CAPACITY BUILDING WITHIN HEALTHCARE (CBH)
END OF TERM EVALUATION REPORT

By: Dr Agnes Abuom
Mr. Gordon Kojo

TAABCO Research & Development Consultants
P O Box 10488 GPO 00100, Nairobi Kenya
Tel: +254-20-2712700/2712698/2713957
Tel/Fax: +254-20-2712980
E-mail: taabco@taabco.org
Website: www.taabco.org

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ACCRONYMS & ABBREVIATIONS

CBH	Capacity Building Within Healthcare
EAUH	Edna Adan University Hospital
FAO	Food and Agriculture Organization
HGH	Hargesia Group of Hospitals
IOM	International Organization for Migration
KIIs	Key Informant Interviews
MICS	Multi – Indicator Cluster Survey
MOH	Ministry of Health
MSF	Medicens Sans Frontiers
NLM	Norwegian Lutheran Mission
NNM	Noleeynta Naruradha Mustaqbalka
NRC	Norwegian Refugee Council
SMEA	Scripture Mission East Africa
SNM	Somali National Movement
TAABCO	Transforming, Analyzing, Acompanying and Building Change Organizations
UNICEF	The United Nations Children's Fund
WHO	World Health Organization

EXECUTIVE SUMMARY

Capacity Building within Healthcare (CBH) is a project implemented in Somaliland by the Norwegian Lutheran Mission (NLM) operating under the local name Nooleynta Naruurada Mustaqbalka (NNM). The project has been piloted since 2008/9 to-date in partnership with Edna Adan Hospital, Hargeisa Group of Hospital and the University of Hargeisa Medical Faculty.

The Somaliland Republic is faced with the challenges of providing necessary basic conditions to facilitate preventive and curative health care services to its population during this phase of reconstruction that followed the destruction caused by the civil war of 1988-91.The following are some of the problems in the Somaliland healthcare systems; inadequate or lack of regular remuneration of healthcare workers, poorly equipped hospitals and movement of doctors from public hospitals to private practice leaving the poorer part of the population with no access to healthcare services.

NLM/NNM contracted TAABCO research and development consultants, a regional consultancy firm based in Nairobi to conduct an end term evaluation for the pilot phase of the CBH project. The evaluation sought to address the following issues regarding the project relevance and the effectiveness of the approaches used by the CBH project, the scope and focus of the project, viability of the options for using the existing scripture mission structures to support the project, the utilization of resources and project implementation in the context of insecurity, overall impact of CBH in comparison to other projects implementing similar initiatives and possible recommendations related to future objectives.

The following were some of the findings of the CBH pilot project end term evaluation; The approach of using a large pool of qualified short term personnel and a few long term highly qualified professionals was found relevant but faced recruitment challenges. The approach was also found to be in line with the government's priorities in addressing poor health outcomes in Somaliland.he focus of the project, that is addressing the needs for building capacities in healthcare was found to be relevant since most of the actors were concentrating their efforts towards provision of primary healthcare leading to the relegation of capacity building of healthcare workers to its secondary status.

The need to share the experiences of other projects such as the IOM FINNSOM was found to be necessary in order to map out the partners strengths, share their experiences and work towards creation of synergy in building capacities within healthcare. The evaluation also noted that the objectives that the project had set to attain were rather broad to be achieved within a short time period and in the prevailing context in Somaliland. The NLM/NNM-CBH structure was found to be unclear to the CBH personnel at the start of the project and sometimes caused delays in decision making.

Despite the fact that the Somaliland society is a post conflict society and still bears the features of a country under reconstruction, the evaluation could not find any significant evidence of insecurity in Somaliland that had negatively impacted on the CBH project's

ability to deliver on its planned outputs. The evaluation could not conclusively determine the impacts created by the project due to the long term nature of CBH interventions. It was however notable that some significant progress towards achievement of the intended outcomes had been realized especially in the areas of research.

The evaluation recommended the following; that the NNM/NLM needed critical strategic thinking on Somaliland and the need to reach Somali people,the current approach (many short terms and few long term personnel mix) would remain a more effective way of building the capacities of the healthcare workers and medical students if NLM/NNM adequately addressed the recruitment challenges, NLM/NNM needed to improve its structure to be more supportive to the CBH staff, future CBH phases need to consider utilization of the capacities of the regional institutions to support the local institutions based in Somaliland build the capacities of their healthcare workers and students.

CHAPTER ONE

1.0 INTRODUCTION

1.1 Introduction

This chapter provides the information on the background to the Capacity Building within Healthcare project, the health situation in Somaliland with special focus on healthcare challenges, a brief introduction to the capacity building within healthcare project; and the purpose and objectives of the end term evaluation for the CBH project.

1.2 Background Information

Capacity Building within Healthcare (CBH) is a project initiated by the Norwegian Lutheran Mission (NLM) operating in Somaliland under the local name Nooleynta Naruurada Mustaqbalka (NNM). The project has been piloted since January 2010 to-date in partnership with Edna Adan Hospital, Hargeisa Group Hospital and the University of Hargeisa Medical Faculty.

CBH is implemented in Somaliland, a break-away republic in previous North Western Somalia. The country is a former colonial territory of British Somaliland (from 1884 to 1960). Somaliland voluntarily merged with Somalia four days after independence and formed the Somali Republic. Present day Somaliland has grown out of the ruins of the civil war. Dissatisfaction grew with the ruling party under Siyad Barre rule, leading to the establishment of Somali National Movement (SNM) in the beginning of the eighties. However, the people reorganized and fought back through a guerrilla war and on 18th May 1991, the clan leaders declared independence from the rest of Somalia with borders equal to the colonial "British Somaliland".

The Somaliland Republic, still awaiting international recognition, has nevertheless established governmental structures enabling it to function as a de facto state. From the time of the declaration of independence, four local and parliamentary elections have taken place. The Republic of Somaliland has during the last decade constituted an area of relative peace and stability in the region.

1.3 Health in Somaliland

The Somaliland Republic is experiencing huge challenges in providing necessary basic conditions to facilitate preventive and curative health care services for a substantial part of the population. This could be partly attributed to the dissolution of many health educational institutions after the civil war of 1988-91 causing many skilled health workers to be killed or to flee to other countries.

1.3.1 Health Care System

Healthcare system in Somaliland faces a number of problems including; inadequate or lack of regular remuneration of healthcare workers, poorly equipped hospitals and movement of doctors from public hospitals to private practice leaving the poorer part of the population with no access to healthcare services.

A number of health care system performance studies have been carried out and revealed that the public health system has too few employees and too many of these are low cadre health workers. User satisfaction is low, facility performance generally very poor, and the number of clients per worker is also low. The effects of the poor healthcare system were further reflected in the findings of a Multi Indicator Cluster Survey (MICS) with special focus on women and children that was carried out by UNICEF with local partners in Somaliland in 2005 summarized in the table below.

Table 1: 2005 MICS Summaries of results

Indicator	Proportions
Under Five mortality (Proportion of children dying before reaching the age of 5 years)	One in every seven children
Proportion of children under the age of 6 months exclusively breastfed	5%
Proportion of children receiving all the recommended vaccines before the age of 5 years	3%
Proportion of children with symptoms of pneumonia not receiving antibiotic treatment	2 out of 3 (67%)
Proportion of children under the age of 5 years sleeping under insecticide treated mosquito nets	10%
Proportion of pregnant women receiving preventive treatment against malaria	4%
Households using iodized salt	<1%
Proportion of pregnant mothers accessing skilled attendants/workers	31%
Proportion of the pregnant mothers getting at least one of the 4 advised interventions connected with Ante Natal Care (ANC)	25%
Proportion of pregnant mothers receiving all the four visits recommended by WHO	10%
Proportion of women in labor accessing the support of a medical doctor or midwife	20%
The proportions of women giving birth in a facility with advanced obstetric emergency care	< 20%
Number of delivery related fatalities	One in every 100 mothers

Source: CBH Project document

Still today, Somaliland is estimated to have just one medical doctor pr 10 - 20 000 inhabitants, many of them with little, if no continuous medical training. Large efforts have been invested by both private and governmental sectors that have seen gradual re-establishment of old and new teaching institutions, mostly after the year 2000. The institutions however still face major challenges in bringing back new skilled hands into the health service.

1.4 Capacity Building with Health Care Project

The CBH project an initiative of NNM and the local Health & Learning institutions (five nursing schools, two midwifery courses and two medical faculties) was started after a needs assessment in 2008. The project addresses the challenges namely, gaps in knowledge and skills in the health system that the local health and academic institutions face with a specific emphasis on capacity gaps in clinical training among the local junior practitioners.

The immediate beneficiaries of the CBH project's pilot phase were the medical and nursing students, clinical workers at partner hospitals and academic staff at health teaching institutions. The projects' long term beneficiaries were the general population of Somaliland with particular focus on mothers and children.

1.4.1 CBH Project goal

The overall goal of the project was to enable the Somaliland society to produce better health for the general population, especially women and children.

1.4.2 CBH specific objectives

Specific objectives were: contribute to the development of a new generation of health workers in Somaliland with sufficient knowledge and skills adjusted to local context to produce the long term goal; identify the essential components, approaches for design of a more comprehensive and targeted capacity building project within the healthcare system after the end of the pilot phase; enhance total quality management and holistic approach to healthcare through communication and demonstration of the importance of learning, accuracy, trust, respect, altruistic care, ethical awareness, equity, justice and the value of the individual.

1.4.3 CBH Project Beneficiaries

Intended direct beneficiaries of CBH include medical and nursing students, clinical workers at partner hospitals and academic staff at health teaching institutions in the short run; and the general population mainly the Mothers and Children who will easily access the quality healthcare in the long run as the indirect beneficiaries.

1.4.4 CBH Partnerships

Implementation of the CBH pilot phase was in close collaboration with other capacity building efforts within healthcare namely; Edna Adan University hospital (formerly known as Edna Adan Maternity hospital), Hargeisa Group of Hospitals, University of Hargeisa Medical Faculty, Somaliland Health Authority (KSTP), Borama Hospital, Somdev, Women and Health Association, Health Unlimited, MSF, UNICEF,FAO-Somalia, other Norwegian organisations like Norwegian Refugee Council (NRC), PYM and the International Aid Services (IAS) is not a Norwegian organization but has offices and sending base in Norway.

1.5 Purpose and Objectives of the CBH Project end of Term Evaluation

The end of term evaluation for CBH project pilot phase conducted by TAABCO Research and Development Consultants, a regional consultancy firm based in Nairobi was in adherence of the back donor funding requirements. The specific objectives that the end term evaluation sought to inquire into were the following:

1. To Assess the main approach in relation to the overall methods and output

   This involved:
   - Assessment of the needs addressed in relation to overall output
   - Assessment of needs in relation to government priorities
   - Assessment of knowledge and resources available to the project (recruitment efficiency)
   - Assessment of project management, communication and leadership capacity
   - Assessment of Strategic choice of the project (wide range of short term as opposed to long term)
   - Assessment of the partnerships involved (local, regional) in establishing the knowledge and resource platform
2. Recommendations on future scope & focus of CBH project
3. Assessment of the viability of CBH utilizing existing supporting infrastructure at scripture mission E. Africa and NLM headquarter
4. Assess utilization of resources and project implementation in context of risks
5. Assess the projects overall impact in relation to other similar projects implemented by other INGOs
6. Other recommendations related to future project objectives

CHAPTER TWO

2.0METHODOLOGY

2.1 Introduction

The chapter presents an overview of the methodology for conducting the CBH end term evaluation. It specifically highlights the design of the evaluation, sampling process, data collection tools and data analysis. The evaluation applied mainly qualitative methodologies and the data collection tools used were; questionnaires and in-depth interview guides (see annex for details on the different questionnaires). The list of informants is attached in the annex 5.

2.2 Evaluation design

The evaluation employed a cross-sectional type of design involving the use of both qualitative and to a limited extent, quantitative techniques. This design was considered suitable as it allowed for determination of the degree of influence of the different CBH interventions on the different changes desired as well as their relevance in context of the framework of needs to be addressed, resource availability and partnerships. A mix of approaches that were mainly participatory and non-extractive in nature was employed to collect the necessary information from the project implementers, beneficiaries and other stakeholders.

2.3 Sampling

The institutions partnering with the CBH project were purposively selected and thereafter beneficiaries from the respective institutions chosen by virtues of the term of service and relationship to project interventions. The Key Informants were purposively chosen from among the project staff, the staff from partnering institutions and other governmental and non-governmental agencies. The end term evaluation was conducted in 3 stages namely; literature review and development of tools, data collection stage (in Nairobi and Hargeisa) and data analysis and reporting stage.

2.4 Desk Study/Literature Review

CBH end term evaluation entailed desk studies and literature reviews of the relevant documents for collection of secondary data. The following documents were reviewed by the evaluation team: CBH mid-term review; codes of conduct, project document, CBH annual report 2010, CBH annual report 2011, financial reports Iodine Study Report, Synthesis report on the findings from three key monitoring and evaluation mechanisms: student proficiency tests; staff feedback reports; and student evaluations and health sector policy such as MOH draft policy among others.

2.5 Data Collection

Field data collection took place both in Nairobi and Hargeisa and took a total of 6 days. The evaluators used several tools to collect the data from different groups namely; the beneficiary questionnaires and key informant interview guides among others. The tools were used alongside one another (triangulation) so as to improve the accuracy of the information gathered. The evaluation tools were developed for different groups of

respondents namely the; project staff, project beneficiaries, representatives of the partner institutions and other collaborators.
The tools used in the evaluation addressed 5 different outcomes namely; the cognitive outcomes, skill based outcomes, affective outcomes, results outcomes and Return on Investment outcomes. The utility analysis method of benefit-cost analysis for assessing the money value of capacity building within healthcare project was used alongside other economic analysis.

2.6 Questionnaires
The beneficiary questionnaires were used to address the affective outcomes of the trainings and other interventions. The tool also addressed the issues of relevance and effectiveness of CBH activities by critically looking at how the needs were identified by the CBH project, the readiness of the beneficiaries and the institutions for CBH interventions, the environmental factors and the training methods used. The key informant interview guides and Key Informant interviews were useful in assessing the cognitive, skill-based and results outcomes of the CBH interventions.

2.7 Data and Analysis
The qualitative data collected from the KIIs were sorted into similar and contrasting patterns that were later incorporated into evaluation themes and constructs for report writing.

2.8 Stakeholder feedback workshop
Two feedback meetings were held in Hargeisa and one in Nairobi to validate findings with the CBH project staff, partners and stakeholders and to incorporate additional inputs or clarify findings as well as to create ownership of the results of the exercise. The responsibility for giving feedback to the project's back donors was assigned to the project management.

CHAPTER THREE

3.0 FINDINGS

3.1 Introduction

This section summarises the key findings of the Capacity Building within Healthcare end term evaluation. The findings are organised according to the main themes that were guided by the evaluation questions namely; the relevance and the effectiveness of the approaches used by the CBH project, the scope and focus of the project, viability of the options for using the existing scripture mission structures to support the project, assessment of the utilization of resources and project implementation in the context of insecurity, overall impact of CBH in comparison to other projects implementing similar initiatives and possible recommendations related to future objectives.

3.2 Relevance of CBH project's approach

The evaluation assessed the relevance and the effectiveness of the CBH project's approach to providing holistic healthcare capacity building through the use of short term and long term personnel mix. In order to objectively understand these, the assessment looked into the following areas of project's relevance and effectiveness; the needs addressed by the project in relation to the overall methods and output, the needs addressed by the project in terms of their relevance to the priorities of the government of Somaliland, the knowledge and resources availability with focus on recruitment efficiency, the project management, communication and leadership issues within the CBH project in the context of NNM/NLM, CBP project's strategic choice with regard to recruitment and assessment of partnerships in relation to local and regional ownership.

3.2.1. Needs addressed in relation to overall methods and outputs

The findings show that the project addressed the relevant needs that had earlier been identified during the baseline survey/preliminary visits. Some of the prioritized needs addressed by the project mainly targeted the marginalized groups within the Somaliland society and they include high incidence under five mortality, low uptake of ANC, low number of deliveries taking place in facilities with advanced obstetric emergency care or under skilled attendants, low iodine intake, and low doctor to patient ratio among other challenges to health of the population.

The approach of using a mix of many dedicated short term project staff and a few professional long term personnel worked out well. It should however, be highlighted that NNM staff lacked the necessary contextual work i.e. language, culture and especially clinical experience The evaluation noted that many partner institutions lacked the capacities that had been offered by the CBH staff. The project had succeeded in offering quality services due to the efforts of the personnel that were knowledgeable and had professional integrity and values. The evaluation further noted that even though the approach of short term and long term personnel worked well, the long term personnel approach was favored by the partner institutions since it allowed for trust building and flexibility to adapt to the realities of low capacities of the institutions absorption of the incoming initiatives.

3.2.2 Needs in relations to the government priorities

The Ministry of Health (MOH) and Laborare responsible for coordination of all the health activities in the country. It has received strong support from the World Health Organization (WHO) in the implementation and coordination of health activities. The ministry is also charged with the responsibility of coordinating the activities of INGOs. It was found that the Ministry was in the process of developing a health policy (still at draft stage awaiting presentation to the parliament). The key challenges of infrastructure and equipment were some of the needs of the healthcare facilities in the country like the rest of African countries, but even in cases where the infrastructure and equipment were available, the capacities to utilize them for healthcare provision still posed a big challenge, this could be confirmed by the corroborative evidence at the Edna Adan Hospital that had the dental facilities but lacked the human resources to operate them.

The interview with the Director General in the MOH further confirmed the challenges of inadequate human resource capacities in the healthcare facilities that have worsened by the government's inability to retain the trained healthcare personnel beyond their mandatory internship period where they are required by the law to offer their services in public healthcare facilities.

The CBH approach to target the medical and nursing students, clinical workers at partner and academic/health institutions was found to be relevant in mentoring and imparting the relevant knowledge, skills and patient care attitudes/values to the students and junior health care workers that would still serve the public before reverting back to private practice. The iodine research was in line with the government priorities as identified in the Multi-Indicator Cluster Survey (MICS) conducted by the UNICEF. The evaluation considered the CBH interventions to be relevant to the prioritized government needs as they were done with approval and in close consultations with the relevant government ministry (MOH) and the University.

3.2.3 Assessment of knowledge and resources available to the project (recruitment efficiency)

As a pilot phase, there were possibilities that the CBH project could have been designed with inadequate knowledge of the local context and the assumption that both the local and the expatriate personnel would be readily available at affordable costs to the project. The project reality however proved this assumption ineffective as it has been very difficult to attract and retain both regional and expatriate personnel in the contexts of perceived insecurity and less competitive rates of remuneration offered by the project in comparison to other INGOs operating in Somali land. It was evident that the recruitment process was ineffective and failed to adequately inquire into/exhaustively discuss the issues relevant to the specific needs of the context. At the same time, a number of long term staff with limited clinical experience proved in most incidents to be ineffective while some of the short term were partly effective. This therefore denied the CBH project and the partner institutions the freedom of adequately leveling their expectations at the time of entering into partnership agreements.

3.2.4 Assessment of the project management, communication and leadership

The interviews with the project staff and review of the project documents indicated that the initial structure failed to factor in the administration needs of the project, this was however, corrected later and the position of financial manager created. The structure was also found to have overloaded the project coordinator with the responsibilities especially at the time of undertaking the iodine research and teaching the research methodologies that equally were time demanding. The introduction of the position of the project manager was found to have greatly addressed this challenge and freed the much needed resource hours of the coordinator to be used for the activities with the partner institutions. These changes confirm the fact that the pilot phase had undergone a lot of learning and was flexible enough to adapt to the context.

The NNM/NLM structure was found to have presented some challenges to the smooth implementation of the project's planned activities. The bureaucratic nature of the structure and specifically the ambiguities and lack of clarity on the human resources management issues rendered the CBH approach less relevant. An example was cited by respondents who noted that NLM took long to respond to issues especially concerning recruitment. Additionally, before the Project Manager assumed office, the team in Hargeisa constantly referred minor issues to Nairobi for clarification and consultation. The project entirely depended on the success of recruitment to achieve its intended outcomes and the fact that the reliable recruitment of adequate numbers of highly qualified staff was noted as the limiting factor, it was less likely to adequately address similar challenges that the local partner institutions providing healthcare were facing.

3.2.5. Assessment of strategic choice (long term versus short term) personnel

The project strategy for recruiting short and long term personnel was found to be effective since all the partners reported being able to plan and implement the CBH interventions. The long term personnel were found to be more preferred by institutions to the personnel recruited on short term basis. Some of the reasons given were that the; short term personnel who were engaged in the project for a duration of 2 weeks or less required more time to adjust to the culture shock and build trust. There were a number of instances where the CBH short time personnel were reported to have created some impact in their working with the partner institutions. This could be interpreted to mean that the effectiveness of the short term personnel depended very much on the individual as well as the level of preparedness of the partner institutions to absorb their capacities. The evaluation found that with planning and proper coordination, the short term personnel approach was still relevant in complementing the long term approach. The challenges reported during the interviews with the representatives during the evaluation, could largely be attributed to lack of clear plans of action, absence of benchmarks and clearly stated outputs that would form the basis for exit reports.

3.2.6 Assessment of partnerships involved

The CBH project had established partnership agreements with the targeted healthcare institutions and the higher learning institutions. Upon inquiry, the evaluators found that the project had delivered on most components of the partnerships that had been agreed upon. The partnership agreements were loose (open ended) partly due to the recruitment

challenges that faced the CBH project. Further, the CBH project through the Project Manager had broadened the regional network of partner institutions such as Kijabe. Overall, the evaluation found CBH project to have good working relationship with the key stakeholders in healthcare provision, the approach therefore allowed for creation of synergy and helped minimize duplication.

3.3 The focus and scope of the CBH project

The CBH project had initially targeted five institutions to partner with in the initial phase. The partnership with Amoud University faculty of medicine/Boroma hospital only resulted in limited activities (teaching of Radiology) due to resource constraints. It was evident that even with the three institutions that the CBH project partnered with in the pilot phase; the resources had been spread too thin. This had resulted in overburdening the personnel as well as local institutions having as few as one staff person hence making it difficult to create impact. The evaluation also noted that the objectives that the project had set to attain were rather broad to be achieved within a short time period and in the prevailing context in Somaliland.

3.4 Viability of utilizing existing supporting infrastructure

The NNM and by extension the CBH project was part of the wider NLM's strategy for the Horn of Africa, the triangular linkage between the Hargeisa, Nairobi and the Oslo offices played pivotal role in determining the success of the project in achieving its objectives. The evaluators appreciated the fact that the structure had been reviewed in the course of CBH project implementation but noted that the structure was still cumbersome and bureaucratic. It remained unclear as to who the focal person for the CBH project at the NLM head office in Oslo was. Some instances of delays in decision making on issues critical to the CBH project were noted during the evaluation and as earlier stated, the field staff did identify potential people to recruit but the head office did not respond in time and even criteria required by NLM was not evident. The channels of communications were also reported to have been less clear at the beginning of the project due to absence of clear structure.

3.5 Utilization of resources/implementation in post conflict context

The Somaliland society is a post conflict society and still bears the features of a country under reconstruction and is undergoing a process of rebuilding of the people and relationships. It was noted that there existed some confusion over Somalia and Somaliland with Somalia taking precedence. Even though Somaliland has not yet acquired the international recognition as a state, the country is fast developing into a democracy and has put in place the basic structures of governance. The local institutions and the Somaliland government have managed to delicately strike a balance that ensures that the government executes its role in close consultations with the clan elders. Hargeisa seemed safer than most African or European capitals.Therefore, the evaluation could not find any significant evidence of insecurity in Somaliland that had negatively impacted on the CBH project's ability to deliver on its planned outputs. The ability of the staff to adhere to the strict codes of conduct for the NLM personnel and the values that they carried with them throughout their professional work and social life could also be a contributing factor to the harmonious integration into the Somaliland society.

Considering the instability that exists in the neighbouring regions such as; South Central Somalia, Yemen and Punt land, the evaluation considered the country to be still potentially risky for any form of large scale infrastructure investment. This implies that the approaches aimed at building the capacities of the local institutions still remained the most suitable options for the foreseeable future. Other risks that the project faced included registration and foreign exchange risks.

3.6 The overall impact of the project

The evaluation considered the fact that the project targeted changes that would only be realized in long run. While it was not possible to conclusively determine the lasting change that the CBH pilot project had created in such a short duration, it however, took into account changes created at the levels of outcomes and the utilization of project's outputs.

Some notable short term positive changes that had been registered by some of the partnering institutions included the research methodology teachings at the University of Hargeisa where the uptake had resulted in wider multiplier effect beyond the faculty of medicine.

The projects outputs in terms of capacities delivered per partner were summarized in the table2.

Table 2: CBH Capacities delivered in 2010 and 2011

Institution	Interventions	Activities	Capacities delivered
2010			
Edna Adan UH	Bachelor course	Lecturing Teaching and mentoring nursing and Para-clinical health students	2 Midwives/Nurses
Hargesia Group Hospital	Short and Long term staff/clinical teams	Tutoring Therapy teaching Radiology Mentoring mid-wife students, medical doctors and interns Teaching Nurses physiotherapy Lecturers to junior doctors	1 nurse/midwife have been teaching and mentoring midwife students and community midwives. 1 physiotherapist teaching nurses in physiotherapy 1 anaesthesiologist has through clinical tutoring been teaching and mentoring medical doctors, interns and technicians at HGH. 1 anaesthesiologist 1 medical doctor
University of Hargeisa	Short term courses Lecturing	Practical &Theoretical radiographs to teaching medical students, interns, nurses and doctors Lecturing Excursions Continuous courses	1 Radiologist 1 medical doctor teaching research methodology and guiding students in practical nutrition research 1 radiologist teaching medical students, interns nurses and medical doctors and radiographs practically and theoretically 1 medical professor teaching

			tuberculosis at EA
2011			
Edna Adan	Bachelor course, full time	lecturing	1 nurse/midwife
	Various courses	Clinical activities	Gyn / Obs teaching Professor TB Gyn / Obs MD observer
HGH	Short term teams, medical students and interns	clinical tutoring/mentoring	Internist MD, Anesthesiologist MD Radiologist MD
HGH	Long term workers		Midwife Physiotherapist
UoH Medical Faculty	continuous courses	Lecturing Clinical tutoring Field research mentoring	Gyn / Obs MD Internist / Researcher MD Internist / Researcher MD

CHAPTER FOUR

4.0 ANALYSIS/DISCUSSIONS

4.1 Introduction

This chapter presents the discussion of the findings in line with the evaluation questions of relevance of the approach, scope and focus, viability of supporting the project through NLM regional infrastructure, utilization of resources within the context of security situation, overall project impacts and possible CBH objectives in future.

4.2 Relevance

4.2.1. Analysis of the needs versus overall methods and outputs

The findings in chapter three showed that capacity building in Somaliland like many developing countries remains one of the effective strategies for achieving better health outcomes as well as retaining the same. The poor health outcomes in Somaliland were found to be mainly caused by the low/inadequate capacities of health systems in the country.

The CBH approach of using a large pool of qualified short term personnel and a few long term highly qualified professionals still remains one of the promising alternatives for future CBH interventions but it must be noted that so far the CBH project did not achieve the desired results with the approach as neither short nor long term staff were sufficiently knowledgeable and experienced. This is due to the fact that the needs for capacity building are diverse and competing for the limited resources. Since the objective of the project was to facilitate the institutions to develop potential capacities within Somaliland to provide improved health outcomes, it would be more sensible to respond to the requests/proposals for assistance in areas that were prioritized as relevant to the institutions as relevant to their objectives. The recruitment approach also allowed for flexibility in addressing the needs of different institutions at different times.

4.2.2 Analysis of the needs in relations to the government priorities

The recruitment approach used by the CBH project to build the capacities of healthcare workers and medical students closely resembled the one that was adopted by the IOM' MIDA FINNSOM & Quests MIDA projects that sought to attract the Somali professionals to offer their services to the people of Somaliland. The evaluation noted that these projects faced some of the challenges that were in many ways similar to those of the CBH project. The short and long term personnel mix approach used by the CBH still offers the best option to undertake capacity building of healthcare workers since it is not the wish of external actors to control promotion of health outcomes improvement but rather to increase the self - sustaining ability of the local partner institutions in healthcare provisions to recognize and address their health outcome needs using their own resources in future. Further consultation with the IOM FINSOM project would be critical to determining the specific gaps in the partnering institutions that need to be filled by the CBH personnel in order to avoid duplication of resources.

4.2.3 Analysis of recruitment efficiency

The recruitment of the qualified regional personnel would still continue to pose serious challenges in future phases due to lack of adequate personnel in the neighboring countries. The opportunity cost for working in Somaliland (a country perceived to be as unstable as the Central and Southern parts of Somalia) far exceeds the remuneration package that the CBH project offers. In addition the cost of living in Hargeisa is relatively higher than those of the many regional capitals in East Africa.

A similar challenge faces the expatriate personnel with families having children within the school going age bracket that may not be willing to undertake long term assignments. Unlocking the recruitment challenges may require careful consideration of the benefits offered by the project in the pilot phase that might range from adjusting the packages to reflect those of projects undertaking similar interventions (for example IOM was found to be offering a package of between USD 3000 and USD 5000) to incorporation of additional fringe benefits to attract and retain the long term personnel. It could be possible for young families to consider taking up such assignments if the project offered to utilize the attendant skills of their spouses that were accompanying them. The recruitment through the networks of families and friends of the CBH personnel who were serving or had served could be a promising avenue to demystifying the insecurity perception and getting the qualified professionals with relevant values to the project.

4.2.4 Analysis of the project management, communication & Leadership

The experiences gained during the first phase pointed to the need to have a clear mission statement, an operational planning system, detailed job descriptions and clearly defined organizational structures at all the different levels; the CBH partner institutions, CBH Hargeisa office and NNM/NLM. Clear communication between NLM and CBH project and especially Headquarters remain critical towards ensuring the success of any future initiative in Somaliland. If the recruitment challenges and communication challenges experienced in the pilot phase are not adequately addressed in future then the continued stay in Somaliland would turn out to be counter-productive to the efforts to improve sustainable health outcomes and even the hard earned gains and trust built during the pilot phase may most likely be lost.

4.2.5. Assessment of strategic choice (long term versus short term) personnel

In terms of the orientation towards the achievement of long term results of improved health system management, the CBH project's approach of recruiting many short term personnel seems to work better. Long term alternatives would most likely lead to creation of substitution effect on the side of the government whose responsibility should be to address the root causes of poor health outcomes. The organization (NNM/NLM) however needs to widen the scope of the recruitment process to address capacities related to organizational and system level factors that proved challenging to the effectiveness of the short term personnel recruitment approach. With the proper coordination and ownership of capacity building agenda by the local institutions, the short term personnel recruitment approach will still remain relevant in future. The kinds of preparations that may be necessary for effectiveness may include; the analysis of curricula for the health/medical training institutions, review of proposals for partnerships with the local healthcare and

medical teaching institutions in terms of their feasibility, local relevance, clarity of goals and evaluation plans. In the view of evaluators the short term personnel were as equally important to building the critical mass of the medical faculty students and the junior healthcare workers in holistic healthcare and research in Somaliland.

4.2.6 Analysis partnerships involved in relation to the needs

The local ownership of the CBH interventions could be strengthened by facilitating them to put in place the systems and mechanisms for coordination in order to effectively absorb and retain the capacities that the CBH and other like-minded partners were building. In order to own the agenda, the institutions needed to plan effectively, seek the services of the external actors, facilitate implementation and monitor and evaluate the changes created by the interventions. It would be important to constantly share the experiences of other projects such as the IOM FINNSOM in order to map out the areas of interventions that have been adequately addressed and possible areas of collaboration that would create synergy.

4.3 Analysis of future scope and focus

A number of actors in Somaliland are addressing other aspects of health such as health education, health promotion through different interventions in various areas of Somaliland. This concentration of actors in promotion of primary healthcare could partly be attributed to the possibilities of realising changes by the projects in short run. This has contributed to the relegation of capacity building of healthcare workers to its secondary status. The capacity building in healthcare further faces the methodological challenge in measurement of capacities that is complicated by its dynamic and multi-dimensional nature. The focus of the project needs to remain in healthcare capacity building whose goals are likely to be sustainable in long term. It may be misleading to change the future focus of the project on the assumption that the need would be met by IOM initiative.

4.4 Analysis of resource utilization in context of the security situation

The targeting of Public, Private and National institutions catered for the needs of different classes of people without possibilities of escalating tension over the distribution of resources. The integration of the personnel within the local communities and recruitment of the local personnel by the project contributed greatly towards enhancing security to the project team. The project had in most travels to the regional offices utilized the EC fights to cut down the operational costs. The use of volunteer short term personnel had contributed to some savings in the personnel costs. More resources could be used to make the project more visible without compromising on the values. This would not only educate the actors on the interventions undertaken by the project, but also ensure that the projects contributions remain aligned to the priorities of the government.

4.5 Analysis of overall impact of the project

The effects of education are often very difficult to measure, in many instances the benefits of capacity building are often realised after a long period. The improvements in health outcomes within the communities in Somaliland may not be easily felt within the life time of the CBH project. Capacity building in research is likely to create impacts in both short term by building the critical mass of Medical students in research and at the same time wide scale uptake of research findings to inform decisions and actions of different stakeholders in health provision. For the future research interventions by the CBH project to benefit the institutions, there may be the need to enter agreements with the institutions to make the research methodology a compulsory course, some support to less expensive research projects identified by the students or the institutions may also need to be considered alongside the teaching/mentoring. As English language proficiency was found to be low among junior health workers, it may be prudent to continue to support the University of Hargeisa and Edna Adan Hospital with teaching of English language as this would enhance the comprehension and confidence of health personnel.

CHAPTER FIVE

5.0 CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter discusses the recommendations for possible adoption by the CBH project and NNM/NLM in future. The recommendations address the possible way forward for the CBH project , suggested approaches to be considered in future phases of the project, the possible project scope and focus and suggested objectives.

5.2 Way forward

Based on the findings and the discussions in chapters three and four there exists a need for the NNM/NLM to do some serious critical strategic thinking on Somaliland and the needs of the people. More important experiences acquired by the CBH during the pilot phase should be taken in to account in order to identify the best role of CBH project in future. Whatever the NLM decides, they should not give up on Somali people. The pilot phase may indeed have provided the NNM and CBH project with the platform for launching more focussed initiatives in future. The need to address the poor health outcomes in Somaliland is still enormous, it is therefore critical that the reflection by NNM/NLM considers how the seeds sown would be better nurtured and enabled to realize the much anticipated fruits.

5.3 Approach

Based on the findings and the discussions, the current approach (many short terms and few long term personnel mix) would remain a more effective way of building the capacities of the healthcare workers and medical students. This evaluation has noted that this approach has been frustrated by numerous challenges regarding the recruitment process.

The evaluation recommends that the NLM address the recruitment challenges facing the project by any of the following; widening the scope of their recruitment beyond the East African region in order to attract high qualified personnel with required values, allow the staff to use their networks and recommend the possible candidates for recruitment, delegate the responsibility of to the project manager/coordinator.

In case it may not be possible to address the challenges of recruitment adequately, the project could be re-designed to use more of the already existing capacities of healthcare institutions outside Somaliland to train groups of students. This would leave the few project staff remaining with coordination roles. It may still be possible to use a mix of Short term – long term personnel approach and the sandwich program[1]. In addition the evaluation recommends that future projects to engage the attendant skills of the spouses of Key staff on agreeable arrangements.

The evaluation further recommends that the future projects ensure that the agreements with the institutions be made clear enough in terms of the relevance of the interventions,

[1] Sandwich program would entail an arrangement made by the CBH project to have the Students from the partner institutions undertaking short term courses in other institutions that are better equipped/more advanced then their own

expected targets and outputs and clear monitoring procedures. The agreements should further be communicated to all the levels within the institutions especially middle management in order to minimise incidences confusion among the healthcare workers.
The project also needs to enhance the capacities of the local institutions to absorb and effectively utilize the CBH interventions by installing or strengthening the administrative capacities alongside clinical capacities.
The evaluation still found the need for building the research capacities to be high. Even though the cost of undertaking various studies are still high, the project needed to continue research work though less expensive approaches such as teaching, organizing seminars and supporting low cost student research initiatives. The study also recommends that the research courses be made examinable in partnering institutions.

5.4 Scope and focus of future interventions

With the possibility of having the project base in Hargeisa becoming a more viable option, the NNM/NLM needs to improve on its structure in order to be supportive of the CBH project in future. If the continuation of CBH project into a next phase is an option for NNM/NLM then there is need for professional support to the team in Hargeisa by people with work experience in the global south as well as in clinical practice. Communication could be opened up and agreements made with some regional institutions to receive students and to also monitor and mentor those in the field so as to become better mentors of their counterparts.

5.5 Possible objectives of the future phases

Some possible result areas for capacity building in the future project phases would be;
Health systems management- this will need to address the abilities of health institutions and medical training institutions to effectively coordinate the interventions offered by different actors and ensure quality service provision and proper utilization of resources.
Knowledge and skills- this would ensure that the junior healthcare workers and the medical students access the Knowledge and skills as well as proper values for patient care. These will be through; Sandwich program, lecturing and mentoring, seminars and research projects.
Linkages and partnerships- this will enhance knowledge and resource sharing with different partners across the globe

ANNEXES

Annex 1: Terms of Reference for CBH end Term Evaluation

Annex 2: CBH Evaluation time schedule – draft 20th of January, 2012

23rd of January	send all relevant documentation to TAABCO
27th of January	TAABCO meets with Nils, Anders,
1st of February	TAABCO and CBH meet for tools review and planning in Nairobi.
2nd of February	TAABCO meets with Pia and Lisette
4th of February	Travel to Hargeisa and hold initial meeting with CBH /NNM team. as well as start of in-depth consultation with CBH / NNM staff same day.
5th and 6th of February	Meeting with main partners – HGH, EAH, UOH and MOH- includes site visit and interviews of key people, also meeting with main beneficiaries – interns, medical and nursing students and staff.
7th of February	Open day for follow up of other stakeholders, including perhaps UN offices and other collaborative agencies.
8th of February	Presentation of preliminary findings to partners (morning) and to CBH / NNM staff (afternoon).
9th of February	Wrap up and travel back to Nairobi.
13th of February	Presentation of preliminary findings to NNM / CBH Nairobi
14th of February	Submission of final report to NNM / CBH Nairobi

Annex 3: Evaluation tools and Questionnaires

Questions to NLM Leadership

1. Does NLM have a strategic plan and a long term Vision for Somaliland?

   If Yes
   Please you share the content

   _____
   _____
   _____

2. What is the real focus of NLM? Is it to address the healthcare issues in Somaliland, or does NLM want to reach the Somali people irrespective of their geographical location.

   _____
   _____
   _____

3. In view of the challenges of recruiting the professionals to Somaliland, How does NLM view the viability and sustainability of the CBH Implementation strategy (Some of the challenges identified during the end of the project evaluation include; availability of clinical professional capacity, development and mission identity, high cost of regional clinical professionals.

   _____
   _____
   _____

4. Has the NLM considered the approach used by IOM of recruiting doctors from the Somali diaspora vis a vis the CBH approach?

   _____
   _____
   _____
   _____

5. How effective has the current structure of CBH coordination activities between the different layers; Oslo, Nairobi &Hargeisa.

   _____
   _____
   _____
   _____

End – Thank You

CBH Project staff Questionnaires

CBH Partner institution/Department: _____

Nature of Interventions/Activities: _____

How long have you worked with the CBH Project? _____

1. What were some of your expectations when you first accepted to undertake the assignment with the CBH Project?

2. Were the Objectives of the CBH project clearly understood by you?
   a) Yes No

   If no
   b) Give the reasons for you answer

3. On a scale of 1-10, how would you rate the achievement of CBH pilot phase of the project? _____

   Give reasons for your rating
   _____
   _____
   _____
   _____

4. What have you enjoyed most in your work with the CBH project?

5. What have you not liked in the CBH project?

6. Do you feel you received adequate preparation to handle the cases you encounter in your work with CBH Partners?
   a) Yes No

   If No

   b) Explain

_____
_____

7. What challenges have you encountered in your work with the CBH project that inhibited your ability to transfer clinical skills & Knowledge as well as values?

   Work conditions

   _____

   _____

   Peer Support

   _____

   _____

   CBH Project Management Support

   _____

   _____

8. Describe some of the major cultural shocks that you have encountered as a CBH project Staff in the following areas;

a) Community life in Somaliland

_____

b) Interpersonal relations

_____

_____

_____

c) Professional practice

_____

_____

d) Organizational dynamics/culture

_____

_____

9. How would you rate the cultural ways of the people of Somaliland in the following aspects considered important for the success of CBH interventions
   a) Individualism – Collectivism
      High individualism ⟵ Neutral ⟶ High collectivism
   b) Uncertainty avoidance
      Low avoidance ⟶ High Avoidance
   c) Masculinity – Femininity
      High Masculinity ⟵ Neutral ⟶ High Femininity

d) Power distance
   Low power distance ⟶ High power distance
e) Time Orientation
   Short term orientation ⟶ Long term Orientation

10. What suggestions for improvement would you recommend for the future project phases?

End
Thank You

Additional Questions for Dr Espen

11. In which ways does your work contribute toward building the research capacity within healthcare in Somaliland?
12. What are some of the significant contributions that you have made toward achieving the stated research outcomes in the CBH project?
13. What is/are the social impact(s) of your research work within the healthcare in Somaliland?
14. What are some of the suggestions that you would recommend for the CBH project or other organization seeking to enhance the research dissemination to maximize impact on health in Somaliland?
15. What sustainability strategies do you think needs to be put in place by the CBH project to ensure the continuity of research work?
16. What new areas of research in healthcare would you recommend to the CBH project or to other stake holders to explore in future?

End
Thank You

CBH Beneficiary Questionnaire

Name of the CBH project partner Institution:

_____

CBH Intervention:

_____

1. Have you participated in the mentorship training/courses offered by the CBH Staff
   Yes No

   If no, discontinue the interview.
2. What makes the mentorship trainings/courses offered by CBH staff different from others?
3. What did you like most about the work done by CBH project in your institutions?
4. In what areas did the CBH project fail to meet your expectations?
5. Has the mentorship training offered by the CBH staff changed you in any way?
   a) Yes No
   b) If Yes in no 5 above, describe the changes

_____

_____

   c) Using the changes/ result areas identified above, describe how you would measure each change, estimate the benefits of each change in monetary terms, and estimate the magnitude of change that you could attribute

Change	How did you measure the change	On a scale of 1-10, where would you rate yourself prior to CBH intervention	On a Scale of 1-10 where would you rate yourself at this moment?

6. I am going to read you a number of statements regarding the courses that were facilitated by the CBH staff in your institution. Indicate the extent to which you agree or disagree with each statement using the scale provided (Trainees perceptions of the program) – Affective outcome

		Scale				
		Strongly disagree 1	**Disagree 2**	**Neither 3**	**Agree 4**	**Strongly agree 5**
1	I had the knowledge and skills needed to learn in this course					
2	The facilities and equipment made it easy to learn					
3	The course/Mentorship training met all the stated objectives					
4	I clearly understood the course/Mentorship training objectives					
5	The way the course/Mentorship training was delivered was an effective way to learn					
6	The materials I received during the course/Mentorship Training were useful					
7	The course content was logically organized					
8	There was enough time to learn the course/training content					
9	I felt the instructor wanted us to learn					
10	I was comfortable asking the instructor questions					
11	The instructor was prepared					
12	The instructor was knowledgeable about the course/training content					
13	I learnt a lot from this course					
14	What I had learnt from this course is useful for my job					
15	Overall, I was satisfied with the instructor					
16	Overall, I was satisfied with the course					

7. Considering the training that was facilitated by the CBH program in collaboration with your institution, I am going to read for you some definitions and behaviors associated with clinical skills and values then you rate yourself using the following scale; (Skills Learning and Skills transfer- Skills based Outcomes)

1= Always 2= Usually 3=Sometimes 4=Seldom 5=Never

Sensitivity; Ability to perceive the needs, concerns, personal problems of others, tact in dealing with persons from different backgrounds, conflict management skills, ability to address other persons emotional needs and knowing what information to communicate with whom.

To what extent has the training you have undertaken under the CBH project enabled you to;

a) Elicit perceptions, feelings and concern for others?
b) Express verbal/non-verbal recognition of the feelings, needs and concern of others?
c) Take actions that anticipate the emotional effects of specific behaviors?
d) Accurately reflect on the point of view of others by re-stating it, applying it and encouraging feedback?
e) Communicated all the information to you that you needed to perform your job?
f) Successfully manage conflict situations that you have encountered in your work?

Decisiveness; Ability to recognize when a decision is required and act quickly (disregard the quality of decision)

To what extent has the training you have undertaken under the CBH project enabled you to;

g) Recognize when a decision was required by determining the results if the decisions was made or not?
h) Determine whether short or long term solution was the most appropriate to the various situations encountered in the health facility?
i) Consider the decision alternatives?
j) Make timely and evidence based decisions?
k) Stick to decisions once they are made, resisting pressure from others?

Trust

8. What suggestions would you propose for the CBH project to consider in future?

CBH Partner institutions Questionnaire

Name of the Institution: _____

Intervention undertaken by CBH project: _____

1. What were some of the needs/gaps that made your institution enter into partnership with CBH project?

2. To what extent would you say that the CBH project met your needs?

   Give reasons for your answer

3. Were the objectives of the CBH project made clear to you when entering the partnership arrangement or during the implementation?
   a) Yes No

   If no
   b) Give the reasons for you answer

4. On a scale of 1-10 how would you rate the success of CBH Project?
   _____

5. What are some of the important changes that have occurred in your institution since the beginning of the partnership with the CBH project?

6. What Specific CBH project' intervention could you attribute the changes to?

7. What do you consider as some of the strengths of the CBH project?

_____
_____
_____
_____

8. What were some of the weaknesses you noted in the CBH project?

_____
_____
_____
_____

9. What challenges did your institutions meet in its partnership arrangement with CBH project?

_____
_____
_____
_____

10. How did your institution cope with the challenges that you faced in your partnership?

_____
_____
_____
_____

11. Suggestions for improvement of CBH program in future?

_____
_____
_____
_____

Annex 4: List of people interviewed

27th January, 2012 at SMEA

Anders Lilleheim	Regional Field Representative
Nils Andreas Loland	Regional Project Coordinator

2nd February, 2012 at SMEA

Lisette Sandstrom	Physiotherapist - NNM
Pia Fagerholm	Midwife - NNM

4th February, 2012 at Hargeisa

Espen Heen	M.D - NNM
Ingjerd Heen	M.D - NNM
Hilka Hares	Midwife - NNM

5th February, 2012 at Hargesa

Siri Helland	CBH – Breast Feeding
Ingeborg Tonstad	CBH - Teacher
Renate Thingbo	CBH – Breast Feeding Team
Edna Aden Ismail	Director - Edna Aden University Hospital
Margaret Crichton	Edna Aden University Hospital
Ifrah Mohammed	Student/Teacher at EAUH
Ayan Mohammed	Community Nurse at EAUH
FadumoAbdiKahin	Director Hargeisa Group Hospital
Zahra Jibril	Management Consultant HGH
OddMorkve	Prof. - University of Bergen, Norway

6th February, 2012 at Hargeisa

DeriaEreg	Dean – Faculty of Medicine- Hargeisa University
	Assistant Dean - Hargeisa University
Zahra Abdikarim Hassan	Head of Maternity Ward Dept. HGH
Zeynab Musa	Final Student of Medicine - UH
HodaAbubakar	Final Student of Medicine – UH
Khadra Mohammed Hussein	Final Student of Medicine – UH
TormodHelland	Area Manager NNM
KjetilThingbo	English Teacher – UH/NNM
Amina Ahmed Mohammed	Administrator

7th February, 2012 at Hargeisa

Abdi Ahmed Nour	DG – MOH
Oystein Evjen Olsen	Project Manager - NNM
Ibrahim Hajji Ali Bihi	M.D - HGH

8th February, 2012 at Hargeisa

Ayan Hassan Rabi	Field Project Coordinator –IOM

Feedback Session Participants
Venue -MoH

Noor Mohamed	HMIS – Zonal Coordinator
AminaCuseMuhumed	MOH – DRH
AminaAbdiMoh'd	MOH –RH
Amina Ahmed Mohamed	NNM – Administrator
TormodHelland	NNM – Area Manager
FadumoAbdiKahin	Director – HGH
Zahra Jibril	Consultant Manager - HGH
EspenHeen	M.D - NNM
Edna Adan Ismail	Director – EAUH
OysteinEvjen Olsen	Project Manager – NNM
Mohamed Abdirahman	MOH
Abdi Ahmed Nuor	DG – MOH
AbdillahiAbdi Yusuf	D. Director Planning, Policy Devp. MOH