

Health sector decentralization pilot (JPLG project)

Background:

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 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 and monitoring of district health facilities and health promotion.

The devolved functions

Health facility maintenance:

This covers the 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.

Social mobilization:

This may cover expenses such as child health day community sensitization activities, hygiene and sanitation awareness, Vaccine preventable diseases awareness including polio and measles, Nutrition awareness including.

Monitoring and supervision:

This will covers supervision and monitoring, vehicle hire for supervision and monitoring, etc

The Objectives of the programme:

- To create an ownership of the health services delivery among the district councils/communities and encourage them to contribute to the improvements in terms of sharing of resources and responsibility, as per the centrally agreed norms and policies.
- Devolving certain health functions to the district level and below in order to gain efficiency and better management of health services delivery, as well as strengthened local self-governance.

JPLG programme's strategic dimensions

- Supporting policy and legislative reforms for functional, fiscal and administrative decentralization that clarify and enhance the role of local government, its relationship to central government, and as a means to improve local service delivery
- Improving local government capacity for equitable service delivery
- Improving and expanding the delivery of sustainable services to citizens in an equitable, responsive and socially accountable manner and promoting local economic environment

The Expected outcomes of the programme

- Policy and legal frameworks for decentralization, local governance and service provision are improved to enable local governments to deliver equitable services
- Local government structural capacities, systems and resources for equitable service delivery are improved.
- Local governments are accountable and responsive to community priorities in providing equitable and sustainable services and promoting local economic development.

Achievements made during the piloting period in 2017:

- The MOH established a health sector decentralization pilot project in four districts namely (Bosaso, Gardo, Garowe and Galkayo).
- The ministry of health developed the guidelines for the implementation of the devolved functions.
- MoH conducted consultation meetings with mayors of Bosaso, Garowe, Gardo and Galkayo districts to implement agreed upon activities.
- MoH signed MoUs with the four pilot districts namely Bosaso, Garowe, Galkayo and Gardo.
- District health committees were established and trained in each pilot district consisting seven members in each district (Bosaso, Garowe, Gardo and Galkayo)
- 19 health facilities fully maintained and supported (Bosaso 5, Garowe 4, Gardo 4, and Galkayo 5).
- Two rounds of health promotion activities were conducted in the four districts focusing on awareness raising on hygiene promotion, immunization against vaccine preventable disease and breast-feeding.

- Joint field Monitoring mission conducted to oversee activity implementation including maintenance of health facilities and health promotion/awareness raising campaigns in districts.

Challenges of the project.

- Funds allocated for health sector pilot are inadequate to cover sector priorities and expansion to new districts.
- Long procurement and contracting procedures resulted continued delays of pilot project activities in districts.
- District authorities not committed to work-plans and other activity schedules causing unnecessary delays.