





MIDA FINNSOM PROJECTS IMPROVE THE HEALTH AND

EDUCATION OUTCOMES IN SOMALIA, THROUGH THE

ACTIVE ENGAGEMENT OF QUALIFIED SOMALI DIASPORA PROFESSIONALS.

MINISTRY FOR FOREIGN AFFAIRS OF FINLAND HAS SUPPORTED

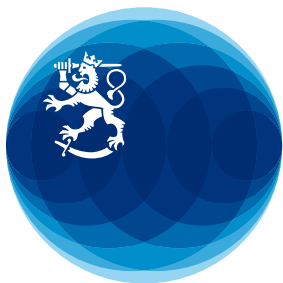
THE REBUILDING OF SOMALIA'S HEALTH AND EDUCATION SECTORS FOR 10 YEARS.



REBUILDING SOMALIA

WITH THE EXPERTISE

OF THE DIASPORA



Ulkoministeriö
Utrikesministeriet
Ministry for Foreign
Affairs of Finland

CONGRATULATORY MESSAGE FROM THE MINISTRY FOR FOREIGN AFFAIRS

MINISTRY FOR FOREIGN AFFAIRS

The Ministry for Foreign Affairs would like to congratulate MIDA FINNSOM on its 10th anniversary.

The MIDA FINNSOM programme has been financed by the Ministry for Foreign Affairs from the beginning in the year of 2008. We have been proud to participate in this programme, that helps professionals of Somali origin to return temporarily to Somalia to build healthcare and education capacities in the country.

The Somali diaspora has really shown itself to be a valuable resource for the development of Somalia. The way the diaspora has risen to the challenge of helping their war-torn country of origin is a great source of pride to Finland.

The diaspora experts have been able to speed up the development in both the health and education sectors. This has been possible also due to the outstanding commitment and networks of IOM staff both in Finland and in Somalia.

The cooperation of MIDA FINNSOM and the Ministry in Somalia precedes by far the decision of the Ministry in 2016 to start bilateral cooperation with Somalia and it has been an important guide towards finding a sustainable way of working in Somalia.

MIDA FINNSOM's focus on the most vulnerable populations, especially women's and children's health, is in line with the priorities of the Finnish development policy's crosscutting objectives. For instance, the work done at the Hargeisa Group Hospital has led to a significant decrease in maternal and infant mortality in the area.

The cooperation between the Ministry and MIDA FINNSOM has continued to be fruitful and innovative during these ten years. This non-traditional development mechanism has been a way for the Somali diaspora to show that they want and can help Somalia to rebuild, and that knowledge gained in the West can be used to further the process of the country towards more stability.

The Ministry for Foreign Affairs wishes IOM Finland and MIDA FINNSOM continued success in the complex world of migration and development!

FOREWORD

CHIEF OF MISSION AND SUB-REGIONAL COORDINATOR
SIMO KOHONEN

This anniversary booklet describes the 10-year history of MIDA FINNSOM projects, highlighting the valuable contribution of Finnish Somali diaspora to its success. The story of MIDA FINNSOM projects began in 2007 when a group of Finnish Somali diaspora members brought up their strong interest to contribute to the rebuilding efforts of their country of origin. Years of war, institutional decline and migration of skilled professionals abroad already in the early 1990s had significantly deprived Somali people's access to basic services, such as health care and education.

These immense needs and the strong motivation of diaspora professionals were well matched to IOM's global Migration for Development in Africa (MIDA) concept. IOM has been implementing MIDA projects in more than 40 African countries since 2001. The main objective of MIDA is to transfer skills and knowledge from diaspora professionals to local professionals. The purpose is both individual and institutional level capacity building to the extent that the results gained would be sustainable even after the exit of the projects.

What started in 2008 as MIDA FINNSOM Health, a one and half years' pilot project, had a chance to grow over

the years to four project phases in Northern Somalia and a separate MIDA FINNSOM Health and Education project. These lasting results could not have taken place without an extremely strong motivation and commitment shown by the Somali diaspora professionals. On those exceptional individuals and their stories, we can read in the pages of this publication.

This publication also shows the milestones of the projects and how in time they have grown in terms of experts assigned, institutions supported and geographic exposure. Best practices as well as cost effective interventions have been similarly extended between the institutions and regions. As 'Finnishness' has always been pivotal to the project, we are glad to share that even today around one quarter of the experts are of Finnish-Somali origin. Also, the projects have managed to export the Finnish knowledge to Somalia through engagement of Finnish research and training institutions, as well as private sector partners bringing an innovative component to the project implementation.

Furthermore, it is orderly to express deep gratitude to the long-term donor and guardian of the project, the Finnish Ministry for Foreign Affairs. Without the involvement of the Ministry and its continuous interest and engagement to the strive of Somalia the many results of the project could not have been reached.

We wish the milestone of 10 years' anniversary for MIDA FINNSOM to be an opportunity to celebrate this success and continue working together.

MIDA FINNSOM Health

MIDA FINNSOM Health and Education

HOST INSTITUTIONS



BORAMA

- Borama Regional Hospital (Phase III, IV)

BERBERA

- Berbera Regional Hospital (Phase IV)

HARGEISA

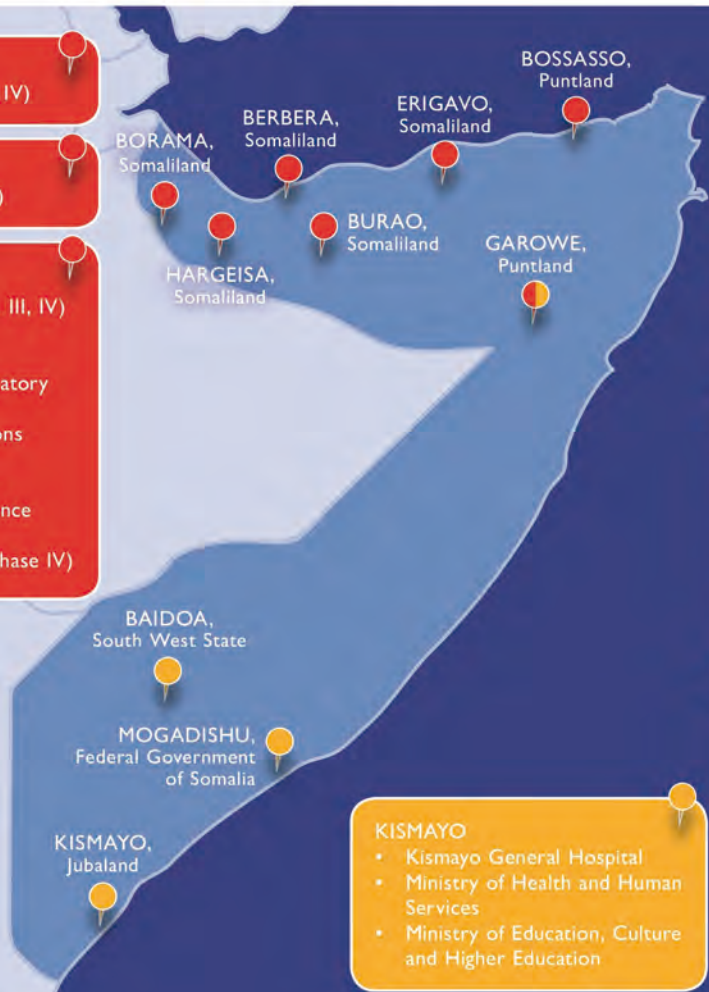
- Hargeisa Group Hospital (Phase I, II, III, IV)
- Somaliland Ministry of Health (Phase I, II, III, IV)
- Hargeisa Tuberculosis Culture Laboratory (Phase I, II)
- Somaliland National Health Professions Commission (Phase II, III)
- Manhal Specialty Hospital (Phase II)
- Hargeisa Institute of Health and Science (Phase II, III, IV)
- MAS Children's Teaching Hospital (Phase IV)

BURAO

- Burao Institute of Health Science (Phase III)
- Burao General Hospital (Phase III, IV)

BAIDOA

- Ministry of Health and Human Services
- Ministry of Education, Culture and Higher Education
- Bay Regional Hospital



BOSSASO

- Bossaso General Hospital (Phase III, IV)

ERIGAVO

- Erigavo Regional Hospital (Phase IV)

GAROWE

- Puntland Ministry of Health (Phase II, III) +
- Garowe General Hospital (Phase II, III) +
- East Africa University (Phase II, III)
- Puntland State University (Phase II, III)

MOGADISHU

- Ministry of Health and Human Services
- Somali National University
- Yardimeli Women and Children Hospital
- Ministry of Education, Culture and Higher Education
- Somali Academy of Sciences and Arts

KISMAYO

- Kismayo General Hospital
- Ministry of Health and Human Services
- Ministry of Education, Culture and Higher Education

WHAT IS MIDA

The Migration for Development in Africa (MIDA) initiative was launched in 2001 and is based on IOM's Return of Qualified African Nationals (RQAN) programme, which started in the 1970s. The aim was to find effective tools to use the contribution of migrants for the economic and social capacity building of their country of origin.

The initiative promotes the role of the African diasporas in strengthening both the institutional and individual capacities in their country of origin, through mobility of resources: human, intellectual and financial.

Information on the programmes is shared with diaspora members interested in temporarily returning to transfer their professional skills and knowledge into their country of origin. Diaspora members bring their valuable knowledge to develop and rebuild the public-sector services in countries where the basic services are insufficient or to a large extent lacking. Due to their background and connections, they can effectively integrate themselves in the local institutions and communities.

In Somalia IOM incorporates MIDA components in several projects. Their primary object is to enhance the Somali authorities' ability to respond to the needs of the people by benefitting from the skills and knowledge of the Somali diaspora.

MIDA FINNSOM HEALTH

The overall objective of the project is improved health care provision in Puntland and Somaliland by strengthening public health institutions. The host government is the one setting the priorities for the activities and expert positions.



Funded by the the Ministry for Foreign Affairs of Finland (MFA Finland) since 2008, the MIDA FINNSOM Health project is working to improve the capacities of the health care system and the local health care personnel in Somaliland and Puntland. A significant number of the diaspora experts under this project is from the Somali diaspora in Finland. The Phase IV of the project started in 2017 for the duration of three years.

Beyond working to transfer technical skills and knowledge in the medical area,

MIDA FINNSOM Health also builds the leadership, planning, and supervision capacities of the local health care institutions. The project's priority focus is on maternal and child health.

MIDA FINNSOM HEALTH AND EDUCATION, FEDERAL GOVERNMENT OF SOMALIA AND FEDERAL MEMBER STATES

The overall objective of this project, also funded by the MFA Finland, is to contribute to the stabilization of the Federal Government of Somalia. Main goal is to improve the capacity of the health and education sector institutions and local professionals to provide quality health care and education to the population.

This is done through increasing access to basic services (health and education) and creating employment opportunities for the youth. The project started in 2015 and continues with a second phase in 2019.

During the first phase of the project IOM assigned 58 diaspora experts to the public sectors in Somalia – half to the health sector and half to the education sector. To empower and involve the next generation of Somalis, IOM also teamed up 58 young local Somali professionals with the diaspora experts.

MIDA FINNSOM

Health

PHASE I

22 participants, 20 men, 2 women
FINLAND 22



PHASE II

36 participants, 25 men, 11 women
FINLAND 25, FINLAND (NON-SOMALI) 3, UNITED KINGDOM 2, CANADA 3, USA 1,
SAUDI-ARABIA 1, GERMANY 1, SWEDEN 1



PHASE III

46 participants, 33 men, 13 women
FINLAND 19, UNITED KINGDOM 11, USA 6, CANADA 3, GERMANY 2,
NETHERLANDS 1, ITALY 1, NORWAY 1, SWEDEN 1



PHASE IV

11 participants, 7 men, 4 women
FINLAND 5, USA 2, NORWAY 2, ITALY 1, UNITED KINGDOM 1



TOTAL



115 participants **85** men **30** women

MIDA FINNSOM

Health and Education

UNITED KINGDOM 15



CANADA 14



FINLAND 13



USA 7



AUSTRALIA 2



NETHERLANDS 2



NEW ZEALAND 1



ITALY 1



SWEDEN 1



DENMARK 1



GERMANY 1



TOTAL



58 participants **40** men **18** women



MIDA FINNSOM PROJECT HAS HELPED THE
GAROWE GENERAL HOSPITAL TO ESTABLISH
A NEONATAL UNIT NEXT TO THE MATERNITY WARD
WITH THE HELP OF DIASPORA HEALTH PROFESSIONALS.

SAED GULED: HOW IT ALL STARTED



Name: Saed Guled
Worked as: Various positions at IOM Finland, including MIDA FINNSOM (currently works as a Programme Officer for Labour and Human development, IOM Somalia)
When: 2005 – Present

***"Instead of brain drain
this is brain gain
for good!"***

The first morning Saed Guled spent in Finland was a beautiful sunny October morning in 1990. He looked out from the reception centre and decided to go for a walk – and stepped out into the cold.

“I thought it must be a fake sun, it gives no heat”, he recalls afterwards.

The 16-year-old refugee was then settled in Joensuu, where he studied. In 2005 he started working for IOM Finland in the Pre-Departure Orientation Programme. During a training in Geneva he heard about IOM’s MIDA programmes (Migration for Development in Africa). So when some friends of his in Helsinki talked about returning to work on their own, he presented the idea of MIDA for Somalia to them.

The group first contacted the MFA Finland and then the IOM office in Finland and lobbied to get funding. The first reaction at the MFA Finland was surprise; they thought of Somalia as a war zone and couldn’t imagine people wanting to go back even for short periods. But, eventually, a pilot project was devised.

In 2008 the pilot project started – the first MIDA programme to start in Somalia after the war. MFA Finland has been the donor all through the project and is now financing the Phase IV of the MIDA FINNSOM Health project until 2020 and the Phase I of the MIDA FINNSOM Health and Education until 2019. The Phase II of the latter project is due to follow.

“It has been quite a success. We have managed to encourage Somali diaspora worldwide to participate and other donors to fund similar programmes. Also, the local society and go-

vernment have understood the approach and are happy that their professionals are coming back.”

Saed Guled says that he sees the diaspora as the only tool to really make the government function again in a strife-torn country like Somalia.

“We can contribute through capacity building. Many of those who have returned are senior professionals who left before the war, others are highly qualified and educated professionals from the first generation that escaped the war and came to the Nordics.”

MIDA FINNSOM only chooses diaspora professionals from Western countries, as the donors want to see a skill transfer to take place.

“We don’t underestimate training from other countries, but there are reasons like anti-corruption thinking, attitude change and the most up-to-date training available.”

Saed gives an example from a hospital in Garowe.

“A young nurse trained in Finland did not tolerate that patients were treated badly and said that out loud. In Somali culture few nurses would say anything to a more senior nurse.”

One unexpected result has been to reduce further brain drain as the participants are questioned by many locals about

their lives and then tell about studying hard to get a job and about the tough competition on the job market in the West, even for those native to that country.

At the beginning of the MIDA FINNSOM project, everyone thought that the planned six-month period of return was too long.

“Now we know that for the benefit of all it is better to stay for a longer period. It takes time to develop new networks. And almost everybody feels that they are more needed in Somalia than in Finland or the other Western countries where they have lived.”

Many of the MIDA FINNSOM participants have stayed on in Somalia and gained high positions in society, like hospital director or country directors of NGOs.

“Many tend to become reintegrated fully. Instead of brain drain this is brain gain for good!”

Saed himself took up a position at IOM Somalia in 2017, after working in various projects with IOM Finland, including MIDA FINNSOM since 2008.

He says that the participants are taking a big step in returning from safe Western societies to a country where security is still a major problem. Some parts, like Somaliland or Puntland, though are much safer than the south of Somalia for instance.

“Still, anyone who is going should be considered a hero.”



TELEMEDICINE ONLINE SERVICES TO SOMALIA – ADDRESSING THE HEALTH SECTOR GAPS AND EXPERT-TO-EXPERT KNOWLEDGE TRANSFER

Nuovo Nordic (Suomen Kotilääkäripalvelu) provides technological and human resources in the form of telemedicine consultations and services in cooperation with IOM to Somaliland. The main objective is to provide support to increase the quality of maternal and dental health care provision in targeted public health institutions in Somaliland.

Maternal and Child Health Care

Nuovo has developed a mobile application that guides health care personnel to provide standardized antenatal check-ups for expecting mothers. Nuovo has a large pool of experts available who may upon request provide professional consultation and trainings to health care experts in Somaliland using the online telemedicine concept. A midwife and a general doctor has been assigned to work on the antenatal health care services and activities in Somaliland.

Dental Care

Nuovo has developed a web-based QAdental portal where Somali healthcare professionals can receive online clinical consultations from Nuovo Nordic dental professionals. The case consultations are archived in the portal and can be referred to if similar treatment needs occur. E-lectures are also provided for example in oral medicine and dental trauma treatment.

IFRAH AHMED: TRANSFERRING SKILLS AND KNOWLEDGE



Name: Ifrah Ahmed
Worked as: Child Health Nurse, Hargeisa
Group Hospital and Borama Regional Hospital,
Somaliland
When: 2014 – Present

***"These trainings have been
key to saving
many infant lives"***

Ifrah Ahmed was born in Somaliland but grew up in Finland and received her education there. She returned to Somaliland six years ago and has been working mainly in Hargeisa in the health sector, providing trainings and skills transfer.

“For the past five years, I have been conducting child health training for the Hargeisa Group Hospital and focusing particularly on the Neonatal Unit of the hospital. The reason I came to Somaliland was to transfer my skills and the knowledge gained from Finland to health care professionals in Somaliland.”

Ifrah wants to improve child health services in Somaliland by building capacity amongst neonatal nurses, pediatric nurses, junior doctors, and students. The hospital in Hargeisa is a teaching hospital, so it is a good environment to share skills.

“Currently, I am also conducting neonatal training and procedure development for the neonatal unit at Borama Regional Hospital, which has been just established.”

She has been taking part in the establishment of both of these units and is happy for the support the hospital has received from the Ministry for Foreign Affairs of Finland.

“I am glad to say that these trainings have been key to saving many infant lives as we have increased the capacity and the quality of care in these units. We have gone from one room hosting two patients to a unit with a capacity of 15 patients per day.”

Ifrah has been there to witness how the neonatal wards of

Hargeisa Group Hospital and Borama Regional Hospital have been continuously improving, particularly with regards to resuscitation response, infection rates, and patient turnover.

She says that nowadays nurses are responding in a timely manner and survival rates have dramatically improved. In addition, the use of proper procedures has increased, which has reduced errors and increased patient recovery times.

For instance, the mortality rate in the neonatal unit of Hargeisa Group Hospital has decreased by 60 percent and the mortality rate of the neonatal unit at Borama Regional Hospital is estimated to have decreased about 28 percent in the last 8 months after the trainings (data collection is still being conducted in Borama).

“Overall the MIDA FINNSOM project has been very successful and has made significant improvements to the services of these hospitals. Even more important are the changes to the lives of newborns and their families.”

Ifrah says the trainings delivered by diaspora experts have given to more than fifty nurses and doctors adequate vital neonatal lifesaving skills.

“These nurses and doctors could become the next generation of trainers that the region particularly needs.”

Ifrah says that returning to Somaliland was not easy after growing up and training to become a nurse in Finland.

“Both the work environment and the culture were in many ways different. However, the importance of my work and the need to improve Somaliland’s health sector has given me the courage to overcome all the challenges. I am glad to be part of such a project and make a difference to the lives of newborns and their families.”

Her conclusion is that she is grateful for being part of the MIDA FINNSOM project.

“It is a blessing and satisfying to be part of this live-saving mission!”



AHMED HADDI: REBUILDING WITH PASSION



Name: Ahmed Haddi
Worked as: Dialysis Nurse at Hargeisa Group Hospital and Borama General Hospital
When: 2011 – Present

***"Still it feels
more meaningful
to work there"***

"I came to Finland as a refugee at the end of the year 1990 at the age of 20. I started studying nursing, and after graduating I worked for different units and hospitals in Helsinki. In 2001, I started working for the dialysis unit at the Helsinki University Hospital. After some years I became the assistant head nurse and then the head nurse of the unit."

At the same time, Ahmed Haddi studied for a Master's Degree in Health Sciences at the University of Tampere. In 2006, he started as a teacher at a vocational college. That year the idea of the diaspora health professionals helping to rebuild Somalia gained strength.

"In 2006, me and a group of other Somali diaspora health professionals approached the Ministry for Foreign Affairs of Finland to see if we could use our experience in aid of Somalia."

IOM developed the pilot project and the first professionals were sent to Somaliland and Puntland through the MIDA FINNSOM Health project in 2008. The pilot project was a success. The project got funding first for a one and a half years and has been funded ever since.

"The project is still ongoing and has had very good results. A second dialysis unit in Somaliland, in Borama General Hospital, has been established. The first has been in function since April 2012 in Hargeisa Group Hospital. And it would actually not be there without me!"



DIASPORA HAS COLLECTED FUNDS TO PURCHASE

NEW MACHINES AND TO SOLICIT DONATIONS

FROM WESTERN HOSPITALS.

IOM FINLAND HAS HELPED TO SHIP THE DONATED

DIALYSIS EQUIPMENT TO SOMALILAND.

The story of the dialysis unit began in 2011, when Ahmed discovered two unused dialysis machines. They had been donated to the Hargeisa Group Hospital four years earlier, but no one knew how to use them. Many people were dying because there were no dialysis units in Somaliland, nor in the whole Somalia at that moment. Those with money travelled abroad for the treatment, but the costs were very high.

“I trained the nurses and doctors and we were able to get more machines through donations. Now we can treat 20 patients in two shifts every day in Hargeisa.”

In the spring of 2017, Ahmed gave a presentation about his work with MIDA FINNSOM at an international dialysis conference in Gotland, Sweden. The project attracted a lot of interest. As a result, the University Hospital in Lund in Southern Sweden decided to donate five haemodialysis machines to the project.

For Ahmed, the MIDA FINNSOM expert assignments have also been a learning process.

“When I first went back to Somaliland, I was surprised by the culture shock I experienced. I thought that, as I had been born and raised there, I would feel at home. But I never realized how much Finnish culture had influenced me, especially when it comes to working life.”

One of the things that felt strange to Ahmed was that in Somaliland people don't come on time to their appointments, neither the staff nor the patients, which makes it hard to run the dialysis unit efficiently. He adds that promises are not always held either, so nowadays he says he must watch the maintenance staff like a hawk until the agreed repairs are done.

“Still it feels more meaningful to work there. Of course, there are people in Finland who are very ill and need care, but I know that in Finland someone else will take my place and do the work. In Somaliland and Somalia, they need me more.”



MARYAM ISMAIL: EDUCATING WITH KNOWLEDGE



Name: Maryam Ismail
Worked as: Nurse and Nurse Lecturer at
Garowe General Hospital and East Africa
University Garowe and Bossasso, Puntland
When: 2012 – 2014

***"As we already have a head
start into the culture
we can give back
much more much faster"***

"The standard at the hospital was really not what I was used to."

Maryam Ismail got her nursing in Finland, where she and her family arrived as refugees the day before the civil war broke out in Somalia. In her family, Somali language and culture were a part of daily life and she always knew that one day she would want to go back.

"I really didn't have any kind of culture shock. My Somali language was also so good that people were really surprised when they heard that I had grown up in Finland."

In 2012, Maryam returned through MIDA FINNSOM for the first of her two long stays at the Garowe General Hospital. She first returned with another diaspora nurse, and they started out at the ward for internal medicine and surgery.

"My first impression was that the ward was chaotic. In one room there were patients with open wounds, with infections and others that had just had surgery. And on top of that, relatives eating food. We had to make the ward safer for the patients."

For instance, they designated a room where all wounds were taken care of and made sure it was cleaned after every patient.

In Finland, Maryam had done stints as a head nurse and she

saw that the work had to be organized so that not everybody did everything, but that the duties were clearly defined.

This was not an easy task. Especially those who had worked at the hospital for long time, resented being told by an outsider how to do their work. But the MIDA FINNSOM nurses had the support of the hospital management and changes were made. Sometimes quite a stern attitude was needed.

“Once I had to run inside as I heard a patient screaming all the way from outside of the building. An assistant nurse was clenching the patient’s wounds so tight that he was screaming – her strategy was to squeeze until all moisture in the wound would come out. Then I had to tell her to stop immediately.”

Maryam also worked with the nursing school in Puntland, where she evaluated the curriculum. There were a lot of things to improve. For example, opening channels between the school and the hospital so that there would be a better introduction for the students at the beginning of their practical training placement. Also collecting feedback on what they had learned afterwards was insufficient.

The school was also able to organize health promotion seminars for the village midwives, who take care of a large part of the births in this area.

“They wanted to know for instance what to do when there are complications. Our advice was simple: if you suspect complications, the patient should be referred to a hospital.”

Maryam is now studying for a Master’s Degree in Public and Global Health at the University of Tampere in Finland.

“I want to be able to influence the development of Somalia even more. There is so much that affects people’s health. It’s not just sickness and medicines, but the whole health care system, the roads, the environment...”

She thinks that MIDA FINNSOM is a good way for the diaspora to contribute to the development of Somalia.

“We have the knowledge and skills that were lost in the civil war. And as we already have a head start into the culture we can give back much more much faster.”





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Somali National University and University of Helsinki partnership – Working together to improve the teacher education in Somalia.

Somali National University is the only public university, in the country governed by the Federal Government, which has a functional teacher training programme. The current teacher training curriculum used at Somali National University is outdated and unable to respond to the national context and needs.

Somali National University and University of Helsinki entered into partnership to develop further the teacher education programme at the University in 2017. This partnership is part of MIDA FINNSOM Health and Education project.

The primary objective of this partnership is to revise and update the current teacher training curriculum at Somali National University and to design appropriate pedagogical frameworks for the curriculum. Additionally, professional guidance and support will be needed in implementing the revised curriculum.

With the aim of establishing long-term transnational collaboration and potentially paving the way for future joint projects and initiatives, MIDA FINNSOM Health and Education project will foster the establishment of formalized Finland-Somalia University relationship.

AHMED ASKAR: COOPERATION AND DEDICATION



Name: Ahmed Muktaar Askar
Worked as: Doctor; Director of Hargeisa
Group Hospital
When: 2012 – Present

***“Part of the success
has been the diaspora
giving support to
the local community”***

Doctor Ahmed Muktaar Askar is a medical professional from Somaliland, currently living mostly back home in Hargeisa but has also a long history with Finland. He has been an active member of the Somali diaspora from the early days of his arrival to Finland as a refugee at the end of 1980s. For him, it took time to adapt to Finland. Living in Finland enriched him both as a person and a professional.

Doctor Askar started his medical career in Somalia and worked for the Ministry of Health as a Regional Coordinator. After resettling in Finland, he grew in terms of his medical expertise and was eager to share this also back in his homeland. He first returned, after only 3 years in Finland, through a project funded by WHO. In 2012, he got involved with the MIDA FINNSOM project through his connections with the diaspora in Finland. His first placement was to Hargeisa Group Hospital where he is now the director of the hospital.

During the years, the hospital has gained much needed equipment and improved both in terms of facilities and capacity, thanks to the hard work of the diaspora and the support of the MIDA FINNSOM project. In the early days, the hospital lacked basic equipment and qualified staff. This meant that even the local community was not seeking care in the hospital. This has now changed.

“There has been a lot of improvement, and I think everybody is talking about it, even the local community. For example,

one clear sign of improvement is the increasing number of clients seeking care in the hospital. Today the hospital is crowded, but in the early days it seemed like it was closed.”

“Earlier there was a problem with performing surgery due to lack of personnel. Now we even have some expatriate doctors and one of the successes has been the training of young doctors. They can now do emergency surgery and are not anymore dependent on the expatriate doctors. The young generation of doctors can now take over and continue the work.”

Doctor Askar’s journey is a story of dedication and passion. Going from a highly educated medical professional to refugee and now, through MIDA FINNSOM, returning as an active diaspora member sharing his expertise to support the development of his homeland. As he is getting older, he is happy that he can still give back to Somaliland.

“This is a very good way; your visit can change a lot. We sometimes say you are like a key that can open a lot of possibilities and doors for change.”

“There is always a need for support, these areas are coming out of conflict and lacking resources. Places are neglected and forgotten. Projects like MIDA FINNSOM are essential and important. Part of the success has been the diaspora giving support to the local community.”

ABDULKADIR DIESOW: A LINK BETWEEN TWO CULTURES



Name: Abdulkadir Diesow
Worked as: Educational Leadership Specialist
Somali National University, Mogadishu
When: 2016 – 2017

***"I am making the link,
trying to be the bonding bridge
between the two educational
systems of Finland and Somalia"***

Abdulkadir Diesow is one of the education experts working in MIDA FINNSOM Health and Education project.

"When I grew up in Somalia, education was free. Schools were built everywhere. In high school we, the students, helped with the construction of new schools during the weekend."

When Abdulkadir started working, he was a civil servant at first, but then was given the opportunity to study at university and become a TV producer. He left the country a few months before the civil war broke out in 1991 because all journalists were targeted.

"It was very painful to leave my home country, but there was no other option. I came to Finland in June 1990. In the winter one of the workers at the reception centre told us we had to try the sauna, but I told him we have enough heat stored in ourselves for the next thirty years. But later on I tried, and loved it. When I am in Finland I can't live without the sauna."


During the last seven or eight years Abdulkadir has been mainly in Somalia. He returned to Mogadishu in 2009, and became an MP in the transitional parliament. From June 2011 to November 2012, he was the Minister of Water, Energy, Oil and Minerals.

"When I returned it was hard to recognize my city. In my memory, Mogadishu was clean with nice streets and buildings. When I got back, there were no real roads, just bushes and trees, and no buildings, just rubble. It was full of guns and for the slightest things people were using arms."

Abdulkadir says that the young generation he encountered when returning had gotten almost no education. For him it was a priority to try to remedy this.

In 2017, he started working as a MIDA FINNSOM expert at the Somali National University in Mogadishu at the Faculty of Education and Social Science. His main goals were to develop the teaching quality and the capacity building.

"I am making the link, trying to be the bonding bridge between the two educational systems of Finland and Somalia. For the Somali diaspora, as for every diaspora, the goal should be to transfer their experience, knowledge and skills to their home country and share with their fellow people."



Finnish National Institute for Health and Welfare – Building the capacity of the Somaliland Ministry of Health

The National Institute for Health and Welfare in Finland (THL) supports the Ministry of Health in Somaliland in terms of improving the Ministry's capacity to address public health priorities and evidence-based policymaking. This is done through selected components and teams of experts provided by THL. As an example, THL supports the adaptation of the WHO (2016) antenatal care guidelines into the context of Somaliland by developing local guidelines in cooperation with the Ministry. THL also supports the capacity to prevent, detect and rapidly respond to public health threats and aids on how to implement the



FINNISH BABY AID KIT – ADDRESSING THE NEEDS OF MOTHERS AND CHILDREN IN SOMALIA

The Finnish Baby Aid Kit is a childbirth and nursing kit that is especially developed to be used in developing countries as well as in crisis and emergency conditions. The kit contains materials for childbirth and nursing a newborn. IOM Finland procured 400 Finnish Baby Aid Kits as a piloting initiative. These will be distributed to hospitals where the MIDA FINNSOM Health and Education diaspora experts work in areas of child and neonatal health. The host institutions that fulfil the criteria are Yardimeli Women and Children Hospital in Mogadishu, Hargeisa Group Hospital in Somaliland and Garowe General Hospital in Puntland.

In cooperation with UNICEF Somalia, IOM develops criteria for the distribution of the Finnish Baby Aid Kit for vulnerable populations. The kit is used as an incentive to attend antenatal care check-ups as well as to encourage expecting mothers to deliver in hospitals or clinics where trained staff can ensure safe delivery.

The kit can be modified according to for example the different type of weather conditions and cultural criteria. This kit has been developed together with the help of medical and humanitarian aid experts.

MULKI MÖLSÄ: FROM PIONEER TO EXPERT



Name: Mulki Mölsä
Worked as: Medical Doctor/Medical Curriculum Developer
When: 6 weeks in Hargeisa in pilot phase in 2008, 12 months in Mogadishu in 2016 – 2017 (Planning to go back again when possible)

“There is a great need for policies – if there is no policy, no one knows what to prioritize”

When Medical Doctor Mulki Mölsä left for Hargeisa in 2008, together with two nurses and two doctors, she was a pioneer; one of the first to work in MIDA FINNSOM's new project for the Somali diaspora.

“After I decided to go, there were other women who dared to join (the project). Going in a group felt safer than going alone. In the end, most of that group were women.”

Mulki is specialized in general health and has a keen interest in psychiatry. As there was a need for a teacher in psychiatry at the university in Hargeisa during that first phase of MIDA FINNSOM, she took the opportunity.

“The fifth-year medical students had their exam in psychiatry coming up – but they had no teacher. Without the exam, they could not graduate, so I stepped in.”

A woman as a teacher was something very special at the faculty of medicine – there were no women teaching at that time. She held some of the lessons, like the ones on psychiatry and sexuality, only for female students.

“It is just not possible in Somalia for a woman to teach those subjects to mixed classes.”

Mulki says she was thoroughly shocked by the state of the psychiatric ward at the Hargeisa Group Hospital.

“There were no medicines. Most of the patients were chained to their beds.”

But the problems were not restricted only to the psychiatric ward. Mulki says that there were no dressings in the hospi-

tal emergency unit. If a patient came in to get their wound treated, they had to go to the pharmacy first to buy the necessary articles.

“All of us from Finland were quite shocked. Luckily, we had brought from Finland a whole box of materials and appliances, such as gloves, antibiotics and dressings.”

Mulki then returned to Finland and worked as a doctor and researcher for many years while her children grew up. She had come to Finland and got her medical degree already before the civil war in Somalia in 1985.

“I feel that I have given a lot to Finland: I have worked here for 31 years, I have paid my taxes for many years, and built a house and raised four beautiful children. I have done research on how the Finnish national health system was built up after the civil war and World War II. I have a lot to give to Somalia.”

Mulki feels that her contribution is needed much more in Somalia than in Finland, as the Somali health system still doesn't work well and needs to be rebuilt.

“There is a great need for policies – if there is no policy, no one knows what to prioritize, what to do.”

In 2016, Mulki felt that it was a good moment in her life to return to Somalia, so she applied to MIDA FINNSOM again. This time her expertise brought her to the medical faculty of the Somali National University in Mogadishu.

“When I arrived, the university had existed for three years and there was still no curriculum for the medical department.

Everything was in the initial stages.”

Mulki did a six-year plan for the faculty, which was an overwhelming task. In Finland, there is a whole department doing what she did alone.

She is especially proud that medical ethics are now a part of the curriculum.

“This was taught nowhere in Somalia. I had to make them understand the ethics of medicine, that it is not all about making money.”

But one problem is finding teachers. The ethics, psychiatry and radiology courses all lack teachers. Finding someone with those specialities is really difficult in Somalia.

Mulki Mölsä points out the importance of psychiatry in the context of Somalia.

“WHO has estimated that one third of the population in Mogadishu are in need of mental health help – there is trauma causing a lot of psychiatric symptoms.”

Mulki visited the psychiatric ward in Hargeisa during her last stay and says that there have been great improvements. Some patients are still bound to their beds, but at least now there are medicines in the ward. Overall the changes in the hospital in Hargeisa are remarkable.

“Finland should be really proud, the hospital in Hargeisa is really a model example of what can be done when efforts are concentrated.”



MIDA FINNSOM DROUGHT OUTREACH

The MIDA FINNSOM Drought Outreach was started in early 2017 as a part of the MIDA FINNSOM Health project to support the Ministry of Health in Somaliland in dealing with the severe drought situation.

The project field teams, comprised of both local and diaspora healthcare professionals, were based in regional hospitals and assisted both local residents and internal refugees in the surrounding villages. The teams provided healthcare checks and basic life-saving care. They also referred the more serious cases to the hospitals.

Finnish nurse Ifrah Ahmed worked as a member of a field team and this is how she described the situation in the spring of 2017:

“The drought can be seen everywhere in western Somaliland. One day we treated over 500 people in the village of Ikaweyne. Many of them had bloody diarrhoea. Others were anaemic or malnourished, especially the children.

Many of the patients had respiratory infections, coughs, fevers and eye infections. The sand is blowing all the time there. If you stand still for ten minutes, you will be covered with it.

Some of the people are so weak that they can't walk to the nearest hospital 10 kilometres away, even if they need urgent care.”

The Drought Outreach team operated in the Awdal and Togdheer regions of Somaliland.

ASHA SIYAD: HOW TO START TEACHER EDUCATION FROM ZERO



Name: Asha Siyad
Worked as: Primary Education Technical Advisor,
Faculty of Education and Social Science
Somali National University
When: July 2017 – Present

***“What I realized
was that there was
nothing to start from.”***

Canadian-Somali Asha Siyad has been breaking new ground during her time with MIDA FINNSOM. She has been building the Primary Education Department at the Somali National University and is now happy to see the first students working towards their teacher certifications.

Asha had been working in the field of education when she left Somalia for Italy in 1990. After her husband was killed in the civil war in 1991, she struggled for two years to get her children to safety. In 1993, she managed to get them to Italy. And in 1996, the whole family moved to Canada, where she was able to continue her work in the education sector.

In 2013, she went to Mogadishu on assignment for UNICEF to work as a Technical Advisor for the Ministry of Education. There she was able to make an impact on the policies on gender balance and inclusion.

Asha thinks there was, and still is, a huge need for diaspora experts in all fields of public and private sectors, so she decided to quit her job in Canada and stay in Somalia.

“I co-founded an organization called Somali Women’s Leadership Initiative that works in women empowerment. Some female university graduates that I trained in advocacy and mediation during the Federal State Formation process are now parliamentarians.”

Asha now holds a MIDA FINNSOM position at the Somali National University as Primary Education Technical Advisor – a task that has been quite challenging as the department did not exist before in the Faculty of Education and Social Science.

“I started from scratch in terms of curriculum, books, lecturers, syllabus, students and all things a department needs. Luckily, the university was on holiday then, so I had time to do research and a baseline assessment. What I realized was that there was nothing to start from.”



Asha began the work by meeting with private universities offering degrees in Primary Education. She also tried to locate the curriculum for primary education but was informed that there was a new one on the way.

“I requested a meeting with all the experts that are working on the new curriculum. I knew most of them. I told them I wanted to start a primary education class in the SNU. They welcomed the idea and gave me a copy of the framework of the curriculum where I got the subjects needed for the primary schools.”

The Ministry of Education was on board as well. The Director General promised that they will hire all students who graduate.

But she also had to sell the idea to the students. She held an information session for the students in the Department of Education who were in the foundation semester for all new students. Many thought that it was only for women.

“The notion was that only girls should be there. After a few information sessions and more explanation of who should teach young children, I made them realize that young children need male role models in their early learning. Now we have two male students in that class.”

“The class is now running with 14 students. I am hoping that this coming academic year the enrollment will be higher.”

SELECTED INSTITUTIONS AND OUTCOMES OF MIDA FINNSOM HEALTH & MIDA FINNSOM HEALTH AND EDUCATION

Hargeisa Group Hospital (HGH), Hargeisa

HGH is the only tertiary level hospital in Somaliland and a referral hospital for the surroundings

Hargeisa Group Hospital (HGH) in Somaliland has benefited from the establishment and operational support to the neonatal unit and maternity ward. As an outcome, neonatal mortality at the hospital has decreased from 24 to 5 per cent and delivery services for pregnant women are available 24/7. Over 12 local female nurses have been trained on how to work with the patients, how to administer life saving techniques, and how to manage the unit. In addition, eight junior doctors were trained to perform caesarean sections, out of which five currently work in the regional hospitals in Burao, Berbera, Erigavo and Borama supporting the



regional knowledge extension. The project has also established and provided support to the operation of the haemodialysis unit since the Phase II: consequently, 90 inpatients and outpatients receive treatment monthly at Hargeisa Group Hospital instead of travelling abroad or using private services. In Phase III, the haemodialysis services were extended to Bosasso General Hospital in Puntland, where seven dialysis machines were in store but nobody knew how to use them. The unit was established and two physicians and four nurses were trained by the diaspora expert for three weeks with one doctor in addition visiting for two weeks at HGH to observe the functioning of the dialysis unit. In the Phase IV, the dialysis nurse was assigned to Borama General Hospital to support establishing the dialysis unit. Establishment of the unit in Borama helps lifting the caseload from Hargeisa Group Hospital, previously being the only public institution in Somaliland for this kind of treatment. The project also helped to ship five donated dialysis machines to the units, that were donated from the Skåne University Hospital in Sweden.

The project played a vital role in the establishment of a dental unit at the hospital. It provides basic dental care and additionally operates on for example severe jaw injuries inflicted by traffic accidents and on other similar injuries. As the need for such care is immense in Somaliland, these services are being extended in the Phase IV to Berbera, where the diaspora expert trains and supports the establishment of these services. Dental health care services are currently supported by the Finnish company Nuovo Nordic, which has developed QADental portal for online expert to expert consultations on treatments and other dental health issues.

Yardimeli Maternity and Child Hospital, Mogadishu

Yardimeli is a referral hospital to Mogadishu and surroundings as well as a teaching hospital for medical students and interning doctors and nurses. At Yardimeli hospital the number of safe deliveries has increased from around 28 in July 2017, to almost 200 in 2018. During this period, the neonatal unit's inpatient admissions also increased threefold, with the hospital having more capable staff to care for ill and premature babies. The overall intake of patients has increased significantly; from around 800 patients in July 2017 to around 4,000 in 2018. The four MIDA FINNSOM diaspora experts assigned to the hospital have contributed to these developments and to the strengthening of the hospital's capacity. The assigned diaspora experts have also supported the management of the paediatric ward in cooperation with the local nursing staff. Hospital provides daily services for free to vulnerable groups, such as internally displaced people, the poor and those with multiple chronic conditions; 50% of the hospital outpatient visits (admissions) are among those vulnerable populations.

Somali National University, Mogadishu

At Somali National University, the MIDA FINNSOM Health and Education project has placed three experts to the Faculty of Education and one to the Faculty of Medicine. In addition to the partnership with University of Helsinki on the revision of the Teacher Training Curriculum, one of the successes of the project are the development of the Primary and Early Childhood education department as well as the implementation of the primary education curriculum.

In the Faculty of Medicine one of the most important achievements, initiated by the diaspora experts, was the development of an improved medical syllabus, which is now in use.

Jubaland Ministry of Education, Kismayo

The Ministry of Education of the Jubaland state of Somalia (JSS) is in its almost fourth year of existence. The Ministry has made tremendous institutional progress in the course of 2018. In education platforms where sectoral discussion takes place, the ministry has been lauded on many occasions. The MIDA FINNSOM Health and Education project placed three diaspora experts to support the ministry: a Finance and Admin Advisor, a Human Resources Advisor, and a Planning and Policy Advisor. The project has provided the Ministry with a sense of direction through creating policies, national frameworks and work guidelines. The most important success achieved in the education sector in Kismayo is the creation of a teacher training college in Jubaland. It is an initiative led by the Ministry that MIDA FINNSOM diaspora experts supported by preparing education policies, HR basics and public work ethics.

Ministry of Health and Human Resources, Federal Government, Mogadishu

MIDA FINNSOM Health and Education project has placed seven diaspora experts to work at the Ministry of Health and Human Resources. In the Ministry, the work of diaspora experts has focused on developing the appropriate policies, guidelines and systems to build institutional capacity. Experts have assisted in drafting the National Health Professional Council (NHPC) Act which has been approved by the cabinet and will need to be passed through the parliament. The Act is intended to register and license all health professionals in Somalia as well as accredit and assure the quality of health training institutions and universities. In addition, the experts reported to have supported the implementation of the National Health Policy, drafted communication strategies and standard operating procedures for externally financed projects/programs as well as organizational charts and job descriptions for the Ministry.

Garowe General Hospital (GGH), Garowe

Before MIDA FINNSOM, there were no proper services for neonatal care at Garowe General Hospital. The hospital had eight incubators for premature babies, but no staff trained to use them. In 2016, the project assigned to the hospital a midwife and a paediatric nurse, who started the operation of the neonatal unit. Moreover, four local staff members attended a 6-week training on neonatal care at Hargeisa Group Hospital (HGH), supported by diaspora experts assigned there. The purpose was to transfer the experience and lessons learned from HGH regarding the establishment of the neonatal unit. After establishing a functional neonatal unit at GGH and training local staff to operate it, the infant mortality rate dropped from around 70 cases a month to only 3 deaths per 300-400 deliveries a month in the final quarter of 2016. Decrease in neonatal mortality continued after 2016 as well. Currently the neonatal mortality rate is on average 1-2 cases monthly.

Bossasso Regional hospital, Bossasso

A functional haemodialysis unit was opened in Hargeisa Group Hospital (HGH) during the Phase II of the project, yet there was no haemodialysis unit in place in Puntland. Bossasso General Hospital had seven dialysis machines in store, yet no staff was trained to use them. For that reason the Finnish-Somali diaspora expert Mr. Ahmed Weli-Haddi, assigned to HGH, spent three weeks in Bossasso leading and supporting the opening of the first haemodialysis unit in Puntland. Two physicians and four nurses were provided with an intensive theoretical and practical training during this period. In addition, one local doctor visited the Hargeisa Group Hospital's haemodialysis unit for two weeks in order to learn how to run the unit and provide treatment to the patients. The haemodialysis unit was opened towards the end of 2016 at Bossasso Regional Hospital.

Hargeisa Institute of Health Sciences (HIOHS), Hargeisa

The Hargeisa Institute of Health Sciences was supported by the project through the assignment of Ms. Nimo Hussein, an American-Somali lecturer, who was later appointed as the institution's director. Some of the outcomes achieved through the support of the project since the Phase II are the following: school policy has been reviewed and approved; School Committee Board has been established; record keeping on all exams and student's documents has been created; Clinical Guidelines with Clinical Instructor has been created; Administration and financial management has been improved and effective communication has been established between the students, their parents and the school.

Ministry of Health in Puntland, Planning Unit, Garowe

In order to support data recording and collection for the support of informed decision making at the ministry, local staff in the unit was trained on how to collect and analyze health management information system (HMIS) data across Puntland. Local staff was also trained on planning, conducting and evaluating the implementation research. The project supported the establishment of the Research Unit at the ministry as well as setting up the Puntland Ethical Research Committee. To guide the intervention further and for the development of the health sector, research agenda was created.

Furthermore, functional reviews of health governance in regions and central specific roles within each of the units were established.

To support the ministry's IT functions and the new IT department, 12 local staff members (five females, seven males) were trained on basic IT skills. Also six IT related books were developed in Somali language for reference use.



Ministry of Education, Culture and Higher Education, Federal Government, Mogadishu

The MIDA FINNSOM Health and Education project has placed 13 diaspora positions in the ministry. Their work has been critical for the development of important strategies and plans at the national level, including the HR and policy manual (now operational) and a Gender Policy. A diaspora professional has also supported the establishment of a new gender department within the Ministry. Diaspora professionals have also contributed and redrafted National examination by-laws and included an education chapter in the National Development Plan, which is now the guiding strategy for the country until 2019. Diaspora professionals have also provided several capacity building trainings to the local staff at the Ministry. For example, in the field of Human Resources and Finance, the staff was given instructions on how to process payment payrolls and prepare receipts, data entry and a training on financial systems was conducted.

Bay Regional Hospital, Baidoa

The Bay Regional Hospital was constructed in 1936 by the Italians. It is the largest hospital in the region and the only referral hospital in Baidoa providing medical services to the local community. The MIDA FINNSOM Health and Education project has supported this hospital through the placement of two diaspora experts (an anaesthetics nurse and a radiologist). The project has had positive effects in Bay Regional Hospital by improving the skills of local doctors, nurses and junior doctors and creating new services and functions not available before. The effectiveness of the skills transfers to local staff is shown by the capability of local doctors to offer new services in the hospital. The number of anaesthetists has risen to a total of 15 professionals. All of them have been trained by the expert nurse anaesthetists, two of whom have been hired by Médecins Sans Frontières to work in the hospital.



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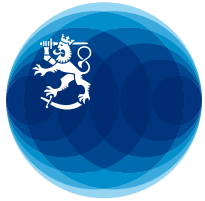
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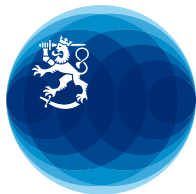


Finnish
Nurses Association

The logo for the 10th anniversary of MIDA FINNSOM, featuring a large blue '1' and a blue circle containing a white '0' with a curved arrow pointing clockwise.

MIDA FINNSOM

A Decade of Rebuilding Somalia with the Diaspora



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