



Terms of Reference (TOR)

Somali Health Sector Coordination Meeting

I. Background

Since the Collapse of Somali Government in 1991, the Somali Health Sector has been supported by multiple partners including development partners, bilateral and multi-lateral donors, and International/National non-governmental organizations, among other stakeholders, with lots of fragmentation of planning, implementation, monitoring and evaluation. Private Sector provides the largest health services to the population.

In 2013, with the support of Multi-donor supported programme called Joint Health and Nutrition Programme (JHNP), Somali Health Authorities from Somaliland, Puntland and South-Central Zones together with health sector partners formulized Health sector coordination architecture into three levels which was zonal health, nutrition, WASH sector coordination, National Health Sector Committee and Health Advisory board which worked very well until 2016, due to changes to political structure and the new emerged federal member states, the health sector coordination committee has been constrained.

In line to the National Development Plan (NPD 8), Federal Government of Somalia established coordination architecture in which social development (pillar 7) working group was functional with two sub-working groups; i) Health, Nutrition and WASH sub-working group chaired by the Ministry of Health and ii) Education, Youth and Employment sub-working group chaired by the Ministry of Education, Culture and Higher Education.

The National Development Plan (NDP 9) is following similar arrangement of coordination architecture with some adjustment, where Social development working group (Pillar 4) will be re-established with sub-working group arrangement.

On the other hand, New Opportunities arose, the Global Financing Facility (GFF) is a country-driven partnership that aims to accelerate efforts to end preventable maternal, new-born, child and adolescent deaths and improve the health and quality of life of women, adolescents and children. The GFF supports countries in developing a prioritized plan (the Investment Case) for the health sector that matches the resources available in the short term and supports countries in strengthening their health financing systems to achieve efficiencies and more sustainable

domestic financing. The GFF promotes an integrated health system approach and combines external support, domestic financing and the private sector in a synergistic way.

The Federal Government of Somalia has signed a commitment letter to join countries supported by GFF and particularly committed areas of 1) government-led health sector development through multi-stakeholder country coordination platform led by nominated high level government focal point with support from GFF Secretariat, 2) develop an investment case which is a consensus around a set of high priority reforms to scaling up of core health and nutrition services to advance the country's universal health coverage (UHC) agenda, 3) increasing domestic resource allocation to health, 4) ensuring equitable health services and financial protection, 5) strengthening and using data for decision making and 6) willingness to commit IDA/IBRD resources for health.

The Ministry of Health and Human Services of Federal Republic of Somalia, together with Ministry of Finance – FGS, Ministries of Health at Federal Member States, Representation from UN Organizations and Development Partners, Civil Society Organization and Private Sector had a workshop in Addis Ababa – Ethiopia in late 2019 and agreed to re-establish an in-country coordination platform for health, nutrition and WASH sectors. Two coordination meetings took place ever since.

The Terms of Reference for the Somali Health Sector Coordination Committee has been revised to ensure its alignment to the national development plan coordination architecture and feeding into the social development (Pillar 4) working group.

2. Main objectives

The Main Objective of the Somali Health Sector Coordination Committee (sub-working Group), linked to social development working group, is:

- i) To strengthen governance, ensure alignment, harmonization, mutual accountability, and transparency.
- ii) To enhance sectoral coordination and communication at FGS and FMS levels and among stakeholders
- iii) Oversight of health programs to maximize health outcomes, especially for the poor, those in rural areas, women, and children.

3. Roles and Responsibilities

The Somali Health Sector Coordination Committee will have the following responsibilities:

- Reviewing, validating, and endorsing the sectoral policies, strategies, programme and project design (concept notes, proposals) and planning including development of Investment case and assuring their alignment to the national development plan.
- Support the development of annual (operational) workplan that is aligned to the sectoral strategic plans and the national development plan.
- Facilitation and conducting sectoral resource mapping, expenditure tracking, gap identification, prioritization, and harmonization, mobilization of resources to fill the gap and allocation of resources to an equitable integrated health, nutrition and WASH services. The resource mapping will be linked to the aid mapping flow exercise.
- Strengthen an integrated health information system and the use of information through establishing a common monitoring and evaluation framework that is aligned to the NDP indicators and Mutual accountability framework.
- Conduct regular / periodic joint review and appraisal missions to monitor progress (results) made against the sectoral policies, strategies and programmes as well as the national development plan and MAF.
- Conduct periodic (landscape) analysis and development to strengthen the institutional and stewardship capacity and to strengthen the decentralized and resilient systems to manage the service delivery.
- Prepare biannual / semi-annual sectoral report – that feeds the multi-sectoral social development semi-annual reporting – that is reported to the SDRF.
- Enhance the information sharing among the key stakeholders supporting and operating in the sector.

4. Contribution to the Social Development Working Group

Each Sector has policies and strategies in place that should align to the national development plan. While the Somali Health Sector coordination committee assures the operationalization of the sectoral policies and strategies, it will also support the social development working group to enhance i) multi-sectoral collaboration among the sectors towards a common goal (e.g Social & Human Development), ii) strengthen the relevant sectors and government institutions' capacity in analyzing the needs, prioritization and creating learning opportunities among the sectors at national/federal and federal member state levels, iii) support the alignment and consolidation of sectoral plans and monitoring information to the national development plans and mutual accountability framework.

5. Frequency of meetings

The Somali Health Sector Coordination Committee will meet on monthly basis (virtually) and biannual basis (physically). The monthly meetings will cover specific thematic agenda items determined by the sector and/or the social development working group while the biannual meetings will serve to review of sector progress and production of biannual/semi-annual reports. The meetings will be conducted 2-3 weeks prior to the social development working group meetings so that information generated from the HNW Sub-working group will be shared with the Social development working group.

The Communication and Coordination Unit in the department of policy and planning at Ministry of Health and Human Services – FGS will prepare annual calendar of meetings which takes into consideration the meeting calendars of social development working group and SDRF Steering Committee.

6. Thematic Working group / Taskforce:

The Somali Health Sector Coordination Committee might establish and support thematic working group or taskforce to ensure specific group of people are deployed to support specific / thematic area / deliverables including analysis, planning and reporting and submit their report to the Somali Health Sector Coordination Committee for review, consolidation and endorsement of the deliverables.

7. Sectoral Coordination at Federal Member State:

As part of decentralization management of service delivery, the Somali Health Sector Coordination Committee will promote state level coordination arrangement to particularly look at operational planning and management, including supportive supervision, challenges and recommendations to improve service delivery at their respective districts and regions and sharing their information to the national Somali Health Sector Coordination Committee.

Chairing Arrangement

To ensure government-led coordination mechanism, The Director General or the Director of Policy and Planning / GFF Government Focal Point, will chair the meeting.

Technical Supporting Committee will be established – represented by key donors, and UN Organizations, those will provide technical support to the chair in engaging relevant stakeholders, reviewing the information collected and supporting the decision making process.

The communication and coordination unit, in the department of policy and planning of Ministry of Health, supported by GFF Secretariat (GFF-LO) and the established technical supporting committee, will prepare the forward looking calendar of the meeting, agenda

settings, sending invitation of the meetings, taking the meeting minutes and other necessary documentations.

8. Members of the National Health, Nutrition and WASH Sector Coordination

- Director General, with support from Director of Planning, from each FMS and FGS
- 1 Representation from Ministry of Finance & Ministry of Water and Energy.
- 1 Representation from each Donor – supporting the sector
- 1 Representation from each UN Organization – supporting the sector
- 1 Representation from private sector
- 1 Representation from Civil Society Organization

9. Communication and Information Sharing

To enhance communication and information sharing, GFF and Other development partners will provide technical assistance and financial support to the Ministry of Health at FGS and FMs levels on establishing coordination cell(s) within the ministries of health including ICT infrastructure and operational support. An Online information sharing and dissemination platform will need to be developed. Any other support needs identified by the Ministry of Health.

10. Performance Monitoring and Tracking

The Somali Health Sector coordination will serve as a platform to conduct joint performance review, monitoring, reporting and planning among all key stakeholders supporting and operating in the health, nutrition and WASH. No separate review and planning process will be supported.

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