget ($240M) that was presented was not linked to a health strategy but vertical program annual budgets. The final draft was given on Friday for stakeholder comments.
* First year is to build the capacity of MOH to contract and cost the services.
* MoH said budget was because they had not included the overheads of INGOs and UN agencies. The original costing was to determine the minimum costs of the each function. So it was really costing, not budget exercise.
* There will be a group of people to look at lessons learned across 8 countries. Probably WHO and World Bank will be involved.
* None of the practices mention engaging the private sector. The response will be contract directly to private providers. Social marketing will be expanded. Tap into the Mida project that brings in diaspora to provide services.
* Need for a transition period for MOH to be the central player and implementer.
* Refer to EPHS is a pilot project but was clarified that it is a framework that needs to be reviewed.
* Community Health Service delivery has to be clarified and streamlined. Use first year to bring it together to address the streamlining. Need to harmonize it and use the potential of the work at the community. None of it was discussed about the governance.
* MoH refers to tertiary care but it is really secondary care and up. Work with hospitals needs to be clarified and defined. Integration of the disease control specifically in HIV and TB. The HIV GF grant has been cut so not clear how the expansion would be funded. Current grant will only work with existing partners.
* The GF has to align itself with the HSSPs. Not clear how that can happen in also addressing the economies of scale.
* There was not Water and Sanitation presented in the strategy.
* First priority is leadership and management but question on the priority of this over health services.
* At some point the MoH will take over medicine and supplies in strategy 5 but not their top priority. Regulation is more of a priority.
* Ten top diseases in each Zone have been used to address priorities.
* M&E results framework is not outlines. But it is part of the work plans for the year. Have a results framework for the HSSP. Inspired by the MDGs. Baseline data will be on current knowledge and mini DHS.
* Baseline data will be based on current knowledge and a small scale DHS
* Not happy with the EPI results on MICS. DHS was discussed but it’s a 2 years work and waiting for this to be completed as baseline, it’s a long journey
* Submitted by the consultant but 31/01 with work-plans for 2013. Documents from the Health Authorities will be back with comments. March, presentation in zones and in Nairobi. JHNP needs to realign to the HSSP and partners are invited to do the same by connecting their plans to it

**Security updates and plans:**

British Government issued a warning for all citizens to leave Somaliland due to threat against kidnapping foreigners. Most other western governments then followed suit. The situation isn’t clear and how long it might be insecure. The NGO security program suggested all foreigners stay in their guesthouse and not have any new travel to Hargeisa. Somaliland foreign minister denies any threat. There was gun fire in Hargeisa for about 2 hours near Monsoor. There were demonstrations in Berbera against UK government.

* THET have local staff working at home and the expats will be in Nairobi for the next 2 weeks.
* PSI has staff working in the office but avoiding the hotels where foreigners are and expats will work in Nairobi for the next 10 days to determine change in situation.
* HPA will have expat staff in Nairobi for one week but the local staffs are still working.
* For Trocaire they rely on the security officer and head of DHB for information and things in Gedo are calm at this point they have the usual security issues dealing with Al Shabab.
* SCI in Puntland the security is around the vote of the president this specifically in Kakraar. But for local staff in Puntland it doesn’t affect the ability to implement activities.
* PSI to verify with DFID whether NC funds could be used for the following:
  + - Reinforcing NSP advice to have an extra SPU with vehicle
    - Funds to establish safe rooms in the guest houses.
    - The expense of adding more SPU to guard the offices and guesthouse.
    - Increased communication expenses.
    - If not change in the following, then the expenses of keeping staff in Nairobi.

**Preparation for JHNP meeting – comments and suggestions**

* The partners will present what they are doing by geographic area, where there are differences, where there are gaps and ask how to improve the coordination & presentation.
* A current issue that has to be resolved is the per diem rates.
* Need to identify with JHNP who we talk with about what topics
* Need clarification on top ups, infrastructure, and other structure

**HCS TA – SOW and work-plan** (see attached workplan discussed with DFID)

Set HCS annual meeting and work plan with set dates.

Other issues partners want covered:

1. Trocaire need assistance with attending the Health Coordinator Meeting in South Central:

2. Assistance with linking the technical aspects with the reporting on the VfM indicators.

3. THET need assistance with linking their activities with the logframe output indicators.

4. HPA needs follow up on the technical assessment to focus on the quality improvement of health services.

# DAY 3 – JANUARY 30, 2013

**Presentations** (attached presentations from HSC coordinator, HCS TA, JHNP coordinator)

HSSP presentation, M. Madeo

* Concerns raised about the involvement of main actors in drafting the plan: partners confirm their involvement. As for PSI, private sector is included but not detailed, whereas the details provided are perfectly in line with PSI strategy.
* Need to align current partners’ strategies to HSSP: this doesn’t mean any change of plan. Simply, any new initiative has to take into account priorities and elements mentioned in HSSP
* Annual review will represent a good opportunity to show how programs contribute to the broader objectives set by the HSSP
* Need to talk to Humanitaria Donors to ensure coordinated interventions aligned with HSSP

HCS presentation, Dr P. Erasmus

JHNP presentation, E. Waters Crane

Main points following presentations on HCS and JHNP:

* Concerns are about the channelling of humanitarian funds, how to coordinate that? Humanitarian donors apparently don’t talk to MoH.
* Funding is not guaranteed, this is an issue
* E. Water Crane to circulate the lists of Zonal Coordination people Esther
* Concerns on funding delays: how is that going to be addressed? It’s a crucial point, especially for service delivery. The risk is that bureaucracy can delay contracting and implementation
* Maternal and Child health is just part of the EPHS – it will be sort of a phase 1 EPHS
* Coordination: Zonal Working Groups are a closed group (UN, gov and IPs), and don’t work in improving coordination with other partners. Suggestion to have HCS partners within the ZWG has been advanced by DFID
* Request has been made that HCS partners provide an update during the next coordination meeting. Any appeal at country level needs to go to Esther
* HCS partners are to be present at the local coordination level as HCS.

**Quick presentation of HCS Knowledge Management proposal**

All participants agree on the importance of having such a system in place

**Action points on HCS/JHNP**

* HSSP: need to commit and align to the HSSP. But we need to understand the road maps in place. Worry is about financial realignment
* Being aware of the annual review process
* Agreeing on how do we share feedbacks on the HSSP. Ideal is negotiating at local level and get back to the HCS
* Supplies issues and financial issues: JHNP needs to ensure SOP and clarity in managing funds
* HCS to approach the zonal coordination and from that agreeing on further mechanisms to engage also with the Health Sector Coordination
* Sharing of experience on EPHS: how can we improve the best practice sharing? (HPA to share the best practice presented at Hargeisa coordination meeting)
* Contracting: in HSSP contracting is a relevant component. It would be good to have the opportunity to share experience and understand how, for instance, HPA negotiated MoU and salaries, etc? (let’s agree that other contracts are shared) Suggestion is that 19/Feb there will be a meeting and HPA can be involved and share info at the presentation (also good level experience in contracting constructions). Top-up scales are attached to the MoU, for other issues, EPHS document is guiding it.
* Having JHNP to participate to the quarterly meetings
* HSAT, survey of private sector to be run in the three zones – PSI to contribute to the ToR
* Humanitarian funds issue needs to be raised at donor level: organizing a meeting with ECHO, OFDA and DFID humanitarian to make them aware of these processes.
* Logframe of JHNP to be shared (original and latest draft)
* Better use of the HSC mechanism: the HCS has a lot to share and the HCS doesn’t use the mechanism

**Climate Change Call**

DFID intends to submit concept note for the call: the idea is requesting feasibility study to assess the situation and come up with appropriate solutions

**Vfm presentation, B. Mackay and J. Pfeiffer** (attached)

* Partners are to meet within the week to perform exercise on feasibility