Flag of the state

Jubbaland State of Somalia

JUBBALAND MINISTRY OF HEALTH

Second Phase
Health Sector Strategic Plan
2017 – 2021

JUBBALAND STATE CHAPTER

Minister's Message

I am very much pleased to present the Jubbaland State of Somalia Health Sector Strategy 2017 to 2021.

First and before everything I would like to thank the Health Strategic Plan Task Force, led by Dr. Ayanle Hussein Mohamed, Director General, for leading the development of this Plan. I would also like to thank and appreciate the unforgettable role played by both the Consultants, including MIDA Finnsom advisor and WHO-Somalia for developing the plan.

A great many stakeholders contributed to creating this Strategic Plan. Ministry of Health staff in Kismayo and our three regions, UN Agencies and Jubbaland non-state actors who provided invaluable support to our health services, representatives from the private sector, and many others.

This plan is intended to guide national and international investments in building a health system that results in "**people of Jubbaland enjoying equitable and quality health services**".

Most strategic plans fail because they do not understand the external environment, because they are too long to read and because they have unrealistic goals given the level of capacity and available resources. The Task Force has tried to avoid these mistakes and I hope that therefore this plan stands a good chance of being accomplished. I will be personally accountable for follow through. And I trust that all stakeholders will support me in this.

I do very much sure that this plan will play a greater role when it comes to understanding the valuable actions needed to be taken in order to meet the demands of the community. Such plans tend to be more effective when implemented as planned, and that is what we are trying to do.

We hope that this plan will ensure that a good bridge of developmental strategy gap is filled and also the donor community is consistent with our plans. In framing our strategies, we have also benefited from the WHO's six elements of an effective health system. The MOH is grateful for this guidance from our international partners. We are very positive that this plan will be a concise, readable and practical plan with clear measurable objectives that will lead to the expected *results.*

However, I count on everyone to support the implementation of this plan.

Thanks to you all.

Hon. Mr. Ali Haji Nor Ali
Minister of Health Jubbaland state of Somalia

I. INTRODUCTION/BACKGROUND

Two and a half decades of conflict, concentrated mainly in southern Somalia, destroyed much of the country's economic infrastructure, and institutions. Following the collapse of the central government, in 1991, Somalia experienced deep cycles of internal conflict that fragmented the country, undermined legitimate institutions, and created widespread vulnerability.

During this period, much of the public health infrastructure was destroyed with significant deterioration in the delivery of health services, while the sustained international partners' support has significantly contributed in bridging the gap in the delivery of the urgently needed essential health services. Post conflict health system support in Somalia has always been provided through the humanitarian response approach. The Somali health system is characterized by insufficient, inequitable, fragmented and highly privatized services. Consequently, a large segment of the population is without access to basic health services and with complete absence of higher level services in many regions. In 2012, a new federal government emerged in Mogadishu within the framework established by the Provisional Constitution. A successful political transition was matched by parallel progress on the security front.

The 2012 Provisional Constitution of the Federal Government of Somalia(FGS) in its Article 111E mandates the creation of a Boundaries and Federation Commission (BFC) to support the territorial changes in Somalia in order that it may become a fully - fledged federation of states. While the BFC Act was endorsed in the FGS Parliament on December 2014, the Commissioners were finally selected and endorsed by Parliament in mid - 2015. The State of Jubbaland transitioned from an Interim administration which was established in 2013 to fully fledged state government, Jubbaland state of Somalia in July 2015, recognised in the Federal Charter of the Republic of Somalia.

The Ministry of Health of Jubbaland state of Somalia was established in 2014 with the mandate of delivering health services to the people under the jurisdiction of Jubbaland state of Somalia. Currently there is a Minister, Deputy Minister and a Director General that is part of the Ministry's top level management. The state consists of three regions, which are: Gedo, Middle Juba and Lower Juba regions. Its largest city is Kismayo, which is situated on the coast of the Jubba River. Bardheere, Afmadow, Bu'aale, Luuq and Beled Haawo are the region's other principal cities.

The Ministry is in the process of establishing all its structures and relevant departments. It has no enough skilled professional staff and this has really hindered service delivery of the Ministry.

STRATEGIC DIRECTIONS

The vision, mission, goal, values and principles are derived from the Somali Health Policy and the National Development Plan for the Federal Government of Somalia. They intend to contribute to the achievement of the national development goals as well as the realization of the health related SDGs.

Vision

All people in Somalia enjoy the highest possible health status, which is an essential requirement for a healthy and productive nation.

Mission

Ensure the provision of quality essential health and nutrition services for all people in Somalia, with a focus on women, children, and other vulnerable groups and strengthen the national and local capacity to deliver evidence-based and cost-effective services based on the EPHS and Primary Health Care Approach.

Goal

Improve the health status of the population through health system strengthening interventions and provide quality, accessible, acceptable and affordable health services that facilitate moving towards UHC and accelerate progress towards achieving the health related SDGs.

Targets

- ✓ By 2021, reduce maternal mortality ratio from 732/100,000 in 2015 to less than 400/100,000
- ✓ By 2021, reduce <5 mortality rate from 137/000 in 2015 to less than 100/1000 live births
- ✓ By 2021, reduce Infant mortality from 85/000 in 2015 to less than 70 per 1000 live births
- ✓ By 2021, reduce neonatal mortality from 40/000 in 2015 to less than 35 per 1000 live births
- ✓ By 2021, reduce the number of children who are stunted by 15% from 12%
- ✓ By 2021, reduce incidence of TB from 285/100,000 per year to less than 250/100,000
- ✓ By 2021, increase the coverage of Pent 3 from 43% to 80%
- ✓ By 2021, increase skilled birth deliveries from 33% to 55%
- ✓ By 2021, reduce child wasting from 14% to less than 10%
- ✓ By 2021, increase contraceptive prevalence rate (CPR) to >15%
- ✓ By 2021, increase TB case detection rate from 42% to >70%
- ✓ By 2021, increase in per capita expenditure on health from ~$12 per person per year in 2015 to $23 per person per year; with share of Government Health Expenditure (GHE) increased to 12% of the total expenditure on health through public sector.

Strategic Objectives

The strategic objectives are meant to improve and strengthen the functions of the national health system to respond to the following performance criteria:

1. Access to health services (availability, utilization and timeliness)
2. Quality of health services (safety, efficacy and integration)
3. Equity in health services (disadvantaged groups)
4. Efficiency of service delivery (value for resources)
5. Inclusiveness (partnerships)

The inputs required to influence the above performance criteria form the basis for the overall and specific objectives for HSSP II. These inputs correspond to the broad health policy objectives and national development plan. The objectives for the HSSP II are thus given under the following nine building blocks discussed in subsequent chapters of the Plan:

- ✓ Scaling up of essential and basic health and nutrition services (EPHS)
- ✓ Overcoming the crisis of human resources for health
- ✓ Improving governance and leadership of the health system
- ✓ Enhancing the access to essential medicines and technologies
- ✓ Functioning health information system
- ✓ Health financing for progress towards Universal Health Coverage
- ✓ Improving health sector physical infrastructure
- ✓ Enhancing health emergency preparedness and response
- ✓ Promoting action on social determinants of health and health in all policies.

Core Values and Principles

The following values and principles provide the basis for the Second Phase Health Sector Strategic Plan (HSSP II):

- Universal and equitable access to acceptable, affordable, cost-effective, and quality health services with maximum impact on Somali populations' health to ensure the realization of the right to health
- Effective, transparent and accountable governance and leadership in managing the different components of the health system with decentralized management of health care service delivery
- Building effective collaborative partnerships and coordination mechanisms engaging local community, national and international stakeholders and pursuing the aid effectiveness approaches
- Good quality services - well managed, sensibly integrated, available, accessible, accountable, affordable and sustainable (with a corresponding reduction in vertically-driven, standalone programmes and projects)
- Priority emphasis on reproductive, maternal, neonatal, child and adolescent health.
- Promotion of healthy lifestyles and health-seeking behaviour among the population.
- Emphasis on prevention and control of priority communicable and non-communicable diseases, as well as on trauma and related injury
- Addressing the special needs of vulnerable groups, rural and pastoral communities
- Evidence-based interventions based on considered use of reliable health information
- Meaningful engagement and participation of citizens in the management and financing of the health services
- Increased and more diverse public-private partnerships
- Implementation of health financing systems that promotes equitable access to priority health services.

POLICY PRIORITIES FOR 2017-2021

This section covers the nine strategic areas reflected in the Somali Health Policy 2014 discussed in the subsequent nine chapters:

1. **Service delivery**: Scaling up of essential and basic health and nutrition services (EPHS)

2. **Human resources for health**: Overcoming the crisis of human resources for health
3. **Leadership and governance**: Improving governance and leadership of the health system
4. **Medicines, medical supplies and technologies**: Enhancing the access to essential medicines and technologies
5. **Health information system**: Functioning health information system
6. **Health financing**: Health financing for progress towards Universal Health Coverage
7. **Health infrastructure**: Improving health sector physical infrastructure
8. **Emergency preparedness and response**: Enhancing health emergency preparedness and response
9. **Social determinants of health**: Promoting action on social determinants of health and health in all policies.

These strategic areas are meant to improve and strengthen the functions of the national health system to respond to the performance criteria identified in the previous section (access, quality, equity, efficiency and inclusiveness).

I. HEALTH SERVICE DELIVERY

1.1 SWOT Analysis

STRENGTH	WEAKNESS	OPPORTUNITY	THREAT
1. One out of the three regional hospitals is functioning. 2. Four out of the sixteen district hospitals remain functioning. 3. EPHS is active in 4 districts of Gedo region, plus a very skeleton and limited EPHS in 3 districts of Lower Jubba. 4. 49 health centres/MCHs provide basic services through the states plus 18 PHU units. 5. 10 TB centres are functional in the state and provide DOTS. 6. VCT sites are functioning. 7. Mobile health and Nutrition teams provide basic health and nutrition services. 8. EPI outreach & campaigns are sometimes carried out to reach rural and hard-to-reach areas.	1. EPHS in Lower Jubba districts only covers 4 health facilities and with very limited services. 2. There is no supportive supervision carried out by respective health authorities at state, region and district levels. 3. Quality of the services provided very poor. 4. 11 out of the 16 districts do not provide C/S and lack blood transfusion services. 5. Majority of communities in rural and remote areas have no access to basic health services. 6. Access to VCT, ART and TB services are extremely limited. 7. There is no referral system functioning across the state. 8. The entire Middle Jubba region has no access to basic healthcare services. 9. There is no demand creation and awareness raising program across the state.	1. Existing federal state institutions are keen to deliver basic social services. 2. AMISOM and SNAtroops helping to restore the peace and security of the region. 3. Flourishing private health sector with potentials to complement public services. 4. Development partners willing to contribute to the provision of basic health and nutrition services.	1. Insecurity challenging access to healthcare services.

1.2 Policy Priorities for Health Service Delivery

Goal

Reduce maternal, neonatal and child mortalities and improve access to essential health services of acceptable quality, prevent and control communicable and non-communicable diseases and improve quality of life

Strategic Objectives

Strategic Objective 1: To increase access to and utilization of cost-effective, quality and gender-sensitive health services especially for women, children, and other vulnerable groups in Jubbaland by 2021.

Priority Strategies

1.1 Consolidate and scale up EPHS delivery in all regions and districts in Jubbaland in a phased approach.

1.2 Provide adequate and equipped ambulances to all hospitals and referral health centres in Jubbaland.

1.3 Provide integrated comprehensive outreach/mobile health services to reach hard-to-reach, remote and rural areas in Jubbaland.

1.4 Scale up high impact nutrition interventions including management of malnutrition, micro-nutrient supplementation, infant and young child feeding promotion and food fortification in all regions and districts of Jubbaland.

1.5 Implement national malaria prevention and control strategy including indoor residual spraying (IRS), impregnated treated nets (ITN) distribution, Intermittent Preventive Therapy in Pregnancy and prompt and effective treatment services in malaria prone areas in Jubbaland.

1.6 Implement National Tuberculosis Control Strategy including provision of high quality Directly Observed Treatment Short-Course (DOTS) and control of multi-drug resistant with focus on high risk groups in all regions and districts of Jubbaland.

1.7 Implement the National HIV/AIDS Prevention and Control Strategy with expanded access to HIV/AIDS prevention and treatment services including antiretroviral therapy (ART) services for adults and children, sexually transmitted infection (STI) control, prevention of mother-to-child transmission of HIV (PMTCT) and provision of safe blood in all regions and districts in Jubbaland.

1.8 Implement a national mental healthcare strategy and programme to provide comprehensive, integrated and responsive mental healthcare services in phased approach across Jubbaland.

1.9 Implement national communication strategy and programme to create demand for services and promote health seeking behaviours of the population in Jubbaland.

Strategic Objective 2: To enhance and ensure quality and safety of healthcare services by 2021

Priority Strategies

2.1 Implement service standards, technical tools, guidelines and protocols developed by Federal MOH in all health facilities in line with the EPHS.

2.2 Ensure all health centres, referral health centres and hospitals have the specified standard packages for diagnostic and radiology services in line with the EPHS framework.
2.3 Disseminate quality assurance framework and clinical guidelines developed by Federal MOH to all health facilities in Jubbaland State.
2.4 Develop and implement annual calendar of joint supportive supervision across the State of Jubbaland.

Strategic Objective 3: To improve, integrate and expand community based health services by 2021

Priority Strategies

3.1 Implement the community-based health strategy and provide evidence-based community interventions.
3.2 Reinforce the role and contributions of the district health boards and strengthen their operational capacities.

Strategic Objective 4: To improve and expand the capacity of laboratory and blood transfusion services

Priority Strategies

4.1 Disseminate national laboratory and blood transfusion services policy to all laboratory centres and stakeholders in the State.
4.2 Provide in-service training of relevant staff at all levels to improve laboratory services (new technologies and scaling up new interventions).
4.3 Establish appropriate coordination and management within MOH at State and Regional levels to ensure effective coordination and supervision of laboratory services.
4.4 Strengthen the capacity of the blood bank through expansion and upgrading of facilities and adequate supplies for blood collection and storage in all regions in Jubbaland.
4.5 Educate and sensitize communities and prospective donors on blood safety.

2. HUMAN RESOURCE FOR HEALTH

1.1 SWOT Analysis

STRENGTH	WEAKNESS	OPPORTUNITY	THREAT
1. Leadership and management staff in place; 2. One midwifery school is functional in Kismayo. 3. Minimum staffing in public health facilities in line with EPHS. 4. Salary top up, in particular workers in EPHS facilities. 5. Irregular on-the-job and refreshment courses provided to the health workers.	1. There is no human resource management and development unit in place. 2. All health workers are not in the Government Payroll. 3. Irrational distribution of health workers (over 90% stations in urban centres). 4. Lack of key cadres such as pharmacist, lab technologist, radiologist, etc. 5. HR records are not available (there is no HRIMS).	1. National level HR Policy and strategic plans exist, although not cascaded to the states. 2. Private health training institutions are on the rise. 3. Health professionals in Diaspora willing to return and transfer	

6. Existence of national HR policy and related guidelines although not cascaded to the state.	6. Insufficient community-based health training institution in the state. 7. Health professionals in the state are not registered and licensed.	their skills to local health workers.	

1.2 Policy Priorities

Goal

Develop a workforce that addresses the priority health needs of the Somali population, which is adequate in number, well trained, equitably distributed and motivated to provide quality, essential, non-discriminatory health services.

Strategic Objectives are:

Strategic Objective 1: To improve the planning, development and management of human resource for health by 2021.

Priority Strategies

1.1 Establish human resource management unit at State MOH readied with necessary equipment and facilities.
1.2 Implement human resource for health policy and strategy to guide the planning, development and management of the human resource for health in Jubbaland.
1.3 Undertake inventory and headcount of all health workers disaggregated by sex, location, seniority, qualification and make projections for the next 10 to 15 years in conjunction with the national exercise.
1.4 Develop and implement staff recruitment and retention plan including special packages for hard to reach areas.
1.5 Conduct comprehensive and systematic training needs assessment for all cadres at all levels in conjunction with the national training needs assessment.
1.6 Develop and implement a comprehensive training plan based on the results of the need assessment aligned with the national training master plan.
1.7 Support the establishment and networking of health professional associations for all cadres in the State linked to the Federal health professional associations.

Strategic Objective 2: To enhance and upgrade the institutional capacity for human resource for improved performance and productivity of the sector by 2021.

Priority Strategies

2.1 Deploy adequate numbers of health professionals to ensure that 80% of health facilities have skilled staff to meet the minimum staffing requirement to deliver EPHS.
2.2 Establish an integrated HRH information system as part of the HMIS and keep the human resource management information system (HRMIS) regularly updated and maintained.
2.3 Create human resource management positions and recruit appropriately skilled personnel in human resource management to occupy human resource management positions at state, regional, district and health facility level.

Strategic Objective 3: To enhance capacity and relevance for training of health workers to provide fair, equitable and non-discriminatory services, in partnership with the private sector and other stakeholders by 2021.

Priority Strategies

3.1 Establish multi-disciplinary health training institution in the state accredited by national health professions council to start the intake for key cadres.

3.2 Develop a plan for the production of health workers, based on projected HRH needs, both in number and skill-mix aligned to national human resource development plan.

3.3 Provide appropriate and coordinated training of community health workers, in order to mitigate the shortages of health workers and scale up health promotion at community level.

3.4 Implement on-the-job training, mentorship and skills development programme to improve the technical and managerial skills of health workers and managers.

3. LEADERSHIP AND GOVERNANCE

3.1 SWOT Analysis

STRENGTH	WEAKNESSES	OPPORTUNITY	THREAT
1. State MOH is in place and functioning. 2. Regional health management teams exist in Gedo and Lower Jubba regions. 3. District health management teams exist in seven out of sixteen districts in the state. 4. District health boards exist in four districts.	1. Un-systematic and ad-hoc health and nutrition sector coordination meetings. 2. Lack of leadership and management capacity building plan and support at all levels. 3. Policies, laws and standards set at national level are not cascaded and adopted at the state level. 4. Ambiguities on roles and responsibilities between Federal MOH and State MOH. 5. Regulations to govern private health sector are not in place. 6. Jubbaland State MOH has no regular seat, space or role in the health sector coordination forums.	1. Unified Somali health policy 2. More interest and support to the health sector by development partners. 3. Political commitment from the State Government to support the health sector. 4. Federalism and federal constitution, which devolve functions of planning, budgeting and service delivery to states.	

3.2 Policy Priorities

Goal

Strengthen the leadership, governance, institutional and management capacity of the health sector to deliver efficient and effective health programmes and services

Strategic Objectives are:

Strategic Objective 1: To enhance and strengthen the governance, leadership and management systems and capacity at state, regional and district level 2021.

Priority Strategies

1.1 Implement the leadership and management capacity building plan developed by Federal MOH in line with the updated functions, roles and responsibilities
1.2 Implement the health facility governance and management framework developed by Federal MOH at all levels (PHU, HC, RHC, Hospitals).
1.3 Strengthen citizen and civil society engagement and accountability in management and review of health services through the establishment of community health boards ensuring meaningful involvement of women and other vulnerable groups.

Strategic Objective 2: To enhance and strengthen sector planning, monitoring and supervision system from state level to district level by 2021.

Priority Strategies

2.1 Develop annual plans (consolidated plan from districts and regions) inclusive of all actors (Government, Civil Society, Private Sector, Development Partners, Academic and Training Institutions, etc).
2.2 Conduct systematic and regular supervision, monitoring, review and evaluations including meaningful involvement of service users and communities including hard-to-reach areas.
2.3 Undertake joint review missions, based on national calendar and organize annual health review summit in the state to discuss the joint review mission findings and recommendations.

Strategic Objective 3: To enhance coordination and ensure alignment of humanitarian and development assistance with state priorities by 2021.

Priority Strategies

3.1 Strengthen capacity of coordinating structures at state, region and district levels.
3.2 Organize regular health and nutrition sector coordination meetings at State and regional levels.
3.3 Monitor and report the effective implementation of Somalia health sector partnership compact.
3.4 Implement national policy and guidelines for Public-Private Partnership based on health sector compact to ensure long-term sustainability of the health system.
3.5 Ensure the common management approaches are persevered by all partners, covering procurement, disbursement and accounting of funds, and joint reviews of health sector performance in line with agreed Partnership Principles between federal government and development partners.

4. MEDICINE AND SUPPLIES

3.1 SWOT Analysis

STRENGTH	WEAKNESSES	OPPORTUNITY	THREAT
1. Small regional warehouse. 2. Emergency supplies (buffer stocks for health and WASH) 3. NGO managed regional cold-chains.	1. There is no state level supply management unit 2. There is no central state warehouse to manage the storage and distribution of supplies.	1. Seaport and airports in the state that can facilitate supply shipments 2. Cross border Road	1. Uncontrolled and Unregulated private suppliers. 2. High volume of counterfeit drugs

4. Standard treatment guidelines 5. Updated essential drug list 6. Medicines and supplies procured by private entities.	3. Regional warehouses are very small and congested and lack the basic equipments and facilities. 4. Frequent stock out of essential medicine and supplies. 5. There is no state level supply chain master plan. 6. There is no state level cold chain facility. 7. Regional cold-chains are managed by INGOs. 8. There is no system to record and report medicines and supplies "no LMIS at state level). 9. There is no quality control system or laboratory to ensure the quality of the medicine and supplies.	transportation is active.	3. Lack of predictability of medicines & supplies procured by humanitarian and development partners leading to frequent shortages and stock-outs.

3.2 Policy Priorities

Goal

Ensure the availability of essential health supplies, medicines, vaccines and commodities that satisfy the priority needs of the population, in adequate amounts, of assured quality and at a price that the community and the health system can afford.

Strategic objectives are:

Strategic Objective 1: To improve access to good quality, efficacious, safe and affordable medicines, medical supplies and equipment, vaccines and health technologies by 2021.

Priority Strategies

1.1 Construct/expand/rehabilitate and equip State Medical Stores (SMS) Regional Medical Stores (RMS), and Hospital Stores to ensure proper storage and handling of medicines, medical supplies and equipment, vaccines and health technologies.

1.2 Provide adequate and appropriate drugs, equipment and medical supplies (ensure that facilities have at least 80% of identified tracer essential drugs in stock all year round).

1.3 Introduce drug revolving programme to address the frequent shortages of medicines and medical supplies and equipment, and health technologies in the public sector in line with the national essential medicine policy.

1.4 Provide regular training and career development opportunities to upgrade the skills of health workers and pharmacists.

1.5 Implement regular supervision and inspection for both public and private health services in the area of management of supplies.

1.6 Introduce and maintain effective logistic management information system in all public health facilities in the State.

1.7 Implement appropriate stock control system at all levels.

Strategic Objective 2: To improve, advance and strengthen the medicines regulations and quality assurance system by 2021.

Priority Strategies

2.1 Implement the code of ethics and a conduct for pharmacy practice; guidelines and standard operating procedures for medicines inspection, medicines registration, pharmaco-vigilance and quality control analysis to be developed by Federal MOH.
2.2 Establish quality control mechanism in main ports and cross-border areas of the State.
2.3 Monitor and report adverse drug reactions.

Strategic Objective 3: To promote rational and cost effective use of medicines at all levels of the health care delivery system by 2021.

Priority Strategies

3.1 Establish a unit in charge for pharmaceutical services (rational medicine use, drug information and sensitization).
3.2 Establish medicine information centres and therapeutic committees at secondary health facilities.
3.3 Undertake consumer sensitization on the rational use of medicines.

5. HEALTH INFORMATION

5.1 SWOT Analysis

STRENGTH	WEAKNESSES	OPPORTUNITY	THREAT
1. One regional HMIS officer operates in one out of the three regions. 2. 4 district HMIS offices are in place 3. Health facility reporting rate is 60%. 4. Around 50% of health facilities submit complete and timely reports. 5. Recording and reporting tools are readily available in health facilities. 6. Health workers have basic skills in managing data. 7. Basic mapping of health facilities, even though not comprehensive and complete.	1. There is no proper demarcation of catchment areas of health facilities and target population not estimated. 2. All public health facilities (public and private) in the state are not mapped and their data-base not readily available in the state. 3. There is no data verification, quality assurance and feedback system at all levels. 4. Health workers and managers in the state have limited or no skills in data management and information use. 5. District health management information system is not sufficient. 6. There are challenges of the timeliness and completeness of the reports. 7. There is no unified reporting system	1. New plans are underway introducing DHS2 in all districts of the state.	1. Insecurity in some areas which are hard to reach

5.2 Policy Priorities

Goal

Establish effective health management information system based on sound, accurate, reliable, disaggregated and timely information for evidence based planning and implementation, supported by effective monitoring and evaluation and by targeted research.

Strategic Objectives:

Strategic Objective 1: To enhance and strengthen the institutional framework for implementing a functional health management information system by 2021.

Priority Strategies

1.1 Establish and strengthen the capacity of HMIS units at State, Regions and Districts.
1.2 Rollout the introduction of DHIS 2 in phased approach in all districts of the State.
1.3 Implement HMIS standards, guidelines and standard operating procedures (SOPs) for the data collection, analysis, and reporting developed by Federal MOH.
1.4 Establish a forum to discuss and coordinate HMIS related issues at State level.

Strategic Objective 2: To improve routine data collection quality, management, dissemination and use at all levels by 2021.

Priority Strategies

2.1 Establish an integrated HMIS portal for dissemination of all available data and meta-data resources linked to national HMIS portal.
2.2 Ensure the integration of reporting systems into the routine health management information system, including disaggregation by sex, location and other factors.
2.3 Provide training and career development opportunities for HMSI staff.
2.4 Provide on-the-job training, mentorship and coaching for health workers to follow HMIS standards, guidelines and SOPs for data collection, analysis and reporting.
2.5 Produce quarterly and annual health statistics for both operational and strategic management.
2.6 Undertake advocacy for policy makers, planners and implementers for use of health data in planning and decision making at all levels.
2.7 Provide information communication technology (ICT) to HMIS units and health facilities and increase access and use of ICT technology for health management information system.
2.8 Implement the plan for vital registration system (birth and death) in phased approach across the state.

Strategic Objective 3: To enhance early warning and integrate disease and nutrition surveillance systems into national HMIS by 2019.

Priority Strategies

3.1 Strengthen integrated disease surveillance and response (IDSR) information system.
3.2 Strengthen nutrition surveillance system.
3.3 Pilot community-based IDSR and nutrition surveillance and rollout to all districts in a phased approach.

6. HEALTH FINANCING

6.1 SWOT Analysis

STRENGTH	WEAKNESSES	OPPORTUNITY	THREAT
1. Health financing strategy in place at state level. 2. Public finance management system supported by the World Bank and SSF is in place at Jubaland Ministry of Finance 3. Community and Diaspora contributions in the form of use-fee and grants (both in kind and cash)	1. Lack of Government budget to the health sector. 2. There is no dedicated unit in charge for health financing. 3. There is no system to account or monitor the financing and budgeting processes at state level. 4. Lack of running costs for state MOH. 5. There is no system or strategy to raise local resources.	1. Public financial reform under development with the support of World Bank. 2. Development & humanitarian aid.	1. High donor dependency 2. Unpredictable donor financing

6.2 Policy Priorities

Goal

Create sustainable health financing system, which relies national financing and local resources, protects the poor from catastrophic health expenditure, ensures universal health coverage, allocates budget to priorities, accounts for spending accurately, and uses national and international funds more efficiently through SWAp

Strategic Objectives:

Strategic Objective 1: To secure adequate level of funding needed to achieve national health and health related sustainable development goals by 2021.

Strategies

1.1 Implement pro-poor healthcare financing policy and implementation strategy (including development of clear criteria for determining vulnerability) to be developed by Federal MOH.

1.2 Undertake series of advocacy and lobbying to increase State Government allocation to health sector to at least 8% by 2021.

1.3 Advocate for the introduction of dedicated taxes for health (e.g. on Khat, Tobacco, Cosmetics, Cell phones) to ensure that at least 10% of national budget is allocated to health sector.

1.4 Introduce sound, efficient and effective financial and procurement management systems for the health sector.

1.5 Institutionalize sub-national health accounts to track flow of financial resources across the State.

Strategic Objective 2: To ensure equitable and efficient allocation and use of health sector resources at all levels by 2021.

Strategies

2.1 Establish healthcare financing unit at State MOH.

2.2 Implement equitable needs-based criteria for allocating financial resources to be developed by Federal MOH.

2.3 Harness the NGO and private sector resources through contractual arrangements in pursuit of Jubbaland health sector development goals.

7. HEALTH INFRASTRUCTURE

6.1 SWOT Analysis

STRENGTH	WEAKNESSES	OPPORTUNITY	THREAT
1. Mapping of health facilities concluded even though not accurate and complete. 2. 14 hospitals, 49 health centres, 18 PHU across the state. 3. Facility blue print in place to guide the construction of new health facilities.	1. MOH has no adequate office space to operate in. 2. No warehouses available at State and lower levels to store and manage medicines and supplies. 3. The physical conditions of the existing health facilities are in bad shape and not fit for the purpose of services provision. 4. There is no health infrastructure maintenance unit or workshop at State MOH. 5. Recent health facility mapping doesn't provide data on all health facilities and requires revision and updating. 6. Most of the health facilities lack the basic diagnostic and patient care equipment. 7. There is no system to maintain ambulances and other transport.		

7.2 Policy Priorities

Goal

Ensure the Somalia health system has the necessary infrastructure to effectively respond to the healthcare needs of the people and provide quality and accessible essential healthcare services.

Strategic Objectives

Strategic Objective 1: To enhance access to healthcare services through the establishment of network of public health facilities to support the effective delivery of EPHS at all levels by 2021.

Priority Strategies

1.1 Carry out an inventory of physical infrastructure and quantify the number of health facilities to be rehabilitated during the strategic planning period taking account of diverse population needs (e.g. in relation to gender, rural isolation, disability etc) in conjunction with national health infrastructure assessment.

1.2 Construct/re-construct/rehabilitate health facilities in accordance with the national health facility blueprint and rationalization plan (structures, water supply, toilets, and

medical waste disposal facilities) and include staff quarters for remote located and rural health facilities.

1.3 Elaborate a national infrastructure databank to include information on equipment and furniture, and facilities linked to national infrastructure data-bank.

1.4 Establish architect, engineering and infrastructure maintenance department at State MOH.

Objective 2: To improve the institutional capacity and create conducive working environment through provision of adequate office premises, work-stations, ICT equipment and transport by 2019.

Priority Strategies

2.1 Construct office premises for the state head-quarter office, regional and district health offices in phased approach.

2.2 Provide work-stations for the state head-quarter office, regional health offices and district offices.

2.3 Provide ICT equipment and transport to the state head-quarter office, regional health offices and district health offices in phased approach.

Strategic Objective 3: To procure, install and utilize appropriate medical and diagnostic equipment within the health facilities by 2021.

Priority Strategies

3.1 Conduct comprehensive needs assessment and database for medical imaging equipment in conjunction with the national exercise.

3.2 Procure and install new equipment based on the assessed needs.

3.3 Ensure availability of consumables for the medical equipment as part of the procurement of essential medicines and health supplies.

3.4 Recruit and train both technical and maintenance staff as required.

8. EMERGENCY PREPAREDNESS AND RESPONSE

8.1 SWOT Analysis

STRENGTH	WEAKNESS	OPPORTUNITY	THREAT
1. State cluster coordination mechanism in place for health, nutrition and WASH. 2. Surveillance and early warning system in place and functioning. 3. WASH cluster have buffer stock pre-positioned in State.	1. Lack of State level emergency preparedness and response plan. 2. Lack of emergency and response unit at State MOH. 3. Weak surveillance and early warning system. 4. Lack of buffer stocks to respond to health emergencies. 5. Weak of logistic capacity to immediately respond to acute emergencies.	1. Health, nutrition and WASH cluster system in the State. 2. Common humanitarian fund (HRP). 3. State level Disaster Management Committee.	1. Prolonged draughts. 2. Subsequent disease outbreaks. 3. Insecurity in most disaster-prone areas.

	6. Lack of trained personnel in disaster risk reduction 7. Absence of community structure for disaster risk reduction		

8.2 Policy Priorities

Goal

Improve the capacity of the health system to prevent, control and mitigate public health threats and emergencies

Strategic Objectives

Strategic Objective 1: To improve access to essential life-saving health services (quality primary and secondary health care) for crisis-affected populations aimed at reducing avoidable morbidity and mortality by 2021.

Strategies

1.1 Establish emergency preparedness and response unit at the State MOH readied with necessary equipment and facilities.
1.2 Strengthen the capacity of the health workforce to respond public health emergencies and threats.
1.3 Pre-position adequate essential supplies and buffer-stocks into the regions and districts for rapid response to outbreaks and other public health emergencies.
1.4 Train health workers in disaster risk reduction.

Strategic Objective 2: To enhance and strengthen surveillance, early warning and disease detection to mitigate, detect and respond to disease outbreaks and other public health emergencies in a timely manner by 2021.

Strategies

1.1 Strengthen the early warning and surveillance systems for health, nutrition, water and sanitation and related sectors.
1.2 Strengthen the laboratory capacity to detect public health threats.

9. SOCIAL DETERMINANTS OF HEALTH

9.1 SWOT Analysis

STRENGTH	WEAKNESSES	OPPORTUNITY	THREAT
1. Communication for development exists at national level. 2. Jubbaland inter-ministerial WASH steering committee in place.	1. Inequity in access to healthcare services (EPHS services), particularly nomadic, pastoral and hard to reach communities. 2. No clear guidelines for health promotion and messaging. 3. Access to safe water and sanitation facilities extremely limited.	1. The national health policy emphasizes health in all policy initiative. 2. Scaling up nutrition (SUN approach), can leverage efforts in preventing	

	4. Literacy rate is very low for adults, particularly female. 5. Majority of population in Jubbland are below the poverty line.	malnutrition in the State.	

9.2 Policy Priorities

Goal
Create social and physical environments that promote good health for all.

Strategic Objectives

Objective 1: To enhance inter-sectoral and multi-sectoral collaboration in addressing the social determinants of health by 2021.

Strategies

1.1 Establish multi-sectoral committee to spearhead the mainstreaming of health into all policies and plans of the Government at State level.
1.2 Work with State Government Ministries and Agencies to include health in all policies and plans (education, water, agriculture, environment, employment, transport, disaster management agency, etc)

Objective 2: To promote actions in reducing the risks and vulnerabilities of the population to preventable social and environmental hazards by 2021.

Strategies

1.3 Implement an integrated school health programme including adolescent sexual and reproductive health, nutrition and hygiene promotion
1.4 Carryout regular water treatment and chlorination at household and communal water points.
1.5 Implement a program to promote a multi-sectoral approach to environmental health, hygiene promotion, water and sanitation.
1.6 Implement comprehensive communication for development strategy to strengthen health promotion and disease prevention and address the social determinants of health in the State.

CONSOLIDATED FINANCIAL PLAN

BUDGET SUMMARY

Health Services	4,636,364.36	5,454,545.64	5,454,546.09	5,181,818.09	4,500,000.00	25,227,274.18
Human Resource for Health	900,000.82	900,000.82	900,000.82	900,000.82	900,000.82	4,500,004.09
Leadership and Governance	395,454.27	340,909.27	395,454.27	395,454.27	122,727.27	1,922,726.36
Essential Medicine and Medical Supplies	1,390,909.55	1,309,090.91	1,309,090.91	681,818.18	354,545.73	5,045,455.27
Health Information System	245,454.82	436,364.27	436,364.27	436,364.27	245,455.18	1,800,002.82
Health Financing	163,637.00	300,000.00	150,000.36	150,000.36	150,000.36	913,638.09
Health Infrastructure	1,090,908.55	1,500,000.82	1,772,727.82	681,819.00	409,091.00	5,454,547.18
Emergency Preparedness and Response	354,545.18	681,819.00	681,819.00	409,091.00	327,272.45	2,454,546.64
Social Determinants of Health	409,091.00	545,454.91	681,818.55	627,272.73	463,636.00	2,727,273.18
TOTAL	**9,586,365.55**	**11,468,185.64**	**11,781,822.09**	**9,463,638.73**	**7,472,728.82**	**50,045,467.82**

HEALTH SERVICES

OBJECTIVE	2017	2018	2019	2020	2021	TOTAL USD
To increase access to and utilization of cost-effective, quality and gender-sensitive health services especially for women, children, and other vulnerable groups in Jubbaland by 2021.	4,950,000	4,950,000	4,950,000	4,950,000	4,950,000	24,750,000
To enhance and ensure quality and safety of healthcare services by 2021	333,350	666,700	666,700	333,350	165,000	2,165,100
To improve, integrate and expand community based health services by 2021	165,000	500,000	666,700	666,700	333,350	2,331,750
To improve and expand the capacity of laboratory and blood transfusion services	165,000	333,350	333,350	333,350	165,000	1,330,050
TOTAL	**5,613,350**	**6,450,050**	**6,616,750**	**6,283,400**	**5,613,350**	**30,576,900**

HUMAN RESOURCE FOR HEALTH

OBJECTIVE	2017	2018	2019	2020	2021	TOTAL USD
To improve the planning, development and management of human resource for health by 2021.	266,667	266,667	266,667	266,667	266,667	1,333,333
To enhance and upgrade the institutional capacity for human resource for improved performance and productivity of the sector by 2021.	165,000	165,000	165,000	165,000	165,000	825,000
To enhance capacity and relevance for training of health workers to provide fair, equitable and non-discriminatory services, in partnership with the private sector and other stakeholders by 2021.	666,667	666,667	666,667	666,667	666,667	3,333,333
TOTAL	**1,098,333**	**1,098,333**	**1,098,333**	**1,098,333**	**1,098,333**	**5,491,667**

LEADERSHIP AND GOVERNANCE

OBJECTIVE	2017	2018	2019	2020	2021	TOTAL USD

To enhance governance, leadership, management systems and capacity at state, regional and district level 2021.	272,727	218,182	272,727	272,727	272,727	1,309,090
To enhance and strengthen sector planning, monitoring and supervision system from state level to district level by 2021.	81,818	81,818	81,818	81,818	81,818	409,091
To enhance coordination and ensure alignment of humanitarian and development assistance with state priorities by 2021.	40,909	40,909	40,909	40,909	40,909	204,545
TOTAL	**395,454**	**340,909**	**395,454**	**395,454**	**122,727**	**1,922,726**

ESSENTIAL MEDICINE AND MEDICAL SUPPLIES

Objective	**2017**	**2018**	**2019**	**2020**	**2021**	**TOTAL USD**
To improve access to good quality, efficacious, safe and affordable medicines, medical supplies and equipment, vaccines and health technologies by 2021.	818,182	1,090,909	1,090,909	545,455	272,727	3,818,182
To improve, advance and strengthen the medicines regulations and quality assurance system by 2021.	545,455	136,364	136,364	81,818	54,545	954,546
To promote rational and cost effective use of medicines at all levels of the health care delivery system by 2021.	27,273	81,818	81,818	54,545	27,273	272,728
TOTAL	**1,390,910**	**1,309,091**	**1,309,091**	**681,818**	**354,546**	**5,045,455**

HEALTH INFORMATION SYSTEM

Objective	**2017**	**2018**	**2019**	**2020**	**2021**	**TOTAL USD**
To enhance and strengthen the institutional framework for implementing a functional health management information system by 2021.	136,364	272,727	272,727	272,727	136,364	1,090,909
To improve routine data collection quality, management, dissemination and use at all levels by 2021.	81,818	136,364	136,364	136,364	81,818	572,728
To enhance early warning and integrate disease and nutrition surveillance systems into national HMIS by 2019.	27,273	27,273	27,273	27,273	27,273	136,365
TOTAL	**245,455**	**436,364**	**436,364**	**436,364**	**245,455**	**1,800,003**

HEALTH FINANCING

OBJECTIVE	**2017**	**2018**	**2019**	**2020**	**2021**	**TOTAL USD**
To secure adequate level of funding needed to achieve national health and health related sustainable development goals by 2021.	136,364	272,727	136,364	136,364	136,364	818,183
To ensure equitable and efficient allocation and use of health sector resources at all levels by 2021.	27,273	27,273	13,636	13,636	13,636	95,455
TOTAL	**163,637**	**300,000**	**150,000**	**150,000**	**150,000**	**913,638**

HEALTH INFRASTRUCTURE

OBJECTIVE	**2017**	**2018**	**2019**	**2020**	**2021**	**TOTAL USD**
To enhance access to healthcare services through the establishment of network of public health facilities to support the effective delivery of EPHS at all levels by 2021.	545,455	818,182	818,182	545,455	272,727	3,000,000

To improve the institutional capacity and create conducive working environment through provision of adequate office premises, work-stations, ICT equipment and transport by 2019.	272,727	136,364	136,364			545,455
To procure, install and utilize appropriate medical and diagnostic equipment within the health facilities by 2021.	272,727	545,455	818,182	136,364	136,364	1,909,092
TOTAL	**1,090,909**	**1,500,001**	**1,772,728**	**681,819**	**409,091**	**5,454,547**

EMERGENCY PREPAREDNESS AND RESPONSE

OBJECTIVE	**2017**	**2018**	**2019**	**2020**	**2021**	**TOTAL USD**
To improve access to essential life-saving health services (quality primary and secondary health care) for crisis-affected populations aimed at reducing avoidable morbidity and mortality by 2021.	272,727	545,455	545,455	272,727	272,727	1,909,091
To enhance and strengthen surveillance, early warning and disease detection to mitigate, detect and respond to disease outbreaks and other public health emergencies in a timely manner by 2021.	81,818	136,364	136,364	136,364	54,545	545,456
TOTAL	**354,545**	**681,819**	**681,819**	**409,091**	**327,272**	**2,454,547**

SOCIAL DETERMINANTS OF HEALTH

OBJECTIVE	**2017**	**2018**	**2019**	**2020**	**2021**	**TOTAL USD**
To enhance inter-sectoral and multi-sectoral collaboration in addressing the social determinants of health by 2021.	136,364	136,364	136,364	81,818	54,545	545,455
To promote actions in reducing the risks and vulnerabilities of the population to preventable social and environmental hazards by 2021.	272,727	409,091	545,455	545,455	409,091	2,181,818
TOTAL	**409,091**	**545,455**	**681,819**	**627,273**	**463,636**	**2,727,273**

CONSOLIDATED PEREFORMANCE FRAMEWORK

Health Services

S.N	INDICATOR	BASELINE	TARGET					SOURCE
		2016	2017	2018	2019	2020	2021	
1	Maternal Mortality Ratio	732/100,000					400	DHS
2	Under-five mortality rate	137/1,000					100	MICS/DHS
3	Infant mortality rate	85/1,000					70	MICS/DHS
4	Neonatal mortality rate	40/1,000					35	MICS/DHS
5	Total fertility rate	6.7					6	MICS/DHS
6	Average life expectancy	54					<60	MICS/DHS
7	Prevalence of wasting in children aged 0-59 months (weight-for-height z-score <-2 SD)	14% (Check with latest Post Deyr)					<10%	Nutrition Survey
8	Prevalence of wasting in children aged 0-59 months (weight-for-height z-score <-2 SD)	14%					<10%	Nutrition Survey
9	Prevalence of underweight in children aged 0-59 months (weight-for-age z-score <-2 SD)	13.4%					<9%	Nutrition Survey
10	Contraceptive prevalence rate	6%					>15%	MICS/DHS
11	Unmet need for family planning	26%					<15%	MICS/DHS
12	HIV/AIDS incidence/prevalence rates	1%					<1%	DHS/HIV Survey
13	Proportion of people who are on ARV	?					?	HMIS
15	TB treatment success rate	87%	>90%	>93%	>94%	>95%	>97%	HMIS
16	Malaria incidence rate	?					?	MIS
18	Pent 3 coverage rate for 1 yr.	43%	50%	55%	60%	65%	70%	HMIS, MICS/DHS
19	Institutional delivery.	33%	>40%	>45%	>50%	>55%	>60%	MICS/DHS
20	Prevalence of anaemia (haemoglobin concentration <11 g/dl) among pregnant women	49%					20%	Micro-nutrient Survey
21	Exclusive breastfeeding rate.	33%					>50%	MICS/DHS, Nutrition Survey

Human Resource for Health

S.N	INDICATOR	BASELINE	TARGET	SOURCE

		2016	2017	2018	2019	2020	2021	
1	Health professionals (doctor, nurse, midwife) per 10,000 populations.	N.A	?	?	?	?	?	HRIMS
2	Skilled birth attendant.	33%					>55%	MICS/DHS
3	Number of new graduates from health training institutions.	N.A	?	?	?	?	?	HRIMS
4	% of health workers who attended certified CPD course.	N.A	20%	40%	50%	60%	70%	HRIMS
5	Staff attrition rate.	N.A	?	?	?	?	?	HRIMS
6	% of health facilities meeting the EPHS minimum staffing plan.	N.A	25%	0%	50%	60%	70%	HFA
7	% of health workers with signed performance-based contracts.	N.A	10%	20%	30%	50%	70%	HRIMS
8	% of health workers with job descriptions.	N.A	20%	30%	40%	60%	80%	HRIMS

Leadership and Governance

S.N	INDICATOR	BASELINE	TARGET					SOURCE
		2016	2017	2018	2019	2020	2021	
1	Number of districts with district health management teams.	3	6	9	12	14	16	MOH
2	% of development partners effected with valid partnership contracts	N.A	30%	50%	60%	70%	80%	Health Compact
4	Existence of annual work plans and budgets linked to HSSP II priorities.	0	1	1	1	1	1	MOH
5	Number of quarterly HSC meetings held, minutes documented & actions followed up.	N.A	4	4	4	4	4	HSC records
6	% of health facilities with community health boards.	N.A	30%	50%	60%	70%	80%	HFA
8	Number of senior and mid-level managers who attended certified leadership and management courses.	N.A	6	6	8	8	6	HRIMS

Essential Medicine and Medical Supplies

S.N	INDICATOR	BASELINE	TARGET					SOURCE
		2016	2017	2018	2019	2020	2021	
1	% of health facilities reporting no stock outs of essential drugs (tracer medicine).	N.A	50%	60%	70%	80%	90%	HMIS, HFA
2	% of health facilities with unexpired drugs compared to the total drugs in the shelf.	N.A					<10%	HFA

3	% of health facilities with adequately labelled drugs in stock.	N.A					>90%	HFA
4	Number of new graduates from certified pharmaceutical training program	0	0	0	20	20	20	HRMIS

Health Information System

S.N	INDICATOR	BASELINE	TARGET					SOURCE
		2016	2017	2018	2019	2020	2021	
3	% of facilities submitting timely, complete and accurate reports.	N.A	30%	50%	70%	80%	90%	HMIS
4	Number of annual HMIS reports published	N.A	1	1	1	1	1	HMIS
5	% of health facilities with properly demarcated catchment areas and population	N.A	20%	30%	50%	60%	70%	HFA

Health Financing

S.N	INDICATOR	BASELINE	TARGET					SOURCE
		2016	2017	2018	2019	2020	2021	
1	The ratio of household out-of-pocket payments for health to total health expenditure.	N.A						HH Survey
2	Government share of national budget to health sector;	N.A	2%	4%	6%	8%	10%	NHA
3	Number of audited reports published.	0	1	1	1	1	1	NHA
4	Existence of functioning national health accounts at state level.	N.A	1	1	1	1	1	NHA
5	Proportion of aid flows that are aligned with State Chapter Priorities.	N.A	20%	40%	50%	60%	70%	AIMS/ NHA

Health Infrastructure

S.N	INDICATOR	BASELINE	TARGET					SOURCE
		2016	2017	2018	2019	2020	2021	
1	Number of health facilities per 10,000 populations.	N.A						HFA
2	Number of hospital beds per 10,000 populations.	N.A						HFA
3	Percentage of health facilities equipped as per the norms and standards of the EPHS.	N.A	20%	40%	60%	70%	80%	HFA

4	% of health facility with WASH available for the providers/clients/patients.	N.A	20%	40%	60%	80%	90%	HFA
5	% of referral health centers and hospitals with emergency transport system (one functional ambulance).	N.A	20%	40%	60%	70%	80%	HFA

Emergency Preparedness and Response

S.N	INDICATOR	BASELINE	TARGET					SOURCE
		2016	2017	2018	2019	2020	2021	
1	Existence of Jubbaland EPR Plan that contain hazard, vulnerability analysis & risk mapping.	N.A	1	1	1	1	1	MOH
2	% of resources mobilized that are based on the gaps and needs identified in the EPR plan	N.A					<80%	NHA
3	Number of regions with essential supplies and buffer-stocks for health response pre-positioned.	0	3	3	3	3	3	MOH
4	Number of health workers trained in disaster risk reduction	N.A	20	20	20	20	20	HRIMS

Social Determinants of Health

S.N	INDICATOR	BASELINE	TARGET					SOURCE
		2016	2017	2018	2019	2020	2021	
5	Proportion of population using safely managed drinking water services	35%					55%	WASH KAP
6	Proportion of population using safely managed sanitation services, including a hand-washing facility with soap and water	10%					45%	WASH KAP
7	% of primary and secondary schools with WASH facilities available for the students including menstrual hygiene facilities for adolescent girls.	N.A	20%	30%	40%	50%	60%	EMIS, School Survey
8	Prevalence of Anaemia among school-age children	59%					<20%	Micro-nutrient survey
8	Prevalence of Vitamin A deficiency among school age children	37%					<20%	Micro-nutrient survey

Ministry of Health (Organogram)