



**DOCUMENTATION ON SERVICE DELIVERY MODEL  
HEALTH, WATER AND EDUCATION IN PUNTLAND**



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**Abbreviation**

DDF	District Development Framework
DEC	District Education Committee
DEO	District Education Officer
DHO	District Health Officer
GoP	Government of Puntland
JPLG	Joint Program for Local Government
LGs	Local Governments
MoE&HE	Ministry of Education and Higher Education
MoH	Ministry of Health
MoPIC	Ministry of Planning and International Cooperation
PNEB	Puntland National Examinations Board
PSAWEN	Puntland State Agency for Water, Energy and Natural Resources
REO	Regional Education Officer
RHO	Regional Health Officer
SAD	Social Affairs Department
SDM	Service Delivery Model
UNICEF	United Nation Children Fund
WASH	Water, Sanitation and Hygiene

### Executive Summary

The objective of this documentation report, which for the first time brings Health, Water and Education services together within a common framework. It is to follow-up and identify current Service Delivery Model practices and achievements, challenges and recommendations within the existing different pilot projects on Health, Water and Education sectors in Puntland. This report is categorically divided into seven components including Introduction, Scope and research approach, Geographical and economic context of sector pilot districts, achievements, challenges and recommendation across all the sectors as well as the central and district levels on Health, Water and Education.

Nevertheless, the report demonstrates the way forward for the upcoming year in regard to the inclusion of new districts to pilot various services in Puntland.

### 1. INTRODUCTION, SCOPE, APPROACH

#### 1.1 Introduction

This report presents the findings of the "**Documentation of the Service Delivery Model in Puntland**". The report accumulated mutually primary and secondary information provided by the central ministries principally the Ministry of Health, Ministry of Education and Higher Education, the Puntland State Authority for Water, Energy and Natural Resources. More so, the District Authorities that were involved in piloting of various social services including education, water and health were engaged throughout the process of documentation of the achievement accomplished in SDM sector.

The documentation process has been financed by UNICEF, as part of its responsibility as a member of UN agency of the JPLG, and aims to provide a significant input into providing decentralized service delivery in the education, health and water and sanitation sectors in Puntland.

This report came after an implementation of pilot projects on health carried out by Districts of Bosaso, Gardo and Garowe and water and sanitation pilot projects done by Districts of Banderbayla and Eyl respectively. These districts are in Categories of A and B.

#### 1.2 Scope and Rationale

The scope of work is mainly formed by the Terms of Reference for Service Delivery Model documentation developed by UNICEF-JPLG. The motive behind this idea is: document the pilot service delivery process from the starting point up to the current stage of the decentralized service delivery model, by providing challenges, recommendation and way forwards for SDM in Puntland.

#### 1.3 Method of research and approach

The research approach adapted for this documentation was in-depth, qualitative approach that sought to understand the views of actors in the social services delivery model. The aim was to explore and analyze their views and perceptions not only of the achievements made on SDM between central ministries and district authorities/municipalities but also of effective this arrangement is in improving the delivery of basic services to citizens/people and enhancing accountable local governments.

The primary tool of data gathering during the field work was in-depth interviews with the following key stakeholders: District Authorities, Officials from regional level, District Committees on health, water and education, Manager of health facilities as well as primary schools.

### **1.4 Brief context of various Service Delivery Models**

The decentralization of social services is gradually progressing across the major JPLG target districts in Puntland. For the last two year, the Puntland Government has done substantial political commitment in support of decentralized services delivery, by passing the Puntland Decentralization Policy, conducting and creating a platform to review and plan the interventions in line with the decentralization policy as well as the sectoral regulations. The adoption of the decentralization policy enabled to state the roles and responsibilities of central ministries and local governments. Therefore, the issue of decentralization of services has become and regarded as a common subject. The Office of the Champion is the pivotal government body that coordinates and pushes forward the decentralization of social services delivery as well as other developmental interventions provided by JPLG in Puntland.

## **2 GEOGRAPHICAL AND ECONOMIC CONTEXT OF SECTOR PILOT DISTRICTS**

### **2.1 BanderBayla District**

Bander Bayla is located in the South Eastern of Bari Region of Somalia which lies around 240KM east of Gardo and 250KM South East of Iskushuban District in Bari Region of State of Puntland, Somalia. Bander Bayla District occupies area of approximately 14,400 square km.

Bander Bayla is considered as one of the oldest districts in Puntland. It was settled in early 17th century as quoted from the regional officers and elders whereas it received the recognition of a district title in the early 1963s. Bander Bayla is a coastal community primary inhabited by the Cisman Mahmoud and Amaanle, sub-clans of the Majerteen and Leelkase branches of the Somali Darod clan also there are some various clans in the districts.

A rough estimate by the (MoPIC, 2007) shows that Bander Bayla District has a population of around 120,000 people, almost two thirds of whom are nomadic and only 26 per cent of whom live in the permanent villages and the town of Bander Bayla.

The primary economic sector (fishery and livestock) is by far the most dominant economic sector in Bander Bayla followed by the tertiary sector (services); however, the secondary sector does not exist, as there is no manufacturing or industrial production. It is estimated that around 90 per cent of family income comes from two sectors, fishery and livestock as primary and secondary respectively.

### **2.2 Bosaso District**

Bosaso lies on the Gulf of Aden between the two famous mountains namely Al-Madow and Al-Misked both of which are rich in frankincense and gum trees. It is one of the oldest and biggest towns in Somalia and before the name Bosaso was given, the town was known by many as Bender Qasim. The estimate of MOPIC shows that Bosaso District has population of around

705,000 people in 2012, almost two or third of which is urban inhabitants and the rest the rural areas of the district.

For administrative purposes, today Bosaso consists of 16 villages and 17 neighborhoods with a land area of 60km square.

Bosaso is the port and commercial city of Puntland, it is undergoing rapid growth and used to be fishermen, since Bosaso is sea port city the fishery sector is the second large sector and most important economic sector. The economy is dependent on the natural resources such as the exportation of livestock, frankincense, leather, fish. The economic infrastructures on which Bosaso mainly depend are: the port, airport, road links, money transfer, telecommunications, livestock quarantine stations, electricity and water supply, banks, education and health centres.

### **2.3 Eyl District**

Eyl District is located in the Nugal region of Puntland State of Somalia. The district is bounded by Bander Bayla District on the East, Garowe on the west. Jariban District on the Southwest, Dangoroyo District on Northern east, the Centre of the district is Eyl town which is an old town settled during the 18th century. Eyl town is composed of two separate parts /villages, which are Badey situated along the coastline and Daawad situated along the seasonal watercourse of Nugal River. There is around 5km distance between the two parts. Eyl district consist of 41 villages three of them lays in Eyl town and the district have long historical and artifact.

The estimate of (MoPIC) shows that Eyl District has population of around 220,000 people in 2013, almost two third of whom are nomadic and only 45 per cent live in the permanent villages and the town of Eyl.

Primary sector fishery offers almost half of employment in the district. There are 958 people employed in various sectors, 42 per cent of whom are employed fishery sector, 19 per cent in transportation and 15 per cent s employed in small retail shops.

The livestock rearing and fishery sector produce a significant economic value. It is estimated that around US\$ 1.2 and 1.0 million is produced annually by livestock and fishery sectors respectively though much of which is not registered and taxed.

### **2.4 Galkaio District**

Galkaio, one of the largest and oldest towns in Southern and Central Somalia, is the capital of Mudug region, connecting the northern and southern parts of the country. It was formerly established by 1900 by Sultan Ali Yusuf Kenadid. The total number of Galkio district population is in the range of 350,000. Galkio district is one of the most populated districts in Somalia. In each 1 KM<sup>2</sup> there are 18 persons living in it.

The most important source of livelihoods in Galkio District is Business and livestock rearing. The district is also one of the most important customs in Puntland.. Other important livelihood sources are industries, export and import from the airport and agriculture especially in Roox, Godad and Afwayn. In terms of employment, most families rely on Business and livestock, followed by small-scale agriculture and public employment.

### **2.5 Gardo District**

Gardo is the regional capital of Karkaar region and before it used to be one of the districts of Bari region, it is one of the most important districts in Puntland due to its geographic location, climate, and good pastoral landscape. Gardo communities are mostly nomads who rely on livestock herding and animal rearing and the district comprises of the capital and 28 villages; 8 of them are in the city while others are in rural. The area of Gardo district is about 7,000 km with 850m above the sea level. The total population of the district is estimated to be 450,000 in which 85,000 up to 100,000 of them reside in Gardo town and 350,000 are nomads and villagers outside the town. In addition to the above figure there are IDPs estimated to be 1,603 households.

Most of the population in Gardo district relies on livestock, remittances. Gardo district has few amount of agriculture and has no coastal area suitable for fishing.

The district inhabitants are mainly dependent on pastoralist who is severely affected by the recent droughts and desertification. The most important sources of income include animal products, business, remittances from the Diaspora and a limited donor funds.

### **2.6 Garowe District**

Garowe district shares its borders with Eyl district in the East; Dangoranyo district in the Northeast; Bocame district in the West; Talex district in the north; Burtinle district in the South. Garowe town is the capital of Puntland State of Somalia, and is a seat for the most government institutions. The population of Garowe town is estimated in the range of 70,000 to 120,000. Thus the total population of Garowe district is estimated at 450,000.

Garowe City has all sorts of goods and services are available; such as basic food stuffs, clothes, household utensils, fruits and vegetables, milk & meat, jewelry, currency exchange among others. The main trading activities in Garowe municipality are carried out at the city market, within the main market area and along the main tarmac road.

### 3. HEALTH SECTOR FINDINGS

#### 3.1 INTRODUCTION

The Ministry of Health with partnership of UNICEF jointly arranged certain functions to be devolved to local governments. There were three main objectives of health service delivery through the local governments are to:

- i. Create an ownership of the health services delivery among the district councils/communities.
- ii. Support them to contribute to the improvements in terms of sharing of resources and responsibilities in line with the centrally agreed norms and policies.
- iii. Devolve 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.

In late 2013, the MOH came up an initiative to devolve certain functions to perform by the local governments as a pilot project. The devolved functions were three namely; health facility maintenances, health promotion campaigns and supervision/monitoring of health facilities.

#### 3.2 ACHIEVEMENTS ACROSS ALL THE LEVEL

##### 3.2.1 Ministry of Health level

The ministry has made some progress on the devolution of health sector to the local districts. The ministry engages with three districts that is; Garowe, Gardo and Bosaso to pilot the devolved functions. Followed by the consultation meeting with the above mentioned three pilot districts. The ministry signed Memorandum of Understandings with the mayor of the three districts. Launching ceremony and planning workshop were organized by the ministry, representatives from the pilot district authorities were attended the planning workshop. The real implementation of health decentralization and service delivery through the pilot three districts commenced in July, 2014.

Additionally, the ministry conducted training workshop for the various District Health Committees and a total number of 21 members attended the training assembly. The aim of the training workshop was to equip them on issues related to the devolved functions and as well act as a health facilitators in their respective district. The MoH has done comparable achievements in the Gardo and Garowe districts respectively.

### 3.2.2 Bosaso District level

The District Mayor of Bosaso appointed District Health Committee that spearheads the execution of activities under the devolved functions. The appointed committee consisted seven members from the Social Affairs Department and Planning Department at district level, representatives of the District Council, Village Committee and District Health Officer.

Health needs assessment on health facilities were undertaken by the committee. Eight health facilities located within Bosaso district were assessed and their needs were identified. Six health facilities were selected by the ministry and the committee out of the assessed eight health facilities. Due to the available resources it was agreed to provide support for six health facilities in Bosaso.

**Table 1: Shows the names and locations of the selected health facilities in Bosaso District.**

#	Name of the health facility	Location
1	Bosaso Central MCH	Centre of Bosaso
2	Beel-daaje MCH	Girible A
3	Horseed MCH	Horseed
4	Boqolka bush	IDP settlement
5	Isniino MCH	Shan farrow
6	Tuur-jaalle	Girible A

The above selected 6 health facilities in Bosaso district were provided support in terms of minor rehabilitation work such as repairing of broken doors, windows, painting of walls, and payment of water and electricity bills.

Furthermore, the Bosaso district particularly the health committee with the support both financial and technical from the MoH and UNICEF, organized a training workshop on health promotion. Total numbers of 960 beneficiaries from various villages in Bosaso were actively participated and benefited the training. Also, the District Health Committee formed village level committee members. The village committee members were trained on health promotion; total number of 63 partakers attended such training.

### 3.2.3 Gardo District level

Gardo district have also accomplished several activities related to the devolved health functions. The key remarkable ones are; establishment of the District Health Committee; these committee involved members from the Social Affairs Department and Planning Department at district level, the District Health Officer, members from the district council and village representatives. The committee members conducted health needs assessment within Gardo

district and come up to select three health facilities to benefit the proposed interventions of the pilot project.

**Table 2: Shows the names and locations of the selected health facilities in Gardo District.**

#	Name of the health facility	Location
1	Gacan Libaax MCH	Gacan Libaax
2	Hingood MCH	Hingood
3	Shimbiraalle MCH	Shimbiraalle

Different sorts of support were given to the above health facilities, such supports included rehabilitation of the buildings, installation of piped water as well as electricity, payment of water and electricity bills for the health facilities.

In addition, the District Health Committee successfully carried out different training workshops on health promotion and awareness raising campaigns at village level. One training workshop was specific to the beneficiaries or health service user and a total number of 480 persons attended; while the other training was focused on the village committee members, 56 persons participated the training workshop on health related matters.

### **3.2.4 Garowe District level**

The former Mayor of Garowe appointed District Health Committee comprising of 7 individuals including the Director of SAD and District Health Officer. The Committee members have done effective task concerning the health delivery services. Some of the ideal tasks were the assessment of health facilities, selection of health facilities and training of Village committee members. The training was focused on health and sanitation in which a total number of 4,860 persons participated.

The District Health Committee members organized health promotion and awareness raising campaigns at village level. The aspire of the awareness campaigns was to encourage mother and child to visit health facilities/MCHs for counseling and guidance.

**Table 3: Shows the names and locations of the selected health facilities in Garowe District.**

#	Name of the health facility	Location/village
1	Jilab MCH	Jilab IDPs
2	Gargaar MCH	Wabari
3	Waaberi MCH	Inji area
4	Gambol MCH	City Centre

The program supported the above health service providers in different ways such as maintenance of MCHs including toilets, painting of MCH buildings, and payment of water bills.

### **3.3 CHALLENGES ACROSS ALL THE LEVELS**

During the implementation of devolved functions, challenges were encountered at various levels. Some of the notable challenges were included the following;

#### ***Ministry of Health level*** (main challenges)

1. Limited funding resources hence, the expansion of the pilot districts and services will be inadequate.
2. Delay of receiving funds from UNICEF-JPLG, so activities implementation at district level becomes inactive.
3. Narrow knowledge and skills in Social Affairs Department staff on health promotion activities.
4. Insufficient coordination at the district level.

#### ***Bosaso District level***

1. High demands and needs from the health facilities with limited allocated funds per health facility.
2. Inadequate capacity building for the Social Affairs Department as well as the District Health Committee.
3. Ineffective coordination mechanism among the district and the central ministry.
4. Delay of funds from the ministry level.

#### ***Gardo District level***

According to the District Health Committee members, they have accounted that the following challenges were experienced during the implementation of the pilot project:

1. Unwanted delays disrupted the implementation of the activities. A work plan indicating the activity and the time to achieve was prepared but not followed accordingly.
2. Limited fund resulted not to cover the needs from some other health facilities located in Gardo town.
3. Unclear roles and responsibilities among the MoH and District Authorities in regard to the planning and budgeting of the activities under the devolved functions.

4. Limited time to perform many tasks; this is due to unwanted delays.
5. Inadequate information sharing across all the levels.

### **3.4 RECOMMENDATIONS ACROSS ALL THE LEVELS**

1. Allocate enough funding to implement the devolved functions.
2. Provide regular capacity building for the district health committees, village committees as well as health facility staffs.
3. Improve the communication between the district level and the central ministry.
4. Continue of the pilot project activities.
5. Allocate more funds to accelerate the activities at district and village levels.
6. Focus on how to the pilot project to make a positive impact in the community.
7. Expand and reach the areas and communities residing outside Gardo town.
8. Collaborate with MoH on other programs and activities which are going on in the district such as vaccination.

## **4. WATER SECTOR FINDINGS**

### **4.1 Introduction**

PSAWEN is the key government organ that is helping the organization to achieve that through managing the water sources in the region directly or indirectly (partnership). To ensure delivery of quality services to urban and rural communities in Puntland, PSAWEN entered into an agreement with private companies under the public private partnership initiative to have better service delivery, increase coverage and sound management of scarce water resources in Puntland.

### **4.2 Achievements across the districts**

PSAWEN decided the district of Banderbeyla to pilot the provision of water services since the major districts targeted by JPLG are having effective water supply systems.

Momerandum of Understanding was signed among the PSAWEN and BanderBayla District Mayor. The roles and responsibilities of both parties as well as community members were clearly indicated on the MoU.

PSAWEN with close collaboraton with Banderbayla Local Government conducted several activities including village mapping for water services in 16 villages around Banderbeyla district

while selected 7 sites including Banderbayla town, Dhudo, Dhalinbar, Dur-Dura, Meygag, Kulule and Qoton villages, assessment for PPP viability was carried out in areas applied for PPP approach, community consultation and mobilization workshop meeting was held in Bosaso district: participants were from Kulule, Qoton, Meygaag and other villages of Banderbayla. Recently, PSAWEN designed tripartite agreement with the Local Government Authority and the PPP Company. In terms of water management, the local community has representatives that works with the service provider and the Local Government. The quality of water is good for human consumption and it is periodically treated by the company.

Conversely, PSWEN expanded the initiative to provide water services to the citizens of Puntland; then Eyl district become the second district to pilot the PPP initiative. Activities such as community consultation meetings were conducted, village mapping for water availability was done in 7 villages approximately located in Eyl district. Four villages were selected out of the seven assessed villages.

### **4.3 Challenges (mainly from Banderbayla district)**

1. Limited opportunities or interests for investing water system in rural areas particularly grade C. This is the experience in Kulule and Qoton villages in Banderbayla district.
2. Inadequate funding capacity for fulfilling the provision of water services.
3. Poor coordination and information sharing across all the levels.
4. Delay of fund release hence causes interruption in the activities implementation process.
5. Limited availability of tools/equipments (i.e pipes, motors, etc) in Banderbayla water sites.

### **4.4 Lessons learnt**

1. The partnership between PSAWEN, PPP companies, LGs of Banderbayla and Eyl district resulted local ownership and local initiative to manage water resources.
2. Improved availability of water in affordable cost to the community.
3. Companies have local arrangement to ensure free water to poor families.
4. Local companies raising resources to repair water system.

### **4.5 Recommendations**

1. Speed up to complete remaining activities in Bander Bayla and Eyl district.

### 5. EDUCATION SECTOR FINDINGS

#### 5.1 INTRODUCTION

There were important achievements on education sector service delivery made by the Ministry of Education and Higher Education. Late in March 2015, the MoE&HE carried out the first consultation meetings with three District Authorities including Garowe, Bosaso and Galkaio. Such districts were selected to pilot the education service delivery. The ministry familiarized the pilot decentralization of education services. The overall objective of education service delivery is to strength service delivery and improves local self-governance by establishing linkages between the Ministry of Education and Higher Education and LGs and specifically the focus is on the following key areas;

1. Devolving certain education functions to the district level in order to gain efficiency and better management of education services delivery, as well as strengthened local self-governance.
2. To create an ownership of the education service delivery amongst 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.

#### **Proposed functions to be devolved**

The Ministry of Education and Higher Education is dedicated to delegate certain functions that are currently managed by the ministry to the local district authorities in pilot project. Some of the proposed functions to devolve are as follows; i) **routine school maintenance** such as maintenance of water points, hygienic storage of water, maintenance of toilets, painting of school building, purchase of chalk, payment of water bills, school furniture repairing, payment of salaries for cleaners and security guards. ii) **few quality assurance activities such** school inspections, checking school enrollment rates and attendance, availability of Teaching and Learning Material, planning for new class rooms and school upgrade.

The ministry initiated initial consultation meetings with the various pilot districts and at the same time disseminated the concept note on education service delivery as well as any other essential information such as the list of registered schools and with enrollment rates within the selected pilot districts.

In addition, the ministry guided and documented the achievements reached by the 3 pilot district authorities. A total number of 15 primary schools (5 schools per district) were selected, and their needs were assessed and budgeted.

**5.2 ACHIEVEMENTS ACROSS DISTRICT LEVELS****5.2.1 Galkaio District**

The Galkaio District Mayor nominated nine members as the District Education Committee. These members were consisted representatives from the district council, staff members from the departments of Social Affairs and Planning at district level, the District Education Officer and members from the private sector.

The DEC came together and planned the way forward. In line with the concept note, the committee agreed on the school selection criteria and afterward they have selected 5 primary schools owned by the public and/or community which are all located within Galkaio town. Primary schools that have been selected are;

**Table 4: Shows names and location of the selected primary schools in Galkaio District**

#	Name of the primary school	Location/village
1	Ummada Primary School	Central Galkaio
2	Daaru-Salam Primary School	Israac
3	Abdullahi Binu-Abbas Primary School	Garsor
4	Salama Primary School	Israac
5	Barda Cad Primary school	Gar soor

The DEC carried out school based needs assessment on the proposed functions that are reflected on the concept note. Head teachers and some members of the Community Education Committee's at school level were the key respondents during the assessment.

**5.2.2 Garowe District**

The former Garowe Mayor appointed District Education Committee that consists of 6 members from the permanent committee of the District Council, the Director of Social Affairs department and some of the staff who are within the municipality. The District Education Office is also a key member of the appointed education committee. This has been followed by the selection of the schools that will benefit the pilot project. School selection criteria have been agreed by the members of the committee.

The members of the education committee chosen five primary schools owned by the public and community, these five primary schools are located within Garowe city namely;

**Table 5: Shows names and location of the selected primary schools in Garowe District**

#	Name of the primary school	Location/village
1	Mohamud Aw-Osman Primary School	1 <sup>st</sup> August
2	Darwish Primary School	Hanti-wadaag
3	Waberi Primary School	Hodan
4	Kaalo Primary School and	Waberi
5	New Waberi Primary School	Waberi

The DEC conducted school based needs assessment on the proposed functions that are reflected on the concept note. Head teachers and some members of the Community Education Committee's at school level were the key respondents during the assessment.

The DEC came up with estimated cost analysis based on school needs. Some of the school needs that have been calculated were expenditures that schools pay in monthly bases including water bills, salaries of watchmen and cleaner, and electricity bills.

### 5.2.3 Bosaso District

Similar to the other District Authorities (i.e Garowe and Galkaio) the Bosaso District Mayor took a common position of understanding the pilot education decentralization process. He nominated 6 members consisting the Deputy Director of Social Affairs Department, Director of Planning Department, District Education Officer, Permanent District Council and Permanent Secretary of the District.

The District education committee came together and planned the way forward. In line with the concept note, the committee agreed on the school selection criteria and afterward they have selected 5 primary schools owned by the public and/or community which are all located within Bosaso town. Primary schools that have been selected are;

**Table 6: Shows names and location of the selected primary schools in Bosaso District**

#	Name of the primary school	Location/village
1	Garisa Primary School	Girible A
2	Haji Yasin Primary School	Shanfarrow
3	Haji Mire Primary School	Dayaxa
4	Ugas Yasin Primary School	Hormud
5	Ganane Primary school	Horseed

The District Education Committee carried out school based needs assessment on the proposed functions that are reflected on the concept note. Head teachers and some members of the Community Education Committee's at school level were the key respondents during the assessment.

### 5.3 Challenges

There was one common challenge that disrupted the concrete implementation of the education service delivery across all the districts.

1. The terror suicide attack targeted by UNICEF's staff which caused the deaths and injuries of important individuals including Education Section staff members. Due to that attack, all activities related to the implementation of service delivery model were completely stopped with further information.

### 5.4 Recommendations

In regard to the education sector service delivery, representatives from different levels suggested the following substances.

1. Continuation and acceleration of the implementation of education services
2. Expand and permit new districts to participate education service delivery model.
3. Build the capacity of social affairs department at various district levels, in order to understand and advocate for developing education at school, community and national level.

## 6. Way forward

As far as concerned on SDM implementation across Puntland districts through a range of local governments; central ministries decided and planned ahead to expand the number of districts that will pilot the service delivery model.

Ministry of Health selected and planned Galkaio District to become the fourth district to implement pilot projects on health service delivery. The ministry will sooner conduct consultation and planning meetings with Galkaio District Authority.

PSAWEN had also plans to expand the pilot water service to the districts in Puntland. The agency, decided to include districts such as Jariiban and Galkaio.

In the same way, the MoE&HE approved Gardo district to join the other three previous districts to pilot the education service delivery through LGs. Initial consultation and planning meetings with Gardo Districts officials are under way and more rapidly the district will inherit roles regarding on provision of education services in to the community.

### 7. General Recommendations

As things stand, SDM seems to be supportive to deliver services to the community throughout the pilot districts in Puntland. Therefore the following general advices close this documentation.

1. There is a need to train the SADs staff on how to properly document and keep the records and filling systems on matters related to SDM implementation and progress.
2. While there will any training workshop for the SADs staff; the training sessions should be designed as a package; meaning that areas of report writing and financial liquidation report skills to be integrated in the training program.
3. There is a need to restore and accelerate the SDM activities. Activities postponed in this year to be quickly done as much as possible.

## Annexes

## Annex I: List of Key Informants

#	Names	Designation
<b>Garowe</b>		
1	Abdinasir Elmi	Health Technical Consultant, MoH
2	Ali Dirie	Director of Public Health, MoH
3	Ahmed Alishire	Director General, MoE&HE
4	Ahmed Mohamud Warsame	Director of PNEB, MoE&HE
5	Abdinasir Hersi Jama	Director of Programs, MoE&HE
6	Hashi Hussein Farah	REO, Nugal Region
7	Hassan Mohamed Isse	Garowe Mayor
8	Aisha Abdi Hussein	Member of Garowe District Council
9	Mohamed Salad Abdi	Deputy Chairman of PSAWEN
10	Mohamed Abdi	Water Consultant, PSAWEN
<b>Bosaso</b>		
1	Eng. Yasin Mire Mohamed	Bosaso Mayor
2	Yusuf Adan Gas	Director of Planning, Bosaso District
3	Ali Mohamed Mohamud	Director of SAD, Bosaso District
4	Abdi Nur Galayr	Member of Bosaso District Council
5	Abdullahi Hassan Abshir	DEO, MoE&HE
6	Johro Muse Elmi	DHO, MoH
<b>Gardo</b>		
1	Fadumo Nur Shire	DHO, MoH
2	Abdullahi	General Secretary, Gardo District
3	Mohamud Mohamed Shire	Member of District Council, Gardo District
4	Burhan	
5	Wacays Aidarus Gure	Procurement Officer
6	Awil Mohamud Ali	District Planning Consultant
<b>Banderbeyla</b>		
1	Saedd Adan Ali	Bander Bayla Mayor
2	Johro Saed Iman	Member of Water Committee, Bander Bayla
<b>Eyl</b>		
1	Muse Osman Yusuf	Eyl District Mayor
2	Sacad Abdulkadir Mohamud	District Planning Officer

## Annex II: Guiding discussion questions

Qn #	Guiding questions for discussion/consultation at various levels	Responses
<b>Central level discussion on health service implementation process</b>		
1	When MoH commenced to decentralize/deliver JPLG health activities	
2	Which districts were targeted as a pilot project?.	
3	What are the basic functions proposed to devolve via local authorities	
4	What steps were undertaken to implement health services: consultation; need assessment; costing	
5	How is the funds managed and transferred to local governments	
6	What are main challenges faced during the implementation	
7	What is your recommendations on health services delivery	
8	Do you believe coordination between MoH and target pilot districts have improved because of devolved functions? If yes any evidence? And if no why so?	
<b>District level discussion on health service delivery</b>		
1	How is the selection of the various health facility/centres occurred? Name the health centres	
2	Number of people benefiting the health facility	
3	What is the status of the districts in terms of geographical and economic (annual revenue) information	
4	Population size of the district	
5	What has been achieved in regard to health service delivery	
6	What are the key challenges faced during the implementation of health	
7	What would you recommend for better delivery of health services	
8	How the funds channeled/transferred into health service providers	
9	What would you suggest to be done differently for the second phase of the pilot project?	
10	Have you consider the role of technical consultant important and effective?	
11	What technical supports have you received from JPLG technical support and/or deconcentrated staff from the MoH ( District level such as RHOs)	
<b>Guiding questions on water management across the levels</b>		
1	Briefly highlight the status of water management - by mentioning the number of pilot districts	
2	What are the steps followed in water management	
3	What are the key positive gains experienced so far?	
4	The bottlenecks encountered during the implementation of water services	
5	Did community members actively participated designing and formation of PPP companies?	
6	What is your recommendations on provision of water services.	
<b>Discussion at district level - Eyl and Bander Beyla</b>		
1	Have you being involved PPP formation at your districts?	
2	Estimated number of service users	
3	The quality of water - safe for human consumption	
4	Who manages the water at district level/	

Annex III: Pictures showing the achievements reached on SDM in Puntland.



Massive attendance of Bosaso residents during health promotion and awareness raising training workshops.



Former Gardo Mayor (L) with former Minister of Health.

Group discussion session during the training of Village Cs.



DHO (standing) with Gardo District Health Committee.

Group Discussion sitting of Gardo Village committee members.



Former Minister of Health (R) with former Bosaso District Mayor (L)



Broken ceils and the roof of Daru-Salam primary school



Garowe DEC members meeting with one of Aw- Osman primary school head master.



Broken school furniture scattered inside Darwish school in Garowe.



Mothers and children attend at post-natal care services at Xingood MCH in Gardo district.

### **Annex IV: References**

Concept Note for Health Sector Decentralization pilot .

Concept Note for Decentralization of Water Management System.

Concept Note for Education Sector Decentralization pilot.

DDF (2013), Bosaso District of Puntland State of Somalia; revised and updated version.

DDF (2014), Bander Bayla District of Puntland State of Somalia.

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DDF (2015), Galkaio District of Puntland State of Somalia.

DDF (2014), Garowe District of Puntland State of Somalia; 2nd edition.

DDF (2014), Gardo District of Puntland State of Somalia.

Sector Wide Progress Reports during mid-term and annual joint review meetings in 2014-15.