International Organization for Migration (IOM)
The UN Migration Agency

EVALUATION REPORT

External Evaluation of the Project 'Institutionalize Health Care Improvement through Temporary Returns of Somali Diaspora Health Professionals to Somaliland through Migration for Development in Africa (MIDA)," a project funded by the Government of Finland

Ultimate Consultancy Firm, March 2020

Contents

List of Abbreviations

CV	Curriculum Vitae
FGD	Focus group discussions
HiAP	Health in All Policy
HIOHS	Hargeisa Institute of Health Science
HMIS	Health Management Information Systems
IHR	International Health Regulations
IOM	International Organization for Migration
KII	Key informant interview
LHD	Labor Mobility and Human Development
MASS	Hargeisa Mohammed Aden Pediatric Hospital
MCH	Mother and child health
MMR	Maternal Mortality Rate
MoHD	Ministry of Health and Development
MIDA	Migration for Development in Africa
M&E	Monitoring and evaluation
NCD	Non-communicable disease
NMR	Neonatal Mortality Rate
SRH	Sexual reproductive health
THL	Finnish National Institute for Health and Welfare
ToR	Terms of reference
UNFPA	United Nations Population Fund
VFM	Value for money
WHO	World Health Organization

Executive Summary

Project Overview and Approach: Migration for Development in Africa (MIDA) is an innovative project designed and implemented by IOM in Africa. The main objective of MIDA projects is to support the strengthening of the institutional capacities of African governments through the transfer of relevant skills, financial resources and other resources of diaspora members for use in development plans. MIDA FINNSOM, which launched in 2008, aimed to contribute to healthcare sector improvement in Somaliland through a temporary return of Somali diaspora health professionals. In 2017, IOM Somalia's Labor Mobility and Human Development (LHD) programme received funds from the Finnish Government to implement MIDA FINNSOM IV. Phase IV runs from June 2017 to May 2020 and is a continuation of the projects aimed at consolidating the gains of previous phases with a greater focus on institutional capacity building and sustainability. This is an external final evaluation of MIDA FINNSOM IV with the purpose to assess the effectiveness, impact and sustainability of the intervention, as well as generate recommendations for future similar programmes. The MIDA FINNSOM IV aimed at contributing to improved health outcomes in Somaliland, in particular in relation to maternal and child health by improving the capacity of public sector health institutions in Somaliland to provide quality healthcare services. The scope of the evaluation covered Hargeisa and the six regions of Somaliland that have been supported by MIDA FINNSOM IV. The evaluation findings and recommendations will be used internally and externally by various audiences including IOM, MoHD, THL and Ministry of Foreign Affairs of Finland.

Methodology: Phase IV is evaluated using OECD/DAC criteria including: relevance, effectiveness, efficiency, outcome and impact, sustainability and the good practices it has contributed. A range of methods and tools were used to triangulate information from varied and diverse sources. Some methods and tools included FGDs, KIIs, a quick exit survey and desk reviews. For this evaluation, data was collected and analyzed from beneficiaries at MCH centers, diaspora professionals, national experts, IOM staff, THL staff, MoHD representatives and hospital directors.

Key Findings:

- Evaluation findings show that the project was harmonized with the national health policy of Somaliland with specific focus on maternal and child health, which is the key priority for the Ministry of Health as well. The project addressed the key gap in Somaliland - the scarcity of expertise in the health sector, in general and particularly in MCH. The modality whereby diaspora health experts return on short-term deployment missions and work closely with national experts to transfer skills proved effective in the ambition to address the gaps.
- However, MIDA FINNSOM IV faced significant challenges in regard to onboarding health experts timely in the different target health institutions mainly due to a lengthy recruitment process employed by MoHD and IOM. With strategic shift in recruitment approach, despite the challenges faced, the project managed to succeed in meeting the outputs and targets in relation to recruitment of professionals. Moreover, the project achieved the target of deploying 30% female diaspora experts. Whereas 30% of national experts engaged were female, though the project aimed to engage 40%. The diaspora and national experts deployed helped improve service delivery at targeted health facilities.

- MIDA FINNSOM IV provided highly qualified diaspora experts to support MoHD with steering and managing the health sector. The experts placed at the ministry supported policy and strategy review and development along with building systems and capacities at the ministry. Among the various technical supports provided, the experts helped with revising the MASS hospital policy, extended expertise in building National Medical Reference Laboratory, helped to increase attention to Every Newborn Action Plan, national RMNCAH strategies and alignment of health projects with primary and secondary health care services in Somaliland. In addition, diaspora health professionals played important role in teaching top-up nursing courses at various health science institutions which helped to improve the skill of nursing students and share experience from different contexts.
- MIDA FINNSOM IV facilitated the establishment of steering committees and technical committees that helped to increase the MoHD's capacity and role to steer, manage and coordinate the health sector. These structures helped in facilitating participation, collaboration between MoHD, IOM, Ministry of Foreign Affairs-Finland and THL. The steering committee was effective in undertaking major strategic decision in the life of MIDA FINNSOM IV and other projects that are implemented in Somaliland.
- THL played an important role in the Phase IV of MIDA FINNSOM through institutional capacity development. THL executed the much needed technical assistance missions in the four pillars of its support. On top of training professionals across different institutions in Somaliland, developed antenatal care guideline that is being used in various intuitions as a reference to provide the ANC services. Moreover, in collaboration with Logonet and Nuovo Nordic components, THL is working to advance and promote the use of technology in capturing, tracking and using antenatal care information through the use of an application.
- The modality of the project whereby the diaspora health experts return on a short term deployment missions and work closely with national experts to transfer skills, was found to be very relevant to the context. It facilitated two-way benefit through skills transfer to the national staff and providing a sense of a meaningful career for the diaspora thereby contributing to sustainability of outcomes.
- The project was effective in achieving its objectives and increasing satisfaction in services in MCH targeted institutions despite the strategic shift in focus that has likely impacted the project. The improvement in health service delivery is attributed to placement and increase in qualified health practitioners, improved skills set and improved work attitude of national experts and environment at the health facilities. There is satisfaction with the services being provided in these institutions. Women interviewed reported satisfaction in their interaction with the neonatal doctors, were given return date for checkup, had also the chance to ask and clarify questions, provided with health messages in hygiene and breastfeeding. However, the project focus was diverted from Maternal and Child Health to cater for other general health issues possibly limiting the extent to which the original outcomes could have been achieved.
- Though in-depth value for money analysis has not been conducted due to limitations in scope, time and resources, the project seems efficient due to its modality, strong desire to sacrifice from diasporas and the monitoring and evaluation system in place. The project has attracted highly qualified Somali diaspora professionals which the project would not have recruited had it not been for their strong desire to be involved even with significant pay cut. By the time of the evaluation, the project has

utilized 91% of received funds and set to utilize 100% when the project closes. IOM and MoHD built a strong M&E system through regular monitoring, reviews and learning that are used to improve programmes helping to be efficient through the project life cycle. However, IOM was critiqued for not having a dedicated health technical expert to support the project.

- The project seems to have resulted in positive outcomes and impact as a result of improved health services that could be attributed to skill transfer and capacity put in place by the project. Though official statistics on live births with the help of health attendant, MMR and NMR are very low in Somalia, hospital records show that both MMR (from 721.9 to 289.5) and NMR (from 53.8 to 16.2) have shown significant decline between baseline and end line periods. Moreover, the proportion of livebirth by C-section is also significantly higher than the average for Somalia. This is attributed to a number of factors as improved health service delivery in the targeted institutions, improved skill of the health professionals and increased trust and health seeking behavior by the community.

- Furthermore, the project has had unintended positive consequences whereby diasporas are building new partnerships on their own initiative to mobilize resources back in their residence countries to support the institutions with materials they are desperately lacking. In addition, the diaspora-national engagement approach helped to achieve unintended positive consequences beyond the basic skill transfer by improving the work ethic and professionalism of national experts involved.
- MIDA FINNSOM IV contributed significantly in building systems and pre-requisites for sustainable phase-out of the project though this is not enough to fully exit at this stage. Despite skill transfer approach, strong involvement of MoHD and the role played by THL in institutional building in Phase IV, the project heavily depended on the diaspora and nationals recruited and financed through the project. The evaluation revealed that, though the different phases of MIDA FINNSOM built technical capacity in place, financial resource are lacking at the MoHD to sustain the gains achieved so far.
- In terms of coordination, the MIDA FINNSOM IV has benefited from the Health Advisory Board, Health Technical Committee and Clusters operating in Somaliland. There exists a Health Advisory Board, the highest governance body when it comes to the issues of health in Somaliland and Health Sector Committee, a technical group that provides the Board with plans and strategies for review and endorsement. The collaboration helped to in defining approaches, avoiding duplication in targeting of locations and coordination in establishing neonatal units.

Key Recommendations:

- The design of future MIDA FINNSOM project should aim to stick to the core aim of reducing maternal and child mortality and morbidly in Somaliland. The diversion of the strategic objectives during phase IV is believed to have been affected the extent to which objectives set in terms of MCH could have been achieved. This would enable to increase relevance of health programs that address the key needs and harmonized with the policies and strategies of the country.
- MoHD and IOM should continue collaborating on the identification and placement of diaspora and national experts. Development of the ToRs, recruitment, identification and placement of diaspora and national experts' deployment needs to be done jointly by the MoHD and IOM. Future recruitment and on-boarding should aim to achieve at least 50% female representation. It is recommended that

contract durations are at least one year, if not longer, in order to allow for the necessary time needed for skills transfer and capacity development.

- MoHD and IOM to revise the approach and strategy in terms of identification and onboarding of diaspora and national experts. In terms of diaspora recruitment, there needs to be clear guiding Standard Operating Procedure (SOP) how long a diaspora can participate in the project. The fact that some diasporas stayed very long in the project as long as 10 years has negative repercussions as to how much the diasporas are building sustainable structures**.** Similarly, the national expert's recruitment procedure needs to be revised based on learning that the procedure is lengthy causing delays in implementation of activities. Though this has now revised during the later stages of phase IV, it needs to guide with a clear and transparent procedure to ensure accountability in the process.
- Future MIDA FINNSOM project design needs to have a clear strategy for exit. Based on the learnings generated so far, IOM and MoHD need to capitalize on the strengths of FINNSOM IV such as the joint leadership of the project, the steering committee structure, technical committee and institutional capacity building components.
- Future MIDA FINNSOM projects should aim to scale up the results achieved in improving the health service delivery, specifically in maternal and child health. In Hargeisa and across other regional institutions, there is a need to continue providing quality maternal and child health services. However, there needs to be increased support through placement of health experts, especially national health experts provided to hospitals in order to achieve decrease maternal and neonatal mortality. In this regard, partnership with health science teaching institutes should be strengthened to facilitate the deployment of interns and graduates in various institutions and regions through internship schemes and or employment opportunities as appropriate.
- The support given to the nursing school has just started yielding outcomes by producing professionals with competent skills and knowledge and has to be strengthened. The health training institutions that have been supported under MIDA FINNSOM need to continuously get the support until they are able to produce the needed number of human resources on their own. In this regard, utilize the expertise and skills of THL strategically to help with design and rollout of innovative and advanced courses and curriculum. In addition to supporting the institutions, the project should explore and design a mechanism where students in the health institutions and graduates without a job can be engaged through internship, community outreach or other mechanisms helping them gain practical skills while bridging their transition in the market.
- MoHD and IOM could harness the positive momentum created by the project, which increased the return of skilled diaspora by creating a conducive situation for them to come back (either permanently or temporarily) and engage in development initiatives of their country. For instance, IOM and MoHD can support returned diasporas by establishing a network where alumni can engage with other interested diaspora, share information and plan opportunities to work together and continue contributing in various development fields. Diaspora are precious resources that can be utilized in a productive way benefiting themselves and their community, thus IOM and MoHD need to think through how this can be achieved.

- Future activity planning and budgeting needs to consider deployment of a dedicated IOM technical health expert to support the health project technically, budgeting for some very essential health

equipment's and providing capacity building and placement of biomedical engineers for operation and maintenance of various medical equipment's.

- Continue to work with THL to scale up the institutional capacity development, technology transfer and adoption of innovative practices in ways that help maintain the outcome and impacts gained in the previous phases. It is believed that further THL institutional- and skill transfer-centered strategies developed for MoHD will help to sustain the project outcomes and could even multiply the outcomes and increase the impact of the project. The health training institutions that have been supported under MIDA FINNSOM need continuous technical support such as follow up, supervision and monitoring of progress. In addition, harness the skills and capacities of the THL to strengthen IT assisted record keeping and treatment and rollout across various regions to supplement or replace the paper based traditional system. In this regard, the project should scale up the piloted ANC mobile application to improve the way information can have accessed, stored and used for decision making that can enable improvement in health service provision in Somaliland.
- IOM and MoHD need to strengthen the collaboration and coordination through frequent information sharing between each other on the various aspects of the project. They also need to scale up and utilize the joint planning, implementation, monitoring and evaluation opportunities to advance the outcome of institutionalizing the health care service outcomes. The steering committee, under the leadership of MoHD should continue to provide oversight support and strategic guidance to health projects.
- Future MIDA FINNSOM projects should aim to increase the role of national experts while providing the needed skills and empowerment to improve their leadership in health service delivery in Somaliland. It is believed that the diaspora-national model, the oversight by steering committee, the role played by THL in institutional capacity building together proven to be effective and has had significant contributions to the achievement of objectives. The project however depended heavily on the diaspora experts playing major role in improving services across all institutions which needs to change for a sustained exit and transition to national experts taking the lead role.
- Most importantly, MoHD needs do a thorough preparedness strategy for the exit of the project especially in relation to bridging the financial gap when MIDA FINNSOM phases out. MoHD should mobilize resources in a more sustainable manner by engaging the private sector, diaspora nationals worldwide for example by establishing a diaspora trust fund where diaspora can contribute financially to support the health system in their country. Moreover, MoHD needs to approach and engage various international and national partners that can support the project financially, materially or technically.
- MoHD's role and involvement in planning, implementing, monitoring and supervising the project needs to upgrade in light of sustainability and smooth transition. MoHD can take the lead role of identification, onboarding, placement, supervision and monitoring of diaspora and national experts. In this regard, increase the role of MoHD in planning, implementation (budget and activity management), monitoring and evaluation of future programs. This could contribute for enhanced ownership, smooth transition and phase out of the project. Moreover, MoHD can take the lead role in ensuring that diasporas and national experts assigned to the regions receive adequate support and

are monitored on the progress of activities by setting clear deliverables for their service delivery, capacity building plan and building systems in the assigned institutes.

Introduction

Migration for Development in Africa (MIDA) is a development initiative for Africa that has been implemented by IOM since 2001. The main objective of MIDA projects is to assist with strengthening the institutional capacities of African governments to manage and realize their development goals through the transfer of relevant skills, financial resources and other resources of African diaspora members for use in development plans. This experience paved the way for the MIDA FINNSOM project entitled, *Institutionalizing Health Care Improvement through Temporary Returns of Somali Health Professionals*. This project began with its first phase, which ran from 2008 to 2010 and deployed Finnish-Somali health professionals to help fill the healthcare gaps and provide capacity building support in Somaliland and Puntland.[1]

In 2017, IOM Somalia's Labor Mobility and Human Development (LHD) programme received funds from the Finnish Government to implement a fourth phase of the project called *Institutionalizing Health Care Improvement through Temporary Returns of Somali Diaspora Health Professionals*. The duration for Phase IV was from 1 June 2017 through 31 May 2020. IOM planned to recruit approximately 40 diaspora professionals to come back to their home country and support the health sector with their professional knowledge and skills. The project aimed to improve the capacity of the public health institutions in Somaliland to better provide quality healthcare services by improving the capacity of local health professionals, the training institutions and Ministry of Health to better manage and steer the health sector. The diasporas enlisted were hosted by various institutions including: MoHD, Hargeisa Group Hospital, Burao Regional Hospital, Berbera Regional Hospital, Boroma General Hospital, Erigavo Hospital, Las Anood Regional Hospital, Gabilay District Hospital, Hargeisa Mohammed Aden Pediatric Hospital (MASS), Hargeisa TB Hospital and the Hargeisa Institute of Health Sciences.

This report will assess the extent to which the objectives of the project have been met by evaluating the effectiveness, efficiency, relevance, impact and sustainability of the intervention. A detailed approach and methodology is presented below.

As described in the project document, MIDA FINNSOM Phase IV aims to contribute to improved health outcomes in Somaliland, in particular, in relation to maternal and child health. For this goal to be achieved, an intermediate level result is set aiming to improve the capacity of public sector health institutions in Somaliland to provide quality healthcare services. Below are the three outputs used to measure the result. They are defined as:

I. Output 1 - Local health professionals have skills/capacity to deliver quality health services in selected regions.
II. Output 2 - Local health training institutions have improved competence and ability to train local health professionals.

[1] IOM Somalia, MIDA FINNSOM Health, Phase IV, Somaliland: Institutionalizing Healthcare Sector Development Through Temporary Return of Somali Diaspora Health Professionals. Project Proposal, 2017.

III. Output 3 - Improved capacity of the Ministry of Health to steer, manage and coordinate the health sector.

Under Output 3, a new feature in the MIDA FINNSOM Health was used, involving the Finnish National Institute for Health and Welfare (THL) to support the central and regional level Ministry of Health and Development (MoHD) in its efforts to strengthen the health system in Somaliland. The purpose of this additional line of work for institutional development is an enhanced ability of the Somaliland Ministry of Health and Development to plan, undertake and steer evidence-based and multi-sectoral actions to address the public health needs and risks.

Objective of the Evaluation

This report will generate evidence to evaluate the success of the project and to develop recommendations that help to better shape and design similar projects or components of it in the future. The study aims to:

- Assess the effectiveness, efficiency, relevance, impact and sustainability of the FINNSOM IV project.
- Assess the overall project performance and results achieved by IOM in respect to the progress made toward accomplishing the outputs and outcomes in the project log frame.
- Identify and generate good practices and lessons learnt.
- Assess the success in institutional capacity building and in the transfer of skills at the targeted host institutions.
- Make recommendations for the further development of project activities.

Evaluation Questions

Table 1 Evaluation Questions

Key Evaluation Area	Key Questions to Ask
Relevance	● Are the project objectives, as well as the selection of targeted institutions, well-aligned with Somaliland national health policies (including the National Development Plan)? ● Is the project modality relevant and does it contribute to the comprehensive sustainable development of Somaliland and capacity building of the public sector? ● In which areas has the project been successful in identifying and addressing key gaps in the targeted institutions and sectors?
Effectiveness	● To what extent has the project achieved the aims and objectives it envisioned to achieve from the start of the project? ● What major factors have affected the achievement and non-achievement of the objectives set for the project? ● What are the key factors that positively and negatively influenced the effectiveness?

Efficiency	● Are the project and its activities planned and implemented in a cost-efficient manner? ● What are the factors that affected the efficiency or inefficiency of the project? ● Was the project implemented activities timely and were there systems for monitoring and evaluating progress?
Outcome and Impact	● What immediate and potentially longer-term changes have the project brought? ● Are there any other unexpected positive or negative impacts brought through the implementation of the project? ● Would results have been achieved even without the implementation of the project? ● What key changes has the project brought in the targeted institutions? ● What difference has it made to the service users?
Sustainability	● What mechanisms did the project put in place to guarantee sustainability in terms of the institutional capacity building? ● In what ways has the project been able to contribute to the building of individual competences as well as the institutional ones? ● Do partners have the financial and technical capacity to maintain the benefits of the project needed to guarantee a sense of ownership and interest in its sustainability? If not, what continued programme support is needed to ensure sustainability, as well as replicability, at the local level (e.g. financial, coordination, technical, human resources)?
Additional Questions	● What motivated diaspora experts to participate, and what were their main expectations for their participation (including success stories)? ● What are the unintended consequences of the project?

Methodology

Evaluation Design

The evaluation utilized both quantitative and qualitative methodologies along with secondary documents and resources. The data was collected and analyzed from multiple sources and triangulated to establish evidence on the impact and success of the project. The assessment and analysis of the key components identified in the conceptual/analytical framework (see below) was done using different methods and tools that include document review, face-to-face and telephone key informant interviews as well as focus group discussions. Various stakeholders, including Ministry of Health staff, target institution representatives, THL experts, IOM staff, participating diaspora experts, and national youth experts, direct and indirect

beneficiaries, were used as the sources of information. The primary and secondary data was collected using the following methods:

Desk review and analysis: A review of project and other relevant documents was conducted to provide context for the data collected from the primary sources. Documents included secondary data from the Ministry of Health, IOM and other organizations working in the area. They include but were not limited to internal IOM financial and narrative reports, latest THL progress report, proposals, research studies, context reports, government health policy and national development plan. The desk review was conducted before the commencement of the primary field data collection activity. Key gaps and findings from the desk review were crucial in shaping the primary data collection tools and formats. During the assessment, information on the following areas was obtained and discussed from the hospitals HMIS and other records:

- Neonatal mortality rate in the targeted hospitals
- Maternal mortality rate in the hospitals
- Percentage of national budget allocated to health sectors
- Health facility utilization rate
- Number of deliveries in targeted hospitals
- Proportion of deliveries by C-sections

Focus group discussions: FGDs were conducted with the direct and indirect beneficiaries of the project. Men and women who have benefited from the initiative were consulted to gather and discuss their views on the project's relevance, effectiveness, efficiency and sustainability. The main target groups were the local experts and beneficiaries of the health services in the six regions. A focus group discussion guide was used for these exercises. A trained facilitator conducted the discussions with 7-10 participants (organized into separate gender groups - female facilitator-female groups, male facilitator-male groups). The facilitator would simultaneously take notes and document the discussion. With the consent of the participants of the study, voice recorders were used to record the discussion for later transcription.

Key informant interviews: Influential and knowledgeable individuals linked to MIDA FINNSOM project were interviewed regarding their views about the success and challenges of the project. Hospital directors, diaspora health professionals, THL experts, IOM staff who had direct engagement in the project, Ministry of Health staff and UN line agency experts were interviewed. The interviews had different approaches as necessary, such as face-to-face and remote telephone or skype interviews. While face-to-face interviews were conducted in the field, some remote Skype/WhatsApp interviews were administered to diaspora health professionals and other key IOM/THL staff who have participated in the project.

User exit survey

A streamlined quantitative exit survey was administered. The survey was targeted at patients at the MCH facilities in an effort to understand their opinions and experiences with the service delivery at the facilities. The survey participants were women that have been receiving pre-, post- and antenatal care at beneficiary health facilities. Participants of the survey were identified as they exited the health facilities and

consented to sharing their experience. The data from the surveys can provide an understanding of the end users' satisfaction in relation to the healthcare support services they received.

Data Collection Tools

The data collection tools used were interview guides, FGD guides and survey questionnaires.

The interview guides consist of five sub-sections. The first section is on background information; the second focuses on the relevance, effectiveness, efficiency, outcome, impact and sustainability of FINNSOM IV project; the third section asks about the overall project performance and results achieved by IOM in respect to the progress made in achieving the outputs and outcomes outlined in the project log frame; the fourth focus on good practices and lessons learnt; while the fifth and final subsection includes questions related to the success in institutional capacity building and transfer of skills in the targeted host institutions.

The FGD guides are organized into four sub-sections. The contents of the FGD include: the first section on background information; the second focuses on the relevance, effectiveness, efficiency, outcome, impact and sustainability of FINNSOM IV project; the third section is on the overall project performance and results achieved by IOM in respect to the progress made in achieving the outputs and outcomes outlined in the project log frame; and final section is about the success in institutional capacity building and transfer of skills in the targeted host institutions.

The survey questionnaire mainly focuses on gathering information from female MCH service users on their experiences with postnatal services being provided in the facilities. It focuses on understanding whether end users are satisfied with the quality and quantity of services being provided.

The field team arranged and conducted the KIIs and FGDs and data collection from service users using the relevant guides and the developed questionnaire survey. The lead researcher and assistants conducted KIIs and FGDs with MoHD staff, diaspora professionals, THL experts and hospitals. The telephone/Skype interviews, on the other hand, were arranged and conducted by the lead researcher/consultant for people with key information located in remote areas or outside of the country. Voice recorders were used to record the interviews for transcription after securing consent of the participants.

Sampling Design and Sample Size

In this evaluation the researchers mostly relied on a purposive sampling design to enable a deeper and context-specific understanding of the phenomenon under investigation. Therefore, individuals who, in one way or the other, have been involved with or benefited from the project and can give relevant information were selected to participate. The sample size of the study was determined on the basis of theoretical saturation. In qualitative research, there is no simple formula to determine a sample size. As a result, theoretical saturation is a widely used principle in sample size determination for qualitative research. The principle of theoretical saturation dictates the collection of data until the stage where no new data can be identified, i.e. until the stage when the data becomes redundant.

Comparatively, the users exit survey utilized a systematic sampling technique where 86 women beneficiaries were interviewed. Female postnatal care receivers were interviewed as they departed the health facility. Every 5th client leaving the facility was interviewed to ensure equal chance of selection. The table below presents the methods and the sampling techniques used as well as the estimated sample size per each method.

The evaluation was conducted in Somaliland districts where the MIDA FINNSOM Health Phase VI project has been implemented. The study covered the Maroodi Jeex (Hargeisa), Awdal (Boroma), Sanaag (Erigavo), Sool (Las Anood), Togdheer (Burao) and Sahil (Berbera) regions of Somaliland. The detailed description of sources interviewed is presented in the table below:

Table 2 Source of Information

Method	Target Group/ Source of Information	Target Facility	Estimated Sample Size per Region/District	Number of Actual Interviewed
Focus group discussions	National health experts and patient beneficiaries	Maroodi Jeex (Hargeisa)	6 groups	3 groups
		Awdal (Boroma)	2 groups	2 groups
		Sanaag (Erigavo)	2 groups	2 groups
		Sool (Las Anood)	2 groups	2 groups
		Togdheer (Burao)	2 groups	2 groups
		Sahil (Berbera)	2 groups	2 groups
Key informant interview (KIIs)	Hospital directors, diaspora health professionals, THL experts, MoHD experts, UN line agency experts	Maroodi Jeex (Hargeisa)	10 Individuals	14 Individuals
		Awdal (Boroma)	2 Individuals	3 Individuals
		Sanaag (Erigavo)	2 Individuals	2 Individuals
		Sool (Las Anood)	2 Individuals	2 Individuals
		Togdheer (Burao)	2 Individuals	3 Individuals
		Sahil (Berbera)	2 Individuals	2 Individuals
Users exit survey	Mothers benefiting from MCH facility services	Maroodi Jeex (Hargeisa)	80 Individuals	86 Individuals

Data Collection , Quality Assurance and Data Analysis

The evaluation data was collected from 21 February through 4 March 2020 using the various tools prepared. The majority of the interviews are conducted face-to-face by the investigation team on the ground. However, some staff and key informants who were aboard during the investigation period or are located in remote areas were contacted using Skype and WhatsApp platforms. Field data collection was conducted by the evaluation team coordinated by the lead consultant and the assistant who travelled to Hargeisa to train enumerators and kick start the data collection process. Primary data was collected from respective target respondents including direct and indirect beneficiaries, Ministry of Health staff, IOM staff and youth national experts. In terms of data collection, the following are the key activities conducted were:

- Selection and training of field data collectors for both qualitative and quantitative tools to use for the data collection. These also involved training on use of the Kobo Toolbox and how to conduct surveys, upload data onto the server. Accordingly, the quantitative survey with neonatal center beneficiaries was conducted using Kobo Toolbox.
- Deployment of an international investigator to the field that coordinated field data collectors and conducted quality key informant interviews and FGDs with IOM staff, diaspora experts, national health professionals, and end users.

The team has taken different steps to maintain the data quality:

- Daily debriefings with data collectors to immediately resolve issues encountered during data collection. Key findings and challenges faced during data collection were discussed during debriefings and the discussions helped overcome such problems during the following data collection processes.

- Collecting data from multiple sources by using different methods of data collection played a part in maintaining data quality.

- The interviews and discussions were conducted in the local languages whenever the field team found it relevant to overcome language barriers and to improve the quality of the data.

- The users' exit survey data was administered using mobile handsets installed with Kobo Toolbox that reduced the enumerator errors, increased data quality and saved time as compared to paper based data collection. Data collected was uploaded to the server every day and was checked for quality and consistency.

The qualitative data collected using the various tools was analyzed on real-time basis. Primary data collected from direct key informant's was combined with the review of relevant secondary source material on the project including: hospital records, IOM Somalia's reports, THL reports, and MoHD policies and strategies. The qualitative data collected from the various key informants and FGDs was transcribed daily and organized in to different thematic findings. Data obtained from the exit survey questionnaire was downloaded from Kobo Tool box in excel format and analyzed to generate key quantitative findings

(percentages and charts) on satisfaction of service at MCH facilities. Hospital records on live births and maternal deaths were used to calculate the NMR and MMR and presented in a table form for Hargeisa and other regions. The analysis and reporting blended all the data collected in a way that provides explanation on the success of the project using various criteria of evaluation.

Limitations

It is important to note the limitations of the evaluation scope and methodology. Limitations were mitigated as far as possible, but there were some constraints that impacted the ability to answer certain evaluation questions and generalize across the program.

Efficiency: It was not possible to fully assess efficiency due to time restrictions and data available. For example, it was not possible to make a full assessment of Value for Money (VFM) as this generally involves thorough analysis and comparison of budget spent versus the outcomes achieved. Instead, assessment of efficiency largely focused on the extent to which the programme modality, leverages it had due to previous phases and monitoring and evaluation systems set up helped achieve the outcomes intended.

Quantitative Data: The evaluation heavily depended on qualitative data. The only quantitative data available for the evaluation was that related to service users at the neonatal centers. A full-fledged quantitative household data collection was not feasible given time constraints and the scope of this evaluation. To mitigate this, the evaluation however included a quick exit survey at MCH facilities to capture the satisfaction of service users.

Findings and Discussion of the Results

Project Progress Summary

MIDA FINNSOM IV aimed at contributing to improved health outcomes in Somaliland, in particular in areas of maternal and child health. To achieve this in the medium term, the project was expected to improve the capacity of public sector health institutions in Somaliland to provide quality healthcare services.

Overall, the project has contributed to achieving the key outcome of bringing about improvements in the capacity of the public sector institutions in Somaliland to provide quality health care services. Due to the support of the project, diaspora health experts are assigned to work together with national health experts in order to transfer skills and experience. As a result, national experts reported that the arrangement helped to improve their skill and experience. This in return is contributing to improvement of health service delivery in the target institutions. For instance, as a result of improved health service delivery, there has been a significant decrease in maternal and neonatal mortality in Hargeisa and other regions compared to the baseline period (*Table 6 below*). Access to health services in the regions outside Hargeisa has improved due to the technical health experts placed in various regional institutions as reported by hospital directors. The project also built the capacity of local health training institutions to increase their ability to produce quality health professionals. This was especially true in Hargeisa Health Sciences College, which received a top-up nursing course aimed at improving the capacity of graduated nurses. Moreover, the diasporas assigned to support policy and strategy development at the Ministry of Health and THL's innovative approaches in institutional capacity building contributed to the Ministry's capacity

to steer and manage the health sector has improved. Based on the various documents and results from the evaluation, the progress to date is discussed in detail below.

Output 1. Local health professionals have the skills and capacity to deliver quality health services in selected regions

Since the inception of the MIDA FINNSOM phase IV, the project undertaken a number of capacity building activities that contributed to improvement of skills and capacity which was the key gap in health institutions in Somaliland. For long time, the challenges and gaps in health services in Somaliland remained huge mainly due to lack of skills and capacities in various specialized health technical areas. According to MIDA FINNSOM IV baseline[2] assessment, maternal and neonatal services in Somaliland were poor due to the limited number of reproductive health staff in the hospitals who are mostly aged and under-trained. There is also a huge shortage of qualified midwives as midwifery education is ongoing only in few towns (Borama, Hargeisa and Burao), on a small scale. About 62% of MCH facility users during the baseline reported that delivering mother's service were attended by unskilled midwife/nurse in the hospitals. Based on the challenges and gaps, MIDA FINNSOM IV was implemented with the aim to improve the capacity of local health professionals to deliver quality health services in the selected target regions in Somaliland.

Despite the challenges during this phase, the project successfully identified and deployed diaspora and national health professionals qualified in various health specialty technical areas. A mechanism was put in place whereby diaspora and national experts worked together increasing the day to day training and skills transfer. The project recruited and deployed a total of 46 diasporas (14 female) to various regions and institutions.[3] Majority of them (about 50%) were deployed in Hargeisa compared to the other six regions. This is a 115% improvement as compared to the initial plan of deploying 40 diasporas. As per the latest diaspora deployment list, 45% were Finnish-Somali diaspora, followed by 25% British-Somali, 10% from Canada and the rest from various countries (*See table 4, below*).[4] Alongside the diaspora, the project deployed an additional 46 local national experts (14 female) to shadow and work with the diaspora professionals, which enabled the locals to capture and receive the skills and knowledge.[5] The project is successful in achieving the target set for identifying and deploying female diaspora experts. As shown in the table below, 30% of the diaspora that were deployed during the MIDA FINNSOM IV were female. This is a 100% achievement as the initial target was to deploy at least 30% female diaspora experts. The project also hired and brought onboard 14 female national experts that worked alongside with the diaspora experts. The national female experts that participated in the project account for 30% of the total national experts compared to the target of 40%. This is believed to be attributed to the challenge of identifying qualified female experts in Somaliland who are willing to be deployed to various regions and institutions across the country.

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[2] MIDA FINNSOM IV Baseline Assessment Report, July 2018
[3] IOM Somalia, Updated Result Table, 2019.
[4] IOM Somalia, Latest List of Diaspora and National Experts.
[5] IOM Somalia, Updated Result Table, 2019.

Table 4 Proportion of Diasporas by Gender and Nationality

Diaspora Origin	Proportion of Male	Proportion of Female	Proportion by Country
Finland	35%	10%	45%
Norway	3%	0%	3%
UK	18%	7%	25%
Canada	6%	4%	10%
Netherlands	0%	6%	6%
Sweden	4%	0%	4%
USA	4%	3%	7%
Total	70%	30%	100%

Though identification and deployment of diaspora and national experts met its target set, the project has suffered from delays and lengthy recruitment processes that initially affected the timely implementation. This is also believed to have affected the project in meetings its impact and outcomes. As per various IOM experts interviewed and reports produced so far, the delay was due the approach of the recruitment process implemented in the initial stages whereby the MoHD and regional directors work on assessing the needs in different institution based on the gaps in each institution. Following this, MoHD sets up a committee to assess the received proposals and expedite external recruitment process. The process of setting up committees to assess needs and recruit however took many months before a professional can be identified and on boarded. Moreover, the recruitment was conducted externally focusing on candidates that are not employed in the participating institutions that contributed for the lengthy process.

Based on this learning however, IOM and MoHD agreed to change the strategy to fast track the recruitment process. This was possible by inviting all regional directors to Hargeisa for a workshop whereby the needs of different regional institutions are assessed and finalized swiftly during the event. In addition, MoHD and IOM agreed to onboard professionals that are already working in the target institutions based on the nomination by the regional directors, instead of going for new external recruitment process. This helped to minimize the time spent on recruitment national experts there by contributing for sustainability as they will remain in the institutions beyond the project life period.

Significant progress has been made on capacity building trainings benefiting the local healthcare givers. The diaspora experts delivered training sessions to 1071 health professionals (465 females) and the national experts through various formal and on-the-job trainings. Moreover, the national experts who are mainly placed in the hard-to-reach health facilities conducted additional trainings for nurses and midwives. These national experts are continually supervised and mentored while delivering the trainings[6]. Through MIDA FINNSOM IV, diaspora experts delivered training in various specialization areas at institutions across Hargeisa and the six regional/district hospitals. In terms of MCH, the key trainings

[6] IOM Somalia, Annual Report to the Ministry of Foreign Affairs of Finland, MIDA FINNSOM HEALTH FOR SOMALILAND, Institutionalizing Health Care Improvement Through Temporary return of Somali Diaspora Health Professionals. Annual Report June 2018 to June 2019.

delivered include; neonatal training on clinical procedures to equip them with basic neonatology skills, hygiene promotion, ANC guidelines, monitoring mother-child nutrition and on normal delivery for midwives. A training on interpretation of X-ray readings, musculoskeletal X-ray, central nervous system radiology and patient position was vital. Trainings on dialysis operation were also among key trainings delivered. Training on patient care, drug management, treatment of infectious diseases, protection from transmission of infections and reducing pre/post operation complications are among the key trainings delivered by diaspora to national experts. Hospital directors and management staff have also received various trainings on hospital management procedures covering topics such as waste management, drug management in ward and radiation protection.[7]

As a result of the various trainings conducted, national experts that participated reported improvement in skills in various technical areas. During an FGD with health experts in Hargeisa, a national Dr. said: "The knowledge and skill transfer particular to chest specialty and dialysis is very effective. We learned how to carry out more complex procedures such as hemodialysis.". Moreover, the national experts across different FGDs conducted witnessed the importance of the project in equipping them with multifaceted skills including report writing, preparing work plan and conducting assessments. Where as in Burao, one national expert Dr. reported improvement in skill in terms of how the classify patients based on diagnosis, keeping database record of patients, antenatal and continental caring.

Output 2. Local health training institutions have improved competence and ability to train local health professionals

MIDA FINNSOM IV provided technical support to local health training institutions that improved their competence and ability to train local health professionals. This, in return, increased public trust in both the training institutions and health service institutions where the graduates work. Support for the Hargeisa Institute of Health Science (HIOHS) has continued in the current phase of the project as a means to build on the previous efforts to contribute to quality education. In January 2018, 143 students graduated from HIOHS. This was significantly higher (increase of 68%) compared to the number in the previous five years before 2018. This provides good evidence that the activities implemented in this project have contributed towards improving the quality and access of the education provided by the institutions through improved capacity of the lecturers.[8]

One of the crucial outcomes of the MIDA FINNSOM support was the launch of the top-up nursing studies course at the Hargeisa Institute of Health Science. [9] This is one of key outcomes of the support provided

[7] Ibid

[8] IOM Somalia, Annual Report to the Ministry of Foreign Affairs of Finland, MIDA FINNSOM HEALTH FOR SOMALILAND, Institutionalizing Health Care Improvement Through Temporary return of Somali Diaspora Health Professionals. Annual Report June 2017 to May 2018.

[9] IOM Somalia, Annual Report to the Ministry of Foreign Affairs of Finland, MIDA FINNSOM HEALTH FOR SOMALILAND, Institutionalizing Health Care Improvement Through Temporary return of Somali Diaspora Health Professionals. Annual Report June 2018 to June 2019.

to training institutions in Somaliland. The Institute has now started providing the course to students with Diplomas in Nursing and who now have the chance to further enhance their clinical knowledge. Prior to the support of MIDA FINNSOM, the health science institute faced huge challenges in finding qualified lecturers in specific technical fields such as midwifery and neonatal nursing areas. The school is the first public health science institute in the country to give graduated nurses an opportunity to advance their clinical education with top-up courses. Moreover, the project is contributing to the improved collaboration between the health institutions and the hospitals. Hargeisa Group Hospital (HGH), an institution that significantly benefited from the placement of diaspora and national experts through the support of MIDA FINNSOM, reported that more than two-thirds of the medical students in Hargeisa carry out their internships at HGH. This is due to the increased appetite and desire of professionals to be placed at HGH due to the improvement in health service quality as a result of the support of the MIDA FINNSOM project.

Output 3. Improved capacity of the Ministry of Health to steer, manage and coordinate the health sector.

Through MIDA FINNSOM IV, experts in health have been placed at the MoHD to support policy development and strategy. THL aimed at achieving institutional capacity development and the establishment of steering committees and technical committees to improve the MoHD's capacity to steer, manage and coordinate the health sector.

Through MIDA FINNSOM IV, diaspora experts assigned at various institutions and particularly at the ministerial level shared their expertise and experience in policy development and review, strategic design and action plans. It is reported that the support contributed to improving the health sector's planning and strategic leadership in Somaliland[10]. Among the key tasks undertaken in this regard, the review of the MASS hospital policy to align it with the National Health Policy of Somaliland[11] and the technical support to establish National Medical Reference Laboratory through assessing the laboratory capacity in the country are the notable accomplishments. Diaspora experts helped MoHD to take measures related to newborn-healthcare in line with both Every Newborn Action Plan (ENAP) and the national reproductive, maternal, newborn, child and adolescent health (RMNCAH) strategies. The experts helped the ministry improve the alignment of health projects with the primary and the secondary health services.

Technical support was also provided by a diaspora toxicologist to establish the One Health Approach system in the country with a focus to develop and implement chemical safety strategies and programmes to protect populations at risk. Furthermore, diaspora experts helped the MoHD to review and plan the Ministry's key programmes and plans. In this regard, a Secondary Services Advisor helped to conduct annual review and planning of the MoHD's key programmes such as Global Vaccine Alliance (GAVI), Joint Programme on Local Governance and Decentralized Service Delivery (GF & JPLG) and joint review of

[10] IOM Somalia, Annual Report to the Ministry of Foreign Affairs of Finland, MIDA FINNSOM HEALTH FOR SOMALILAND, Institutionalizing Health Care Improvement Through Temporary return of Somali Diaspora Health Professionals. Annual Report June 2017 to May 2018.
[11] Ibid.

programme on Essential Package of Health Services (EPHS). The support was crucial to the Ministry as the experts assigned helped with conducting assessment, review of work plans and development of five year strategy for Maternal, New-born, Child, and Adolescent Health (MNCAH) to align secondary services with primary health services.[12]

MIDA FINNSOM IV put in place an implementation arrangement that aimed at increasing MoHD's capacity to steer, manage and own the project while facilitating participation and collaboration between MoHD and the other key stakeholders such as IOM, Ministry of Foreign Affairs-Finland and THL. This was done by forming a Steering Committee and Technical Committee with clear terms of reference that set the different roles and responsibilities. The committees played key roles in building strong local ownership and transparency of decision making and information sharing regarding the project. The Steering Committee is chaired by the Ministry of Health and with representatives from MoHD, IOM, Ministry of Foreign Affairs of Finland and THL. The Steering Committee is responsible for providing strategic advice, monitoring the performance of the project and oversight of programme management to ensure successful delivery of the project. A series of meetings conducted helped to make strategic decisions and direct effective implementation of the project. The Steering Committee meets bi-annually while the Technical Committee meets three weeks prior to the Steering Committee in order to gather updates on the latest progress of the project including lessons learnt, challenges faced and issues that need decision taken by the Steering Committee. The technical committee is chaired by the Director General of Somaliland Ministry of Health and IOM assumed the role of secretariat. Following the Technical Committee meeting, the Steering Committee is provided with progress update and presented with issues that seek the approval and direction of the Steering Committee. [13]

MIDA FINNSOM IV has seen the addition of a new feature -- the Finnish National Institute for Health and Welfare (THL), which has significantly contributed to building the institutional capacity of MoHD and other key health institutions. The four pillar areas that THL provided support on include: (i) strengthening evidence-based policy making - NCD prevention and control as an example; (ii) increasing understanding of Health in All Policies (HiAP) by health and other professionals and boosting capacity for inter-sectoral action across sectors for health and health equity; (iii) increasing capacities to prevent, detect and rapidly respond to public health threats and to implement the International Health Regulations (WHO) in Somaliland; and (iv) strengthening capacities to promote sexual and reproductive health and rights, particularly in antenatal care[14]. Furthermore, THL has cooperated and worked with Nuovo Nordic, a telemedicine company. Nuovo Nordic designed a mobile application designed to collect information on antenatal visits. The application is in alignment with the WHO antenatal care guidelines and so far has

[12] IOM Somalia, Interim Report to the Ministry of Foreign Affairs of Finland, MIDA FINNSOM HEALTH FOR SOMALILAND, Institutionalizing Health Care Improvement Through Temporary return of Somali Diaspora Health Professionals. Annual Report 1 June 2018 to 30 November 2018.
[13] IOM Somalia, Steering Committee and Technical Committee ToRs, 2017.
[14] THL, MIDA FINNSOM IV Report to Steering Committee. Feb, 2020.

been piloted in MCH supported institutions in Hargeisa and work is underway to further scale up to other regional institutions.[15]

As of December 2019, a total of 463 professionals in Somaliland had received capacity building in a range of the thematic focus areas of THL. The THL experts carried out field technical assistance missions and provided technical support to build the capacity of MoHD covering four thematic areas.

THL supported MoHD in strengthening evidence-based policy making in NCD prevention and control after assessment of NCD capacities of regional hospitals. The NCD mission increased the knowledge and understanding of the role of all government sectors in determining the health of the population. Key leaders from MoHD, experts from universities and institutions such as Hargeisa Institute of Health Sciences and relevant health professionals and public health experts from the communities were given trainings and participated in workshops and seminars aimed at increasing awareness and building skills in managing and leading NCD prevention and control activities. Consequently, it is believed that this has increased competency in coherent policy making in an effort to achieve the SDGs by 2030. THL also appointed experts at the MoHD to provide technical support, training and planning in regard to NCD.[16]

A roadmap aimed at implementing Health in All Policies (HiAP) was developed and MoHD is leading the implementation of the action plans that ensure the integration of HiAP into multiple sectors. The workshops and missions conducted by THL increased the understanding of Health in All Policies (HiAP) by health and other key policy makers in the country. It boosted the capacity for inter-sectoral action planning across sectors for health access and equity. [17]

THL supported MoHD in developing an International Health Regulations (IHR) work plan, SOP for Multi-Sectoral Coordination Mechanism at high level and SOP for operational level surveillance and response coordination meetings. This has increased the capacity of MoHD and enhanced its relationship with WHO both in the country and regionally. Following the International Health Regulations missions and workshops undertaken by THL, awareness of IHR has increased and different sectors in Somaliland are stressing the need for a multi-sectoral approach to the IHR implementation.[18]

THL provided support in developing the ANC guidelines translated to Somali which is currently providing the day-to-day guidance for professionals at MCH facilities. The guideline was developed by THL and transferred to a digital application developed by Nuovo Nordic which has been piloted and tested. The development of the guideline enhanced the MoHD's resourcing capacity by providing a framework for the funding agencies and organizations to support the ANC services in Somaliland. The support provided in this regard has contributed to improved capacity of public sector health institutions in Somaliland to provide quality healthcare services, and furthermore, to save lives of women and children. The ANC guideline is helping to provide a quick evidence-based reference tool that can be used every day to respond to the needs of the clients. The ANC guideline aims to improve maternal and child health through

[15] THL, First Annual Report, Component for Institutional Development, Somaliland Ministry of Health and Development and National Institute for Health and Welfare (THL).
[16] THL, Progress Towards Results, 2020.
[17] Ibid.
[18] Ibid.

decreasing the 'three delays' that led to most of the complications of pregnancy, childbirth and maternal deaths. These are delays in seeking care, reaching care and receiving care. [19]

Relevance of the Project

The relevance evaluation criterion is concerned with how far programs are in line with local needs and priorities, as well as relevant policies and strategies. The following section discusses the relevance of MIDA FINNSOM IV for the Somaliland context and needs.

Relevance to Context and Somaliland Health Strategies

Evidence collected from various sources indicates that MIDA FINNSOM IV is relevant to the Somaliland context and strategically aligned with the national health policies and plans of the country including Somaliland Health Policy, Health Sector Strategic Plan II and Somaliland National Development Plan. Various sources indicated that the project is helping MoHD meet the international health regulations and standards by addressing the core problems the sector is facing.

MIDA FINNSOM IV project complemented the national health policy objective of Somaliland with specific focus on maternal and child health. As per KIIs and FGDs, institutional capacity building for disease prevention is the main focus of the project, which is also the key priority of the Ministry of Health. The project is relevant as it mainly focuses on improvement of the health services in Somaliland while also focusing on the transfer of skills and know-how. The skills transfer supports the implementation of the national health policy as it enhances the knowledge and skills of local health workers and enables them to deliver quality health care services. The project responds to the needs of the health institutions through skills transfer and institutional capacity building. This has been confirmed in the majority of the FGDs and KIIs as a key reason why the project is relevant. According to a nursing school director: "Knowledge is what should be fixed. It is not the building, but the knowledge to design and construct that matters".

The project has been relevant to the context of Somaliland whereby many people have emigrated out of the country and where getting skilled professionals is often difficult. According to a planning and strategic development expert at the MoHD, the project is designed to address the gaps and needs in health care service delivery in Somaliland. The project is very relevant as it aims to fill the institutional capacity gaps through the temporary return of experts who train and mentor local staff in hospitals and institutions they are assigned to. This strategy is quite relevant to all developing countries, but more relevant to fragile, less developed places that are recovering from conflict such as Somaliland. As per the KII, prior to the intervention of MIDA FINNSOM, there was only one neonatal specialist, one mental health specialist, and one heart specialist in the whole of Somaliland. The project is contributing to enhancing the knowledge of counterparts and strengthening health systems via injection of well-trained professionals. This is why, according to a senior IOM staffer in Somaliland, IOM initiated the MIDA programme to strengthen institutional capacities of African governments to manage and realize their development goals through

[19] IOM Somalia, Annual Report to the Ministry of Foreign Affairs of Finland, MIDA FINNSOM HEALTH FOR SOMALILAND, Institutionalizing Health Care Improvement Through Temporary return of Somali Diaspora Health Professionals. Annual Report 01 June 2018 to 31 June 2019.

the transfer of knowledge, relevant skills and financial resources of African diaspora members. IOM as a UN agency with a mandate to work on migration and has been looking for mechanism whereby migration can contribute to development, initiated the MIDA project in Somaliland in 2008 with the first diaspora experts deployed in 2009. The project helped the MoHD to implement the international health regulations and adhere to set standards by addressing the core problems in the sector such as the lack of skilled personnel.

The project is relevant as it also increased the attention by the Somaliland government to the health issues in the country which is reflected in the increased budget and investment in the sector. According to interviews with MoHD staff, the government of Somaliland is focusing more attention on the health sector and the emphasis has continued to grow over the years. According to a MoHD respondent, the national budget dedicated to the MoHD increased from 5 % to 7 % in the last few years. It is a significant change since 2% of the national budget means a lot in monetary value and it shows the significant attention the health sector is getting from the government. The success is not just the percentile change, but rather a shift in budgeting with the focus moving from curing disease to prevention.

Due to the relevance of the MIDA FINNSOM IV and its components, a growing interest is witnessed in certain areas as institutional capacity building. There is now increasing recognition by the MoHD of the role and contributions being made by THL. As per IOM Finland staff interviewed, currently there is strong buy-in of THL work from the MoHD generally which was not the case in the beginning of the project. THL came with a strong institutional capacity building plan and expertise through training and capacity development of the experts in various health institutions and the Ministry of Health. This was due to absence of incentives to the training participants. However, through time the buy-in grew significantly as MoHD started realizing that the capacity development was being provided by a highly qualified and experienced team from THL.

The project's relevance could also be viewed not only through the importance of skills transfer and institutional capacity building, but also changing the conventional practices and attitude of the local health experts and MoHD. Moreover, the MoHD considers the project, which is one among few programs monitored by the Ministry, to be an integral part of the national health plan. This is demonstrated in the significant numbers of inputs taken from the project to be considered in the national health planning.

Relevance to the Needs of Target Population

Focus on MCH is highly relevant and important because Somalia's morbidity and mortality of mothers and babies are one of the highest in the world. Data from Hargeisa and other regions show varying impacts achieved through MIDA FINNSOM. The perception of participants of KIIs and FGD is that maternal and neonatal mortality in Somaliland has decreased since the inception of the project. This is particularly true for Hargeisa as the neonatal death decreased from 40 during baseline period to 0 at end line. This is attributed to the significant investment through the current and previous phases of MIDA FINNSOM in Hargeisa and improvement of services achieved over the years. Specifically, in the phase IV, the project recruited and deployed national health experts to learn and work alongside the diaspora experts. This helped to retain the skills and experience in targeted facilities even after the diaspora experts left up on

completing their assignment. The project also addresses general health issues including hypertension, diabetes and other diseases. As per a senior IOM staff, the project also placed highly qualified experts in the Ministry of Health to provide expert technical advice and guidance to help the Ministry steer and manage the health sector more effectively. In hospitals, doctors with various specialties have been placed to work with the national experts. The idea is not to provide long term employment to the diaspora but it's the transfer of the skills and knowledge that is most important to local healthcare professionals.

Relevance of the Modality

The majority of the KIIs and national experts that participated in FGDs reported that the modality whereby the diaspora health experts work closely with national experts is very relevant. The importance of the modality is twofold in facilitating the skills transfer to the national staff and providing a sense of a meaningful career for the diaspora. The diaspora felt motivated by looking at the difference they are making in the healthcare system in Somaliland. The modality is effective given the cultural similarity between the diaspora and the national staff helps to smooth the interactions among the diaspora, the national staff and the Ministry of Health. A national doctor participating in the national staff FGD said: "Our communication is meaningful as we can easily understand what they are meaning to say."

According to both diaspora and national experts, the modality created a synergy of the skills of diaspora experts with the national experts. The diverse experience of the diasporas brought from different countries made the learning comprehensive and relevant. The knowledge and skills transfer from diaspora to national professionals was very effective, particularly during its first phases where multiple diasporas with different specialties were able to share their knowledge and skills across the team. As per a diaspora expert: "Bringing back Somalis who know the values, culture and context with expertise not available in Somaliland is very relevant. I was a lecturer at a medical school in Mogadishu before I was forced to leave the country due to the conflict. It's an excellent and quick opportunity to come back. The diasporas come with a good work ethic and they are against malpractices such as corruption.''

Effectiveness of the Project

The Effectiveness evaluation criterion concerns the extent to which the aims and objectives of a program were achieved, and why i.e. the key factors which positively and negatively influenced effectiveness. The following section assesses the effectiveness of MIDA FINNSOM IV in relation to the objectives and the strategic priorities.

Effectiveness in achieving objectives:

In terms of achievement of the project objectives and results, various sources reported that the project has been effective and succeeded in achieving the objectives intended. A senior IOM staff KII said, ''What we have set out to achieve, we have achieved. We exceeded the targeted number of diaspora professionals to work in the MoHD and hospitals.'' Some IOM and THL staff indicated that the success of the project is linked mainly to the approach of ensuring that the diaspora and national experts work together, the willingness of the diasporas to come and impart their skills and relocate temporarily, very good working relationships and cooperation with the MoHD and other stakeholders. The conditions are

favorable and attract diasporas to contribute in development initiatives in their place of origin. The majority of the participants in the evaluation expressed that the project was effective in achieving the targets it set. There are similar responses from both diaspora and national health experts particularly regarding their responsibilities and departments they are working in. As per the national experts, the project is effective at improving their work skills and ethics observed through professional patient interaction, ability of the national staff to carry out complex procedures, increasing the number of well-trained medical school graduates and the improvement in patient satisfaction. The national experts who participated in the project are very grateful to have been part of the project and reported improved skills because of their interactions and opportunities to work with experienced diaspora experts. Based on learning generated from previous phases of MIDA FINNSOM, Phase IV recruited national health experts to work alongside the diaspora. The strategy was to increase the skills transfer to local experts aimed at sustaining the improvements in service delivery even after the diasporas have left.

The project also effectively supported the strengthening and capacity of various departments including MCH, dialysis, dental, emergency and mental health departments among others. As per the diaspora expert leading the mental health operation under the MoHD, significant results have been achieved in the first year of implementation since the mental health unit has been set up. MIDA FINNSOM IV helped to form a mental health unit at the Ministry, equip the unit with the human resources (1 Psychologist, 3 Doctors, 1 Public Health Expert), financial resources and relevant policies and support various institutions across Somaliland. These helped to address the major gap that existed in the country in terms of mental health. Though significant work remains, mental health is not a neglected issue in Somaliland anymore that the MoHD and institutions across Somaliland have taken the issue seriously. So far, a network of agencies working on mental health has been developed and regularly meet to develop tools, SOPs, guidance and approaches. Currently, the team is revising the mental health policy and aim to put in place later this year. The key factors for success indicated to be the fact that diasporas know the challenges and problems in the country is energizing them to work with passion to contribute to their community. The diaspora expert talked to went on explaining how the MIDA FINNSOM support helped address the gap in mental health. He said,

''When I joined the MIDA project, there was no mental health team at all. There was a mental health unit in MoHD but it was not equipped in terms of human resources, office set up and policies. I had to build the institution and team of the mental health department. I was tasked to develop a mental health policy.'' A diaspora doctor and mental health expert.

Effectiveness of the Service Delivery at the Institutions

Service receivers that participated in the FGDs perceive a decline in maternal and neonatal mortality. This corresponds with the hospital records in Hargeisa and in other regional hospitals where neonatal death between baseline and endline showed a significant difference. Moreover, it has been reported by the hospital directors and MoHD that because of the improved service provision in the supported institutions, there was significant growth in the number of people accessing the services that resulted in spike in number of live births at a health facility. According to a hospital director in Burao, the average services

delivered per month grew from a maximum of 140-150 a month to as high as 400 a month. The number of service users also significantly increased even with visiting patients from outside of Somaliland including Puntland and nearby Ethiopian localities. This is believed to be due to the improved service delivery and access in the facilities in Hargeisa and in various regions due to the support of MIDA FINNSOM.

According to a KII respondent from the MCH, the use of the mobile phone application for record keeping, such as patient registration, is effective in providing easy access to patient files, longer and more reliable records, and better archive management. Arranging confidential service provision space for service users, particular for counseling services, contributed its part in quality service provision. As a result of this, end users were able to access comprehensive services in an integrated manner with significantly low cost. Hospital records shown that significant decrease in maternal and neonatal mortality has been achieved both in Hargeisa and target regions in Somaliland which is attributed to the contribution of the Phase IV of MIDA FINNSOM. Apart from MCH, there seems to be improvement in attention to service provision in various other health areas. According to a mental health expert diaspora interviewed, the issue of mental health which is highly stigmatized for long in Somaliland and has been neglected both at the ministry and community level. This is now getting increased focus and attention. Doctors and primary health care workers did not like to work on mental health previously. However, after this project supported a mental health component, nowadays attitudes are changing. Health experts in different levels are interested in participating in the mental health activities and initiatives.

As per the user exit surveys conducted at neonatal centers at two MCH facilities in Hargeisa with 86 women, the majority of women who are accessing MCH facilities are satisfied with the various aspects of the service delivery in the facilities. Almost all, 99% of interviewed mothers reported they are satisfied with the service being provided in the neonatal center and they recommend the service to other people. Majority of the women reported also satisfaction with the service at neonatal center and their interaction with the neonatal doctors. In terms of patient-doctor interaction, 98% respondents reported they were comfortable discussing their own and their newborns health issues with doctors. The interviewed women also reported that they had also the chance to ask and clarify questions about their own health and their newborns health. In addition to the health services they are getting, for the majority the neonatal centers are source of skill and knowledge in regard to how they can keep their baby clean (83%) and information on techniques and the importance of exclusive breast feeding for six months (80%). More than four-fifth report to have been given a return date for checkup/follow up. This is believed to be due to the increased trust by the service users on the facilities due to improved service and treatment to clients following the support of MIDA FINNSOM IV has been expended with specific focus on maternal and child health issues.

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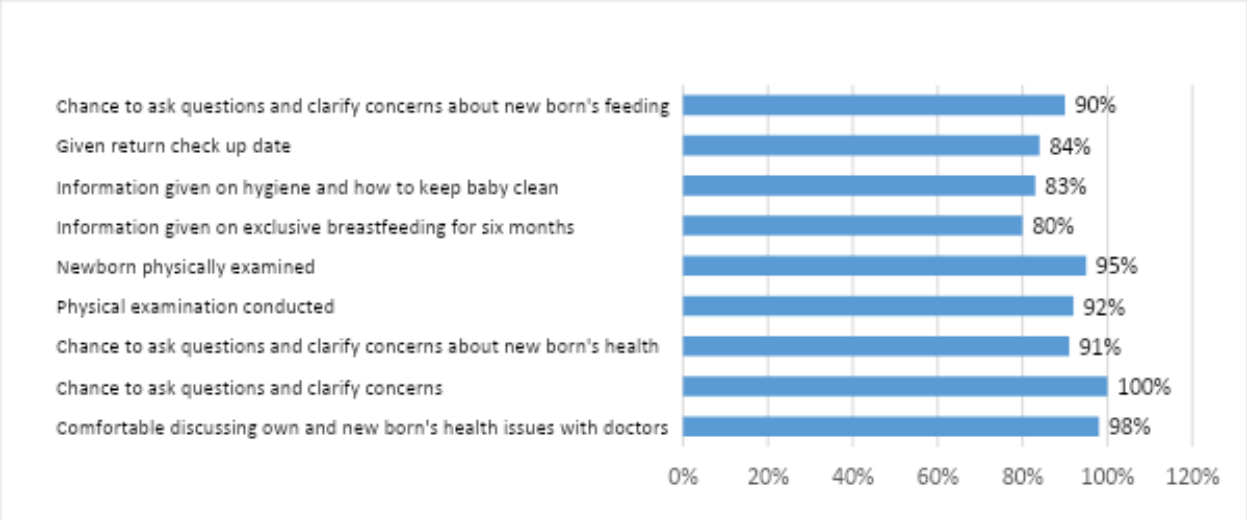

Figure 1 Service Delivery and Mothers Satisfaction at Neonatal Centers

Due to improvement in service delivery at the MCH facilities, it seems there is increase in demand and use of pre-natal and post-natal care services in the targeted institutions. This has been reported in the various FGDs and KIIs conducted. Women that were visiting the neonatal centers were asked about how soon they have accessed care during delivery, 84% of women reported they have delivered in the neonatal care center and received care the same day. This indicates that the majority of the women in the community now have trust in the MCH facilities available to them which will hopefully have a significant positive impact on the maternal and child mortality in the foreseeable future (See Figure 2). Some 11% reported they have delivered at home but continued seeking post-natal care to maintain the good health of theirs and their newborns.

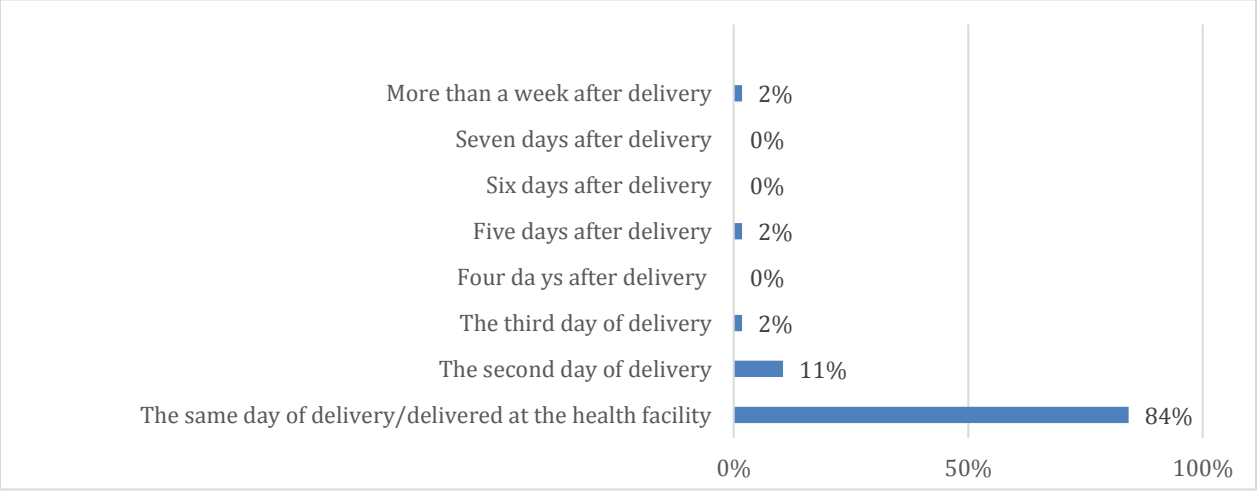

Figure 2 How soon they accessed care during delivery

Effectiveness of the Project vs. Strategic Shift

Despite the achievements of the project, some diaspora questioned whether the project achieved what it planned to achieve, especially its focus on maternal and child health. As per the project's initial proposal[20], the project aims to contribute to health sector outcomes in Somaliland, mainly on maternal and child health. However, as per the interview with IOM and MoHD representatives the project's focus did not shift entirely, but there was a strategic shift from MCH as a standalone programme to MCH in all health components. It has been reported that the shift from MCH as standalone to mainstreaming of MCH in general health was a strategic decision taken by the Steering Committee headed by the MoHD. There is a belief that MCH outcomes and impact can't be achieved in isolation of other health issues affecting mothers and children. As a result, a decision was made to make MCH a mainstreamed subject with in general health components for higher outcome and impact.

Efficiency of the Project

The DAC efficiency evaluation criterion concerns how well resources are utilized to achieve results in relation to cost and time. As noted under limitations, this evaluation did not have the scope to conduct a full assessment of cost-effectiveness and value for money. Rather it was decided to focus on extent to which the modality, leverages and monitoring and evaluation mechanisms during programme implementation brought efficiency gains.

Various evidences shown that the project was implemented efficiently which is very much related to the modality and leverages it had with previous phases and synergy in country. The implementation of the project started timely as some of the diaspora experts that were part of Phase III of the project have been recruited to work for Phase IV immediately at the start of the project. This was very crucial in reducing the time lost in identifying and onboarding diaspora professionals which usually is time taking. The added value the experts brought with regards to knowledge of the institutions, context and the project has been crucial as it helped to capitalize on their skills and knowledge to the advantage of realizing the project outcomes efficiently. This helped to achieve tangible results from the first year of implementation.[21] As per one IOM KII, the project deployed more than the planned number of professionals (46 deployment out of the plan of 40) to the Ministry and health facilities using the same resources. This was because resources are used efficiently by leveraging the investments of the previous phases of the project. In addition, some professionals that completed their contracts previously continued to provide the services under a national contract.

[20] IOM Somalia, MIDA FINNSOM HEALTH, Phase IV: Institutionalizing Healthcare Sector Development Through a Temporary Return of Somali Diaspora Health Professionals.

[21] IOM Somalia, Annual Report to the Ministry of Foreign Affairs of Finland, MIDA FINNSOM HEALTH FOR SOMALILAND, Institutionalizing Health Care Improvement Through Temporary return of Somali Diaspora Health Professionals. Annual Report 01 June 2017 to 31 May 2018.

The total funding secured over the three years' period of the project is 4,300,000 Euro. As per the last submitted annual report[22], IOM has received 3,300,000 Euro for the implementation and managed to utilize 91% of the budget received. This demonstrated a timely implementation and utilization of budget proportional to the time of the reporting. This is expected to be 100% when the final report comes through later in the year. As per the IOM programme team, the biggest portion of the project budget went to the operational cost of bringing diasporas back to their country and engaging national experts to work with them. The project pays a salary to diaspora and national experts that participate in the project. As part of the benefits, the diasporas get tickets to go back to their residence countries where their families are. The project has had no family packages whereby the diasporas can come with their whole family for the duration of their contract, so some diasporas are sacrificing personally because of their high desire to participate in this project. Moreover, the project is largely seen to be very efficient due to the long term impact it is expected to have.

The majority of the KIIs reported that the project has been efficient due to the modality of bringing back diaspora Somali health experts to contribute back to their country and transfer their skills to the national health experts. Some KIIs reported that some of the diaspora have taken significant pay cuts because of their desire and commitment to come back and contribute to their country. Furthermore, by efficiently using their time, the majority of the diaspora professionals were able to supervise as many national experts as possible, while providing direct health services and teaching the local health professionals. The project is attracting highly qualified professionals which has been very successful and efficient with what has been invested. As per a key informant, for instance, the Ministry of Foreign Affairs-Finland received multiple requests from Finish-Somali diaspora to participate in MIDA FINNSOM and contribute to the development initiatives in Somaliland.

It has been reported that the project is efficient because of the strong professionals monitoring and evaluation system that provided continuous feedback ensuring corrective measures are taken throughout the project lifecycle. The hospital directors reported that, at hospital level, the day-to-day work of national and the diaspora experts have been monitored and supervised by the hospital directors themselves. Experts are expected to submit monthly and weekly work plans that are discussed and approved regularly. These work plans help as a monitoring framework for the directors and national experts. The diaspora experts' work plans consist of service delivery schedules in their respective departments and training of the national experts. In addition, the diaspora experts are expected to send regular quarterly reports to IOM and MoHD on their achievement and accomplishments.

The project has been effectively monitored by a team of experts from MoHD and IOM that conducted joint visits on a quarterly basis and ad-hoc visits when necessary according to IOM and MoHD experts interviewed. The joint monitoring activity has been led by M&E Unit at IOM and Project Coordinator at MoHD for the MIDA FINNSOM IV project. In these visits, feedback has been collected from the hospital

[22] IOM Somalia, Annual Report to the Ministry of Foreign Affairs of Finland, MIDA FINNSOM HEALTH FOR SOMALILAND, Institutionalizing Health Care Improvement Through Temporary return of Somali Diaspora Health Professionals. Interim Report 01 June 2019 to 30 November 2019.

directors, national and diaspora experts. This feedback is triangulated with the observation of the various facilities, services and interviews with end service users. Following the visit, the hospital representatives are given debrief on what is working, what needs to change and action plans are drawn. At the end of the exercise, a field monitoring report is jointly prepared and shared for learning and follow up. In addition, the project has been also monitored on an ad-hoc basis by IOM's technical experts to track progress, quality, process and provide feedback for improvement. Some diaspora key informant's criticized IOM for not having dedicated technical personnel with health background to monitor the technical aspects and provide technical support on the ground on regular basis.

Team meetings conducted regularly provided excellent mechanism to monitor progress, make corrective measures and implement activities timely. The team scaled up measures to collect information on the achievements made by the participants by making use of the MIDA monthly meetings, which are held on the 28th of each month. Meeting procedures were improved, giving the participants a platform to report their monthly achievements, plans for the subsequent month and report on the challenges faced. The meetings also seek to build synergies between the participants and their institutions. These new steps introduced have not only helped restructure the meetings, but also helped the team review and assess their efficiency and effectiveness.[23]

Outcome and Impact

The DAC outcome and impact evaluation criterion concerns the wider effects of a program on individuals and groups, communities and institutions. Impacts can be intended and unintended, positive and negative. The following assesses the outcome and impact of MIDA FINNSOM IV on the on individuals, on the target communities.

Evidences indicate that MIDA FINNSOM IV contributed to achieving the outcomes and impact it planned for in the targeted regions of Somaliland. Analysis of data gathered from hospital Health Management Information System (HMIS) shows that there is significant increase in live births at hospitals-including ones performed at C-sections, decrease in Maternal Mortality Rate (MMR) and Neonatal Mortality Rate (NMR). Significant improvement has been recorded in the last year of MIDA FINNSOM implementation. But for the purpose of comparison, data from September 2019 to February 2020 has been used to compare with six data from baseline period (January to June 2018). Comparison of the MMR data shows that it has significantly decreased from 721.9 at baseline to 289.5 endline. This is lower than the Maternal Mortality Ratio (MMR) for Somalia, 692 deaths per 100,000 live births. This means that in the country, for every 1,000 live births, approximately seven women die during pregnancy, childbirth, or within two months of childbirth.24 Majority of the supported hospitals registered decrease in MMR. Hargeisa registered the highest decline in MMR from 286.4 to 0.0 at endline that could be attributed to years of investment and support provided by MIDA FINNSOM projects. Hargeisa is followed by Las Anod with a decline in MMR from 1626 to 231.5 (86% decrease) and Erigivo from 1666.7 to 641 at endline (62%). Similarly, the overall

[23] Ibid
[24]UNFPA (2020) The Somalia Health and Demographic Survey

NMR decreased from 53.8 at baseline to 16.2 at endline as per the HMIS records. At regional level Borama and Burao shown significant decrease from 182 to 38.6 and 25.8 to 10.5 at baseline and endline respectively. The overall NMR for targeted regions found to be significantly lower than the national rate for Somalia which stands at 37.5 deaths per 1000 live births. [25]

Various factors could be attributed to the positive outcomes and impact achieved including improvement in skills of health professionals leading to improved service delivery (as discussed in the effectiveness section). Delivery at a health facility, proper medical attention and hygienic conditions during delivery are crucial in reducing morbidity and mortality risks to both the mother and baby. Though, the statistics do not provide what proportion of deliveries happen at home, HMIS data received from hospitals shows that livebirths (hospital deliveries and infant admissions) reported have significantly increased between the baseline and endline periods. This has shown 136% increase from 4394 in baseline to 10363 at endline. Moreover, among the live births reported, 16% have been done by C-sections. Among the hospitals evaluated Hargeisa and Borama shown higher than average of 20% deliveries conducted by C-sections compared to others. (See table below). Attributed to MIDA FINNSOM IV, the statistics at targeted health institutions is extremely encouraging in this regard compared to the official statistics for Somalia. Available secondary data shows that majority of deliveries in Somalia happen at home. According to SDHS, around one in five births (21 percent) in the five years preceding the survey was delivered in a health facility in contrast to overwhelming majority of births (79 percent) delivered at home. Moreover, the percentage of women who delivered babies by C-section is 2 percent in Somalia.[26]

Table 6 Maternal and Neonatal Mortality Data from Hospitals (Baseline Data Jan 2018 to June 2018, Endline Date: Sept 2019 to Feb 2020)

Facility	Live births		Maternal deaths		MMR		Neonatal deaths		NMR		Live births at C-section at endline	% of births at C section at endline
	Base	End	Base	End	Base	End	Base	End	Base	End		
Gabilay	323	413	0	0	0	0.0	36	0	111.5	0.0	61	15%
Las Anod	123	432	2	1	1626	231.5	0	2	0	4.6	46	11%
Burao	929	3713	0	6	0	161.6	24	39	25.8	10.5	510	14%
Berbera	315	558	4	4	1269.8	716.8	12	20	38.1	35.8	102	18%
Borama	489	725	1	2	204.5	275.9	89	28	182	38.6	146	20%
Hargeisa	2095	4210	6	0	286.4	0.0	40	72	19.1	17.1	832	20%
Erigivo	120	312	2	2	1666.7	641.0	0	2	0.0	6.4	36	12%
Overall	4394	10363	15	15	721.9	289.5	201	163	53.8	16.2	1733.0	16%

[25] World Atlas Somalia, https://knoema.com/atlas/Somalia/Neonatal-mortality-rate
[26] UNFPA (2020) The Somalia Health and Demographic Survey

Source: Hospital Data

MIDA FINNSOM IV contributed in bridging the gaps through deployment of highly qualified diasporas in different technical areas that contributed for significant improvement in access to health services in all target areas. The support provided specially by the diaspora and national neonatal specialists contributed to decrease in NMR and MMR across the target regions. The project helped to bridge the gaps in mid-wifery, neonatal care, managing obstetric emergencies and record keeping. The clinical skills gained were supported by ANC guideline developed and enhanced work ethic of the national professionals combined contributed to achieve the results. A key informant from the MoHD attributed the success of the project with its relevance since it is designed to address the gaps in skills and service delivery. Similarly, the national health experts involved in chest specialty and dialysis reported that they have learned complex procedures such as hemodialysis[27]and how to operate in the dialysis machine. They also reported that in addition to enhancing their technical skills and expertise in their specialty work they are doing, the project helped them to equip with multifaceted skills including report writing, preparing work plans and conducting assessments.

Additionally, the support and expertise provided to the nursing health facilities in Somaliland seems to have contributed to the positive outcomes. According to KIIs, the number of well-trained graduates significantly increased and the school started outreach activities to reach the larger community through health education and treatment. This is expected to further improve access to health services, which used to be significantly low in Somaliland due to the limited number of trained professionals. The winning of multiple scholarship opportunities for Somali nationals in health sector training opportunities can also be considered as an unexpected positive outcome by the project. Additional evidence of the project's impact, a KII respondent from the MCH facility highlighted a significant decline of child mortality with a shift from 80 babies per month to 8 babies per month during the project periods.

One of the key unintended impact of the MIDA FINNSOM was linked to the diaspora-national engagement approach that the phase IV adopted. The project has contributed to improvements in work ethic and attitude change, which is very crucial for any profession especially for health service delivery. As per a national expert that is benefiting from the project, the diaspora-national expert work engagement is effective not just on the skills transfer, but also improving the national staff work ethic and contributing toward attitudinal change. The national health experts reported that the day to day coaching, capacity building and mentoring by the diaspora experts helped them to work hard and increase their professionalism in delivering the health services in their community.

MIDA FINNSOM IV also resulted in some crucial unintended positive outcomes by inspiring and mobilizing Somali diaspora professionals to comeback and contribute to their country. They are setting up new and long term partnerships to contribute to their country beyond the life span of the project. Among the significant steps taken so far, diasporas raised funds on their own and procured medical equipment to

[27] A type of dialysis procedure involves diverting blood into an external machine where it is filtered before being returned to the body.

support the institutions in Somaliland. In this regard, a notable achievement was done by a group of diasporas that procured and shipped the one and only hemodialysis machine in Somaliland which is currently operating. Some diasporas started organizing and are mobilizing a charity in developed countries to support institutions back in Somaliland by sending different types of equipment's they are lacking. The diaspora professionals reported that they are delighted with the results they are observing and the changes their contributions are making. Moreover, some diasporas have come and built their life in Hargeisa and never wanted to return to their country of residence after finishing their contract. Some have been motivated to stay after their engagement with MIDA FINNSOM and have established their own start-ups or joined public institutions in Somaliland. This has added value by retaining experts in the country even without the continued support of the project that can be harnessed when needed. Though unintended, this would also have positive outcomes by motivating other diaspora to return and contribute in the development activities of their country.

While some diasporas think the shift in focus of the project from MCH to general health with MCH being mainstreamed has limited its outcome and impact, IOM and MoHD believe such a decision was made strategically for higher impact of the project. The recruitment and placement of diasporas diverted from the MCH focus and shifted to a more general health in Phase IV. Some diasporas are concerned that this likely has affected the impact and outcome the project could have brought. Whereas, IOM and MoHD representatives believe the project had greater impact as it mainstreamed the MCH issues in general health issues. The belief is MCH can be addressed within the framework of addressing general health problems mothers and children are facing.

Sustainability of the Project

The DAC Sustainability evaluation criterion concerns the extent to which the activities and benefits associated with a program are likely to continue after the program ends, and the underlying reasons for this. Key factors for consideration in assessing sustainability include capacity - extent to which supported individuals and institutions have the knowledge and skills to continue the work; ownership - extent to which supported individuals/institutions have a stake in the activity and see it as theirs, and; support and buy-in from key external stakeholders.

The project has contributed significantly in terms of putting in place skills and knowledge that are believed to sustain for quality delivery of health services in Somaliland. However, there was concern from various key informants talked to in regard to how much the project is ready to phase out and the results achieved can sustain without the continued support of MIDA FINNSOM. Both the diaspora and national experts reported that the project was successful in building skills of national experts that is expected to sustain but did not build adequate systems for exit at the end of MIDA FINNSOM IV. The experts said phasing out of MIDA FINNSOM is not realistic at the moment and the majority shared the idea that building systems for sustainability is the aspect of the project that has not been adequately met as it heavily depended on diaspora's in improving the health services delivered in the target institutions. In one of the focus group discussions, a participant said: "Exit of the project at this stage means ignoring a herd of goats to a hyena". Most respondents indicated that the majority of hospitals have depended on the project to avail the much needed health services in their institutions. Respondents suggested the project to continue with little adjustments. They hold the view that the project has to continue with a little strategic revision in Hargeisa

as a lead institute, focusing on working towards excellence on few high level services as MCH and managing the change across the regional health institutions.

The involvement and ownership of the project by the MoHD was strong that needs to be strengthened to achieve sustainability and smooth exit. The majority of key informants indicated that IOM and MoHD have jointly led every aspect of the programme beginning with planning, implementation, monitoring and evaluation. This is believed to have ensured adequate ownership by the MoHD. Recruitment of both diaspora and national experts has been done jointly by MoHD and IOM. As per the key informants, the request for specific technical expertise comes from the hospitals themselves. This request is then received by MoHD and if approved, it is referred to IOM for advertising on IOM's website and CVs are collected over a two-week long advertising period. The advert is posted on websites and on notice boards at the Ministry of Health, different institutions and IOM. Then, the MoHD and IOM usually do the shortlisting, interviewing and onboarding together. Once the experts are selected, contracts are issued by IOM. When contract renewal is required, this is entirely based on the feedback and recommendation of the host institution and the Ministry of Health. Moreover, the MoHD also takes a lead role in identification and onboarding of national experts that work alongside the diasporas. A strategic shift in approach from a national expert selection through external advert to deploying experts from the already existing staff in various institutions was undertaken following a lesson learnt from the lengthy recruitment process as a result of the former approach. In addition to fast tracking the identification and onboarding process, it is believed that it contributes to the sustainability of the results and outcomes achieved during MIDA FINNSOM IV period.

The programme results and impact is expected to sustain due to the modality of the programme and different approaches implemented for sustainability. IOM staff that were interviewed think that adequate systems have been built to ensure the results and outcomes achieved through the project continue beyond the project duration. It has been 10 years since the MIDA FINNSOM project started and in previous phases, it was difficult to phase out as there were no adequate systems set up for exit. Some essential prerequisites however have been implemented in phase IV to ensure sustainability including; making sure that the diasporas work with local experts to retain the skills in a more institutionalized way, setting up of a steering committee that is formed to provide oversight to the management and implementation of the project and THL that has been proving institutional capacity building addressing the key gaps at the ministry and various institutions. Combined, these are expected to be paving the road for the complete exit of MIDA FINNSOM project. In this regard, some departments in targeted locations demonstrated they can run without the continued support of the project. This has been piloted in the dialysis center in Burao and the three neonatal centers which are being run effectively even after the diaspora professionals have left.

Despite good systems have been built that have laid the corner stone for sustainability and exit of the MIDA FINNSOM support, it was reported by various stakeholders that the financial support need to continue with specific focus on building more resilient systems and capacity at the MoHD and various institutions. The evaluation revealed that, though the different phases of MIDA FINNSOM build technical capacity in place, financial resource are lacking at the MoHD to sustain the gains achieved thus far. This,

according to IOM staff, has been frequently reported by the Ministry of Health as a point of concern. Moreover, some diasporas stayed longer in through different phases of the project and there seems to be a tendency of dependency that they are interested to continue indefinitely also blocking the chance for new blood diasporas to come and contribute. Some diasporas overstayed in the programme as long as 10 years since the first inception of the programme. In this regard, a question needs to be asked, if the diasporas have built capacity and skills have been transferred, why it the need to keep them for such long which has detrimental effect in the exit plan.

Good Practices and Lessons Learnt

Majority of the diaspora and national experts that participated in the evaluation study believe that the skills transfer from diaspora to national experts is a good practice that needs to be replicated across different sectors. The experts think that the lesson can be taken to other regions and countries as well. Some national experts said that the teamwork, collaboration and desire to achieve a shared objective was a major factor that helped them to be successful. A MoHD staff said: “The transfer of knowledge is happening everyday where local experts meet and engage with the diaspora experts. They participate in patient meetings, participate in seminars and meetings”.

GOOD PRACTICE EXAMPLE

A significant impact of the project is the transnational and national networking through diaspora experts that linked Somali institutions to third country institutions and organizations. This also improved funding and resource mobilization nationally and internationally. Some examples of such connections include: five dialysis machines were donated to Boroma and Burao Hospital by Lund University Hospital. MASS hospital established a solid cooperation with Italian doctors, who helped perform complicated surgeries at the newly opened operations theatre. Furthermore, USD 25,000 was raised by the Somali government and business community, which went to Burao Hospital. The added value of these connections is sustainability. Indeed, the partnership established collaborations can contribute to a continued development of the institutions even after the project ends. The construction of one block building at Hargeisa Nursing School by a Germany based organization (GTZ) is another success story. The block was built in just two months upon the organization's leadership visiting the school where agreement was reached with the school director to write a concept note. GTZ also provided all the necessary equipment for service provision. The practice of mobilizing resources from the local community is another good practice.

Coordination and Networking

The MIDA FINNSOM IV collaborated and networked with a number of stakeholders in health including: Ministry of Health, bilateral donors, UNFPA, WHO, NGOs, civil society and diaspora associations in Finland and private sector entities such as Nuovo Nordic and Logonet. The networking and collaboration helped the project to leverage the various programs being implemented in Somaliland. For instance, IOM, MoHD and UNFPA signed a local cooperation agreement for cooperation agreement at the inception of the MIDA FINNSOM IV. Following the agreement, frequent meetings have been conducted to collaborate on establishment of neonatal units where the agencies cooperated on dividing locations, developed

approaches to avoid overlap and concentration of resources so as to facilitate the channeling of resources in a distributed and useful way. [28]

The Health Advisory Board, chaired by the Minister of Health, is the highest governance body when it comes to the issues of health in Somaliland. The Board is made up of the Minister of Health, heads of UN agencies, donors and other stakeholders and it provides a policy and planning endorsement forum to discuss and set overall health policy objectives, strategies and priorities. There is also a Health Sector Committee to support the implementation of its functions and responsibilities. The Health Sector Committee is the main coordination mechanism providing a platform for Somaliland and Somali health authorities to discuss and develop comprehensive strategies and health policies, as well as developing technical health-sector components for service delivery. The Health Sector Committee decisions, policies, strategies and proposed interventions are referred to the Health Advisory Board for review and endorsement. IOM is an active member of the Health Sector Committee for Somalia and Somaliland (HSC) and is strongly committed to fostering joint interventions towards the development of the health sector by aligning its activities with the national health agenda. [29]

A cluster system also exists in Somaliland whereby clusters for health, nutrition, WASH, protection, food security, education and logistics work to align approaches, develop actions and strategies and improve the way specific sectors function at national and regional level. Structures and processes vary from cluster to cluster. For example, some link well with other clusters and development actors, while others do not. Health Sector and Cluster Coordination meetings involve many of the same partners and there is some collaboration. IOM is the co-chair of the Health Cluster in Somalia alongside the WHO and actively facilitates coordination among partners. [30]

Conclusions

- MIDA FINNSOM IV faced significant challenges in regard to onboarding health experts timely in the different target health institutions. This is mainly true for the onboarding of national health experts that work alongside the diaspora experts. The lengthy recruitment procedure whereby the MoHD and IOM set a technical committee to assess needs from participating health institutions and conduct the recruitment process couple with an external recruitment process delayed the swift onboarding and timely implementation of the MIDA FINNSOM IV activities. This is believed to have contributed to limited outcome and impact in meeting the objectives set. However, following a review based on the learning, a strategic change in the approach helped to expedite the identification and onboarding process thereby contributing to achieve the targets in this regard.

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[28] IOM Somalia, MIDA FINNSOM Health, Phase IV, Somaliland, Institutionalizing Health Sector Development Through Temporary Return of Somali Diaspora Professionals. Interim Report to Ministry of Foreign Affairs of Finland, June 2017 to May 2018.
[29] IOM Somalia, MIDA FINNSOM Health, Phase IV, Somaliland, Institutionalizing Health Sector Development Through Temporary Return of Somali Diaspora Professionals. May 2017.
[30] Ibid

- Despite the challenges however, the project managed to succeed in meeting the outputs and targets it set at the start of the project in relation to recruitment of professionals. The project identified and deployed diaspora-national experts to various institutions that helped to overcome the skills gap and transfer skills. Expert support to MoHD provided capacity in strategy review, development of tools and systems which was crucial in building the capacity of the ministry to steer and manage the sector. Hargeisa Health Sciences college supported through top-up courses, training programs addressing health service professionals that has contributed to build skills and capacity in Somaliland. Through THL and its partner company Nuovo Nordic, institutional capacity of the MoHD developed. During Phase IV, MIDA FINNSOM was successful in identifying and deploying diaspora and national experts beyond the target. Moreover, the project met the aim of deploying at least 30% female diaspora health professionals. Though the project planned to onboard 40% female national experts, it managed to onboard 30% women national experts.
- MIDA FINNSOM IV provided highly qualified diaspora experts to MoHD to support with steering and managing the health sector with expertise. The experts placed at the ministry supported policy and strategy review and development along with building systems and capacities at the ministry. Among the various technical supports provided, the experts helped with revising the MASS hospital policy, extended expertise in building National Medical Reference Laboratory, helped to increase attention to Every Newborn Action Plan, national RMNCAH strategies and alignment of health projects with primary and secondary health care services in Somaliland.
- MIDA FINNSOM IV facilitated the establishment of steering committees and technical committees that helped to increase the MoHD's capacity and role to steer, manage and coordinate the health sector. While facilitating participation and collaboration between MoHD and the other key stakeholders such as IOM, Ministry of Foreign Affairs-Finland and THL, the steering committee was effective in undertaking major strategic decision in the life of MIDA FINNSOM IV and other projects that are implemented in Somaliland.
- THL played an important role in the Phase IV of MIDA FINNSOM through institutional capacity development. THL executed the much needed technical assistance missions in the four pillars of its support and trained a significant number of health professionals. THL has contributed in developing an antenatal care guideline that is being used in various intuitions as a reference to provide the ANC services. Moreover, in collaboration with Logonet and Nuovo Nordic components, THL is working to advance and promote the use of technology in capturing, tracking and using antenatal care information through the use of an application. The mobile application was developed by Logonet and Nuovo Nordic and is at piloting stage. Key informant in pilot institution reported that the use of the mobile application for record keeping and patient registration is proving effective in providing easy access to patient files, longer and more reliable records, and better archive management. Overall, there is growing buy in from the MoHD for the role THL, Logonet and Nuovo Nordic are playing that is expected to bear results in near future. However, significant work of the THL was work in progress at the time of the evaluation and the technology application was at pilot stage that in-depth evaluation of which was not feasible.
- Evaluation findings show that the project was harmonized with the national health policy of Somaliland with specific focus on maternal and child health, which is the key priority for the Ministry

of Health as well. The project addressed the key gap in Somaliland - the scarcity of expertise in the health sector, in general and particularly in MCH. It is important to note that during the implementation, the focus was shifted from MCH to mainstreaming of MCH into general health issues.

- The evaluation findings indicated consistently that the modality of the project, whereby the diaspora health experts return on a short term deployment missions and work closely with national experts to transfer skills, was found to be very effective. According to informants, the importance of the modality is twofold in facilitating the skills transfer to the national staff and providing a sense of a meaningful career for the diaspora. Furthermore, the modality is believed to contribute for the sustainability as the skills and knowledge are transferred to national experts in different supported institutions.
- The project was effective in achieving its objectives and increasing satisfaction in services in MCH targeted institutions despite the strategic shift in focus that has impacted the project. The improvement in health service delivery is attributed to placement and increase in qualified health practitioners, improved skills set and improved work attitude of national experts and environment at the health facilities. During Phase IV, the improvement in service delivery has attracted patients from nearby Puntland and border areas between Somaliland and Ethiopia. Surveys with mothers using the ANC services in targeted institutions revealed that there is satisfaction with the services being provided in those institutions and various factors that could be attributed. #
- Majority of the women reported satisfaction with their interaction with the neonatal doctors and are comfortable discussing their own and their newborns health issues and are given return date for checkup. Mothers had also the chance to ask and clarify questions, provided with health education on the skill and knowledge on handling cleanness of their babies and on the importance of exclusive breast feeding for six months. This is believed to be due to the increased trust by the service users on the facilities due to improved service and treatment to clients following the support of MIDA FINNSOM IV. However, the strategic focus of the project on Maternal and Child Health has been expanded strategically to cater for other general health issues due to the belief that the issue of MCH can be addressed mainstreamed in to the focus on addressing the general health issues mothers and children are facing. This is believed to have reduced the amount of attention the programme needed to give to MCH and could be a reason why the project has not achieved significant outcome and impact in MCH related indicators across all target areas.

- The project is effective in terms of skills transfer to and shaping the work ethic of national experts. It also helped to increase the number of well-trained medical school graduates. The project is reported to be very effective in creating a momentum whereby highly qualified diasporas are increasingly interested to come back for short and long term periods to contribute to the development efforts of their home country.
- Though in-depth value for money analysis has not been conducted, there are adequate evidences that indicate that the project was efficient due to its modality, strong desire to sacrifice from diasporas and the monitoring and evaluation system in place. First and foremost, the modality of the project having invited Somali diaspora experts to come back to Somaliland and contribute in quality health service delivery and skills transfer was a key factor in achieving the efficiency as it is tied to long term outcomes in the sector. The project is attracting highly qualified Somali diaspora professionals who are willing to concede significant pay cuts in lieu for participation in contributing in the development initiatives in their country of origin. The interest is growing day by day as the Ministry of Foreign

Affairs-Finland received a number of requests to participate in MIDA FINNSOM from Finish-Somali diaspora that did not get the chance to participate in the earlier phases.

- Phase IV of the project has leveraged the skills, professionals that have been trained and some diasporas remained in the country even after finishing their assignment that helped to start implementation timely contributing to achieve efficiency. By the time of this evaluation, 91% of the budget received has been spent for running MIDA FINNSOM activities and it's expected that it will reach 100% during the last round of reporting. Though IOM was critiqued for not having a dedicated health technical expert to support the project, it is reported that strong quarterly and ad-hoc joint monitoring exercises and reviews lead by IOM and MoHD also helped to identify strengths and weaknesses timely and on regular basis enabling the project to make changes based on continuous learnings generated.
- Though official statistics on live births with the help of health attendant, MMR and NMR are very low in Somalia, the project seems to have contributed to significant improvement in Somaliland where MIDA FINNSOM IV was implemented. Based on the findings of hospital records, both MMR (from 721.9 to 289.5) and NMR (from 53.8 to 16.2) have shown significant decline between baseline and endline periods. Moreover, the proportion of livebirth by C-section is also significantly higher than the average for Somalia. This is attributed to a number of factors as improved health service delivery in the targeted institutions, improved skill of the health professionals and increased trust and health seeking behavior by the community. National health experts involved reported improvement in their skills in executing technical functions, availability of ANC guidelines, improved skills in their patent interaction, record keeping and work attitudes. This seems to have improved the service being delivered and caused increased trust from service users to come and access the facilities. Interviews with beneficiaries at antenatal MCH facilities revealed that most users at the MCH facility are satisfied in service delivery.
- Furthermore, the project has had unintended positive consequences whereby diasporas are building new partnerships on their own initiative to mobilize resources back in their residence countries to support the institutions with materials they are desperately lacking. In addition, some have fully relocated back to Somaliland and have started engaging in various development activities. Some KIIs reported that some of the diaspora have taken significant pay cuts due to their passion and desire to return and contribute back to their country. It's also reported that the diaspora-national engagement approach helped to achieve unintended positive consequences beyond the basic skill transfer by improving the work ethic and professionalism of national experts involved.
- MIDA FINNSOM IV contributed significantly in building systems and pre-requisites for sustainable phase-out of the project though this is not enough to fully exit at this stage. As a key ingredient to phase-out, the contributions made through transfer of soft skills and experience, are believed to sustain and enable sustained delivery of health services in Somaliland. Though MIDA FINNSOM in general started over a decade ago, some crucial prerequisites for exit have been implemented just in phase IV of the project. This include; making sure that the diasporas work with project hired local experts to retain the skills in a more institutionalized way (one to one peer system), establishment of a steering committee where MoHD played significant role in planning, implementation, monitoring and evaluation of the project and institutional capacity building activities through THL. Despite all this

however, there is wide consensus that the contributions are not enough to exit due to the magnitude of the gap in health professionals in Somaliland and heavy dependence on the diaspora and nationals recruited and deployed through the project. The evaluation revealed that, though the different phases of MIDA FINNSOM built technical capacity in place, financial resource are lacking at the MoHD to sustain the gains achieved so far. Moreover, some diasporas stayed longer through the different phases of the project and shown a tendency of dependency with intention to continue indefinitely even after fully moving to Somaliland.

- In terms of coordination, the MIDA FINNSOM IV has benefited from the Health Advisory Board, Health Technical Committee and Clusters operating in Somaliland. There exists a Health Advisory Board, the highest governance body when it comes to the issues of health in Somaliland and Health Sector Committee, a technical group that provides the Board with plans and strategies for review and endorsement. IOM is an active member of the Health Sector Committee for Somalia and Somaliland. A cluster system also exists in Somaliland whereby clusters for health, nutrition, WASH, protection, food security, education and logistics work to align approaches, develop actions and strategies and improve the way specific sectors are implemented at national and regional level. One notable benefit of the collaboration networking was reflected in the MoHD, IOM and UNFPA's collaboration in defining approaches, targeting of locations and synergy for establishing neonatal units in different regions of Somaliland. This helped to channel resources in a more coordinated manner where by benefits have been distributed to various regions in efficient manner.

Recommendations

Design and Management Approach:

- The design of future MIDA FINNSOM project should aim to stick to the core aim of reducing maternal and child mortality and morbidly in Somaliland. The diversion of the strategic objectives during phase IV is believed to have affected the extent to which objectives set in terms of MCH could have been achieved. This would enable increase in relevance of health programs that address the key needs and harmonized with the policies and strategies of the country.
- MoHD and IOM need to fast track recruitment of diaspora and national experts through designing and employing various strategies based on learning from MIDA FINNSOM IV. In terms of diaspora recruitment, there needs to be clear guide how long a diaspora can participate in the project. The fact that some diasporas stayed very long in the project as long as 10 years has negative repercussions. It raises a question as to how much diasporas built the capacity of national experts enabling them to deliver the services in the expected standards after phase-out. In this regard, it's highly recommended that the design of the next phase of MIDA FINNSOM put in place a Standard Operating Procedure determining the length of an assignment, the core areas of deliverables such as building systems, capacity building and service delivery.
- In terms of national expert's recruitment, MoHD and IOM again need to revise the old procedure and design a procedure that enables swift talent identification and onboarding process. Though this has now changed to onboarding existing national health experts from the various institutions based on

the recommendation of hospital directors, this needs to be strengthened with a clear and transparent procedure to ensure accountability in the process.

- Future MIDA FINNSOM project design needs to have a clear strategy for exit. Based on the learnings generated so far, IOM and MoHD need to capitalize on the strengths of FINNSOM IV such as the joint leadership of the project, the steering committee structure, technical committee and institutional capacity building components.

Programme Implementation:

- The practice of collaboration and joint work between MoHD and IOM in terms of recruitment of diaspora and nationals needs to continue and strengthened. Development of the ToRs, recruitment, identification and placement of diaspora and national experts' deployment needs to be led by the MoHD. Though it's encouraging the project was able to deploy 30% female diaspora and national experts, future projects should aim to increase this to 50% by identifying and deploying female diaspora experts from different countries and increasing the enrolment of female national experts in MIDA FINNSOM project.
- The support given to the nursing school has just started yielding outcomes by producing professionals with competent skills and knowledge and has to be strengthened. The health training institutions that have been supported under MIDA FINNSOM need to continuously get the support until they are able to produce the needed number of human resources on their own. Utilize the expertise and skills of THL strategically to help with design and rollout of innovative and advanced courses and curriculum. In addition to supporting the institutions, the project should explore and design a mechanism where students in the health institutions and graduates without a job can be engaged through internship, community outreach or other mechanisms helping them gain practical skills while bridging their transition in the market.
- Budgeting to include medical equipment that is not available in hospitals in Somaliland. At the moment MIDA FINNSOM does not provide a budget for supplying medical equipment. There is a strong belief that though skill transfers are playing a major role in changing access and quality of health services, there is a need to equip facilities with adequate tools and the equipment required. Budget should also be availed for hiring biomedical engineers that can install medical equipment, maintain and repair machines that have been out of service and train local staff.
- Future projects should invest on THL and scale up the institutional capacity building it started in the four crucial pillars. It's strongly believed that institutional building and skills transfer centered strategy towards MoHD would help sustain and multiply the project outcomes and impacts achieved. Though a number of capacity building and technical assistance missions have been conducted, it needs strong follow up, supervision and monitoring to ensure the gains of the phase IV can be strengthened and scaled up. In addition, harness the skills and capacities of the THL to strengthen IT assisted record keeping and treatment and rollout across various regions to supplement or replace the paper based traditional system. In this regard, the project should scale up the piloted ANC mobile application to improve the way information can have accessed, stored and used for decision making that can enable improvement in health service provision in Somaliland.

- IOM and MoHD need to strengthen the collaboration and coordination through frequent information sharing between each other on the various aspects of the project. They also need to scale up and utilize the joint planning, implementation, monitoring and evaluation opportunities to advance the outcome of institutionalizing the health care service outcomes. The steering committee, under the leadership of MoHD should continue to provide oversight support and strategic guidance to health projects.

Sustainability and scale up:

- Future MIDA FINNSOM projects should aim to increase the role of national experts while providing the needed skills and empowerment to improve their leadership in health service delivery in Somaliland. It is believed that the diaspora-national model, the oversight by steering committee, the role played by THL in institutional capacity building together proven to be effective and has had significant contributions to the achievement of objectives. The project however depended heavily on the diaspora experts playing major role in improving services across all institutions which needs to change for a sustained exit and transition to national experts taking the lead role.
- Most importantly, MoHD needs do a thorough preparedness strategy for the exit of the project especially in relation to bridging the financial gap when MIDA FINNSOM phases out. MoHD should mobilize resources in a more sustainable manner by engaging the private sector, diaspora nationals worldwide for example by establishing a diaspora trust fund whereby diaspora can contribute financially to support the health system in their country. Moreover, MoHD needs to approach and engage various international and national partners that can support the project financially, materially or technically.
- Capitalize on the positive momentum created by the project where an increased number of diaspora wanting to return to their country and contribute through MIDA FINNSOM. IOM and MoHD need to include activities in the future projects that provide incentives and motivation that encourage diaspora to return permanently or temporarily and contribute in the technical areas they are skilled at. IOM and MoHD can support returned diasporas by establishing a network where alumni can engage with other interested diaspora, share information and plan opportunities to work together and continue contributing in various development fields. Diaspora are precious resources that can be utilized in a productive way benefiting themselves and their community, thus IOM and MoHD need to think through how this can be achieved.

- Future MIDA FINNSOM projects should aim to scale up the results achieved in terms of improving the health service delivery, specifically in maternal and child health. For example, continue providing quality maternal and child health services in Hargeisa and regional institutions. The support being provided to regional hospitals needs to increase through deploying additional national health experts in order to provide adequate access and achieve significant outcomes and impact. In this regard, partnership with various health science teaching institutes being supported by the project will be beneficial. New graduates and interns can be engaged and hired in internship schemes or through employment to ensure that there is effective flow between the teaching institutes and service delivery facilities.

Programme Monitoring and Evaluation:

- MoHD's role and involvement in planning, implementing, monitoring and supervising the project needs to be strengthened to ensure that results are owned and sustainable without the support of IOM or any other agency. In light of sustainability and smooth transition, MoHD can take the lead role of identification, onboarding, placement, supervision and monitoring of both diaspora and national experts. In this regard, increase the role of MoHD in planning, implementation (budget and activity management), monitoring and evaluation of future programs. This could contribute for enhanced ownership, smooth transition and phase out of the project.
- MoHD need to continue to work closely with hospital directors and take the lead role to ensure that diasporas and national experts assigned to the regions receive adequate support and are monitored on the progress of activities in their respective regions. In this regard, experts need to be assigned with clear deliverables for their service delivery, capacity building plan and building systems in the assigned institutes. This should be jointly managed and reviewed to ensure accountability and meaningful contribution of the diasporas in the areas they are assigned.

Annexes

1. Annex A: Tools of Data Collection, and Inception Report and DataSet


Tools and Inception Report


Dataset

2. Annex: Conceptual Framework

Table 3 Conceptual Framework Description

Area of Analysis	Short Description	Source of Information	Methods/Tools
Relevance of the Project	Relevance of the projects looks at alignment of the project objectives with existing policies and strategies with Somaliland national health policy and the National Development Plan and whether the project modality is relevant for public sector capacity building for sustainable development of the country. This also looks at the extent to which the project has been aligned with UNFPA and other programs funded by the same donor.	• Ministry of Health staff • Hospital directors • Policy and strategy documents • National Development Plan	• Document analysis • FGDs with national youth experts • Key informant interviews • Users exit surveys
Efficiency of the Project	Efficiency focuses on whether the project costs are used in a cost efficient manner. It also looks if the project is implemented in accordance with donor and IOM requirements and is compliant to the minimum standards. Efficiency captures the opinion of beneficiaries and health	• Ministry of Health staff • Hospital directors • IOM Project staff • Project participants • Financial reports • Project proposal • Fund agreement and requirement document	• Document analysis • KII interviews • FGD with national experts

	sector staff that have participated in the project.		
Effectiveness and Impact	Assesses the effectiveness, which is defined as whether or not the goal of the project is met. Determine whether the project has had positive or negative impacts or consequences. Effectiveness also assesses contextual, economic, political and social factors that have positively or negatively affected the project. The effectiveness and impact of the project are assessed contextually to determine if the contribution was impactful or not. It also covers any skills and capacities that have been gained and retained from the project activities.	● Ministry of Health. ● THL staff ● Project documents ● Hospital directors ● UN line agency experts ● Beneficiaries of the project ● IOM project staff	● Document analysis ● KII interviews ● FGD with beneficiaries ● Users' exit survey
Sustainability of the Project	Assesses mechanisms put in place to make the impact of the project sustainable both at an individual and institutional level, inclining whether the partners to whom the project is handed over have an adequate capacity to carry forward the results and gains of the project. It also assesses whether or not there are gaps that need to be mitigated.	● Project documents ● Hospital directors ● UN line agency experts ● Beneficiaries of the project ● Health sector officials ● IOM project staff ● THL staff	● Document analysis ● KII interviews ● FGD with national experts
Perception and Feedback on the	Assesses the perception and opinion of target beneficiaries of the project	● Project documents ● Hospital directors	● KII interviews ● FGD with beneficiaries

Performance and Results Achieved	and stakeholders that have contributed to the performance and results achieved.	● UN line agency experts ● Beneficiaries of the project ● Health sector officials ● IOM project staff	● Users' exit survey
Good Practices and Lessons Learnt	Good practices are the positive approaches that have been adopted or practiced that need to be sustained on time. Positive or negative takeaways that have been learnt and documented.	● Project documents ● Hospital directors ● UN line agency experts ● Beneficiaries of the project ● Health sector officials ● IOM project staffs= ● THL staff	● Document analysis ● KII interviews ● FGD with beneficiaries

3. Annex C. THL Accomplishments summary

The table below summarizes the accomplishments of THL that have significantly contributed to institutional development of the health sector in Somaliland since its inception[31].

Table 5 THL Progress Summary

THL Focus Theme	Number of Missions Conducted	Roundtables	Workshops/ Seminars	Training Sessions	Joint Site Visits
Strengthening evidence-based policy making in NCD prevention and control	4 TA missions	1 roundtable	5 workshop 1 seminar	2 trainings	Several

[31] THL Report, MIDA FINNSOM THL Report to the Steering Committee, February 2020.

Increasing the understanding of Health in All Policies (HiAP) by health and other professionals and boosting capacity for inter-sectoral action across sectors for health and health equity	3 TA missions	1 Inter-sectoral meetings	2 workshops	1 training	Joint site visits
Increasing capacities to prevent, detect and rapidly respond to public health threats and to implement the WHO's International Health Regulations (IHR) in Somaliland	3 TA missions		3 workshops	2 trainings	Joint field visits and meetings with partners
Strengthening capacities to promote sexual and reproductive health and rights (SRHR)	3 TA missions			3 trainings	Joint field visits and meetings with partners

4. Annex D.Terms of Reference of the Evaluation

External Evaluation of the Project:

"Institutionalize Health Care Improvement through Temporary Returns of Somali Diaspora Health Professionals to Somaliland through Migration for Development In Africa (MIDA)," a project funded by the Government of Finland

1. BACKGROUND

Established in 1951, IOM is the leading inter-governmental organization in the field of migration and works closely with governmental, intergovernmental and non-governmental partners. With 166 member states, a further 8 states holding observer status and offices in over 100 countries, IOM is dedicated to promoting humane and orderly migration for the benefit of all. It does so by providing services and advice to governments and migrants. IOM works to help ensure the orderly and humane management of migration,

to promote international cooperation on migration issues, to assist in the search for practical solutions to migration problems and to provide humanitarian assistance to migrants in need, including refugees and internally displaced people. IOM Somalia/Somaliland works in the following thematic areas: Migration Health, Mixed Migration, Migration and Development, Capacity Building in Migration Management, Counter Human Trafficking, and Assistant Voluntary Return (AVR).

In 2017, IOM's Labour Mobility and Human Development (LHD) received funds from the Finnish Government to implement Institutionalizing Health Care Improvement through Temporary Returns of Somali Diaspora Health Professionals project phase IV (FINNSOM IV). This proposed phase IV of MIDA FINNSOM Health will further promote and enhance the active role of qualified Somali diaspora experts in contributing to improving health outcomes in Somaliland. Over the past few years, Somaliland health authorities have expressed their commitment to the rebuilding of the country's health sector, through policy and programmatic response with the support of development partners.

The proposed FINNSOM phase IV aims at contributing to improved health outcomes in Somaliland, in particular in relation to maternal and child health. To achieve this, the project is expected to improve the capacity of public sector health institutions in Somaliland to provide quality healthcare services. Three outputs that contribute to attaining this outcome have been defined as follows:

- **Output 1.** Local health professionals have skills/capacity to deliver quality health services in selected regions
- **Output 2.** Local health training institutions have improved competence and ability to train local health professionals
- **Output 3.** Improved capacity of Ministry of Health to steer, manage and coordinate the health sector

In pursuit of these results, this project geographically focuses on the regional development of Somaliland. The project continued to operate in Hargeisa and will be extended to the regions of

Awdal (Boroma), Sanaag (Erigavo), Sool (Las Anood), Togdheer (Burao) and Sahil (Berbera). The project anticipated that IOM recruits approximately 40 diaspora professionals (25 and 15) for 18 and 12 months assignments respectively.

In order to contribute to improving the capacity of public sector health institutions in these six regions of Somaliland, the national development process in Somaliland promotes youth inclusion and job creation, and in line with this, the project will aim to place 40 young national experts under the direct supervision and mentorship of the diaspora experts who will work closely with these young national experts to provide continuous on-the-job training and mentoring.

A new feature in the MIDA FINNSOM Health includes the Finnish National Institute for Health and Welfare (THL) to support the Ministry of Health at the central and regional level in its efforts to strengthen the health system in Somaliland. The purpose of this component is to enhance the ability of the Somaliland Ministry of Health to plan, undertake and steer evidence-based and multi-sectoral actions to address the public health needs and risks.

2. OBJECTIVE

The evaluation will be conducted in order to map out the effectiveness, impact and sustainability of the intervention, as well as to identify recommendations for future action of all project components as implemented by IOM and its Implementing Partner. In particular, the evaluation will combine qualitative and quantitative methods to measure project's achievements and to understand the process of change. Project documentation review, onsite observation, interviews and surveys will be used to elaborate the findings and deliver a comprehensive evaluation report.

The purpose of the evaluation is to:

- Assess the effectiveness, efficiency, relevance, impact and sustainability plan of FINNSOM IV project.
- Assess the overall project performance and results achieved by IOM in respect to the progress made in achieving the outputs and outcomes outlined in the project log frame.
- Identify good practices and lessons learnt;
- Assess the success in institutional capacity building and transfer of skills in the targeted host institutions;
- Make recommendations for the further development of project activities.

The evaluation is aiming at achieving an objective and accurate assessment of the project performance and results based on the evaluation questions in the areas of relevance, effectiveness, efficiency, impact and sustainability.

The final evaluation report should also provide relevant data on all project's indicators, as identified in the project results matrix.

3. SCOPE OF WORK

The consultant with support of the National Monitoring and Evaluation Officer will lead the evaluation process for the FINNSOM IV program in all program areas in Somaliland with primary focus of the regional based public hospitals, namely in; Hargeisa, Awdal (Boroma), Sanaag (Erigavo), Sool (Las Anood), Togdheer (Burao) and Sahil (Berbera,) It is intended that the evaluation will provide:

3.1. Tasks required for the evaluation team

The Consultants are expected to propose a detailed work plan and timeframe, which should include at least the following activities:

A briefing: A briefing to be organized with the IOM Somaliland team to discuss and agree on the key objectives as per the Terms of Reference, on the possible surveys to be conducted in addition to the interviews and the outcome of the assignment.

Desk review: IOM Somaliland team will be the primary source of information and for providing material relevant to the assignment.

Inception report: Inception report indicating preliminary communication to clarify terms of evaluation and detailing the scope of work, understanding of the evaluation objectives and expected results, a concise analysis of the related project documents studied, methodology and data collection plan and tools, detailed work plan including time frame, list of major meetings and interviews in the field with detailed questions planned for the visit, other key activities and sites to visit as well as expected outputs. The Inception Report should also include a planned list of content for the Final Report.

Field data collection, consultations and analysis (including through remote interviews): field missions will be carried out, in order to conduct consultation with all relevant parties, including but not limited to: IOM staff members; representatives of the host institutions, including staff that directly benefited from the project; participating diaspora professionals in the field; service users as direct beneficiaries.

Furthermore, all MIDA participants contracted under this project (whose contacts will be provided by IOM to the selected consultants) will have to be directly engaged and interviewed in the framework of the evaluation.

Wrap up: To complete the field visit and assessment of the project, the Consultants are requested to provide a draft evaluation report and debriefing for the key stakeholders towards the end of the field visit. This is to inform and discuss with all stakeholders on the preliminary conclusions and recommendations of the assignment. Findings and recommendations will be presented as a powerpoint presentation.

Final report: The consultant will incorporate comments from the reviewers into the final version of the report. The list of content will be as agreed in the Inception Report, and will include information on all project's indicators as listed in Annex C.

4. METHODOLOGY

The evaluation will be carried out through a combination of desk study and field work methodologies, examining both quantitative and qualitative data. The evaluation will include desk review and analysis of key documents, consultations/interviews/focus group discussions with key stakeholders (governmental and host institution representatives, implementing partners, participating experts, direct and indirect beneficiaries), as well as direct observation and data collection during the field visits. The final evaluation report needs to be strongly evidence-based.

The evaluation shall be implemented in accordance with the key evaluation criteria of relevance, effectiveness, efficiency impact and sustainability. These will be assessed against the expected project outcomes and outputs. Specific evaluation questions include, but are not limited to, the following:

Relevance

- Are the project objectives, as well as the selection of targeted institutions, well in alignment with Somaliland national health policies (including the National Development Plan)?
- Is the project modality relevant and contributing to the comprehensive sustainable development of Somaliland and capacity building of the public sector?

Effectiveness

- Which have been the major factors affecting the achievement and non-achievement of the objectives set for the project?
- In which areas has the project been successful in identifying and addressing key gaps in the targeted institutions and sectors?

Efficiency

- Is the project and its activities planned and implemented in a cost-efficient manner?
- Was reporting done in line with donor and IOM requirements?

Outcome and Impact

- What immediate and potentially longer-term changes have the project brought?
- Is there any other unexpected positive or negative impact brought through the implementation of the project?
- Would the results have been achieved even without the implementation of the project?
- What key changes has the project brought in the targeted institutions? What difference has it made to the service users?

Sustainability

- What mechanisms did the project put in place to guarantee sustainability in terms of the institutional capacity building?
- In what ways the project has been able to contribute to the building of individual competences as well as the institutional ones?
- Do partners have the financial and technical capacity to maintain the benefits of the project to guarantee a sense of ownership and interest in sustainability? If not what continued programme support is needed to ensure sustainability, as well as replicability, at the local level (e.g. financial, coordination, technical, human resources)?

Additional questions:

- What motivated diaspora experts to participate, and what were their main expectations for the participation (including successful stories).

5. DELIVERABLES

In accordance with the timetable, the consultant will;

- Draft an inception report which responds to the scope of work and incorporates appropriate overall assessment protocol, including methodology and a detailed work implementation plan. The report should be presented to IOM for comments and revise as necessary prior to commencing field work.
- Produce a weekly progress report to IOM.
- Work collaboratively with division and field programme teams to pre-test the evaluation data collection instruments to ensure that all key aspect of programme areas are adequately covered;
- Organize a debriefing session with the IOM programme management team on the findings.

- Draft a comprehensive evaluation report including a clear set of actionable recommendations.
- Incorporate feedback/comments from programme management teams and Somaliland Ministry of Health Development and prepare a final report;
- Produce a final evaluation report incorporating feedback from IOM (no more than 30 pages without annexes), the Ministry of Health and the Government of Finland. This final report should include the raw data of the quantitative and qualitative assessment with a summary/extract for debriefing.
- Update project result matrix document.
- Present a one hour assessment summary/review of the evaluation report.

IOM will oversee the process and be responsible for accountability and guidance throughout all phases of execution, and approval of all deliverables.

6. TIMEFRAME

The entire evaluation should be conducted by **31 October 2019**, including any required travels, with the submission of Final Report. Within 15 days of initiating the assignment, the consultant shall present an Inception Report to IOM, with above listed requirements. Approval of the Inception Report is a precondition for the field visit. The field visit should consist of at least 10 days. The Draft Report will be prepared within 15 days after completing the field mission. It will be sent to the relevant authorities and IOM for their comments and correction of the possible factual mistakes. Comments shall be received within 10 days after sharing the Final Draft Report. The Final Report shall be submitted to IOM 10 days after receiving the comments to the draft report, and not later than 31 October 2019.

7. MANAGEMENT AND SUPERVISION

The consultancy will be overseen by the LHD unit of IOM Somalia in Nairobi and Hargeisa. The consultant will work under direct supervision of the Programme Manager, Project Officer and Monitoring and Evaluation Officer who will provide direct guidance, review and endorse deliverables as per the schedule agreed upon. The consultant shall report any matter concerning the assignment and the evaluation progress and outputs to IOM.

8. REFERENCE GROUP

A reference group shall be formed to provide technical advice to the evaluation team to ensure the quality and standard of the evaluation. The reference group shall be composed of officials from: IOM Hargeisa Office; MoH MIDA Coordinator, MOH HMIS Representative; 1 hospital director, 2 senior diaspora participants and the THL coordinator. Technical advice will be welcome from UNFPA and WHO to confirm the mapping of present actors in the targeted locations.

9. CONSULTANT'S QUALIFICATIONS

Qualifications for the lead consultant:

The consultant should be an expert in research, evaluation, Monitoring & Evaluation methodologies, with knowledge of current health care initiatives and conceptual frameworks, epidemiological trends and healthcare management practices. S/he should possess solid work experience in Somalia and/or have worked for regional/international organizations, preferably on the topics of public health. Preference will be given to individuals or firms with proven relevant experience in undertaking a task of similar magnitude, and shall have the following qualifications and experience:

- Master's degree in Public Health, Medicine, Social Sciences, Epidemiology, and/or Statistics or a related field. Candidates with a PhD will have an added advantage;
- At least 7 years of professional experience, preferably both in Somalia and abroad, working in academic research on public health related matters, with adequate experience in Monitoring & Evaluation, Research Methodologies, evaluations and impact evaluations. This experience should be proven in the technical proposal by including relevant documents;
- Strong professional experience in conducting evaluation/impact assessments for large scale projects in the Horn of Africa;
- Excellent knowledge and understanding of research methodologies and processes;
- Experience in gathering and systematizing large amounts of data;
- Strong computer skills and analytical skills with ability to write and review technical reports required;
- Proven work record in a multicultural and multi-disciplinary environment is necessary;
- Fluency in English is required. Additional knowledge of Somali language would be an asset.

Qualifications for the data collectors:

- Degree in Social Sciences, Public Health, and/or Statistics or a related field from an accredited academic institution.
- At least 5 years of experience in data collection and survey.
- Ability to write and review technical documents/reports, conduct interviews as part of background research and draft research reports.
- Good experience in liaising with governmental and non-governmental organizations.
- Excellent communication skills including fluency in written and spoken English and Somali.

10. SPECIFICATIONS FOR APPLICATION

The consultant should submit the following documents for their application:

- Personal CV indicating all past experience of similar projects;
- CV of team members who will be involved, with any relevant previous evaluations reports or summaries;
- Brief description of the company and its experience, including why company is suitable for the assignment;
- Evidence of past experience of evaluation or in similar work.

Proposals should include the following documents:

I. Technical proposal outlining:

a. Conceptual framework (2-3 pages)
b. Detailed methodology (2-3 pages)
c. Work plan (1-2 pages)

d. Explanation of the consultants' suitability for the assignment (2 -3 pages)

e. Summary of the consultants' understanding and interpretation of the ToR (1-2 pages)

II. Detailed financial proposal

a. The proposal will include a lump sum cost for the assignment

b. A breakdown of the costs related to all aspects of the consultancy (consultancy fee, travel, and the assignment deliverables)