



Puntland State of Somalia

Ministry of Health

SDM implementation guideline

Health sector

Introduction

The Government of Puntland, in general and ministry of health in particular, is committed to strengthening Local Governance and accelerating decentralization of health services by undertaking all the necessary processes and passing ambitious laws in this direction. The main justifications for decentralizing is to improve the integration of health programs, lessen duplication of services as the target population is defined more specifically, encourage community involvement and participation and reduce inequalities between communities and increase inter-sectoral coordination between central and local governments and other stakeholders.

The JPLG is a project that aims to establish peace and state building through strengthening local governance and improving the ability of 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 mutual cooperation and accountability system between local authorities, communities, and central government authorities.

Objective of the guideline

The guidelines aim to provide a general framework and guidance for the implementation of the SDM health sector pilot. The guidelines can be used by all those who are involved in the implementation of the pilot project such as district mayors, planning and SAD directors, regional and district health officers. The roles and responsibilities of different actors are spelled out throughout the guidelines. While these responsibilities have been defined in the regulatory documents of the pilot such as the concept note and MoUs, the guidelines elaborate more on specific roles, based on the practice and experience of stakeholders and the focal points in the district authorities. As such, the roles and responsibilities stated in the guidelines are not necessarily binding, but aim at facilitating pilot planning, budgeting and implementation.

Guideline structure

The structure of the SDM health sector implementation guideline is based on the pilot planning and implementation responsibilities formulated as following:

I. General responsibilities

- Management of the project according to the rules and regulations of the UN JPLG system and respecting the guidance provided by the pilot project Managers, technical consultants and other partners.
- Provision of high level commitment from the all stakeholders including ministry of health, UNICEF and district mayors to take their role in facilitating the implementation of the pilot in the selected districts.
- All partners to carry out all activities assigned to them during project planning or as revised during project implementation.

II. The specific roles and implementation procedures

I. Ministry of health

The Ministry of health, represented by its consultant, has a great leading role in the implementation of the health sector pilot in the selected districts and to facilitate the implementation of the pilot, the consultant is responsible for:

- Providing technical assistance in the development of district social affairs department's capacities and competencies to plan and implement health sector activities at district level
- Developing the guidelines and frameworks for the implementation of the health sector devolved functions and activities such as health promotion activities, health facility maintenance and supervision and monitoring.
- Monitoring the quality and technical standards of the health services carried out by the authorities at district level as defined in the Essential package of health serves (EPHS) and other standards
- Providing technical assistance in the development and formulation of district plans which are responsive to community priorities
- Participating in the establishment of district health committees and the selection of health facilities to be maintained as per the set criteria

- Participating the preparation of health pilot budget and its approval by the authorities concerned
- Conducting field supervisory visits to the pilot target districts to oversee the implementation of activities and check whether activities are carried out according to the plans.
- Preparing monthly and quarterly reports of the achievements, challenges and lessons learned from the health sector pilot implementation and shares the reports with the concerned authorities
- Organizing mid-year and annual review meetings to reflect achievements, challenges and way forward

2. District authorities

The district authorities have the most important role in implementing the health sector activities in accordance with the approved pilot project documents including the work-plan and budget. To implement the health sector pilot, the district authorities are responsible for:

- Carrying out the implementation of the functions devolved to local level. These functions include health promotion, health facility maintenance and monitoring and supervision of activities
- Appointing district focal points responsible for facilitating the decentralization process
- Developing a budget breakdown of costs for the implementation of the project as per the agreed budget and monitoring process
- Establishing a clear and transparent financial management system and providing financial reporting to the ministry of health on expenditure of funds transferred by ministry of health as well as local government funds assigned to the project.
- Establishing regular information sharing on the progress of implementation, challenges and constraints with stakeholders
- Recording and document lessons learned from the pilot implementation and recommend suggestions needed to enable smooth implementation and operation.

3. The devolved functions implementation process

a. Guidelines for Social mobilization

Social mobilization is the cornerstone of participatory approaches in community development and poverty reduction programmes. It is a powerful instrument in decentralization policies and programmes aimed at strengthening human and institutional resources development at local level. Social mobilization strengthens participation of communities in local decision making, improves their access to social services and efficiency in the use of locally available resources. The social mobilization component in our pilot, as stated in our concept note, includes community sensitization activities such as hygiene and sanitation awareness raising, vaccine preventable diseases (Polio, measles) and nutrition awareness. The process for the social mobilization is as following:

- The Social affairs department is responsible for conducting the social mobilization activities in collaboration with the district health officer.
- Social mobilization activities include sanitation and hygiene awareness raising, routine and supplementary immunization awareness for polio, measles and other vaccine preventable diseases, and nutrition awareness
- The social mobilization activities should involve the influential people in the community such as members from women and youth groups and religious leaders.
- The social mobilization activities will be held in host and IDP communities in the districts
- There should be 5 rounds of social mobilization activities held during the year.
- The methods used will be radio broadcasting programs as well as regular community gatherings with the help of traditional leaders, religious leaders and health professionals.
- The ministry of health will provide technical assistance for conducting the various types of social mobilization mentioned above

b. Guidelines for Routine Health Facility Maintenance

A Health facility is a location where health services are provided. Health facilities range from small clinics providing primary healthcare services to referral hospitals

providing secondary and tertiary healthcare services. In Puntland, the health facilities are ranked in four levels; the primary health unit (PHU), the lowest level, is staffed by a community health worker supported by community health committee, the health centre (HC), the key centre for essential package, provides all the core programs of EPHS and is staffed by a minimum staff consisting at least a qualified midwife, qualified nurse, qualified auxiliary nurse and a community midwife, Referral Health Centre and district hospitals carry out comprehensive emergency obstetric and newborn care, with the capacity for carrying out caesarean sections and safe blood transfusions and the hospitals which ensure 24-hour quality inpatient referral health care, with qualified nurses, midwives and doctors permanently in the hospital. In order to insure the quality health services provided by the health facilities, the health facilities should be properly maintained and rehabilitated as per the EPHS criteria. The procedure for conducting health facility maintenance is as following:

- The head of the health facility is responsible for the collection of the electricity and water bills and reporting it to the DHO with the approval from the RHO to be submitted to the Mayor's office on a quarterly basis.
- The head of health facility will use a request form to request for any maintenance needed by the Health facility and send the request to the district health officer (DHO) with the approval of the regional health officer (RHO) to be submitted to the Mayor's office, the request form should be accompanied by a quotation of the costs of the maintenance.
- The social affairs department will process the request and disburse the money to the health facility.
- The Social Affairs department shall send the request along with a request letter to the Mayor's office and the Mayor will sign the release of the money for maintenance.

Maintenance includes:

1. Maintenance of water points
2. Payment of monthly electricity and water bills
3. Provision of soaps for hand washing

4. Maintenance of Toilets
5. Maintenance of cold chains
6. Incentives for guard and cleaner
7. Minor rehabilitation

c. Guidelines for Supervision and Monitoring

Health facilities are the essential sites for the delivery of primary health care services and it is very important to improve these health facilities to increase the access, availability and quality of health services provided by these facilities through regular supervision and monitoring. The main objective of supervision and monitoring is to support health staff providing services assess the functionality of health facilities, availability health and nutrition services and identify gaps and challenges encountered. The process for supervision and monitoring is as following:

- The district health officer is responsible for conducting the health facility supervision and monitoring
- The district health officer (DHO) will use the integrated supportive supervision and monitoring checklist of the Essential package of health service (EPHS) which will be distributed by the ministry of health to the DHO, and other data collection techniques to collect the data when conducting the supervision.
- After the supervision is conducted, the supervisor will prepare a final report and submit it to the ministry of health and to the Moyers office.

The supervision must cover the following areas:

1. Physical infrastructure of health facilities
2. Availability of essential drugs and other supplies and equipment
3. Availability of electricity and water supplies
4. Availability of latrines and waste disposal mechanisms
5. Hygienic condition of the health facility
6. Performance of the health staff
7. On job trainings and appraisal

The DHO will report the findings to the RHO who will report to the ministry of health and Mayor's office.