

Health and Nutrition Ministry of Health-South West State

Overview

In May 2015, World Vision, with the support of Global Affairs Canada (GAC), piloted a new model of partnership for the delivery of health and nutrition services in southern Somalia. This pilot saw World Vision modify its existing Local Non-Governmental Organisation (LNGO) partnering approach to work with the nascent Ministry of Health for the Southwest State (MoH-SWS). For International Non Governmental Organizations' (INGO) work to be sustainable in the health sector, civil society actors and local government must have the resources and capacity to fulfil their respective roles.

Since 2006, World Vision has supported the development of the National Tuberculosis (TB) Program (NTP), helping this institution deliver on its mandate to develop policy and monitor TB programming in Somaliland, Puntland and Southern Somalia. Since then, World Vision partnered with United Nations (UN), INGO and LNGO actors to deliver TB control programming in 64 districts in Somalia. Drawing on lessons learnt from over a decade of capacity development efforts with government entities and other civil society actors, in 2011, World Vision expanded the scope of its partnering efforts, putting in place policies,

operational structures and developing methodologies to deepen engagement with LNGO partners in southern Somalia. Understanding that civil society development must take place in tandem with institutional development, World Vision began to pilot a new approach to government engagement in southern

Over the past two years, the partnership between World Vision and the MoH-SWS has grown.With funding from multiple donors ,World Vision is supporting 7 Mother Child Health (MCH) facilities, 16 IDP camp-level health posts and 2 mobile nutrition teams providing basic health & nutrition services to IDP. returnees and host community members.World Vision is helping the MoH-SWS fulfil its mandate in other ways, supporting financial incentives and training for facility-level staff members and administration and knowledge management specialists within the district level MoH-SWS structure. Altogether, World Vision is providing incentives to 131 MoH staff members in the Southwest State.

How this came about and the lessons learnt during this two years of partnership are the focus of this case study. It is hoped that the case study can help other supporters of the health sector garner practical lessons on how to partner with the Ministry of Health at the state level to support sustainable health service delivery.

Methodology

Key stakeholders from the Ministry of Health and World Vision were engaged in a process of guided reflection. Participants were requested to reflect on:

- How the relationship was formed
- What was learned during the course of working together
- How has the partnership developed over time

Key Findings

The Basis of Partnership(s)

In 2015, World Vision was the first INGO to approach the MoH-SWS about establishing a Memorandum of Understand (MoU) that would steer a partnership process for strengthened health service delivery. At the time, the MoH-SWS had only three staff members: (i) The Minister of Health, (ii) Deputy Minister of Health and the (iii) Director General of Health. The three had very little experience in developing partnership agreement documents. World Vision's Health and Nutrition Technical

Specialist (WV-H&NTS) and the MoH-SWS's management embarked on a process to co-create a partnership agreement. Borrowing from previous agreements which World Vision had developed with other state entities in Somalia, the joint team began to delineate their different roles and responsibilities in key areas of partnership that included:

- Financial support
- Supplies provision (pharmaceuticals and medical equipment)
- Recruitment of staff (human resource for health) and

• Technical support (Capacity development)

Subsequently, the MoH-SWS has used the format co-created with World Vision to sign partnership agreements with four other LNGOs. Recognizing that the nascent MoH-SWS lacked systems and processes, the entity was labelled as "emergent" as per the World Vision partner categorization system. "Emergent" status meant that the nascent MoH-SWS was only allowed to directly manage a small amount of financial resources. However. "emergent" status also ensured close technical support would be provided to increase capacity across a range of skills sets, including financial, administrative. and human resource management. Years of partnering experience had shown World Vision that concentrating only on sector-specific capacity building was not sufficient to develop competent, professional organizations. Rather, a holistic approach was required to professionalize all levels of these institutions.

World Vision's approach to partnership aims to tailor specific capacity building plans to the strengths and weaknesses (identified knowledge gaps) of our implementing partners. It is not a "one size fits all

approach", but an interactive, flexible process which relies on field-based expatriate technical staff members developing mentoring relationships with partners and heavy emphasis on "On the lob" experiential learning. Its emphasis on delivering life saving interventions ensures that it is practical and flexible, modifying project designs/ budgets to address emergent challenges which arise through the course of the partnership or due to changing contextual realities.

At the start-up of the pilot phase, communities were still suspicious of the role of the state in the provision of health services. World Vision brokered meetings between the community management committees and the nascent

MoH-SWS. During the first meetings with community management committees of the proposed sites, many members expressed doubts in the capacity of the state to provide unbiased health services. The initial meetings were tense, however, as transparent processes were negotiated for the allocations of duties and resources, the facility-level management committees warmed to the idea of the state as a viable actor in the provision of health services.

As the case study will highlight, the pilot approach has not only succeeded in bringing the much-needed health services to vulnerable communities but has bolstered the reputation of the state as a credible, representative actor in the provision of basic services.

"WV was the first organisation to start MoU development process with the MoH-SWS.WV is the one organization, which has given us a real experience, teaching us what partnership is. It helped us to understand collective response," D.G. of Health Isaak Mohamoud Mursal

Recruitment

In 2015. World Vision' Health and Technical Specialist (H&N TS) and MoH-SWS's management met to create a staffing plan for the 54 positions envisioned in the first phase of the pilot approach. World Vision's H&NTS introduced the MoH-SWS management to key standards and norms, encouraging the use of WHO recommendations, current UNICEF practices and the Essential Package of Health Services (EPHS) guidelines as a means of developing an aligned health and nutrition management structure.

Inclusive Process

Once staffing structures were agreed upon for MCH and HP facilities and mobile teams, World Vision and MoH-SWS agreed upon incentive rates for skilled, semi-skilled and non-skilled facility level staff members. World Vision, Ministry of Health and the "The experience of recruitment taught me a lot about how to handle complaints and pressure from others. I am confident now and am able to manage this process in the future. It was not an easy task. It took eight consecutive days to finalize the process. It was not only a chance for the MoH to learn, it gave hope to the community that the government could manage a fair recruitment process D.G. of Health Isaak Mohamoud Mursal

facility-level health committee "Task Forces" agreed to a recruitment process, respectful of the local management committees desire to take an active role in the day-to-day running of the facility.

The community management committee leadership role was further recognized by allowing it to forward qualified community members' applications which were immediately shortlisted to participate in in the written examinations. The tripartite management committee agreed that non-skilled staff members were to be recruited directly by the committee "Task Force" while skilled and semi-skilled would be recruited through a rigorous and transparent process. Non-skilled staff categories included guards, community health workers and mobilizers and cleaners.

The negotiated arrangement promoted buy-in from suspicious community management committees, fearful of losing control of their community asset, and ensured that the most important roles, mainly the skilled and semi-skilled staff members would be recruited through a competitive recruitment process.

Promoting Transparency

The World Vision Human Resource department and the H&N TS encouraged a transparent process, involving many stakeholders. The Governor of Bay Region and District Commissioner of Baidoa were also enlisted to help manage community expectations and offer advice on how to create a transparent process which was acceptable to community. Skilled and semi-skilled employment is rare. Competition for such positions is high and pressure on MoH-SWS government officials from other powerful community stakeholders to favour candidates was strongly felt.

"Even government officials believed that they could recommend staff members for employment. However, once people saw that an inclusive vetting panel was established and that a clear registration processes was in place - they began to trust that this was a transparent process. The recruitment panel, including the Governor of Bay, District Commissioner of Baidoa; Head of

Presidential Staffing; three World Vision Health & Nutrition and Human Resource technical staff; two MoH-SWS officials, and two

community (management) Task Force members from each facility was very inclusive and helped promote transparency," Director General of Health South West State.

Step-By-Step Recruitment

With the advice of key government officials and guidance from the World Vision's Human Resource department, the team outlined a recruitment process that involved public advertisement of positions and one designated location of application submission. Once the recruitment panel was assembled, they agreed on (i) Job Descriptions, (ii) shortlisting criteria; (iii) a two-phase interview process (written followed by oral), (iv) marking of interview scripts (exams) (v) publication of written interview results.

Over 436 applications were received for the 54 positions envisioned in the first phase of the pilot approach. A written interview winnowed the applicants down to 86.The Governor of Bay region even walked the isles during the written test, removing applicants suspected of cheating. Once staff were selected, the World Vision Finance and Support Service Manager (FSS M) met with the MoH management team to develop a payroll system. With only three permanent staff members , the MoH-SWS did not have the manpower to manage the payroll. World Vision established a payroll and an acceptable payment mechanism, borrowing more from World Vision's Field Finance Manual.

It was agreed that facility-level staff members received a direct transfer from World Vision to either their personal Dahabshil account or EVC at the end of each month following accurate submission of time sheets by the MoH-SWS. Developing these shared-processes has helped to mentor the MoH-SWS on the importance of accounting for staff working hours, promoting both upwards accountability towards donors and downwards accountability towards the community management "Task Force" committees.

The experience helped the MoH-SWS create a recruitment process which was rigorous and applauded by many as transparent. Upfront negotiations helped to overcome suspicion by different stakeholders about how different resource-related processes would be managed. The process itself also helped to ensure that high quality staff were recruited. Much of the success of the past two years can be attributed to the recruitment process which helped to build the credibility of the MoH-SWS and resulted in qualified and experienced staff being recruited into the MCH facilities and onto the mobile teams. World Vision and the MoH-SWS have employed the same criteria and processes in two subsequent recruitment exercises. World Vision's support to the MoH-SWS state has grown from 54 staff members supported under the pilot phase to 131 staff members in 7 MCH and 16 health posts and 2 mobile nutrition teams in the current phase.

Facilities, Supplies and Equipment

During the design stage of the pilot phase, World Vision and the nascent MoH-SWS identified and mapped out recently constructed health facilities, which were not receiving support from other organizations. DRC/DDG, with funding from the Somali Stability Fund, had developed 6 MCH facilities in Baidoa district. As part of that project, DRC/DDG had supported the formation of community management committees known as "Task Forces" to provide oversight and strategic direction to these location. In the pilot phase, World Vision approached 3 community Task Forces to propose that World Vision supports the running and management of these locations through the MoH-SWS. Initially, the three Task Forces were hesitant to accept that the MoH should play a part in the management of the facilities. After twenty-five years of civil

conflict, communities were not accustomed to the government undertaking health service provision. A number of meetings were facilitated by World Vision between the MoH-SWS and the facility-level community Task Forces. Important issues such as the management structure and recruitment were debated. Ultimately, a tri-partite management arrangement was agreed upon whereby the Task Force would look at issues of governance at the facilities, holding both World Vision and the MoH-SWS accountable for quality service provision. Moreover, the Task Forces recognized the importance of allowing an open and competitive process for

recruitment of semi-skilled and skilled staff members while retaining the right to select unskilled community members to work at the facility.

Over the past two years, the tri-partite management structure approach has proved successful. World Vision has expanded from 2 MCHS and 2 mobile teams to 7 MCHS, 16 health posts, 2 mobile nutrition teams currently. World Vision H&N TS encouraged the adoption of the WHO minimum standards for the supply of MCH facilities. This included a list of standard supplies and drugs to operate these facilities. World Vision regulations require that all medical drugs come from

certified suppliers. As such, World Vision took up procurement of the medical supplies and equipment for the project. The World Vision and the MoH SWS worked out distribution and replenishment modalities for drugs and other consumables. The teams developed standardized operating procedures to deal with: (i) requisitions, (ii) reorder levels, and (iii) relevant documentation and accountability on consumption/utilization of consumables. World Vision technical staff also provided training to the new-hire facility level MoH-SWS staff members on the utilization of medical equipment.



Right: A charcoal autoclave, used to sterilize medical equipment. (Left): Demonstration session ofn the use of the electirc autoclave

A second example included the training of Integrated Management of Childhood Illnesses (IMCI). The MoH-SWS plays an important role of establishing standards and monitoring norms. Thanks to the two years' partnership with World Vision, the MoH-SWS has practical experience managing health facilities, human resource for health, supply chains for drugs and consumables. Trainings were planned, organized and conducted on infection prevention and control, integrated community management of childhood illness, communicable disease management, Basic emergency obstetric and neonatal care (BEmONC), integrated management of acute malnutrition and health supply and facility supportive supervision. Resulting from these trainings, staff were better capacitated to provide technical oversight to other actors undertaking health service delivery in the state.

Health and Nutrition Technical Support

World Vision and the MoH-SWS agreed on a capacity development plan anchored on regular structured workshops followed by close mentoring and on-the-job training. Though many new-hire staff members joined with previous health sector experience, gaps became apparent and tailored capacity development to tackle areas of weakness was developed for specific facilities and teams.

A good example, is the Core Infection Prevention and Control (IPC) standards.This was a new concept to many new-hired MCH staff members.

A formal workshop was held where the process was outlined and staff members were walked through how this approach was to take place at the facility level. The training was so well received that teams immediately requested an autoclave to help them sterilize their delivery equipment which ultimately eliminates/reduces hospital cross-infection.World Vision and the MoH-SWS reallocated savings within the project to purchase the equipment and turn the staff members' desire to improve practice at the facility level into reality.

This encouraged staff members to see how trainings could really result in actions by the MoH-SWS to improve the quality of their work. This helped enhance the perception of the MoH-SWS as a responsive management mechanism.A second example included the training of Integrated Management of Childhood Illnesses (IMCI). In resource poor settings, IMCI is simple protocol to identify childhood diseases and prescribe treatment options without the benefit of sophisticateddiagnosis tools. This proven technique can

help frontline health workers become more effective in the management of childhood illness at the facility level. The MoH-SWS is in the early stages of development. Many health services are still not available. Simple techniques such as IMCI and Integrated Community Case of Illnesses (ICCM) help build the confidence of frontline staff members and community health workers, helping them to feel empowered despite the very-real existing resource constraints. As a result of knowledge and skills gained from IMCI, more children are now effectively managed at the community level at the health facilities thus increasing access to prompt quality care ultimately resulting in reduced child mortality.

Finance, Administration and Supply Chain Technical Support

Given the MoH-SWS's status as "emergent" as per World Vision's partner capacity assessment criteria, it was important that it be provided enhanced capacity support and mentoring. At the start of the pilot phase, the field-based expatriate World Vision FSS-M took time to articulate what was required to process payments through the field-based finance unit. The three-person Ministry of Health had very little experience in internal financial controls and even less developing accountability mechanisms. At the signing of the MoU between World Vision and the MoH-SWS in 2015, the MoH-SWS had yet to develop any formal/standardized documentation or systems to accountably effect payments as per international standards. World Vision FSS-M relied heavily on the World Vision Field Finance Manuel and the GAC and OFDA donor regulations to co-create payroll and procurement documentation and procedures with the MoH-SWS. To promote global accounting principle, the FSS-M emphasized the importance of segregation of duties and seeking approvals before enacting spending/purchases. Understanding the limited technical capacity of the three-man Ministry of Health, the World Vision FSS-M provided sample formats for Purchase Requisition Forms (PRF), Local Purchase Orders (LPOs), Good Received Notes (GRN), Request Letters (RL) to serve as guides to help them develop their own documentation. Moreover, the World Vision FSS-M provided hands-on guidance in how to develop simple contracts for vehicle hire, developing/managing logbooks, Labour Distribution Report (LDR) and timesheets for newly hired facility-level staff members.

Mentorship Approach

It is in the finance and support service technical area where World Vision's mentorship approach sees some of its greatest successes. It is not only a powerful risk management mechanism, allowing the expatriate staff members to quickly identify capacity gaps, but the trust built through close association, allows teams at the field to co-create solutions.. For example, after the first quarter of the pilot phase, it became apparent that the three-person Ministry of Health could not manage the level of technical rigor and attention to detail required to meet World Vision's stringent financial accountability standards.

Despite an extensive formal training during the Start-Up Workshop for the pilot phase, payment documents and some expenses were routinely rejected. It took time and experience before the Ministry of Health team realized just how stringent World Vision's process and paperwork were. Inevitably tensions rose as cost were disallowed. However, every case generated greater understanding between teams and provided the World Vision finance and technical support service technical specialist an opportunity to better understand the nature of the challenge. First, the World Vision team began to help the Ministry of Health develop basic standardized paperwork to facilitate payments, such as Purchase Requisition Forms, helping them to create accountable systems to link receipts to request for supplies.

In response, World Vision reallocated budget to fund the position of Administration Officer within the Minister of Health SWS so as to have dedicated focal point to deal with all administrative and financial issues and someone whom World Vision's finance and support service technical specialist could mentor and support. The inclusion of the Administration Officer has enhanced the capacity of the Ministry of Health SWS to manage donor resources.

Encouraging Efficiencies, Accountability and Building Trust

World Vision continues to encourage the MoH-SWS to adopt standard accounting and internal control practices such as segregation of duties and the opening of different bank accounts to manage specific project-level budgets. Furthermore, World Vision is assisting the MoH-SWS to develop a service level contract agreement with Bay Electrical Company, the power provider for one of the MCH facilities. Moving forward, this will allow the MoH-SWS to fix cost with this supplier, improving the predictability of financial outflows and promoting better budget planning

Budget revisions provided World Vision and the MoH-SWS opportunities to align the project with strategy and capacity building plans. For example, the teams agreed to lower staff incentives for the qualified nurses and the qualified midwives to harmonize better with the recommendations of the Essential Package of Health Services guidelines. The budget revision and establishment of the Administration Officer role created an opportunity to entrust the MoH-SWS with a modest monthly budget of USD 600 for (i) stationary; (ii) cleaning materials, and (iii) utilities.



A donkey cart used to deliver water at the MCH health facilities in the Past



In small ways, World Vision encourages the Ministry of Health SWS to practice budget stewardship. Previously, at Darusalam Mother Child Health facility for example, twelve donkey carts of water per week were required to fill the water tanks. This cost USD 120 per month. Now, bowsers come to fill these tanks at a monthly cost of USD 50 per facility. This has generated a cost savings of USD 1,540, which has been channeled towards incentives to support 3 additional Community Health Workers.

During the pilot phase, World Vision' FSS-M provided real time capacity building in finance and supply chain practices to help the MoH-SWS successfully manage these resources. The MoH SWS professionalism has improved and they have established systems, aligned with international accounting practices. As December 2016, World Vision has expanded the budget provided to the Ministry of Health SWS to USD 127,746 for:

- (i) vehicle hire; (ii) utilities,
- (iii) staff refreshments;
- (iv) internet;
- (v) stationary and supplies.

As World Vision FSS-M, Patrick Nyakundi noted, "These support costs are well articulated in the (new) MoU between World Vision and the MoH-SWS. This minimizes any misunderstanding as witnessed in the first phase and ensures that the MoH is aware of what resources are at their disposal for the good of the community in thespirit of transparency."

Support to Regional Health Structure

After the pilot phase, it became apparent that support to only facility level was insufficient. The district health system needed to be strengthened to support not only World Vision but the rest of the health actors in Baidoa district. Experience during the pilot phase showed both the MoH-SWS and World Vision that the District Medical Officer for Health was too wide-ranging of role, covering issues of health, nutrition and WASH. It was not able to provide adequate support to primary health care facilities. Both teams felt that this position was not able to provide the hands-on monitoring to Mother Child Health facilities and outreach teams. After reviewing the MoH-SWS's provisional district structure.World Vision and MoH-SWS agreed to allocate funding to support Primary Health Care Supervisor role. Next- the MoH-SWS and World Vision recognized a gap information management, especially reporting against the

Health Monitoring & Information Services (HMIS) system. The ministry had some Terms of References for these roles but no funding to fill these needed functions. The team worked to transform those into Job Descriptions into positions and worked together to budget for these roles.

Currently, World Vision provides financial support to 2 PHC Supervisors in Bay region. The Director General for Health remarked: "Before we got the PHC Supervisors, I was forced to drive around and monitor PHC activity at 26 MCH facilities and 19 health posts."

The PHC Supervisors monitor and provide training at facility level to MCH staff members. These new positions have lightened the load of the D.G., allowing him to address other more strategic issues related to the management of the ministry. The D.G. also noted how he has learned the power of delegation. With sufficient staffing, delegating and desegregating of duties becomes possible at the regional level and at facility level. At facility level, Team Leaders have been designated additional core responsibilities. They have been empowered to take decisions regarding activity planning at their respective facilities, resupply, reorders, airtime and referral of patients.

"At the beginning, we had a poor understanding that World Vision was here for the long term. We believed that others were here to help. This relationship has shown us that WV is different. WV is constantly training at all levels. Workshops and follow-up at the facility level with On-The-Job."

> D.G. of Health Isaak Mohamoud Mursal

Conclusion

Since 2006, World Vision has been partnering with government, NGOs and local community structures to deliver basic health services. The emerging governance environments in the federated states are creating opportunities to leverage World Vision's experience in institution building to support health systems strengthening efforts. Since 2015, World Vision has brought this experience to bear in support of the nascent Ministry of Health Southwest State. World Vision Somalia focused on strengthening the following pillars of the health system: Human Resource for Health; Health Financing and Resource Mobilization; Governance and Leadership (Management); Supplies of Medical Products and Quality Service delivery

To build a sustainable health sector, private, NGO and government actors must have the resources and capacity to fulfil their respective roles. To build the necessary capacity, World Vision employs holistic approach to capacity development, focusing not only on the sector technical capacity of the civil society actor and/or government institution to deliver the project deliverables, but it also seeks to build the governance and management ability of these entities.

World Vision's hands-on approach to mentorship and capacity support is practical and geared towards the provision of accountable service delivery, monitoring and reporting of emergency response interventions. Through formal and informal mentoring and real time, "On-The-Job" training, World Vision is able to provide targeted, tailored capacity development support. By using multiple funding mechanisms, World Vision's partnership approach is flexible and is able to meet the emergent needs of partnerships based on the practical implementation of life-saving projects. State actors such as the MoH-SWS learn by doing, enabling them to better undertake their policy development and monitoring mandates. Importantly, state institutions learn to accountably manage donor resources- a prelude to the downward accountability required of a functioning state institution.

Finally, the above-studied approach appears to create conditions where trust can be fostered between the community and the state. For the state building project to be a success in Somalia, state institutions must have knowhow and be perceived as credible to effectively exercise their mandates. Institutions like the MoH-SWS must have experience in managing health service provision if it is to create an enabling environments for UN and NGO actors to provide such services. Moreover, they must prove credible, unbiased and professional institutions in the eyes of communities to which they are accountable. The World Vision approach provides opportunities to gain this valuable experience and prove to the community that they are capable of fulfilling their mandate in a way, which promotes social cohesion.