

# Health sector decentralization pilot

## Concept Note

### ***Introduction***

Puntland government in general and ministry of health in particular is committed to accelerate the decentralization process. The latter does this by extending the health sector pilot into 2015. This concept note describes how the ministry of health will attempt to expand the health sector pilot activity wise.

### ***Background***

The JPLG attempts to establish peace and state building through strengthening local governance and government ownership in Somalia. The program also tries to improve the ability of District-level local authorities to reach out to their communities and deliver local development. The program supports the emergence of autonomous and accountable local governments and of progressive decentralization policy and legal frameworks. It facilitates the establishing of connections of mutual cooperation and accountability between local authorities, constituent communities, and line ministries.

JPLG program supported sector studies in the sectors of Health, Education and Water & Sanitation which recommended the need for promoting better linkage between the line ministries and the local governance institutions in order to achieve better service delivery. The thought of piloting came to light and the ministry of health designed in 2013 a health sector pilot to delegate 3 functions namely; health facility maintenance, supervision of district health facilities and health education. It attempted to decentralize 3 functions

Ministry of health decided to pilot a decentralization model by delegating 3 functions to 3 municipalities namely; Garowe, Gardo and Bosaso. In 2016 the model has minor changes to suit the situation on the ground (such as clinics which could not be renovated due to limited resources). The director of planning of the ministry of health has declared that the Ministry of Health will take the pilot of 2014 and continue from there.

### ***Plan for 2016 health sector pilot***

The goal stakeholders aim at is reaching decentralized service delivery. Below follows the objective and outputs for the second pilot in 2015

**Objectives:**

To improve health service delivery by local authorities

**Outputs:**

1. supervision by regional health authorities
2. Maintain the health facilities in use
3. deliver health promotion sessions
4. Assessment of the capacity of health service delivery by local authorities

The pilot will attempt to delegate the routine health facility maintenance and health promotion, monitoring and supervision functions to the Municipalities of Garowe, Gardo and Bosaso.

Routine health maintenance, may cover expenses like- maintenance of water points, provision of soaps for hand washing, hygienic storage of water, maintenance of toilets, painting of MCHs building, maintenance of cold chains, replacement of broken doors and windows, payment of water and electricity bills for the MCHs, incentives of MCH staff, etc.

Monitoring and supervision may cover expenses such as, incentives for supervision and monitoring, vehicle hire for supervision and monitoring, etc. Social mobilization may cover expenses such as child health day community sensitization activities involving parents and women groups, hygiene and sanitation awareness, Vaccine preventable diseases awareness including polio and measles, Nutrition awareness including. The district council should also involve influential people in the society such as religious leaders in their social mobilization campaigns. The social mobilization activities will be held in host and IDP communities in the selected districts. The ministry of health will develop the guidelines for conducting the various types of social mobilization mentioned above.

For achieving this, few government/ community owned health facilities which were not included in the previous pilot. The selection is left for the municipalities to decide in consultation with the Ministry of Health, Ministry of Interior and respective Mayor's office.

The norms/criteria for routine health facility maintenance & social mobilization will be developed by the Ministry of Health including the guidelines for monitoring and supervision of the funds/activities at various levels (by the MOH, Mayor's offices and the community).

The concept note, key steps involved, role of respective ministries and the Mayor's offices and the norms/criteria developed for undertaking routine maintenance of MCHs and social mobilization in the community will be discussed between the Ministry of Health, Ministry of Interior and the District Mayors to agree on the same.

At the district level the previously formed committee will oversee the roll out the following process in the district:

- Come up with a initial shortlist of MCHs that fit into the criteria set up by the MOH for selection of these MCHs
- Conduct MCH visits to identify the final list of MCHs where this pilot will be implemented
- This list will be agreed with the Mayor and the DG and endorsed by the both.
- An assessment team will facilitate an MCH based assessment with the CHC/MCH Head to come up with the yearly estimate of the amount to be transferred annually to the MCHs for the purpose of MCH maintenance.
- The Ministry will agree on the total amount to be transferred to the Mayor's office for the purpose of MCHs maintenance and supervision and negotiate the contribution from the Mayor's office towards this purpose. The ministry will also issue broad guidelines for utilization of this money.
- An MoU will be signed between the selected districts headed by the mayor and the MoH. This MoU will cover the funding arrangement, the functions and activities being devolved, the responsibilities of both parties, the terms and conditions that apply and period of agreement. The MoH technical consultant shall initiate a draft MoU and UNICEF shall provide assistance where necessary.
- Accordingly, the Ministry will provide block grants to the Mayor's office for the purpose of utilization of the money.
- The mayor's office will disburse this money to the CHCs as per the agreed budget for the MCHs for routine maintenance of MCHs after adding its contribution. The Mayor's office will issue the guidelines (as per the Ministry's guidelines) to the CHCs for proper utilization of this money.
- The CHCs will carry out the routine maintenance activities along with the Head of health facility and report back to the Mayor's office on the expenditure made on a quarterly basis.
- The district level committee will carry out the supervision and monitoring of the progress according to the guidelines issued by the Ministry.
- The mayor's office will report back to the Ministry on the same on quarterly basis.

- Half-yearly review of the progress will be conducted by the Ministry with the mayors of the selected districts.
- The progress and the challenges, achievements and lessons learnt will be documented to develop a plan for scaling up this experience after one year. UNICEF (Health section) will facilitate this process.

The funds for implementing this pilot will be disbursed to the Ministry by the UNICEF (Health section) and the Ministry will further transfer the funds to the district Mayor's office to be responsible for proper utilization of the funds including reporting back on progress to MOH and UNICEF and settling the financial advances.

### **Proposed Roles of Different Parties:**

#### **Ministry of Health:**

- Develop the norms/ criteria for undertaking routine MCHs maintenance and social mobilization
- Develop guidelines for utilization of money, fund flow, monitoring at different levels, and reporting
- Assign the relevant officials in the selected districts (RHOs/DHOs) to facilitate/undertake the activities agreed in the concept note
- Disburse funds to the District Mayors as per the agreed budget and monitor the progress
- To nominate a nodal officer within the Ministry to coordinate the pilot activities
- To organize half-yearly and year-end review meetings
- To receive the funds from UNICEF and submit the necessary utilization documents

#### **Ministry of Interior:**

- To issue necessary directives to the District Mayor's offices to undertake and participate in this pilot
- To participate in the half-yearly and year-end review meetings

#### **District Mayors' Offices:**

- Nominate officials from the Mayor's office in the district level committee
- Facilitate functioning of district level committee and take a lead in planning and implementation of agreed activities
- To receive funds from the Ministry of Health and further advance the same to the relevant CHCs for use as per the agreed guidelines

- Report back on the progress and fund utilization to the Ministry of Health on quarterly basis
- Monitoring the use of funds by CHCs as per the agreed guidelines
- To contribute 5% of the total funds estimated to be spent towards this pilot

**UNICEF (Health):**

- Support the Ministry in developing norms/criteria and the guidelines required for this pilot
- Release the funds as per agreed budget and activity plan
- Participate in half-yearly and year-end review meetings
- Undertake special monitoring missions to understand challenges and bottlenecks
- To document the achievements, challenges and lessons learnt for scaling up in subsequent years