



Final Report

MID-TERM EVALUATION

MIDA FINNSOM HEALTH AND EDUCATION PROJECT

SOMALIA

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ACRONYMS

ARDS	Acute respiratory distress syndrome
BLS	Basic Life Support
CPAP	Continued Positive Airway Pressure
EAC	Education Advisory Committee
ESSP	Education Strategic Sector Plan
FGS	Federal Government of Somalia
FGD	Focus Group Discussions
FO	Field observations
GPE	Global Partnership for Education
HR	Human Resources
HSSP	Health Strategic Sector Plan
KII	Key informant Interview
MFA	Ministry of Foreign Affairs Finland
MIDA	Migration for Development in Africa
MOECHE	Ministry of Education, Culture and Higher Education
MoH	Ministry of Health
MoU	Memorandum of Understanding
MSF	Médecins Sans Frontières
NHPC	National Health Professional Council
ToF	Training of Facilitators
ToR	Terms of Reference
UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
WHO	World Health Organization

1 Executive Summary

The MIDA FINNSOM Health and Education Project is a four-year project that started in March 2015 with a six-month inception phase. This project builds on lessons learned and best practices of the MIDA FINNSOM Health Project and aims at increasing and improving access to basic healthcare and education services in Somalia by deploying diaspora experts to hospitals, ministries and universities across the country. Currently, the project is implemented in Garowe, Mogadishu, Kismayo and Baidoa and in total, 53 diaspora experts and 17 junior professionals are currently recruited and taking part in the project. Axiom Monitoring and Evaluation was contracted by IOM Finland to conduct the mid-term evaluation of the project. The evaluation employed a mix of qualitative data collection methods, using key informant interviews and focus group discussions, and quantitative methods, using questionnaires. The evaluation was conducted in all target locations, where the team also conducted field observations to hospitals and universities, with the exception of Garowe where all data was collected through a desk review as stipulated in the terms of reference for the midterm evaluation.

The aim of this evaluation was to measure the successes of the project so far, but also to offer recommendations on the broader coordination structures within the project and the achievements in building the institutional capacity of host institutions and the sustainability of the project. All of the following stakeholders were involved in the midterm evaluation: IOM staff in Helsinki, Nairobi and Somalia (Mogadishu, Baidoa and Kismayo), government representatives, local staff and students of host institutions, education and health care diaspora experts, hospital directors, university heads, NGOs/UN agencies and donors working in the education and health sector and Ministry of Foreign Affairs Finland.

There are impressive results for both education and health sector in all locations which will be explored in more detail in the key findings and achievements section of the report. Some of the most notable impacts so far are in Yardimeli Hospital in Mogadishu, where the intake of patients has increased significantly in a short period of time, from around 800 patients in July 2017 to around 4,000 in March 2018. Similarly, the number of deliveries, including with caesarean operations, have increased from around 28 in July 2017 to nearly 200 in March 2018. After the establishment of a neonatal unit with the support of MIDA FINNSOM Health phase III participants in Garowe General Hospital, the infant mortality rate dropped there from around 70 a month per 300-400 births to 3 deaths in the final quarter of 2016. The impressive results continue to be experienced over the years in Garowe General Hospital, with infant mortality rates reducing from an average monthly rate of 10 to 1-2 in the months of January and February 2018. At the Somali National University, a Primary Education and Early Childhood Development Department was established to offer a two-year diploma teacher training course and an MoU is signed with the University of Helsinki to provide expertise and support to the teacher training curriculum update and development process. In the Federal Government Ministries and Federal Member States Ministries of Health and Education, important steps were taken to build structures and strategies, policies, curricula and guidelines such as the gender policy in the Federal Government Ministry of Education, Culture and Higher Education, and the related development of a gender unit in the Ministry.

The project was found to be relevant in addressing the gaps faced in the targeted hospitals, universities and Federal and Federal Member States Ministries. 100% of local staff respondents from host institutions believe that the project addresses the real needs

of people in the community while 88% of diaspora staff believe there is an improvement in the quality of health and education services; a further 82% of diaspora also cited improved policies and regulations as a result of the project.

Moreover, the evaluation showed a high degree of collaboration and respect between local staff and diaspora experts, partly resulting from the host institutions taking a lead in welcoming and supporting diaspora experts settling in for their assignment. Junior professionals in the project were particularly pleased with the skills and knowledge gained from trainings and on-the-job learning. The allocation of few diaspora experts in some of the host institutions is challenging for the effectiveness and sustainability of the project. In fact, the geographic disparity in diaspora assignments is a result of the difficulty in hiring experts for positions in federal member states. Interviews with IOM project staff note that the perceived remoteness of working in federal member states, coupled with the insecurity situation, are some of the reasons why it has been difficult to fill positions in Kismayo and Baidoa, compared to Mogadishu. Nevertheless, in both targeted health and education institutions, 76% diaspora experts are of the opinion that host institutions are capable of maintaining the activities of the project, while 95% of local staff believe they gained knowledge and skills to better perform in their work thanks to the diaspora support. Diaspora and local staff are aware that technically and financially, host institutions are far from being sustainable, and they require continuous financial and technical support in the years to come. This is highlighted in the evaluation by looking at the organizational capacity of institutions and the overall sustainability of the project.

Finally, the evaluation paid special attention to the coordination and management structure within and between IOM and the different stakeholders. The evaluation found that there is good communication and collaboration between IOM Finland and IOM Nairobi and Somalia offices, with some instances of difficulties in communication between IOM field office in Mogadishu and diaspora experts in the field. With more recruitment of staff in Mogadishu, this problem is expected to be resolved. Overall, coordination mechanisms between IOM, the Government, and Ministry of Foreign Affairs Finland could be improved through a more formal structure such as a steering committee which is a structure present in other FINNSOM projects. Whilst the project recently introduced bi-annual stakeholder meetings to tackle issues around coordination, the main recommendation is the setting-up of both a steering committee and a technical working group for the project. While the bi-annual stakeholder meetings act as a forum to discuss the project and offer updates, there is the need for a formal steering committee comprising MFA Finland, Government and IOM as core members, acting as an advisory body on high-level strategic decisions. The technical working group, on the other hand, would be a preparing organ for the issues handled in the steering committee meeting and would be convened prior to the steering committee. It would be composed on the representatives of the same institutions as the steering committee, and in addition would have an opportunity to invite visiting parties for consultation, in case needed. Moreover, the regular internal meetings between IOM Finland and IOM Somalia offices should continue bi-weekly as so far.

2 Project Background

Somalia is consistently seen as making a transition towards recovery and stability, albeit amid a range of political, economic and security challenges preventing a solid foundation for sustainable development. One of the biggest consequences of the years of conflict and violence is the destruction of public institutions and the loss of valuable human capital.

Community clinics and hospitals were destroyed, the healthcare system continues to underperform, and the shortage of healthcare workers has been exacerbated by the brain drain of physicians, nurses and other health sector professionals from the country¹. The deteriorating humanitarian crisis caused by insecurity, acute drought, environmental hazards and lack of access to basic health and sanitation services are some of the underlying and basic causes of malnutrition and diseases famine². These emergencies have also put pressure on the government to provide basic education services; Somalia has one of the world's lowest gross enrolment rates for primary school-aged children with only 30 percent children at primary education level and 26 percent for secondary education. Newly published data from UNFPA suggest that the number of out-of-school children and youth aged 6-18 years is at 3 million which is a significant increase compared to the previously estimated 1.7 million out of school children. The majority of out of school children are found in south-central Somalia.³

The Federal Government of Somalia Health Sector Strategic Plan (HSSP) 2013-2016 highlights various challenges facing the health sector, which will be further revised in the second HSSP under development in line with the health sector chapter of the National Development Plan (NDP) 2017-2019. The HSSP's strategy to build the Somali health sector therefore focuses on strengthening the capacity of the ministry to provide more effective leadership, improving and increasing the skills of the health workforce, rolling out health services and facilities in all regions, developing a health financing system, ensuring the use of appropriate and sufficient medical products, and establishing a comprehensive monitoring and evaluation system and research capacity. As with the HSSP, the FGS Education Sector Strategic Plan (ESSP) 2013-2016 highlights similar challenges in the education sector. Somalia has one of the world's lowest enrolment rates for primary and secondary school-aged children, with the main constraints to quality education being the lack of security, shortage of teachers, little capacity of the Ministry of Education to regulate the differing curriculums of training providers, and the absence of a National Qualifications Framework⁴. The impact of ongoing emergencies is making it difficult for the government to achieve its priorities in the health and education sector. In 2017 there were two major communicable disease outbreaks across Somalia – measles and cholera. For the period through to the end of September 2017, more than 78,240 cases of cholera/AWD and 19,316 cases of measles have been reported⁵. While conflict and displacement reduced enrolment rates significantly, there has been a recent surge in the number of serving teachers in basic education from 7,622 in 2007 to a total of 8,550 in 2017 in South Central Somalia. This reflects both a growing demand for education and the fact that a significant number of teachers, encouraged by the current relative stability, are slowly returning to the vocation, despite poor pay⁶.

The MIDA FINNSOM project aims to contribute to the implementation of the Government's priorities in the health and education sector in Federal Government and Federal States by deploying diaspora experts for specific assignments to Ministries and public institutions such as hospitals and universities. The project is implemented in Mogadishu, Baidoa, Kismayo and Garowe and began in March 2015 and is expected to end in February 2019. Puntland was transferred to the project since early 2017. Prior to this, Puntland was under MIDA FINNSOM Health project, currently operational only in

¹ International Policy Digest, 'The Role of Health Care in State-Building for Somalia', <https://intpolicydigest.org/2015/10/18/the-role-of-health-care-in-state-building-for-somalia/>

² WHO, <http://www.emro.who.int/media/news/who-scales-up-response-in-somalia-as-drought-affected-populations-face-difficult-situation.html>

³ Somalia Education Cluster Annual Report 2016: https://reliefweb.int/sites/reliefweb.int/files/resources/somalia_education_cluster_annual_report_2016.pdf

⁴ Somalia Education Cluster Annual Report 2016: https://reliefweb.int/sites/reliefweb.int/files/resources/somalia_education_cluster_annual_report_2016.pdf

⁵ Somalia Health Cluster Bulletin: https://reliefweb.int/sites/reliefweb.int/files/resources/12_health_cluster_bulletin_december2017.pdf

⁶ Programme Document for GPE grant to Somalia, 2014-2016.

Somaliland.

The overall objective of the MIDA FINNSOM is to contribute to stabilisation in Federal Government of Somalia and the Federal Member States through increasing access to basic services (health and education) and creating employment opportunities for the youth⁷. The project partnered with the Ministry of Education, Culture and Higher Education, Ministry of Health and Human Services, Federal Republic of Somalia and line ministries in Federal States. To achieve its objective, the project recruits 55 diaspora experts for assignments with ministries and local institutions, of which 31 expected in the health sector (out of these 7 in Puntland) and a further 24 working in the education sector. Taking into consideration the youth unemployment crisis in Somalia, the project also envisions 55 internships for young Somali men and women who are supervised for six months by the diaspora experts adding an element of job creation and sustainability in the project. The project has the following outcomes aiming to contribute to the overall objective:

1. Outcome one: Improved capacity of public sector health institutions to provide quality health care services with special focus on vulnerable groups
 - 1.1 *The local health professionals have improved skills/capacity to deliver quality health services.*
 - 1.2 *Local training institutions/colleges have improved competency and ability to train health professionals*
2. Outcome two: Improved capacity of public sector education institutions to provide more inclusive quality education with special focus on vulnerable groups
 - 2.1 *Local education professionals/teachers have improved skills/capacity to teach*
 - 2.2 *Local training institutions/colleges have improved competency and ability to education professionals and teachers*
3. Outcome three: Improved capacity of the ministries of health and education to implement the sector strategic plans (ESSP, HSSP).
 - 3.1 *The host institutions are able to further develop themselves independently through training and strategic and operative frameworks introduced, and mobilisation of human resources through the Somali diaspora.*

During the inception phase of the project, a budget revision was conducted. The overall target of diaspora expert was reduced from 60 to 55 (24 in each sector) and 7 positions were allocated to Puntland. The original budget did not include a budget line for hardship allowance for the diaspora experts.⁸ To achieve project outcome more efficiently and have a sustainable impact, the length of individual assignments was increased to 12-24 months, and as a result, the cost of covering salaries and other assets for participants increased as well.⁹ All these costs and additional activities had to be taken into consideration, so targets for the number of assignments were revised as appropriate. The table below shows a breakdown of the on-going and completed diaspora assignments (including those who have resigned) in the ministries, hospitals and universities:

Location	Health Sector institutions	Education Sector Institutions
Mogadishu (FGS)	8 diaspora experts (6 completed, 2 active) at MoHHS	13 diaspora experts (6 completed, 1 resigned, 6 active) 10 junior professional at MoECHE
	2 diaspora experts completed	2 diaspora experts (1

⁷ MIDA FINNSOM Health and Education Project Document, November 2014.

⁸ IOM Inception Report to the Ministry for Foreign Affairs of Finland, November 2015.

⁹ MIDA FINNSOM Health and Education – 2nd Annual progress Report GL (2)

	assignment at SNU	completed, 1 active) 1 junior professional at SNU
	4 active diaspora experts, 4 junior professionals at the Yardimeli Hospital	1 diaspora experts active at SOMASA
Baidoa (SWA)	5 diaspora experts (2 completed, 3 active) at the MoHHS	1 diaspora expert (completed) at MoECHE
	2 diaspora experts at Bay Regional Hospital	
Garowe ¹⁰ (PL)	3 diaspora experts active at the MoH Puntland	n/a
	2 diaspora experts active at Garowe General Hospital	
Kismayo (Jubaland)	3 diaspora experts (all completed) at MoHHS	3 diaspora experts (1 resigned, 2 active at MoECHE)
	3 diaspora experts (1 active at the Kismayo General Hospital)	
Total number of experts by sector (excluding junior professionals)	32	21
Total number Junior professionals by sector	6	11

The project has a close nexus to the Government policies under the FGS National Development Plan 2017-2019 with the mission and goal to strengthen various sectors including health and education, with a strong focus on reinvigorating institutions and building local capacities. In particular, the project is currently aligned to the social and human development pillar of the NDP on health with the goal of “promoting accessible and quality healthcare and essential lifesaving services to the Somali population through affordable promotive, preventive, curative, and rehabilitative healthcare including emergency obstetric and neonatal services” and on education with the goal of “ensuring the provision of accessible, equitable, affordable and quality education services to all people in Somalia”¹¹

The project employs MIDA’s innovative approach of harnessing the opportunity offered by the growing returns of the Somali diaspora to build the capacity of institutions in the country. The challenges, especially in the education and health sectors, remain many, but the project’s partnership with the Federal and State level ministries and public hospitals and universities to build institutional capacity, marks a move toward stabilization and long-term capacity building.

3 Scope and Objectives of The Evaluation

The midterm evaluation of the MIDA FINNSOM Health and Education project follows an internal midterm review process conducted in September 2017. The purpose of the

¹⁰ In the second year of the programme, the Puntland Ministry of Health made a formal request to include Puntland in the MIDA FINNSOM programme. FGS Ministries, IOM and the donor accepted this request.¹⁰

¹¹ Somalia National Development Plan 2017-2019

midterm evaluation is to assess the overall project performance and results achieved in the education and health care sectors in Federal Government of Somalia and the Federal Member States and makes recommendations for the further development of the project.

The following are the objectives of the evaluation:

- To provide information on successes and challenges of the first phase of MIDA FINNSOM Health and Education project.
- To measure initial results and potential impacts achieved so far.
- To measure how the project has managed to build the capacity of the local institutions with better structures and practices. It also helps understand how the project has provided local staff with skills and competencies.
- To assess the organisational development of the public institution and the coordination arrangements between FGS and Regional states and between IOM, donors and other organisations working in similar fields.
- To offer recommendations for the development of the next phase of the programme, including MIDA concept and similar HR development efforts in Somalia health and education sector.

The evaluation gives priority in assessing the level of institutional capacity building and transfer of skills, the feasibility of the sectoral scope of the programme, alignment of the project to the National Development and sectoral plans. The evaluation was carried out based on the evaluation criteria of relevance, effectiveness, efficiency, impact and sustainability in the assessment of project performance and gained results. The evaluation also makes recommendations for future cooperation in health and education sector and division of labour between the various missions of IOM involved in this project.

The evaluation was conducted over the course of 2 months encompassing the implementation period of MIDA FINNSOM Health and Education project, starting from March 2015 until March 2019. Axiom ME conducted the evaluation in close collaboration with Ministry of Foreign Affairs of Finland (donor), IOM Finland- MIDA FINNSOM project team, IOM offices in Nairobi and Somalia (part of the IOM evaluation), together with the line ministries, institutions and other relevant stakeholders in regions.

Axiom ME began the evaluation with a desk review based on documents received from IOM Finland project team as primary sources. The data collection, consultation and analysis, was conducted after a detailed debriefing of tools and deployment of field team to various locations. Axiom ME used a mix of qualitative and quantitative data collection methods that included a desk review of primary and secondary data, key informant interviews, focus group discussions, field observations and quantitative questionnaires. Questionnaires were delivered in person and through Axiom ME's call centre/email for diaspora experts who have completed their assignment and might have left the country, and those that resigned. During the project's bi-annual education and health sector stakeholders meeting held on 9-10th April, 2018 in Mogadishu, Axiom ME conducted a short introductory presentation on the evaluation process to inform stakeholders and answer and queries on the evaluation process. Axiom ME also took part, in collaboration with IOM Somalia, in a field visit to Yardimeli hospital and MIA compound to conduct interviews with MFA Finland Policy Advisor from Helsinki on 11-12th April 2018. The final report also highlights key findings of these field visits and meetings with key stakeholders.

Project Location

The evaluation of this project was conducted in all three target regions of Jubaland, South West, Puntland and Banadir. Field data collection was however only conducted in Baidoa, Mogadishu and Kismayo. Health institution in the evaluation comprise of the Ministry of Health (from federal government and federal member states), Somali National University, Yardimeli Hospital, Kismayo General Hospital, and Bay Regional Hospital. Education institution in the evaluation comprises of the Ministry of Education, Culture and Higher Education (from federal government and federal member states), Somali National University, Somali Academy of Science and Arts. The evaluation of Puntland interventions was limited to desk review of documents received and stakeholders meeting as specified in the ToR for the midterm evaluation. Interviews conducted in Nairobi included key informant interview with project staff from IOM in Nairobi and Somalia, and staff from IOM Finland and the Ministry of Foreign Affairs Finland as well as Embassy of Finland in Nairobi. Having reviewed list of final reports from diaspora experts who completed their assignment, the evaluation location also visited and interviewed hospitals, ministries and universities where some of the experts completed their work and specified clear outputs they achieved at the end of their assignment.

4 Methodology

The midterm evaluation of the MIDA FINNSOM Health and Education project employed a mix-method approach including qualitative and quantitative data collection techniques including a desk review of primary and secondary data from directly available documents and online sources, key informant interviews, focus group discussions, field observations and quantitative questionnaires. Field data collection was conducted in Kismayo, Mogadishu and Baidoa. The evaluation for Puntland was conducted through desk review since the project's activities were already evaluated in previous phases of the programme.

4.1 Desk Review

Desk review gathered information from all documentation received from IOM, other relevant sources of information gathered online and at the stakeholder meetings in Mogadishu. The desk review provides an analysis of all policies, work plans, procedures, processes, decision making, and coordination structures, manuals and templates received from IOM FINNSOM team. Through discussions with IOM, the desk review helped identify key informants. The desk review focuses on contributions made in Puntland through documents received and presentation made during the health sector stakeholder meeting for further information.

4.2 Qualitative Technique

Key informant interviews (KII)

KII were used to collect specific information from key people on the technical and management aspect of the project, to generate suggestions and recommendations, and to gather more insight on the impact of this project on the wider community. For these reasons, purposive sampling was used to select individuals who are knowledgeable about the interventions, and who are directly or indirectly linked to the project. Key informants were selected from the diaspora experts, local staff, junior professionals in the education and health sector, Director Generals or HR Directors from Ministry of Health and Ministry of Education, hospital directors, head of universities, key programme staff of organizations working in similar fields like UNFPA, UNICEF and Save the Children, ADRA, EU, IOM staff, a representative from the Finnish Embassy in Nairobi, Regional Department

at the Ministry for Foreign Affairs of Finland and junior professionals.

Focus Group Discussions (FGD)

The focus group discussions were vital in collecting data from a sample of direct beneficiaries of the activities to see whether the project has managed in improving basic health care and education services and made them more accessible to the local communities. In each location of Mogadishu, Baidoa and Kismayo (Puntland excluded) Axiom ME conducted FGDs in groups of 4-6 people with local staff and students from universities and hospitals.

Field Observations (FO)

FO was conducted at hospitals and universities. It contributed to assessing the functionality and capacity of facilities, and the work performed by diaspora experts. During field data collection observations were done on presence, usage and status of the facilities, training equipment and overall visible changes and improvements as a result of the project. Field observations were important to analyse the relationship between local staff and diaspora experts, and perceptions of students and patients at the universities and hospitals.

The table below summarizes the response rates for qualitative data collection methods employed for the midterm evaluation:

Technique	Health sector (diaspora experts, junior professionals, local staff and Ministry representatives)			Education sector (diaspora experts, junior professionals, local staff and Ministry representatives)			Stakeholders (IOM Project staff, donor/embassy and other agencies)	Total (disaggregated by gender)
	Mogadishu	Baidoa	Kismayo	Mogadishu	Baidoa	Kismayo		
KII	11	8	6	12	3	1	17	58 (13 women)
FGD	2	2	1	n/a	n/a	n/a	n/a	5 (8 women)
FO	1	1	1	2	n/a	n/a	n/a	5

4.3 Quantitative Technique

Structure questionnaire targeted directly at the diaspora experts and local staff through face to face interviews and call centre provided more information about the nature of the assignment; the skills taught, individual challenges, motivation and in-depth information on the state of the infrastructure in host institutions and, most importantly, the changes that beneficiaries experienced as a result of the project. 38 questionnaires were completed by diaspora experts, junior professionals and local staff, in both the health and education sector.

Technique	Health sector	Education Sector
Diaspora expert questionnaires	12	7
Local staff questionnaires	13	8

Of the 19 diaspora experts who responded to the survey, 14 were current participants, and 5 former participants in the health sector. Of the 21 local staff questionnaires designed for both local staff and junior professionals, 10 were answered by junior professionals (5 in each sector) while the rest were answered by local staff, including directors and deans of faculties.

4.4 Sampling

The sampling plan presented to IOM and approved during the inception of the project differed was based on the assumption that all diaspora experts (those currently engaged, those who completed the assignment and were still in Somalia, those who completed and were out of the country, and those that resigned) would all be easily reached to take part in the study. The reality during data collection was more complicated because not all diaspora experts, especially doctors, could participate in the evaluation due to busy schedules and, moreover, diaspora experts who completed their assignment, especially those out of the country, were difficult to contact. Local staff involved in the evaluation are those who consented to take part in the study, which explains the difference between the original sampling plan and what was possible in the field. Diaspora experts who are currently working in the target host institutions and the local staff were interviewed face-to-face using the structured questionnaires. Those who have resigned and who completed their assignment were contacted using Axiom ME call centre. Diaspora who were not responsive over the phone were emailed from the sample selected. The participants who had already left the country were contacted, and efforts were made to include their feedback/inputs in the evaluation through follow-up via email for those who were unreachable. Local staff participants were randomly selected from different departments included directors of hospitals, universities and ministries as key stakeholders in the project. Sampling was done in all locations in areas of operations where active diaspora experts, local staff members and junior professional were randomly selected for interviews (see table 1).

4.5 Evaluation Limitations

There were some challenges experienced during the data collection which caused some delays. There was ongoing preparation for the Somalia national examination during the data collection period which made the availability of the experts and students limited in the universities. Albeit not being able to conduct focus group discussions with staff and students at the Somali National University and Somali Academy of Science and Arts due to examination schedules, the evaluation team conducted additional key informant interviews with local staff and students to gather all the necessary information. Majority of the phone contacts for the diaspora experts who had completed their assignment were unreachable, so researchers immediately emailed to get feedback. Call center and face to face structured interview was successful, however receiving response from the non-responsive phone call through email was a challenge. From the list of diaspora experts who had completed their assignment, only one participant responded via email to our online questionnaire. Furthermore, conducting the evaluation in Kismayo was limited because only one diaspora participant agreed to be involved in data collection. The participant who declined the request for an interview was not comfortable taking part in the mid-term evaluation. Furthermore, the evaluation team contacted Jubaland Ministry of Education representatives who were not in Kismayo and unable to conduct face-to-face interviews but followed-up with phone calls and email communication to no avail. It is important to remember that due to this large limitation, the findings for Kismayo cannot be representative, as they involve the opinions of diaspora only. In Baidoa, only one diaspora expert was assigned to the Ministry of Education, Culture and Higher Education in Somalia, therefore the findings are representative of the views and opinions of local staff at the MOECHE and ministry representatives themselves. Due to the difficulties in

obtaining representative samples in these two locations, the evaluation team collected as much information from local staff to improve the validity of conclusions.

5 Key Findings

In this section, the evaluation looks at the relevance of the project in terms of its alignment with national plans and policies, with the donor priorities, the effectiveness of the project in terms of implementation in host institutions and diaspora experiences, and thereafter provide an analysis of key findings for each of the targeted institutions.

5.1 Relevance

5.1.1 Project Alignment with Government Priorities

The most important aspect of the MIDA FINNSOM Health and Education Projects is its contribution to the government's plans, policies and strategies in health and education which is one reason for the success of the project and the vested interest of the Government in the continuation of the project in Somalia.

The link to the government priorities/policies in both education and health sector, is shown by the project's logical framework, particularly outcome 3, that relates directly to improving the capacity of the ministries health and education to implement the ESSP and HSSP respectively. During recruitment of diaspora experts, the project ensured that diaspora assignment contributed to the sectoral strategic plans focusing on reduction of high maternal and child morbidity and mortality in the health sector and gender inclusiveness in the education sector. Both were considered priorities by the FGS MoHHS and MoECHE and the project included the government's needs in the recruitment of experts for the different public institutions. It is important to note that the project has a strong focus on capacity building and institutional development, in line with the government's priority stated in the ESSP and HSSP for capacity building as a means to build sustainable public health and public education institutions.

The Health Sector Strategic Plan (HSSP) focuses on strengthening the capacity of the ministry to provide more effective leadership, improving and increasing the skills of the health workforce, rolling out health services and facilities in all regions, developing a health financing system, ensuring the use of appropriate and sufficient medical products, and establishing a comprehensive monitoring and evaluation system and research capacity. Diaspora assignments in the MoHHS at Federal and federal member states levels supported the development of policies, guidelines and strategies which were key for strengthening the capacities of MoHHS. For example, the drafting of the Somalia National Health Professionals Council Act, which has been approved by cabinet and will need to be passed through Parliament, is one of the examples of the support of diaspora experts in the ministry and the achievement of the logical framework indicators of outcome 3 on operational guidelines, policies and strategies developed through support from diaspora experts, and related work plans/action plans in place.

The goal of the Education Sector Strategic Plan (ESSP) is to build the education sector focusing on development of policies, frameworks, strategies, and staff capacity building. When discussing institutional capacity, it becomes clear that the lack of capacity is present at all levels - from the Ministry, to the staff working in public education institutions like schools and universities. In fact, the loss of human capital can be viewed as one of the main reasons for the absence of strong institutions that ultimately results in poor quality service delivery. Diaspora experts in the Ministries of education supported a range of policies such as the National Education Policy, Basic Education Policy and

Teacher's Education Policy, which is in line with the ESSP strategy. According to experts in the university, new departments were established such as the Primary Education and Early Childhood Development Department in SNU, while other experts created partnerships with international institutions, such as the University of Helsinki.

While the design of the project is based on the HSSP and ESSP, the project also contributed to PSG and the Somali Compact 2013 – 2016, especially the Peace-building and State-building Goals 4 (Economic Foundations) and 5 (Revenue and Services). The youth internship component of the project aims at creating sustainable employment opportunities for young Somali men and women, while the overall project is intended to build the capacity of public institutions to deliver equitable, affordable, and sustainable health and education services, clearly linking to the New Deal priorities. In the National Development Plan 2017-2019, which follows from the New Deal Compact, the role of the diaspora and the opportunities of using diaspora expertise to contribute to skills development, mirror the IOM MIDA concept.

Having conducted interviews with Federal Government ministries and federal member states ministries of Health and Education, the evaluation found that one of the reasons why the MIDA FINNSOM Health and Education Project is well respected amongst stakeholders is good collaboration between the Ministries at National and regional level, IOM staff, the host institutions and the diaspora experts. Decision-making lies with the Federal Government Ministries of Health and Education which means that the project not only complements national strategies, but devolves responsibility to the Government, who is vested in seeing the programme succeed. Though IOM staff acknowledges initial difficulties between FGS and federal members states in selecting participants and institutions, the project team managed to promote an environment of discussions in resolving disagreements. The bi-annual stakeholder meetings organized since end of 2017 include the ministries from FGS, South West State, Jubaland, Puntland and this involvement of all levels of government to discuss the progress, challenges and way forward of the project is a sign of the government's appreciation and support of the MIDA FINNSOM Health and Education project.

5.1.2 Project Alignment with Finnish Development Policies

Gender equality, reduction of inequality and climate sustainability are the cross-cutting objectives of Finland's Development Policy Programme for 2012 and 2016. Gender equality and reduction of inequality objective is promoted and integrated throughout the implementation of the project. Despite the challenges given the context in which the project is being implemented, the evaluation found that the project has made significant effort to promote gender equality. KIIs with IOM staff and MFA Finland staff re-enforces that the project fully incorporates these elements of the Finnish development priorities. An example of this is the focus on maternal and child health and the recruitment of junior professionals, both in line with current Finnish Development Policy that emphasize the importance of promoting the rights and status of women and girls and generating employment opportunities to build countries' economies. Many diaspora positions are relevant to the priorities of the MFA Finland; in the field of maternal and child health, two advisors at Ministry of Health and Human Services, four diaspora experts at Yardimeli Women and Children's hospital, a neonatal nurse at GGH, are working with junior professional experts as well as the local staff in their units. The project also provides services to the most vulnerable groups in the population, like women, children and IDPs. Moreover, it strives to tackle the access to labour market for young people by employing the young professionals to team up and work side by side with the diaspora experts. The project contributes to Finland's country strategy for Somalia 2017-2020 that builds on

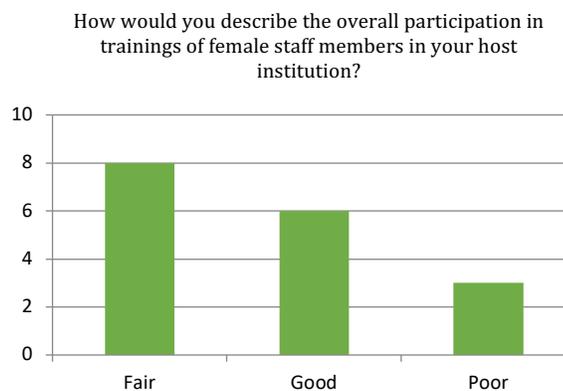
the overarching Finnish Development Policy in the areas of promoting increased availability and use of maternal, sexual and reproductive health services through the placement of doctors, nurses and junior doctors in public hospitals. In both the education and health sector, the project is working towards the goal of strengthening core state functions of Federal and regional authorities to provide services to the people, and this is achieved through building the capacity of public universities, hospitals, and ministries to provide improved services and new functions to communities.

The project made efforts to recruit as many women as possible among the experts, even though achieving a gender balance continues to be challenging. Despite the aforementioned difficulties, the project has managed to reach an impressive 35% of female diaspora expert involvement. IOM FINNSOM is pursuing a more female targeted outreach to diaspora professionals, including non-Somali-Finnish diasporas, where there may be more female professionals available than in Finland. IOM conducted such outreach for Somali Diasporas in the USA and Canada and in Sweden, Norway and Germany as a way to identify potential diaspora candidates (including women) and form partnerships with diaspora networks. Also, in case of two equally competent candidates, female applicants continue to get additional scores in the interviews in comparison to male candidates in an effort to support more women to get selected.



Despite the difficulty in recruiting women experts, the participation of women as local staff in trainings and activities organized by the diaspora was very promising. The majority of diaspora experts describe women’s participation as “fair” or “good” which shows that in host institutions, women are benefiting from the MIDA FINNSOM Health and Education Project. Innovative ways to promote women diaspora experts to join the programme would also have beneficial effects for women local staff working in host institutions. Diaspora women could act as role models and offer special support to female staff members in hospitals, universities and ministries.

Gender is a strong aspect of the work of experts in host institutions. The gender policy in the Federal Government MoECHE and development of a gender unit, and the mainstreaming of gender into the formulation of policies and frameworks in SWA MoH are all examples of the commitment to gender equality in the project. The project’s design addresses the lack of adequate female service providers and equitable service delivery to women by focusing on mother and child health care in hospitals. Finally, gender themes were also prominent in awareness and advocacy campaign such as the *Macalin baan ahay!* (*I am a teacher!*) a campaign carried out by the Somali National University to recruit more teachers.



5.2 Effectiveness

5.2.1 Factors affecting effective implementation in the host institutions

Generally, there are many problems affecting health and education institutions targeted in the project and these include lack of tools and equipment, and the limited numbers of qualified staff, compared to the needs in the different regions. In Yardimeli Hospital, for example, the lack of basic equipment, shortage of skilled staff and inappropriate infrastructure were the biggest problem noted by diaspora experts during their assignment, which were problems reiterated by all the local staff and junior doctors working in the hospital that were interviewed as part of the evaluation. This situation is not unique to Yardimeli, but thanks to the support of the diaspora experts in providing junior professionals and nurses distributed across targeted hospitals with capacity building, the project improved the skills and confidence of local staff and junior doctors. In fact, in Bay regional hospital, one of the effects of the project stated by local staff and junior doctors is the boost of confidence and more positive attitudes in caring for patients.

The number of experts placed in the host institutions was also a factor important to the achievement of the project objectives when comparing the current MIDA FINNSOM Health and Education Project to earlier phases of the FINNSOM Health Project in Puntland. In the opinion of the evaluation team, the project in Puntland been effective for various reasons. Firstly, the evaluation team notes that the number of experts placed in an institution was important for the success of the project. From phase II-III, 10 diaspora experts in the hospital, and currently, for the health and education programme, 2 experts are still active. During key informant interviews with stakeholders who have been involved in the earlier phases of the MIDA FINNSOM Health project, it was noted that the successfulness of projects in Garowe, but also in Somaliland for the health sector could be attributable to the higher number of experts per institutions compared to the number of experts placed in the hospitals in Mogadishu, Baidoa and Kismayo. While this could be an important determinant of success, the quality of the diaspora experts assigned to institutions, and the appropriateness of their expertise to the gaps of the host institutions, might be a better determinant of success. The same situation is seen in the education sector, where the larger number of experts placed in the FGS MoECHE compared to the federal member states ministries of education directly correlates with the number of achievements seen in the host institutions, which will be discussed in more details in the key findings and achievements section.

In the health sector specifically, the difficulty in recruiting for specialist doctors and nurses in the hospitals was a factor negatively affecting the effectiveness of the project and the success of the work of diaspora experts in Bay Regional Hospital and Kismayo General Hospital. It is still important to consider that the project focuses on maternal and child health, therefore, while neurosurgery is an important service, the project has made effort to advertise for the recruitment of a paediatrician and gynaecologist positions in Kismayo General Hospital, however there were no qualified candidates who applied. The project experienced difficulties in recruit diaspora professionals to Kismayo hampering effectiveness. The network of diaspora experts who worked in earlier phases of the FINNSOM Health project in Somaliland and Puntland offers an opportunity to tackle this problem. The effectiveness of the Health and Education project lies in the use of former FINNSOM experts who are therefore knowledgeable and experienced in the project prior to their assignment in Somalia. One expert in Yardimeli, two in Bay Regional Hospital, and three in Kismayo General Hospital working for the MIDA FINNSOM Health and Education

project, were involved in the FINNSOM Health Project in Somaliland, therefore the project shows that some experts are willing to extend their expertise to new geographical areas and this provides an opportunity for recruiting doctors, nurses and midwives for the MIDA FINNSOM Health and Education project.

Having adequate equipment in the host institutions would facilitate the day-to-day work of doctors and nurses and contribute to the effectiveness of this programme. Though IOM does not procure equipment and supplies as part of this project, it is a reality that the lack of equipment for diagnostic services, laboratory and inadequate surgical equipment in hospitals, and equipment and training facilities, including libraries in universities, negatively impacts the work of diaspora and the local staff. There is an opportunity, however, to partner with other agencies like ICRC in Kismayo General Hospital who are involved in procuring equipment and supplies, to further the goals of the MIDA FINNSOM Health and Education project and facilitate the work of diaspora doctors and local doctors to maximize on the skills transfer aspect of the project. In education institutions, similar partnerships with ongoing teacher training initiatives funded by EU and capacity building activities funded by the GPE could be channels for providing technical and financial support to diaspora engaged in the ministries and universities. In SNU, the partnership with the University of Helsinki shows how effective the project can be in achieving the goal of building the capacity of local Somali institutions through cooperation with established Finnish institutions. For education institutions like SOMASA and SNU, the lack of training budgets to facilitate training events and workshops, which form the bulk of diaspora work, make it hard for the experts to achieve the goals stated in their workplan.

Based on lessons learned from previous phases of the FINNSOM Health Project, the length of assignments for the project was increased to a minimum of 12 months to achieve more sustainable impacts and increase the effectiveness of diaspora assignments in host institutions. While increasing the length of the assignments is important to maintain continuity and promote skills training activities to local staff, it is notable that 94% of diaspora surveyed for the midterm evaluation in both health and education sector still do not feel that the length of their contract is sufficient to complete their assignment in host institutions. Based on the institutional assessment of host institutions targeted in the project, and findings from diaspora experts' respondent, the problems facing host institutions require long-term engagement and strategies and for experts to perform throughout their assignment, amidst inappropriate infrastructure, lack of basic equipment, shortages of local qualified staff, longer contracts might be needed.

More generally, one aspect of the project which was praised by all stakeholders interviewed in hospitals, ministries and SNU was the involvement of junior professionals through the internship component of the project. For diaspora experts, junior professionals were a way to bridge differences and tensions between the local staff in the implementation of activities, as seen in FGS MoECHE, and for the local staff interviewed, the teaching and learning opportunities for young people were key for the sustainability of the project.

In Mogadishu, however, junior professionals working in SNU, Yardimeli, and MoECHE faced more financial pressures than reported in other locations because of the cost of living in Mogadishu, which made the allowances provided by IOM insufficient for the young people to maintain themselves and their families. This discouraged young people engaged in the different host institutions in the city who, struggling with the little allowances and delays in payment, reported loss of confidence in their work; they nevertheless, remained hopeful that the project would offer an avenue towards full-time employment.

5.2.2 Selection of institutions

Despite the initial challenges experienced in setting-up the project in its first year, project activities were implemented in a timely manner and with no other delays. Overall, the selection of host institutions was participatory since it included the government, IOM and host institutions and culminated in the institutional needs assessment finalized in 2016.

There were disagreements over the priority needs in the Ministries and the allocation of diaspora experts resulting to some delays. The recruitment of interns also took longer than expected because of disagreements with the government over the most appropriate use of the funds for the internship component. In some instances, line ministries wanted to allocate these funds for other purposes such as procurement of material/resources like office furniture and computers or incentives for local senior staff. Generally, IOM managed to mitigate problems that are expected when dealing with different levels of government.

5.2.3 Application and Recruitment Process

The selection of MIDA diaspora experts is one of the most important aspects of the project design. There is involvement of government, and host institutions in the selection and recruitment of diaspora experts. There are 11 steps to the recruitment of diaspora experts, namely: 1. Creation of ToRs, 2. Advertisement of positions, 3. Submission of applications, 4. Preliminary evaluation of application, 5. Creation of anonymous profiles, 6. Interviews, 7. Offering of positions, 8. Background check, 9. Ranking of candidate on stipend scale, 10. Confirmation of assignment, and lastly, 11. Travel to duty station via Nairobi. The recruitment process set out is an effective process flow with specified time periods, tasks and responsibilities of entities involved, and most importantly, the profiles for the interviews remain anonymous to maintain fairness and reduce bias in the selection of the top candidates. This process is transparent and in line with the recruitment process of the line ministries and institutions and the role of receiving, evaluating, and selecting applications from interested candidates is managed by the IOM Finland project team. Applicants are assessed on their suitability to assume a particular vacancy, their interest and commitment to participate in the project, previous experience working with development cooperation and in a complex field environment. The recruitment process is conducted in collaboration with the host institution and the ministry. MIDA FINNSOM used Quest MIDA website, IOM MIDA FINNSOM website, and Twitter and Facebook pages and Hiraan online website to reach applicants. The project also conducts outreach and recruitments in education institutes abroad.



Special efforts were made by the project to recruit Finnish Somali diaspora professionals through targeted outreach events. As a result of this, Finnish Somali diaspora experts are now the largest national group employed by this project. Over the different recruitment periods the numbers of Finnish candidates has increased, however,

limitations do still exist and majority of the applicants for the expert positions are still from countries other than Finland, mostly from the USA, Canada and United Kingdom. IOM Finland continues its efforts to increase the Finnish Somali diaspora's participation, by continuing outreach work targeting Finnish Somali diaspora professionals, especially in the field of education. This is because the number of Finnish experts is larger in the field of health and it is significantly harder to recruit Finnish Somali experts to advisory level positions relating to policy, strategy and gender in the education sector as seen by fewer applications from Finnish Somali applicants for these jobs. One possible explanation for this is that the few diasporas who apply may have suitable educational qualifications for these positions, but lack the relevant work experience, compared to candidates from countries like Canada and the USA.

In general, there are some challenges in recruitment of diaspora experts for certain position in federal member states. The security situation and hard living conditions for candidates in regions outside Mogadishu, plus perceptions on the remoteness of working in federal member states, resulted in difficulty in recruiting experts. The persisting political instability is seen as a deterrence to applicants. During the outreach events that the project has conducted for diaspora professionals, there has been a notable level of interest among prospective female professionals from the diaspora to participate in the project.

5.2.4 Training of facilitators workshop

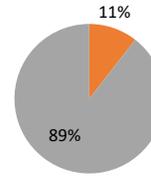
The Training of Facilitators (ToF) workshop acts as an orientation for the participants to their new assignments, aiming at providing them with skills on efficient knowledge transfer methods. The ToF is crucial in teaching diaspora professionals the necessary learning and facilitation techniques required for their assignment in the field.

The ToF workshop was found to be of high standards and effective in providing the necessary tools to diaspora to successfully accomplish their workplan. The substance of each sessions was informative, useful and relevant to teach and acquire facilitation skills. The overall structure of the sessions, as well as the sequencing, was logical and orderly. One of the key strengths of the workshop was the incorporation of various types of methods including group discussions, role play, Q&A and icebreakers which makes workshops interactive and centred around the participants.

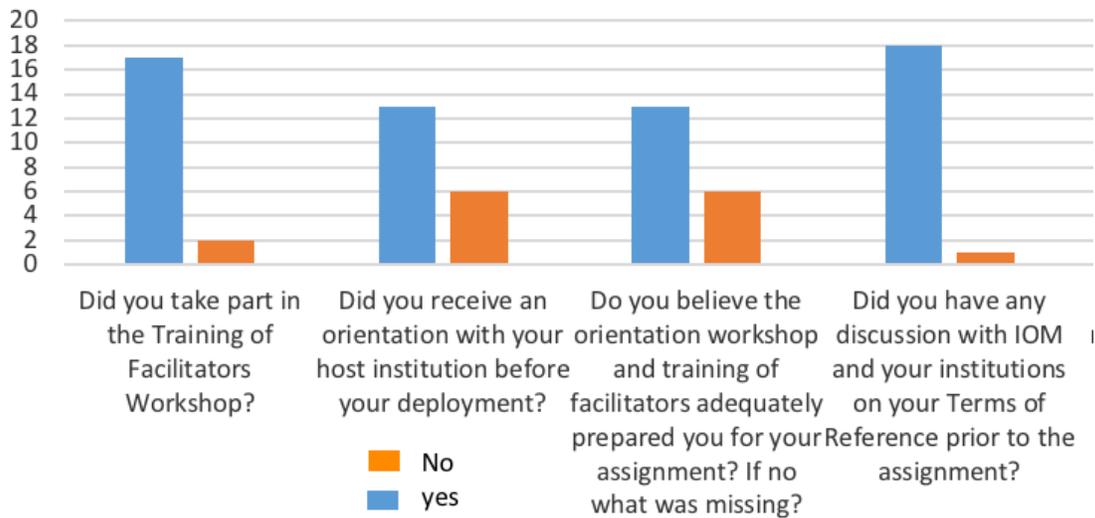
One of the challenges encountered in the ToF workshop was that the sessions were tailored to the health sector and most of the hand-out materials, as well as the pre-assessment of the ToF, solely focused on the health and not education. This is problematic but understandable, since the IOM MIDA FINNSOM ToF was initially intended for the health sector and encompasses a health perspective. It would be advisable that in future all ToF material be harmonized so that all diaspora experts can reap the benefits of the training which is one of the tasks of the consultant recruited by IOM Somalia. Though the evaluation found that the majority of participants did have an orientation and took part in the ToF, some of the diaspora experts in the education sector report not attending these workshops. (see graph below). This situation could be ratified through better-targeted ToF that takes into account education sector needs. The below analysis touches on responses being given about the adequacy of the ToF workshop, orientation with host institutions, and effectiveness of IOM in providing feedback to experts on their terms of reference:

In your opinion, how relevant is the training/support provided by the project to the local staff and students?

■ Not relevant ■ Somewhat relevant ■ Relevant



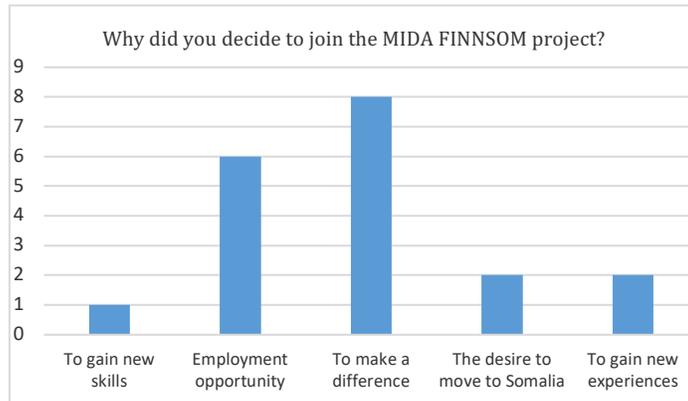
Diaspora Experts Processes



5.2.5 Motivation and Participation of the Experts

“My motivation for joining this project is both personal and professional. Personal meaning to come back and play a positive role in my community, and professional because as an education expert, I am interested in the advancement of education in Somalia.” Diaspora expert at the MoECHE

In both the health and education sector, it is important to understand the motivations behind Somali diaspora joining the MIDA FINNSOM Health and Education project. During interviews with diaspora experts working in the Ministries, hospitals and universities, it became clear that the desire to contribute to the development of the country and “giving back” is the strongest motivation for taking part in the project. Diaspora surveys confirmed the findings that diaspora experts want to make a difference in the country. The desire to gain employment opportunities is also a reason why some experts decide to join the project, therefore personal and professional motivations play a large role. These strong motivations are the reasons why experts are willing to face challenges and hardships in the host institutions, in order to fulfil their goal. About 76% of diaspora experts respondents planned to remain in Somalia after the end of their contract to keep supporting development efforts in the country. The fact that the majority of experts plan to stay in Somalia could prove an opportunity to hire these experts for future phases of the project, as has been the case since there are multiple participants who have worked in different project phases and locations.



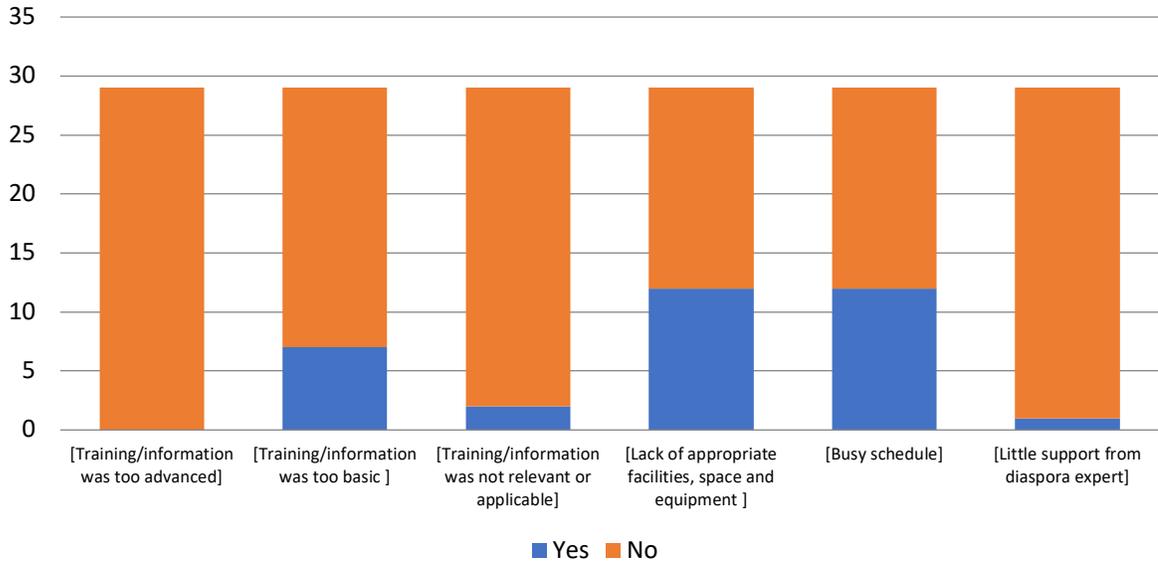
Diaspora surveys confirmed the findings that diaspora experts want to make a difference in the country. The desire to gain employment opportunities is also a reason why some experts decide to join the project, therefore personal and professional motivations play a large role. These strong motivations are the reasons why experts are willing to face challenges and hardships in the host institutions, in order to fulfil their goal. About 76% of diaspora experts respondents planned to remain in Somalia after the end of their contract to keep supporting development efforts in the country. The fact that the majority of experts plan to stay in Somalia could prove an opportunity to hire these experts for future phases of the project, as has been the case since there are multiple participants who have worked in different project phases and locations.

5.2.6 Capacity transfer in host institutions

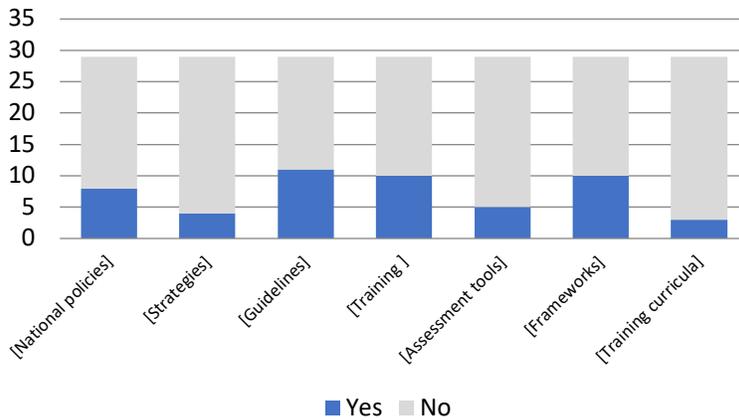
The success of the programme is ultimately measured by looking at the changes in host institutions and the skills gained by local staff. The main goal of the diaspora experts is to provide the necessary skills and knowledge to local staff and ultimately build the capacity of host institutions. The perceptions of both staff and diaspora is needed to understand the success of skills transfer process and any limitations in capacity development activities. 89% of all local staff surveys believe that the training they received from diaspora was relevant for the host institution and professional their development.

The relevance of the trainings does not only relate to the topics that were taught during diaspora assignment but also the kind of training diaspora delivered to local staff and junior professionals. Most diaspora respondents in both health and education provided on-the-job learning, formal training sessions and lectures and supervision/mentoring of junior professionals as the main techniques to transfer skills and knowledge to local staff and junior professionals. According to surveys with local staff, busy schedules and lack of appropriate facilities, space and equipment, were the main obstacles faced during training activities provided by diaspora experts.

Local staff response: Have you experienced any of the listed obstacles related to the training and support (coaching/on the job learning/lectures) provided by the diaspora expert?



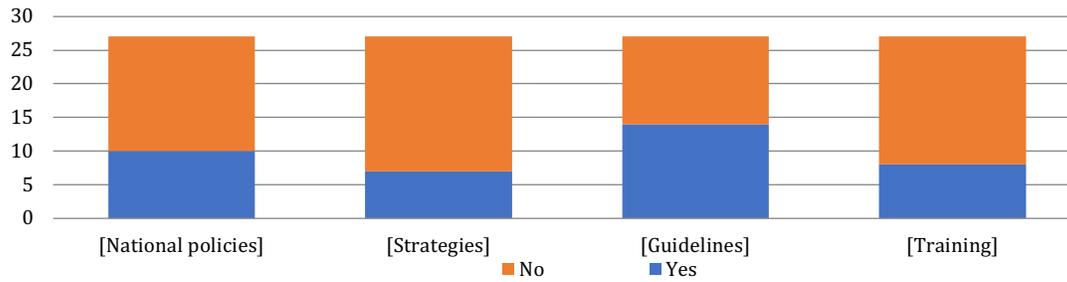
Local staff response: Did the diaspora expert contribute to the development of any of the following?



For the trainings to be effective, noticeable changes should be seen in the institutions, and the evaluation team surveys aimed at discovering whether trainings translated into any policies, guidelines and or strategies developed and in use, in host institutions. Findings from local staff surveys report that experts were involved in the development of those as part of their assignment.

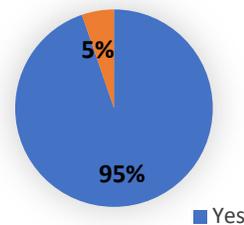
Fewer experts took part in developing strategies, assessment tools and training curricula and this is in line with findings from diaspora experts, confirming that majority of experts were involved in developing guidelines in host institutions.

For diaspora experts: Did you contribute to the development of any of the following?



100% of local staff stated that the guidelines, policies, trainings, frameworks and curricula introduced by the experts were in use by the host institution which points to the success of the project in building the institutional capacity of host organizations. With the introduction of new strategies, policies, guidelines and trainings, local staff were more involved in new activities and 95% recently applying the skills learned to support the diaspora experts and their host institution.

Do you believe that with the support of the project and the diaspora experts you gained knowledge and skills to better perform your work?



What is striking is that the trainings-built confidence of local staff and junior professionals, who felt better able to perform in their job. 95% of local staff also felt the skills they learnt they would have not been able to learn prior to the MIDA FINNSOM Health and Education Project and that the skills and knowledge gained was valuable to their job. Overall, the work of diaspora experts was appreciated by local staff and juniors, with 94% reporting that other staff, students and junior professionals did appreciate the work of diaspora experts in their host institutions.

The confidence in the skills of local staff is also expressed by the majority of diaspora experts who believe new services and functions introduced in host institutions can be run and managed by local staff.

Do you believe the local staff has gained knowledge and skills to better run and manage your host institution?

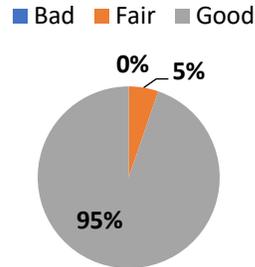


The achievements in the skills transfers process can also be attributed to the positive experiences highlighted from diaspora and local experts. For the overall MIDA FINNSOM Health and Education Project to succeed, diaspora's integration in the host institution and local staff acceptance of the experts is vital.

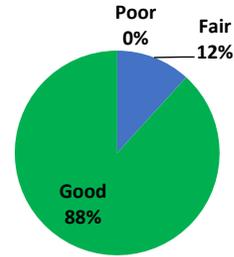
The evaluation found the overwhelmingly majority of local staff and diaspora described their relationship with each other as good. As noted in the qualitative analysis, there were few instances of reported conflicts from diaspora in early stages of their assignment because

some local staff felt experts might “steal” jobs, but diaspora felt the situation improved with time and through more collaboration with local staff.

How would you describe your relationship with the diaspora expert?

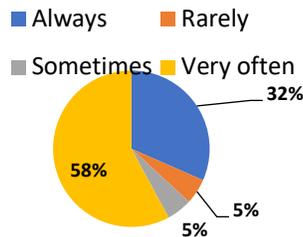


How would you describe your relationship with the local staff and students?

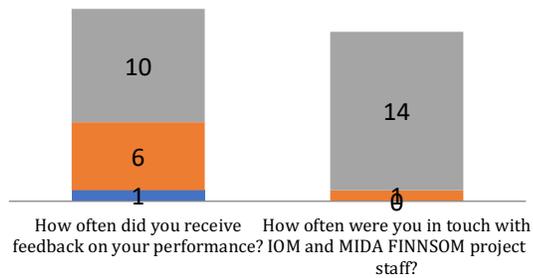


There was good interaction between experts and local staff, which was important for the effectiveness of the training and the learning process. 58% of the local staff stated that they interacted for diaspora experts ‘very often’, 32% ‘always’, and only 10% as ‘rarely or sometimes’. The interaction between diaspora experts on workplans and performance was consistent as well, with most experts reporting interacting with IOM on a monthly basis to advice on activities in the workplan as shown below:

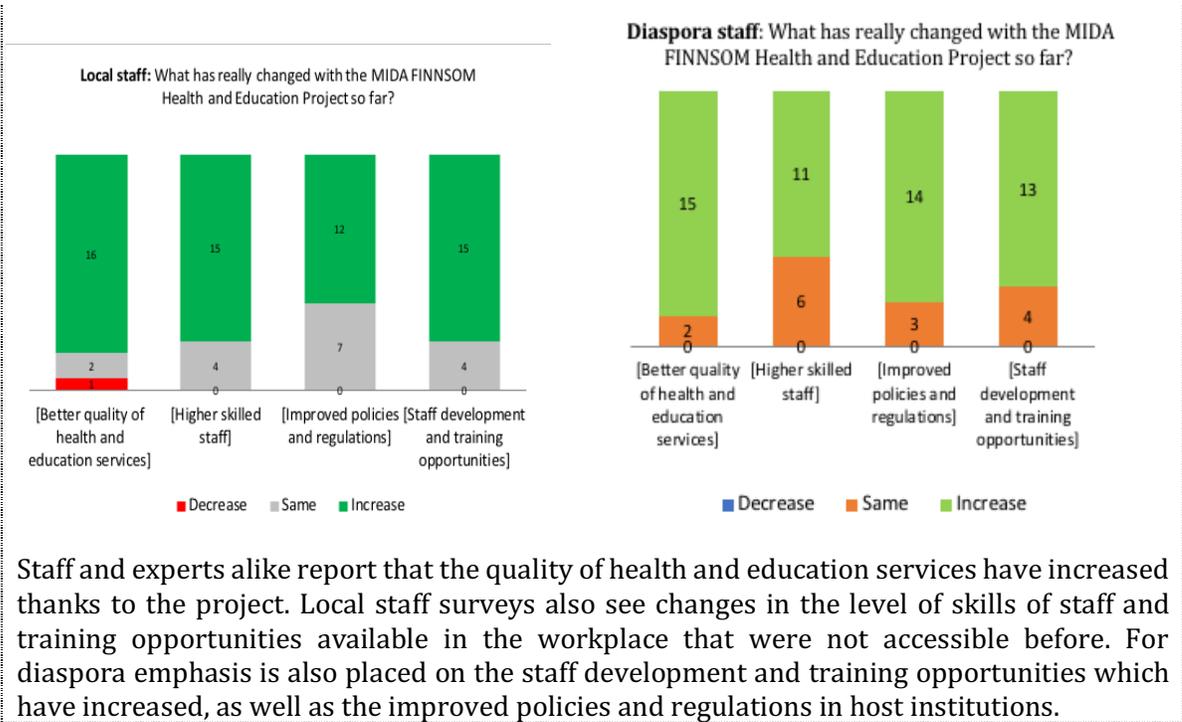
How often did you interact with the diaspora expert?



Monthly Weekly Never



Finally, one of the objectives of the evaluation was to find out what really changed thanks to the MIDA FINNOM Health and Education project from the perspectives of local staff and diaspora experts in the health and education sector, and, more specifically, in the host institutions. The findings are illustrated below:



5.3 Specific Findings and Achievements for the Health Sector

5.3.1 Mogadishu, Banadir



Ministry of Health and Human Services

	Assignments at MoHHS						
Diaspora experts	Maternal New-born and Child Health Specialist	Quality Control Specialist	Quality Control Specialist	Administration Management Specialist	Organizational Management Specialist	Health policy and planning Advisor	Organizational Management Specialist

General description

The Ministry of Health and Human Services was created in 1960 with the aim of addressing the country's health needs. The Ministry is under reconstruction in the light of new leadership change and therefore, is aiming to improve the functions of its departments and related manpower. It has the following departments: Medical services department (Public health, MNCH and Medical services), Human Resource department, Policy and planning department and Administration and Finance department. The MIDA FINNSOM project placed seven diaspora positions at the Ministry and these are: Maternal New Born and Child Health Specialist, two Quality Control Specialist, Administration Management Specialist, Organizational Management Specialist, Health policy and planning Advisor, Organizational Management Specialist.

Findings and achievements

"The project is important for me because it has really opened my eyes. I attended trainings and gained new knowledge and skills from the diaspora experts which I believe I can use to support my community in the future"- Local staff member at the Ministry of Health and Human Services

The project helped address urgent needs of the Ministry, especially the lack of trained professionals, and human resources which affects the capacity of MoHHS. The evaluation found that in the Ministry, the work of diaspora experts focuses on developing the appropriate policies, guidelines and systems to build institutional capacity. Experts assisted in drafting the National Health Professional Council (NHPC) Act which has been approved by cabinet and will need to be passed through Parliament. The Act is intended to register and license all health professionals in Somalia, including foreign professionals practicing in the country, and accredit and assure quality of health training institutions and universities. This is a step towards building a strong healthcare legal system as a key priority of the FGS Health Sector Strategic Plan. In addition, the experts reported to have supported the implementation of the National Health Policy, drafted communication strategies, standard operating procedures for externally financed projects/programs and organizational charts and job descriptions for the Ministry.

The organizational management in the Ministry has also been improved by the introduction of guidelines and procedures for senior management appointments and a human resource training and development policy and procedure manual. This is because local staff received training on skills like planning, leadership, resources management and organizational and leadership skills which were deemed important by staff and experts alike. The nature of trainings in the Ministry relied mostly on formal training sessions, mentoring/coaching and supervision of junior staff and continuous on-the-job learning. Local staff interviewed confirmed that written policies and guidelines on HR development and training material are now available at the Ministry and are used as a reference point by the workers.

Regarding the efficiency of the skills transfer, there is indication that though local staff valued the learning experience and skills learned from diaspora experts and applied the newly learned skills, they believe that the Ministry does not possess the financial capacity and human resource capacity to continue the work started by diaspora expert. The diaspora experts interviewed are, nevertheless, more positive about the capacity of the local staff to implement the skills learned, but less so optimistic about the MoHHS to operate amid lack of finances and few qualified staff who can support organizational development. The lack of qualified staff is particularly challenging for the local staff, who feel that the contract duration of experts is not adequate and that local staff who has been trained as part of the project might leave in search of better opportunities. Diaspora experts and local staff who worked together in the Ministry expressed satisfaction at the level of collaboration and respect felt during every-day work, and no instances of difficulties between diaspora and locals was stated during interviews. The main challenge for the experts, however, was the political instability affecting their work, which contributed job insecurity. Despite the difficult work circumstances, local staff were very engaged during training sessions, and diaspora experts felt that local staff valued their work; local staff interviewed reiterated their interest in the training and usefulness of the skills learnt.

The project also made remarkable progress in supporting the establishment of a Registration, License and Accreditation unit that is expected to become operational upon

approval of the NHPC act. Through diaspora trainings of local staff, this unit is now headed by a national advisor who was nominated to the position after demonstrating high level of competency and skills. The national advisor is responsible for representing the Ministry in national and international conferences on topics related to health legal systems. As part of the broader NHPC initiative, the diaspora experts and local staff in this unit have developed draft registration, licence and accreditation forms which will form the basis of registering and licensing health professionals and hospitals, and accrediting training institutions to guarantee compliance with basic standards, promote quality of healthcare services, and ethical practices in the delivery of healthcare.

Somali National University Medical Faculty

Assignments at SNU Medical Faculty		
Diaspora experts	Medical Curriculum Development Advisor	Medical Education Advisor

General description

The Somali National University (SNU) is the only public university governed by the Federal Government. This university was established in 1954. The SNU developed over the next twenty years into an expansive institution of higher learning, with 13 departments, 700 staff and over 15,000 students. Due to extensive damage to its facilities as well as the difficulty of holding classes and acquiring books and other necessities in the wake of the civil war in the early 1990s, classes at the university were indefinitely suspended. On 16 August 2014, the federal government officially re-opened the Somali National University at a meeting of the Board of the University. The SNU has currently a faculty of medicine, a midwife training center, and a faculty of science which falls under the MOHHS. Two diaspora experts were placed at the Medical Faculty of the university to support the development of the medical curriculum as a way to improve teaching and learning in the medical field.

Findings and Achievements

“An up-to-date syllabus for the faculty was drafted and implemented, and this syllabus is being used and will continue to be used”- Dean of the SNU Medical Faculty

The Medical Faculty of the University suffers from a shortage of skilled teachers, education resources like books, and lack of laboratories. As with most public institutions in Mogadishu, salaries for staff are insufficient. The diaspora experts were closely supervised by the dean of the medical faculty at the university who expressed satisfaction with the project and diaspora support to the improvement of the training curriculum. The work of the two diaspora experts focused on revising the medical curriculum which was outdated and a priority for the faculty, and the key achievement of the diaspora assignment was the development of an improved medical syllabus, now in use. The faculty’s experts showed how diaspora skills can be catalysed to improve systems in local institutions and provided the needed technical skills currently lacking. In the opinion of the Dean, however, the length of diaspora assignments was too short to lead to any other major achievement beyond the development of the medical curricula. Ideally, the duration of experts’ assignments could extend to at least three years, which would be an adequate timeframe to monitor and oversee the implementation of the syllabus and would make it easier to attribute the increase in student enrolment in the faculty to the improvement of the medical syllabus.

In the view of the dean, the MIDA FINNSOM Project should consider supporting the infrastructural development of the faculty, by upgrading medical laboratories and increasing the number of experts to train teachers at the faculty. One of the recommendations for a future phase of the project is to increase the length of qualified experts and working more closely with IOM in monitoring and supervising activities at the faculty. During interviews with a junior professional at Yardimeli General Hospital, which will be explored in the next section of the report, a suggestion to improve the project at the hospital was to create exchanges with Finnish hospital to improve skills of local doctors. This is an important recommendation, and progress has already started in the education component of the MIDA FINNSOM Health and Education project. In the view of the evaluation team, this recommendation is an important one that could be feasible for the SNU Medical Faculty and could begin with partnerships with Finnish Education institutions with medical faculties. One such university could be the University of Helsinki that already signed an MoU with SNU Faculty of Education, as a way to build the quality of medical training.

Yardimeli Hospital

Assignments at Yardimeli Hospital				
Diaspora experts	General Practitioner	Paediatrician Specialist	Hospital management	General Practitioner (paediatrician)
Junior professionals	<i>4 Junior Doctors</i>			

General description

Yardimeli Hospital is a teaching hospital for medical students and interning doctors and nurses. The hospital construction started in 2012 and was completed in 2016 by the Turkish Government. It seats on a 27,000 m² area that used to be a garbage collection and waste storage site in Mogadishu. It is a not-for-profit, cost-recovery referral hospital. It started as a children's and maternity hospital but later expanded its services to include many other general specialties. The Hospital is equipped with 100 beds. The in-patient specialties in the hospital are General Medicine, Paediatrics, General Surgery, Ophthalmic Surgery, and Obstetrics & Gynaecology and the hospital includes a 24-hour Emergency Department. The MIDA FINNSOM Health and Education project placed four diaspora expert positions: general practitioner, paediatrician specialist, hospital management and general practitioner (paediatrician) and four junior professionals. The experts have managed to establish a public health unit, a functioning pharmacy for the hospital, developed clinical guidelines, procedures and coached clinical skills and competency for nursing staff with successful outcomes, including setting up an emergency unit and a blood-bank.

Findings and Achievements

"People are receiving free medical treatment in the hospital by very qualified experts who cannot be found in other hospital in the city" - Junior Doctor at Yardimeli Hospital

The diaspora experts have contributed to the impressive transformations at Yardimeli Hospital. The intake of patients has increased significantly in a short period of time, from around 800 patients in July 2017 to around 4,000 in March 2018. While the hospital does receive external funding from Turkey, interviews with junior doctors and focus group

discussions with staff and students at the hospital point to the increase in diaspora experts providing support in the hospital as a contributing factor to the higher utilization rates at the hospital. The improved skills and knowledge of local staff and the additional support from junior doctors also helps to explain the improved services for vulnerable populations. An interview with IOM staff indicates that 50% of the hospital out-patient visits (admissions) are among those vulnerable populations (women and children) with the hospital providing daily services free of charge to IDPs, the extremely poor, and individuals with multiple chronic conditions.

In line with the project's results matrix, the number of safe deliveries has reported to have increase from around 28 in July 2017, to 177 in March 2018, and this period coincides with the diaspora assignments taking place in the hospital. That is, since the first expert joined in January 2013 and 3 more experts joining in February 2017. During this period, the neonatal unit in-patient admissions also increased from 15 to 39, with the hospital having more capable staff to care for ill and/or premature babies.

Interviews conducted indicated that the project was important for local doctors, nurses and junior doctors in particular. This mainly for a reason that it offers the chance to learn new skills and eased the problem of lack of trained staff in the hospital. Despite the lack of basic equipment, shortage of qualified staff and inappropriate infrastructure, participants of focus group discussions expressed high regard and praise for the work of diaspora experts who perform under great pressure and provide critical services at no cost to patients. Diaspora experts for example, are now helping treat tuberculosis, malaria and other infectious diseases while offering seminars and workshops to local doctors and junior doctors to be able to learn and offer similar treatments. As a result, junior doctors learned valuable skills including supporting patients in ICU, wound dressing and prescribing prescription drugs, all these under the supervision and guidance of diaspora experts.

Local staff and junior doctors reported that diaspora experts contributed to the development of national policies, guidelines, assessment tools, framework and training programmes that are currently in use in the institutions. All three junior doctors who took part in the evaluation stated that disease control protocols, emergency check-processes procedures, guidelines for diabetes control have been established thanks to diaspora support. Furthermore, two of the three junior doctors highlighted the support of diaspora experts in implementing operational strategies to improve the management system in the hospital.

For instance, the paediatrician diaspora expert at the hospital was able to offer training in the field of patient safety, infection, hygiene promotion, and management of emergency cases, mother and child health as well as on administration and financial management. These are clearly reflected in the implementation of procedures and policies in these fields by local staff and junior doctors. Moreover, the success of the skills transfer is shown by the level of confidence expressed by all local staff and junior doctors interviewed, who feel now comfortable training other colleagues with their new the skills and knowledge. Similarly, they are more confident in their capacity to maintain and manage some of the services introduced in the hospital thanks to diaspora support. They also had a strong belief that they could now offer more guidance, counselling, and improved care for patients.

The positive work relationships between diaspora experts, and the local staff was vital for the success of the project at Yardimeli hospital. Diaspora experts received the relevant orientation ahead of their assignments to better understand the goal of the project and

what was expected of them, effectively preparing the experts and building their confidence. IOM visits and monitors the institutions regularly in case of any difficulties, and diaspora reported being pleased at the reception, enthusiasm and helpfulness of the hospitals management, with no tensions with any of the local staff, making the environment conducive for working and learning.

However, the local staff and diaspora experts report that the duration of the diaspora contracts is insufficient and there have been various requests from the host institutions to increase the length of contracts for the experts. Interviews with experts expressed 4 years as an appropriate contract length. Current contract lengths in the project are 12-13 months, with IOM having extended contracts, leading to experts being involved for 18 months already. Increasing the contract duration has also been recommended in earlier evaluation of the MIDA FINNSOM Health Project in Somaliland and Puntland and based on this suggestion, plans are in place to continue extending contracts in line with the project timeline and budgets.

With the project making impressive strides, efficiency is constrained by the increased demand of newly improved services and limitations in the infrastructure of host institutions. At Yardimeli Hospital, for example, the demand is too high, partly due to the absence of an effective referral system, and the current doctors, nurses and local staff are not enough to cover all needs, with the most expressed requirement for better efficiency being hiring more skilled diaspora experts to be placed at the hospital and the need to set-up effective referral systems in the region. Furthermore, interviews and focus groups discussions with staff and students in the hospitals emphasize the importance of up-to-date equipment to make full use of new skills, which the project could help provide. Moreover, the lack of sufficient hospital resources such as incubators is limiting the success of the project.

5.3.2 Puntland State

Puntland Ministry of Health

Assignments at Puntland Ministry of Health			
Diaspora experts	IT Specialist	Health policy and planning Advisor	Mental Health Advisor

General description

The public health system network in Puntland is predominantly operated by the Ministry of health, where despite the meagre financial and human resources available to the government health sector, the Ministerial health professionals are deputed to manage and deliver services at all levels of the health system. The structure of the ministry is composed of the Minister, Vice Minister, State Minister, and Director General who oversee the different departments of the MOH and regional Medical Officers. The Ministry set-up the following departments: policy; administration and finance; human resources; primary health care; and public health. To maintain operations, the Ministry is assisted by various international NGOs, UN organizations and other development and humanitarian partners who contribute in providing basic services such as medical equipment and supplies, and salaries for health workers. The lack of doctors, qualified nurses, midwives, and more generally limited human resources is the greatest challenge and the main priority of the Ministry is to build a health sector workforce capable to provide quality services for the population. Strengthening the capacity of the ministry in

leadership and governance in the delivery of effective health services is also a strategic priority of the HSSP.

Key findings and achievements

The project built the capacity of the Ministry of Health in Puntland in line with the HSSP by supporting policies, regulatory frameworks and strategies. The evaluation of the MIDA FINNSOM Health project (phase I-III), confirmed that the support of diaspora expertise helped in developing the MoH strategic plan, M&E capacity to evaluate the HSSP and developing the HSSP II. Furthermore, the diaspora experts contributed to a range of activities including concept note and proposal writing, developing a health finance strategy and creating social media platforms. There are currently three experts working with the Puntland Ministry of Health in the MIDA FINNSOM Health and Education Project, and their expertise relate to IT, health policy and planning as well as mental health. A summary of the achievements in the Puntland Ministry of Health are outlined below:

- The MoH in Puntland received significant support in terms of building its capacity, as the diaspora experts were instrumental in creating operational guidelines, strategic plans, and numerous policies to achieve the goals of the HSSP.
- The local staff members demonstrate strong teamwork, an increased ability to manage emergencies more effectively, and possess adequate knowledge and skills to provide high quality services to mothers and children.
- The project also improved planning, which is an integral part of leadership and impacts governance inside the MoH.
- The ability of the MoH to take steps toward achieving its goals is related to the strength of its planning procedures, which were enhanced by support from the diaspora experts

Garowe General Hospital

	Assignments at Garowe General Hospital	
Diaspora experts	Child Health Nurse	Surgeon

General description

Garowe General Hospital is a major public hospital in Nugaal region built in 1974 by the Italian government. It has high rates of referrals from the Nugaal and Bari regions as well as Mudug region. The hospital has an emergency, surgery, maternity, paediatrics, lab, x-ray, and pharmacy departments but it lacks basic equipment such as a suction machine, CPAP machine, O2 tubing, O2 machines, and enough neonatal beds. The project has placed two diaspora positions at the hospital, a child health nurse and a surgeon.

Finding and achievements

The neonatal unit established at the hospital through the support of the MIDA FINNSOM Health project was one of the greatest successes of the programme. This is the only neonatal unit in Puntland. Currently, the neonatal unit is fully functioning with 7 trained neonatal nurses and 2 trained volunteers. The skills transfer in form of on-the-job training, workshops and seminars to the local midwives and nurses on how to improve deliveries of infants and improve care of mothers supported the successful establishment of the infant ICU and provision of quality services for mothers and children. The unit is able to manage neonates as young as 24-26 weeks' gestation and manage jaundice, sepsis, asphyxia, hypothermia and hypoglycaemia. Before MIDA FINNSOM, there was no staff or equipment for neonatal care at Garowe General Hospital, but after

establishing the unit and training staff to operate it, the infant mortality rate dropped from around 70 a month to only 3 deaths per 300-400 deliveries a month in the final quarter of 2016¹². Though figures are not fully available at this stage, there is continuous progress in reducing infant mortality in the hospital's neonatal unit. Challenges still persist and the main reasons for premature deaths are due to late admission to the hospital (many mothers deliver in MCHs because they are free of charge), limited equipment and limited human resources.

Various policies and guidelines were developed in the hospital, and these include:

- Standardized Documentation
- Standardized clinical policies and guidelines
- Patient Confidentiality Policy
- Implemented infection control standards
- Isolations for patients with infectious diseases (measles, whooping cough, pneumonia)
- Standardized assessment of all admitted paediatric patients
- “Surviving Sepsis Campaign” policy

In Garowe, partnerships with other organizations helped the hospital with supplies and equipment, which is very important since the IOM MIDA FINNSOM projects do not procure equipment to the various institutions.

5.3.3 South West State

Bay Regional Hospital

Assignments at Bay Regional Hospital		
Diaspora experts	Radiologist	Nurse anesthiologist
Junior professionals	<i>2 Junior Doctors</i>	

General description

The Bay Regional Hospital was constructed in 1936 by the Italians. It is the only referral hospital in Baidoa providing medical services to the community members. It is the largest hospital in the region that primarily serves residents of Bay, Gedo and Bakool regions. In normal seasons without outbreaks and mass casualties the bed occupancy is 220 patients. When outbreaks and mass casualty occur, bed occupation may reach up to 500 patients. The Bay regional hospital employs 182 paid staff (Paid by NGOs) and 40 students practice in the hospital quarterly. The hospital provides outpatient, OB/GYN, Surgery, Stabilization centre services, without specialized expertise in all department. The ministry signed an agreement with MSF to upgrade the maternity ward of Bay Regional Hospital in Baidoa. 2 diaspora experts, a radiologist and a nurse anesthiologist, and 2 junior experts are placed in the hospital.

¹² WHO defines infant mortality rate as follows: Number of deaths during the first 28 completed days of life per 1000 live births in a given year or another period. May be subdivided into early neonatal deaths, occurring during the first 7 days of life, and late neonatal deaths, occurring after the 7th day but before the 28th completed day of life.

Findings and achievements

The project placed two diaspora experts and two junior doctors in Bay Regional Hospital and though the number of recruitments is relatively small and major changes are not expected in this midterm evaluation, one of the preliminary effects of the project as stated by local staff and junior doctors is the boost of confidence and more positive attitudes in caring for patients. Questionnaire targeting local staff found that local staff received training in the field of safety, infection control and management of emergency case. Diaspora experts interviewed also reported providing anaesthesia techniques, OT infection control, patient safety during surgery, ultra sounds scanning and radiology techniques, and performing minor surgeries. However, while 67% of local staff believed that the training was relevant to the needs of the hospital and their work, all local staff interviewed felt that the training was too basic and would have preferred more in-depth and advanced learning from diaspora experts. This contrasts with diaspora's opinions that the knowledge of local staff is low, hence trainings should reflect the levels of skills of the staff. Nevertheless, local staff are pleased with the training received which they are actively applying in the work but feel constrained by the lack of appropriate equipment; the hospital, for example, does not have an advanced ultra sound scanner, with the ones available being in poor condition, and this affects the work of the diaspora radiologist.

The effectiveness of the skills transfers to local staff is shown by the capability of local doctors to offer new services in the hospital. There are now higher numbers of anaesthetists, 15 of them, who were trained by the expert nurse anaesthetist, two of which have been hired by MSF to work in the hospital. This is an example of the success of the MIDA FINNSOM Health and Education project in building institutions by upgrading skills and providing continuity for the hospital, which is now able to retain quality staff. The consensus amongst all the stakeholders interviewed in the hospital is that the internship component of the project is extremely effective in preparing young people for a career by imparting the younger generations with relevant skills in the medical field. Expectations are high that more junior professionals will be recruited as part of the project and that they find employment within the hospital or with other institutions in the region. The evaluation found that the project is creating sustainable employment opportunities for young people because the junior professionals who completed trainings are now employed with government, non-governmental organization and private institution in the region.

"The internship will increase the employment opportunities for young people, because they will gain practical skills to add to the theoretical knowledge they gain in university." Junior Professional at Bay Regional Hospital

Furthermore, the knowledge and skills of the experts, coupled with the eagerness of local staff to learn and put their skills to practice, resulted in better services for women and children. As an example, doctors and nurses are able to deliver spinal anaesthesia and pain free caesarean sections using appropriate anaesthesia techniques. Women can now access pain free care during and after surgery provided by local staff and junior doctors (under the supervision of diaspora experts). As well as spinal anaesthesia, the hospital offers minor and major surgeries, ultrasound scanning, and trauma assessment with ultrasound and new x-ray procedures that were not available before. Focus group discussions with staff and student at the hospital confirm these findings, highlighting the importance of the skills training received as part of the project as creating the foundations for improved services and a more confident and skilled workforce. Of the 4 participants

in staff FGDs, 2 reported feeling confident about working independently without the support of diaspora experts in the future.

“The number of visits to the hospital is higher and the most the frequent clients are children and women. They are given priority and can access better services so there is great change.”
Local Staff at Bay Regional Hospital

It should be noted that that the experts placed at Baidoa were transferred from the MIDA FINNSOM Health Project in Somaliland, hence have greater experience with the project, even though the Somaliland context is very different from working in Somalia. Making use of experts who have taken part in the project earlier is a good practice for the MIDA FINNSOM Health and Education Project, because it can help with identifying lessons learned that can successfully be replicated to other locations. The case of Baidoa is one such example; the diaspora experts assigned were familiar with the project and their experience could be one of the factors contributing to the effectiveness of the project in Bay Regional Hospital and the overall positive relations developed with local counterparts. Diaspora experts and local staff worked hand-in-hand during emergencies such as the AWD outbreak, and diaspora supported the Bay Regional Hospital, a relatively new institution, with medical equipment, which reinforced collaboration and cooperation between all staff.

To conclude, the project had positive effects in Bay Regional Hospital by improving the skills of local doctors, nurses and junior doctors and creating new services and functions not available before. During field observations the evaluation team found that the level of infrastructure to be satisfactory yet supplies and equipment are inadequate when compared to the needs of the whole region keeping in mind Bay Regional Hospital serves as a referral hospital. Interviews with the hospital director emphasize the importance of equipment, medical supplies, and longer-term contracts lasting at least 2-5 years for diaspora experts for the success of the programme and the ability of local staff to maintain the improvements in health services experienced during the MIDA FINNSOM Health and Education Project.

South West State Ministry of Health

South West State Ministry of Health			
Diaspora experts	Leadership and Governance Advisor	Health policy and planning Advisor	Gender Advisor

General description

The South West State (SWS) Ministry of Health and Human Services (MoHHS) was established in 2015 with 3 staff and has grown to over 300 staff currently. The majority of local staff are field based (90%) and most are women (65%). MoHHS supervises activities of state hospitals, dispensaries, private clinics, health centers/PHCs, district and sub-district hospitals as well as nursing homes. The Ministry also manages capacity building and training of health care workers, coordinates the response to epidemics and emergencies and designs, develops, issues and disseminates standards and guidelines to all levels of health care including the private health sector.

The MIDA FINNSOM Health and Education Project placed three positions at the ministry: a leadership and governance advisor, a health policy and planning advisor and a gender

advisor. The projects received much praise from MoHHS representatives because of its help in building the skills, knowledge and confidence of Ministry staff to tackle the many challenges of healthcare provision in Bay region.

Findings and achievements

In the Ministry the absence of qualified personnel and lack of reviewed medical policies and strategic guidelines are all factors which local staff believe leads to poor service provision. Interviews with Ministry staff confirmed that the diaspora experts trained juniors and local staff on reviewing policies and guidelines, which are currently in use by the Ministry. Furthermore, as a result to the work of the diaspora experts, targeted trainings were offered on HR policy, terms of references were developed for key positions like regional secretariat director, medical services director, WASH section head and nutrition section head. Training was offered on preparing background documentation for senior management participation in international meetings. Considering that the South West State MoH was established in 2015, the support provided by the project is effectively supporting the growth of the Ministry and establishment of the necessary policies and regulations.

“Medical policies and guidelines were put in place in to use as future reference. Diaspora experts worked on training materials which they made available for the Ministry”- Local staff at the MoHHS

Local staff interviews provided information on the main achievements in the Ministry, one of which was the work of the gender advisor who supported gender mainstreaming to ensure that policies, guidelines, and strategies included the integration of gender perspectives. Local staff actively participated in the drafting of guidelines and policies, which helped instil a sense of ownership of the documents drafted and their implementation and acceptance in the Ministry, which is key for the sustainability of the project.

The Ministry staff also benefited indirectly from the diaspora assignment thanks to the successes experienced at Bay Regional Hospital. The Ministry’s field-based teams, also gained knowledge from diaspora experts’ trainings at the hospital, which they could in turn, pass on to their colleagues at the Ministry. More generally, as explained by a representative from the Ministry of Health, the biggest success of this project is the effectiveness of the training and capacity building offered to local health staff, which can be passed on to other health professionals in Bay region. The Ministry was also pleased that thanks to the improved quality of training to local staff, there is a reduction in the use and acceptance of traditional medical practices as a treatment option.

5.3.4 Jubaland State

Kismayo General Hospital

Kismayo General Hospital			
Diaspora experts	Neurosurgeon	Clinical Nurse Specialist	Nurse, ops and sterilization

General Description

Kismayo General hospital is a public referral hospital which provides free medical services. The hospital was built in 1931 by the Italian government and since then it was the main hospital in the region supported by the central government before its collapse.

After the collapse of the central government it faced challenges similar to experiences facing all public health institutions in the country. Currently, with support of international partners, the condition of the hospital has improved. The hospital has been renovated and now has 450 beds available for inpatients. The reported average monthly number of outpatients is over 3000 while inpatients are approximately 600 patients. The hospital has a maternity ward and paediatric ward that are not fully operational due to lack of qualified personnel. Kismayo General Hospital has one neurosurgeon diaspora expert and two nurses placed under the programme.

Findings and achievements

“The diaspora experts have trained many of the local staff and imparted knowledge while also providing good services to the surrounding community which helps to improve health outcomes in the district. There are several surgical cases that were successfully done, therefore the programme is effective.” - Local Staff at Kismayo General Hospital

According to interviews conducted with local staff and the hospital director, the project is important because it has brought much needed expertise from diaspora experts living abroad and is now contributing to the development of health services in the district.

One of the reasons the project responds to the needs of the hospital, is that it offered a chance for young doctors to receive mentoring and on the job-training. This has increased their confidence in handling cases on their own and their ability to provide health services to patients. Training of young doctors is also a strategy to help further their career and improve their employment prospects.

Constraints and challenges faced by local doctors in Kismayo General Hospital are long working hours, high workload, insufficient pay of local staff by government, few qualified nurses and doctors. In spite of the many challenges, the work of the diaspora has brought positive changes. With a surgeon, who is actually funded through the SIDA MIDA programme and neurosurgeon doctor, and three nurses, junior doctors and local doctors are able to learn skills related to minor neurosurgeries, which has never been possible before; it should be noted that the support services and equipment to offer neurosurgery are not available yet. Still, the impact of the project in Kismayo General Hospital has been overwhelmingly positive and there are already reports from IOM local staff that utilizations rates at the hospital have increased; focus group discussions with staff at the hospital found that patients are now coming from as far as Kansuma village, 72 km from Kismayo town, which shows the importance of the hospital and highlights the problem facing vulnerable communities in rural areas in having to travel considerable distances to access basic healthcare. The hospital is able to provide a range of services such as drug prescriptions, surgery, and neurosurgery. These are services patients in Kismayo would seek in Mogadishu or outside the country. Junior professionals are currently learning from experts in the field of minor operations/surgeries which is essential to ensure that these services can be provided in the future.

The biggest demand in the hospital is from women and children. Facilities include maternity ward, ICU, malnutrition department for children aged 5 and below. The current critical need in the hospital is a neonatal ward. Both maternity and paediatric wards are not fully operational due to lack of funds and enough skilled staff. There are no specialist doctors like gynaecologists and paediatrician in the hospital. IOM has advertised and re-advertised these positions but has been unable to recruit qualified candidates so far and this is a gap still to be addressed. The difficulties in recruiting these positions in Kismayo are a real limitation for the project, but one possibility would be to overcome this

challenge through offering additional financial incentives for the positions and packages such as longer R&R (which is also something that can be applied in South West State) to attract qualified candidates. As with the case of Bay Regional Hospital, making use of the network of doctors, nurses and midwives from MIDA FINNSOM Health Project in Somaliland and Puntland could be opportunities to identify the suitable specialist positions needed.

The relationship between local staff and the diaspora experts is positive and is what contributes to the overall improvements in service delivery at Kismayo General Hospital. Both staff and diaspora are pleased with the support of hospital management and have worked together without tensions or conflict. Hospital management was in regular contact with IOM and was prepared for the arrival of the diaspora, providing both accommodation and security for the doctors. The hospital staff provided their own informal orientation and helped diaspora settle in and get accustomed to working in the hospital. The work environment in the hospital was conducive to positive work relations between all stakeholders. It is not in the scope of the project to provide supplies and equipment to the host institutions, but in Kismayo, more than in any of the other hospitals targeted by the project, the lack of infrastructure negatively impacts the work of the experts. Lack of sufficient resources in the hospital means the experts' energy and potential are not fully utilized in their relevant field. To ensure holistic support to doctors in the hospital, coordination with other donors and organizations like ICRC working in the hospital could be made to share responsibilities or resources.

Notwithstanding the challenges in recruitment of specialized doctors, the experts assigned to the hospitals who took part in the midterm evaluation have managed to train junior and local doctors on valuable skills related to surgery and neurosurgery. Local staff believed the training was relevant and important for the professional growth, and that training sessions were interactive, combining coaching and supervision with theoretical lessons.

Jubaland Ministry of Health

	Jubaland Ministry of Health		
Diaspora experts	Leadership and Governance Advisor	Health policy and planning Advisor	Community Health Nurse

General description

Jubaland Administration was established in 2013 and its Ministry of Health is in its fifth year of operation. The Ministry requested to receive diaspora experts and the need for the contributions of qualified diaspora professionals is great in this region. Three experts have been placed at the Ministry in 2016: a leadership and government advisor, a community health nurse and health policy and planning advisor. All experts completed their assignment and the evaluation team was unable to reach the participants to participate in key informant interviews, but two of the experts did complete the diaspora questionnaires, which provide important information for the key findings and achievement of the project in this institution. Additionally, the evaluation team conducted interviews with representatives from the Ministry of Health and local staff working to be able to offer an assessment of the work of the experts through the findings of workers in the Ministry.

Findings and achievements

For the Ministry, the project is important because it builds the skills of its staff to improve the organizational capacity of the Ministry and be able to provide better services to promote health outcomes in the region. The Ministry faces a range of problems, including the lack of financial support, particularly during health emergencies, the lack of qualified personnel to oversee and manage health institutions, and limited supplies for the Ministry to operate. Upgrading the skills of existing staff through diaspora experts working in the field of governance, health policy and planning, was the first step in building the capacity of the Ministry to implement guidelines and internal policies for better delivery of health services.

The Ministry of Health stakeholders were involved in the selection of participants in collaboration with the Federal Government and IOM and were consulted in the different stages of project design and implementation, and collaboration between these key stakeholders was important for the successful implementation of the project. The Ministry works closely with Kismayo General Hospital, and it is proactive in leading the efforts to mobilize donor funding for the hospital to meet the many challenges and outbreaks that have faced the regions, so the relationship between the Ministry and hospital is especially positive in Kismayo, with local staff being happy with the role of diaspora in the project. As with all other institutions targeted under the health component of the project, the duration of diaspora contracts was deemed not to be of sufficient length, which reflects the high need of the ministry is particular, and all target ministries and hospital in general.

Interviews with local staff working in the Ministry show that knowledge transfer was offered in the field of drugs management, counselling and guidance for patients, basic first aid such as wound dressing and handling of emergency cases. Furthermore, health standard policies in the Ministry were reviewed and updated and are now operational in the hospital, and Ministry representatives believe these policies are critical to improve organizational capacity. Findings from local staff, are in line with findings from diaspora expert surveys who reported involvement in training local staff on nursing ethics, drug safety and pain management, mother and child health, patient safety, infection control and management of emergency case, and capacity development of ministries' staff on policies, guidelines on health standards.

For the diaspora experts involved in the project, there is some noticeable change in the provision of healthcare for women and children thanks to the training of local staff in both the ministry and training of doctors in the hospital. Better services such as nutritional aids to children's and help pregnant and lactating mothers are some of the improvements in healthcare for vulnerable groups. One diaspora expert, nevertheless, believed more should have been in reaching out to rural populations, as they are those most in need of quality healthcare. This is important as findings from Kismayo General Hospital point to an increase in utilizations rates from villages as far as Kansuma village, meaning there is a large gap in outreach to rural areas and support of vulnerable women and children outside of Kismayo.

5.4 Specific Findings and Achievements for the Education Sector

5.4.1 Mogadishu, Banadir

Ministry of Education, Culture and Higher Learning

Assignments at MoECHE											
Diaspora experts	Advisor on Teacher Education (2)	Gender Advisor	Financial Management Technical Advisor	Human Resource Advisor	Curriculum development advisor	Quality Assurance and Standards TA	Examination and Certification TA (2)	Change Management Technical Advisor	Special Needs Education Technical Advisor	Planning and Policy Advisor for Hirshabelle	Teacher Training Advisor for Hirshabelle
Junior Professionals	<i>10 Junior Professionals</i>										

General Description

The Ministry of Education, Culture & Higher Education is composed two Ministries (Ministry of Education and Ministry of Culture & Higher Education), merged together and functioning as one Ministry. The ministry has 10 departments (Administration & Finance; Schools, Planning & Budgeting, Higher Education; Curriculum and Quality Assurance and standards; Examination & Certification; International Cooperation & Scholarships; TVET & NFE; Regional State Sector Coordination and Partners; Teachers' Training and Development). The federal ministry works closely with the regional state ministries to achieve national educational goals.

The MIDA FINNSOM project has placed 13 diaspora positions in the ministry with 10 Junior Professionals. During the support from the project the ministry went through organizational restructuring where some departments were downsized, and others were merged. The Ministry moved to a bigger building at KM5 where it expanded its offices and where facilities are better suited to carry out its services. It has now established National Academic Centre and two more new campuses.

Findings and achievements

The project is important for the Ministry because the education sector is facing challenges in offering quality education, mainly due to insufficient resources and the little capacity of Federal Government Ministry. The Ministry prioritised to have diaspora expert positions which enabled them to develop key documents for the ministry, such as HR manuals, the Education Act, and support the drafting of the Education Chapter in the Government's National Plan. Moreover, the positions of the experts reflect the varying needs of the Ministry, but concentrate on policy and planning, support of management structures and different thematic areas such as gender equality. For the MoECHE, the inclusion of the Ministry in the MIDA FINNSOM Project is a step forward in its effort to build institutional capacity, and stakeholders at the ministry are pleased with their role in the selection process of diaspora experts and support from IOM throughout project implementation.

According to the experts interviewed, the problems in the Ministry are many, and include the poor infrastructure in the education sector (schools, facilities, equipment, centres), the shortage of qualified personnel and teachers, the absence of coordination in the education sector, lack of unified curriculum and relevance of trainings to the needs of the

market. For local staff too, the working environment in the Ministry is not an easy one, with the lack of coordination and structures cited as the biggest problems.

The local staff surveyed report receiving training in a range of fields such as administration and financial management, policy development, equal access to education, and gender awareness, which is in line with the workplan and roles of the diaspora experts contracted by IOM to support the Ministry. Both experts, local staff and junior experts reported difficulties in the skills training process caused by the lack of appropriate training facilities, equipment and space to conduct the trainings. 40% of the diaspora experts surveyed also state the lack of support from IOM field office as an obstacle to effectively performing their work at the Ministry. During interviews with the experts, the evaluation team found that despite problems in communication they perceived communication between the Ministry as an institution and IOM as being positive. Nevertheless, the diaspora experts are pleased with the enthusiasm of junior professionals and local staff in the trainings they provided, and improvements can be seen in the Ministry as a result. In an interview with a stakeholder from the Ministry, the work of the diaspora was seen as critical for the development of important strategies and plans at the national level, including the HR and policy manual (now operational), a Gender Policy and a new gender department, National examination by-laws, and inclusion of the education chapter in the National Development Plan, which is now the guiding strategy for the country until 2019.

As a result of these trainings, local staff and junior professionals obtained key skills for their professional development and this is an important aspect of the success of the project at the Ministry. For example, junior professionals working in the field of HR and finance, learned how to process payment payrolls, prepare receipts, and received data entry training and training on financial systems. These trainings are relevant for the Ministry and for larger initiatives such as the World Bank Recurrent Cost and Reform Financing (RCRF) Project whose aim is to enable the Somali government to achieve reliable and transparent financing of civil service operations. This highlights the success of the MIDA FINNSOM Health and Education projects in providing trainings which are significant for other programmes that ultimately aim to build the capacity of public institutions in service delivery, in the case of the World Bank, by paying teacher salaries.

Junior professionals assigned to experts working on policy and curricula development, instead, reported improved skills and knowledge on curriculum development, teaching methods, improving the education environment and the development and review of teacher training policies. These achievements are impressive, and as highlighted during MoECHE presentation at the Stakeholder meeting which took place in April, a total of 1683 local staff (of which 628 women), were trained in total between December 2015 and December 2017.

The successes of the capacity development trainings and policies implemented in the Ministry are, however, shadowed by the problems faced by diaspora experts and junior professionals. 60% of diaspora experts interviewed complained of delays in payment and working for months without receiving any salary. The problem is made worse by the lack of communication with IOM Somalia on updates on payment processes. Junior professionals were also frustrated with their financial situation and did not feel the salary provided by IOM for the project to be sufficient, citing the high cost of living in Mogadishu as the main reasons why the current allowances were not adequate. Furthermore, while the project considerably invested in supporting the Ministry's human resource gaps and assigned considerable number of experts and juniors to the Ministry, the delay in their payments have resulted in lack of motivation for diaspora and junior professionals. This, if not tackled, impacts the overall success of the project.

Moreover, efficiency of the project at the ministry has been plagued by the insufficient resources to maximize on productivity. Some diaspora participants reported not having timely received the appropriate equipment, in this case laptops, which IOM Somalia procures for each participant ahead of the assignment which resulted in experts utilizing their own resources as they waited for the laptop from the project. This was however delivered to the experts.

Lastly, while MoECHE effectively supported the integration of diaspora experts, and the relationship and collaboration between all stakeholders was mostly positive, there have been a few reported incidences of hostility. When participants reported conflicts with the local staff or junior professionals, it was due to the perception that the diaspora expert would “steal” job opportunities from them, but this situation quickly subsided as the experts and local staff worked together to achieve common goals. As one of the diaspora stated *“Working with the younger interns made things easier since it was easier to begin working with them and slowly reach the rest of the staff.”*

Somali National University Faculty of Education

	Assignments at SNU	
Diaspora experts	Educational Leadership Technical Advisor	Primary Education Technical Advisor
Junior professionals	<i>1 Junior Professional</i>	

General description

The Somali National University (SNU) is located in Mogadishu and has three campuses, namely Gaheyr, Km 4, and Shabelle Campus. The university reopened in 2013 more than two decades after the civil war. There are around 90 to 100 classrooms and 2400 students are currently enrolled. Between 60 to 80 lecturers, full-time and part time staff, work for the university. The university has nine faculties. The Faculty of Education and Social Science had its beginning in 1963 with the founding of the National Teacher Education Center. The center had an initial enrolment of 60 students, the faculty has expanded to enrolments exceeding 1000 students for a four-year program of study. The MIDA FINNSOM project placed two diaspora experts there: Educational Leadership Technical Advisor, Primary Education Technical Advisor and in addition one Junior Professional. The activities of the project have resulted in faculty expansions (well established departments and divisions), an increased student intake, revised course curriculum (Environmental Science & Civic Education), recruitment of qualified lecturers, and acquisition of appropriate textbooks and established science lab. Notable awareness raising campaigns, such as the *Macalin baan ahay! (I am a teacher!)* campaign, have been conducted thanks to the help of diaspora experts.

As with the other targeted institutions in both health and education sector, years of conflict and instability have affected the capacity of SNU to provide education services. The university lacks basic infrastructure such as a functioning library, study areas and office furniture, but, as observed by the evaluation team, the classrooms are well equipped, except in cases of classroom not currently in use. The local staff and junior professional interviewed pointed to the absence of qualified staff at the university, low quality of education services provided, and very poor administration procedures.

Findings and achievements

To fill in these gaps, the diaspora experts working at the university made headway in establishing strategic partnerships with the University of Helsinki. The five-year MoU signed by both SNU and University of Helsinki focuses on promoting and developing academic cooperation in the following areas: capacity building, development; cooperation in research and the publishing of its research; exchange of academic materials, publications and other scientific information; joint research projects where feasible; other educational and academic exchanges to which both universities agreed.

To support this important initiative, the project assigned a training curriculum advisor in May 2018 to focus on implementing this partnership. Discussions with the diaspora expert and dean of the university have expressed hope that this collaboration will yield improvements in research at SNU, and teacher training, which are the priorities of the university. Teacher training is especially important for the university, because the teacher training curriculum dates back to 1989 and has not been revised and updated, therefore, the partnership with Helsinki university is strategic for teacher training planning and development efforts. In the meantime, diaspora experts have been involved in a range of training activities to build the capacity of local staff, and junior professional; local staff interviewed took part in training on planning effective meetings for teachers, managing classrooms, and the ethics of teaching while receiving daily lessons on child education methods. Through trainings, basic administration templates like minute sheets, attendance sheets became operational in the university to improve admin processes at SNU.

The development of the Primary and Early Childhood education department with the support of the diaspora expert, as well as the implementation of the primary education curriculum, are the key success stories of the project at the university. The first class of 14 students are now enrolled in the two-year teacher training course offered by the department, and 12 of these students are women. One of the differences noticed by the diaspora expert involved in this initiative, is the improved skills of local staff in the field of children's education through the development of training materials, and guidelines for the examination. Organizing trainings, however, was challenging because of limited funding, and the fact that youth attending trainings could only do so during after school hours. Overall, the establishment of this new department was a priority that was expressed by the university due to the country having few qualified teacher and "*...the profession slowly "dying"*". The same sentiments were expressed in interviews with agencies and donors working in this sector who are involved in promoting effective teacher training centres able to produce qualified teachers.

To further support the functionality of the new department, SNU management and diaspora suggested recruiting larger number of professionals, including juniors, providing continuous financial support to implement the MoU with university of Helsinki, and providing a training budget to finance training events. Within the scope of the project, IOM has in fact recruited a technical advisor, but after field observations at the university and interaction with experts, staff and junior professional, there is a mismatch of expectations over the scope of the project as diaspora and experts are of the opinion that IOM should provide more direct financial support as well as technical experts. Similar to the situation of experts in Mogadishu working at MoCHE, financial challenges undermine the success of the project because the diaspora expert assigned to SNU experienced challenges with IOM Mogadishu office in providing timely feedback on their activities and workplan. For the expert, it was problematic to conduct large scale trainings and events without any training budget allocated by the project and this was mention as one of the biggest constraints to the success of the project that would require urgent attention by the MIDA FINNSOM project team.

Somali Academy of Sciences and Arts (SOMASA)

	Assignments at SOMASA
Diaspora experts	Project Advisor

General description

The Somali Academy of Science and Arts (SOMASA) is an autonomous institution founded in 1975 under the Ministry of Education, Culture and Higher Education. It was renovated at the end of 2016 until early 2017. The Academy promotes research, Somali history, literature, culture, heritage, language and folklore studies. The Academy has three conference halls which can accommodate over 100 students but no classrooms yet, since the regular student program has not begun. No teachers are recruited yet, but the Academy possesses a wide network of writers, poets and trainers.

Findings and achievements

There is only one diaspora expert assigned at the SOMASA and junior professionals have not yet been recruitment in the academy. In the opinion of the evaluation team placing one expert in an institution alone is not always an effective strategy. While placing a large number of experts in small institutions like SOMASA is not feasible, having only one expert is not ideal when we take into account the workload, stress levels and possible lack of peer support which can be a challenge for diaspora experts working in difficult environments in Mogadishu. As noticed in SNU, the importance lies not in the number of experts but in the effective and efficient identification of the right experts for the right jobs. In SOMASA, the diaspora expert is supporting the training of local staff but due to the many needs of the institutions, is involved in activities beyond those stated in the expert's workplan. The training activities offered to local staff by the expert include email writing, how to hold meetings, report writing and proposal writing but in the opinion of local staff, the overarching goal of the diaspora assignment is unclear, and the strategic goal of IOM's support is not fully understood.

The vision of the Academy is to be a centre of excellence in Science and Arts, yet, during field observations and discussions with the academy management, the contribution of the project to this goal is not visible through the placement of only one expert and the kinds of trainings currently provided to the local staff. While important partnerships have been established through the work of diaspora, such as the MoU with Ningbo Silk Road Research Institute in China, it is too early to comment at this stage on the success of the project at SOMASA. Refining the strategic priorities at the academy and the expert's roles and responsibilities is what local staff believes will improve the future of the project at SOMASA. The evaluation team noted during field observations that the university construction efforts were halted due to lack of resources. The work environment and infrastructure are not adequate and there is little expertise at the academy other than the diaspora expert placed through MIDA FINNSOM. All these problems make the university an ideal host institution for the MIDA FINNSOM Health and Education project because of the real and urgent needs of building the academy, however the priorities and corresponding strategies for the Academy could be better outlined in a possible second phase of the project.

5.4.2 South West State

Ministry of Education

	Assignments at South West State Ministry of Education
Diaspora experts	Financial Management Advisor

General description

In South West State there are 2 private universities, which have newly established teacher training programmes, these are Southern Somalia University and Baidoa International University. However, since these universities are private and therefore do not fully function under the control of Ministry of Education at ISWA, the project focuses its support on the Ministry of Education who would greatly benefit from the contribution of diaspora experts. Currently there is no other agency directly supporting the ISWA Ministry of Education, but the Ministry coordinates with Care, Mercy corps, Adventist Development and Relief Agency, Norwegian Refugee Council and Danish Demining Group. The Ministry has a management structure in place, which include 5 departments. In Baidoa, only one diaspora expert was assigned to the Ministry of Education, Culture and Higher Education in Somalia and having completed the assignment, the expert took part in the questionnaire, providing valuable information to complement findings from face to face interviews with local staff at the Ministry.

Findings and achievements

The Ministry of Education points to various challenges facing the education sector in Baidoa. There is a lack of qualified personnel, the absence of a unified national curriculum, and low salaries for staff. Young local staff face additional challenges in their daily work such as few learning opportunities, and challenges in payments due to the limited budget allocation to the Ministry of Education. Moreover, local staff felt discouraged about working in an environment with very little systems in place, no institutionalized national curriculum, and poor teacher payment. Local staff are appreciative of the training provided by the diaspora expert, particularly on education HR policies and planning but would have preferred additional trainings which was not possible due to the workload of the expert. In fact, a survey with the diaspora expert confirm that while training was offered to at least 10 people on administration and financial management, the expert was not successful in completing all tasks in the workplan because of the many training needs and extra support required by the ministry that could not be fulfilled. Only one diaspora expert was assigned to the Ministry and the strategic coherence of this approach meant that the demand for capacity building activities surpasses the ability of the expert to provide trainings. Local staff also report being trained on policy development, curriculum development and gender awareness but one of the local staff interviewed in the Ministry believed the trainings should have also been provided to teachers in the schools, so it is perceived that the project does not fully tackle the Ministry's priorities. Though no junior professionals are recruited are the ministry, staff from the Ministry confirmed that some youth working for the ministry who received mentoring and coaching from the diaspora expert were employed by the government, non-governmental institutions and private institutions, in line with the findings from discussions with IOM staff.

There is no consensus on whether the project built the institutional capacity of the Ministry which can also be perceived to be limited due to only one diaspora expert assigned to the Ministry. A respondent from the local staff interviewed points to the single diaspora assignment in the education sector as a clear indicator of the lack of support to

the Ministry of Education in South West State. Others see the trainings offered by diaspora as a start to building the curricula and improving enrolment rates in universities and primary and secondary schools to improve the levels of education.

“So far the project is insufficient in filling the gaps as the challenges are much larger compared to the skills and experience gained from the project.” Local staff at the Ministry of Education

In summary, the project supported the skills transfer and training of junior professionals, prepared training materials for future use and the development of policy papers and education curriculum development; local staff had a positive work experience with the experts, with no tensions or conflict. A director of one of the departments at the ministry, however, is not aware of the aforementioned; this could be a result of miscommunication between stakeholders in the project pointing to limited knowledge sharing platforms between host institution and diaspora experts, and IOM.

In the opinion of the evaluation, there does not seem to be a clear understanding of which priorities to tackle in the education sector in Baidoa and wider Bay region. Teacher training is mentioned as a key priority area by the Ministry, yet the diaspora expert placed in the Ministry was a financial management advisor working on HR policies and developing job descriptions for Ministry staff. There are many challenges facing the ministry highlighted which could be discussed with the Ministry to improve the strategy for the project in South West State.



***Macalin baan ahay* "I am a teacher!": Reviving Teacher Training at the Somali National University**

The Somali National University reopened in 2013, after the civil war caused the university to shut down in 1991. Located in the Hamarweyne district of Mogadishu, the campus was built by Italian colonialists in 1956 originally as an institute for Somalis to learn management, law and economics. In 1969 – nine years after independence it received its university status and was renamed the Somalia National University.

Today the university has three campuses: Gaheyr, Km4 Campus and its Headquarter at Shabelle Campus and nine faculties. An initial enrolment of 60 students, the Faculty has expanded to enrolments exceeding 1000 students for a four-year program of study.

Upon joining the project in 2017, Asha Abdulle Siyad, a technical advisor decided to form a Primary and Early Childhood Education Department in the university to tackle the lack of quality teacher training programmes. *"This department did not exist before.*

I developed guidelines, policies, and provided capacity building training to create a strong system" says Asha. *"The department has managed to hire seven teachers, and we now have students enrolled in our first class".*

There is a perception that teaching is a low-quality career in Somalia. Asha is on a mission to change this. She invested considerable time and effort on an awareness and advocacy campaign titled *Macalin baan ahay!* which means I am a teacher! to promote teaching as an attractive profession. In addition to the campaign, she supported an education fair to attract more people to the course and offer information, guidance and advice for prospective students.

There are many challenges Asha and the rest of the staff at the Department face in their daily work. However, the sense of duty as a Somali diaspora to bring about change in the country of origin and their passion in education drives their motivation. Asha believes the university would benefit from more technical experts and staff, a training budget, equipment, supplies and financial support to effectively bring a lasting change.

5.4.3 Kismayo, Jubaland

Ministry of Education

Jubaland Ministry of Education			
Diaspora experts	Planning and Policy Advisor	Finance and Admin Advisor	HR advisor

General description

The Jubaland state of Somalia Ministry of Education is in its almost fourth year of existence. It is mandated by an act of parliament enacted in the Jubaland state parliament in leading the education sector of all the administrative units. Its mission is to provide quality and accessible education to all the children in Jubaland. The staffing structure of the ministry is based on state and district level. At the State level, the ministry is headed by the Minister and deputy Minister Regional Education. The teams are composed of 12 members representing both Lower Juba and Gedo region. Middle Juba is not yet accessible since it is still controlled by Al-Shabaab. At the district level, the education team composing of three members in Kismayo and the other districts of the vast Gedo region.

Ministry of Education JSS has made tremendous institutional progress in the past months. In education platforms where sectoral discussion takes place, the ministry has been lauded on many occasions. It has fully functioning departments with their Head of Departments (HoDs) intact. The MIDA FINNSOM project placed two diaspora experts to support the ministry as the Finance and Admin Advisor and Planning and Policy Advisor. One of the participating diaspora experts resigned in September 2017. The ministry of Education has launched Teacher Training program where it envisages to boost the skills and the quality of all teachers within its administrative units. The idea was initiated by the policy and planning advisor when it was realized that only 23% of the 1755 teachers have at least some ability to deliver a quality lessons while the rest have not sufficient capacity on what and how they teach the learners. The Ministry has successfully completed the recruitment process of all the three hundred and four teachers which will soon be paid by the World Bank under RCRF (Recurrent cost and Recurrent Fund) phase two. All the teachers are registered in the data base of the Ministry.

Findings and achievements

The key findings outlined in this section are obtained from only one of the diaspora experts presently working at the ministry. This is due to the fact that the second expert was not willing to participate in the midterm evaluation and the expert who resigned did not respond to email requests to participate in the evaluation. There were problems reaching the Ministry of Education stakeholders and local staff; after repeated calls and follow-up with the Ministry staff who were not in Kismayo during the data collection phase, the evaluation team was unable to involve the ministry. Therefore, the findings of this institution are seriously hampered by the insufficient sample size.

In the view of the diaspora expert interviewed from the Ministry, the MIDA FINNSOM Health and Education Project operates on the assumption that there is adequate capacity in the host institution, when the situation is often more challenging than expected. It is important to note that IOM conducted an institutional assessment of all institutions taking part in the project, hence the limited capacity in the Jubaland Ministry of Education, and more generally in all the target ministries, hospitals and universities, is a well-known fact by the diaspora experts who join the project. It is worth noting, still, that a recurrent theme highlighted by experts in both education and health sector is the difficulty of

operating within the financial, technical and infrastructure constraints of the host institutions once the assignments begin, therefore the view of the diaspora expert interviewed in Kismayo points to larger issue of effectiveness of skills transfer projects in the context of limited organizational capacity. For the diaspora expert interviewed, it was extremely difficult to carry out tasks according to the workplan because of the lack of basic facilities and equipment; this also means that the expert is currently involved in additional tasks that are not included in the workplan, due to the high demands of the Ministry.

Overall, there was little communication with IOM Somalia who did not always respond to queries and requests, making the settling-in process problematic even though the Ministry did support experts in familiarizing themselves with the work environment. Nevertheless, the diaspora and local staff had positive work relationships, and as evidenced in all other institutions that are targeted in the project, the host institutions, despite the many challenges they face, are always ready to welcome support the diaspora experts. Moreover, the reception of local staff and helpfulness of host institutions, not only in this case, but for all other targeted health and education institutions, is one of the positive lessons learned that ensures the successful implementation of the project.

Experts were involved in supporting the development of frameworks, policies, education strategies, staff regulations, but also helping with day-to-day admin and finance, creating HR systems and any other pressing needs. The workload on the experts is quite high, and, as observed in the other locations such as SOMASA, there is lack of clarity over clear priorities and the support given to the Ministry. During the stakeholder meeting with diaspora experts from education sector working in Kismayo and Mogadishu, the most important priority was teacher training (a priority expressed by respondents from all stakeholders-local staff, ministry of education representatives and diaspora experts), and while no position clearly reflects this role, the diaspora expert interviewed was involved in supporting a teacher training initiative launched by the Ministry. Since no formal request has been made to IOM for a teacher training advisor, this is something which could be discussed in the development of a second phase of the project the current expert is already reported working in support of the Ministry's teacher training programme.

As with diaspora working at MoECHE in Mogadishu, the diaspora expert was not provided with the agreed equipment prior to the start of their assignment, and the host institution had very little facilities and capacity to accommodate the expert. Despite these problems, activities were implemented as per the agreed workplan, but the poor communication with the IOM field team, lack of necessary equipment, and delay in salary payments, created challenges along the way in delivering results. The project provided the Ministry with a sense of direction through creating policies, national frameworks and work guidelines. The most important success seen in the education sector in Kismayo is the creation of a teacher training college in Jubaland which is an initiative led by the Ministry that the expert supported by preparing education policies, HR basics and public work ethics.

5.5 Efficiency (Resource Allocation and Geographical Representation)

The MIDA FINNSOM Health and Education project is widely spread across Somalia compared to the earlier MIDA FINNSOM Health Project which was only focusing on two cities in Somaliland which means more institutions are benefiting from diaspora support than in the earlier project. However, in one way, the project's design itself limits the effectiveness of the overall project because it can be seen as overstretching. This is problematic because placing one or two experts in the Ministry of Education, as is the case in Jubaland, is a difficult situation for the experts themselves due to the workload and time needed to complete the required tasks. The geographical representation of diaspora assignments is also seen as not balanced, with more education diaspora experts placed in Mogadishu than any other target location. The disparity is even more pronounced when looking at the number of experts placed in hospitals and those placed in the universities. The evaluation team observed that the fewer experts placed in an institution, the greater the levels of dissatisfaction and frustration, which is linked to the workload, and is made worse by perceived lack of cooperation and interest from project stakeholders. A greater understanding and analysis of the institutional needs of host institutions can help determine where and how long experts should be contracted as part of the project.



Out of the 53 recruitments that the project has completed, 32 experts work in the health sector and 21 in education sector. The main reason for this discrepancy is that the bulk of recruitment began later in the education sector and the identifications and selection of experts in host institutions took longer than expected because of the lack of public universities and teacher training colleges that the project could co-operate with. In South West State and Jubaland State, there are no public universities or teacher training colleges at all. In Mogadishu there is no public university with faculties of education apart from Somali National University. Moreover, the project is on track to achieve the goal of equal number of assignment before the end of the project. Finally, while it is not the scope of the project to extend to rural areas, there is considerable need for basic health and education services in rural areas, with a diaspora doctor from Kismayo making the strongest case for outreach to rural area due to the high numbers of patients coming from villages outside of Kismayo.

It should be remembered that IOM lacks presence in certain locations like Hirshabelle and Galmudug and is experiencing difficulty in recruiting diaspora in Federal Member States. As a solution to this problem, IOM has recruited several diaspora professionals who are based in Mogadishu but travel on regular basis to Galmudug and Hirshabelle to provide technical assistance to host institutions. Despite advertisement and re-advertisements of certain positions such as paediatricians, gynaecologists and midwives, the project has been unable to recruit experts of this background in Kismayo General Hospital, Garowe General Hospital and Bay Regional Hospital.

The needs in host institutions are enormous, all the target institutions would need more positions, especially Kismayo General Hospital, SOMASA, Jubaland Ministry of Education, South West Ministry of Education and Bay Regional Hospital. Resources are limited in the project, but to address sustainability, there could be more professionals in host institutions supported, or, in reality, less host institutions to target. Recruitment of diaspora experts, especially from Finland, has proved to be more challenging in the education sector than in the health sector and in interviews with IOM staff the most probable reason for this situation is the perceived insecurity and remoteness of Federal States that ultimately discourages diaspora experts from applying to the project.

Moreover, with the current resource allocation and number of assignments, the project has managed to achieve some impressive results. It is too early to measure data on utilization rates and school enrolment rates, however, some positive outcomes are already evident in Yardimeli hospital and Kismayo General hospital. In the education sector, results seem to be less tangible but experts have been involved in the development of policies, curricula and strategies. The internship component assists the workload of experts and enhances the young professionals' skills, knowledge and this could be a possible strategy to increase the number of participants working in an institution without necessarily hiring more experts. Hiring young professionals is key for the sustainability of the project since high-performing youth will be retained by the host institution and will be better prepared to find employment thanks to improved skills. It is premature to comment on whether the internship component of the project had an impact on employment creation for youth at this stage of the project, but in Baidoa, IOM staff and MOE report that some young people who have undergone training from diaspora experts are now employed by NGOs, government and private sector. Moreover, based on experience from other MIDA projects, the number of youth retained tends to be high, therefore the project staff is hopeful that the majority of youth will find jobs.

5.6 A Comparative Summary of the Health and Education Sector

Key findings on the achievements and successes of the project in target institutions highlight certain differences in the performance of the health and education sector activities. In interviews with MFA Finland representatives, it is clear that there is a perception amongst the donor that the health sector component is more advanced than the education component and this perception can be easily explained by the fact that the MIDA FINNSOM Health Project was implemented for 8 years in Somaliland and Puntland, and being more established, the experience and lessons learned from the project are helping the implementation of the health component in the MIDA FINNSOM Health and Education project. It is an added advantage that some diaspora experts who were contracted under the MIDA FINNSOM Health Project in Somaliland, are now working in Yardimeli Hospital, Bay Regional Hospital and Kismayo General Hospital.

The familiarity and experience of diaspora doctors from previous engagement with MIDA FINNSOM is an important factor contributing to success in the health sector. The synergy between the MIDA FINNSOM Health project in Somaliland and the FINNSOM Health and Education was effective in ensuring the smooth implementation of activities, and it is not surprising that diaspora experts in all target hospitals faced little problems in settling in and achieving their workplan, compared to their counterparts in the education sector. Furthermore, the retention of key IOM project staff for the health and education project in Somalia who had earlier experience on the MIDA FINNSOM Health Project, is a practice that helps with continuity and learning to improve projects. In the education sector, the

situation is different because activities are being implemented for the first time, and the context for implementation has been more challenging, as few public universities and teacher training institutions are present in the target locations. While the health sector activities could build on the earlier FINNSOM project in the same field and experiences from different regions, in the education sector, this was not the case.

Overall, the difference between the implementation of the project in the health sector and education sector is clearly visible; looking at the number of diaspora placed in different institutions a trend can be seen in terms of effectiveness in implementation. Comparing the number of doctors working at Yardimeli (4 diaspora experts and 4 junior doctors), with the 1 diaspora expert working at SOMASA or the 10 junior professionals and 7 diaspora experts assigned to MOECHE in Mogadishu but only 1 Junior professional at SNU and no junior at SOMASA, the disparity is reflected in the impact of the project. At Yardimeli, the work of experts already impacted on hospital utilization rates, and safe deliveries, and even in a relatively new hospital like Bay Regional hospital with only two doctors, the introduction of spinal anaesthesia and ultra sound scanning has improved maternal care. In comparison, the results of the project in SOMASA for example, are limited because one expert cannot effectively deliver the workplan activities when the capacity of the institution is so limited, and the needs to be addressed are well beyond the capacity of one individual. In FGS MoECHE, on the other hand, placing 13 diaspora experts and 10 junior professionals (which is more than any other health and education institution) has brought a larger number of changes in policies on HR, gender, national examinations, and strategies than in federal member states ministries of education.

While it is the quality of the experts, and not the number of experts which is important for the success of the project, in the education sector, rather than health sector, it was observed that the fewer number of experts working in the universities and federal state ministries complained of more difficulties facing their daily work and inadequacy of facilities and infrastructure, including payment delays more than their health counterparts. Since limited infrastructure, equipment, and payment delays are known challenges that affect all diaspora, the perceptions amongst diaspora experts could indicate the problems that can arise in placing fewer experts in host institutions where more personal and professional support might be needed.

Lastly, an important difference between the health and education sector, which also has implications for the strategic direction of the project, is the nature of the diaspora assignments. In the health sector, gaps and required skills sets to fill these gaps are more easily identifiable than in the education sector, which makes achieving the overall goal of reducing high maternal and child mortality by hiring doctors, nurses and junior doctors straightforward. In the education sector, however, identifying the overarching strategy of building capacity of public institutions to promote more quality inclusive education is less clear and diaspora experts' positions do not always align with priorities of host institutions. One example is SOMASA, where diaspora trainings have generally focused on email writing, how to hold meetings, report writing and proposal writing which are general trainings, that although important, lack strategic significance. In SNU, FGS Ministry of Education and Jubaland MoE the strategy steers towards promoting teacher training and education curricula, which is clearly shown by the outstanding work of experts on primary education teacher training curricula, review of national curricula and examinations and support of teacher training colleges. In the instance of SWS MoE, however, the Ministry stakeholders believed the project did not fully tackle the priority of teacher training with the placement of only one financial management advisor. Based on these findings, education sector strategies require finetuning to priorities of the Ministry, especially in SWS to achieve targeted results. Additionally, a general suggestion for the project in both health and education, that would help in strengthening coherence

for both the health and education sector, is a reduction in the number of host institutions and subsequent focus on fewer specific issues in the field of education and health.

5.7 Coordination Arrangements

5.7.1 Coordination Arrangements between FGS and Regional Member States

Coordination between the Federal line ministries and federal member states line ministries has only encountered challenges in the initial phase of the project over the allocation of diaspora positions in the public institutions. More generally, coordination has been good throughout the projects thanks to the introduction of bi-annual stakeholder meetings. These meetings organized in Mogadishu are an excellent example of bringing together all stakeholders to update each other, discuss challenges and achievements, offer recommendations and agree on the way forward. These meetings were organized due to the absence of a formal steering committee to bring all stakeholders together. The stakeholder meeting organized in April 2018 included the following participants: National government and the Federal Member State Ministries, IOM Finland, Nairobi and Somalia staff, the diaspora experts, and MFA Finland representatives.

The evaluation noted that the relationship between the Federal Government Ministries of Health and Education and the Federal Member States Ministries is relatively stable. However there has been some reported challenges. The main problem relates to disagreements over the priority needs in the Ministries and the allocation of diaspora experts. Since all new diaspora experts' positions are coordinated through the line ministries, occasionally the Ministries are reluctant to assign experts to hospitals or universities, preferring to place most of them within the ministries itself. This was reported to be a source of tension and resulted in prolonged identification of host institutions, leading to a delay in launching project activities and recruitment of experts. Also, the Federal Minister of Education and Minister of Health who worked closely with the project were dismissed in June 2016 affecting the project. In addition, the election of a new president in February 2017, and the appointment of a new cabinet in March 2017 caused delays in decision making. Also changes in key senior staff members in both ministries meant that these key senior staff were replaced by temporary staff who had no authorization to make decisions without the minister's approval which slowed down the implementation and momentarily hampered coordination in the line ministries.

At times there was also a disparity between the perceived needs of Federal Member States Ministries and those positions proposed by Federal Government. To mitigate these challenges, IOM coordinated several discussions between line ministries and host institutions to clarify recruitment procedures and to discuss individual positions. Host institution directors have also been invited to stakeholder meetings, where they have a chance to voice their concerns and discuss the project implementation in detail with IOM and line ministries. Moreover, bi-annual stakeholder meetings bring all government ministries together and promote open discussions, which has so far ensured the successful implementation of activities.

To conclude, the overall coordination between the Federal government and federal member state ministries has not encountered any major challenges and the levels of cooperation can be described as positive, with continuous efforts being made by IOM to improve coordination structures to engaged all levels of government.

5.7.2 Coordination and Division of Labour within IOM Offices

There are coordination arrangements between IOM offices at the different levels in Helsinki, Nairobi and Mogadishu. The original structure in the design of the project is as follows:

Offices	Roles and responsibilities
IOM office in Helsinki	<p>This is the executing agency and is responsible for the overall management of the project, including budget management, and arranging bi-annual meetings and missions to Somalia. This office:</p> <ul style="list-style-type: none"> • Sets up an internal project management structure that includes IOM offices in Mogadishu and Nairobi as well as operational support from CTG Global. • Identifies human resource requirements, and gains host-ministry approval upon negotiations on the required positions • Prepares advertisement for the positions as well as shortlisting • Conducts the panel interviews together with the host institutions and based on the selection, contracts the Somali diaspora experts • Conducts background check on the candidates' certificates and references • Prepares the diaspora experts contract process and travelling to the assignment location • Identifies and coordinates partnerships with Finnish project partners such as University of Helsinki and Baby Box initiative with Logonet • Communicates and promotes the project in Finnish media • Establishes and maintains contacts and communication with the Somali diaspora in Finland and other Nordic countries. • Identifies human resource requirements, and gains host-ministry approval, • Support the development of job-specific terms of reference and participates in the advertising of vacancies and evaluation of candidates for MIDA participants' positions.
IOM Coordination Office for Somalia based in Nairobi	<p>The coordination office is responsible for HR activities. This office:</p> <ul style="list-style-type: none"> • Advertises the diaspora expert positions • Processes contracts of the diaspora participant including their insurance, as well as their salary payment based on the IOM Finland decisions • Monitors activities on the ground and liaises closely with the line ministries and host institutions • Ensures coordination and cooperation with other health and education actors and participates in coordination meetings such Pillar Working Group on Health and Education
IOM office in Mogadishu	<ul style="list-style-type: none"> • Liaise with the government on behalf of IOM and monitor project activities

	<ul style="list-style-type: none"> • Support to host institutions to oversee and manage MIDA participants. • Provide logistical and administrative support to participants
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This is a relatively complex structure, across three different countries, which has implications for implementation of the project and for cost effectiveness. IOM Finland negotiates on which positions to fill in and prepares the advertisement, conducts shortlisting and interviews together with the host institutions, makes reference and certificate checks, and based on the interview negotiates the contracting and travelling of the participants. IOM Nairobi office then prepares the contract and insurance. The project budgets related to office expenses like salaries and office expenses are managed by IOM Nairobi, but overall budget decision-making lies with IOM Finland, who is also responsible for coordinating with the donor. IOM Somalia monitors the project activities in the field and supports the coordination with the Embassy of Finland in Nairobi. Working within this complex structure requires good coordination. IOM offices have made such efforts by initiating meetings every two weeks to discuss and update each other which will now possibly include the regional focal persons due to installation of a polycom.

In March 2015, IOM only had minimal presence in Mogadishu but throughout 2016, IOM established its main office in the city. IOM sub-office in Kismayo also opened in late 2016 and in 2017 IOM Somalia experienced turnover of resource management staff during the emergency drought operations which resulted in delays of payment for MIDA FINNSOM Health and Education diaspora experts. IOM Finland provided constant support to IOM Nairobi and Somalia office in resolving payment issues. IOM Somalia has nevertheless made improvements to tackle this challenge; it has hired regional focal point persons to ease communication and coordination at federal member state level (which will tackle some of the challenges reported by participants in reaching IOM field staff during their assignment), a new monitoring and evaluation consultant and, at the time of the evaluation, the project was in the process of hiring an HR assistant and finance and admin assistant in Mogadishu to support logistics and finance. Finally, more efficient systems have been put in place to ensure timely payments. The effectiveness with which IOM offices in Helsinki, Nairobi and Mogadishu operate to solve issues expected to arise in any project working in complex environments is a positive reflection of the level of cooperation in the health and education project.

Though communication between all stakeholders has improved over the years, it will be important for the future phases of the project, to engage in discussions and clarify coordination arrangements between the different IOM offices to maximise on the aid coordination meetings involvement, workshops and opportunities that are mostly present at Nairobi and Somalia level. Discussions can also include ways to capitalize on ongoing partnerships, for example the MoU with UNFPA which has not been implemented yet, and the ongoing collaboration with UNICEF on the 'Baby Aid Kit' project that will be piloted in Somaliland but also covers Somalia. Because the project currently lacks a steering committee, there have been occasional setbacks in coordination within and between the IOM offices, and Embassy of Finland in Nairobi/MFA Finland, for example, in the planning of the first stakeholder meeting held in September 2017, which was initially intended as an internal mid-term review meeting. Having more formal coordination structures like a steering committee and, possibly, a technical working group, would resolve these issues. The current bi-annual stakeholder meetings, though suitable as an interim means to encourage coordination and coherence of the project, cannot, replace a formal decision-making structure such as a steering committee, which should ideally have

been operational since the beginning of the project. During interviews with key stakeholders from the Embassy of Finland in Nairobi, a suggestion was made to also consider a forum where all MIDA programmes can be discussed with different donors to look at the MIDA concept more holistically.

5.7.3 Coordination between IOM, Finnish Stakeholders, Donors and Organizations working in Similar Fields

Coordination with Finnish stakeholders

Guided by the idea of enhancing participation, encouraging ownership and building on lessons learned from the MIDA FINNSOM Health project, the MIDA FINNSOM Health and Education project created an advisory group responsible for the provision of strategic advice on strategic planning for the project, definition of positions, selection of diaspora experts when needed and dissemination of information on the open vacancies and on the project in general among the stakeholders. Members of the group included the following Finnish stakeholders: Diaconia University of Applied Sciences, Helsinki, Finland; Trade Union for Education in Finland; University of Helsinki; UNICEF Finland; The Finnish Medical Association; The Finnish Nursing Association; MOH Finland; and the Finnish Somalia network.

Liaison with Finnish stakeholders began during the inception phase of the project, with various meetings and workshops organized to discuss issues around migration and development, discuss potential areas of collaborations. These meetings included actors from Finnish NGOs, Somali diaspora associations, most notably the Suomi-Somalia-Verkosto, Somali Forum for Progress Finland, Forum for Progress Finland and Finland Somali Association.

Throughout 2016-2018, the advisory group met regularly, and IOM Finland took the lead in closely involving Finnish stakeholders in the course of the project, and this effort translated into two major achievements. The first achievement is that despite difficulties in recruiting Finnish diaspora during the first year of the project, at the time of the evaluation, Finnish diaspora are the largest group of diaspora experts hired. The second achievement is the creation of a partnerships between the University of Helsinki and SNU and between UNICEF and IOM on the 'Baby Aid kit' project, an innovative Finnish initiative that will be piloted in host institutions benefiting from midwifery and neonatal diaspora experts to improve the safety of childbirth and the basic care of new-borns.

These successes show the interest from Finnish counterparts to support MIDA FINNSOM, and opportunities to create new linkages with more education sector institutions and private sector in future that could help Somali host institutions in forming strategic partnership and fundraise for additional resources. More partnership could begin through increased discussion with institutions already involved in the advisory group, like the Finnish Nursing Association, Trade Union for Education in Finland and the Finnish Medical Association, as IOM Finland leads in creating new partnerships for future phases of the project in the health and education sector. In the field of supporting the capacity building of the medical faculty in SNU, developing an MoU with the Medical Faculty of University of Helsinki (which is already involved a partnership with the education faculty at SNU), could be something to discuss before the end of the current phase of the project, and to implement in a possible phase II of the programme.

Health Sector Coordination

Organizations working in the health sector are aware of the IOM MIDA FINNSOM health and education project and understand its goals and efforts in promoting better health services. In fact, other agencies are aware of the contributions and work of diaspora experts in the health field, particularly when it comes to the work on neonatal units. To ensure the success of a project, particularly one that aims to address critical health needs in the country, coordination with relevant players providing assistance in similar fields is important. To a certain extent, the MIDA FINNSOM Health and Education project has tried to work with other organizations that provide healthcare services in Somalia, such as UNFPA who signed an MoUs with IOM to pave the way for greater collaboration, and UNICEF. There is a large need for assistance in the health sector in areas where the project is operating and joint meetings/discussion with donors (health focal point person), IOM, experts, Ministries of Health would enhance synergy and coordination.

Other UN agencies like UNICEF are actively collaborating with IOM. An example of such collaboration is the 'Baby Aid Kit' project that will be piloted in host institutions benefitting from midwifery and neonatal diaspora experts. IOM, together with UNICEF, is developing criteria for the distribution of the baby aid kit, based on the number of antenatal visits during the pregnancy as well as delivery attended by skilled staff. This activity also involves the development of antenatal screening forms, their implementation, data collection and data analysis which is being done in cooperation with UNICEF. These collaborations are exemplary and will utilize the expertise of diaspora and institutions already supported by IOM. In the same way, experts contracted by IOM now have chance to build their own skills with the support of different agencies and be able to pass these onto the local staff of host institutions.

It is very important for the IOM MIDA FINNSOM Health and Education Project to raise awareness/visibility of the work of Somali diaspora experts, so they can be approached and seen as a valuable resource that can complement various other health projects in Somalia. One way to ensure awareness and knowledge of the diaspora experts could be more joint recruitment of experts with other agencies like UNICEF, WHO, UNFPA, the World Bank, who can provide input on the terms of references and be involved in some components of the recruitment process. In the inception phase of the project, UNICEF and WHO reviewed and provided feedback to all ToRs and the institutional needs assessment for the project in 2016 and the project should continue to involve these stakeholders throughout project implementation. The Pillar Working Group on Health and Education is also a structure that could help raise the visibility of the project, as this structure has become more functional in 2018 and is an avenue for ensuring greater coordination with relevant stakeholders. One possibility is to invite key organizations working in the health and education sector to the bi-annual stakeholder meetings.

Education Sector Coordination

Donors and NGOs working in the education sector are aware of the MIDA FINNSOM Health and Education Project. However, donors and NGOs interviewed stated that the project could be better publicized, and not much is known except the fact that technical experts are seconded to ministries and universities. At times, technical advisors working in the ministries approach other agencies working in the education sector, due to the different projects and activities ongoing in the regions. The specific work of technical advisors in Jubaland MoECHE and more generally the work on teacher training policy is deemed as the biggest achievement of the education component so far by other players in the education sector.

Coordination with other stakeholders and donors in the education sector includes participation in the Pillar Working Group 7, bilateral meetings with EU and USAID, and

occasional involvement of MIDA experts in education sector meetings. Though the Embassy of Finland in Nairobi co-chaired the Pillar 7 working group on Social and Human Development until April/May 2018 according to respondents from donors and implementing agencies in the education sector, this forum has not provided an opportunity for concrete engagement with stakeholders working on education. To promote cooperation with NGOs and the UN, IOM should participate more actively in the education sector meetings and cluster meeting, because these provide opportunities for engagement in projects working towards similar goals. These meetings are key for ensuring different agencies are complementing each other, avoiding duplication of activities, and finding avenues for collaboration. For example, IOM could potentially partner with the Global Partnership for Education (GPE), one of the largest education partnerships and funding platforms, which is funding technical advisors to support the Ministry of Education in Puntland. IOM and GPE could discuss strategic areas of cooperation that could ensure a joint approach towards building the capacities of education institutions in Somalia. There are many possibilities and strategic partnerships to be formed, but this will require greater and more tactical involvement by IOM in the appropriate aid coordination forums.

5.8 Overall Challenges

Political changes: In June 2016 the Minister of Education and the Minister of Health, who had been working with MIDA FINNSOM team very closely, were dismissed and replaced by temporary ministers who would remain in their posts until the 2017 elections. In February 2017, Somalia held a presidential election, and changes in cabinet were formalized the next month. New ministerial appointments, changes in DGs and staff at the ministries affected the MIDA FINNSOM Health and Education Project and its coordination with Government as new relations had to be established and line ministries updated on the project.

Insecurity: Since the inception of the project, security remains the toughest challenge for the success of the project. In light of recent security incidents, operating in the country is challenging not only for IOM staff, but for the experts involved in the project and local staff at the host institutions in Mogadishu and federal member states. The 14th October 2017 bombing in Mogadishu which killed more than 500 people and injured over 300, is a bleak reminder of the dangers all stakeholders' face living and working in Mogadishu. Because of the insecurity, settling in Mogadishu was not always easy for diaspora experts and perceptions of insecurity extend to federal member states, where hiring new experts has become even more difficult. It should be noted that some participants are experiencing high stress due to the political and security situation which negatively impacts their work.

Shortage of qualified local staff: Though the project facilitates skills transfer and capacity building to local staff in host institutions, the high staff turnover negatively affects the project and is counterproductive. This situation occurs because host institutions do not possess the financial capacity to retain or offer incentives to local staff and cannot hire the diaspora experts. The needs become even more pronounced when we look at the achievements of the project. At Yardimeli hospital, for example, hospital utilization rates have increased, and with that the demand far outweighs the capacity of the staff available in the hospital.

Lack of appropriate equipment and infrastructure: target universities, hospitals, and Ministries do not always have the necessary equipment and infrastructure to operate or accommodate the additional activities of the project. One example is in Bay Regional Hospital where poor equipment like the ultrasound scanners available make work difficult for the radiologist expert. At SNU, the absence of office furniture and appropriate workspaces for the experts, juniors and local staff results in a crowded work

environment. IOM has noted that the line ministries in particular have very limited material resources to facilitate the assignments of diaspora experts. Some of the ministries lack for instance proper working spaces, desks and chairs for their staff and the rooms where the experts are placed are also often overcrowded. There are no suitable spaces to conduct trainings and the ministries cannot provide basic material such as pen and paper for the trainees. Quite often the experts end up buying stationary and refreshments to the trainees from their own pocket. Due to lack of training space, trainings are sometimes conducted outside in the yard

Length of diaspora assignments: amongst all stakeholders that took part in this evaluation (diaspora, local staff, hospital management, head of universities and line ministries), the consensus is that the contract length of the diaspora is too short and should be extended based on the needs of institutions. For the health sector, the suggested timeframe for doctor and nurses assignments is a minimum of four years, whereas in the education sector, 2-3 years was deemed the ideal minimum duration. Adjusting to work in a resource-poor environment takes a considerable length of time and thus use up time that diaspora experts would have been transferring skills and knowledge to their local counterparts

Payment of salaries: Diaspora experts, particularly in the education sector, reported delays in payment. Junior professionals also expressed frustrations over delays in payment of allowances. This is a problem that has been acknowledged by IOM Somalia and measures are already in place to improve admin and finance procedures. It should be remembered that finance procedures are problematic when dealing with international transactions to Somalia but IOM has developed new systems and procedures to ensure continuity in payments.

Lack of training budgets: diaspora experts in the universities find it difficult to conduct training events and workshops, especially those involving large number of participants, without the appropriate financial allowances for these events. Also, resources such as pen and paper are scarce and quite often the diaspora professionals end up buying refreshments and basic training material for the local staff by using their own money.

Communication with IOM staff: Host institutions and diaspora experts were not always happy with the level of communication with IOM Somalia field staff. Problems experienced by diaspora are the lack of response to email and phone calls related to work activities and follow-up on salary payments.

Lack of support mechanisms: The perceived lack of support from IOM is more pronounced in the education sector host institutions and could stem from the fact that few experts are placed in one institutions in universities and federal state ministries, meaning there is lack of peer support. This also explains the instance of conflict between local staff and diaspora experts experienced in some of the host education institutions. Experts working in Mogadishu report experiencing high stress and anxiety levels because of the insecurity and absence of support mechanisms like counselling as a platform to discuss non-work related personal issues.

Gender imbalance: The project has managed to reach 35% women inclusion. A context appropriate gender strategy focusing on innovative steps to ensuring more female recruitment, placement, outreach and advocacy could help promote women participation in both sectors. In Jubaland MoECHE, Puntland MoH and Yardimeli hospital there are no women diaspora experts and this should be addressed through gender-specific recruitment strategies.

Disparities in geographical representation. There is an imbalance in the number of diaspora experts and junior professionals placed in the FGS Ministry of Education, compared to those placed in the universities. Placing one expert in an institution is not always strategic. Considering all the many (different) needs expressed by stakeholders in the education sector, analysing needs, priorities and strategies is critical in decisions regarding the number of placements, despite the problems in recruiting qualified diaspora willing to work in federal member states compared to Mogadishu.

5.9 Sustainability

Ministries, host institutions, local staff and diaspora experts have a vested interest in supporting the project which is important for the future of MIDA FINNSOM Health and Education. There are factors outside of the project's control, that affect sustainability like high staff turnover in the host institutions, coupled with the already lacking resources in the hospitals, ministries and universities. In Kismayo General Hospital, for example, half the local staff members left during a one-year placement of a diaspora experts, having great implications on the delivery of basic services, which was fully supported by the ICRC. The project invests considerably into local staff development, as this is the backbone of a strong and functional institution; however, when local staff is trained and the hospitals or universities cannot retain higher skilled staff, it is problematic for the project.

The structures, policies and skills now available in the host institutions are a clear indication that the work of the diaspora did result in improvements (training materials, policy papers, educational curriculum, strategic plans, and surgery skills). To understand whether these changes are sustainable, the evaluation team assessed the extent to which stakeholders perceive the changes and policies in place to be able to exist beyond the diaspora assignment. 94% of diaspora experts in both health and education believe that local staff and institutions are better equipped to maintain newly developed functions and services through improved skills, and 95% of local staff also report confidence in their new skills and knowledge to better perform at work. The challenge, however, remains the fact that more training and mentoring is needed, particularly for doctors and junior professionals in the hospitals who are confident in the skills they learned, but request longer-term guidance and the opportunity to learn more skills from the experts. In the Ministries of Health, Ministries of Education, hospitals, and universities, sustainability is affected by lack of technical and financial resources which make it difficult to retain local staff and hire more qualified staff.

Nevertheless, the project has achieved some degree of sustainability as it has managed, through its experts, to develop capacities of host institutions with better skills and knowledge. Local staff and diaspora experts interviewed in all host institutions, however, question the long-term sustainability of the project when the institutions are not yet financially and technically capable of sustaining the positive results achieved so far by the project without any additional donor support. In summary, the knowledge and training aspect of the project is sustainable, as local staff improved their skills but technically and financially, the project is however not fully sustainable, as institutions will require more support from the project.

In the opinion of the evaluation team, the effectiveness of coordination structures between IOM and host institutions, the duration of the diaspora assignments, the number of experts assigned in the host institutions, the number of junior professionals hired and the interests of government and host institutions will be key factors determining the sustainability of the project. IOM is developing exit strategy aligned with the specific objectives of the project and that will create concrete plans to guarantee sustainability in host institutions.

Lastly, one of the factors supporting the sustainability of the project is that the government, diaspora experts, local staff, junior professionals and heads of host institutions are appreciative of the project and its contribution to capacity building. This enthusiasm, and the personal motivation of diaspora experts and local staff, can be the

greatest determinant of whether the project will be sustainable. From the key findings collected during the evaluation, initiatives like the SNU MoU with Helsinki University, the introduction of the National Education Policy and National Examination by-laws in FGS MoCHE and the new services introduced in the hospitals in Baidoa (spinal anaesthesia), Mogadishu (establishment of a blood bank and pharmacy), and Kismayo (surgery and neurosurgery services) are likely to be sustainable. In the Federal State Ministries of Education, in particular, sustainability will be dependent on better refining the priorities and strategies for the education sector and developing a more strategic approach to diaspora assignments including a dual approach of capacity development for local staff and broader institutional development.

6 Conclusion and Recommendations

Overall, the MIDA FINNSOM Health and Education Project has achieved impressive results by harnessing the expertise and knowledge of diaspora experts and effectively utilizing this strategy to build local capacities. The mid-term evaluation notes that results are already evident in the hospitals, universities and ministries, and that, above all, offering junior professionals the chance to learn and practice skills is an innovative strategy for sustainability and promoting youth employment. The education sector component of the project is not yet as established and successful as the health one which has been implemented since 2008 in different regions, therefore comparison between the successes of the health component of the MIDA FINNSOM Health and Education projects and the education sector, at this stage, would not provide the correct picture of the overall project. What is needed in the education sector is a refinement of priorities and strategies in federal member states that would allow a more targeted approach to project interventions and better representation of diaspora experts in the states to reach the level of success experienced at the FGS MoECHE.

There are many opportunities for the MIDA FINNSOM Health and Education project to link with on-going initiatives in the health and education sector by regular attendance of aid coordination meetings and building existing partnerships both in Somalia and Finland. Improved coordination in the health and education sector forums is important, because other non-MIDA health and education programmes are supporting organizational development to build self-sustaining institutions. The current management structures and design of the project should be discussed and agreed with the donor in the possibility of a second phase of the project.

The evaluation team has developed the following evidence-based recommendations based on the findings of the mid-term evaluation. The recommendations are divided into those relating to project design and implementation and those related to the decision-making and coordination structures:

Project design and implementation

- **Closely liaise with Finnish partners in the health and education sector:** the project should focus on the development of strategic partnerships with Finnish public health institutions and academic institutions. Working with the Finnish Institute of Health and Welfare, for example, could be discussed in a possible phase II of the project. Similarly, co-operation with more universities, as it is already happening between SNU and University of Helsinki, can create greater opportunities for technical assistance, and perhaps attract more qualified diaspora experts from Finland to join the project. Linking with Finnish private sector in health and

education could also be an innovative way for host institutions to receive additional technical and financial support.

- **Increase the number of diaspora experts per institution:** as opposed to earlier MIDA FINNSOM projects, the Health and Education Project is geographically stretched. The project now operates in Mogadishu, Baidoa, Garowe and Kismayo, however, while some institutions have considerably high numbers of diaspora experts, other institutions have much lower number of experts. This is not a sustainable strategy and creates high workload and stress for experts, minimizing their overall impact in host institutions. Having more than one expert in an institution can be a model for peer support. Having a network of diaspora experts to rely on, and collaborate with, in day-to-day activities is likely to reduce stress, decrease frustration and improve productivity. In a possible future phase of the project, IOM, the Government and MFA Finland should discuss the way forward in terms of maximizing the number of experts per institutions, which, depending on the resources available for the project, will most likely result in a reduction in the number of targeted host institutions, an option suggested by some stakeholders of the project as a strategy to refine priorities and better measure results. While increasing the number of experts is one strategy, reducing the targeted host institutions and focusing on fewer specific areas in health and education would promote the overall effectiveness and efficiency of the project.
- **Adjust the length of diaspora contract:** University and hospital directors, and Ministry representatives agree that diaspora contracts should be longer. In the opinion of the evaluation team, the project should continue extending contracts for high-performing diaspora experts that will improve the project in line with the gaps and needs facing the institution; this point was also emphasized in earlier evaluations of the MIDA FINNSOM Health project. It should be noted that increasing contracts without tackling the other external challenges facing the project will not bring the expected improvements. Adjusting the contracts length, as well as increasing or decreasing number of experts and/or host institutions are strategic decisions with budgetary implications that should be discussed and agreed between MFA, IOM and the Government.
- **Conduct holistic baseline survey:** this survey should capture the level of skills of local staff, financial capacity, human resources, systems and infrastructure, organizational structure and work culture in each target host institution and should be shared with diaspora experts and local staff before the start of diaspora engagement in the project so they can better understand the realities of working in the particular institution. The institutional assessment conducted by IOM with support from the government helped identify institutions, immediate needs and the kind of experts required. Diaspora also conduct baselines to better tailor their workplan. What is needed ahead of a second phase of the project is a more in-depth assessment of the hospitals, universities, and ministries to measure the performance of institutions and refine logical framework indicators and baselines accordingly.
- **Develop a more results-based logical framework:** Having reviewed the current logical framework, the project would benefit from more specific targets, outlining exact areas of focus of the strategic sector plans. This is especially important for the education sector. Furthermore, targets and milestones could be more clearly defined. Suggestions from MFA Finland stakeholders interviewed emphasize that a more results-based logical framework and M&E framework could ease the measurement and attribution of changes in the host institutions to the project. This, however, is dependent on conducting a comprehensive organizational assessment of all host institutions and feeding the findings into the logical framework.
- **Increase project visibility and awareness:** IOM Finland and Somalia have a twitter, Facebook and website for the project that actively promote achievements and

produce human interest stories. IOM Finland is currently preparing a publication on MIDA FINNSOM and also planning to organize a media mission to Somalia to publicize the project in Finland and attract Finnish diaspora. Building on the existing platforms, strategic communication about the positive role of diaspora and migration in international development could maximize outreach to relevant donors and agencies in Somalia and internally, working in similar fields.

- **Scale-up the internship component:** Junior professionals reap the most benefits of diaspora trainings. The project has helped build the foundations to create employment opportunities for youth through its junior professional internship program. There is consensus amongst the majority of participants interviewed that the internship component of the project is extremely effective in preparing young people for a career by imparting the younger generations with relevant skills. There is high expectation that most of the junior professionals will be recruited. Junior professionals who took part in the evaluation do not feel the pay is adequate, especially those living in Mogadishu who cite high living costs as a reason why allowance should be increased. In future, allowances for junior professionals could be adjusted based on living costs, and possibly the level of experience of the junior professionals.
- **Hire an education specialist:** the health sector component of the project is well established and can rely on lessons learned from the MIDA FINNSOM Health Project. The education sector, in comparison, has only recently been introduced, and as such, the project could benefit from the support of an education expert. The expert could help in identifying suitable strategies, advising on the way forward for education initiatives, and establish connections with donors such as EU, USAID and GPE and support government strategies in education.
- **Link with ongoing education initiatives that work to build the capacity of local institutions:** Large-scale investments are currently happening in the education sector, with the Federal Government of Somalia successfully submitting an application for funding in education that will see, amongst many other projects, the construction of teacher training colleges/institutions outside of Mogadishu. Because IOM is funding technical advisors who are working on teacher training in universities there is an opportunity to invest in this initiative, perhaps seconding an active diaspora expert to larger-scale projects. This will ensure that the MIDA FINNSOM project develops a longer-term vision beyond the assignment of each diaspora experts.
- **Expand trainings for diaspora experts to include fundraising and better reflect the education component of the project:** Insufficient resources limit the efficiency of the diaspora experts and performance of host institution. It is not in the scope of the project to procure infrastructure, apart from the laptops, to experts prior to the start of their assignment, but the reality is that the lack of equipment and facilities negatively impacts the work of diaspora and the local staff. To ensure effective coordination, IOM could train diaspora experts on effective fundraising strategies and be responsible for updating and facilitating knowledge sharing on other donor funded programmes and opportunities that may arise in the education and health sector. To an extent, the role of supporting diaspora experts through better networks and connection should eventually be the responsibility of the host institution and government, but noting the lack of capacities, IOM could kick-start this support. Additionally, the ToF only focuses on the health sector, since the training material was adapted from the MIDA FINNSOM Health Project. For the workshop to be more useful and relevant for diaspora experts working in the education sector, the ToF should be revised to include material for education professionals.
- **Promote gender equity:** To promote gender balance in the selection of participants, a context appropriate gender strategy focusing on new ways to ensure more female

recruitment, placement, outreach and advocacy should be developed in both sectors. Some strategies could include:

- Having current female experts as role models and advocates in the recruitment and hiring of more female junior professionals, diaspora experts and local staff.
- Carrying out perception surveys in host institutions on the challenges facing women. The findings can then help determine most appropriate strategies to promote women inclusion.
- Ensuring that both men and women, with a particular focus on the latter, have the support they need when facing difficulties in the work place, such as discrimination and sexual harassment by having the appropriate support of IOM LHD HR as well as the HR of the host institution. This should include a code of conduct signed by the supervisor of the institution in order to set the standard and foster mutual understanding.
- Incorporating gender equality strategies, policies and trainings at the host institutions, as a universal requirement despite sector or department, to increase the understanding and adherence to gender equality. The introduction of gender policies in the FGS MoECHE and the mainstreaming of gender into the formulation of policies and frameworks in SWA MoHHS are best practices that could be followed by other institutions as well.
- Offering more frequent R&R and financial incentives like travel allowances for children and family members since women might feel more reluctant to leave families behind for long periods of time.
- **Provide peer support and counselling to experts:** it is advisable for the project to place more than one diaspora expert in an institution, experts can support one another to reduce stress This could include group/peer support groups within institutions, which can help experts cope better, manage stress and have the ability to reconcile with everyday life in a difficult environment. For serious cases, counselling is important, and while participants' medical insurance includes access to counselling, in practice, accessing quality counsellors or psychologists in Somalia is not easy in the targeted locations. To counter this problem, IOM already facilitates travel arrangements for experts in exceptional circumstances to seek these services in Nairobi while in less serious cases, services can be sought during R&R or annual leave outside of the country.
- **Expand the project to rural areas:** The project's mandate does not cover rural areas where the majority of people are in critical need of health and education services. In future the project could consider some components covering rural areas (the FINNSOM Health phase I-III included outreach rural assignments as part of the work of the diaspora experts.); this could be facilitated through more extensive trainings and workshops for local staff and junior professionals to help them apply their skills in rural areas by organizing rural activities and events facilitated by IOM.
- **Organize more outreach events to hire specialist doctors and nurses:** gynaecologists, paediatricians, nurses, general practitioners, midwives and health management specialist are lacking in the hospitals and hiring such professionals can contribute effectively to the goal of providing quality healthcare services to vulnerable groups like mothers and children. IOM has advertised and re-advertised for positions in federal member states, but no qualified diaspora applied. IOM could organize special outreach events targeting health care professionals specifically in Finland and other countries like the US and UK with the highest proportion of applications for the MIDA FINNSOM Health and Education project, in the hope of attracting qualified diaspora in the health sector.

- **Conduct more comprehensive exit interviews:** the project conducts exit interviews with each participant, but these interviews are geared towards performance and outputs rather than an understanding of the participant's experience and suggestions for the improvement of the Health and Education Project. These interviews should attempt to gather as much information and constructive criticism to develop recommendations and strategies for the next phase of the project.

Decision-making and coordination structures:

- **Clarify and agree on coordination structures:** There are several layers of bureaucracy in the project based on the number of implementing agencies involved and a second phase of the project should look into modifying the existing coordination structure for cost-effectiveness and ease of project implementation. The reality in the country is one where greater representation is expected to be seen in Somalia, and increasingly more meetings and workshops take place in Somalia. Ultimately, decision on changes in coordination and management structures should be discussed between IOM Finland, IOM Somalia and Nairobi Office and the donor.
- **Create a steering committee:** The project would benefit from a steering committee meeting on a bi-annual basis. The steering committee will not only help institutionalize the efforts already made towards timely communication but will also help the donor to stay informed on project and all partners to document progress and ratify any challenges along the way. Other MIDA projects could be occasionally invited to attend MIDA FINNSOM Health and Education Project high-level meetings to encourage discussion and knowledge sharing.
- **Create a technical working group for the project:** A technical working group meeting on a quarterly basis consisting of key people from each IOM office directly involved in technical aspects of the project (designing, monitoring, reporting), the government and host institutions as key stakeholders could improve coordination. Technical working groups are useful to discuss the technical substance of the project, preferably ahead of the steering committee meeting and any reporting period.
- **Improve visibility in aid coordination meetings:** To ensure visibility and sustainability of the MIDA FINNSOM Health and Education project it is advisable that IOM Somalia level should boost presence in aid coordination meetings by attending the Education Advisory Committee (EAC) meetings that take place in Nairobi and in Somalia. The EAC meets monthly, includes all the largest counterparts in the education sector. Similarly, IOM can increase its involvement in UN health sector meetings with agencies like WHO, UNFPA, UNICEF and meetings with donors like GIZ and DFID. Ultimately, aid coordination is led by the government, so enhancing partnerships with line ministries in aid coordination is key.
- **Explore cost-sharing opportunities with other donors/agencies:** By working with other agencies, there is the possibility of cost-sharing on certain activities and avoid duplicating work. A limitation of the MIDA FINNSOM Health and Education project is the lack of equipment and infrastructure in the institutions where diaspora experts are working. Other donors might be willing to procure equipment, provide training budgets and even make use of these diaspora experts in some of their activities. All these would improve the project and give diaspora experts and institutions holistic packages that can support the capacity building of local staff in a more comprehensive way. As first step, the project could have a **training budget for diaspora experts** for them to organise trainings and cover the relatively small expenses for refreshments and stationary.

The table below contains Annexed documents used to carry out this research:

Tools for data collection, people consulted during the field mission and documents reviewed during desk review.	http://www.me-axiom.com/axiom/share/doc/1533996578263afgd18622c89079ba106474eb048cb72d9149f1c1be
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