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| Reporting Period: | Jan-March 2012 |
| Venue: | PSI Kenya, Nairobi |
| Dates: | June 4-5, 2013 |

# PARTICIPANTS

Donato Gulino Day 1 and 2

Katie Bigmore Day 2

Kunuz Abdella Day 1 and 2

Mercy Oduor Day 1 and 2

Ombretta Mazzaroni Day 2

Abdi Tari Day 1

Panna Erasmus Day 1 and 2

Rohit Odari Day 1 and 2

Rosemay Heenan Day 2

Kunuz Abdella Day 1 and 2

Abdi Day 1 and 2

Tadesse Kassaye Day 1 and 2

Wario Guracha Day 1 and 2

Carole Green Day 1

Habiba Mohammed Day 1 and 2

Andrew Shaver Day 1

**AGENDA**

Day 1

1. Welcome note and introduction of the objectives of the meeting
2. Review of action points from previous meeting and updates on progress
3. Partners Progress presentation (PSI, HPA, SCI, TROCAIRE, THET)
4. Panna’s presentation and updates on best practices and addressing gender, conflict and youth
5. JHNP update
6. IHUB - SHARE presentation
7. VFM - report and way forward

Day 2

1. Annual review - preliminary results and recommendations
2. Emerging issues and action areas, and wrap up

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|  | DAY 1 – June 4, 2013 |  |
| **Agenda** | **Points of Discussion** | **Action Points** |
| Welcome and introduction | H. Mohammed welcomed all to the meeting highlighting main objectives of the days to include: -   * Progress on actions from previous meeting * Update on quarterly progress including VFM, and new reporting format and updates on best practise articles |  |
| Review of action points from previous minutes | Progress was reported as follows: -   * Plans by PSI to have an official presentation to MoH on the oxytocin survey in progress. * Social marketing of MNP put on hold based on a request from DFID after a report revealing potential side effects causing bloody diarrhoea among children. * SCI analysis of the health financing system in PL for lesson learning and best practices ongoing; - SCI have been in discussion with MoH PL who have committed to cost sharing by contributing 20% to the 2013/14 budget and 10% in 2014/15. The government is contributing USD 3000 to hospital running costs. * Client Satisfaction Survey- data collection completed, data analysis in progress, draft report expected in 10 days * Knowledge management: in progress   Emerging issues for action:   * HCS partners have been under pressure from MoH to align with the recommendations made in the review of compensation, salaries, incentives and benefits for health personnel in Somalia. Demands especially in SL, to adopt the middle scales as soon as 1st July 2013 are some the challenges they are grappling with. MoH on the other hand are not meeting the preconditions set by the report. | **Action:** Katie to follow up with the HSC to agree on the timelines for partners including government to adopt the salary scales. |
| Presentation of Partner Progress | All five organizations gave updates of their quarterly progress for the reporting period. Emerging issues from subsequent discussions included:-   1. Despite a lot of work that HCS is doing on FGM, it does not contribute to the FGM indicator as is set out in the Logframe. The current indicatior is for referral due to FGM related complications such as fitsula which partners say has remained a challenge to report against. 2. Need to review the FGM Indicator to broaden it to cover VAWG, and to also agree on how FGM improvement will be measured to meet the 2015 milestone for SL In the absence of a basline an evaluation will not be possible. In addition, PSI was concerned that conducting a baseline survey in 2013 will not give the HCS enough time to measure any improvement. 3. With the launch of Pentavalent 3, there was proposal for HCS to review the logframe to change indicator3.1 from DPT3 to pentavalent 3 4. HCS need to align ANC reporting to HMIS reporting which reports ANC 3 as opposed to ANC 2+. 5. Updates from Gedo on Polio outbreak showed that there were no reported cases in the region, however partners were prepared. | **Action-** HPA to share the FGM assessment report by Mannion and Daniels.  **Action-** PSI to find out what baseline surveys have be carried out by others in the sector e.g. UNFPA.  **Action-** Agree to revise the FGM indicator in the logframe  **Action:** Need to agree on whether to report on DPT3 or now move to Pentevalant 3  **Action:** HCS to revise Logframe to report against ANC 3 as opposed to ANC 2 |
| Dr. Panna’s presentation | Dr. Panna gave an update of what the HCS was doing regarding gender, youth and conflict. It was clear that partners were targeting women and children but there was not a systematised targeting of the youth. She requested DFID to clarify what their expectations were on youth and gender work. Partners were also tasked to review existing work with youth including dramas targeting in-school youths.  On conflict work, she noted that the partners had proposed to change the wording of the indictor 5.4 from stability and peace building to conflict sensitive programming.  With reference to the documentation of best practices, Panna reported that she had worked with the partners who had identified the following areas/issues:-   * Support to MoH and community for health governance and service provision demand creation (HPA, SCI and Trocaire) * Interpersonal Communications Program (PSI) * Human Resource support work (THET)   These still need work and information from partners to finalise. | **Action:** Habiba to share the DFID gender strategy with the partners  **Action:** Ombretta to confirm the UNFPA definition of youth.  **Action:** Agree on the final conflict indicator.  **Action:** Agree on the audience and communication format |
| JHNP Briefing by Andy Shaver | Andy informed the partners that the new JHNP coordinator had reported for duty.  He presented a summary of JHNP’s work and gave a brief update on the progress with partner selection process. He noted that having been in post for only 3 weeks, he was not best placed to respond to most of the HCS partners concern, he however noted that he would provide feedback to the JHNP leadership.  Emerging from the meeting was the critical need for better coordination between the two programs to avoid duplication of resource and activities.  There was a general agreement that HCS should seek channels for better engagement at the zonal levels. | **Action:** JHNP to share a contact list of ZWG with HCS partners (Andy)  **Action:** DFID to share the revised JHNP logframe(Mercy)  **Action:** PSI to share the list of top-ups to MoH staff with JHNP  **Action:** HCS partners to explore ways of participating in JHNP zonal working groups |
| IHUB SHARE Presentation | The I-Hub team shared a presentation of the SHARE web page. There was a proposal to open the website to the public as a forum to profile HCS work in Somalia.  The HCS also agreed on exploring the possibility to include a section for on-line reporting | **Action:** Partners to upload all reports by 15th June (Champions)  **Action:** PSI to request I-hub for quotation |
| HPA TBA training model-Presentation | HPA made a presentation of the training of TBAs in their new role as birth companions and health promoters. Key message was institutionalization of TBAs by linking them to health facilities for referral facilitation and increase of demand for SBA. | **Action:** HPA to share the finalized report and for this to be written up a best practice article based on the model. |
|  | **Day 2- June 5, 2013** |  |
| Annual Review Preliminary findings | David noted that he still had a lot of data cleaning to do and as such, the findings were not final. He noted that the Consortium had made good progress and early findings indicated an ‘A’ score. | **Action:** David to share the 1st draft with DFID on 10th June |
| Emerging Issues, action points and wrap up | The objective of the session was to discuss emerging issues from the two day and assign actions for follow up.  **Issues:**   1. **Clarity on the HCS position on alignment with the recommendations of the salary review study:** Katie clarified that the recommendations of the salary review survey were endorsed by the Health Advisory Board for all partners(Govt, INGOs, UN and Donors), however timelines of implementation were not agreed on. It was therefore incorrect for the MoH to pressure the partners to start in July. 2. **JHNP-**HCS coordination is critical to avoid duplication of efforts e.g. potential duplication between THET and WHO activities including CHW training curriculum, leadership and management training for MoH staff and clinical officers training). With regard to geographical areas, Trocaire wanted to know if JHNP could explore the possibility of working in separate districts in Gedo region to avoid duplication, especially as DFID funds both programmes. Katie further encouraged partner to give her feedback on emerging issues with JHNP coordination on the ground as they come up. 3. **Logframe Revisions:**   FGM Indicator 3.6 and milestone 2015  ANC Indicator 3.2  DPT 3 Indicator 3.1   1. **Best Practise articles** to be concluded by next QRM. Need to clarify the target audience (preferably external audience for profiling the HCS) and the purpose of the articles whether for information or best practice. 2. Need for HCS to position for changing environment in Somalia. Katie highlighted the need for HCS to familiarise themselves with ongoing platforms such as the New Deal for Somalia which are likely to have significant implications in ways of working. Other areas to look out for include engagement with JPLG and the Somaliland Development Fund. 3. **Peer Review Journal Article:** Members proposed that an article can be derived from the ongoing Client Satisfaction Survey. Team to explore how this will enrich Health Sector in Somalia and keep that in mind as the article is written. 4. **New Reporting Format**: The proposed format upon pre-testing proved to be rather challenging some of the issues included: ‘the length, excel was not user friendly, a lot of qualitative data was lost because it will not be reported.’ It was agreed that the format needed to be pre-tested by all after which a decision will be made on the way forward. | **Action:** Katie to bring up this matter during the next HSC meeting.  **Action:** Katie to call a meeting between WHO and THET  **Action:** Katie to approach JHNP regarding participation by NGOs and represention in the JHNP Steering Committee  **Action:** Trocaire to write up their proposal and send it to Katie for follow up.  **Action:** DFID to share the JHNP logframe with HCS partners  **Action:** Logframe revision to be agreed and made before the September QRM  Best practice articles to be ready by next QRM.  **Action:** PSI/DFID to set up a workshop on HCS sustainability discussions  **Action:** Donato to discuss with Amardeep the possibilities of writing up the article as a collaborative venture.  **Action:** Donato to lead on pretesting the reporting format. |

Next meeting was planned for September 2013. However Trocaire and PSI have confirmed that they will not be available during the agreed period and are requesting to move the meeting dates to either end of August or beginning of October Actual dates will be communicated and decision is to be taken on the participation of the health authorities.