

# End-Term Evaluation Report

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Project Name: MIDA FINNSOM Health and Education Project  
Phase II



February 2022

Prepared for: IOM

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## ACRONYMS

ABE	Alternative Basic Education
ADRA	Adventist Development and Relief Agency
BEmOC	Basic Emergency Obstetric Care
BEONC	Basic Emergency Obstetric & Newborn Care
CEmOC	Comprehensive Emergency Obstetric care
CAPI	Computer Assisted Personal Interviewing
DAC	Development Assistance Committee
DHIS2	District Health Information System 2
DG	Director General
ER	Emergency Room
ESSP	Education Sector Strategic Plan
FGD	Focus Group Discussions
FGS	Federal Government of Somalia
FSA	Finland Somalia Association
GPE	Global Partnership for Education
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information Systems
HR	Human Resource
HSSP	Health Sector Strategic Plan
ICRC	International Committee of the Red Cross
ICT	Information and Communications Technology
ICU	Intensive Care Unit
INGOs	International Non-Governmental Organizations
KII	Key Informant Interview
LNA	Learning Needs Assessment
M&E	Monitoring and Evaluation
MFA	Ministry of Foreign Affairs Finland
MIDA	Migration for Development in Africa
MOECHE	Ministry of Education, Culture and Higher Education
MOH	Ministry of Health
MoHHS	Ministry of Health and Human Services
MRI	Magnetic Resonance Imaging
MSF	Médecins Sans Frontières
NDP	National Development Plan
NGO	Non-Governmental Organisation
NHPA	National Health Professionals Act
NICU	Neonatal Intensive Care Unit
NMRA	National Medicine Regulatory Authority
OECD	Organization for Economic Cooperation and Development
ONA	mobile-based data collection system
PPEs	Personal Protective Equipment
RCA	Researchcare Africa
SAHDA	Sahal Healthcare and Development Association
SDGs	Sustainable Development Goals
SRHR	Sexual Reproductive Health Rights
SNL	Somali National Library
SNU	Somalia National University
SOMASA	Somali Academy of Sciences and Arts

TIKA	Turkey's Cooperation and Coordination Agency
ToF	Training of Facilitators
ToR	Terms of Reference
TVET	Technical and Vocational Education and Training
TWGs	Technical Working Groups
UNESCO	United Nations Educational Scientific and Cultural Organisation
UNFPA	United Nations Population Fund
UNICEF	United Nations Children Fund
WHO	World Health Organization

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## EXECUTIVE SUMMARY

The MIDA FINNSOM Phase II – Health and Education project aims to improve the health and education outcomes in Somalia by facilitating the temporary return of diaspora experts in selected health and education institutions. The project promotes institutional capacity building through skills and knowledge transfer, while fostering local inclusion through the placement of local and young professionals (interns), to enhance their competencies. The project's overall objective is to contribute to strengthening the Health and Education sectors in Somalia towards achieving the Somalia National Development Plan's goals and the 2030 Development Agenda. Currently the project is implemented across the Federal Members States (FMS): Galmudug, Jubaland, South West State, Hirshabele, Puntland federal states and Banadir Region. Researchcare Africa (RCA) was contracted by IOM to conduct an end-term evaluation of the second phase of the project.

The overall aim of the evaluation was to assess the project performance against the targets in the results frameworks, at output, outcome and objective level, based on the Organization for Economic Cooperation and Development (OECD) Development Assistance Committee (DAC) evaluation criteria; Relevance, Coherence, Effectiveness, Efficiency, Impact and Sustainability. The evaluation employed a mixed methods approach (both quantitative and qualitative techniques) to design the end-term evaluation. The end-term qualitative technique adopted Key Informant Interviews (KIIs) for project participants and the stakeholders. A beneficiary survey questionnaire was also used to collect quantitative data from project participants. The evaluators interviewed different stakeholders, including IOM project team (implementing agency), the Embassy of Finland in Nairobi (donor), targeted host institutions (government counterparts, beneficiaries, participants and owners of the project), MIDA diaspora experts, local professionals and interns (project participants) as well as partner implementing organizations. Interviews were held both face-to-face and through virtual means.

### Key findings

**Relevance:** The project is aligned with the national policy frameworks and strategies, including the Somali National Development Plan (NDP) 2020-2024. Both health and education components are aligned with the Second Phase of the Somalia Health Sector Strategic Plan (HSSP) 2017- 2021 and the Education Sector Strategic Plan (ESSP) 2018-2020 respectively. Equally, the project is also relevant to the Finland Country Strategy for Development Cooperation Somalia 2017-2020 and the Country Programme for Development Cooperation in Somalia 2021–2024, which focus on health and education outcomes, particularly on sexual and reproductive health rights of women and girls. The MIDA Finnsom II project however does not have clear health, sexual and reproductive health rights (SRHR) framework, rather the focus is primarily on components that come under, or to a certain extent relate, to SRHR, namely maternal, child and mental health priorities.

Overall, the project is consistent with Sustainable Development Goals (SDGs): 3 Good Health and Wellbeing, and 4: Inclusive and Equitable Quality Education for All. The project has assisted host institutions in integrating the local and national strategies into their plans and policies through the experts and strengthened institutional and human capacities in the targeted

institutions, through capacity building and on-the-job trainings. The project recognizes the value the Somali diaspora contribute to development efforts in their country, and this aligns with some of the priorities identified in the NDP-9 and Finland Country Strategy. Diaspora engagement was seen as an effective model for facilitating the knowledge and skills transfer to the local staff in public Somali institutions, while also contributing to a sense of a meaningful career for the diaspora experts.

For example, the government possessed a strong ownership in the design and implementation of the project, as seen through the leadership role held by the government counterparts in the decision-making structure, through the advisory board. The MoECHE, FGS, raised concerns regarding the merging of health and education components, and this was associated with a number of issues, one of which being the reduced prioritization of the education sector and consequently affecting its outcomes. The ministry recommended a stand-alone component for the education sector and the employment of different implementing staff of IOM, for the two separate projects, to avoid loss of focus and to ensure that the different priorities of each of the sectors are catered for in equal measure.

**Coherence:** To a moderate extent, the project has coordinated with agencies such as UNDP and World Bank with the aim of enhancing synergies. The project has actively participated in technical pillar working group meetings (mainly on institutional capacity building, livelihood and youth), which took place in previous years (prior to COVID-19 outbreak) with a range of stakeholders in Somalia, from government, to INGOs, NGOs, donors and civil society, to improve coordination and information sharing.

The project also collaborated with UNICEF and UNFPA since they are key agencies in the area of Health and Education, particularly on SRHR. One notable result of the collaboration was UNFPA's support to the maternal unit in Banadir Hospital in terms of medical supplies, while IOM employed the expert. The different implementing partners supporting some of the health institutions include Save the Children, UNICEF, ICRC, MSF, UNFPA and WHO. Furthermore, the MIDA project is compatible and complements the other interventions relating to capacity building initiatives. Such existing projects include Global Partnership for Education (GPE) funded interventions, managed by Save the Children among others, which provides capacity development for the education sector, the Bar ama Baro (Teach or Learn) Project, implemented by Creative Associates International, and UNICEF's education projects etc. Similarly, the project has also partnered with organizations supporting mobile health clinics such as Finland Somalia Association (FSA), to ensure health services reach hard-to-reach and far-flung locations. Similarly, the project partnered with Helsinki University to support curriculum development for the Somali National University. However, it is important to note that in the education sector, partnerships and synergies with like-minded partners like UNICEF or Save the Children are not always done in strategic fashion and there is broader lack of synergies between agencies. The case is similar in the health sector, where the establishment of synergies, complementarity and partnerships with like-minded partners needs to be strengthened.

**Effectiveness:** Most of the project targets at output and outcome levels have been achieved or either surpassed the target. This was attributed to the vital role of MIDA participants who made an impact in the host-institutions where they have been placed, and the country at large as they contributed to increased skills and knowledge in the service delivery of Somali public universities, schools, government ministries and hospitals, some of it being life-saving. The participants also helped develop key regional and national policies relating to major issues, e.g. COVID-19 response, obstetrics and gynecology, child health, mental health, immunization, education acts, guidelines and policies, education curriculums, and health professional bill among others.

In the health sector, the project registered progress in terms of training, policy development and deployment of essential medical personnel to support maternal, child and mental health services in the different locations. As a result of the trainings offered by diaspora experts, it was noted that the hospitals are now able to offer standard operating procedures, safe injection services, newborn care, neonatal care, infection prevention and control, incubation and resuscitation. The interviewed staff in some hospitals mentioned that health workers were able to deal with COVID 19 cases in pregnant mothers and children, which requires special consideration as its often not prioritized. In Banadir hospital for instance, the newly established Neonatal Intensive Care Unit (NICU) helped increase the number of deliveries from 500 to 700 each month, following the project's support in terms of hiring a pediatrician, the policies/framework developed as well as trainings provided by the pediatrician. Despite the progress, there was an inadequate provision of vital equipment and medical supplies, as well as inadequate number of staff across the hospitals affecting effective delivery of maternal, child and mental health services. There was a general lack of mental health services in most of the target hospitals due to lack of mental health professionals, despite reports of a spike in the number of patients seeking mental health services.

In the policy front, the findings indicate that numerous policies, systems and guidelines were either reviewed, refined or developed in partnership with the respective ministries and health institutions and thus led to the quality of these frameworks and implementation of them being improved. However, the level of enforcement of these frameworks differ depending on the level of policy as well as among the various institutions, for instance guidelines at institution level have shown to be easier to enforce, while higher-level policies tend to take more to adjust to. The health information management system established at the Ministry of Health and Human Services (MOHHS) FGS, is helping the ministry gather national health data and produce reports. The system allows the ministry, through data analysis, in planning and decision making of policies affecting the health ministry. This system was further strengthened through the support of the HMIS expert and the Human Resources Expert. Furthermore, in terms of inter-regional exchanges, a fair number of the health staff mentioned attending a regional training, 34% of the quantitative survey respondents had attended the inter-regional trainings implemented by the MIDA project in the 3 years preceding the evaluation period, while some of the respondents indicated they did not participate in any inter-regional training. The benefits

of the trainings include acquisition of skills through the knowledge and skills transfer of the MIDA experts, and the trainees' utilization of the same skills in their different fields of work.

Furthermore, the MIDA project supported the implementation of the mobile health clinic in Afmadow, through the partnership with FSA and other sub-partners. This partnership is part of the Finnish-Somalia NGO component under the MIDA project, managed by FSA. The primary objective of the partnership and project is to deliver maternal and child health services and contribute to improved health outcomes in remote and rural areas of Jubaland, specifically Afmadow, through the support of a mobile health clinic led by specialized health professionals providing services and medical supplies. Through this partnership, FSA has been able to deliver critical health services to vulnerable groups, women, children and disabled persons in particular, in rural and remote areas of Afmadow and its surroundings in Jubaland.

Diaspora experts were recruited to support various education institutions in Somalia in terms of capacity building, particularly in the areas of curriculum development and teacher trainings, as well as policy development. With joint efforts from other stakeholders, MIDA experts contributed to the development of Education Acts (legislations on education) for some regions, curriculums for schools and universities, and guidelines such as academic guides, teachers' code of conducts, school checklists and professional teacher education course syllabi among others. It was noted that the guidelines are helping the education ministries in the respective states to work effectively and have clear direction on implementation of education policies.

The trainings and exchange between the Somali National University (SNU) and the University of Helsinki (UH), provided SNU staff a platform of discussion of the core ideas of teaching, key values in their work and objectives they want to reach both professionally and personally in their career. The partnership provided an opportunity for SNU to learn from the Finnish higher education on teaching and strengthen the capacity of SNU staff on curriculum development. This focused on sharing experiences and learning suitable best practices. The findings on inter-regional trainings among education institutions suggest that, only a few participants attended the trainings. In the project reports, only the training on education management in emergency setting for education sector was the accomplished inter-regional activity up until February 2021. This was attributed to COVID-19 restriction on gatherings.

In terms of transfer of knowledge, it was generally agreed that the diaspora experts provided a range of support to the targeted hospitals including: capacity building on hospital management, development of human resource policies, strategic management, trained board of trustees, drafting job descriptions and responsibilities for each staff member and the setting up of patient pathway. While in the education sector, the diaspora experts built the capacity of teachers through teacher trainings, primarily on topics relating to pedagogical skills; methods of teaching and effective ways to structure lessons, as well as building the capacity of teachers and lecturers on various syllabuses and curriculums. The local experts in both the education and health sectors were able to enhance the technical and policy capacity of the local experts through on-the-job trainings. The project faced challenges in ensuring the recruitment of equal

numbers of men and women diaspora experts and local professional. This was attributed to the nature of the programme that requires qualified female candidates traveling from abroad to Somalia, which is generally a challenging environment in terms of security and cultural pressures for women, and at times discrimination. This often discourages women from applying to these assignments, especially those with children and family responsibilities.

**Coordination:** The project immensely improved from the first phase. While there was regular communication with government counterparts and number of meetings held, including monitoring missions conducted, in the first project phase, the second phase of the project, on the other hand, involved a structured architecture for implementation, ownership and decision-making among the key project stakeholders (IOM, MFA Finland, MoHHS and MoECHE). The advisory board took place on bi-annual basis and was co-chaired by MoCEHE, MoHHS, FGS and the donor MFA Finland and IOM had a coordination and secretariat function. The advisory board was established to ensure that the project is government-led.

**Programme Challenges:** During the project implementation, a number of challenges were experienced including insecurity, the COVID-19 pandemic, political instability and fluidity such as the delayed election and government reshuffles, limited financial resources (including the shortage of equipment, facilities and tools), limited capacity/know-how of the institutions, limited female participants (gender imbalance), poorly executed exit strategies and limited finances of public institutions to retain local experts, consequently risking the sustainability of the project.

**Efficiency:** The MIDA FINNSOM Health and Education Phase II project, funded by MFA Finland, to the tune of 5.4 million Euros, is a flagship MIDA project and stands out as one the larger projects implemented by IOM in Somalia. A substantial portion of the funding was allocated to operational costs. During the COVID 19 pandemic, the project saved on the costs of travel, holding in-person meetings. Consequently, the project was flexible enough to re-allocate the savings to other key targets in consultation with the donor. The surplus funds were thus used for extension of diaspora experts' contracts, training of the local staff and supporting hospitals and educational institutions. The lack of vital equipment in hospitals and teaching materials in schools was a key challenge, which the project could not address since it was outside its scope. Therefore, the project was overall implemented with a good degree of efficiency, by adhering to the work-plan and allocated budget, thus ensured timely delivery of activities and coordination of project activities. Diaspora health experts acknowledged that the project's mode of delivery was efficient; especially on the modality the trainings, which were conducted bringing health care workers in one location for the regional trainings. The length of assignments has improved from the first phase to the second, but could improve further in having 18 months minimum, up to 24 months, to maximize the benefits of the support from the MIDA participants. The project also ensured that the contracts for the experts lasted 12-18 months, which is higher than the previous phase. In Hirshabelle and Galmudug, the project allocated funding to the health and education sectors despite IOM's limited presence in the

two states due to lack of a field office and difficulties in monitoring the field activities due to the security challenges.

The project also invested in a broader cooperation with implementing partners such as FSA to ensure value for money to reach remote areas such as Afamdow. Nevertheless, it was noted that the geographical allocation was unequal and should have been broadened to ensure similar support in scope, to Hirshabelle and Galmudug federal member states, as with the other member states, to ensure that all states are supported in equal measure.

Some of the factors affecting the efficiency of the project were the financial resources and the impact of COVID 19 on the productivity. In terms of financial aspects, the elements affecting efficiency were the resources available i.e. training resources, venues, materials, vital tools and equipment for medical and educational use, as well as office facilities and supplies in the institutions. Another factor was on the working hours and productivity of the experts, local professionals and interns, which were not adequate or at times, long working hours thereby affecting productivity. The COVID 19 affected productivity, as many of the staff were not able to work at optimum levels, as they had limited movements to their work place to deliver the required services. In addition, some tested positive for the virus and developed health complications as a result, affecting their ability to work. This even affected the evaluation as some of the health workers that were supposed to be interviewed contracted the virus, hence unavailable for interviews.

**Impact:** Overall, the project has made notable impact and there was quite tangible progress to report. The development of policies, frameworks and guidelines for the institutions and government ministries was a tremendous achievement since this will be available for use in the lifetime of the institutions. There are numerous important health and education policies that have been developed with support of diaspora experts and a series of positive impacts have been achieved across the institutions with support and partnership between government agencies and IOM. The skills and expertise transfer has increased levels of awareness and capacity of the local staffs enhancing the adaptive capacity of the institutions in addressing gaps and challenges. In the health sector, the project has contributed to life-saving health care services for mothers, children, infants and the communities in general, and improved the skills and know-how of health professionals to be able to better perform in their work and provided services more adequately and with better quality. In the education sector, the project supported the institutions in identifying gaps in service delivery and offered appropriate interventions to mitigate them, significantly improving their capacity and resiliency. Areas of collaboration in curriculum development and teaching methods signified a strong impact on the institutions supported.

**Sustainability:** The skills and knowledge acquired and developed policies, which are the core areas that the project supports, will likely continue to benefit the beneficiaries beyond the project period given the potential of the institutions to retain the trained local staff and regularly review their policies and procedures. Other indicators of sustainability include the

policies developed, the inclusion and recruitment of local professionals and interns, the skills gained and the partnership between the different institutions. Nevertheless, there are a number of challenges related to the sustainability of the project. Key among them is lack of effective exit strategies put in place in the host institutions once the experts leave or even the exit strategies put in place by IOM and the Ministry of Foreign Affairs (MFA), Finland. Another key factor affecting sustainability is the limited number of local experts and interns retained within the host institutions or that gained other employments after completing their assignments. Other factors include the limited financial resources to sustain the results achieved and maintain some degree of quality services, or the limited coordination among partner agencies, federal member states, regional public institutions, private and public etc. to complement each other and support each other to sustain and even enhance the impact of the project.

**Recommendations:**

1. It would be useful for the project to map potential private stakeholders to cooperate with in the education and health sectors.
2. The project should increase budget for equipment and tools or alternatively IOM to strengthen its partnerships with other agencies to be able to draw strengths from each other and create synergies, particularly regarding provision of vital equipment.
3. There is a need to create effective synergies between partner agencies, to promote complementarity. The coordination meetings among partners should focus more on the areas of gaps where other agencies can fill in and support in order to properly complement each other and achieve high impact results. MIDA team should more frequently participate in and (set-up) coordination and cluster meetings to exchange information and ideas with like-minded agencies working with the same areas.
4. Recruitment of diaspora experts, local experts and interns should be done close in time to ensure that capacity building support and exchanges are made possible throughout their assignments. Capacity building support by the diaspora experts should continuously be undertaken through regular quality control measures as part of their integral standard operating procedures so as to provide quality services, while supervising and mentoring staff.
5. The role of the local coordinators placed within the MOHHS and MoECHE should be strengthened, particularly in coordinating with the public institutions and member states to improve harmonisation. In addition, it will be key to conduct more inter-regional trainings, taking into consideration the logistical support required and the prevailing security concerns.
6. The project should continue supporting health and education institutions in Somalia for a third phase and expand its support to Galmudug and Hirshabelle states where project coverage was comparatively low. Expanding project services to other areas with limited reach (provision of equitable healthcare and education interventions).

7. Consider recruiting increased number of highly qualified teachers, both diaspora and local, that are able to support higher education universities and schools and provide teacher trainings
8. Support MoECHE, MoHHS and other key public health and education institutions in developing resource mobilization strategies to be able to retain key personnel (MIDA local professionals and interns) as well as be able to procure essential equipment for health and education services and for proper operations of the institutions' offices.
9. Conduct outreach programmes to attract women that are newly graduated, while taking into consideration requests by women in general, including those with families to be supported in terms of support to dependents travel, health insurance, extended or added R&R and leaves, conducive office space, and conducting more meetings and monitoring of their work environment so as to ensure equity and minimise discrimination.
10. The duration of the assignments of the diaspora experts should be increased to a minimum of two years. The extended period of assignment by the experts enables maximum transfer of skills to the staff and policy strengthening of the targeted institutions and potentially leads to greater sustainability as better exit strategies could be put in place.
11. Expanding project services to other areas with limited reach, through innovative means such as mobile clinics (provision of equitable healthcare and education interventions).
12. Allocate a fair number of experts to support institutions that would require additional support to meet their needs, particularly in specializations that are currently limited or absent from the institutions.

## 1.0 INTRODUCTION

### 1.1 Context Analysis

For the past 30 years Somalia has experienced political instability and frequent conflict, coupled with environmental and economic shocks resulting in multiple challenges including insecurity and limited capacities at all levels of government. These crises have resulted in widespread displacement, food insecurity and high levels of poverty. Moreover, Somalia comes last on most global indices: lowest in literacy, school enrollment, life expectancy, and among the highest in maternal and child mortality rate, poverty, unemployment and child malnutrition.<sup>1</sup>

The entire institutions of the Government of Somalia were affected by the civil war that erupted in 1991, resulting in fragmentation of the physical institutions, loss of institutional

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<sup>1</sup> Heritage Institute (Oct 2020) Human Capital Development Strategy for Somalia

memory, and migration of human capital.<sup>2</sup> For example, the Somali public health system has been dysfunctional for over 20 years with development and humanitarian NGOs having played a vital role in bridging gaps in healthcare services in a sector that is almost entirely private.<sup>3</sup> The health care system in Somalia remains weak, poorly resourced and inequitably distributed. Health expenditure remains very low and there is a critical shortage of health workers. As a result, around 3.2 million women and men in Somalia are in need of emergency health services.<sup>4</sup> Women in Somalia have a one in 22 lifetime risk of maternal death making the maternal mortality rates in Somalia is amongst the highest in the world. It is estimated that the maternal mortality ratio is 732 deaths per 100,000 live births.<sup>5</sup> Furthermore, the COVID-19 pandemic has crippled the already fragile health services in the country. A vulnerability assessment by UNICEF in urban Somalia revealed a significant reduction on access to health services by 41.6%, after the onset of the COVID-19 pandemic.<sup>6</sup>

In the education sector, Somalia's education system has been fragmented by the country's tumultuous past. British and Italian influences, the absence of a central education authority between 1991 and 2006, and the subsequent emergence of non-state education providers are at the heart of this fragmentation.<sup>7</sup> The current Somali education system emerged in 2012 with the establishment of the Federal Government of Somalia (FGS). The new government established free primary and secondary education as the basic right of all Somali citizens<sup>8</sup> and has taken steps to standardize education across the country. The Ministry of Education, Culture and Higher Education (MoECHE) manages the education system although non-state actors maintain their influential roles.<sup>9</sup>

Nevertheless, it is important to note that the Federal Government of Somalia (FGS) has made strides to improve the various challenges facing the country's public sector. The second phase of the Somalia Health Sector Strategic (HSSP) Plan 2017-2021 focuses on reducing maternal, neonatal and child mortalities and improving access to essential health services of acceptable quality, and to prevent and control communicable and non-communicable diseases and improve quality of life.<sup>10</sup>

The HSSP highlights the various challenges facing the health sector in Somalia and sets the strategic priorities around health service delivery, human resource needs, governance, medical supplies and health financing among others.

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<sup>2</sup> Mohamoud Ismail, M (2020) Contributions of Somali diaspora in the health institutions building: a case of migration for development in Africa, in health programs for ministry health in Somaliland. University of Nairobi

<sup>3</sup> Warsame et al (Aug 2015) Prioritization in Somali health system strengthening: a qualitative study. Mercy USA for Aid and Development, Mogadishu, Somalia; School of Medicine, Amoud University, Borama, Somalia; Global Health and Security, Department of War Studies, King's College London

<sup>4</sup> WHO (2015) Available at <https://www.who.int/hac/donorinfo/somalia.pdf>

<sup>5</sup> ARC (2018) Available at <https://reliefweb.int/report/somalia/maternal-mortality-somalia-what-arc-doing-combat-crisis>

<sup>6</sup> UNICEF (Sept 2020) Vulnerability Assessment in Somalia

<sup>7</sup> World Bank (Aug 2018). Study on Understanding the role of Non-State Education Providers in Somalia. Available at <https://openknowledge.worldbank.org/bitstream/handle/10986/31610/Study-on-Understanding-the-Role-of-Non-state-Education-Providers-in-Somalia.pdf?sequence=1&isAllowed=y>

<sup>8</sup> The Federal Republic of Somalia, 2012. Provisional Constitution

<sup>9</sup> World Bank

<sup>10</sup> MoHHS Second Phase Health Sector Strategic Plan 2017-2021

In addition, the Somalia Education Sector Strategic Plan (ESSP) 2018-2020 focuses on ensuring that education contributes to peacebuilding and state building processes, supports learners and strengthens societal resilience among communities affected by natural disasters and conflict, and continues expanding access to education for children, adolescents and youth, especially those from marginalised communities such as pastoralists, IDPs, and the urban poor.<sup>11</sup>

## 1.2 Project description

Since 2009, IOM Somalia has been actively supporting the pivotal role of diaspora as key development actors in Somalia. In the past thirteen years, with its Migration for Development in Africa (MIDA) programme, IOM has contributed to providing capacity-building and technical skills support to the Federal Government of Somalia (FGS) and Federal Member States through the deployment of diaspora experts. In this framework, with the support of the Government of Finland, IOM has contributed to strengthen the Health and Education sectors in Somalia, among others.

Building on the lessons learned from the previous MIDA FINNSOM projects in Somalia, the MIDA FINNSOM PHASE II – Health & Education project 2019-2022, aimed at further engaging and enhancing the role of qualified Somali diaspora experts toward consolidating and improving education and health outcomes in Somalia. Through assignments within key ministries and public institutions (including hospitals and universities), Somali diaspora experts were deployed to contribute to enhancing the quality and delivery of health and education services, facilitate capacity development for staff at the institutions and contribute towards policy development. To enhance the sustainability of the outcomes of knowledge transfer, the project provided an opportunity for local professionals and interns in the health and education sectors to gain employment and enhance their competencies, while working in close coordination with the Somali diaspora experts.

The overall objective of the project was to contribute to strengthening the Health and Education sectors in Somalia towards contributing to operationalize the Somali National Development Plan's (NDP) goals and the 2030 Development Agenda. As such, the project contributed to key strategic priorities highlighted in the Somalia National Development Plan 9 (NDP 2020 – 2024) and in particular addresses Pillar 1: Inclusive and Accountable Politics and Reconciliation, where institutional capacity development is a key cross-cutting strategy and Pillar 4: Social Development, covering health and education outcomes. The project further aligned with SDG #3 (Ensure healthy lives and promote well-being at all ages), SDG #4 (Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all) as well as SDG #17 (Strengthen the means of implementation and revitalize the global partnership for sustainable development).

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<sup>11</sup> FGS (Nov 2017) Education Strategic Plan 2018-2020

In order to achieve the expected objectives, the project outlined the following outcomes and outputs:

**Table 1: Project outcomes and outputs**

Outcomes	Outputs
<b>Outcome 1:</b> Capacity of selected public sectors health institutions and staff in Somalia to deliver, and implement quality maternal, child, and mental health services and develop related policies is improved	<b>Output 1.1:</b> Health professionals have increased skills and capacity on maternal, child and mental health services and policies in selected health institutions within target regions of Somalia. <b>Output 1.2:</b> Inter-regional coordination among health institutions and staff is enhanced.
<b>Outcome 2:</b> Capacity of selected public sectors education institutions and staff in Somalia to develop and implement quality education policies is improved.	<b>Output 2.1:</b> Education professionals in selected education institutions within target regions of Somalia have increased skills and capacity to develop and implement quality education programmes and policies. <b>Output 2.2:</b> Inter-regional coordination among education institutions and staff is enhanced.
<b>Outcome 3:</b> Skills-transfer and capacity building is enhanced toward long-term and sustainable development of the health and education sectors.	<b>Output 3.1:</b> Contracted diaspora experts' capacity to transfer health and education-related skills and competencies is enhanced. <b>Output 3.2:</b> Somali local professionals and highly skilled youth have enhanced competencies and knowledge to effectively work within public sectors health and education institutions in Somalia.

### 1.3 Purpose of the Evaluation

The overall objective of the evaluation was to 'assess the project performance and results achieved against the set targets in the results frameworks, at output, outcome and objective level'. The evaluation further sought to assess the impact the project has had in the targeted education and health sector institutions of the Federal Government of Somalia and Federal Member States, and provide recommendations to improve future projects. Moreover, the evaluation provides an assessment and recommendations on the management and organizational structure of IOM and project team in regard to the implementation of the project. The evaluation also documents the successes and challenges of the MIDA FINNSOM Health and Education Phase II project with a focus on whether the project has:

- Enhanced service delivery in the targeted education and health sector institutions;
- Contributed to building the capacity of the host institutions with improved skills and competence of the staff, and
- Improved practices, frameworks and policies of the targeted institutions.

## 2.0 METHODOLOGY

### 2.1 Approach

Researchcare used a mixed methods approach of QUAL-QUANT (both quantitative and qualitative techniques) in the design of the end-term evaluation. The qualitative technique employed Key Informant Interviews (KIIs) and Focus Group Discussions (FGDs) for project participants and the stakeholders. A beneficiary survey questionnaire was also used to collect quantitative data from project participants. The project was evaluated against the criteria of relevance, efficiency, coherence, impact, sustainability and effectiveness. These concepts were operationalized using the OECD DAC criteria. All the research tools were tailored based on a comprehensive desk-review of all project documents, results framework, quarterly and interim reports and Internet sources.

Other criteria that the data was measured against include; responsiveness of the intervention (adjustments made in response to programme challenges), considering the cultural and contextual challenges, as well as coordination aspects in programme activities.

### 2.2 Scope of the Evaluation

The evaluation was undertaken in all of the five FMSs and Banadir region where the project was implemented. The FMSs included Galmudug, Jubaland, South West State, Hirshabele and Puntland federal states, and Banadir Region. The study focused on the capital city of each state as this is largely where project activities have taken place. The data collection commenced on 22<sup>nd</sup> December 2021 and ended on 11<sup>th</sup> January 2022.

### 2.3 Qualitative data collection

The qualitative technique employed key informant interviews (KIIs) for project stakeholders such as host institutions, ministries, IOM and Embassy of Finland and beneficiaries involved in the project. Focus Group Discussions (FGDs) were convened with a small group of about 3-6 persons, to reduce risks of COVID-19 infection. KIIs were conducted face-to-face or through virtual means and recorded for transcription.

During the data collection, Researchcare engaged knowledgeable key informants with diverse backgrounds on local contexts as well as the project. The data collection team firstly established rapport by providing explanations of the purpose of the physical interviews and virtual discussions; the intended uses of the information collected and gave assurance of confidentiality<sup>12</sup>. Secondly, to capture the right information, the team phrased questions carefully and used conflict-sensitive probing to elicit detailed information. In addition, Researchcare team maintained a neutral attitude to avoid giving the impression of having strong views on the subjects that were under discussion.

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<sup>12</sup> The names of the person interviewed will not be indicated in the report. The organisation where the respondent work could be mentioned but not the position of the respondent for confidentiality purpose.

### 2.3.1 Desk Review

A review of relevant documents was carried out to inform the design of data collection tools and analysis. To provide an overview of the evaluation, relevant literature was collected, organized and synthesized for this participatory research. The reviewed literature provided a basis and background for analysis thus allowing for triangulation of the evaluation methodologies. Documents reviewed included the results framework, baseline and mid-term evaluation reports, and interim and quarterly reports. IOM provided these programme documents while other related documents were accessed online from credible sources/websites.

### 2.3.2 Key Informant Interviews

The evaluators engaged a diverse set of stakeholders knowledgeable of the project as the key informants, representing various institutions. This in turn enabled triangulation and enrichment of the data. Researchcare used semi-structured interview guides, customised for each group of key informants. Key informants were selected from the diaspora experts, representatives from the ministries of health and education (both at state and federal level), hospitals, health institutions, Embassy of Finland, IOM project implementing team, FSA, Helsinki University and other partners. A total of 46 KIIs were conducted across the six-targeted regions i.e. Banadir, Puntland, Jubaland, South West State, Hirshabelle and Galmudug. The key informants frequently brought up the project's role in recruiting of experts across the different sectors, the development of policies and guidelines developed, and the lack of essential equipment to enhance beneficiaries training and service provision at the hospitals. The respondents spontaneously mentioned that the merging of education and health sectors presents a number of problems, including lack of focus and scattered concentration. The table below shows the number of KIIs and the different institutions targeted.

Table 2: Key informant interviews conducted

Institution	Sector	No. of respondents
De Martino public hospital in Mogadishu	Health	2
Kismayo General Hospital	Health	3
Garowe General Hospital	Health	3
Bay Regional Hospital	Health	3
Banadir Regional Hospital	Health	2
Ministry of Health and Human Services, FGS	Health	2
Ministry of Health, SWS	Health	1
Ministry of Health, Puntland	Health	2
Ministry of Health, Jubaland	Health	1
Adado Hospital-Ministry of Health Galmudug State	Health	2
Beledweyne Hospital-Ministry of Health Hirshabelle.	Health	1
MoECHE, FGS	Education	3
MoECHE, Hirshabelle	Education	2
Somali Academy of Science and Arts	Education	2
MoECHE, Jubaland	Education	1

MoECHE, South-West State	Education	2
MoECHE, Puntland	Education	2
Somali National University	Education	1
University of Helsinki	Education	2
IOM Somalia	All	2
MFA Finland	All	2
Finland-Somalia Association and Local NGOs Partners	Health	3
<b>Total</b>		<b>46</b>

### 2.3.3 Focus Group Discussions

Purposive sampling technique was used to select Focus Group Discussion (FGDs) participants, with the aim of selecting a reduced number of participants (between 4-6 persons) to participate in the study to prevent risk of contracting COVID-19. Focus group discussions were conducted at the target institutions (hospitals and educational institutions and Ministries), and included trainees, junior doctors, midwives and nurses, teachers and other key actors involved in the day-to-day operations within each host institution. The focus of these discussions was to provide first-hand perspectives, from the service provider and beneficiary point of view about issues related to maternal, child and mental health in the health sector and curriculum development and teacher trainings in the education sector, and development needs in general. A total of 7 face-to-face FGDs were conducted across the project locations as shown in the table below. A total of 45 respondents participated in the FGDs (22 male, 23 female).

**Table 3: FGDs conducted**

Sector	Institution	No of respondents/gender		Location
		Male	Female	
Education	MoECHE Puntland	5	6	Garowe
Health	Garowe Regional Hospital	4	5	Garowe
Health	De Martino Hospital	1	6	Mogadishu
Health	Bay Regional Hospital	3	4	Baidoa
Education	MoECHE SWS	2	0	Baidoa
Health	Kismayo General Hospital	2	2	Kismayo
Education	MoECHE Puntland	5	0	Garowe

## 2.4 Beneficiary Survey

A structured questionnaire was developed for project beneficiaries who benefited from the capacity building and transfer of skills using Computer Assisted Personal Interviewing (CAPI) devices. Researchcare consultants were responsible for the selection, training and supervision of the data collection enumerators at the field level. RCA employed contact list of beneficiaries provided by IOM and conducted face-to-face interviews with respondents in their different locations. At the end of the training, the questionnaire pre-test was done. Pre-testing was meant to serve two purposes. The primary purpose was to focus on the content of the questionnaire to ensure the reliability and practicability of the instruments while the second purpose was to focus on the average time taken to administer the questionnaire to the

respondent. This helped with logistics arrangements including the desired number of the interviewers and supervisors required to accomplish the task in time.

The survey focused on providing quantitative data for understanding the endline information regarding the training and development needs and acquisition of skills and knowledge of host institution staff. The survey targeted host institution staff, MIDA local professionals and MIDA interns on capacity building support.

Researchcare used mobile-based data collection system (ONA) for the Beneficiary Quantitative Surveys. Data was collected using mobile and tablet devices and transmitted to secure Online Cloud Servers on a daily basis. IOM was able to regularly communicate with the evaluation team and obtain relevant information on the progress of the data collection and review processes. RCA used contact list of beneficiaries provided by IOM. Survey systems sample calculator<sup>13</sup> (Cochran, 1963) was used to determine the sample size of 96 beneficiaries who benefited from the diaspora capacity building and transfer of skills based on confidence Level of 95% and confidence Interval of 10% and Margin error of 5%.

A total of 95 participants were targeted and interviewed in the beneficiary survey. Of the 95 participants targeted in the beneficiary survey, 66% (n=63) were male and 34% (n=32) were female. A total of 50 participants were drawn from the health sector while 45 were from the education sector. In the health sector, 20 participants were from Mogadishu and 10 each were from Baidoa, Garowe and Kismayo. In the education sector, 19 participants were from Mogadishu and 13 (each) were from Garowe and Kismayo. As the majority of the MIDA participants were placed in these locations, a representative sample was drawn from these institutions. The education sector participants were drawn from the Ministry Offices, universities, colleges and libraries, while the health sector respondents were all working in the hospitals, as the majority of the MIDA health experts were placed in the different hospitals. The interviews were conducted face-to-face by trained enumerators who used the standardized interview protocol on the mobile application.

**Table 4: Beneficiary survey participants**

Sector	Category	Gender		Total
		Male	Female	
Health	Doctors	9	2	11
	Nurses	12	10	22
	Interns	2	6	8
	Local professionals	2	1	3
	Others (administrator, midwives and supervisor)	3	3	6
Education	Interns	9	4	13
	Local professionals	4	2	6
	Administrators	12	3	15
	Teachers	7	1	8
	Others (directors)	3	0	3

<sup>13</sup> <https://www.surveysystem.com/sscalc.htm>

Total	95
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## 2.5 Data Analysis Methods

Researchcare Africa consultants ensured completeness of data collection from the field. The use of mobile devices made sure all the relevant and critical questions were answered. Further, the team undertook questionnaire cleaning to countercheck completeness. Researchcare data manager reviewed the data on daily basis as it was transmitted to the online servers. Any inconsistent information and errors were corrected before finalizing the field mission. Data was then exported to SPSS, which was used for analysis. Once data cleaning was completed, data processing and analysis was undertaken using the IBM SPSS. Descriptive statistics was computed to examine the state of each variable studied. The findings from the quantitative data of the beneficiary survey were presented in the form of frequency distributions and cross-tabulations.

In terms of qualitative data, once the data was collected, the audio recordings were transcribed and summaries of each transcript created for use in writing the report. The data was coded, categorized along thematic subjects and patterns identified to draw meaning. The evaluation primarily adopted the OECD DAC criteria, which evaluates development work based on six key parameters to measure results. This end-line evaluation therefore assessed the project against relevance, effectiveness, coherence, efficiency, sustainability and impact. The quality of the responsiveness and adaptability of the intervention, considering the cultural and contextual challenges was reviewed alongside stakeholder coordination and participation in programme activities.

## 2.6 COVID-19 Contingency Planning

The methodology outlined in this report has been intentionally designed to minimize travel and avoid large gatherings of beneficiaries. With the exception of the field validation visit, a significant number of the key informant interviews were conducted remotely while the FGDs were conducted face-to-face with a reduced number of participants (3-5 per FGD). The methodology exploits the availability of Internet access to permit video-conferencing wherever possible. This has the added advantage of reducing travel costs and associated expenses. A full contingency plan was developed at the inception phase to ensure our suggested approach is aligned with IOM's strategic priorities and operational capacity in country. Additional contingency measures are listed below.

Researchcare Africa and IOM reviewed the situation in Somalia to determine whether it was appropriate to conduct the field visits in person. Researchcare Africa employed a basic four-point test on all our projects:

1. **Is it safe?** There is little/no risk of contracting Covid-19 in the target areas.
2. **Is it possible?** Airlines and ground transportation are operational.

3. **Is it legal?** The host government permits travel to the fieldwork locations and there are no legal restrictions in place.
4. **Is it ethical?** Even if all these factors are in place, we must be confident that the proposed approaches, particularly those that entail group gatherings (such as focus group discussions), do not increase the risk of spreading Covid-19.

## 2.7 Limitations

- a. Some of the key informants were not available and others did not respond to the email invitations. This affected some stakeholders in the education sector who could not be reached such as MOE Galmudug. This could lead to under-representation from some of the stakeholders from the education sector.
- b. Delays in response affected the data collection timelines. The holiday period affected the data collection timelines since some respondents were not available during this period and had to be interviewed at different times than initially planned.

## 3.0 FINDINGS

### 3.1 Relevance

The relevance component measures how and the extent to which programme objectives were aligned to relevant local and international strategies, the overall goals and objectives, the priorities of the community as well as relevant stakeholders in project implementation. The section also discusses the relevance of the project model and stakeholder ownership.

#### 3.1.1 Alignment with priorities

##### *Alignment with Somali policies and strategies*

One of the key objectives of the MIDA FINNSOM PHASE II – Health & Education project was to improve education and health outcomes in Somalia, which aligns with the Somalia National Development Plan (NDP) 2020-2024. The health component of the project was particularly aligned with the Second Phase of Somalia Health Sector Strategic Plan (HSSP) 2017- 2021, which sets a roadmap for delivery of health services in the country with a particular focus on reduction of maternal and child mortalities and improving access to essential health services. The HSSP also focuses on health service delivery, human resource for health, essential medicines and supplies and health information.

The ESSP focuses on a number of priorities, e.g., resilience and education in emergencies, early childhood education, primary education, secondary education and Alternative Basic Education (ABE), Technical and Vocational Education and Training (TVET) and crosscutting issues. The crosscutting component was aligned with the strategy since it seeks to improve educational governance and sector management with a particular focus on enhancing the qualifications of teachers, curriculum development, quality assurance and harmonisation of secondary schools' exams. Additionally, the Education Sector Strategic Plan (ESSP) 2018-2020 focuses on sustaining services in emergencies and to strengthening resilience by overcoming educational inequities by expanding support to those who have been excluded from education.

Somalia is also part of the international community and therefore the project is consistent with the Sustainable Development Goals (SDGs) 3 and 4, which set out the following vision: “Ensure healthy lives and promote wellbeing for all at all ages” and “Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all”, respectively.

Key informant interviews with project stakeholders revealed that enhancing skills transfer and capacity building was critical to long-term sustainability of health and education services in the country. In terms of the specific targets that are related to health, the project focuses on ensuring quality health services for all people in Somalia, with a particular focus on mothers, newborn, children and mental health patients. The goals focused around the national plans and priorities, and were aimed towards the reduction of maternal, neonatal and child mortalities and improving access to essential health services. The project's expected outcomes are also geared toward improving child, maternal and mental health. This aligns well with the NDP priorities around reduction of maternal mortality and improving health outcomes for girls and women.

Similarly in the education sector, improving quality of education was aligned to the objectives of the NDP, while also focusing on improvement of school infrastructure, addressing low enrolment and a national framework for qualifications when hiring qualified teachers or training existing unqualified staff, and establishment of the National Qualifications Framework and Authority.<sup>14</sup>

The project also recognises the value the Somali diaspora may bring to development efforts in their country. Most of the diaspora populations left the country for a number of reasons and majority of them left during the collapse of the central government in 1991. IOM recognises that Diasporas can bring important financial, intellectual, and social capital to the development process.<sup>15</sup> The NDP also acknowledges the Somali diaspora as people that have the capacity to contribute to national development in Somalia. IOM pursued experts with numerous skills in change management who were recruited to support healthcare and education sectors. The experts also supported crosscutting fields such as information technology. The Puntland Ministry of Health, for instance reported facing challenges in data management, accountability issues and IT gaps as the ministry lacked an ICT department. The employment of the diaspora IT expert has significantly improved the ministry's capacity in addressing these gaps. The ministry's DG reported that the expert trained the institution staff on data management, quality control, developed policies, guidelines, training manuals and databases for the different departments easing management of the ministry data and improving quality control of the health sector in general.

*"We have experts with advanced degrees in healthcare, there are pediatricians that support child healthcare, psychiatrists and general health practitioners that we brought into Somalia to support various institutions." – Project Team*

#### *Alignment with Finland Country Strategy and Country Programme*

The project was also aligned with the Finland Country Strategy for Development Cooperation Somalia 2017-2020 and the Country Programme for Development Cooperation in Somalia 2021–2024. The Finland strategy is very strong on sexual and reproductive health rights of women and girls. In outcome 1.3 of the country programme, Finland focuses on health and education services, which are also priority areas in the NDP 9. Additionally, outcome 2.1 of the country programme specifically promotes women and girls' increased access to inclusive sexual reproductive health rights.<sup>16</sup>

Nonetheless, the MIDA FINNSOM project doesn't have a very clear sexual and reproductive health rights aspect even though these are the main priorities of Finland strategy and country programme. In the project document crafted by IOM Somalia, it addresses some of the dire needs that the ministries had in regards to capacity building. In the case of the health sector,

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<sup>14</sup> See NDP, page 32

<sup>15</sup> IOM (2012) Developing a Roadmap for Engaging Diasporas: a handbook for policymakers and practitioners in home and host countries

<sup>16</sup> Ministry of Foreign Affairs of Finland (2021) Country Programme for Development Cooperation Somalia 2021-2024

there was a pressing need for medical expertise to be drawn from different fields. These fields were not always directly aligned with the Finnish government priorities, even though this is part of the bigger picture of universal healthcare.<sup>17</sup> It is important to note that the country strategy document highlights the role of the Somalia diaspora even though the country programme does not emphasize the same.

*“In the new country programme, we have state building component and the MIDA FINNSOM project goes under the two components, the state building and sexual and reproductive health rights component. It fits pretty well into our country programme as it is.”- Embassy of Finland*

#### *Alignment with needs of government institutions*

The different components of the MIDA project were aligned with the priorities of the local host institutions (as the direct beneficiaries) and that of the country at large. The project objectives and design fits well with the priorities, needs and policies of the direct beneficiaries of the project. The host institutions, as a result of outlining their priorities and key areas of interest in the terms of reference for each expert position (including the local and intern positions), have been able to meet their needs, bridge any gaps and build capacity within their respective institutions. Once the expert was onboard, they directly worked on policy development process in the institution, thereby increasing the much-needed support in this endeavor as well. In the FGDs, the staff of the different institutions and beneficiaries recalled their participation in the baseline assessment during the inception where gaps and needs were identified. The respondents stated that the project was very relevant in attending to their needs as it was based on contributing toward the prioritized needs.

Similarly, interviews with the heads of institutions (supported by the project) reported on the increased engagements with the IOM project team in the implementation of the project, enabling them to oversee the project and hold key discussions to enhance achievement of the project objectives. Further, increased communications and meetings with IOM project staffs were also termed as very relevant as it was essential to achieving the intended results within the stipulated timelines. While the project has strengthened institutional capacity in terms of training local staff at different levels and transferring of relevant skills to staff to deliver and implement quality services, based on the overall findings, there was an indication that the project did not meet all the needs and new, relevant needs have emerged during the discussions. The health staff working in Beletweyne, Baidoa, Kismayo and Adado general hospitals noted imparting medical skills without proper equipment has jeopardized both the practice of skills acquired and provision of quality services to the beneficiaries. A critical shortage of medical equipment and lack of robust supply chain was described as the primary impediment to service provision.

*“The project responded to the needs of the community by helping strengthen the capacity of medical personnel, but we are handicapped. We have the knowledge but the hospital lacks the necessary equipment to serve the patients. If a mother develops severe bleeding, for instance,*

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<sup>17</sup> The country programme describes the development cooperation programme and this project was supposed to be part of it but the strategy describes the overall relation between Somalia and Finland (Interview notes)

*she needs blood transfusion and we don't have any blood bank. A mother may report to the hospital with a case pre-eclampsia, or postpartum hemorrhage, we have got the skills but you don't have the supplies to manage such an urgent condition.” – Local Expert/Doctor*

*“Even the most knowledgeable doctor working in a hospital in Turin, Italy will not achieve much here, because he will not have the tools to perform his job in a proper way.”- Hospital Director*

Interviews with the director generals (DGs) both at FGS and FMS levels also agreed that the project assisted them to integrate the local and national strategies into their plans and policies through the experts. They further reported the project soundly integrated the institution needs of national visions, commitments to relevant strategies and missions of improved service delivery to target populations. Performance management, quality control and M&E processes have also ensured that the goals were aligned to the strategic plans of the institutions.

The relevant institutional goals such as capacity building and policy development are outlined in the results framework at the outcome level. It was therefore noted that the project was bound to address, align and implement interventions that contribute to these objectives and outcome level goals and targets. The project team indicated that IOM followed government guidance on deployment of diaspora and local experts. It was the central ministries at FGS level that identified locations to be supported by the project and also allocated number of expert positions per location.

### *3.1.2 Relevance of project modality*

Diaspora engagement was seen as an effective model for facilitating the knowledge and skills transfer to the local staff and providing a sense of a meaningful career for the diaspora experts. Interviewed diaspora expert in Bay regional hospital indicated that they felt motivated by looking at the difference they are making in the healthcare system in SWS. Therefore, this modality of engaging persons with cultural similarity as the local staff helped in smooth interactions in their work. The role of the diaspora experts was viewed as essential, as they provided direct support in terms of development of guidelines and skills transfer. In the education sector for example, it was noted that the experts were deployed to provide direct assistance in the form of curriculum development, education policy support and pedagogy training. A key challenge was however that the needs in each state Ministry of Education were vast, and the required support sometimes included requests to provide longer-term employment of local staff, a priority area not supported by the project.

The partnership between University of Helsinki and Somali National University (SNU) was described by the University of Helsinki as a vital driver of providing capacity building support and a vibrant model for institutional partnerships. The focus of the partnership was to build teacher education programme in SNU that would face societal and cultural demands as well as address the 21<sup>st</sup> century skills that are acknowledged worldwide. The targets of development were to work on the teacher education syllabus as well as to support professional development of staff members individually (and at faculty level). Evidently, Finland is a world leader in education and is renowned for high-class education compared to Somalia's education system that

is in the process of being rebuilt. The lecturers working at University of Helsinki who supported the cooperation noted that SNU lecturers gained new skills for more student-centered approaches and more versatile teaching methods in the workshops that were organised during the project. Equally, SNU expressed confidence that the quality of teaching programmes has improved at the university as result of the trainings and mentorship. The SNU representative interviewed indicated that MoU of the cooperation between the two universities, outlining areas of research and student exchange programme, guided the relationship between the two universities. SNU also benefited in terms of scholarship, whereby one PhD scholarship was awarded for the teaching staff and two masters for students. Nevertheless, the differences in the two educational systems and institutional cultures as well as the lack of proper infrastructure in Somalia, were acknowledged as challenges to the success of the model.

*“The ownership of results is with SNU. We do things in our own way; we have our education, culture and tradition. It is so difficult to know what suits Somalia education system, especially SNU tradition I find that really important. That is why it is paramount to do this development work equally together with SNU staff who are experts of their own context.”- Lecturer, UH*

*“The technical capacity of the administrative staff has also improved in areas of communication, archiving and quality assurance.”- SNU representative*

The MoECHE, FGS, raised issues with the merging of the health and education sectors, and this was associated with a number of issues, one of which is the lowering of educational outcomes. The ministry recommended a stand-alone component and employment of different implementing staff for the two projects by IOM, to avoid loss of focus and ensure the different priorities of are catered for in equal measure.

Furthermore, the participation of the diaspora in the project and their contributions were underscored as a key factor of project relevance. Diaspora’s contribution to skills and knowledge transfer is critical to countries emerging from conflicts like Somalia. The findings revealed that the Somali diaspora, despite being away from their country, still maintain strong connection with their home country.

*“I think what makes them to want to participate in the MIDA programme is a deep connection they have with their country of origin – Somalia, hence they return on short-term assignments to contribute to Somalia’s development with their knowledge and technical expertise.” – Project Team*

Similarly, most of the diaspora experts have realised that it’s possible to come back and live in Somalia. Some of them were willing to stay behind and volunteer their services in the institutions at the end of the project. Due to the deep connections they have with their country and strong interest to contribute to the development aspirations, some of them, with their jobs abroad, take 12 -18 months leave. It was observed that this a considerate spirit for the experts who have been away for 20 years or more to uproot themselves from countries where they are established and work in Somalia.

The majority of the diaspora experts interviewed recalled that the main reason they participated in the project was to contribute to the nation building efforts in different ways. The respondents expressed that a time has come for them to contribute to the institutional building. The respondents also recalled that their main expectation is to see the impacts they have had on the development of the institutions they have been supporting. Some of the diaspora stated they have voluntarily chosen to return to the country and support rebuilding the state institutions that are grappling with persisting gaps leading to poor management and hampering quality of health and education services delivery. A few number of experts have even chosen to stay at the end of the project. *“I have continued supporting the ministry after the end of my contract in November, 2020 due to the incessant need for support.”- Diaspora expert*

### *3.1.3 Project ownership*

The different respondents noted MIDA FINNSOM was a project intended to strengthen the capacity of government institutions and therefore expected to possess a strong ownership of implementation by government counterparts. In the design and planning stage, the project organised planning workshops at the start of each phase with key stakeholders i.e. IOM, the Donor and government line ministries- the federal Ministry of Education, Culture and Higher Education (MoECHE) and Ministry of Health and Human Services (MoHHS).

The ownership of the government was further strengthened through the establishment of the advisory board governance structure during the inception phase of the second (ongoing) phase of the project. The structure comprised of the co-chairs i.e. the DGs of the two ministries (MoECHE and MoHHS), and the donor and IOM as board members.<sup>18</sup> The government representatives noted that they had achieved ownership and were actively involved since the inception phase, which the project team concurred with.

The aim of the advisory structure was for the government to have the ownership and fully get involved in terms of project implementation and decision-making. It must be understood that participatory processes have the potential to trigger multiple gains for both governments and society, rather than putting obstacles for governments in governing and imposing their own views.<sup>19</sup> The focus, most importantly, was for the government agencies to participate in the decision-making process related to the project. The project’s consultative process ensured the government ministries lead the strategic direction, taking decisions and providing guidance on how implementation should be undertaken.

*“In the advisory board meetings, how re-programming maybe facilitated was discussed, but at the same time to ensure that there is continuity in implementation of the project. The structure gave the government a strong role to take ownership.” – Project Team*

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<sup>18</sup> The role of IOM is more of secretarial, coordinating the meetings, facilitating, giving reports as far as implementation is concerned and record of the meeting.

<sup>19</sup> Asia and Pacific Policy Studies (June 2016). NGOS and Influence on Global Public Policy. Available at <https://onlinelibrary.wiley.com/doi/full/10.1002/app5.134>

### 3.2 Coherence

Overall, MIDA project's networking with similar interventions was limited despite efforts to collaborate with agencies such as the UNDP and World Bank with the aim of enhancing coordination in areas where gaps exist. For instance, IOM project team discussed and agreed to adopt a harmonized salary scale for capacity building programmes, in an effort to improve harmonization. Other meetings that IOM actively participated in (holding presentation and discussions on projects) are the Pillar Working Group <sup>20</sup> for health and education and sub-working groups for both sectors (mainly on institutional capacity building, livelihood and youth) that took place in previous years (prior to COVID-19) with all stakeholders in Somalia, ranging from government, to INGOs, NGOs, donors and civil society, to improve coordination and information sharing.

IOM held meetings with UNICEF and UNFPA during the project inception phase given that they are key partners in health and education, however scheduling subsequent meetings was interrupted by COVID-19. The meeting with UNFPA explored how to promote collaboration on the area of sexual reproductive health rights and since the needs in this area are vast, the meeting facilitated the partners to avoid overlapping. The project team explained that when placing a doctor for instance, they did not encounter the same doctor hired by UNFPA in the same area. One notable result of the collaboration was that UNFPA supported the maternal unit in Banadir Hospital with essential medical supplies, while IOM employed the expert to provide services to patients. IOM also held meetings with ICRC who were also supporting Kismayo Hospital to discuss complementarity of technical support.

Key informant interviews with MoHHS, MoECHE and De Martini hospital staff also revealed other efforts of coherence and complementarity of the project. With different implementing partners supporting the hospital e.g., Save the Children, ADRA, WFP, UNICEF, ICRC, UNFPA and WHO, the different projects complimented MIDA FINNSOM Phase II project by improving capacity of the health facility in delivering quality services while MIDA FINNSOM supported the capacity development of the staff, thereby improving the overall capacity of the institution in terms of promoting better maternal, child and mental health care.

Similarly, the DG of MoHHS, FGS affirmed the existence of other interventions supported by UNICEF, World Bank and WHO that provide support to the ministry of health on areas of capacity building. Equally, MoECHE staff noted the ministry receives capacity building, infrastructure and policy development support from a number of partners such as Global Partnership for Education (GPE), through Save the Children USA and CARE, and the *Bar ama Baro* (Teach or Learn) Project, implemented by Creative Associates International, and UNICEF's education projects. Coordination takes place at federal ministry level, for instance the European Union is the GPE coordinating agency for Somalia while CARE and Save the Children are the GPE agents for GPE grants. The Somali Academy of Science and Arts reported the

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<sup>20</sup> The Pillar Working Group(s) refer to the aid coordination architecture in Somalia that was established in 2017 based on the previous NDP, (NDP-8, 2017-2019), which meant to establish technical working groups based on each pillar of the NDP. The Pillar Working Groups were attended by representatives from the donor community, civil society, NGOs, UN and INGOs and was open to other relevant stakeholders as well.

presence of the CISP (Comitato Internazionale Per Lo Sviluppo Dei Popoli) organization, implementing a project funded by the European union, noting that the project provides support in terms of staff training among other areas, hence compatible with interventions on areas of capacity building and institutional support. In addition, the Somali National Library partnered with UNESCO in the training of the library staff.

UNICEF and MSF also provide capacity development as well as essential medical supplies to the health institutions. MoECHE received the majority of the support in the policy formulation and drafting process from other actors, while IOM provided experts who assisted in the drafting. IOM's migration health department is also having similar interaction with the World Health Organisation (WHO). In regards to the collaboration with UNDP and World Bank, the main successes have been production of important documents, such as a harmonized salary scale, and database sheet for capacity building support in the country.

Based on the interviews with some of the KII respondents, the MIDA project was to some extent compatible with other interventions relating to capacity building initiatives and policy development, although not in a strategic and well-coordinated fashion. These sentiments were echoed by the DG, Ministry of health, FGS, who lamented lack of synergies and inconsistent funding from the donor agencies. The director recalled that different donor agencies supporting one institution on the same activity.

*“Although, meetings and discussions have been held with other organizations implementing similar projects, there is a need to strengthen this further and coordinate more regularly and improve.” – Project Team*

In the health sector, the Finland Somalia Association (FSA) was engaged to support healthcare access in very remote areas in Afmadow, Lower Juba region because of FSA's work in mobile health clinic with their partners on the ground. The mobile health clinics were able to access hard-to-reach areas where the project could not place the diaspora experts, mainly due to the remoteness and for security reasons. Through their partners, FSA extended maternal healthcare services to rural people, in particular women, children and disabled persons.

In the education sector, the project supported partnership between the University of Helsinki and SNU to improve the education curriculum, especially primary education. The project facilitated the exchange, which were mainly technical, and involved facilitating workshops between the two institutions that proved to be helpful. It provided SNU an opportunity to learn from a well-established and reputable university with advanced curriculum. The project has also built relationship with the Jubaland Teachers Training College, which was established through the support of one of the diaspora experts. Apart from the expert's support to the college, the project supported the development of teacher training guidelines. It is expected that through these positive steps, the two institutions (SNU and Jubaland Teachers Training College) can build upon even beyond the project. But the main challenge to maintaining the collaboration has been lack of financial resources. Both the host institutions and the project team expressed the lack of resources as the key impediment to enhanced collaboration.

*“The college is free and we depend on the support of the humanitarian agencies. There is continuous need for financial support and technical staff with the ability to mobilise resources.”- Diaspora Expert*

*“There is not much resources available at the college, you can see there is a very good effort this diaspora has put trying to establish the college, but because of resources you can tell it will still need much more capital injection to improve the infrastructure.” – Project Team*

However, it is important to note that the donor respondents noted that the synergies with like-minded partners like UNICEF or World Bank are not always done in a strategic fashion and there is broader lack of synergies between agencies. The overall findings indicate that coordination with other agencies is not strong and there is lack of complementarity. These sentiments were echoed by the DG, Ministry of health, FGS, who lamented lack of synergies and inconsistent funding from the donor agencies. The director recalled that different donor agencies supporting one institution on the same activity. The director therefore underscored the need to create effective synergies between the donor agencies, to avoid overcrowding on the same activity such as on maternal healthcare services. The synergies would enable the supported institutions to receive different support from different partners. Moreover, it is important to note that clear structure in coordination and areas of complementarity and cooperation have not been established yet, primarily due to the impact of the COVID-19 since the coordination fora took place quite frequently before the onset of the pandemic. And it appears that coordination is limited and needs to improve and become more consistent and more inclusive – especially by mapping other agencies/projects working in the same areas of operation. The coordination meetings also need to focus more on the areas of gaps where other agencies can fill in and support in order to properly complement each other.

### **3.3 Effectiveness**

The effectiveness of the project was measured based on its achieved targets and expected outcome and output indicators. This section of the report therefore provides a detailed analysis of the effectiveness of the different project components per output, and in turn, analysing the outcomes that these outputs have resulted in<sup>21</sup>.

The project results have to a large extent reached the beneficiaries as planned and most targets have been achieved or either surpassed the target. According to the project team, the main factors influencing the achievement are the MIDA participants who made an impact in the host-institutions where they have been placed, and the country at large, contributing to increased skills and knowledge in hospitals, universities, schools and ministries, some of being which were life-saving. The participants also helped develop key regional and national policies

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<sup>21</sup> Outcome level results were derived from the outputs. Some of the most common output level results relate to services provided, policies developed, training conducted etc., while the outcome results have been captured through the survey in measuring the level of acquired skills/knowledge and how well the staff at the institutions have implemented these, as well as other changes observed.

relating to major issues, e.g. COVID-19 response, obstetrics and gynecology, child health, mental health, immunization, education acts, education curriculums and guidelines, and the health professional bill among others. **The project recruited 46 diaspora experts (34 males and 12 females). Out of the 46, 22 were from the health sector and 24 from the education sector. The project engaged a total of 25 local experts (22 male and 3 female) including 3 coordinators, as well as a total of 56 interns were recruited (37 male and 19 female).**

Overall, and based on the findings, the projects' objective in improving service delivery of the institutions through capacity building and skills transfer has contributed to enhanced performance of the supported institutions. This in turn generates resiliency of the key institutions and coping mechanisms to address gaps and challenges ensuring improved quality and accessibility to education and health services. The respondents further explained that sustainable systems were also achieved through quality control trainings offered, as well as strategies and databases developed. For instance, the establishment of databases and supporting District Health Information System 2 (DHIS2) for the MOHHS, FGS and the MOHHS, Puntland was relevant in improving better records and archive management as well as easy access of information at the field level, enabling the ministry to easily track significant changes in service delivery. FGD respondents from the health sector concurred that the project improved the capacity and quality of the institutions through trainings and skills transfer. In addition, FGD respondents from the education sector noted the diaspora experts hired by the project assisted the development of teacher policies and guidelines, helping the ministries and educational institutions to function effectively. However, some FGD respondents in Kismayo noted lack of support training or guidance on curriculum development, adding the project did not employ or hire curriculum development experts.

Furthermore, the project strengthened institutional and human capacities at the supported institutions through capacity building and on-the-job trainings to allow skills transfer to local staffs and improve provision of quality service delivery and technical assistance.

### *3.3.1 Attainment of objectives*

**OUTCOME I: CAPACITY OF SELECTED PUBLIC SECTOR'S HEALTH INSTITUTIONS AND STAFF IN SOMALIA TO DELIVER, DEVELOP AND IMPLEMENT QUALITY MATERNAL, CHILD AND MENTAL HEALTH SERVICES AND POLICIES IS IMPROVED.**

**OUTPUT 1.1: Health Professionals have Increased Skills and Capacity on Maternal, Child and Mental Health Services and Policies in Selected Health Institutions within Target Regions of Somalia.**

The evaluation findings based on project reports, results framework and other documents show an improvement in skills and capacity on maternal and child health among the doctors, local experts, junior doctors, nurses and interns. All the survey respondents interviewed reported receiving training (informal or formal) from the diaspora experts working in the various hospitals. Nearly all (94%) of the survey respondents rated the quality of the training received as very helpful, 6% rated the quality of the training as somewhat helpful. In addition, all (100%) of the survey respondents expressed being very confident using or implementing

new skills/capacity gained from diaspora and local expert's trainings in the respective fields of their work. Majority (92%) of the respondents reported that the training/support provided by the project to them and their colleagues were relevant and 8% indicated somewhat relevant.

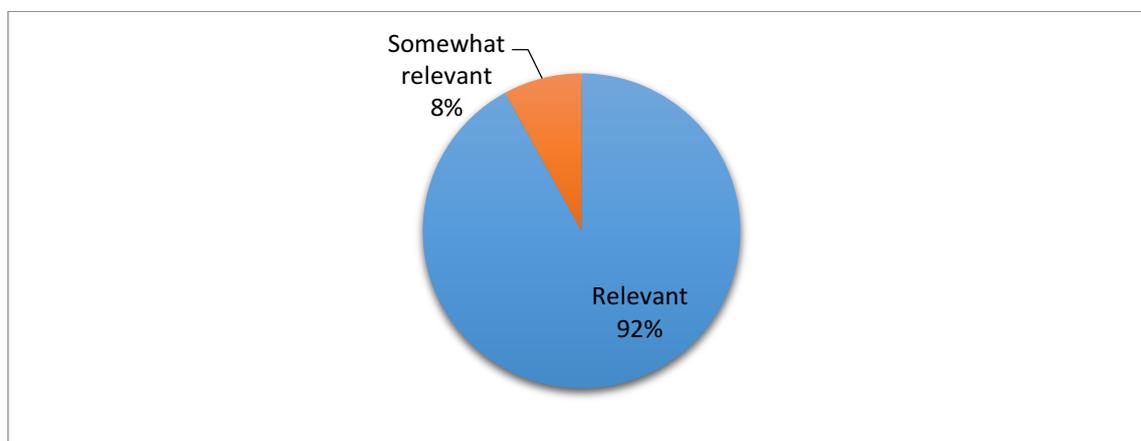


Figure 1: Relevance of skills provided

### *Maternal and Child Health Management*

There was similarity in most of the maternal and child health services offered across the seven hospitals covered by the evaluation. Interviews with the hospital directors and medical staff indicated that the hospitals offer free consultations, Basic Emergency Obstetric Care (BEmOC), post-natal and antenatal care, postpartum care and handling obstetric complications. In addition, it was noted that the hospitals offer standard operating procedures, safe injection services, newborn care, neonatal care, infection prevention and control, incubation and resuscitation. However, there were variations in terms of the quality of services offered across the different hospitals and available equipment.

The project registered progress in terms of training, policy development and deployment of essential medical personnel to support maternal health in the different locations. The findings indicate that health professionals have acquired new competencies through the diaspora experts' support. In the quantitative survey, over a third (34%) of the health sector respondents reported having received one training through the project - 26% had received training twice, 14% had received training thrice, 8% had received 4 times and 6% had received 5 times. In terms of frequency, over half (58%) of the respondents reported having participated in trainings facilitated by the diaspora experts between 1 – 5 times in the last 36 months. 28% reported participating in trainings between 6 – 10 times and 6% reported participation of training 10+ times. The skills acquired have enhanced delivery of maternal services and development and implementation of policies, which include essential guidelines, systems, plans and frameworks for effective medical practice. Some of the guidelines mentioned include pediatric management guidelines, guidelines on how to treat Propofol-shock, how to deal with hypoglycemia and convulsions and how to attend pregnant mothers, and guidelines related to the Expanded Programme on Immunization (EPI). The diaspora experts trained local doctors, nurses, students and other mid-level health professionals who have been able to serve the

targeted health institutions or at other health facilities. As reported in quarterly report, four ICU trained staff in De Martino got jobs in other hospitals in Mogadishu.<sup>22</sup>

The medical staff in Kismayo General Hospital noted that the health professionals have for the first time acquired the ethical skills for patient handling and observing confidentiality. According to the project team, some hospitals requested for recruitment of a general practitioner, instead of a pediatrician or obstetrics gynecologist. This seemed challenging from a project perspective as it did not fall under the prioritized areas initially agreed on, but from a capacity strengthening viewpoint, the project was compelled to be flexible in order to accommodate a general medical practitioner that would provide services that are not just restricted to mother and child healthcare.

To ensure the specific objectives were achieved, trainings were rolled out, such as neonatal resuscitation training, proper use of incubators, COVID-19 management and training of health workers on maternal and child health illnesses among others. The majority (82%) of the trained respondents reported having been able to train others on the same area they were trained in. The De Martino hospital staff noted the trainings were very effective in addressing institutional gaps. They noted that the number of mothers and other patients seeking services have increased, owing to improved service delivery. Reduced infant mortality was linked to improved maternal health capacity trainings and better neonatal resuscitation. This was confirmed by overall (80%) of the survey respondents that reported, to a great extent, the capacity and skills gained led to an impact to the institution they are working in, with the respondents from Mogadishu, Garowe and Kismayo reporting. However, all (100%) from Baidoa reported that to a very little extent the capacity and skills gained led to any impact to the institution. In addition, 74% of the respondents reported that to a great extent the service delivery improved in their institution after capacity buildings training/development of policies with all (100%) from Mogadishu and Kismayo and 70% from Garowe reporting this. However, all 100% from Baidoa reported that to a very little extent the service delivery improved in their institution. This was corroborated by the qualitative responses.

Representatives from MoH, Bay regional hospital, and MoECHE, SWS, reported a challenge in the achievement of objectives, in terms of strengthening the capacity of the local staff. He further indicated that the hospital lacks an internal medicine department and a mental health unit, and the diaspora experts were supposed to support these departments, which currently does not exist in the hospital. Some of the notable challenges reported by MoH and Bay regional hospital include inadequate capacity building trainings for the local staffs, short term contract for the diaspora and local experts and the absence of internal medicine department for the hospital, and mental health unit. The hospital director expressed his concern about the working hours of the diaspora experts as these were limiting their effectiveness to deliver the objective of the project.

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<sup>22</sup> MIDA Quarterly Progress Report –De Martino Hospital (4<sup>th</sup> Sept 2021)

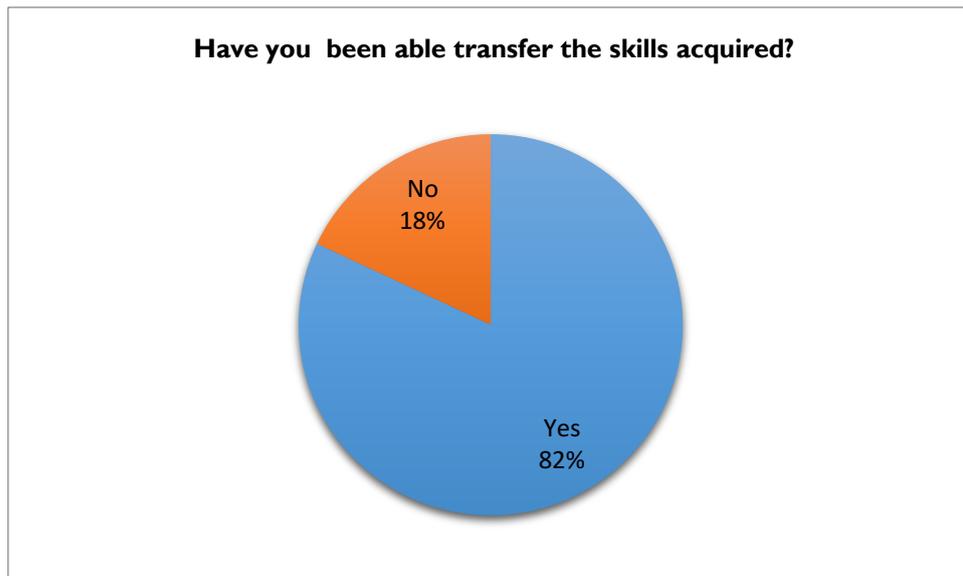


Figure 2: Level of skills transfer

All (100%) of the survey respondents reported having acquired new skills/capacity in the respective fields of the diaspora experts - in the baseline, this was just 20%<sup>23</sup>. Over three quarter (78%) reported having implemented their newly gained skills / capacity in their respective fields of work, with all (100%) of participants from Kismayo reporting this. However, 22% of the respondents reported not having implemented their newly gained skills / capacity, majority (80%) coming from Baidoa. The interviewed staff at Banadir hospital mentioned that health workers were able to deal with COVID 19 cases in pregnant mothers and children, which requires special consideration as its often ignored. The recruitment of a pediatrician for the newly established NICU in Banadir hospital was identified as a key contribution of the project in relation to maternal and child healthcare. With the newly established NICU, the number of deliveries at the hospital has increased since the project inception. More than 700 monthly deliveries are conducted in the hospital according to the respondents. This has seen increase from previous 500 deliveries. The De Martini hospital staff also noted that medical workers are now able to perform their duties with minimum supervisions as a result of on-the-job trainings provided. In all the hospitals, the management reported improved health record practices.

*“Through these different trainings, the staff are able to make their own notes, they have the ability to write proper patients history. They do their supervision and ward rounds and administer proper nutrition supplements, resuscitation and case management. They are able to do drug prescription, have good concept of admission criteria and discharge procedures.”- De Martino Hospital*

However, there was a concern that lack of vital equipment and inadequate staff limits the provision of reliable maternal and child health services. In general, the doctors interviewed noted that the project has improved the skills of medical personnel in comprehensive emergency obstetric care (CEmOC) services in cases of complicated labour but there was

<sup>23</sup> MIDA FINNSOM Phase II Baseline Report, page 37

shortfall in terms of basic medical equipment. In De Martino Hospital, the health workers interviewed indicated lack of equipment as a key challenge to service delivery, while the respondents in Beletweyne General Hospital cited lack of medical equipment in the Emergency Room and for cases relating to cesarean section. The chief doctor noted that unavailability of basic tools has not only affected obstetrics care, but also training for interns who need to practice their skills since the hospital is a referral and teaching facility. For instance, the only available ultrasound tool is a portable hand-held imaging camera and there are no trans-vaginal and trans-abdominal ultrasound scans. In Kismayo, the junior health workers mentioned lack of essential items such as syringes and essential pumps for newborns. The chief doctor narrated several cases of mothers with pregnancy and childbirth related complications, such as eclampsia, sepsis, postpartum hemorrhage and obstructed labour. Additionally, there is lack of essential supply of drugs such as blood pressure medication and patients are asked to buy from private pharmacies. The hospital lacks a blood bank, thereby increasing the risk of maternal and child mortality. It is important to note that a cesarean section in a Complete Comprehensive Emergency Obstetric Care (CEmOC) must have blood transfusion services. In Kismayo, respondents also mentioned the need to establish a tuberculosis clinic and health professionals training centre, in particular for lab technicians and other technical staff, for repair and maintenance of medical equipment.

*“We have no blood bank; this is traumatic and the patient can die. In June last year, there was an anemic mother who developed postpartum bleeding and I had to donate two units of blood myself. She was from a poor family and could not afford anything”-*, Beletweyne Hospital

### **Outreach Services**

Finland-Somalia Association, and its partner NGOs in Somalia, Sahal Healthcare and Development Association (SAHDA) promote and improve child and maternal health situation in Afmadow by scaling up the operations of a mobile health clinic (MHC) in Afmadow in Jubaland.<sup>24</sup> The MIDA FINNSOM project supported this concept of mobile health clinic, which is an innovative model of health service delivery to the most vulnerable populations. The Daryeel Mobile Health Clinic project, serves 700-900 patients per month, mainly women and children. Besides maternal services, the clinic also supports tuberculosis and infectious disease treatment, although these sections lack the required competencies.

The project also serves the elderly and disabled people. The equal rights to persons with disability (PWDs) has been mainstreamed in the project through paying attention to accessibility of mobile clinic services for persons with disabilities and by capacity building of the staff, volunteers and stakeholders on disability sensitive interventions.<sup>25</sup> The PWDs have difficulties reaching health centres and the MHC therefore provides accessibility and first-aid responsiveness. The mobile clinic reaches far-flung areas, diagnosing patients' conditions and dispensing quality medicine. However, laboratory tests are referred to the major cities like Kismayo. The project has engaged four nurses, one midwife, a community health worker, two

<sup>24</sup> FSA (Oct 2021) Implementation of NGO component in MIDA FINNSOM PHASE II - Health & Education Project Interim Report

<sup>25</sup> Ibid

assistants and a medical doctor. The project team requested for the attachment of two personnel that will provide immunization services if another phase of the project is undertaken. In addition, FSA requested for the employment of a nutritionist and a separate team of 4-health professionals, 2 each for Qoqani and Diif. The project has also integrated Female Genital Mutilation (FGM) education in its staff trainings, to ensure the staff and local midwives are able to implement awareness raising on FGM and mitigating the health implications of FGM. Diaspora expert based in Finland supports staff in their daily activities, report writing, financial management, indicators tracking and ICT. The diaspora staff trained the staff in Kismayo on maternal and child health management, drug administration and general clinic practices. The Daryeel MHC coordinator noted that among the good practices inherited from the diaspora training was the emphasis not to dispense malaria drugs without a valid laboratory test. The FSA respondents recommended providing specific trainings to MOH staff on tuberculosis management, mental health management, mainstreaming of PWD services in healthcare, FGM, and other trainings on public health and finance for Kismayo General Hospital.

*“The mobile health clinic is a good concept instead of having many clinics spread since there are no much resources, we reach people in their locality.” – FSA Project Coordinator*

### *Mental Health*

The Director General of MOH, FGS explained that, although the MIDA project was to recruit experts on mental health at the health institutions, these experts were not hired, hence the programme missed out to address this challenge in several hospitals, such as Banadir, Kismayo and De Martino General Hospital – with exceptions of Bay Regional Hospital and Garowe General Hospital. Majority of the health facilities in this study reported either lack of mental health units or experts. In the baseline, none of the hospitals in this study had a mental health department or any professional who specialized in mental health.<sup>26</sup> The facilities that either lack mental health facilities, or an expert include Kismayo General Hospital, Garowe General Hospital, De Martino Hospital, Banadir General Hospital and Bay General Hospital.

In Kismayo General Hospital, IOM initially planned to support a mental health unit, but the need for a paediatric service superseded this need. The hospital staff mentioned there is a general lack of awareness on mental health. Additionally, there is lack of drugs to treat patients suffering from mental health issues. The hospital receives several cases of patients in psychotic stage, some suffering from conditions such as schizophrenia. The health workers noted that mental health has not improved due to lack of mental experts in this area and dedicated unit dealing with such conditions. Both the hospital staff and FSA representatives interviewed recommended the establishment of a mental health unit in the hospital and deployment of personnel.

The evaluation found that there was no mental health section at De Martino Hospital. This was a similar case in Banadir General Hospital and Bay Regional Hospital. In Banadir, the hospital

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<sup>26</sup> MIDA FINNSOM Project Phase II Baseline Report, page 32

management recommended support in terms of operation theatre, emergency unit and mental health department to prevent postnatal psychosis. The Director General of MOH in South West State noted there were challenges of hiring professional mental health experts to compliment mother and child health at the supported institutions. He indicated that limited skilled experts on some areas such as the mental health, whose experts were not hired by the project is also a factor affecting the achievement of the project objectives.

However, the case was different at Beletweyne, Bay Regional Hospital and Garowe General Hospital. Although still there are limited mental health professionals and facilities to treat patients, these three hospitals that have either a mental health unit or an expert placed. Apart from the in-patient services, the mental health workers conduct outreach services to raise awareness and assist people with mental health conditions. In the Somali context, mental health patients encounter stigma and discrimination. Through the field visits and outreach services, the hospital has managed to treat many patients, some of who suffered in silence. One of the hospital directors indicated that apart from the outreach services, there are patients who come to the hospital on monthly or weekly basis to receive treatment. The mental health unit has received a boost with contributions from the Somali diaspora.

*“The diaspora community have really helped us in this dimension. They pay the doctors and nurse salary as well as the medication. In the last two years, we have had a fully functional mental health department.”- Respondent, Beletweyne Hospital*

In Garowe General Hospital, interviews with the health staff revealed a spike in the number of people receiving mental health services. According to the respondents, the project has made significant contributions to addressing gaps in mental health services. Interview with the hospital director revealed significant results have been achieved following the diaspora expert deployment to the hospital. The diaspora expert trained the hospital staff on weekly basis on identifying, counseling and treating mental health patients accessing services at the hospital. The director also reported that the expert provided counseling sessions to mothers delivering at the hospital to prevent postpartum depression. Besides, the lack of mental health unit still limits the institutions capacity in addressing mental health issues. The diaspora experts’ trainings on mental health has also witnessed increased uptake of mental health services at the hospital following increased counseling sessions delivered by the trained staff.

### *Policy Development*

Besides capacity building, the role of the diaspora experts in the project was to support policy development through review, updating, refining or developing relevant policies, frameworks, guidelines and strategies needed to guide and improve the respective institutions. The findings indicate the project assisted in technical development of the numerous policies, frameworks and guidelines that were developed in partnership with the respective ministries, partners and institutions. However, the level of enforcement of these frameworks differ depending on the level of policy as well as among the various institutions, for instance guidelines at institution level have shown to be easier to enforce, while higher-level policies tend to take more to adjust

to. Although the diaspora experts provided their technical inputs towards policy and guidelines development, FGD respondents reported that the knowledge and training on policies is lacking. Some of the policies developed at national level include, the National Medicine Regulatory Authority (NMRA) Bill, National Health Professionals Act, COVID-19 Response Plan as well as COVID-19 Management Guidelines. As reported in the project interim report, the Federal Ministry of Health and Human Services (MoHHS) in cooperation with the National Public Health Reference Laboratory (NPHRL), registered significant achievements in increasing the testing capacity to detect Covid-19.<sup>27</sup> There are several guidelines and strategies on communicable diseases at state level such as children's immunization policy and cholera prevention and control strategy for the Jubaland Ministry of Health and Puntland Covid-19 Response Preparedness. There are also a number of manuals and guidelines developed such as the Draft Strategy on HIV behavioural Note for MOH Jubaland that was developed.

*“Once the expert is onboard, they also directly work with policy development, hence any support needed in this area is also strengthened.”- Project Team*

In De Martino Hospital, the hospital staff appreciated the diaspora teams' contribution in supporting the development of the HR policy and the National Health Professionals Act (NHPA), the latter was passed by parliament, though the HR policy is in draft stage. These guidelines, among other guidelines, made the running of the hospital and MoHHS smooth and supported better management practices. Besides, the hospital director added, due to the existing work norms in place, acceptance to change by staff is slow and NHPA lacks expertise. There is a committee appointed by MoHHS that will oversee the implementation of this act. Similarly, Covid-19 guidelines were developed and implemented effectively, contributing to prevention and infection control measures at the hospital. Patients and staff ignoring the guidelines were reported as the key challenge faced in the implementation process. A junior doctor at Banadir Hospital mentioned the final draft of Somali Basic Emergency Obstetric & Newborn Care (BEONC) Training Manual for Health Care Workers is ready to be passed. The junior doctor also reviewed the midwifery curriculum and the integrated management of Child/Newborn Illness Guideline for the institution.

The HMIS expert at MOHHS, FGS noted that the system he established has helped the ministry to gather national health data and produce reports. The system allows the ministry, through data analysis, in planning and decision making of policies affecting the health ministry. Other respondents from the ministry hailed the process as efficient and evolutionary. The expert reported no challenge in implementation of these policies and guidelines on health data management. But in Kismayo, the staff mentioned that the local guidelines developed by the diaspora experts were contradicting with those developed by local experts, thereby making the adoption challenging. In general, the policies, guidelines and other type of frameworks are drafted by the diaspora experts and thereafter consultations are made among different technical staff and heads of institutions and other relevant stakeholders. These policies are then presented or trained on by the diaspora experts following its completion, in order for the

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<sup>27</sup> MIDA FINNSOM Interim Report March 2020-Aug 2020

staff of the institutions to understand it properly. The diaspora experts would therefore need to team up with the local professionals to ensure ownership and proper implementation of the policies and guidelines after their exit. There is a need to ensure the policies and frameworks align with the local standards and available tools that can aid effective implementation.

*OUTPUT 1.2: INTER-REGIONAL COORDINATION AMONG HEALTH INSTITUTIONS AND STAFF IS ENHANCED.*

The inter-regional coordination focused to strengthen the professional capacity of staffs working in all institutions supported by the programme. In general, a fair number of the health staff mentioned attending a regional training, although some of the respondents indicated there were no inter-regional trainings, except for virtual exchange of ideas between staff from Kismayo General Hospital and Bay Regional Hospital. Coordination among the regions was termed challenging due to financial and security constraints. When asked if there were inter-regional trainings, the MoHHS, FGS and state level ministries such as that of Jubaland were not aware of any inter-regional training held. Overall, 34% of the quantitative survey respondents had attended the inter-regional trainings implemented by MIDA project in the last 3 years with majority (90%) coming from Baidoa as compared to other locations. Out of those who had received inter-regional training, 76% of the respondents reported that the new skills/capacity they acquired in strengthening the coordination and networking at the inter-regional level was very useful and only 24% reported slightly useful.

In the qualitative findings, staff working in various health facilities indicated they have conducted or participated in inter-regional trainings. The diaspora expert at Banadir hospital said she conducted inter-regional trainings for health care workers in Somalia. The trainings include Neonatal resuscitation, Paediatric Life support and Newborn care in Mogadishu and Kismayo. The staff at Kismayo General Hospital mentioned attending this particular training. In Garowe General Hospital, the project placed a neonatal nurse who conducted newborn care trainings.

The Health Management Information Systems (HMIS) Technical Advisor at Ministry of Health, FGS noted the staff from the ministry and the various hospitals attended regional trainings in different federal member states. The trainings mainly focused on the grass root level on maternal and child health and data management system of the health institutions. The benefits of the trainings include the staff at the regions were able to acquire skills from the experts and implement the same skills in their different fields of work. The trainings also exposed the experts to different dynamics of the region and presented an opportunity to learn from the challenges at the field. The respondent further noted that, due to security concerns, the experts could not train/reach out to hospitals in some areas, hence limiting the number of staff benefiting from the trainings. The interviewed staff noted that the trainings were beneficial, enabling an atmosphere of learning exchange and understanding of the guidelines for working.

*“Learning through this type of exchanging is what will save the country. We come together and work on ways of harmonising our guidelines, since the regions have different guidelines. We are even joined by volunteer doctors.” – Diaspora Expert*

Health workers in De Martino Hospital also explained that they took part in one inter regional training that took place in Garowe and that they learnt and shared knowledge on emergency and advanced trauma life support. They noted that the inter-regional trainings provided opportunities where they could access equipment, which are not available in their health facilities. The staff in Kismayo Hospital mentioned there was an inter-regional training covering neonatal resuscitation, which took place in Kismayo, and led by the Paediatrician attached to Banadir regional hospital. The FGD participants’ comprising of nurses and midwives including their supervisors agreed that that the training has equipped them with the skills for proper resuscitation of newborn babies.

The nurses and junior health staff interviewed demonstrated increased knowledge in maternal and child healthcare. In Kismayo, local experts, interns and their supervisors interviewed explained how the acquired skills have enabled them to prioritise their work and handle difficult situations of patients who visit the hospital, the guidelines to follow when dealing with the different cases of patients. In Mogadishu, FGD respondents at De Martini hospital indicated they were able to acquire skills from the experts and implement the same skills in their work. The respondents gave an example of how neonatal resuscitation is performed:

*“We do follow the process of the neonatal resuscitation by stimulating the neonate. Drying tactile stimulation can trigger spontaneous breathing, clear the airway, stimulate the neonate, clamp and cut the cord. Perform bag-mask ventilation (room air) and oxygenation.”- FGD respondents*

In May-April, 2020 a radiologist/sonographer based in Bay Regional Hospital, Baidoa travelled to Merka, a remote city in SWS in the Lower Shabelle region, which is often hard to reach due to a poor security situation. The expert trained 52 (18 males and 34 females) hospital staff at Merka General Hospital with the assistance of a local doctor on Infection Prevention and Control (IPC) for COVID-19.<sup>28</sup> Generally, the different respondents interviewed agreed it was not possible for experts to travel to certain remote locations due to insecurity fears. The diaspora experts interviewed noted the training content delivery was also limited by the different guidelines employed across the different regions.

While all the above regional forums were facilitated by the MIDA project, some of the health staff mentioned attending regional trainings facilitated by other actors. In Adado General Hospital, the hospital staff mentioned receiving training in Garowe, organised by MOH, FGS with the support of ICRC and MSF. He added that an additional 6 staff from the hospital were trained in Baidoa.

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<sup>28</sup> MIDA FINNSOM Interim Report (March 2020-Aug 2020)

OUTCOME II: CAPACITY OF SELECTED PUBLIC SECTOR'S EDUCATION INSTITUTIONS AND STAFF IN SOMALIA TO DEVELOP AND IMPLEMENT QUALITY EDUCATION POLICIES IS IMPROVED

OUTPUT 2.1: EDUCATION PROFESSIONALS IN SELECTED EDUCATION INSTITUTIONS WITHIN TARGET REGIONS OF SOMALIA HAVE INCREASED SKILLS AND CAPACITY TO DEVELOP AND IMPLEMENT QUALITY EDUCATION PROGRAMMES AND POLICIES.

All (100%) of the survey respondents in the education sector expressed being very confident in using or implementing new skills / capacity gained from diaspora and local expert's trainings in the respective field of their work. Majority (91%) of the respondents reported that the training / support provided by the project to them and their colleagues were relevant and 9% indicated somewhat relevant.

The project followed a thorough recruitment process when employing education professionals, which involves development of ToRs, advertisement, evaluation of applications, interviews, background checks, ranking and confirmation of successful candidates. Diaspora experts were recruited to support various educational institutions in Somalia in terms of capacity building and policy development. The diaspora experts in turn trained professionals in the different institutions. In addition, the project facilitated partnership between Somali National University (SNU) and the University of Helsinki in Finland. Overall, the targets under this objective were achieved to some good extent. The project contributed to the development of Education Acts for some regions and guidelines such as academic guides, teachers' codes of conduct, school checklists and professional teacher education course syllabi among others. Moreover, the project has supported the establishment of the National Education Commission, the Jubaland Teacher Training Center, Puntland education conference and numerous curriculums at both national and regional level, and at university, secondary, primary levels. For the first time National Education Act and National Education Policy were developed, and schoolteachers trained to provide quality education.

The project also strengthened the various departments' capacities through development of guidelines, databases and guidance from the experts. For instance, the MOE in Puntland reported the project has effectively supported quality control and human resource management. This was achieved through management trainings to the DGs, departmental directors and installation of finger print system recording staff roster system, effectively improving management and performance within the ministry. Majority (89%) of the survey respondents reported that to a great extent the capacity and skills gained impact well on the institutions they were working at. However, 11% reported that to a very little extent the capacity and skills gained led to any impact to the institution. Overall (89%) of the same respondents reported that to a great extent the service delivery improved in their institution after capacity buildings training, development of policies with all (100%) from Kismayo. However, 11% reported that to a very little extent the service delivery improved in their institution with 21% coming from Mogadishu and 8% from Garowe. In addition, the FGDs interviewed believed the project has been effective in building the capacities of local

institutions and human resources. The respondents noted the project has been essential to their improved skills on different sectors because of their involvement in the project activities and working with the diaspora teams.

During the evaluation, the officials at the ministry of education, Puntland reported that indeed the project has assisted them to improve their services, which in turn contributed to improved governance systems, strengthening relations with local administrations. The respondent argued that the regional trainings delivered through the project and other complementing activities such as routine monitoring and evaluations and performance assessments validated the ministry to be seen as having appropriate capacities to strengthen the education system. The increased interaction between the national and state level officials in the project activities implementation, assessments and evaluation processes has improved relations between the two levels of governments.

Similarly, the officials noted that the project has effectively supported the MOE, Puntland in establishing monitoring and evaluation structures improving delivery and quality of education services provided across the state. FGD with ministry teams also reported improvement in their monitoring and evaluation capacity allowing them to gain the desirable momentum for the implementation of the development plans such as ESSP and contribute to NDP-9 improving quality of education. In addition, the national and diaspora experts supported the organizational reform of the ministry, developed work plans and guidelines that include child friendly and child centered education environment and teacher profession testing guidelines. The guidelines jointly with the M&E activities put in place acted as adaptive management to improve human development and eased performance assessment improving quality of education at the district levels.

Teachers, interns and educationists interviewed indicated they attended various on-the-job trainings and workshops facilitated by the diaspora experts. Nearly a half (49%) of the education sector beneficiaries reported having received trainings twice through project implemented by IOM - 40% having received training once and 8% received training thrice. The areas of support included examination and certification, teacher training, pedagogy in education, lesson plan development and scheme of work. In addition to the education specific trainings, staff from the education ministry were taught facilitation and fundraising skills - a local expert in Mogadishu said they trained teachers at different schools in Banadir on how to conduct workshops, trainings, develop proposals, record minutes and how to write CVs. All (100%) of the survey respondents reported having acquired new skills / capacity in the respective field of their work from diaspora expert and overall majority (89%) of this reported having implemented their newly gained skills / capacity in the respective field of work with all (100%) of participants from Kismayo and Garowe reporting this. Majority (93%) of the participants rated the quality of the training received from the Diaspora Expert as very helpful. Similarly 7% rated the quality of the training as somewhat helpful. 100% of the survey respondents expressed being very confident in using or implementing new skills / capacity gained from diaspora and local expert's trainings in the respective field of their work.

In terms of policies, the teachers and the institutions benefited from guidelines developed through the project support. Key among the guidelines mentioned includes HR/ Finance manuals and Quality Assurance manual tools. In addition, the capacity building process encompassed two years of teacher training, training on how to set examination, and filing system. A local expert in Beletweyne noted the trainings received included aspects of child psychology, child protection and other domains of holistic education.

*“We have been able to implement what we have learnt in many ways. The filing system of the institution is now up-to-date, there are well prepared schemes of work in the schools for the trained teachers, now the exam packaging and labeling has also improved.”- Teacher, FGDs*

Interviews with Somalia National Library (SNL) staff revealed SNL is ready for use. The library has reopened after 30 years; this is a huge achievement, which the project has contributed towards the placement of the library. The library has generally been set up as repository and its systems and guidelines developed with staffs capable of quality service delivery.

Interviewed KIIs noted that the guidelines are helping the education ministries in the respective states to work effectively and have clear direction on implementation of education policies. The tutors interviewed noted that a conflict of interest and adoption of the policies in private schools was a key challenge to the implementation of the policies. Furthermore, teachers are also facing challenges in the implementation of teaching methods. While the traditional curriculum in Somalia is output-oriented, the teaching methods conveyed by the tutors were seen to emphasize complex learning outcomes. This can be attributed to the incompatible nature of the advanced methods of education the experts were coming from compared to that of Somalia, which is more of banking concept of education.<sup>29</sup>

*“Communication was a challenge; it is not easy to supervise the implementation of the concepts conveyed by the tutor. Lack of teaching aid materials is another problem. The trainer delivered modern lessons and the teachers were active but implementation of those concepts requires innovative ways of doing things.” – Local expert*

Interviews with University of Helsinki representatives indicated that the cooperation with SNU is centered on curriculum development. The partnership focuses on reviewing and reinforcing eight different courses and the overall framework of SNU teacher education.<sup>30</sup> The support provided includes syllabus development, professional training workshops and individual groups guidance on the different subjects taught. The trainings and exchange provided SNU staff platform of discussion on the core ideas of teaching, their values in the work, objectives they want to reach in their work, professionally and personally in their career. SNU staff also attended two weeks workshop facilitated by Helsinki University in February and June 2020. The

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<sup>29</sup> The banking model of education is an approach that sees students as containers into which knowledge is deposited by teachers

<sup>30</sup> The main subjects are Maths, English language, Biology, Chemistry, History and Social Sciences and teaching practice.

idea was to have one week training and then after a couple of weeks, the second slot to maintain the process, but because of COVID the timing was changed taking into consideration the Ramadan season in Somalia and the summer holiday in the north. This was not only technical, but also practical, given the fact that some of the SNU staff work part-time. The training was supposed to take place in Helsinki, but it was conducted online due to the COVID restrictions. A total of 22 SNU participants attended the online workshop. The respondents from University of Helsinki noted there was significant achievement in terms of syllabus revision and documentation of guidelines. The SNU staff improved their skills in teaching practice of the different subjects. Nevertheless teaching practice was smaller aspect and adapting to the tradition of how the school works was challenging part of the teacher education programme. The SNU staff interviewed on their part noted the partnership has increased the technical capacity of the university staff in terms of communications, archiving, teaching practice and quality assistance processes.

### OUTPUT 2.2: INTER-REGIONAL COORDINATION AMONG EDUCATION INSTITUTIONS AND STAFF IS ENHANCED.

The findings suggest only a few people attended inter-regional trainings. In the project quarterly reports, only the training on education management in emergency setting for education sector was the accomplished inter-regional activity until February 2021. This was mostly attributed to the COVID-19 pandemic, during 2020, as this was planned to take place around this time.<sup>31</sup> It was not clear if other trainings were conducted during the subsequent quarters. Overall, 42% of the survey respondents mentioned they attended the inter-regional trainings implemented by the MIDA project in the last 3 years with over a half (58%) coming from Mogadishu as compared to other locations.

Out of those who had received inter-regional training, 76% of the survey respondents reported that the new skills / capacity they acquired in strengthening the coordination and networking at the inter-regional level was very useful with only 24% reported slightly useful. In Kismayo, three FGD participants stated they attended inter-regional training in Mogadishu. The participants mentioned that the training promoted interaction among people from different regions in Somalia, but there was no mention of how this benefited them at professional level. Respondents from a number of institutions such as Somali Academy of Arts and Sciences and Somali National Library mentioned that they did not attend any inter-regional training. Overall, the main reasons for not participating in the inter-regional trainings (planned by IOM) was due to the fact that IOM did not organise many, other than the one mentioned hence there weren't many inter-regional trainings to participate in the education sector. Other reasons provided include lack of coordination and financial constraints, hindering participation in these inter-regional trainings.

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<sup>31</sup> MIDA Interim Project Report Sept 2020-Feb 2021

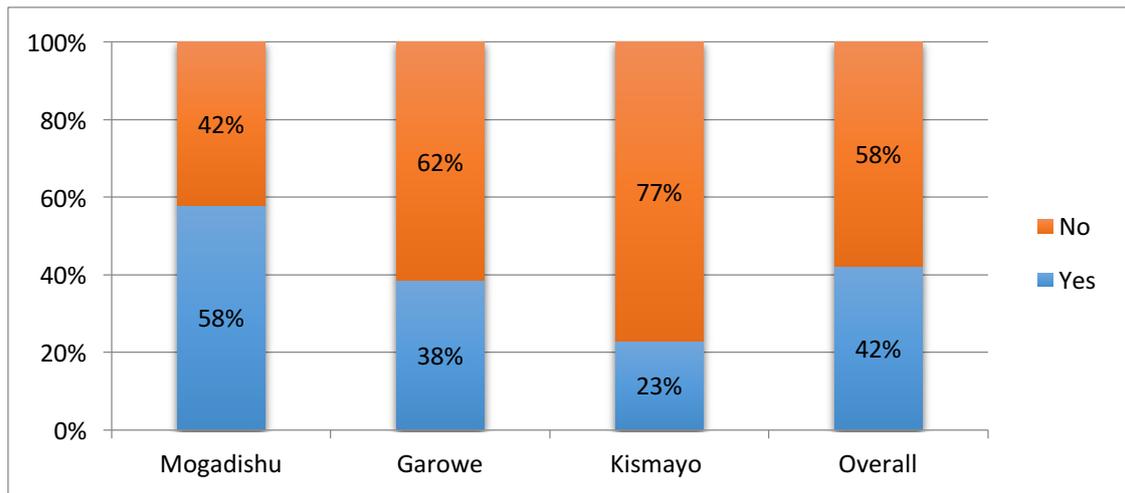


Figure 3: Number of respondents who attended inter-regional trainings (n=45)

OUTCOME 3: SKILLS TRANSFER AND CAPACITY BUILDING IS ENHANCED TOWARDS LONG-TERM AND SUSTAINABLE DEVELOPMENT OF THE HEALTH AND EDUCATION SECTORS.

OUTPUT 3.1: CONTRACTED DIASPORA EXPERTS CAPACITY TO TRANSFER HEALTH AND EDUCATION-RELATED SKILLS AND COMPETENCIES IS ENHANCED.

In September 2019 - Aug 2021 period, the MIDA project conducted numerous structured trainings, reaching 3,030 education and health staff, out of which 60 per cent were women. There were a few additional trainings covered after this period.

Diaspora experts have been instrumental in capacity strengthening of the education sector, by developing quality education policies and services towards long term and sustainable development. The experts have been able to do this through skills and knowledge transfer. It was noted that the diaspora experts have attended Training of Facilitators (TOF) to support various institutions' in-house or on-the-job training. Somali Diasporas participation in the project was driven by the need to contribute to the betterment, development and growth of their country of origin. It must be recognised that, depending on their contributions, diaspora can play an outstanding role in national development, by fostering innovation and capacity building.

*“And I also think that it is generally a good feeling to give back as it is rewarding. I can myself relate to this, as a diaspora myself who lived in Somalia for sometime and wanted to return. However, not everyone is willing to drop everything they have going on for them in whatever country they reside in or grew up and make the decision to work in Somalia, with all the challenges attached to it, especially for female participants that have families (and those without), while facing discrimination at times.” – Project Officer, MIDA*

### *Health Sector*

It was generally agreed that the experts that have acquired skills and knowledge from abroad would be useful to their country and people in different ways. In De Martino Hospital, KIs emphasised that diaspora experts provided a range of support to the hospital that includes: facilitation of knowledge and skills transfer through capacity building on hospital management, development of human resource policies, strategic management, trained board of trustees, setting up job description and responsibilities for each staff member and setting up of patient pathway. With these capacity and skills transfer in place, the hospital has the ability to sustain and continue service delivery in the long run. Interviews with diaspora experts noted that the De Martino hospital staff would need supervision and experts to consult on issues beyond their scope, especially in cases of complications, and hence require more training and exposure, remunerations and practical equipment.

Interviews with staff at Kismayo General Hospital stressed the important contributions of diaspora experts to the medical practice and skills transfer. Diaspora experts performed a number of surgical feats, including hydrocephalus operations<sup>32</sup>, despite the inadequate equipment. One diaspora doctor who worked in the facility performed 19 successful hydrocephalus surgeries in infants and children. It was noted that the doctor was able to source for vital equipment, through his network while performing these operations. The different hospitals covered in the study mentioned the significant diaspora experts played in treatment of conditions, and transferring the same skills mostly through on-the-job training. Besides the lack of equipment, the hospital management also mentioned most local experts and interns are not paid salaries and it is therefore extremely difficult to maintain them and continuously build their skills.

The donor respondents interviewed indicated the project helped the diaspora experts themselves in honing their skills, and became better trainers themselves. In most hospitals, the contracted experts were complimented for their role in reducing maternal and child mortality. It is however hard to quantify this on how a single practitioner can reduce mortality in a given facility. Finland Somalia Association (FSA) representatives noted their approach was to assist the local staff, both on-site and remotely. Most diaspora experts interviewed confidently reported the staff they trained were able to perform their duties, while implementing the skills learnt from the trainings. Successes related to these trainings was that the trainees are now able to make their own notes, write proper history of patients, conduct supervisions and ward rounds, they have the ability to prescribe the appropriate nutrition supplements, perform resuscitation and conduct case management. They are able to provide basic life support and advanced trauma life support for patients in incubation, and have good concept of admission criteria and discharge procedures.

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<sup>32</sup> Hydrocephalus is the buildup of fluid in the cavities (ventricles) deep within the brain. The excess fluid increases the size of the ventricles and puts pressure on the brain (Mayo Clinic) Available at <https://www.mayoclinic.org/diseases-conditions/hydrocephalus/symptoms-causes/syc-20373604>

## *Education Sector*

Majority (93%) of the survey respondents responded receiving training (informal or formal) from any of the diaspora expert working in their institution. Majority (93%) of the participants rated the quality of the training received from the diaspora experts as very helpful. Likewise, 7% rated the quality of the training as somewhat helpful

In October 2020 MIDA trained a total of 12 diaspora experts (2 females and 10 males) for four days; five of the participants represented the FGS institutions, three from Puntland state, two from Jubaland state, one from Southwest state and one from Galmudug. The purpose of the training was to ensure that the knowledge and skills transferred to the host institutions by the MIDA experts are effectively and pedagogically facilitated. The purpose of this training component is to ensure that the knowledge and skills transferred to the host institutions by the MIDA experts are effectively and pedagogically facilitated.<sup>33</sup> During the focus group discussions, some participants noted that the diaspora engagement has equipped them with tools on how to develop Learning Needs Assessment (LNA), thereby aiding them in identifying the gaps to reaching their desired outcomes. In addition, some FGD respondents stated the knowledge transfer has improved the quality of tasks performed and quality of teachers as well who were able to help other teachers in their respective schools deliver.

A key challenge that was seen as a detriment to skills transfer was the mass movement of human resource. Respondents from the state ministries of Education indicated there are retention challenges and those trained will look for better opportunities once they feel that they have acquired the requisite skills. In the baseline, this was also reported in Banadir region.<sup>34</sup> Some of the trainees moved to different levels of organisations such as the humanitarian agencies or the government. In addition, FGD respondents expressed concern on the allocated period of experts' engagement, terming it as short and difficult to absorb many skills at such limited time. It was generally recommended that the number of experts attached to the institutions should be increased as well as the period of attachment – a minimum of two to three years. Across the different states, teacher retention was reported as a common challenge as the institutions lack the resources to maintain to pay interns and teachers. It was suggested that incentives for teachers and interns would help in ensuring the retention of personnel.

*“ We have trained 5 to 6 persons and there is only one person at the ministry now and the rest have left. If these people can be sustained, managed and motivated I think it can improve a lot. We have been affected by mass movement of staff, looking for greener pastures.” –Diaspora Expert*

*OUTPUT 3.2: SOMALI LOCAL PROFESSIONALS AND HIGHLY SKILLED YOUTH HAVE ENHANCED COMPETENCIES AND KNOWLEDGE TO EFFECTIVELY WORK WITHIN PUBLIC SECTORS HEALTH AND EDUCATION INSTITUTIONS IN SOMALIA.*

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<sup>33</sup> MIDA Interim Report Sept 2020-Feb 2021

<sup>34</sup> MIDA FINNSOM Project Phase Baseline Report, page 33

The project recruited interns and local experts to support the health and education sectors, with a focus on enhancing sustainability. The project recruited a total of 25 local experts (22 male and 3 female) including 3 coordinators, as well as a total of 56 interns were recruited (37 male and 19 female).

### *Health Sector*

Qualitative findings indicate the interns and local experts recruited in the health sector conducted trainings on midwifery and maternal healthcare. It was affirmed that the project was able to improve the technical and policy capacity of the local experts and interns through training on-the-job training, although the duration was limited. A key challenge in enhancing the skills was that local experts and diaspora experts were not recruited at the same time and this means there was no sufficient time to train them. Nevertheless, the findings indicate the trained junior doctors and nurses are now able to conduct proper patient management, carry out deliveries and neonatal care. In addition, they have capacity manage COVID-19 cases not forgetting the skills they acquired in neonatal resuscitation and disinfection. Another important aspect of the progress is improvement in time management skills, a quality that was lacking in interns and local experts. This was crucial in provision of better maternal and child health services on time, the staff at the various were reported able to follow a strategic work plan on service delivery for both maternal and child health services and maintained a good grasp of maternal and child health statistics.

FGDs with interns revealed that they have been able to support the development of policies and guidelines including institutional assessments and midwives trainings. In De Martini Hospital, experts interviewed noted that the levels of discipline among the local staff have increased, they were able to make their own schedule, consequently reducing absenteeism and enhancing loyalty. In Bay General Hospital, the staff demonstrated good uptake on the skills gained as result of the on-the-job trainings focusing on patient care, mental health diagnosis, treatment of infectious diseases, protection from transmission of infections, and reducing pre/post-operation complications. Interviews with staff at Adado and Beletweyne hospitals pointed out that diaspora experts conducted online training but it's the local doctors who are playing the key role of training other local health personnel and interns.

The medical interns noted the hospitals lacked skilled birth attendants and midwives for the past three years, but now there are improvement due to the transfer of skills. In addition, they indicated there was limited knowledge of maternal health polices and guidelines, but this improved as result of the diaspora experts' mentorship. The facilities now have well developed maternal policies and guidelines and trainees. The interns reported there were some challenges encountered, including lack of incentives for transportation and inadequate time for the trainings.

### *Education Sector*

The education interns on the other hand explained that the project has provided them on-the job trainings and capacity building. They indicated they benefited the institutions in terms of the e-filing system, which are now up-to-date. The interns also employed their acquired skills in

supporting the development of policies and guidelines, including those related to national examinations, school inspections and teacher trainings. In addition, the interns are now familiar with ways of developing and preparing schemes of work in the schools for the trained teachers, thereby enhancing quality delivery of the tasks assigned to them. Some interns noted the trainings and coaching gave them problem solving, adaptability and time management skills. Both the education and health interns confirmed that the project has increased their probability of landing fulltime or part-time employment. There was also consensus that internship helped them gain skills that was not possible to be acquired in the universities or colleges. Nevertheless, the COVID-19 pandemic, the short duration of the project and the inadequate number of trainers were some of the challenges related to the implementation of their skills.

The local experts in the education sector supported development of several policies and guidelines. A number of local experts supporting schools indicated they are greatly contributing to education sector strategic plan. The chairman of Somali Academy of Science and Arts (SOMASA) noted the major contribution by the experts and interns was the capacity buildings for the staff, proposals writing for the organization and translation of important documents such the 'founding law' policy document. Furthermore, the advisor provided daily trainings to the two interns attached to him by supporting him in the daily tasks. The Somali National Library local staffs are contributing to library systems, catalogue, filling systems, ability to retrieve information and books from archives. They can plan and understand library systems, catalogue, filling systems, ability to retrieve information and books from archives.

Despite the achievement reported, local experts and interns have expressed challenges in relation to limited resources and the duration of the assignments, but have also raised the limited allowance provided, particularly the interns. They have also raised concerns on not being able to be retained within the host institution after the end of their assignment due to lack of compensation, despite the fact that the institution would like to keep them to continue their work and services. This is similar across both education and health sectors. However, a key challenge to enhancing sustainability in knowledge transfer is the duration of the contracts of local experts, which is even shorter than that of diaspora experts. A lot of time passes before local experts are recruited since its diaspora experts who recruit the local experts. This limits the interaction between the local professional and the diaspora.

*"For internships is understandable for it to run six months but local experts need up to two years contract. The diaspora and local experts work for 10 months, that doesn't seem like adequate time to build reasonable capacity, to ensure continuity of the capacity building that will have undertaken. If the financial resources will be availed, I think by the time the project ends there will be reasonable capacity and continuity." –Technical Advisor*

### **3.3.2 Gender mainstreaming**

There were challenges in ensuring there as many females as male in the project. This was attributed to difficulties in attracting and recruiting female experts, and many Somali diaspora professionals hesitate to work in Somalia due to the various existing challenges. It was also

attributed to the nature of the programme, which requires female experts to travel to Somalia . There were significantly more men recruited in the project than women. One of the key programme priority areas was maternal and child health, which itself has a very strong gender focus. However, the recruitment exercise did not go according to the plan. The project has put in place strategies that include prioritizing female applicants for all MIDA positions, ensuring that issues, requirements, concerns raised by female participants are addressed and supported e.g. longer R&Rs and leaves and supporting their travel for their dependents. The project held a meeting in April 2021 with the female diaspora experts to understand their experiences more, to further improve support to female participants in the project and future projects. During the first phase of the project, psychosocial support was provided to interested participants, with a particular focus on female participants.

Based on the interviews, a number of questions were posed to female experts from the diaspora on what they think are the barriers to increased participation among women. Reasons provided include: responsibility at family level, which makes it difficult for a woman to leave the family abroad and go to Somalia for a period of 12 months or more. In the opinion of the project team there were difficulties in receiving a large number of qualified female applicants for the MIDA positions, as many are hesitant in living and working in Somalia, or fear of being discriminated/treated differently. The project looked on how women with dependents can be accommodated and if they will be able to travel with a child and live with the child in Somalia for the duration of contract. Some of the incentives to encourage female participation included, paying the flight ticket, providing health insurance to children and contributing some allowance to childcare towards education in Somalia. Among the female respondents who shared the challenges they face in their work, the most cited issues were the working hours, which required them to work over night for those in the health sector and they do not feel safe doing so.

Secondly, in terms of working arrangement, the project proposed paying attention to how they were integrating in the institution and some of their concerns like the sitting arrangements in the office were taken into consideration. Another approach was to pay special attention to applications from women during recruitment and ensured they were selected if they met the qualifications and experience. The project is also considering using the outreach programmes to attract women that are newly graduates. The women have expressed needs for more support for office space, support to dependents travel, health insurance, extended or added R&R and leaves, more meetings and monitoring of their work environment etc. Some these suggestions would therefore be important to discuss with the project key stakeholders to decide on the way forward in effort to improve this. Furthermore, more outreach events, especially targeting women should take place.

*“If women met the qualifications, we gravitated towards the recruitment of the female candidate, if the qualifications match with those of the male counterpart.”- Project Team*

Based on the analysis of the project data, the target of number of female MIDA diaspora participants achieved currently stands at about 30%. This not a large representation and the project needs to put in place more strategies to ensure women inclusion. More needs to be done in terms of outreach to female applicants, but also in ensuring that it is attractive to them and supporting them to meet their needs and priorities. In terms of the strategies of incorporating a more attractive package for female participants in particular, this is mainly due to budgetary constraints, and should be taken into account moving forward. Nevertheless, the participation of female staff in the institutional trainings was good, with 38% of the health sector respondents in the survey describing the overall participation in trainings of female staff members as excellent with 52% describing it as good and 10% as fair. In the education sector, 31% of the respondents described the overall participation in trainings of female staff members as excellent with 49% describing it as good and 20% as fair.

### *3.3.3 Coordination*

The project established an advisory board that had memberships from all the FMS, MoHHS, MoECHE, IOM and the Ministry of Foreign Affairs (MFA) Finland as the donor. The findings point out that the relationship between state ministries and Federal Ministries of Health and Education has been generally stable. However, limited cooperation between the federal government and some federal member states at the inception phase led to delays in recruitments of experts and meetings. The delayed elections in Somalia have affected the decision-making process. Besides the advisory board meetings, IOM conducted regular visits and joint monitoring missions together with the Finnish Embassy in Nairobi to the different areas and institutions targeted by the projects where the institutions get the opportunity to speak about the project and express any challenges. Majority of the respondents identified a visit in July 2021 by the IOM and Embassy team to Kismayo to gain more insights on how the project implementation was progressing and obtain feedback from the health and education ministries on their diaspora experts progress on knowledge transfer.

The project implementation and decision-making procedures have improved immensely from the first phase of the project. During the first phase, there were regular communication with government counterparts and meetings held, including monitoring missions. However, during the second phase of the project; a structured architecture for implementation, ownership and decision-making among the key project stakeholders was initiated, which was also based on evaluation recommendations from the first phase. As a result, the project has become more coordinated amongst its partners, and it has helped decisions to be set more easily and speedily, consequently leading to more effective implementation and cooperation overall.

One key aspect of the government's ownership was the identification of the institutions that should be supported by the project. The project recognized government ministries are the ones in tune with the institutional gaps. The government institutions independently developed the terms of reference for the calibre of personnel they need. The project's role was to advertise, conduct the recruitment process and select a candidate that meets the minimum requirements and qualifications specified by the institution. Procedurally, the government

takes control after the recruitment is completed, conducting the day-to-day supervision of the hired expert and approving their reports.

The findings suggest that the project implementation immensely improved from the first phase of the project. While there was regular communication with government counterparts and meetings, including monitoring missions in the first phase, the second phase of the project involved a structured architecture for implementation, ownership and decision-making among the key project stakeholders. The project conducted evaluations in each phase, which advised the changes in the second phase. Consequently, the project has become more coordinated amongst its partners, and it has helped decisions to be set more easily and faster, thereby leading to more effective implementation and partnership overall. The advisory board meetings and other regular meetings/communications with project stakeholders to make important decisions, sort out issues and address project matters such as reprogramming due to COVID-19, project budget and assignment extensions was seen as an important aspect of coordination that accelerated achievement of project objectives.

Correspondingly, respondents from the different institutions interviewed lamented on their lack of engagement citing that the project has strongly focused on the federal level ministries in the design and planning stages. Nonetheless, KIs with institution heads reported on the participatory approach used and acknowledged their involvement in the implementation stages of the project through recruitment of the national experts, interns and implementation of the project activities. The inclusive implementation of on-the-job trainings, workshops, regional trainings, databases and guideline development received through the project created a sense of ownership within the key institutions. FGDs with the ministry teams reported the project was timely, provided vital support and indicated their satisfaction with the engagement, stating the close coordination with experts has equipped them with skills despite short stints of engagement, improved their capacity and enabled them to attend to their duties. Besides, the Ministry of Education officials in Puntland raised concerns on the lack of complete engagement in project period as they reported implementing the project for only a year with the rest of other implementing partners being engaged for almost 3 years.

### *3.3.4 Programme Challenges*

During the project implementation, a number of challenges were experienced. Insecurity, the COVID-19 pandemic, political instability and fluidity, including the delayed election, limited financial resources (including equipment and tools), limited capacity/know-how (human resources), limited female participants (gender imbalance), poorly executed exit strategies and limited finances of government/public institutions to retain local experts, consequently risking the sustainability of the project were some of the main challenges identified by the respondents that hindered the achievement of the project objectives.

1. **COVID-19:** The pandemic caused limitations in the work of MIDA participants as well as limited project monitoring of IOM. In terms of the COVID pandemic, the project engaged its doctors, who tirelessly supported the Ministry of Health in terms of

- strategic plan for the prevention and control of COVID-19, participating in meetings and committees the government formed. While these limited the project focus, the doctors were able to support the infection control and prevention measures, which were the focus at the time. The project technical working groups, for instance, were not able to meet as we had planned due to pandemic, but there were other effective ways to ensure continuity.
2. **Political challenges:** The political situation in Somalia was fluid in the last one year, especially due to the delayed elections. This was exacerbated by the affected the limited cooperation between the federal government and some federal member states, thus leading to delays in recruitments of experts and meetings. The different stakeholders reported these challenges. However, ministry representatives pointed out that several intergovernmental conferences were conducted led by the MoECHE for instance, where MoU has been signed and two communiqués in 2018 and 2019, and a final one in 2021 to address the coordination challenges.
  3. **Insecurity:** The security situation in many parts of the southern regions of Somalia as well as the COVID-19 pandemic has put a strain on their work and movements. In addition, the main challenge expressed, is the difficulty in ensuring a smooth exit strategy to avoid creating gaps in their work for services to be sustained and progress of work to continue. Diaspora experts raised concerns on the access to roads leading to their workplace, which are in some areas were blocked for checkups. Further, Somali National Library is situated in security area hence meeting of the public and other service seekers is limited due to high number of check points.
  4. **Length of assignments:** Local experts and interns expressed similar concerns in relation to limited resources and the duration of the assignments, but have also raised the limited allowance provided, particularly the interns. They have also raised concerns on not being able to be retained within the host institution after the end of their assignment due to not being compensated financially (not paid salaries), despite the fact that the institution would like to keep them to continue their work and services. In addition, experts attached to the national library had concerns on the low payments in comparison to the other experts attached to other institutions. However, the host institutions have expressed the need for continued capacity building support through this project to help strengthen the work of their institutions, and often request extensions of the assignments of the MIDA participants as they also consider the assignments quite short. *“There are request that keep piling up coming from government counterpart. It’s based on the needs they are encountering.”- Project Team*
  5. **Lack of equipment and infrastructure:** The host institutions have also expressed support with technical materials and equipment such as medical supplies, educational material and office space. They are also well aware of their own limitations in regard to financial resources and therefore are keen on having sustained support to avoid gaps and continue the progress implemented. The different hospitals covered highlighted several challenges hampering service delivery. These include lack of proper equipment such as scan machines, surgical equipment, ultra sound machines, MRI and X-Ray and inadequate central line. Some of the needs expressed, in fact, may perhaps be beyond

the scope of the project. Kismayo Hospital staff, for instance, requested for deployment of an orthopedic surgeon, ER doctor and an additional obstetric gynecologist. There were also challenges related to lack of training facilities expressed by the interns and local experts in the health sector. Some of the obstacles related to the training and support experienced by the survey respondents included: the duration of the training / support was very short (72%), lack of appropriate facilities, space and equipment (60%), training / information was too basic (60%), the respondents had busy schedules (46%), little support from diaspora expert (20%) and training / information was too advanced (18%). On the other hand, some of the obstacles related to the training and support experienced by the education sector respondents included: the duration of the training / support was very short (67%), the respondents had busy schedules (58%), training / information was too advanced (51%), lack of appropriate facilities, space and equipment (13%), training / information was too basic (11%) and little support from diaspora expert (9%).

### 3.4 Efficiency

**Efficiency measured the extent to which the intervention delivered the results in an economy and timely way, the cost-efficiency of the intervention and how well the funding was used.**

The MIDA FINNSOM Health and Education Phase II project, funded by MFA Finland, to the tune of 5.4 million Euros, is a flagship MIDA project and stands out as one the larger projects implemented by IOM in Somalia. A substantial portion of the investment was allocated to operational costs. During the COVID1-9 pandemic, the project saved on the costs of travel, insurance and holding in-person meetings. Consequently, the project was flexible enough to re-allocate the savings to the key targets in consultation with the donor. The surplus funds were thus used for extension of diaspora experts' contracts, training of the local experts and supporting hospitals and educational institutions. The lack of vital equipment in hospitals and teaching materials in schools was a key challenge, which the project could not address since it was outside its scope. Overall, the project was implemented with a good degree of efficiency, by adhering to the work-plan and allocated budget thus ensured timely delivery of activities and coordination. Diaspora health experts acknowledged the project's mode of delivery was efficient; especially the manner the trainings were conducted bringing health care workers in one location for the regional trainings.

The respondents noted the project was able to deliver the task assigned at the targeted institutions. The respondents further noted the experts and the interns completed their period of attachments at their institutions of posting. The experts at the MOH reported challenges of COVID-19, interrupting some trainings at the regional states. The trainings were later conducted through virtual space.

The length of assignments has improved from the first phase to the second, but could improve further in having 18 months minimum up to 24 months, to maximize the benefits of the support from the MIDA participants. The project also ensured the contracts for experts last 12-18 months, higher than the previous phase, which were less than 12 months. While also

ensuring that there is a proper exit strategy in place for when each MIDA expert leaves the host institution to continue the progress and avoid gaps of services and not losing out on what has already been achieved. Majority of the host institutions raised concerns on the duration of the contracts, noting the experts and the interns require time to adapt to the working environment. The grace period is not reflected in the period of attachment, hence reducing the time of engagements with their assigned duties. Further, there were challenges of hiring professional mental health experts to compliment mother and child health at the supported institutions. Respondents at the Somali Academy of Science and Arts affirmed the length of the assignment for the experts and number of experts attached at the institution was not sufficient. One of the experts quipped, *“A short-term contract kills the long-term impacts of the project.”*

The project has a fair share of host institutions and it was seen as a good concept to focus on the key line ministries, public institutions such as national universities/library and academic institution, and main referral/regional hospitals. It was observed that, if more institutions are included, the project might spread itself too thin. The only exceptions noted would be allocating full-time support/presence of MIDA experts in Hirshabelle and Galmudug states and considering other national universities (branches) in the other states.

In Hirshabelle and Galmudug, the project allocated funding to the health and education sectors despite IOM's limited presence in the two states due to lack of a field office and difficulties monitoring the field activities due to the security challenges. The project also invested in a broader cooperation with implementing partners such as FSA to ensure value for money to reach remote areas such as Afamdow in Lower Juba region. Nevertheless, it was noted that the geographical allocation was unequal and should be broadened to ensure similar support to Hirshabelle and Galmudug federal member states, as with the other member states, to ensure that all states are supported. Respondents noted there should also be a more “equal” distribution/allocation of positions, to a larger extent than it is currently. FGD with MoECHE Puntland respondents noted the geographical coverage of the project is still limited to the key institutions targeted. The teams stated the limited efficiency of the project incapacitating the implementation of the planned regional trainings to the teachers and regional and district education officers across 9 regions in the state. Due to the limited timelines and limited geographical coverage, only 3 trainings have been feasible. The projects' intention to address the gaps in education service delivery is yet to be achieved according to the director general. The respondents attested to the limited project timeframe as a key factor contributing to the limited efficiency of the project. Related to this are the working hours and productivity of the experts, local professionals and interns, which were not adequate or at times, the long working hours affected productivity. The COVID-19 on the other hand, affected productivity, as many of the staff were not able to work, had limited movements to their work place and deliver the required services. In addition, some tested positive for the virus and developed health complications as result, affecting their ability to work. This even affected the evaluation as some of the health workers that were supposed to be interviewed contracted the virus.

Substantial progresses in skills transfer and policy development through the experts have been witnessed, however, institutional capacity gaps still exist. The DGs explained the capacities of ministry field teams is still limited posing difficulties in completing new measures adopted to improve quality of education such as monitoring and evaluations and performance management.

A key factor affecting the efficiency of the project are the financial resources since the project's scope in terms of numbers was also low and it was based on the resources allocated i.e. financial, training resources, venues, materials, vital tools and equipment for medical and educational use, and as well as office facilities and supplies. The resources were not quite adequate to support the needs in the institutions as stated by the government beneficiaries. The re-allocation of funds towards retention of diaspora experts and support to institutions due to the savings made during the COVID period is an indicator of the project's ability to have a wider impact as result of increased funding. Interviews with education diaspora experts revealed the financial allocation for training activities was minimal and need scaling up of number of training and durations, even though the project has been efficient in terms of policies developed and on-job-trainings conducted. The majority of the KII respondents from health and education sectors reported that the various host institutions have partially utilized the few available resources to deliver the intended project objective. In addition, some professionals, especially the local experts and interns that completed their contracts previously continued to provide the services in these institutions.

The line institutions involvement in the implementation processes has contributed to the successful implementation of planned activities, however, the lack of involvement in the design and planning stages of the project was highlighted as a major oversight by Puntland ministries and the regional hospital. Nonetheless, the ministry teams reported the relevance of project activities has greatly impacted and influenced their participation as implementing institutions. The key factors hindering the project's efficiency included limited project timelines affecting the diaspora experts' contracts and lack of clear responsibilities. The ministry of education, Puntland expressed frustration on the bureaucratic procedures from IOM and the lack of clear definition of responsibilities in implementing the planned regional trainings, noting the involvement of IOM staff in delivering the trainings and handling all associated expenses directly. They noted the lack of trust in the ministry to facilitate the activities limits ownership and affects the efficiency of the intended outcomes.

### **3.5 Impact**

Overall, the project has made significant impact and there is quite tangible progress to report. The development of policies, frameworks and guidelines for the institutions and government ministries was a tremendous achievement since this will be there in the lifetime of the institutions. There are numerous important health and education policies that have been developed e.g., National Medicine Regulatory Authority (NMRA) Bill, National Health Professionals Act, COVID-19 Response Plan as well as COVID-19 Management Guidelines, several guidelines and strategies on communicable diseases, Education Act for some regions, academic guides, teachers code of conducts, school checklists and guidelines and professional

teacher education course syllabi among others. Moreover, in the education sector, the project has supported the establishment of the national education commission, the Jubaland Teacher Training Centre, Puntland education conference and numerous curriculums at both national and regional level, and at university, secondary, primary level. Additionally, project supported the line institutions in reviewing their policies and sectorial strategies and aligning them with ESSP, HSSP and NDP-9.

The changes brought by the project have improved the quality of services delivered to the beneficiaries. The MIDA participants interviewed stated the project has increased accessibility of healthcare services both in towns and target rural areas. The beneficiaries received a number of healthcare services including surgeries, maternal and child health services, and mental health support. In the education sector, improvement in the quality of teaching was seen as a key bequest of the project, thereby enhancing quality of learners.

Based on the findings, series of positive impacts have been achieved across the institutions. The skills and expertise transfer has increased levels of awareness and capacity of the local staffs enhancing the adaptive capacity of the institutions in addressing gaps and challenges.

*“Based on the feedback we got from stakeholders and yearly annual review that we do; we can really tell there has been an impact both at the ministry of health and the ministry of education. The stakeholders have found the programme supportive of health and education sectors.” – Embassy of Finland*

Although some of the long-term impacts of the project cannot be fully assessed yet, the study findings revealed improved capacity of the institutions and skills of human resources aiding better delivery of quality services to the target populations. The project has also inadvertently supported the continued capacity development of the local institutions. Some of the diaspora experts have chosen to stay after the end of their contracts. Despite the notable progress, it is not easy to measure the impact or changes individuals can bring to an institution and due to lack of retention policy. Payment of salaries also becomes a challenge once the programme is over and it’s difficult to ensure continuous and long-term skills transfer.

### Health Sector

The project has contributed to life-saving health care services for mothers, children, infants and the communities general, and improved the skills and know-how of health professionals to be able to better perform their work and provided services more adequately and with better quality. Partnerships with FSA are expected to continue into the future, not forgetting other partners contributing to health outcomes in impressive ways. The diaspora experts in the health sector identified the trainings and treatment procedures will have a lasting impact in the institution. Across the hospitals, the overall staff capacities have improved positively, which will have a long-term impact on service delivery in the hospital. This has made significant differences in terms of patient enrollment and an increase in the number of patients seeking services has been realised due to the improved service delivery brought about by increased staff with capacity and skills to attend to their medical needs.

Interview with Garowe Regional Hospital staff indicated improvement in the service delivery at the hospital, contributing to reduction of maternal and child mortality rates. The diaspora experts' trainings on mental health has also witnessed increased uptake of mental health services at the hospital, following increased counseling sessions delivered by the trained staff. FGDs with the hospital staff revealed the project has successfully contributed to addressing skills and professionals' gaps at the hospital. Besides, the respondents added the skills gained have enhanced their work ethics and professionalism contributing to achievement of intended results.

The project's support in terms of placing a paediatrician at the Newborn Intensive Care Unit (NICU) at Banadir Hospital strengthened the position of the institution in the society as a key player in quality health care provision. The institution has become number one mother and child referral hospital in Mogadishu.

The DG Ministry of Health, FGS noted the project has brought a number of key changes to the ministry of health, both federal government and federal member states. The notable changes identified include:

- Establishment of HMIS system. The system enables the ministry to gather and manage national health data. The data enables the ministry to formulate policies, guidelines and resource allocation.
- Integration of national nutrition indicators into the DHIS2 system. The expert was able to summarize the national nutrition indicators and integrate it into the DHIS2 system in coordination with the directors.
- Establishment of resource mobilization tool. The expert has established a resource mobilisation tool for the ministry. The tool enables the ministry to identify sectoral and service delivery gaps and then mobilise resources with the help of the supporting partners.
- Skills transfer to the health junior staff at the health institutions. The junior staff were able to learn and acquire skills from the experts. The staff were able to implement the skills acquired from the experts in their daily task, this has impacted their performance.

### Education Sector

When the contract lapses, some education experts are willing to continue supporting the institution in different directions as well as impart the skills. The University of Helsinki respondents noted the areas such as courses collaboration, discussing different aspects of the implementation of the courses in relation to teaching and the learning as well as the assessment aspect is likely to continue. When it comes to teacher education programmes, it is something that will remain as it relates to documentation of the process and writing down values, aims, methods and assessment procedures among others (syllabus) and it will remain even if the staff members were to change. The respondents saw it as a game-changer and powerful tool for making changes.

According to Somali National Library staff, the library has generally been set up and systems and guidelines are developed with staffs capable of delivering quality service in place. The respondents acknowledged improved overall capacity to deliver their duties. KII with diaspora experts stressed the project has positively impacted service delivery in the institutions.

The project supported the institutions in identifying gaps in service delivery and offered appropriate interventions to mitigate them, significantly improving their capacity and resiliency. This was attested to by the improved service delivery at the Ministry of Education. FGD respondents reported their satisfaction with progresses and improvement in the quality of education services -, examination and curriculum revision, performance assessments and M&E activities achieved through the project. With the support from the diaspora experts, this has significantly stimulated the quality control of the education services delivered according to the respondents.

### 3.6 Sustainability

The skills and knowledge acquired and developed policies, which are the core areas that the project supports are likely continue to benefit the beneficiaries beyond the project period. The policies, training materials, guidelines and teaching practices have been properly imparted and transferred to host institutions staff and should be possible to replicate without project assistance, as they have been of good quality and reviewed jointly by both the local and diaspora experts. In some cases however, the guidelines developed by the diaspora experts were found to conflict with the local ones and this calls for broader ownership of the policies and procedure developed by the experts to ensure operationalization of the same at the end of the of their engagement. The inclusion and recruitment of local professionals and interns with the objective that they are able to be retained and continue to support the institutions beyond their assignments or project period, is a key feature of MIDA project's sustainability. 13% of the interns and local experts surveyed by the project have stated they have been retained successfully in their institutions (employed) while a large number of local experts and interns are still working at the host institutions, but currently without compensation (voluntarily). Another encouraging aspect is ensuring that the diaspora experts are able to conduct proper handovers, ensure there are exit strategies and train staff to continue the work. Although a few diaspora experts have also pledged to stay behind and serve the respective institutions, the project needs in a resource mobilization blueprint that will cover the local experts and those taking over from the diaspora experts.

The key pillar the project greatly enhanced is the capacity building intervention. Local professionals have been able to gain new skills from the diaspora experts who have exposure to better technology in the countries where they work and studied universities in much developed level, compared to universities in Somalia. The experience of diaspora experts working abroad will be helpful and for the local staff, imbibing these skills, which include practical demonstrations, will be a good sustainability model to ensure there will be continuity into the future.

All (100%) of the survey respondents reported that the diaspora experts in their institution are viewed positively by the staff. In the qualitative findings, the FGD respondents noted the diaspora experts have played a key in knowledge transfer at the institutions despite frequent concerns raised that the limited timeline of engagement was affecting effective skills transfer. However, a key challenge to enhancing sustainability in knowledge transfer is the duration of the contracts of local experts, which is even shorter than that of diaspora experts. A lot of time passes before local experts are recruited since its diaspora experts who recruit the local experts. This limits the interaction between the local professional and the diaspora. Another obstacle related to this is that the project is not currently able to retain local professionals and interns back up to continue capacity building support on their own - without the project support, both technically (human resources), but also in terms of financial support, this is to some extent also supported by other projects, i.e. tools/equipment, supplies, salaries to other staff etc. although this is limited also.

The implementing partners involvement in the project implementation and recruitment processes is believed to have improved ownership thus sustainability of the project results. For instance, MoECHE- Puntland DG stated the technical support provided through the quality control, performance management and M&E trainings has enabled them to undertake regular and quality supportive supervision at respective districts. Further, KII with the national staff acknowledged improved capacity of the ministry to undertake quality supervision. The improved capacity gained will continually be applicable and sustained to improve quality of education.

The partnership between SNU and University of Helsinki is likely to continue. The latter is well renowned institutions and Finland is well known for good education. Although the partnership was financially supported by the project, in terms of continuity, there is a Memorandum of Understanding between the institutions, which may facilitate areas of future partnership.

Some of the hospitals such as Beletweyne General Hospital and Kismayo General Hospital have shown some signs of sustainability roadmap. The management in both hospitals believes starting a cost-sharing scheme will help the institutions cover their needs, and thereby improve service delivery. It was noted that the government should also chip sourcing for funds and using locally generated revenue to fund the hospitals. It was however underscored that the two hospitals serve vulnerable populations who cannot afford medical care. Another challenge related to this was some of the staff members in the hospitals work on voluntary basis and therefore retention will be a difficult affair. The respondents noted that paediatric and maternal health services, which area also supported by ICRC and other agencies, would continue.

Jubaland Teacher Training Centre expects to partner with other organizations. The college has some savings for next 2-3 years to pay salaries and there is a long-term plan to engage the private sector, the political leadership, office of the president-Jubaland state and board members. The institutions' willingness to cooperate with the government is strong because of

their dedication to further strengthen their institutions. Institutions can focus on ways of ensuring sustainability of the capacity building results. Key among them is retaining of the local professionals. An assessment by IOM revealed that institutions are willing to retain almost 50% of the staff. It is hoped that this will go higher in the next phase.

Across all the institutions, rise in self-confidence has been reported. This was attributed towards the skills and experienced gained from the diaspora experts across the multi-sectors supported. This was further corroborated by the acknowledgment of the institution heads that there is improved capacity of the staff. Based on the FGDs, this confidence extends the potential of delivering quality services to the target groups and passing the knowledge gained through peer-to-peer modality thus the continued sustenance of the project results. Besides, all the institutions reported existing capacity gaps in their institutions to justify continued support from the project.

The study noted that the supported ministries have adopted performance management systems to improve service delivery and human resource management. This included training of staff on quality control, adopting of performance contracting, installing fingerprint accessibility and database recording staff rota in the ministry of health and teacher performance assessment to grade teachers and salary payment based on performances in the ministry of education. This was achieved through the diaspora experts supporting improvement in the management capacity of the institutions. Therefore, putting such systems in place enhances sustainability of the results following successful exit strategies. Additionally, the service-driven objective of the institutions guarantees the continued monitoring and management of the systems put in place.

The Somali Academy of Science and Arts respondents noted a number of key changes brought by the project to the institution. These changes include, the skills transfer to the staff.<sup>35</sup> The institution has established partnership with international organisations such as UNESCO and embassies like the Italian and Turkish embassies in Mogadishu. The diaspora expert assisted Turkish Embassy in proposal writing. Through the proposals, the institution received funding from Turkey's Cooperation and Coordination Agency (TIKA), which renovated a conference hall.

There are a number of challenges related to the sustainability of the project. Key among them is lack of effective exit strategies put in place in the host institutions once the experts leave or even the exit strategies put in place by IOM and Ministry of Foreign Affairs (MFA), Finland. Another key factor affecting sustainability is the limited number of local experts and interns retained within the host institutions or that gain other employments after completing their assignments. Other factors include the limited financial resources to sustain the results achieved and maintain same degree of quality services, or the limited coordination among partner agencies, federal states, regional public institutions, private and public etc. to complement each other and support each other to sustain and even enhance the impact of the project.

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<sup>35</sup> The experts were able to transfer skills to the staff on areas of reports and proposal writings

### 3.7 Lessons Learnt

1. Data collection during the holiday season is challenging since many stakeholders may not be available for interviews; organizing evaluations during other seasons will be manageable time-wise and ensure majority the different stakeholders are available.
2. Partnership with government in the implementation of projects, despite its bureaucracies, will help build the capacity of government agencies and strengthen capacities within institutions.
3. The improved coordination between the federal government ministries, FMS ministries, IOM and the donor brought about smooth implementation of the project activities.
4. Capacity building does not merely involve the training and skills transfer but includes putting in place the necessary infrastructure, supplies and equipment to ensure smooth operations
5. The project has to a good extent achieved the relevant health and education sector targets outlined in the, the NDP-9 (2021-2024). There are a few lessons that can be drawn from this include:
  - One of the main challenges facing the health sector in Somalia the poor state of the health infrastructure, which is in urgent need of repair and rehabilitation as defined in the NDP yet this is an area the project should have prioritized along with the capacity building and skills transfer efforts.
  - The project focuses on some of the major challenges facing the health sector including maternal and child health, limited institutional capacities and under-developed health and information systems.
  - The project focused on strengthening educational capacities, improving educational frameworks and quality of teaching. Educational infrastructure is however inadequate and this need cannot be divorced from capacity building of educational professionals.

## 4.0 CONCLUSIONS AND RECOMMENDATIONS

### 4.1 Conclusions

The MIDA FINNSOM Phase II Health and Education project has significantly achieved its targets despite the numerous challenges experienced. In the health sector, there are a number of achievements in terms of policy development and skills transfer. The project's model has introduced new approach for learning exchange and migration of ideas. The education sector also registered significant achievements in terms of capacity building and policy formulation. However, the impact is not as broad as the health component as the MoECHE and other stakeholders believe the merging of the two components has affected the education sector. The project can greatly benefit from building stronger synergies with like-minded agencies and programmes that can help support some the existing gaps across the two thematic areas. Inadequate infrastructure and equipment is hampering the achievements in the health sector while in the education sector, there should be stronger and harmonised strategies for stakeholder engagement across the different states.

### 4.2 Recommendations

The evaluation team presents the following evidence-based recommendations for the continuity and sustainability of the project:

No.	Findings	Recommendations
1.	There is a need to establish more partnerships with the private sector in Somalia and in Finland to contribute to greater impact, reach and sustainability of the project.	It would be useful for the project to map potential private stakeholders to cooperate with in the education and health sectors.
2.	A critical shortage of medical equipment and lack of robust supply chain was described as the primary impediment to service provision. There was a concern that lack of vital equipment and inadequate staff limits the provision of reliable maternal, child and mental health services. In general, the medical experts reported the project has improved the skills of medical personnel in comprehensive emergency obstetric care (CEmOC) services in cases of complicated labour, but there was shortfall in terms of basic medical equipment.	The project should increase budget for equipment and tools or alternatively IOM to strengthen its partnerships with other agencies to be able to draw strengths from each other and create synergies, particularly regarding provision of vital equipment.
3.	The synergies with like-minded partners like UNFPA, UNICEF or World Bank are	There is a need to create effective synergies between partner agencies, to

	not done in strategic fashion and there is broader lack of synergies between agencies. There is no clear structure in coordination and areas of complementarity and cooperation have not been established yet. The overall findings also indicate that coordination with other agencies is not strong and there is lack of complementarity.	promote complementarity. The coordination meetings among partners should focus more on the areas of gaps where other agencies can fill in and support in order to properly complement each other and achieve high impact results. MIDA team should more frequently participate in and (set-up) coordination and cluster meetings to exchange information and ideas with like-minded agencies working with the same areas.
4.	A key challenge in enhancing the skills was that local experts and diaspora experts were not recruited at the same time and this means there was no sufficient time to train them	Recruitment of diaspora experts, local experts and interns should be done close in time to ensure that capacity building support and exchanges are made possible throughout their assignments. Capacity building support by the diaspora experts should continuously be undertaken through regular quality control measures as part of their integral standard operating procedures so as to provide quality services, while supervising and mentoring staff.
5.	It was noted that coordination between the various institutions in the different regions could be improved in terms of certain processes and structures i.e. inter-regional training and thematic working groups. Regarding the inter-regional trainings it was mentioned that the number of inter-trainings accomplished were not sufficient.	The role of the local coordinators placed within the MOHHS and MoECHE should be strengthened, particularly in coordinating with the public institutions and member states to improve harmonisation. In addition, it will be key to conduct more inter-regional trainings, taking into consideration the logistical support required and the prevailing security concerns.
6.	It was noted that the geographical allocation was unequal and should be broadened to ensure similar support to Hirshabelle and Galmudug federal member states, as with the other member states, to ensure that all states are supported. The re-allocation of funds towards retention of diaspora experts and support to institutions due to the savings made during the COVID	The project should continue supporting health and education institutions in Somalia for a third phase and expand its support to Galmudug and Hirshabelle states where project coverage was comparatively low. Expanding project services to other areas with limited reach (provision of equitable healthcare and education interventions).

	period is an indicator of the project's ability to have a wider impact as result of increased funding.	
7.	Findings show that education institutions noted the need for increased qualified teachers, particularly in higher education instead of placing technical advisors	Consider recruiting increased number of highly qualified teachers, both diaspora and local, that are able to support higher education universities and schools and provide teacher trainings
8.	Lack of remuneration for local experts and interns makes it difficult to maintain them and continuously build their skills. There were concerns staff are not retained within the host institution after the end of their assignment, due to not being compensated financially (not paid salaries), despite the fact that the institution would like to keep them to continue their work and services.	Support MoECHE, MoHHS and other key public health and education institutions in developing resource mobilization strategies to be able to retain key personnel (MIDA local professionals and interns) as well as be able to procure essential equipment for health and education services and for proper operations of the institutions' offices.
9.	There is low participation of large number of qualified female applicants for the MIDA positions, as many are hesitant in living and working in Somalia, or fear of being discriminated or treated differently.	Conduct outreach programmes to attract women that are newly graduated, while taking into consideration requests by women in general, including those with families to be supported in terms of support to dependents travel, health insurance, extended or added R&R and leaves, conducive office space, and conducting more meetings and monitoring of their work environment so as to ensure equity and minimise discrimination.
10.	The length of assignments has improved from first phase to second, but could improve further in having 18 months minimum up to 24 months, to maximize the benefits of the support from the MIDA participants.	The duration of the assignments of the diaspora experts should be increased to a minimum of two years. The extended period of assignment by the experts enables maximum transfer of skills to the staff and policy strengthening of the targeted institutions and potentially leads to greater sustainability as better exit strategies could be put in place.

11.	Findings show that the mobile clinic managed by FSA and partners has resulted in significant achievements and is ensuring greater reach to remote and rural areas. It was also noted that this model of innovative interventions should be expanded.	Expanding project services to other areas with limited reach, through innovative means such as mobile clinics (provision of equitable healthcare and education interventions).
12.	Findings show that some institutions did not receive adequate support to meet their needs and priorities, particularly in terms of the number and variety of specialized experts supporting the institutions.	Allocate a fair number of experts to support institutions that would require additional support to meet their needs, particularly in specializations that are currently limited or absent from the institutions.