

MIDA FINNSOM Health Project, Phase V

Midterm Review Report



The local professional paediatrician consulting an expecting mother alongside one of his key learners, in Sheikh district hospital. Cover photo: ©IOM Somalia, 2024

September 2024

This internal midterm review has been commissioned and prepared by the Labour Mobility and Social Inclusion Unit of IOM Somalia Mission, as the implementing agency for the MIDA FINNSOM Health Project, Phase V.

Table of contents

MIDA FINNSOM Health Project, Phase V	1
Midterm Review Report	1
1. Introduction	4
2. Executive summary	6
3. Scope and objectives	11
4. Methodology	11
5. Contextual background.....	13
6. Key findings.....	15
7. Cross-cutting issues	37
8. Challenges.....	38
9. Good practices.....	40
10. Key areas to strengthen during the remaining project period	40
11. Conclusion	41

List of acronyms

ANC	Antenatal Care
CHSD	Community Health Service Department
CTG	Cardiotocography
FGD	Focus Group Discussion
HSSP	Health Sector Strategic Plan
HMIS	Health Information Management System
GBV	Gender-Based Violence
IOM	International Organization for Migration
IDP	Internally Displaced Person
KII	Key Informant Interview
LMI	Labour Mobility and Social Inclusion
M&E	Monitoring and Evaluation
MFA	Ministry for Foreign Affairs
MIDA	Migration for Development in Africa
MoHD	Ministry of Health Development
MTR	Midterm Review
NDP	National Development Plan
OECD-DAC	Organisation for Economic Co-operation and Development - Development Assistance Committee
PNC	Postnatal Care
PPH	Post-partum Haemorrhage
SDG	Sustainable Development Goals
SRHR	Sexual and Reproductive Health and Rights
THL	National Institute for Health and Welfare (Finland)
ToR	Terms of Reference
ToT	Training of Trainers

1. Introduction

This midterm review assesses the interventions carried out under the Migration for Development (MIDA) FINNSOM Health Project, “Institutionalizing health sector development through temporary returns of Somali diaspora health professionals”, Phase V, from 6 June 2022 to the project’s midpoint in July 2024. The purpose of this review is to evaluate the project’s progress thus far, against the output, outcome, and objective-level indicators and targets outlined in the project’s results framework and to determine the extent to which these results have been met.

This project builds on the commitment of the Government of Finland, represented by the Embassy of Finland in Nairobi, as the donor of the project, and the Ministry of Health Development (MoHD), as the key government counterpart in Somaliland. It is implemented by the International Organization for Migration (IOM). The MIDA FINNSOM Health project has operated in four different phases in Somaliland since 2008. During its lifespan, this project has facilitated the recruitment of a total 185 MIDA participants thus far. This figure is comprised by 112 diaspora experts, four junior diaspora professionals and 71 local professionals, out of which 58 are women and 69 are Finnish-Somali.

Now in its fifth phase, the overall objective of the MIDA FINNSOM V project is to contribute to improved health outcomes in Somaliland, with a specific focus on sexual and reproductive health and rights (SRHR). The project focuses on enhancing the quality of health care and improving the well-being of the population in Somaliland, with a particular focus on women, children, and newborns, by building local capacities through the knowledge and skills transfer of diaspora experts, local professionals and junior diaspora professionals.

Similar to the previous phase of the project, this phase includes a component which aims to further strengthen the antenatal care (ANC) in Somaliland by training health-care professionals in ANC and implementing the ANC guidelines, developed by the project’s implementing partner, the Finnish National Institute for Health and Welfare (THL), during the previous phase of the project. The project also seeks to identify potential synergies and opportunities for collaboration with Finnish Somali diaspora and Finnish public health institutions that operate especially in the field of SRHR.

The project addresses – both directly and indirectly – the challenges relating to SRHR, particularly by engaging experts from the Somali diaspora and local professionals who contribute to building the institutional and technical capacity of the health sector in Somaliland. In close coordination with the MoHD, IOM facilitates the placement and recruitment of skilled and experienced Somali diaspora, with a particular focus on Finnish-Somali diaspora experts, to contribute to improving the capacity of public health institutions. This phase of the project has deployed MIDA participants to 17 regional and district hospitals in Somaliland, as well as the MoHD and the Hargeysa Institute of Health Sciences, bringing the total to 20 health institutions supported.

Mainstreaming gender into programming as a way of promoting women’s empowerment is also an important priority of the project. This phase of the project has further strengthened the inclusion of women in the project by putting in place certain measures to i) attract and recruit more female applicants; ii) to support female MIDA participants in their work, and iii) to promote the integration of gender inclusivity in MIDA assignments, including through capacity-building trainings, access to services, and policy development. A similar approach has been applied in fostering disability inclusion, particularly in sensitizing the MIDA participants on matters concerning disability inclusion and rights, to better serve people with disabilities through their service delivery.

The project is aligned with the Somaliland National Development Plan 2017-2021 (NDPII) and its specific health sector targets. The project is also in line with the Somaliland Health Sector Strategic Plan (HSSP) II's Strategic Priority 1, which identifies women, children, and other vulnerable groups as the primary target for cost-effective and quality health services and underlines the importance of a gender-sensitive health-care system. The project's results framework specifically outlines the targets in the HSSP II as objective-level indicators that the project intends to contribute towards. Furthermore, the project aligns with the 2030 Sustainable Development Agenda, specifically with sustainable development goal (SDG) 3, which aims to ensure healthy lives and promote well-being for all at all ages.

The overall objective of the project is to contribute to strengthening the health sector in Somaliland towards achieving specific priorities in the HSSP.

The key project has one outcome and one output:

- **Outcome 1:** Quality of SRHR services to women, children and vulnerable groups in targeted institutions is improved
- *Output 1.1:* Health professionals in targeted institutions demonstrate enhanced knowledge and skills to deliver SRHR services



Photo 1: The qualified midwife diaspora expert placed in Burco regional hospital speaking to one of her key learners.

© IOM Somalia, 2024.

2. Executive summary

2.1 Progress toward project outcome: improved quality of SRHR services to women, children and vulnerable groups in targeted institutions

The knowledge and skills transfer by diaspora experts and local professionals have led to significant improvements in health-care service delivery, especially in underserved areas such as Sheikh district hospital, Zeylac district hospital, and Badhan district hospital. These improvements include a reduction in neonatal, under-five, and maternal mortality. These achievements are partly attributed to these hospitals' enhanced capacity to manage complex emergency obstetrics and newborn care (EmONC) cases such as post-partum haemorrhage (PPH), prematurity, and birth asphyxia/trauma, along with improved skills in diagnosis and patient history to be able to detect, prevent and manage such cases. Although the diaspora experts and local professionals have contributed to these positive outcomes in the hospitals, these improvements cannot be solely attributed to their efforts only.

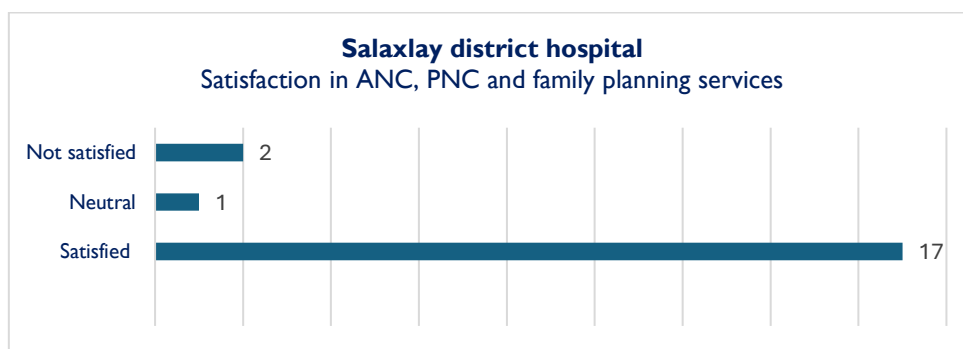
Nearly all heads of institution (90%, 18 out of 20) representing the targeted 20 health institutions reported being satisfied with the performance of the placed diaspora experts and local professionals and having a good working relationship with the MIDA participant. Based on the monitoring missions to the visited institutions, a further 75% reported to have observed improvements in the SRHR services provided in the institutions as well as enhanced capacity among the health professionals in the maternity, neonatal and pediatrics departments of the respective hospitals. The two hospitals where satisfaction levels have not met expectations are Hargeysa group hospital and Berbera regional hospital. These institutions expressed different needs from what was being provided and have not shown interest in the support offered by the placed diaspora experts.

Table 1: List of total health institutions supported

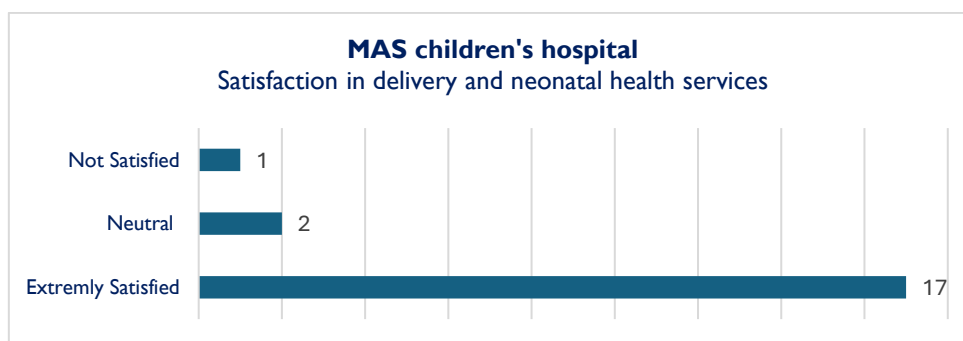
Total health institutions supported	
1	Ministry of health development
2	Hargeysa group hospital
3	Hargeysa Institute for Health Sciences
4	MAS hospital
5	Gebiley district hospital
6	Arabsiyo district hospital
7	Ceerigaabo regional hospital
8	Daryeel hospital (Hargeysa)
9	Borama regional hospital
10	Berbera regional hospital
11	Salaxlay district hospital
12	Zeylac district hospital
13	Sheikh district hospital
14	Caynabo district hospital
15	Baligubadle district hospital
16	Odweyne district hospital
17	Buhoodle district hospital
18	Badhan district hospital
19	Burco regional hospital
20	Alkhalifa hospital (Burco)

Overall, the satisfaction level among the service users of the supported public and district hospitals is slightly above average, as indicated in the recent survey targeting the hospitals in Salaxlay, Hargeysa (MAS hospital), Berbera, Burco, Arabsiyo, Gebiley, Borama, and Sheikh. The beneficiaries expressed relatively high satisfaction with antenatal care services, with an average of 63% of the respondents being satisfied or extremely satisfied. This is an increase compared to the baseline assessment which reported an average of 45%. Similarly, the satisfaction level in delivery and obstetrics services increased from 49% during the baseline period (prior to the start of assignments), to 57% during the mid-line. On the other hand, the satisfaction level in family planning was low, only at 34%, and had decreased in comparison to the baseline assessment which reported a satisfaction level at 38%. The main reasons for this were because family planning services were less utilized often due to a preference for traditional methods, the choice of private hospitals, distance issues, or a lack of awareness about the availability of these services. Although in some hospitals, such as Berbera regional hospital and Salaxlay district hospital, the satisfaction level was at 60% and 85%, respectively.

Graph 1: Satisfaction level among service users in Salaxlay district hospital (out of 20 total)



Graph 2: Satisfaction level among service users in MAS hospital (out of 20 total)



Antenatal care guidelines

The ANC guidelines have now been distributed to all 18 hospitals, as well as the Hargeysa Institute for Health Science (HIHS), covering a total 19 health institutions. Through monitoring missions conducted during Q4 2023 and Q1 2024, the implementation of the ANC guidelines has been confirmed in 12 of these institutions. However, due to security concerns, no visits were conducted to Badhan, Buuhoodle, and Odweyne, making it difficult to verify the extent to which the guideline has been adopted and operationalized in these locations. Additionally, as the MIDA participants based in these hospitals are paediatricians, the guidelines are not directly related to their field of work. Regarding Hargeysa group

hospital, challenges in monitoring the level of implementation of the guideline arose due to the reluctance of the maternity department's director to engage with the project and collaborate with the MIDA obstetrics and gynaecology diaspora specialist. Furthermore, the project has two new hospitals onboard (from April 2024) with the implementation of the guideline yet to be confirmed in these institutions.

In addition to distributing the ANC guideline to the regional and district health institutions supported through this project, the M&E team (IOM and MoHD) also distributed the guideline to 37 maternal and child health centres (MCHs) across the Maroodijeex region, Burco region, Berbera region, Caynabo district and Sheikh district.

Table 2: List of MCHs where the ANC guideline has been distributed

No.	MCH facilities	Region/district	No.	MCH facilities	Region/district
1.	Jaama-Laaye MCH	Berbera region	21.	Daami B MCH	Maroodijeex region
2.	Central MCH	Berbera region	22.	New Hargeysa MCH	Maroodijeex region
3.	Mosco MCH	Berbera region	23.	Central MCH	Maroodijeex region
4.	Magaalo cad MCH	Berbera region	24.	Mohamed Mooge MCH	Maroodijeex region
5.	Sheikh MCH	Sheikh district	25.	Guryo Samo MCH	Maroodijeex region
6.	Hassan Kayd MCH	Sheikh district	26.	Abdi Idan MCH	Maroodijeex region
7.	Seraar MCH	Caynabo district	27.	Iftin MCH	Maroodijeex region
8.	Ainabo MCH	Caynabo district	28.	Digaale MCH	Maroodijeex region
9.	Oog MCH	Caynabo district	29.	Sanaani MCH	Maroodijeex region
10.	Wadaama go' MCH	Caynabo district	30.	Hawaadle MCH	Maroodijeex region
11.	Wiriir MCH	Caynabo district	31.	Sahardiid MCH	Maroodijeex region
12.	Wiridad MCH	Caynabo district	32.	Sheikh Cumar MCH	Maroodijeex region
13.	Adan Saleban MCH	Burco region	33.	Xaraf MCH	Maroodijeex region
14.	Farah Omaar MCH	Burco region	34.	Qalax MCH	Maroodijeex region
15.	New Oct MCH	Burco region	35.	Hodan Hills MCH	Maroodijeex region
16.	Plaza MCH	Burco region	36.	Xeedho MCH	Maroodijeex region
17.	Burao MCH	Burco region	37.	Ina Amiin MCH	Maroodijeex region
18.	Jimale MCH	Maroodijeex region			
19.	Sheikh Nuur MCH	Maroodijeex region			
20.	Daami A MCH	Maroodijeex region			



Photo 2: IOM & MoHD M&E team handing over the ANC guideline to the director of Caynabo district hospital.

The distribution of the ANC guideline to the MCHs in the Maroodijeex region were combined with a ToT session on the guideline for 80 midwives (80 women) working in these MCHs, led by the Community Health Service Department (CHSD) under the MoHD.

So far, a good number of the MIDA obstetrics and gynaecology diaspora experts and local professional across eight hospitals, have conducted initial training sessions on these guidelines. However, a more comprehensive and formalized training is scheduled for October 2024, to be led by THL in collaboration with Ministry of Health Development (MoHD) appointed Trainers of Trainers (ToTs). Furthermore, the MIDA diaspora lecturer in midwifery and nursing confirmed that the ANC guideline was integrated into the HIHS midwifery curriculum following its review in 2022. It is now being taught across various semesters in the midwifery program, which spans four years and consists of eight semesters.

Record-keeping systems

MIDA diaspora experts and local professionals have continued to enhance the record-keeping systems across all targeted hospitals, either by fully introducing new systems or refining and ensuring compliance of existing ones. At the district-level hospitals in particular, including Buuhoodle district hospital, Caynabo district hospital, Gebiley district hospital, Arabsiyo district hospital and Ceerigaabo district hospital, basic documentation templates and filing systems that were previously absent were developed and implemented by the MIDA local professionals during this reporting period. These include patient registration forms, inpatient treatment protocols, patient history forms, ANC registration forms and ANC cards. It has been noted, by the MIDA experts, that in most of the hospitals, digitalization would further facilitate data management and information sharing in the hospitals.

2.2 Progress toward project output: Health professionals in targeted institutions demonstrate enhanced knowledge and skills to deliver SRHR services

Improved capacity of health workers:

The obstetrics and gynaecology diaspora expert placed in Alkhalifa public hospital in Burco conducted a one-day training session on post-partum haemorrhage (PPH) management for all nurses and midwives in the maternity department (10 women). Although the nurses demonstrated a relatively good understanding of PPH prior to the training – scoring an average of 70% on the pre-training assessment, their knowledge further improved after the training, with an average score of 95%. Clinical observations by the diaspora expert indicate that the nurses adhere more closely to the guidelines in managing PPH.

Deployment of MIDA experts:

So far, the project has completed the recruitment of 35 diaspora experts, local professionals and junior professionals combined. Additionally, due to requests from host institutions, some diaspora and local positions have been extended, bringing the total number of assignments/contracts to 45, exceeding the target of 35.

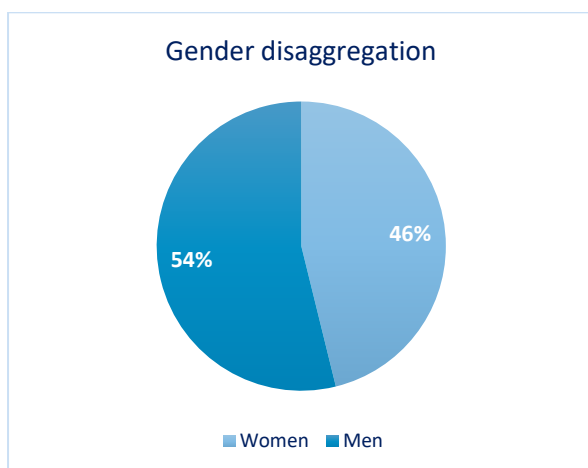
Table 3: Summary of recruitment

	New assignment	Extension of assignment	Total
Diaspora experts	13	5	18
Local professionals	18	5	23
Junior diaspora professional	4	0	4
Total	35	10	45

The project has been successful in deploying a good number of women (6 out of 13, 46%) as well as Finnish nationals (6 out of 13, 46%) among the diaspora experts. The main challenge has been to recruit Finnish-Somali junior diaspora professionals, as there were not enough eligible candidates applying for SRHR-related positions among junior-level Finnish-Somali professionals. Due to this, the terms of references (ToRs) were revised, although still within the scope of SRHR. Consequently, four junior diaspora professionals have now been recruited (all four being women and 3 out of 4 being Finnish nationals), albeit not meeting the target of 5.

Graphs 3:

Gender breakdown among diaspora experts



Graph 4:

Nationality breakdown among diaspora experts

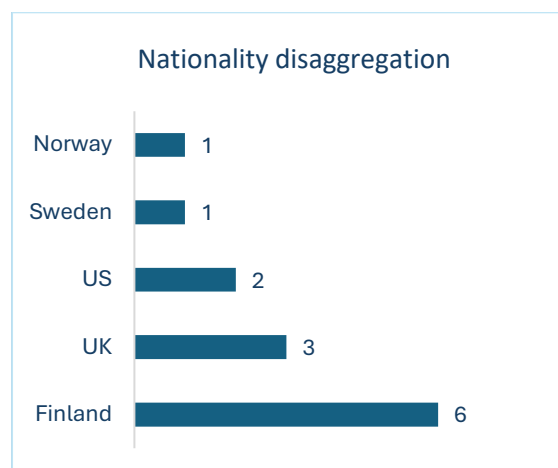


Photo 3: The obstetrics and gynaecology diaspora expert placed in Burco regional hospital together with the qualified midwife diaspora expert conducting on-the-job training for the midwives while attending to an expecting mother © IOM Somalia, 2024

3. Scope and objectives

The objective of this midterm review is to assess the relevance, effectiveness, efficiency, coherence, and sustainability of the project up to its current stage. This includes evaluating the extent to which the intervention has contributed to direct or indirect, intended or unintended outcomes. The review comprehensively evaluated the project against the outcome indicators and targets set out in the project's results framework. The review did not aim to assess the impact level of the project at this stage; as this will be better analyzed toward the end of the project. However, some impact-level results are already noticeable and are partially covered in this report under outcome-level results.

The review covers interventions undertaken from 6 June 2022 to the midpoint of the project (July 2024), as well as any changes that have occurred during this period.

This midterm review comprehensively assessed the project based on the OECD-DAC criteria (relevance, effectiveness, efficiency, coherence, and sustainability) as well as the incorporation of gender and disability inclusion as cross-cutting themes. Additionally, the review aims to provide a set of recommendations for improving future programming.

4. Methodology

This MTR report adopted a comprehensive approach that combines both qualitative and quantitative data collection methods to assess the progress of the MIDA FINNSOM V project. The data collection team, consisting of the IOM monitoring and evaluation (M&E) team in collaboration with the M&E specialist in MoHD, gathered data through field monitoring missions. These missions included conducting key informant interviews (KIIs) and focus group discussions (FGDs). In addition, a team of enumerators, comprising of both external IOM enumerators and other enumerators nominated by MoHD, were tasked to carry out the beneficiary satisfaction survey as well as gathering Health Management Information System (HMIS) data. Having enumerators external to the project conduct the beneficiary satisfaction survey was important as it provided a more objective perspective.

The beneficiary satisfaction survey targeted 151 respondents, out of which 36 were from rural areas. The majority of the respondents were women between 25-35 years old living in urban areas with access to the targeted health facilities.

KIIs were held with 15 out of the 20 heads of institutions and 26 MIDA participants (9 diaspora experts, 2 diaspora junior professionals, 15 local professionals). In addition, FGDs were held with 40 key learners (29 women, 11 men). The locations visited during the monitoring missions (conducted by the IOM and MoHD M&E team) as well as the beneficiary satisfaction survey (conducted by the IOM external enumerators and MoHD enumerators), were the following: Hargeysa, Salaxlay, Burco, Borama, Berbera, Sheikh, Caynabo, Arabsiyo, Gebiley, Zeylac.

Qualitative methods:

- KIIs: in-depth interviews were conducted with key stakeholders, including health-care professionals and heads of institutions. These interviews provided valuable insights into the effectiveness of the project, challenges faced, and the overall perception of the project's impact on healthcare service delivery.
- FGDs: FGDs were organized to engage with the health-care workers, and in particular the key learners, to take stock on what they have gained from the capacity building initiatives.

- MIDA progress reports: progress reports submitted on a quarterly basis by the MIDA participants were analyzed to track the implementation of activities and the results achieved, as well as any deviations from the planned schedule.

Quantitative methods:

- Beneficiary satisfaction surveys: the beneficiary surveys were distributed to the community members and service users of the health institutions supported under this project. These surveys collected data on satisfaction levels, service utilization, and perceived improvements in health-care delivery. The quantitative data from this survey enabled a measurable assessment of the project's outcomes in terms of perceived quality of services.

Primary data collection tools:

- Objective-level indicators data questionnaires: these forms were used to collect data related to specific objective-level indicators outlined in the project's results framework. The data was collected directly from the hospitals during the monitoring missions. This enabled assessing to what level the project has contributed to certain targets set at the higher (impact) level to improve SRHR services, such as neonatal, maternal and under five mortality reduction, increased family planning and increased number of ANC visits.

Secondary data sources:

- MoHD HMIS data: data from MoHD was used to contextualize the project's outcomes within the broader health-care landscape. This data provided baseline figures and trends in key health indicators.
- Project baseline assessment data: the baseline data collected at the beginning of the project served as a reference point to measure changes and improvements over time. This data was crucial for evaluating the progress made toward achieving the project's objectives.

Method of analysis:

- Triangulation: the analysis involved triangulating data from various sources to ensure the reliability and validity of the findings. By cross-referencing qualitative and quantitative data, the review aimed to identify consistent patterns and trends, reducing the risk of bias, inconsistencies or inaccuracies.
- Comparative analysis: a comparative analysis was conducted between baseline data and midterm results to assess the extent of progress made. This method helped in understanding the progress of the project over time and identify areas for further improvements.

Overall, this mixed-method approach provided a well-rounded assessment on the progress of the MIDA FINNSOM V project thus far.

Limitations:

A common limitation of internal assessments or reviews is that they are susceptible to cognitive and behavioral biases. For example, reviewers might perceive patterns or connections that do not actually exist (pattern recognition bias) or attribute the outcomes and impacts of a project to internal factors, overlooking external influences (attribution bias). IOM is cognizant of this fact, particularly as it is an internal review. To mitigate this, IOM tried to the extent possible to be as systematic, transparent and reflexive as possible. Systematic by following a clearly established plan, transparent in the way

judgements were generated and based on triangulation, and reflexive in being aware of the bias problem throughout the process.

Additionally, the sample size of community members or service users surveyed for the midterm review was slightly smaller, with 151 respondents, compared to 201 respondents in the baseline assessment. The midterm review also covered fewer hospitals - eight in total - while the baseline assessment included ten hospitals, six of which were the same in both surveys. Despite these differences in sample size and the number of hospitals covered, the data remains sufficiently comparable for meaningful analysis.

This MTR adheres to IOM principles of norms and standards, including the IOM data protection principles, the United Nations Evaluation Group (UNEG) norms and standards for evaluation, and relevant ethical guidelines.

5. Contextual background

The health situation in Somaliland is marked by significant challenges, especially in the area of SRHR. The region experiences some of the highest maternal and infant mortality rates, primarily due to limited access to quality health-care services. This situation is exacerbated by an underdeveloped health infrastructure and a critical shortage of trained health-care professionals, which limits the availability of essential services. Many women face serious health risks during pregnancy and childbirth due to a lack of adequate antenatal care, skilled birth attendants, and emergency obstetric care services.

While some progress has been made in relation to SRHR - such as the maternal mortality rate dropping from 732 in 2015 to 692 in every 100,000 births in 2020, there are still too many women and children deprived from quality services, causing deaths that are largely preventable.

Complications from pregnancy and childbirth are the leading causes of death among young women and girls in developing regions, including Somaliland. This region also has one of the highest rates of female genital mutilation/cutting (FGM/C) in women aged 15-49, at 98 per cent. The lack of trained personnel and well-equipped facilities, particularly in rural areas, lead to various complications and maternal morbidities such as obstetric fistula. Women also have limited access to accurate information on safe, affordable and effective contraceptives, partly due to cultural beliefs, and are therefore deprived of having the choice to space births, which is known to have a positive effect on the mother and family as a whole. The main causes of death among children under five are pneumonia, diarrhoea, and measles while the main underlying causes for over a third of these deaths are neonatal disorders and malnutrition. More than 80 per cent of new-born deaths are due to prematurity, asphyxia, complications during birth, or infections such as pneumonia.

The project's baseline assessment indicated that there is a pressing need for comprehensive SRHR education and services, such as family planning, safe delivery, and postnatal care. The availability and accessibility of these services are often constrained by cultural barriers and limited resources, leading to a high unmet need for contraception and a general lack of awareness about reproductive health. To improve SRHR in Somaliland, it is crucial to implement targeted strategies that focus on expanding access to essential services and providing thorough training for both health-care providers and the community.

The Somaliland National Health Policy indicates that health service utilization is still limited due to uneven distribution of health facilities, especially in rural areas, inadequate supply of drugs, and low motivation of human resources in the public sector. In response to this, the project has expanded the scope from the previous phases and targets health institutions to the underserved areas to contribute to improved health outcomes in SRHR in Zeylac, Badhan, Caynabo, Odweyne, Buuhoodle, Sheikh, Arabsiyo, Gebiley, Baligubadle and Salahley in line with government priorities.

The project's baseline study found the targeted health-care institutions are facing a shortage of specialists such as paediatricians, neonatologists, obstetrics and gynaecologists, kidney specialists, and surgeons. The absence of specialists, particularly in the district hospitals, has affected the capacity of health institutions and limited access to health-care services thereby increasing access and cost implications. Moreover, the poor technical capacity among the health workers is compounded by the lack of medical equipment such as incubators, scans, suction machines, surgery kits, personal protective equipment, monitors and ventilators. While the availability of technical teams and necessary equipment is complementary, if either is inadequate, it will affect access to health-care services.

Policies or guidelines are essential tools medical practitioners rely on for information and reference when confronted with difficult situations. The baseline study found that most hospitals had different policies and guidelines and were not standardized or harmonized. The hospitals also generally lacked relevant SRHR guidelines.

Although the number of female health-care workers is well-represented in the workforce, the number of women specialists in Somaliland is limited. In Burco and Sheikh hospitals, this has affected gynaecological services been sought as most women in this context prefer female specialists. Additionally, this further compound the poor health care-seeking behaviours of women to rely on home-care remedies.

The inclusion of people with disabilities in accessing health-care services is critical. Often neglected and stigmatized by societies, groups of persons with disabilities get little attention, and chances of getting access to health-care information are minimal. The project's sustainability plan (2022) highlights non-discrimination and disability inclusion among the cross-cutting objectives of the Finnish Development Policy, which has been mainstreamed into project activities.



Photo 4: The maternity department of Burco regional ©IOM Somalia, 2024.

6. Key findings

Relevance

Is the project still relevant?

The MIDA FINNSOM V project remains relevant in Somaliland due to the ongoing health-care challenges and its alignment with national health priorities. Despite significant progress, Somaliland continues to face substantial health-care issues, particularly in maternal and neonatal health. High neonatal and maternal mortality persist, exacerbated by limited health-care infrastructure, a shortage of skilled professionals, and insufficient antenatal and postnatal care services. These challenges highlight the critical need for sustained intervention and support, which the MIDA FINNSOM V project is designed to provide.

The project's focus on capacity-building through the transfer of knowledge and skills from diaspora and local experts to health-care professionals directly addresses these pressing needs. By enhancing the skills of health-care workers and improving health-care service delivery, the project contributes to the reduction of morbidity and mortality among women, children and newborns, enhancing the quality of SRHR health care and the overall improvement of health outcomes. Furthermore, the project's efforts align with the national health priorities outlined by the Somaliland MoHD, which emphasize strengthening the health-care system, particularly in underserved regions.

All recruited positions (100%) are relevant to SRHR. This includes even those that are related to policy, public health and mental health (11%), since these positions encompass tasks and responsibilities linked to SRHR and the project's broader objective. While the remaining positions, 89%, directly relate to SRHR as they pertain to obstetrics and gynaecology, midwifery, paediatrics, neonatology and sonography. However, no positions have been specifically designated to support sexual and gender-based violence (SGBV) services, despite it being identified as an area of focus at the start of the project. This is primarily due to the prioritization of other SRHR-related roles, based on the specific requests received from the targeted institutions.

The continued relevance of the MIDA FINNSOM V project is highlighted by its ability to adapt to the changing health context in Somaliland. As the health-care landscape evolves, the project has shown flexibility in responding to new challenges, such as the need to support additional hospitals due to emerging demands and the underserved populations they cater to, including Daryeel hospital.

MoHD recommended that the project supports this Daryeel hospital, which is a public referral hospital in Hargeysa, due to its limited staff and shortage of doctors specializing in SRHR areas. The hospital also plays a crucial role in serving the region's most vulnerable populations, including IDPs and the urban poor. However, the hospital faces significant resource constraints, particularly in equipment, supplies, facilities, and staffing.

In response, IOM, in coordination with MoHD, sponsored a fundraising event that brought together key stakeholders, including international agencies, private sector companies, and various health institutions. One of the key outcomes was the commitment of several stakeholders to address the hospital's needs. Dahabshil, for example, have begun surveying the hospital site in preparation for constructing a neonatal department as part of their pledge. Amoud Relief and Development Foundation donated medical equipment for the planned neonatal department.

- Additionally, the junior obstetrics and gynaecology diaspora professional placed at Daryeel Hospital coordinated with the Finnish organization ESMA ry, which supports Somali and Arab communities in Finland, to secure donations. These donations have now arrived in Somaliland and will support Daryeel Hospital, among other health-care facilities. The donations shipped from Finland to Somaliland include: two ultrasounds, one for Daryeel hospital and another for any public hospital that need ultrasound (Gebiley district hospital is currently being considered) donated by the Dextra Fertility Clinic in Finland.
- Obstetric and gynaecological equipment such as speculum and pap smear kits donated by Medipulssi Oy in Finland, and;
- Two cardiotocography (CTG) machines, one for Daryeel and another for Borama regional hospital, donated by Kymenlaakso Central Hospital in Finland.

These initiatives and efforts demonstrate the commitment of both the diaspora experts and project stakeholders to mobilize resources to the health sector and address the existing needs within SRHR services, even if requires extending beyond the project's scope.



Photo 5 (left): Handover ceremony to receive the donations from Amoud Foundation to Daryeel hospital. ©IOM Somalia, 2024.

Photo 6 (right): The Minister of MoHD handing over an award to IOM during the fundraising event for Daryeel hospital. ©IOM Somalia, 2024.

The project has also enhanced its support for district-level hospitals during this phase of the project by increasing the number of local professionals as well as extending their assignments to continue supporting these hospitals. Additionally, the project stakeholders reassessed the existing risks and agreed to provide support to hospitals in the conflict-affected areas such as Ceerigabo regional hospital to ensure that people in these regions have access to quality health care. This adaptability ensures that the project continues to meet the existing needs of the health-care sector effectively.

Coherence

Is the project compatible with other interventions in the region and sector?

The coherence of the MIDA FINNSOM Health Phase V project could be stronger, as it hindered by limited coordination with other stakeholders. While the project has made significant strides in addressing health needs and contributing to institutional capacity-building through knowledge and skills transfer, the lack of regular engagement with other organizations and partners working in similar

areas has resulted in missed opportunities for collaboration and resource sharing. Strengthening communication and coordination with stakeholders could further enhance the project's impact, create synergies, and ensure a more comprehensive approach to addressing the health challenges in the region. Improved coherence through better coordination would also help avoid duplication of efforts and maximize the efficient use of resources. The Ministry also has a crucial role to play in leading this process by bringing stakeholders together, to foster an environment of collaboration, and promoting dialogue among all partners involved. By taking on a more active role in coordinating efforts, the Ministry can help improve the level of coherence of various health interventions. IOM has continuously encouraged for MoHD to take on this role. While at the same time acknowledging that this is also something that IOM could become more active in and take upon itself to coordinate such meetings. The roundtable stakeholder discussion focusing on the implementation of the ANC guideline, that took place in January 2024 is a good example of the importance of such coordination efforts, as it led to productive discussions, information-sharing and agreeing on the way forward on collectively supporting the implementation of the ANC guidelines.

For the remaining duration of the project, it will be important to strengthen and prioritize stakeholder coordination to achieve more sustained and significant impact. Coordination will be particularly important in relation to the ANC guidelines, given that a broad range of stakeholders were involved from the onset in the discussions and development of the guideline, led by MoHD and THL. While now, it will be even more important to ensure that the guideline is being operationalized and adhered to across the hospitals in Somaliland, which the key health sector partners have a lot to contribute with in this aspect. This could for instance include involving relevant stakeholders in the ToTs for the ANC guidelines across various hospitals in Somaliland. Another area of synergy would be to utilize the same training curricula and manuals for various SRHR related topics. By harmonizing the trainings, this will facilitate in the replication and cascading of the capacity-building interventions in the long term.

Efficiency

How well are the resource being used?

The value for money of the MIDA FINNSOM project is reflected in its strategic use of resources, focus on impactful and sustainable outcomes, and efficient project management practices. By leveraging the expertise of a few Somali diaspora and local professionals focusing on critical sectors and targeted goals, the project delivers significant social development returns, contributing to the country's long-term development goals. The limited funds required to hire just one MIDA expert for a 12-month period, along with the impactful results achieved in various areas, including service delivery, health system strengthening, policy development and capacity enhancement, demonstrate the project's value for money.

Moreover, key learners attached to the MIDA experts receive frequent and in-depth training, enabling them to cascade the training and impart acquired knowledge and skills to additional health professionals over the long term, even beyond the project's duration.

The development of key sectoral policies and frameworks, through the support of MIDA experts, help improve the planning and development of these sectors and help establish standards that enhance

the quality and accessibility of health-care services, and ensuring that clinical guidelines and protocols are relevant and up-to-date.

The project’s financial spending is generally on track with the work plan, though there is a slight delay related to the THL activities. This delay occurred due to several factors, including the challenge of coordinating schedules between THL and the Ministry, as well as the necessary preparatory work and consultations that had to be completed before activities could commence.

While more than two-thirds of the budget has already been spent at this stage, the burn rate appears low in the financial reports as of August 2024. This discrepancy is because the reported figures do not include committed funds. However, the actual burn rate is significantly higher, currently standing at 112% of the funds received (30 August 2024). The lower figure in the financial report is due to certain funds being committed but not yet expended. These include pending payments to THL, the remaining monthly salaries for diaspora experts under contract, and salaries for some IOM supporting staff (based on projectization). Once these committed funds are disbursed, the financial reports will reflect them as expenditures.

Effectiveness

Is the project achieving its set-out objectives?

The project is on track to achieve its targets at the output, outcome and objective levels. Progress has been made in improving the quality of health service delivery through workforce capacity-building and the establishment of guidelines, protocols and systems operational in the hospitals. Although all targets have not been met, while some have surpassed the target, it is anticipated that the majority of targets will be met by the end of the project.

a) Progress against project targets as per the results framework

Table 4: MIDA FINNSOM V project results framework

	Indicator	Baseline	Target	Data Source and Collection Method	Cumulative Progress
Objective: Contribute to strengthening the health sector in Somaliland towards achieving specific priorities in the Health Sector Strategic Plan	National indicators (HSSP II)	National baseline data	National targets the project will contribute to	HSSP	The project has contributed to modest reduction in maternal, neonatal and under-five mortality as well as increased contraceptive administrations in certain hospitals, including Sheikh, Zeylac, Badhan and Burco. The project has contributed to 1,360 ANC visits across a
	Reduced maternal mortality rate (disaggregated by hospital/health facility)	732/100,000	Less than 400/100,000	Final external evaluation report	
	Reduced <5 mortality rate (disaggregated by hospital/health facility)	137/1,000	Less than 100/1,000 live births		
	Reduced neonatal mortality rate (disaggregated by hospital/health facility)	40/1,000	Less than 35/1,000 live births		
	Increased contraceptive prevalence rate	6%	>15%		

	(disaggregated by hospital/health facility)				number of hospitals in the period: March 2023 – June 2024.
	Project specific indicators				The project has contributed to 3,716 PNC visits across a number of hospitals in the period: April 2023 – May 2024.
	Number of women attending ANC visits (disaggregated by hospital/health facility)	87,940	150,305		The project has contributed to the standardization of the ANC guidelines in 12 out of the 19 targeted health institutions, as well as contributing to the development of 18 other policies, guidelines and protocols that have been adopted by the hospitals
	Number of women attending PNC visits (disaggregated by hospital/health facility)	72,458	125,000		
	Number of standardized guidelines and quality monitoring tools developed and adopted (disaggregated by hospital/health facility)	4	6		
Outcome 1: Quality of SRHR services to women, children and vulnerable groups in targeted institutions is improved	% of service users in the targeted health institutions that are satisfied with the quality of SRHR services (disaggregated by type of service, department, sex, age, and region)	Antenatal and or post-natal care services - 45% satisfied, all female (n=201); Family planning/child spacing services -38% satisfied, all female (n=201); Gender-based violence services-45% satisfied, all female (n=201); Maternal and child health services -58% satisfied, all female (n=201); Gynaecological health services -39% satisfied, all female (n=201); Obstetric care (delivery) services - 51% satisfied, all female (n=201)	Target of 10% increase per indicator	Beneficiary survey	Antenatal care services: 63% satisfied, all female (n=151); Postnatal care services: 48% satisfied, all female (n=151) Family planning/child spacing services: 34% satisfied, all female (n=151) GBV – N/A Maternal and Child health services – N/A Gynaecological services- N/A Obstetrics care/delivery services: 57%
	% of service users in remote areas having access to SRHR services that are satisfied with the quality of services (disaggregated by type of service, sex, pregnancy/lactating status, age, disability, district)	Antenatal and or post-natal care services - 39% satisfied, all female (n=201); Family planning/child spacing services -41% satisfied, all female (n=201);	Target of 10% increase per indicator	Beneficiary survey	Antenatal care services - 92% satisfied, all female (n=151); Post-natal care services - 83% satisfied, all female (n=151); Family planning/child spacing services 53% satisfied, all female (n=151); GBV – N/A

		<p>Gender-based violence services -41% satisfied, all female (n=201);</p> <p>Maternal and child health services-51% satisfied, all female (n=201);</p> <p>Gynaecological health services -33% satisfied, all female (n=201); Obstetric care (delivery) services -49% satisfied, all female (n=201)</p>			<p>Maternal and child health – N/A</p> <p>Gynaecological health services – N/A</p> <p>Obstetrics care/delivery: 56% satisfied, all female (n=151)</p>
% of heads of institutions that perceive an improvement in the quality of SRHR services in their institutions	20%		Target of 10% increase	KIIs with heads of institutions (baseline, mid-line, and end-line)	89% (17 out of 19)
Number and type of relevant SRHR and other health care policies, standards and guidelines that are operational in the targeted institutions (disaggregated by institution, type of document, topic)	<p>All the health institutes confirmed they are using the WHO nutrition protocol.</p> <p>Hargeysa, Borama, Burco, Gebiley Ceerigaabo, and Laas Caanood and Caynabo are using UNICEF malaria and Nutrition guidelines.</p> <p>Hargeysa Group Hospital has;</p> <ol style="list-style-type: none"> Emergency Obstetric and Newborn care protocols published by MoHD; Emergency Department Guideline adopted from MSF; Code of conduct for healthcare professionals; AWD standard case management protocol. <p>The study noted although hospitals confirm their availability, the</p>	5		Host institution survey	18

		availability and accessibility of the existing guidelines to the relevant department are extremely limited			
	% of staff in the targeted institutions that have acquired enhanced knowledge of the ANC guidelines and implementing these in their respective institutions	0% IOM in collaboration with MoHD distributed the ANC guidelines to the respective district health officers to be distributed to the targeted hospitals. However, the study found the guidelines were instead distributed to the MCHs as opposed to the targeted hospitals. This decision signals perhaps a change of priority by the Ministry. Therefore, none of the targeted health institutions have ANC guidelines	80%	Host institution survey	90% (78 out of 86)
	% of health professionals in targeted institutions that demonstrate enhanced skills relating to SRHR in their work (disaggregated in host institutions, region, sex, area of skill, type of capacity building intervention)	15% of health professionals in targeted institutions demonstrate enhanced skills relating to antenatal and or post-natal care services; 16% of health professionals in targeted institutions demonstrate enhanced skills relating to family planning/child spacing services; 15% of health professionals in targeted institutions that demonstrate enhanced skills relating to gender-based violence services; 17% of health professionals in targeted institutions that demonstrate	Target of 10% increase	KIIs with heads of institutions (baseline, mid-line and end-line)	100% (86 out of 86)

		<p>enhanced skills relating to maternal and child health services;</p> <p>11% of health professionals in targeted institutions demonstrate enhanced skills relating to gynecological health services;</p> <p>8% of health professionals in targeted institutions that demonstrate enhanced skills relating to obstetric care (delivery) services</p>			
	% of national professionals that are retained within their host institution	10% Hargeysa group hospital, Borama, Gebiley, Berbera and Burco have retained national professionals from the MIDA IV project	Target of 10% increase	Survey	N/A (to be measured at the end of the project – end-term evaluation)
Output 1.1: Health professionals in targeted institutions that demonstrate enhanced knowledge and skills to deliver SRHR services	% of health professionals in targeted institutions that score above 80% in pre- and post-training assessments on				
	<p>a) Antenatal and postnatal care</p> <p>b) Safe deliveries (including BEMONC, EMONC)</p> <p>c) GBV</p> <p>d) Family planning</p> <p>e) Other SRHR topics (Disaggregated by host institution and sex)</p>	0%	75%	Pre- and post-training assessments	<p>a) 90%</p> <p>b) 90%</p> <p>c) –</p> <p>d) 85%</p> <p>e) -</p>
	Relevant SRHR policies, standards and guidelines disseminated (disaggregated by the host institution, type of document)	All the health institutes confirmed they are using the WHO nutrition protocol; Hargeysa, Borama, Burco, Gebiley and Ceerigaabo, Laas Caanood and Caynabo are using UNICEF	5	KIIs with heads of institutions	18

	<p>malaria and Nutrition guidelines;</p> <p>Hargeysa Group Hospital has:</p> <ol style="list-style-type: none"> 1. Emergency Obstetric and Newborn care protocols published by MoHD; 2. Emergency Department Guideline adopted from MSF; 3. Code of conduct for healthcare professionals; 4. AWD standard case management protocol. <p>The study noted although hospitals confirm their availability, the availability and accessibility of the existing guidelines to the relevant department are extremely limited</p>			
Number of capacity-building trainings conducted by diaspora and national professionals for health professionals in the targeted institutions related to SRHR (by sex, location, facilitator, diaspora/ national, and host institution)	0	TBD (diaspora will set training targets once they are all on board)	Participant reports	48 structured trainings conducted so far, and 477 trained (336 women, 141 men).
Number of staff in targeted institutions who received training by diaspora experts assessing to have acquired new skills/capacity in the respective field of work and able to implement these	32% of the staff observed to have participated in a few job training offered by the host institution or partner institution in the last 12 months	200	Host institution survey	86 (100% of all key learners)
% of diaspora experts with assignments on sexual and reproductive health and rights	0	100%	Participant contracts	100%
Number of health professionals in the targeted institutions that receive mentoring or knowledge-sharing sessions from	0	TBD (diaspora junior professionals will set training targets once they are on board)	Host institution survey	Data not yet collected

	Finnish Junior Professionals (by sex, topic, location, facilitator and host institution)				
--	---------------------------------------------------------------------------------------------------	--	--	--	--

b) Implementation of the ANC guidelines

The ANC guidelines are currently operationalized in 12 out of the 19 targeted health institutions (excluding MoHD), as reported by the institutions during the monitoring missions. For the remaining six—Badhan district hospital, Buuhoodle district hospital, Odweyne district hospital, Baligubadle district hospital, Alkhalifa hospital, Daryeel hospital and Hargeysa Group Hospital — the guidelines have been disseminated, but the institutions have yet to confirm their implementation. This is mainly due to 1) not being able to visit three of these hospitals due to security reasons, 2) not receiving feedback on the implementation from Hargeysa Group Hospital, and 3) Alkhalifa hospital and Daryeel hospital are newly added hospitals (with assignments starting in April 2024) and therefore the adoption and implementation will naturally require time.

Diaspora experts and local professionals have conducted some training sessions and presentations on the ANC guidelines for hospital staff. However, comprehensive training has not yet been provided. This is expected to take place in October 2024, led by THL through MoHD-appointed ToTs, who will then extend the training to the targeted hospitals. Additionally, some of the hospitals, including Arabsiyo district hospital and Gebiley district hospital have established dedicated ANC and PNC wards, assigned specific midwives for these services, and introduced ANC cards and registration forms. These measures have contributed to a more systematic approach to antenatal and postnatal care.

These efforts have contributed to a notable increase in the number of ANC and PNC visits recorded in specific targeted hospitals. The rise is attributed to the technical support provided by THL in the project’s earlier phase in developing the ANC guidelines, along with the redistribution of guidelines to the targeted hospitals in the current phase. The increase is particularly evident in Berbera regional hospital, Burco regional hospital, Gebiley district hospital and Zeylac district hospital. Following the placement of the obstetrics and gynaecology local professional (assigned to the maternity department) in Zeylac district hospital, the number of ANC visits have doubled, from 252 visits recorded between September 2022 and March 2023 (7 months), to 455 visits between April 2023 and October 2023 (7 months).

Despite this steady process, antenatal care remains insufficient, primarily due to a lack of awareness about its importance and limited follow-up from hospitals. It is anticipated that as antenatal and postnatal care visits increase, neonatal and maternal mortality rates will decrease even further. Achieving this requires not only the continued enhancement of health-care professionals’ knowledge and skills but also dedicated resources and community outreach efforts to educate women on the importance of these services.

c) Provision of SRHR services

The MIDA diaspora experts and local professionals have significantly contributed to the delivery of a comprehensive range of SRHR services across Somaliland. These services include:

- *Deliveries with skilled birth attendants*: ensuring safe childbirth for expectant mothers, which involves skilled assistance during delivery to minimize risks and complications.
- *Caesarean sections (c-sections)*: performing c-sections when necessary to ensure the safety of both the mother and the baby during childbirth.
- *ANC visits*: providing regular check-ups and monitoring during pregnancy to promote maternal and foetal health.
- *PNC visits*: offering follow-up care after childbirth to support the recovery of mothers and the health of newborns.
- *Gynaecological visits*: conducting examinations and providing treatment for various gynaecological conditions and concerns.
- *Family planning services and counseling*: assisting individuals and couples in planning and managing child spacing, including providing information and support for various contraceptive methods.
- *Provision of paediatric care*: providing primary and emergency health care to children, including nutritional screenings, immunization, and treating communicable or chronic diseases.
- *Other health-care services*: treating patients for a range of health issues, including injuries and trauma.

A number of awareness-raising activities were also carried to improve health outcomes among vulnerable populations. The local professional paediatricians in Caynabo district hospital conducted a health education session for 20 internally displaced persons (IDP) children and their mothers in a village outside of Caynabo. This initiative focused on the importance of immunization, providing vital information to ensure that children receive necessary vaccinations to protect against preventable diseases. The senior midwifery and nursing lecturer attached to HHS set-up an outreach programme for the student midwives and nurses to conduct health education awareness-raising campaigns for mothers and children in rural communities. During their outreach in Daresalaam village, located outside Hargeysa, they were able to reach 120 mothers and children. This programme covered essential topics including primary health care, immunization, and basic hygiene practices. The goal was to enhance overall health knowledge and promote practices that prevent illness and improve well-being in the community.

Additionally, an awareness session was held for 20 mothers in a village outside Badhan, focusing on the benefits of breastfeeding and the importance of timely immunizations. This session aimed to provide practical guidance and support to new mothers, helping them to make informed decisions about infant care and vaccination. Overall, these services have reached 28,516 beneficiaries across the regional and district hospitals¹ in Somaliland between April 2023 and June 2024 primarily targeting women, children and newborns, but also other marginalized groups such as the urban poor, IDPs, and rural populations, thereby contributing to improved well-being of these communities.

¹ This data does not include Alkhalifa hospital, Daryeel hospital, Hargeysa Group Hospital, Baligubadle district hospital, Borama regional hospital and Ceerigaabo regional hospital

Table 5: SRHR services provided across the supported hospitals between April 2023 – June 2024

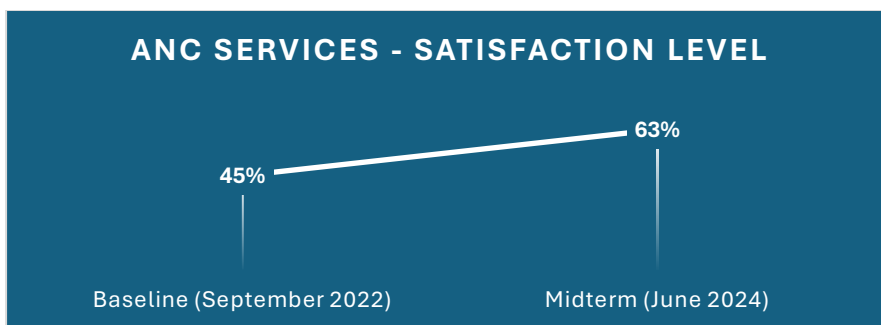
SHRR services provided April 2023 – June 2024	
No. of deliveries with skilled birth attendants	6,808
No. of c-sections	585
No. of ANC visits	8,360
No. of PNC visits	3,716
No. of gynaecological visits	750
No. of family planning administrations and counselling	508
No. of children treated	7784
No. of awareness raising activities	5
Total patients served (inpatients + outpatients)	28,516

d) Satisfaction among beneficiaries (service users)

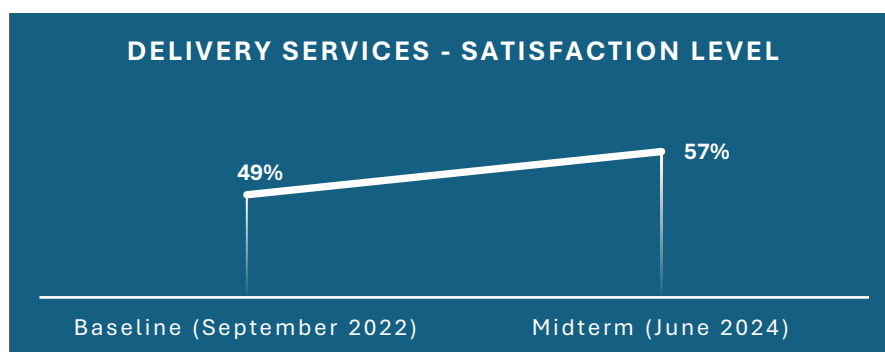
Overall, the satisfaction level among beneficiaries of the supported public and district hospitals is above average, as highlighted by the beneficiary survey conducted in Salahlay, Hargeysa (MAS Hospital), Berbera, Burco, Arabsiyo, Gebiley, Borama, and Sheikh hospitals. Beneficiaries reported high levels of satisfaction with antenatal care and delivery services, indicating that these services are meeting the needs and expectations of the community.

On the other hand, the utilization of family planning and postnatal services was noticeably lower. Some of the factors contributing to this underutilization, include a cultural preference for traditional methods, opting for private hospitals over public ones, as well as distance to health-care facilities which can be a significant obstacle for those living in remote or rural areas. Furthermore, there was a lack of awareness among some community members regarding the availability and benefits of family planning and postnatal care at these hospitals, which hindered their use.

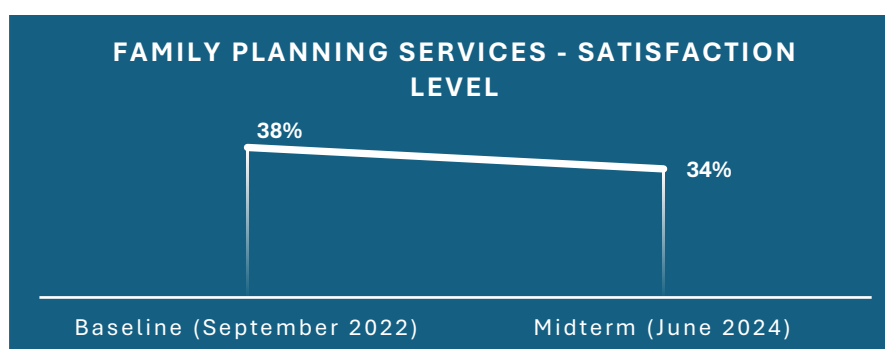
Graphs 5: Satisfaction in ANC services among all surveyed service-users (n=151)



Graph 6: Satisfaction in delivery services among all surveyed service users (n=151)



Graph 7: Satisfaction in family planning services among all surveyed service users (n=151)



e) Policies, guidelines and protocols

This phase of the project has contributed to the standardization of the ANC guidelines in 12 out of the 19 health institutions so far, as well as contributing to the development of 18 other policies, guidelines and protocols that have been adopted by the hospitals. The development of essential sectoral policies and frameworks, supported by MIDA experts and local professionals significantly enhances the planning and advancement of key sectors, whilst setting important standards that enhance the quality of health-care services.

Table 6: List of policies/guidelines/protocols developed and or updated by the MIDA participants during this phase of the project.

	Name of policy/guideline/protocol	Name of institution	Title of MIDA expert that reviewed/developed the policy/guideline
1	Policy and concept note for the establishment of a public health institute	MoHD	Senior public health advisor, diaspora expert
2	Amalgamation of environmental and social safeguarding framework	MoHD	Senior public health advisor, diaspora expert
3	Paediatric guideline	Sheikh district hospital	Local professional paediatrician
4	Health and nutrition integrated health policy	MoHD	Health policy and integrated planning specialist, diaspora expert

5	Essential basic check list of antenatal care	Haregeysa group hospital	Obstetrics and gynaecology specialist, diaspora expert
6	Nursing and midwifery curriculum	HIHS	Senior lecturer in midwifery and nursing
7	Pediatric management guidelines	Badhan District Hospital	Local professional pediatrician
8	Advocacy guidelines for early diagnostic cancer and treatment guidelines	HGH	Obstetrics and gynecology specialist, diaspora expert
9	Snake bite management protocol	Odweyne district hospital	Local professional pediatrician
10	Health Sector Strategic Plan (HSSP) II Somaliland (review/updating)	MoHD	Health policy and integrated planning specialist, diaspora expert
11	Tuberculosis and malaria strategies (review/updating)	MoHD	Health policy and integrated planning specialist, diaspora expert
12	Universal Health Coverage (UHC) Roadmap for Somaliland 2022-2023 (review/updating)	MoHD	Health policy and integrated planning specialist, diaspora expert
13	Somaliland National Health Policy 2022 (review/updating)	MoHD	Health policy and integrated planning specialist, diaspora expert
14	Labour management guidelines	Alkhalifa hospital	Obstetrics and gynecology local professional
15	Eclampsia management guideline	Alkhalifa hospital	Obstetrics and gynecology local professional
16	Premature rupture of membranes chart and Preeclampsia chart	Alkhalifa hospital	Obstetrics and gynecology local professional
17	Antepartum haemorrhage (APH) chart	Alkhalifa hospital	Obstetrics and gynecology local professional
18	Drug dose calculation chart	Alkhalifa hospital	Obstetrics and gynecology local professional

f) Record-keeping systems

MIDA diaspora experts and local professionals have continued to enhance the record-keeping systems across all targeted hospitals, either by fully introducing new systems or refining and ensuring compliance of existing ones. At the district-level hospitals in particular, including Buuhoodle district hospital, Caynabo district hospital, Gebiley district hospital and Ceerigaabo district hospital, basic documentation templates and filing systems that were previously absent were developed and implemented by the MIDA local professionals during this reporting period. These include patient registration forms, inpatient treatment protocols, patient history forms, and ANC registration forms. It has been noted, by the MIDA experts, that in most of the hospitals, digitalization would further facilitate data management and information sharing in the hospitals.

These systems have resulted in the health workforce in the targeted hospitals becoming more efficient, thorough and prepared, thus contributing to improved quality in service delivery. For instance, in Arabsiyo district hospital, the accuracy and completeness of the information have significantly

improved, with 90 per cent of the files now being filled correctly and containing adequate information, which is due to trainings conducted by the obstetrics and gynecology local professional, as well as the daily monitoring of the documentation system.

Another significant advancement is the recent enforcement by the MoHD of a record-keeping system for all ANC and PNC visits, thanks to the advocacy conducted by some of the MIDA experts placed through this project. So far, these standardized record-keeping books have been shared with some of the regional and district hospitals, including Gebiley and Arabsiyo district hospitals and Burco regional hospital, to guarantee a uniform record-keeping system, linked to the enforcement of a consistent data collection through the HMIS.

g) Capacity-building

The diaspora expert and local health professionals have, throughout the project, continuously delivered on-the-job trainings to their key learners (total of 86 health professionals combined, working in 17 different hospitals). The on-the-job training sessions have integrated various methodologies, such as shadowing, supervised learning through observation and practical engagement, bedside teaching, coaching and lecture-based trainings. So far, the MIDA participants have facilitated 48 structured trainings to a total of 477 health professionals (70% women), including doctors, interns, midwives and nurses.

Some of the trainings included large groups, however the majority of these trainings targeted the key learners attached to the MIDA participants to further enhance their skills and knowledge to cascade the trainings to other staff. The capacity-building trainings have covered a wide range of SRHR-related topics including methods of family planning neonatal resuscitation, kangaroo care, management of sexually transmitted infections, basic neonatology, breastfeeding awareness, ANC, basic sonography, PPH and paediatric triage.

Table 7: Summary of capacity building trainings and outcomes since project start up to midline

Institutional capacity-building				
Number of health institutions supported	Number of structured trainings conducted	Number of health professionals trained (junior doctors, midwives, nurses, interns)	Main topics covered	Average scoring of post-training assessments
19	48	477 (70% women)	Neonatal resuscitation Basic neonatology Antenatal care Post-partum haemorrhage Basic sonography Breastfeeding awareness, Management of preeclampsia, Paediatric care Child immunization Contraceptive methods	90%

Sheikh district hospital

The local professional paediatrician in Sheikh district hospital is the only paediatrician supporting the hospital. He has been instrumental in establishing a dedicated paediatric and neonatal department, which was previously part of the general outpatient department. In the past, the hospital had to refer some of the more serious cases among sick children to other health facilities in the larger cities nearby, however now, with the support of the local professional paediatrician, the hospital is now able to provide such comprehensive and specialized care in-house.

The paediatrician's key trainees have gained increased knowledge and skills in various areas including comprehensive obstetrics and neonatal care, neonatal resuscitation, congenital abnormalities as a result of continuous, daily, on-the-job trainings (both theoretical learning and practical). Over the 12 months of the local professional's assignment, neonatal deaths decreased by 60 per cent. Additionally, he has been able to assist with several safe deliveries, c-sections, antenatal and postnatal care visits, and family planning services, with the support of his key trainees and other trained staff in the neonatal and paediatric departments.

Arabsiyo district hospital

Arabsiyo district hospital was established in 2021 through a community-owned initiative and receives monthly financial support from Walaha Arabsiyo, a diaspora-based group that is a major stakeholder and plays a crucial role in sustaining the facility's operations, along with support from MoHD. Arabsiyo district hospital initially lacked ANC and PNC services. Since the placement of the obstetrics and gynaecology local professional, the hospital has dedicated ANC and PNC wards, trained midwives, ANC registration forms and cards, adhering to the Somaliland ANC guidelines supported by THL.

The average monthly ANC visits have gradually increased from 10 to 15. However, challenges remain in encouraging expecting mothers to attend regular follow-up visits. Out of the 35 pregnant women registered for ANC in the first quarter of 2024, only 30% went for a second follow-up visit. The primary reason expecting mothers conduct the ANC is to receive ultrasound screening and therefore often only conduct one ANC visit throughout their pregnancy, or two at most, whilst the recommended number of visits by WHO is eight. However, it is likely that some might prefer utilizing the MCHs services also available in the town. Among those who came in for ANC, one woman with a history of two previous foetal losses in seven pregnancies was identified as high risk. The visit facilitated early identification, closer monitoring and prescription of medication, due to her obstetric history, which indicates the importance of ANC visits.

Borama regional hospital

The qualified midwife diaspora expert assigned to Borama regional hospital reinforced the kangaroo care method in the neonatal ward. This approach had initially been introduced by the MIDA neonatal nurse diaspora expert during the previous project phase and is now being reinforced under the guidance of the qualified midwife. This method is highly beneficial as it promotes restorative deep sleep for infants, facilitating the transmission of growth hormones and replenishment of the brain's energy reserves. Kangaroo care also effectively prevents hypothermia, which is crucial given the limited availability of incubators in the ward. Additionally, the swaddling method is utilized when the baby's mother is not present in the ward. These methods offer practical, cost-effective, and beneficial alternative, particularly in developing countries, when resources such as incubators are not available.

Deployment of MIDA participants

So far, the project has successfully completed the recruitment for 32 positions. With the ongoing recruitment efforts for the remaining diaspora junior professionals, the project is on track to achieve its target of 35 positions. Additionally, in response to requests from host institutions, several diaspora and local positions have been extended, resulting in a total of 40 assignments/contracts.

The project has made notable progress in gender and nationality diversity among the diaspora experts, with 6 out of 13 (46%) being women and 6 out of 13 (46%) being Finnish nationals. However, a significant challenge has been recruiting Finnish-Somali junior diaspora professionals. There were insufficient eligible candidates applying for SRHR-related positions at the junior level. To address this issue, the terms of reference (ToRs) were revised during the reporting period to better align with the SRHR scope, and these revised positions will be re-advertised to attract more qualified candidates.



Photo 7: the qualified midwife diaspora expert attending to patients in the Burco maternity ward. ©IOM Somalia, 2024.



Photo 8: IOM & MoHD meeting with the key learners in Arabsiyo district hospital during a monitoring mission. ©IOM Somalia, 2024.

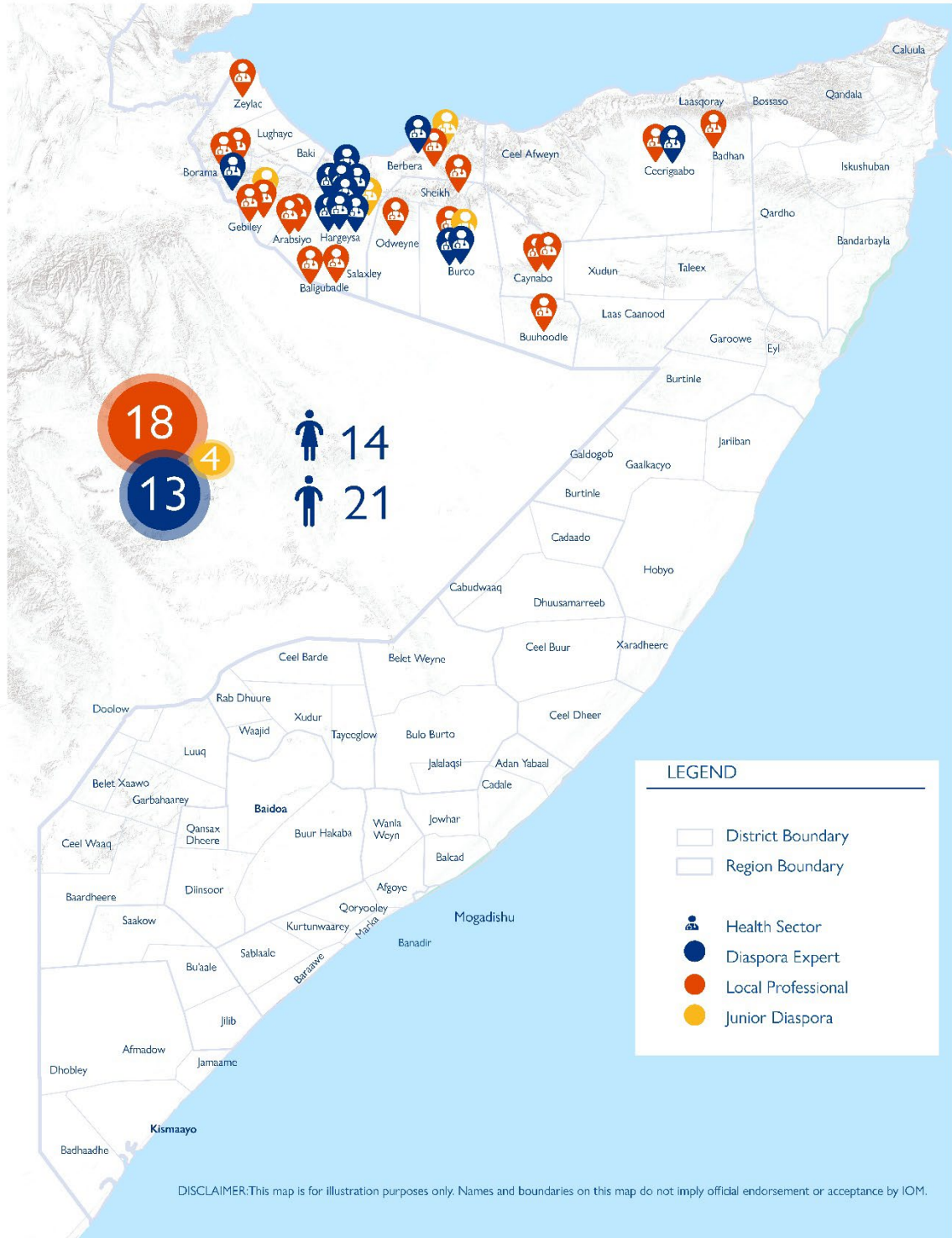


Photo 9: Qualified midwife diaspora expert in Burco regional hospital speaking to a mother in the neonatal ward. ©IOM Somalia, 2024.



Photo 10: IOM & MoHD speaking to the local professional in Caynabo district hospital. ©IOM Somalia, 2024.

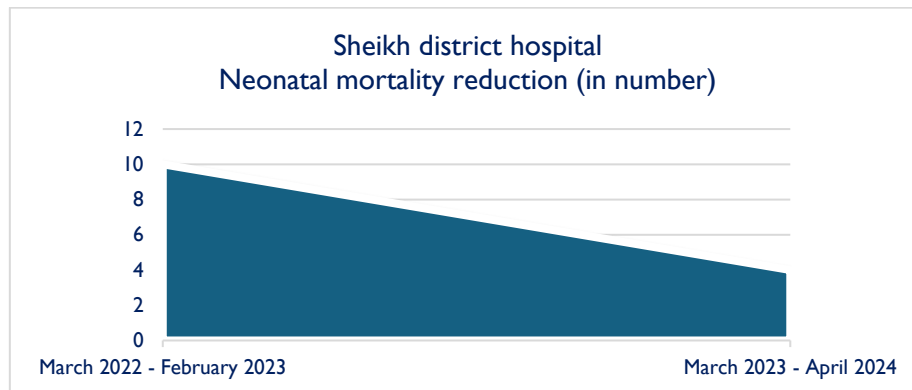
Map 1: Illustrating the locations where the MIDA participants are placed across Somaliland



Neonatal, maternal and under-five mortality reduction

The neonatal mortality in Sheikh district hospital went down from ten in the previous year (covering 12 months), to four deaths (60% reduction) following the placement of the obstetrics and gynaecology local professional. Similar encouraging progress has been observed in Zeylac district hospital, where the mortality went down from five during the first two months of the local professional's assignment, followed by zero neonatal deaths over the subsequent 10 months (100% reduction).

Graph 8: Reduction in neonatal deaths in Sheikh district hospital from 2023 to 2024, reducing from 10 to 4 deaths.



In Badhan district hospital, the under-five mortality reduced from nine deaths in the year preceding the placement of the obstetrics and gynaecology professional (covering 12 months) to five deaths (56% reduction) during the 12 months of his assignment.

The maternal mortality in Burco regional hospital reduced from 12 in the year preceding the placement of the qualified midwife diaspora expert (covering 12 months), to eight the following year (34% reduction) during her assignment.

Administration of contraceptives gradually increased in Zeylac district hospital from 30 administrations per month on average to 90 throughout the 12 months of assignment of the obstetrics and gynaecology local professional.

Across all hospitals, it is evident that maternal and under-five mortality is generally lower than that of neonatal mortality. The reason for why neonatal mortality is higher is due to the higher risks associated with pregnancy and childbirth making the neonatal period particularly vulnerable. Complications such as preterm birth, low birth weight, birth asphyxia, and infections like sepsis are more likely to occur during this period. These conditions require immediate and specialized medical interventions that may not always be available, especially in resource-limited settings. Secondly, the limited availability of essential resources and equipment for neonatal intensive care further exacerbates the situation. Many hospitals struggle with a shortage of incubators, ventilators, and other critical care equipment necessary for the survival of premature or critically ill newborns.

Sustainability

Will the benefits last?

Ensuring sustainability measures for the project is important to maintain the long-term benefits and impact. Given that the project has been active for nearly 16 years, it is essential to establish effective strategies to ensure its continued success and sustainability.

This section of the report covers the key sustainability measures taken so far.

- *Progress toward implementing sustainability measures:* Emphasizing the role of the key learners as ToTs to cascade trainings based on the knowledge and skills they have acquired through the diaspora experts and local professionals, to sustain the capacity-building efforts even beyond the project's duration. This has been observed particularly in the last reporting period, where the majority of the structured trainings facilitated by the diaspora experts and local professionals specially targeted their key learners, in addition to the continuous on-the-job trainings they receive.
- *Developing training material/manuals:* Creating comprehensive training materials and manuals is essential for providing a structured and consistent approach to capacity-building. These resources will be handed over to management and can be used for future training sessions, beyond the project. These will then serve as reference documents that standardize training content to maintain the standard and consistency in training programmes.
- *Assigning focal points/designated staff:* Assigning focal points or designated staff to whom MIDA participants can hand over their key tasks is crucial for ensuring continuity of the project. This handover process is particularly important for maintaining the progress of policy development, guidelines, and systems that the MIDA participants were involved in as well as continuous capacity-building.
- *Exploring partnerships with Finnish institutions and diaspora organizations:* Establishing partnerships with Finnish institutions and diaspora organizations, such as engaging with the Finnish-Somali Medical Association, aims to leverage additional resources and expertise. These partnerships can facilitate connections with MoHD and enhance collaborative efforts.
- *Holding stakeholder discussions to explore complementarity:* Coordinating with stakeholders will help identify areas of overlap and synergy in capacity-building activities. IOM will consider inviting relevant stakeholders to a meeting to further discuss and explore how different training activities across agencies, including interregional and ToT trainings and training manuals, can complement each other. Additionally, these meetings would provide an opportunity to discuss potential co-funding arrangements for certain activities.

The below outlines the status of the recommendations as per the sustainability plan developed in the beginning of this phase of the project.

Progress against the project's sustainability plan:

Recommendation 1. Assess sustainability of previous phases

- Operationalization of policies and systems: this has been covered in this report under the section covering policies and guidelines.

- Retention of skills and knowledge: though difficult to collect due to high-staff turn-over and the project spanning many years, a stock-taking exercise on the level of skills and knowledge retention will be considered in the end-term evaluation. To ensure future retention of knowledge and skills, the project has incorporated a more focused approach on providing continuous capacity-building to a select group of individuals, key learners, that will serve as ToTs and cascade the trainings to other health professionals beyond the project. Furthermore, a more standardized approach to assess training results has been strengthened during this phase of the project to better reflect the outcome of the trainings.
- Retention of MIDA diaspora experts and local professionals: through a rapid mapping, along with the baseline data collected, it is estimated that at least 15 (13%) diaspora experts and 13 local professionals (18%) have been retained in the host institutions that they worked once the previous projects ended. Many of them have advanced to leadership roles, including director of Hargeysa Group Hospital, MAS Children's hospital, and HIHS, as well as opening their own practices, including dialysis unit and dentist clinic.

Recommendation 2. Utilize ANC guidelines: the adoption and utilization of ANC guidelines have been successful, as detailed in other sections of the report.

Recommendation 3: Promote ownership and institutional change: the MIDA programme promotes institutional change through policy development, capacity-building, and enhanced health services. The Terms of Reference (ToRs) are drafted with host institutions to ensure local ownership, as outlined in the standard operating procedure (SOP).

Recommendation 4. Review implementation strategies from a results perspective:

- The Steering Committee supports the inclusion of junior diaspora professionals given the opportunities that this can bring for knowledge exchange as well as strengthening the interest of young Somali diaspora professionals to return and contribute to the development of *their country of origin*. Thus, this component of the project has remained, initially planned.
- Potential partnerships with Finnish academia, hospitals, health institutions, Somali diaspora organizations and private sector have continuously been explored throughout the project, through the coordination of the IOM Finland office.
- A sustainability analysis and dissemination plan of THL has not been developed however, all activities of THL strongly involved MoHD, particularly the dissemination of the ANC guideline, the ToTs of the ANC guideline and the oversight on implementation of the guideline.
- A professional development strategy has not been developed by THL, however the way in which the trainings will be conducted follows a clear plan and will ultimately be under the responsibility of the MoHD to ensure sustainability.

Recommendation 5. Assess institutional and financial sustainability: these are covered under this section as well as the challenges section. Regarding the financial sustainability aspects, IOM will look into holding a roundtable meeting before the end of the project, to discuss these issues, under the leadership of MoHD. The baseline data covers information on the various streams of funding that contribute toward the health sector in Somaliland. However, in regard to carrying out a comprehensive resource mobilization exercise, this will not be possible as it was not budgeted for.

Recommendation 6. Monitor institutional changes:

- Assessing institutions change is done through observing and reviewing the systems that are in place and how the hospitals make use of these, by assessing the knowledge and skills acquired through pre-and post-training assessments, by measuring indicators relating to improved health outcomes, as well as taking stock of the satisfaction levels among the beneficiaries on the quality of services they receive.
- Joint learning and experience sharing events have so far not been conducted and was unfortunately not budgeted for.
- IOM and the Ministry's monitoring systems are aligned to ensure coherent data collection and evidence-based decision-making, strengthening capacities beyond the project duration.
- This midterm review was conducted due to the need to assess, midpoint, the progress of the project and particularly its sustainability measures. However, due not having budgeted for this activity, it was agreed to conduct it internally.
- Given that there are no regular sector coordination meetings, engagement with other stakeholders is an area that needs to be strengthened.

Recommendation 7. Suitable positions for female professionals: IOM ensures a proper induction for all MIDA participants, with special attention to women. Efforts to promote female inclusion are evident from recruitment through outreach events. This approach has increased the number of female diaspora participants, currently almost an equal number (46%), though the participation of women in the local professional category remains lower. Specific assistance has been provided to female participants from Finland, including travel arrangements for their families, longer leave days, and availability of psychosocial counselling support.

Recommendation 8. Synergies with other interventions: Coordination meetings with health sector partners has been minimal due not having in place regularized coordination. However, IOM has convened one roundtable stakeholder meeting on the ANC guideline and is planning to convene another roundtable stakeholder meeting on the ANC guideline (as a follow up), as well as coordinate with stakeholders in the upcoming inter-regional training on emergency c-section in September 2024 and the ANC ToT training in October 22024 through the support of MoHD.

Recommendation 9. Disability inclusion: IOM has enhanced disability mainstreaming by collecting data on disability inclusion and access during monitoring missions. This data will help identify gaps and inform recommendations for improvement. Additionally, the ToF training includes a component on sensitizing MIDA participants on disability inclusion matters to better consider this in their service delivery, policy development and capacity building activities.

Recommendation 10: SRHR focus: The project aligns closely with SRHR, reflected in the positions deployed (e.g., obstetrics and gynaecologists, paediatricians, midwives) as well as the type of trainings that are conducted and the outcomes from the trainings, service delivery and policy development.

7. Cross-cutting issues

Thus far in the project, specific actions that have been taken to promote gender mainstreaming and inclusion and to prevent and protect from sexual exploitation and abuse (PSEA) include:

- A dedicated meeting was organized for female MIDA participants on 12 May 2024. This initiative aimed to provide a platform for them to discuss their unique challenges, experiences, and contributions within the MIDA programme. During this meeting, the female participants expressed several key concerns, including the challenges of being both a female and a diaspora professional, which often come with negative perceptions. Younger female professionals might face prejudice and be viewed as inexperienced. Participants also shared that their initial experiences were somewhat of a culture shock, as they did not anticipate such a stark difference in the work environment, especially in the health sector, where conditions are very poor and challenging. They emphasized the need for a more comprehensive pre-departure orientation to better prepare for these conditions and the work environment.
- During the two orientation sessions (in May 2023 and June 2024), dedicated sessions were conducted on disability (ensuring inclusivity) and PSEA. These sessions aimed to raise awareness and ensure that all participants are equipped with the necessary knowledge and sensitivity towards these issues to integrate inclusivity, gender equality and PSEA in their daily work. The Disability Inclusion (from Disability Action Network Association) were invited to the orientation sessions to inform on key concepts and terms relating to disability, to raise awareness on key considerations relating to treatment of patients with disabilities as well as providing insight on issues related to barriers, stigma and discrimination.
- Furthermore, IOM, MoHD and MFA met with Disability Partnership Finland (DPF) while in Helsinki during the outreach in October 2023. DPF is an organization that offers expert services in disability inclusion and development issues and cooperates with non-governmental organizations, private companies, public offices and different education facilities. DPF shared a summary of their expertise in mainstreaming disability inclusion, including through capacity building, advisory and technical support, which are tailored based on the needs of the targeted partners and projects in question. DPF also has the capacities to implement and monitor disability-specific projects. Their work is anchored to the UN Convention on the Rights of Persons with Disabilities.
- During the monitoring visits, observations are made to assess the level of disability access in the hospitals, it is noted that though most of the regional hospitals have ramps in most of the hospital departments, primarily for the movement of beds and wheelchairs, this is not being covered to the same extent in the district level hospitals. There is also generally limited sensitization and understanding of serving people with disabilities.
- Two female MIDA diaspora experts (both Finnish nationals) and one of the male MIDA diaspora experts (UK national) were supported in bringing their child along by covering their flight costs. This support underscores efforts to accommodate family responsibilities and ensure that gender considerations, both female and male caregivers, are integrated into the MIDA programme's operational practices.
- The project has been successful in meeting the target of recruiting 40% female diaspora experts – 46% was reached. However, regarding the local professionals, the target has not been met, with only 24% women, due to receiving fewer eligible female applicants. IOM will continue to seek input from current MIDA female participants to identify strategies to attract more qualified female local professional candidates and to understand the challenges that may be contributing to the low number of applications from this group.

8. Challenges

The project faces some challenges across various areas, including technical capacity, project monitoring, sustainability, coordination, and contextual factors. Below is a summary of these main challenges. The following section, “Recommendations going forward”, outlines measures to address these challenges.

Technical capacity challenges

Limited number of SRHR specialists: There is a shortage of obstetricians, gynaecologists, neonatologists, and paediatric specialists in district hospitals. This gap in specialized SRHR medical professionals impacts the quality and range of services that can be provided, particularly in maternal, child and neonatal care, where expertise is crucial for managing complex cases and emergencies.

Lack of critical medical equipment and supplies: The scarcity of essential medical equipment and supplies severely hampers the ability of MIDA participants to perform necessary medical interventions. This lack not only affects the delivery of healthcare but also limits the ability to conduct effective training and demonstrations, reducing the overall impact of capacity-building efforts.

Project monitoring challenges

Security Concerns: Security issues in certain locations, such as Ceerigaabo, Buuhoodle, Odweyne, and Badhan, pose barriers to effective monitoring of project activities in these hospitals. These security challenges limit the ability to conduct site visits, assess progress, and provide on-site support, thereby affecting the overall quality and consistency of project implementation.

Health information and data challenges: Difficulties in obtaining centralized health data and information makes it difficult to monitor health outcomes, assess needs, and allocate resources effectively. The absence of consistent, accurate, and centralized information limits the project’s ability to evaluate its contribution to national-level indicators, such as maternal, neonatal, and child mortality reduction. However, because the project uses its own data collection tools and gathers data directly from hospitals on a regular basis, it can collect accurate, disaggregated data to effectively measure project progress. Nonetheless, having centralized data would further support in assessing the overall impact of interventions and analyzing trends.

Non-standardized pre- and post-training assessments: The absence of standardized pre-and post-training assessments across all hospitals, especially for on-the-job training, hinders the ability to measure training effectiveness and outcomes consistently. Without standardized evaluation methods, it is challenging to determine the actual skill enhancement of trainees or identify areas needing further development. These pre-and post-training assessments are currently being done on ad hoc basis through the support and guidance of IOM, however, it the goal is to ensure that there are standardized training assessments as well as training manuals.

Sustainability challenges

Health resource constraints: Limited financial resources within the Government create significant challenges in retaining MIDA participants and other health-care professionals needed to support public regional and district hospitals across Somaliland. Due to these financial constraints, there is a high turnover of staff, leading to instability in the health-care workforce. This instability disrupts the

continuity of care and ongoing training programmes, ultimately affecting the project's long-term sustainability. Furthermore, many health-care professionals are drawn to private hospitals, which often offer more competitive salaries and better working conditions. As a result, public hospitals struggle to attract and maintain qualified staff, undermining efforts to improve healthcare services.

High staff turnover: High turnover rates among the trained health-care professionals can result in a loss of skills and knowledge gained through training, impacting the project's sustainability and effectiveness.

Coordination challenges

Irregular coordination among health stakeholders: The lack of regularized coordination forums among health stakeholders complicates efforts to ensure complementarity and avoid duplication of efforts. Poor coordination leads to fragmented efforts, inefficiencies, and potential gaps in healthcare delivery, making it difficult to achieve cohesive and integrated health interventions.

Contextual challenges

Culture shock among diaspora experts: Diaspora experts often face a culture shock upon arriving at their duty stations, which can affect their ability to adapt quickly and contribute effectively. This cultural adjustment period can delay project activities and reduce the immediate impact of these professionals' expertise.

Challenges among female participants: The female participants have highlighted challenges relating to being both a female and diaspora professional, often facing negative perceptions and prejudice, with particularly younger women viewed as inexperienced. They also experienced culture shock due to the poor and challenging conditions in the health sector. The female participants also emphasized the need for more comprehensive pre-departure orientations to better prepare for these realities.

This has been especially evident in Hargeysa group hospital and Berbera regional hospital where the obstetrics and gynaecology specialist diaspora expert (Italian national) and the qualified midwifery nurse junior diaspora professional (UK national) where they have faced issues and push back in terms of their working relationship with management and staff. Regarding Hargeysa Group Hospital, challenges arose due to the reluctance of the maternity department's director to engage with the project and collaborate with the MIDA obstetrics and gynaecology specialist, hindering her to conduct her tasks as per the assigned ToR. While for the qualified midwifery nurse, junior diaspora professional, she reports to have experienced discrimination amongst the staff in the maternity department which she suspects was mostly due to her clan belonging, creating tension and feelings of discomfort, which prompted her to reach out to IOM and see whether it is possible to relocate to another hospital. IOM is currently looking into this issue.

Mismatch in salary and living costs: The MIDA salary scale does not align with current living standards or the expectations of both diaspora and local professionals. Local professionals are particularly affected by lower pay scales, which can lead to dissatisfaction, reduced motivation, and potentially higher turnover rates. This disparity in compensation can also create tensions between local and diaspora staff, affecting team dynamics and collaboration.

Differing priorities between institutional heads and MoHD: Conflicting priorities between the heads of institutions (e.g., Hargeysa Group Hospital) and the MoHD created challenges in project alignment and

implementation. These differences affected the contributions of the placed diaspora expert, and consequently it was agreed to not provide further support to the hospital following the diaspora experts' completion of assignment, although there were some additional positions in the pipeline. Instead, Daryeel hospital was prioritized by MoHD given the needs of the hospital.

Challenges among poor, IDPs and rural populations to a) access services; b) cover the costs of certain healthcare services and; c) trust in modern health care, has been raised as an issue among some of the MIDA participants, making it difficult to provide care for those that need it the most.

9. Good practices

Capacity-building trainings of key learners on a daily basis through on-the-job training enhanced the institutional capacity of the supported departments and embeds ToTs in the departments, ensuring continuous capacity-building, beyond the life of the project.

Increased participation of local professionals during this phase of the project has contributed to i) expanding the reach to various hospitals, particularly in underserved areas; and ii) enabling greater potential for sustainable outcomes to remain in the country, whether the local professionals remain in the same hospital or shift to a different institution.

The display of posters and flowcharts on the walls, covering topics such as helping baby breathe and alike has enhanced the comprehension among midwives, doctors and nurses and provided convenient reference points for healthcare professionals while on duty, contributing to enhanced care and saved lives.

Throughout the project's 16 years, diaspora communities have actively supported the health sector, through initiatives spearheaded by MIDA Somali-Finnish health experts. Previous contributions include establishing a dialysis center, dentist department at Hargeysa Group Hospital, and neonatal/maternity wards. During this phase of the project, it has been reported that Arabsiyo district hospital was co-established by the diaspora community and MoHD, including the funding of the entire facility and equipment. Furthermore, a women's WhatsApp group in Gebiley and Arabsiyo raised funds for additional hospital needs, from essentials like clothes and diapers to medical supplies.

Role modelling: MIDA experts have set an example in patient care, adhering to professionalism, medical ethics, and employing a systemized way of working. Their practices have influenced staff behavior positively, as reported by staff and hospital managers in Sheikh, Zeylac MAS, Arabsiyo, Gebiley, and Odweyne hospitals.

10. Key areas to strengthen during the remaining project period

Short-term assignments: the project should, to the extent possible in the remaining time, prioritize short-term assignments, in addition to the planned inter-regional training, to be able to maximize on knowledge and skills exchanges and to benefit health professionals in more remote areas. These activities are crucial for building expertise across different regions.

ANC ToTs: Prioritize the implementation of ANC ToTs through the support of THL. This training should also, to the extent possible, involve other relevant stakeholders to further strengthen the complementarity with other partner agencies.

Stakeholder coordination: Strengthen efforts in coordinating with stakeholders to ensure effective collaboration and integration of project activities. Improved coordination will enhance the overall impact and sustainability of the interventions.

Resource mobilization for funding sustainability: Initiate discussions and strategies for mobilizing resources to secure ongoing funding. This is especially critical for retaining specialist positions in district hospitals where MIDA local professionals are currently the sole SRHR specialists. Effective resource mobilization will ensure these key roles are maintained and supported.

11. Conclusion

The midterm review of the MIDA FINNSOM Health Phase V project highlights the significant achievements and progress made in strengthening the SRHR health-care in the targeted regions. The project has successfully contributed to enhanced capacities among health care professionals, improved health-care delivery, and enhanced access to quality SRHR services. The deployment of diaspora experts and local professionals has also contributed to reducing neonatal, maternity and under-five mortality, increased usage of contraceptives in certain hospitals, and improved systems for patient care through the development of various record-keeping and patient treatment templates.

Key successes include the standardization of the ANC guidelines across multiple hospitals, and the implementation of targeted training programmes that have improved the skills and knowledge of healthcare providers. However, the review also identifies areas that require further strengthening and focus in the remaining project period. These include enhancing stakeholder coordination, securing sustainable funding to retain key positions, particularly in district hospitals, and ensuring continuation of trainings through the key learners/ToTs to maximize knowledge retention. Additionally, there is a need to improve issues concerning disability inclusion as well as to engage in awareness campaigns and community engagement regarding ANC, PNC and family planning to ensure that these services reach those women, children and families in need, particularly in rural and remote areas.

In conclusion, while substantial progress has been made, ongoing efforts are required to address remaining challenges and to build on the successes achieved thus far. With continued commitment and collaboration among all stakeholders, the project can sustain its positive impact and further strengthen health-care systems in the region.



Photo 11: The qualified midwife diaspora expert in Burco regional hospital speaking to her key learners outside of the neonatal department in Burco regional hospital. © IOM Somalia, 2024