

**CONTRIBUTIONS OF SOMALI DIASPORA IN THE HEALTH
INSTITUTIONS BUILDING:**

**A case of migration for development in Africa, in health programs for Ministry Health in
Somaliland.**

BY

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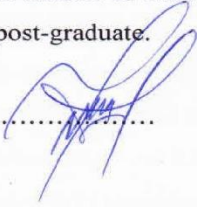
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JUNE, 2020

DECLARATION

I Mohamoud M. Ismail hereby declaring that this work is my original work, and it has never been presented by any other student in University of Nairobi or other Universities or Institutions of learning for award of a post-graduate.

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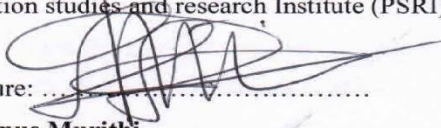
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APPROVAL

This is to certify that this research study of Mohamoud M. Ismail, on the Contributions of Somali diaspora in the Health institution building in Somaliland, a case of Migration for development in Africa, in health programs for the Health Ministry in Somaliland under supervision of Kenya Institute of Migration Studies (KIMS). It is now ready for submission to the University of Nairobi, population studies and research Institute (PSRI) and KIMS, with my approval.

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Date: 04.05.2020

Mr. Linus Murithi

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ABBREVIATIONS

IOM	International Organization for Migration
UNHCR	United Nations High Commissioner for Refugees
TIS	Transition Initiative for Stabilization
AVRR	Assisted Voluntary Returnees and Reintegration
MIDA	Migration for Development in Africa
ERP	Economic Recovery plan
UN HLD	United Nations High Level Dialogue
GFMD	Global Forum on Migration and Development
OECD	Organization of Economic Cooperation and Development
RQN	Return of Qualified Nationals
TOKTEN	Transfer of Knowledge Through Expatriate Nationals
UNDP	United Nations Development Program
MOIA	Ministry of Overseas Indian Affairs
GLOBAL INK	Global Indian Network of Knowledge
RMMS	Regional Mixed Migration Secretariat
FINNSOM	Finland Somalia
SOMALILAND	British Somaliland
HGH	Hargeisa Group Hospital

ABSTRACT

The entire institutions of the Government of Somali were affected by the civil war that erupted in 1991, resulting in massive destruction of the physical institutions, loss of institutional memory, and migration human capital. After long peace building and reconciliation efforts by the International community, African Union, the neighboring countries and as well as Somali people, the country has partially normalized returning back to the path of the stability the gradual security stability in the country had prompted the Somali diaspora to return home. Despite the fragility of the state, the number of returnees from diaspora, returning refugees and other asylum seekers has been increasing, prompted by patriotism and programs like Assisted Voluntary Returnee and Re-integration (AVRR), sponsored by UNHCR, as well as IOM which has played a huge role through providing incentives and legal assistance. There are other programs special programs aimed at development, reconstruction and capacity building which are the focus of this study. These include; MIDA health FINNSOM, Transition Initiatives for Stabilization (TIS), Capacity Building for Somalia and Capacity injection program) by IOM and World Bank. These programs, aim at tapping the diaspora skills gained from the countries of diaspora residence to their home country. This paper aims at evaluating the impact of diaspora in building institutions policies, procedures and on job training to the civil servants specifically in the Health sector.

As the country is persuading federal system where each member state of the federal government of Somalia has its own Health Ministry with its own administrations, but politically under the federal Ministry of health, national policies and health agendas are administered by the Federal Government of Somalia. Therefore, this research paper has assessed MIDA especially for Somali medical professionals from diaspora on Ministry of health in Somaliland for capacity building and how effective those programs are, the extent, and the challenges in hindering the programs also the challenges the diaspora people experience on the ground. Finally, the study has suggested possible way forward to ease the challenges for the Medical professionals from diaspora people to effectively transfer required skills to the Somaliland Ministry of Health as well as enhance program design towards sustainability and exit strategy.

CHAPTER ONE

INTRODUCTION

1.1 Background

In a world considered by cumulative mobility and interconnectedness, Diasporas have impacted new importance in the worldwide dialogue on migration. The last hundred years of migration has seen growing in numbers, variety and a Diasporas activity in the social, cultural and political lives of their home countries and destination countries.

In many portions of the world, Diasporas are progressively documented as key actors not only in nationwide, bilateral and worldwide affairs, but also in the migration–development nexus. Their potential as “bridges” amongst societies and states is widely recognized, and the many facets of this possible have been highlighted in various global forums, from the first United Nations High Level Dialogue (UN HLD) in 2006 to the Global Forum on Migration and Development (GFMD), among others.

At the countrywide level, over the past years, a rising number of countries have established government entities with accountability for diaspora engagement and taken actions to facilitate this engagement. These measures vary from the formation of inter-governmental and legislative committees to organize activities on both the decision-making and lawmaking fronts to the formation of legislative and regulatory frameworks to enable diaspora engagement and programs that target Diasporas as development performers. Among these countries, more countries have established ministries and bodies in charge of policies applicable to their Diasporas.

In Somalia, diaspora engagement was not a priority until recently where the potentiality of the diaspora realized after their political participation resulted promisingly, with the help of the international partners. The government is steadfast that diaspora contribution to skills and knowledge transfer is paramount, in priority sectors like health sectors to boost service delivery and expansion to the rural areas, through concerted efforts by trained medical personnel through diaspora engagement initiatives.

However, these initiatives still requires further review in nature and design to maximize its potentiality and enable the sector to self-sustain in the near future. This study aims to analyze the impact of diaspora in these programs.

1.2 Statement of the Problem

The civil war of early 1980's, destroyed the Government's physical health infrastructure. But physical infrastructure, institutional as well as human capacity reconstruction undergoing rehabilitation. After and during civil war, many medical practitioners met with a worsening security situation left the country. Those remained behind, either passed away or passed the retirement age and retired. Medical personnel defections and institutional neglect have erased the Government's health and medical research memory. Archives have disappeared, along with government processes and procedure records. The conflict displaced thousands of health workers and driven others to seek refuge in neighboring countries.

To address the challenges emanating from brain drain and capacity degradation, (IOM) has came-up with MIDA framework program in 2001, The program objectives were public institutions capacity building, to address the devastating impact of the African brain drain. MIDA which was meant to reinforces African development through the deployment of skilled African diaspora to donate to the state institutional building process including health sectors particularly Puntland and Somaliland Health Ministries through capacity building programs by diaspora health expertise.

However, these initiatives of diaspora contributions and flagship programs may not have effectively addressed fully the exiting gaps because of the sustainability, knowledge transfer methods, exit strategy as well as cooperation between the diaspora medical expertise through MIDA Health programs and the government Ministry of Health in Somaliland.

1.3 Research Questions

1. What are the contributions of the Somalia diaspora through MIDA Health Program in the Ministry of Health in Somaliland?
2. Are the Somali diaspora contributions through MIDA Health program to the Ministry of Health in Somaliland sustainable?
3. What challenges do Somali diaspora face in their contributions to MIDA health program in the Ministry of Health of Somaliland?

1.4 Objectives of the Study

1.4.1 The General Objective

The overall aim of the study was to assess how MIDA health program of medical professionals from Somalia diaspora contributed to the Government Ministry of Health in Somaliland.

1.4.2 Specific Objectives

1. To examine Diaspora contributions through MIDA Health program milestones achieved in the Ministry of health in Somaliland.
2. To assess the sustainability of MIDA health to Ministry of Health in Somaliland.
3. To identify challenges of Somali Medical professionals face in Ministry of health in Somaliland.

1.5 Purpose of the Study

Study has assessed the MIDA health program contributions to the Ministry of Health capacity building of Somalia as well as examining the sustainability of the current diaspora skill and knowledge transfer programs.

1.6 Scope of the Study

The study focused on the the sustainability and the effectiveness of MIDA Health program for skill and knowledge transfer to the Somaliland Health Ministry capacity building, as well as the effectiveness of Somali diaspora particularly health professionals . Additionally, the focus is on the challenges the Somali Medical professionals from diaspora face in the field, in their endeavor to transfer skills acquired from abroad. These areas will be the geographical limit of the scope of our study, as they are reachable by the researcher. The study is only confined to MIDA Health program and capital contribution to the reviving Somaliland Ministry of Health.

1.7 Significance of the Study

Findings of this study will help determine sustainable and best methods of tapping diaspora potentiality and entrench sustainability in MIDA health program for skill transfer. The Government and international partners will learn from it to come up with more effective and

coherent way, after the gaps and shortfalls in the current initiative are analyzed. This will accelerate capacitating and strengthening Somali health institutions particularly Ministry of Health whose operations and effectiveness had been eroded by the decades long conflicts.

This research highlighted the roles of the different stakeholders and the extent to which they have been active in addressing the lack of sustainability of Medical skill transfer to the Ministry of health. Partners in development could use this information by identifying specific activities, thus making Somali Medical professionals from diaspora skill contribute to state building and particularly preparing future medical personnel, capacity injection and skill/knowledge transfer programs in the country. The suggested possible ways of sustaining MIDA health program for skill contribution by its diaspora may be adopted. The various institutions will also make use of the findings to address the challenges and help in their planning strategies.

The research is therefore invaluable to the Government and other stakeholders to develop proper means of handling and maximizing MIDA Health program potentiality. The study could also elicit donor's attention to fill the gap and lack of sustainability in the current programs. The study will be useful identify and attract desirable medical skills that from returnees, and therefore design appropriate knowledge transfer schemes to the Ministry of Health of Somaliland that are sustainable. This will guide policy in rethinking and redesigning the current diaspora return for skill contribution programs like MIDA health program.

CHAPTER TWO

LITERATURE REVIEW

2.1 Theoretical Framework

Governments both country of sending and destination countries have presented a number of activities to involve diasporas for growth and contributions. Some are groundbreaking and promising result. Those initiatives some have taken decades while others started recently

The most effective ways to include Diasporas importantly and excellently expanded through time. From temporary return to permanent skill contribution programs to remittance-backed monetary productions to diaspora capital investment, the united Nations and international development partners supports many initiatives of engaging diaspora members as crucial partners for development to the countries of origin mainly.

Taking consideration these creativities, IOM start to redesign its 2013 International Dialogue on Migration into the first-ever global conference high delegates from the different Ministerial levels in charge of diaspora engagement and policies. The Diaspora Ministerial Conference on Diasporas and Development, Linking Societies and States held in Geneva 2013. Its exclusivity and reputation lie in the fact that it provided an international stage for sharing and exchanging opinions on diaspora engagements policies and initiatives between countries. The majority of cabinet speakers and the audience confirm not only diaspora's growing interest but also the conference timing.

2.2 Return Diaspora and Development in the Host Countries

Diaspora return as an agent of change: Contributing to Human skilled resources and Peace or to Inequality between the host and diaspora and Conflict of interest? In contrast to the 'restoring of order' there is argument that implies the disappearance of differences between migrants returnees and the local population in the origin countries, the 'return as change' believes highlights the possible of such variances (King 1978; Bakewell 2008). First, as migration to manufacturing countries is an honor of a relatively wealthy minority, these migrants are measured as the higher educated migrants as long as they are sending remittance to the back-home countries.

2.3 Technical Skill and Human Capital Transfers

The MIDA Program explores inventive opportunities to engage members of the citizens living abroad called diaspora particularly expatriate aimed at connecting migration for development at the origin countries. One significant line of action is the possibility of temporary or virtual return of members of the diaspora whose permanent return may not be an option due to situational changes in the countries of origin.

Cultural and understanding of the language, leaders of the diaspora and migrants with their culture of origin and their ability to cope more clearly with legal problems (Devane 2006) are distinct advantages they have over more conventional technology specialists. Members of the diaspora and migrants have a habit of making contact quicker, can reintegrate more easily into the local community, and are probably to capitalize in the country of origin than global or foreign developers (Kapur 2001). This high degree of individual responsibility also adds significant value to Migration for Development in Africa (MIDA) programs, a point underlined by this ability to compromise in the form of unpaid or annual leave or absorption of mortgage costs when they are away from their residence / homes in the destination country (IOM, forthcoming).

2.4 Diaspora Organization and Networks

There is plenty of evidence that existing organizations for diaspora have contribute to development in their countries of origin in many ways by remitting capital, philanthropy, donations or even transfer of skills (Levitt, 2001). Enhanced classifications of diaspora establishments that concentrate on transfer of skills and knowledge have provided the words “expatriate knowledge networks” (Brown, 2000), “scientific diaspora” (Barre et al., 2003) and “diaspora knowledge networks” (Turner, 2005). Brown (2000) Characterized diaspora skills and knowledge networks in five groups: local organizations of professional diaspora, student / scientific networks, specialist support such as the United Nations Development Program Expatriate National Program (TOKTEN), intellectual / scientific diaspora networks, and knowledgeable / scientific diaspora networks

The groups listed above are not equally exclusive and may be overlying (Lowell and Gerova, 2004). This classification was created to further change the word "science diaspora," which was

well known: “self-organized communities of expatriate scientists and engineers working to develop their home country or region, mainly in science, technology, and education” (Barre et al., 2003). This concept brings the scientific diaspora's goal to concentrate on building capacity and transferring skills in the country of origin in science and technology. Finally, the discussion on diaspora contributions by knowledge dissemination has moved to the definition of the information network for the diaspora. Turner (2005) defines the diaspora knowledge network as “an expression that suggests a direct relationship between knowledge and development and a role for the civil society in building that relationship”. Meyer and Wattiaux (2006) say that The Awareness Network for the Diaspora led to the appearance of the “brain gain’ skills circulation by changing the loss of human resources into a remote although accessible asset of expanded networks”.

In addition to information networks for the diaspora, diaspora organizations have acknowledged their own temporary return services as part of expertise transfers and contributions to their countries of origin. Stichting Dir Foundation, a Dutch-based Ethiopian, focussed NGO, is one example of such an association. Stichting Dir has launched a diaspora return program in which Dutch Ethiopians return to Ethiopia to work for 6-12 months for government organizations and private development partners, an incentive-based approach that offers information transfer and capacity-building services to the institutions / organizations that are attached. These software activities are similar to those performed by foreign organizations but is only run by a diaspora organization.

2.5 Diaspora Knowledge and the Country of Origin

Governments have begun to involve the people of the diaspora directly with regard to the transfer of expertise and technologies to the countries of origin, although this relationship varies from the form of engagement encountered within the information networks of the diaspora in terms of up-to-down rather than down-to-up operationalization. Unlike the diaspora information networks where participation is required and promoted from members of the organized diaspora to other members of the diaspora who are able to contribute skills in a bottom-up manner, participation at the state level starts at the national level. The highlights of this approach were China and India, the two countries with the largest diaspora in the world which are qualified community living outside their origin country

The new approach has comprised new policies and inducements to appeal professionals living outside via government funded, activity program, and initiation official platform for experience and knowledge exchange. A number of actions have been taken, the government also came-up with four fully funded programs by the government to energetically inspire knowledge and experience discussion with the diaspora. Such programs included organizing temporary visits, piloting cooperative research ventures, funding Chinese Professional Research initiatives in the diaspora, and making special Chairs of study for Chinese professionals abroad (Xiao, 2005).

in 1985 China began encouraging the very impermanent return of its Chinese diaspora with the postdoctoral introduction programs (Biao, 2005). After that the Government launched an endorsed approach of “flexible mobility” by promoting Chinese professionals overseas to return home for temporary program and go back country of destination, contributing as they do so to both China and their host states.

The practice of the Chinese diaspora has been actively contributing factors to the development of the china, economically, politically and socially, the government of china has also putted and effort on networking among the Chinese diaspora Fostering further sharing and communication of expertise (Grossmann 2010). The combination of productive policies and interaction has resulted in high flows of information transfer from the Chinese Diaspora.

India also recently approached its members of the diaspora for the purpose of information and skill transfer; in India, government established the Ministry of Overseas Indian Affairs (MOIA) in 2002, which was the only responsible diaspora engagement; MOIA initiated several initiatives mainly to develop the Global Indian Information Network (Global INK). The aims of this initiative were to draw on Indian diaspora knowledge base to build innovation and technology in India (Global Ink, 2011). The project was introduced in 2009 and has also provided an ICT forum for linking information seekers with technology experts in India. The platform contains parts that help Indians ask for an expert, access expert networks and receive project-specific advice. These initiatives further elaborated a way for states to engage the diaspora and move information.

The two government (China and India) rely heavily on IT skill-transfer initiatives. In the case of Afghan, the internet is very small and weak connectivity, while both China and India have very good Internet access for their citizens. Furthermore, both of these countries are far more advanced than Afghanistan, and are able to fund the initiative and have their own diaspora programs.

2.6 Diaspora Skill Transfer Programs and International Development Organizations

There are several ways of diaspora involvement for skill transfer programs that are managed by international development agencies, for countries that don't have the resources, expertise, and organizational ability to set up their own programs, these programs offer an opportunity for diaspora participation in knowledge transfer areas. In this area, two programs are most noteworthy. The UNDP Transfer of Know-how to Expatriate Nationals Program (TOKTEN) and the IOM program for Migration and Development in Africa Program (MIDA) and the primarily funded program

The TOKTEN program was implementing In Bird, by UNDP from 1977. It was the pioneer program and its focus was on getting back 'brain gain' to the countries of origin. The software had four main goals in its initial conception: “1) to lower the cost of the expertise; 2) to gain access to consultants by the developing countries who would be more effective than other consultants due to their cultural competencies; 3) to seed potential return of skilled expatriates or their long-term engagement with their country of origin; and 4) to depoliticize development-oriented volunteer work as the sponsorship of UNDP allows political autonomy”(Terrazas, 2010). TOKTEN was a volunteer program under United Nations Volunteers (UNV). Its jointly implementing UNDP, UNV and participating countries as well as donors, due to varies administration the result differ from country to country (Terrazas, 2010). According to a list compiled by Terrazas (2010) TOKTEN program have been implemented in 49 countries, including Egypt, China, Brazil, and the Philippines. The program appears most popular I the 1980s but still going on and recently starter similar programs. The Latest programs on TOKTEN include Mali, Rwanda, Sudan, Afghanistan and Palestine. According to Murphy (2006), the success of the Program (TOKTEN) was attributable to the fact that it focused on people who were world leaders in their field, the program participants were recognized as significant by the government of the countries of origin, contributing to the growth of government institutions and altering performance.

2.7 Characteristics of the Somali Diaspora

There are three categories of pre-colonial and post-colonial migrants from Somalia and it can be classified into the following five groups: The first that is the eldest group was the seamen from the Red Sea harbor cities like Berbera and Lasqoray in Northern Somalia, who left Somalia long before independence due to job luck, this groups were men with limited schooling and other skills. The second group consisted of remnants of the Somali labor force that settled in the Gulf countries during the 1970s and 1980s, when the gulf countries started producing oil, but were incapable to return to Somalia because of the political volatility of the rebels against the Siyad Bare regime.

The third, relatively fortunate group consisted of Somalis who had studied outside Somalia and had been sent by the government through scholarships and government-sponsored programs, mainly agricultural and rangeland conservation programs, the Somali diplomatic corps and their families, and other Somalis who, at the time of the 1990s, were outside the country.

The fourth group was the massive refugee's influx who run-away from civil conflict between the clan-based rebels and the Siyad Bare regime and escaped to refugee camps in the bordering countries. In the early 1990s, during the time of extreme conflict in Mogadishu and in response to widespread loot and famine in South Somalia in particular, mass influx of Somali refugees into Kenya occurred, also other people fled to Ethiopia which makes the second country hosting Somali refugees in the world.

The fifth still continuing group was the family members left behind who later accepted the family reunion system and were joined by their western relatives. Even so, more came through different channels promoted by those set up outside the country.

There are various characteristics of Somali migrant groups in terms of age, education, disposition and level of integration into the host society. Somali migrants can be divided into three main groups, depending on the reasons for the migration. The first is the group of families as refugees in the host countries, who have often expended time in refugee camps in neighboring counties mostly in Kenya, Ethiopia and even Uganda.

The second group is the offspring of those families who were either born or accompanied by their parents in the host country. The third group is the younger generation, with or without skills and qualifications, who for economic reasons have gone west, via family reunification schemes, or some other uncommon process. Of these three groups, for the role that Somali migrants could play in the long-term future of Somalia, the Second Group's attitude toward those born or raised largely outside the country, is very important. Its role in the transition to peace and progress after the conflict could be highly important. The group's views still need thorough empirical research. Many citizens have limited connections with Somalia and may never have returned to visit their country of origin on a permanent or temporary basis. In comparison with the other groups, they culturally and in their perceptions have the greatest integration with the host communities. We have limited understanding of the cultural obligation to support extended families and may oppose the idea of sending money to Somalia.

Somalia is best in both the first and the third. They help relatives by arranging to take them to the west, or by remitting back to assist them in Somalia. They help their families. This community is the centripetal force that continuously maintains and enhances relationships with the country through marriage, philanthropy and business enterprises.

On the other hand, ample evidence indicates that families of Somali diasporas who frequently return to Somalia for a family visit and introduce their relatives to the young generation. Most Somali families in west decide to spend their summer holidays there and re-establish their relations with family members. Safety and affordability seem to be the key determinants. In zones and times of stability, families from the diaspora have returned to the local service industry, making a seasonal economy which provides significant volumes of money (Menkhaus, 2008). The Mogadishu summer economy was disrupted by instability and displacement triggered by violence in 2007/8.

Many other Somalis, second generation in the Diaspora, are very much involved in regional politics and actively lobby and campaign, and support philanthropic initiatives and programs of growth. Such practices represent trends in other (non-Somali) diaspora communities in which nationalism and the home project contribute to the battle against physical and existential

dislocation and promote what sociologists term an 'alternative society imagined.' In this sense, the Somali diaspora is a diverse, growing, multiple-species culture.

2.8 Government Diaspora Engagement Institutions

The increasing visibility of diaspora in society is reflected in the establishment in ministries of diaspora. The Department of diaspora affairs was established in October 2013 in the Mogadishu Federal Ministry of Foreign Affairs and International Cooperation to specifically address diaspora and diaspora issues. A presidential decree was established in 2010 by the Somaliland Diaspora Agency, which is part of Ministry of International Cooperation. The office of Puntland Diaspora was set up in 2010 as well as under the Ministry of Planning.

In order to improve the interaction between local professionals and their counterparts in the diaspora who are returning temporarily and permanently to Germany, the Ministry of Foreign Affairs and International Cooperation organizes forum to bring all groups together and to enable them to exchange ideas and experiences

The government recognized the huge contribution that capital, donations, investments, and various sectors have made to the economy of the country. The available figures also indicate that diaspora workers hold at least 80% of federal and state government jobs.

The aim of the Foreign Minister is to increase the interaction and draw the diaspora back to the country, and to teach a culture of shared ideas and how to use current opportunities to rebuild the Diaspora of the second-generation country and its skills and cultural orientation.

The annual forum acts as a venue where Somalis in the diaspora and local professionals can exchange ideas and experiences. The department of Diaspora Affairs has been created to promote unity among Somalis diaspora and enhance diaspora activities in the Federal Ministry of Foreign Affairs and International Cooperation.

2.9 Somali Migrant Outflows 2015

Somalia is the region where mixed migration flows source, transit and destination from and to the eastern and horns of Africa. Insecurity, natural disasters and poverty form the main driving forces for migrants to leave the country. The most recent terrorist attacks in South Central Somalia, al-Shabaab and AMISOM rebel activities, as well as Horn of Africa drought in 2011 have become the major occurrences. As can be seen, for example, in the case of inflows in Yemen in November 2011, the majority of migrants come from South Central Somalia, Where 95% of the Somalis that are registered came from that region. The Somali migrations in Yemen are rarely found in Puntland and Somaliland. Young, unemployed young people from Puntland and Somaliland are present in the Middle East and Europe migration sources, but in a much lesser way than in South Central Somalis. (Marchand, Roosen, Reinold& Siegel, 2016; RMMS, 2016). The UN International Migrant Stock Tenders suggests that almost 2 million Somali migrants will be in stock in 2015. Neighboring Kenya and Ethiopia, other African and European countries and in particular the United Kingdom (UK), the United States (USA) and Yemen are the main countries of destination.

2.10 Emigration from Somalia

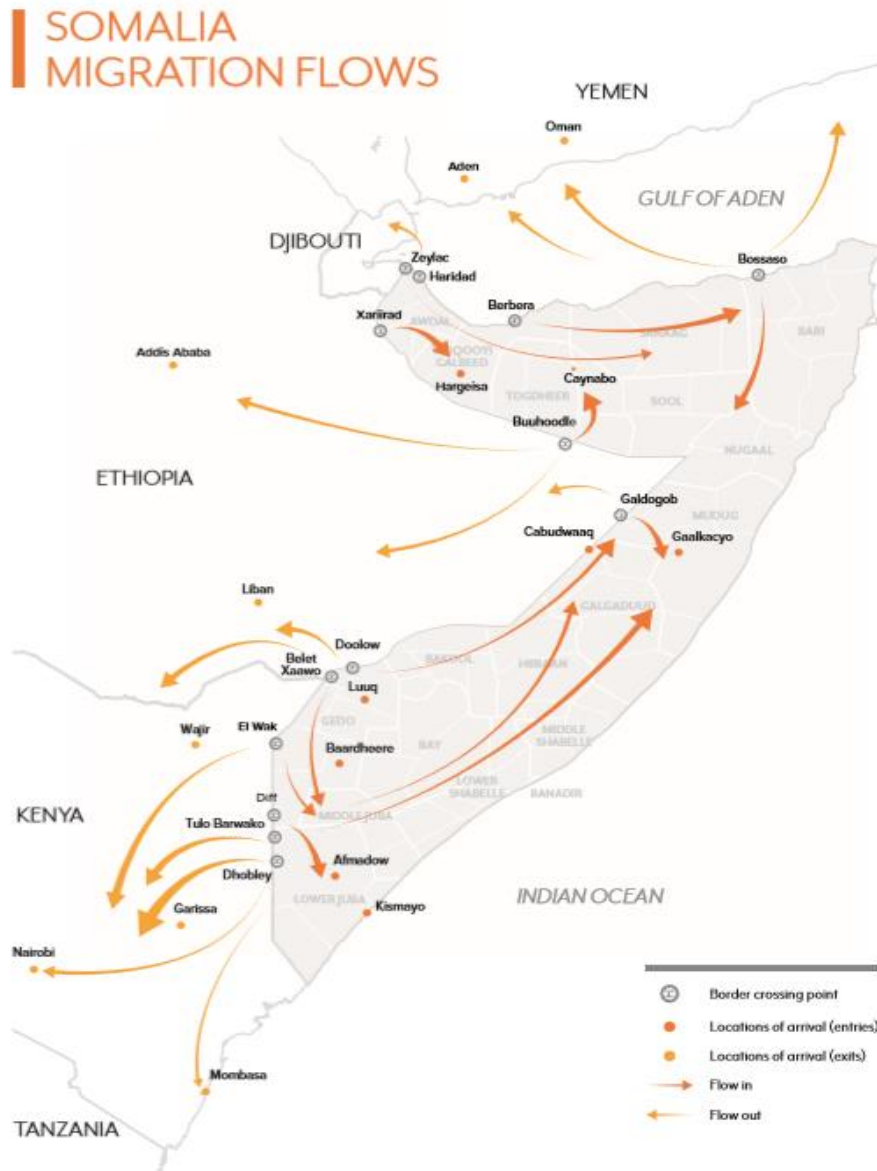


Figure 2.1: Somalia Migration out Flows

2.11 Diaspora Investments, Policies and Return

Somalia's Diaspora has a major role in the development of Somalia through the transfer of expertise, investment and political influence. UNDP (2009) found that since 2000 the diaspora had a political influence with many leading Parties, councils, parliaments, and civil service. (Including Puntland and Somaliland). The diaspora is also the main investor in Somalia (e.g. providing 80

per cent of start-up capital to small and medium-sized enterprises); it directly funds local organizations delivering services (e.g. teacher and health worker wages, orphanage support) and has provided emergency relief throughout the crises time (ibid.). It raises awareness and supports aid projects active, and many of its members (especially returning workers) participate in donor organizations, or in government and civic / private capacity-building projects. (Horst et al., 2010; IOM, 2014a).

It is unlikely that displaced Somalis will consider returning an option unless conditions in Somalia improve (Carling & Pettersen, 2014; Heritage Institute for Policy Studies, 2013; IOM, 2016b). Certain issues include not wanting to interfere with family life and education and Somalia's family depending on income. (Lindley, 2009). Return migration faces various challenges. Registered returning people, for example, may not have official documentation, which will make reintegration and access to services more difficult. After years in urban areas and refugee camps, Somalians may not want to return to their livelihood. The return to areas dominated by other clans could be unsafe for minority groups. Yet many return to a better position, with rewards— but conflict potentials as well.

International stakeholders are focused mainly on permanent but also on temporary refugee return. (e.g. UNDP and IOM programs). Lindley (2014) it stresses the fact that this should be voluntary and that organizations "must continue to work on incremental avenues of more positive social engagement," for example, guaranteeing the freedom of employment, programs of access to and political participation, as many refugees will not return. Time-time return is suggested that it can be useful for people with citizenship to capitalize on return networks, but not without legal certainty in the settlement country. (Horst et al., 2010: 43–4).

2.12 Policy Influence on Somali Diaspora Activities

While the Somalia diaspora is important and can contribute to the country's development, this capacity seems to be inadequately exploited by independent government activities. (Shandy & Das, 2016). There are a series of initiatives from international organizations and private individuals, however (Hoehne, Feyissa & Abdile, 2011; Bostrom, Brown & Cechvala, 2016). Migration's key stakeholders include the Labor and Social Affairs Ministry, the Somaliland Immigration

Department and the Puntland Ministry for Women's Development and Family Affairs, although they are not limited to them.

2.13 Somali Diaspora in OECD Countries

The Somali Diaspora is the Western country that has conveniently been recognized as members of the Organization for the Development of Economic Cooperation.(OECD). (Austria, Denmark, Netherlands, UK, Finland, Norway, Sweden, and Hungary) While statistical data for these countries is more readily accessible, population survey information is collected and combined in various ways. It is therefore difficult to calculate the scale of the diverse and still very moving Somali populations with any certainty, those who has not yet been vetted or still waiting court may not be counted as there are still don't clear status. Census data on "foreign born" populations tell part of the story, including data from asylum seekers. Nevertheless, as more and more people are born abroad in the Somali diaspora, new passports and nationalities are obtained by the number of family reunification schemes and others; information on the scale of the Somali populations is becoming harder to distinguish.

Below Pie-chart (from figure 2.5 to figure 2.12) explain the number of Somali diaspora people living in each selected OECD countries with their percentage comparing to other African Migrants living those selected OECD countries.

Some countries Somalia diaspora is the largest African diaspora counties living that particular country like Finland where the Somali diaspora is 45% of the total African diaspora population in Finland (figure 2.6) whereas UK as a OECD country, Somali diaspora makes 4% comparing to total other African migrants or diasporas.

2.14 Diaspora Skill Transfer Programs for Somalia

2.14.1 Joint GUESTS- MIDA Project by UNDP and IOM

The MIDA solution is grounded on the experience of previous programs “Return of Qualified Nationals” (RQN, International Organization for Migration (IOM)) since 1974 and supports a systematic and long-term strategy. This covers a wide range of activities and concepts, Such as

financial and human capital transfers, technology transfer, unique skills at work and migration to growth.

Due to its ability to resolve shortages of key abilities and services that could accelerate the dynamics of the transition, the diaspora is especially significant for economies in transition. UNDP Somalia's QUESTS project was an effort to encourage Somalia to support its homeland through its growth and government experience to speed up the recovery process, Somalia's stability and institutional construction. The Diaspora has been funded by OECD countries such as Norway and Sweden for the transfer of knowledge and skills through the UNDP QUESTS project. The Diaspora has provided the necessary experience in public and private local institutions through the QUESTS program. In 2007, 50 QUESTS Diaspora experts were appointed to various institutions, and by 2008 826 were appointed. In capacity-building, policy-making support and institutional growth in general, over 1007 institutions supportive of Somalia benefited from the QUESTS project. In addition to the above benefits, the QUESTS project is a good attempt to reverse Somalia's brain drain to rebuild the collapsed institutions of the country and lost institutional memories.

Global experts also provide technical assistance to healthcare; Abdi Hassan was a prominent example of how, after being one of the beneficiaries of a GUESTS program, he founded a hospital in Bosasso and reintegrated himself with the people of the place and solved all the problems, but so often many doctors come to him.

A 2011 UNDP Commission study has found that members of the Diaspora are strongly engaged in the development of education, healthcare, public infrastructure and private enterprises, such as small-scale enterprises. Most Somalis returned from the city of Dubai, London, Minneapolis, Nairobi, Helsinki and Toronto were very qualified workers from cities with large populations. Two main drivers of temporary return were found to be the lure of further work combined with the desire to escape marginalization and exclusion.

Not only the aged, but also the young Somalis who were born and brought up outside the Horn of Africa, helped them. Although the diaspora's return provides much needed energy, drawbacks can also be found. The UNDP survey showed concern among local Somalis about the employment of

people from the diaspora. Others spoke of the lack of understanding of the political truths of living in present-day Somalia, while diaspora leaders had resources and degradations. Meanwhile, diaspora returnees said the locals did not appreciate what they tried to do. Successful diaspora returnees resolve this skepticism by investing time in relationship building and engaging with the local Somalis.

2.14.2 MIDA Health Skill Transfer Programs in Somalia by IOM

Offices in Sub-Saharan Africa (MIDA), which is an IOM brand name for "Migration for Development in Africa" have been introduced by the IOM offices in over 20 MIDA ventures. MIDA matches specialist positions found by highly qualified diaspora members in countries of origin that lack significantly local human capital MIDA helps migrants to connect the destination country and their origin country, connect migration with development when these diaspora experts return home to research, train and treat their field of expertise in short-term jobs.

Many medical professionals at the Somhelp Finnish NGO learned about the IOM MIDA system and were strong to explore ways to develop a similar program for Somali-finnish. They want to find a way to contribute to the reconstruction of the health sector in Somalia for their profession.

A pilot project enabling a representative group of highly skilled participants in Finland's Somali health sector to temporarily return to Somalia to incorporate their professional skills into the network that creates bridges across the diaspora and country of origin, entitled MIDA Health Somaliland and Puntland regions, sponsored by the MFA of Finnish and introduced by IOM.

MIDA Health program Somaliland has tangibly hired more than 20 female and male health workers and nurses in Somaliland and Puntland for temporary work in the public or private healthcare sector to diagnose and educate patients in situ. Such activities were based on a requirement valuation carried out by the IOM base in Somaliland, an overview of Somaliland's human and infrastructures problems and identification of health facilities where diaspora professionals could be held as volunteer experts. Capacity construction, knowledge sharing, quality of health initiatives, unity with your country of origin, for each assignment, these were the key words.

The response to the project was most positive, given that nearly half of all participants were female experts. Their participation was highly encouraging. More participatory applications have been made than slots available.

Reactions and feedback from Somalia and local health professionals were overwhelmingly thankful, supported or encouraged by university students, medical establishments and patients with experts had connections.

With all the drawbacks of these ventures, which include relatively small target populations, limited financing and safety-related threats, migrants have shown that their countries of origin are effective development agents. Representatives of the Diaspora are particularly motivated and willing to mix up with local circumstances.

2.14.3 Diaspora Organizations Contributions to the Public Service Institutions

The Diaspora organizations for Somalis have funded or founded service facilities. Many are structured to provide daily flows of funding for payment of wages in schools or hospitals or assistance during the country's crises or, in particular, in their hometowns such as drought and floods. The role of Mooragabey in supporting education in the regions of Bay and Bakool of the south-west State of Nomada, as well as the reopening of the Banadir University in Mogadishu are some example of Nomad's support for the Hargeisa Hospital's accident and emergency department in Somaliland. This development aid can differ in its scale and complexity. Bur Saalax's education project is a boarding school set up by the Diaspora Group in Puntland, where over 320 children are given education, shelter and food, mainly orphaned and drought-distorted families. Aside from the construction of the facility (classroom, hall, office, etc.), the Diaspora spends more than US\$ 9,000 each month to maintain the project and provides supplemental food and schooling and learning materials, in addition to the UN agencies ' in-kind contributions, like the WFP and the UNICEF.

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the UNICEF. One good example of the existing Diaspora and mainly Diaspora-run institutions is the East Africa University and Dayax Islamic Bank in Bosaso, and Amoud University in Somaliland the Diaspora has shown a strong commitment to promoting new institutions of higher education. A major achievement in the Diaspora is contributing to the libraries of the universities, university computer laboratories and particularly the creation of the capacity of university staff.

In addition, the Diaspora funded local civic organizations to address problems which are incapable of addressing local organizations / NGOs on their own. A strong example of Somali Diaspora's engagement with local humanitarian aid organizations in Somalia and the region, COGWO supports patients with unresolved health problems in Somalia and the region, and Healing the Children of Minnesota. A number of victims have flown and operated successfully into Minnesota in this collaboration with resulting health difficulties and other illnesses such as cancers requiring sophisticated medical processes.

The country offers continuous support of education and health services from the diaspora. Most of the programs funded are based in the supporters ' home region or district.

2.15 Challenges of Diaspora Professional Contributions to the Somali Institutions

The money sent or exchanged by people living abroad has funded the creation of a primary health service center and the financing of universities ' medical courses. Likewise, with diaspora money including home city associations wells, boreholes, irrigation systems and orphanage centers were built. Private health investment is also significant, with many small businesses with diaspora connections in Somalia serving as engines of growth and job creation for younger generations. The studies found that the diaspora in their own countries, in particular because of immigrant situation and unsecured homes, is often facing difficult conditions. Across their host countries, low education and unemployment are as well as bad attitudes towards diaspora.

The lack of integration and progress in the education level of certain Somali emigrants limits their capacity to return to Somalia. The people most likely to get interested in Somalia are those who are well integrated in their adopted communities (holder countries). Terrorism fears and suspicions

also create problems and limit mobility; Diaspora funding for South-Central Somalia has been hampered by questions about al-Shabaab ties.

However, in the US money transfer transactions operators have had to stop operating in Somalia on grounds of alleged terrorist financing, but there are fears that other countries can do so by limiting or restricting the movement to their countries of origins of our flows.

The inability of the diaspora to freely relate to Somalia is unprecedented. For example, if people are traveling to Somalia as volunteers, teachers, civil service officials etc., it raises concerns that they are going to join the militant group of Al-Shabaab. In the Somalian region, the absence of credit and the country's widely distributed unemployment have contributed to a persistent reliance on household payments for the diaspora. Technical and capability support is also required because of the absence of stability and prosperity in countries.

A further challenge is the high degree of mistrust between Somalia and international organizations, where some believe that international organizations, who can play similar roles, disregard local educated people. This makes it difficult to create ties and collaborate to optimize the work, growth and humanitarian efforts of the Diaspora.

The research has found that the degree of commitment among the youth is actually high, in contrast to the traditional perception that the diaspora young people have a low level of interest. This often comes in the form of voluntary work instead of cash transfers. For example, over the summer, 1,000 volunteers will be organized in the World Wide Somali Group of Students and Professionals in the country. In addition, there is a scheme that has used diaspora funds to provide 100 bonds to go to university in Somalis. Of reality there is no prior knowledge of who will earn the bursaries from applicants to this scheme. This scheme is motivating to transcend clanism and regionalist feelings. There are 230 registered diaspora groups in the United Kingdom. These are often set up to address a particular issue (for example a flood), so that a number are inactive now. The potential benefit for NGOs, such as tax relief and gift aid, is often ignored and best used by diaspora organizations.

CHAPTER THREE

METHODOLOGY

3.1 Research Design

The research design is a cross sectional approach. The study has investigated opinions, beliefs, values and attitudes of the stakeholders from the various fields as well as the Health professional diaspora through MIDA Health program who are currently working Ministry of health in Somaliland capacity building efforts. The study has carried out using the cross-sectional survey design to attain the MIDA health program for knowledge and skills contributions to the sector building in the Somaliland region of Somalia. This design was selected on the ground that it aims at providing a systematic description that is as accurate as possible. The methods used for collecting data was desk work and reviewing secondary data from online and simple conversation with some experts, program beneficiaries and Somaliland Health officers.

3.2 Study Area

The study was carried out in Somaliland Ministry of health, which the current international development partner programs for health skill and knowledge transfer to the African countries by its diaspora is targeting, Ministries, Academia and Government agencies.

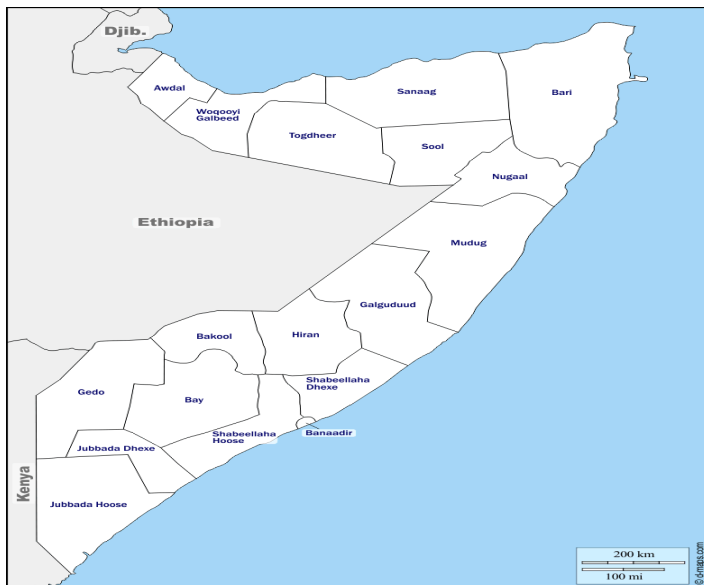


Figure 3.1: Study area

The study targets the Ministry of health in Somaliland region of Somalia and all the respective institutions, stakeholders and International development partners with diaspora skill transfer programs, Ministry of foreign Affairs and international cooperation of the federal republic of Somalia its department of diaspora affairs, Ministry of health of Somaliland, former researchers, MIDA program officers, Migration experts and education and training institutions including high institutions.

3.3 Data Collection Instruments

3.3.1 Simple Conversation

Since the study was desk work and secondary data, the researcher has carried out simple conversation with different stakeholders and individuals to get information. The conversation was basically structure less and storytelling by the firsthand experience people.

The responses of the people were basing on the experiences they have with the Medical professionals from diaspora and what they have gained as experience during their tenures, a number of discussions from different members was organized which has reveal attitudes towards diaspora professionals and their skill contributions to the Ministry of health. This is in form of sharing views pertaining the need of skill transfer and impacts to the intended institutions.

3.4 Data Processing and Analysis

3.4.1 Qualitative Data Analysis

After collected the data using the different methods, the researcher has interpreted the information got from desk research, conversation from the key informants and discussions into meaningful variables for analysis and extracts the necessary information from such data. Additionally, the responses of the key informants and the literature review was also being integrated to derive new information on what is on ground about the MIDA health and diaspora skill contribution.

3.5 Validity and Reliability of Research Instrument

The validity and reliability are the two major concepts in the acceptability of the use of an instrument for research purposes (Amin 2005).

3.5.1 Validity of Instrument

Validity involves the degree of which is measuring what is supposed to, more simply, the accuracy of your measurement. It is my belief that validity is more important than reliability because if an instrument does not accurately measure what it is supposed to, there is no reason to use it even if it. Say we are evaluating MIDA health program and Ministry of Health in Somaliland region of Somalia. In our case, we have observed how current diaspora skill injections to the Ministry of Health are effective and sustainability of it. The validity has highlighted a different aspect of the relationship between that particular program MIDA Health programs and Health institutional building (Ministry of Health).

3.5.2 Reliability of Instrument

Reliability means the consistency or degree to which a measurement is used with the same subjects each time an instrument measures in the same condition. In summary, your measurement is repeatable. If an individual score is identical on the same test twice provided, a measurement is considered reliable. Reliability is not calculated and estimated. It is important to remember. Reliability of the instrument is a means to ensure that any instrument used to measure experimental variables produces the same results each time. The most conservative method of measurement of reliability is the check the test process. In other words, the concept behind test to test is that you get the same test score.

In measures of buildings that have not changed over time, test-test reliability is desirable. For instance, you would be expecting to have a very high correlation if you use a particular method for measuring adult heights and then do the same two years later. If the results differ a lot, you would suspect that the measurement was not accurate.

3.6 Research Limitations

There were problems of getting sufficient data on Somalia diaspora contributions to Somalia through the desk work and other literatures, some of them was written in different language other than English, assessing the attitudes of the respondents and the reviewed research papers was not easy because some people were not willing to speak despite being assured of confidentiality promise.

Inadequate funding for the research; the budgetary framework that are to facilitate the research project was not allocated. This is the turning point in the project; the researcher was not in position of visit all research areas. However, the researcher has tried and ensured that the entire data collection methods were attempted at the convenient time with the limited resources.

finally, the global pandemic COVID- 19 was also hindering factor. where some the key informants Was not able to communicate or they were not responding the communications

CHAPTER FOUR

RESEARCH FINDINGS AND DISCUSSIONS

This Chapter has deliberated on the Migration for Development in Africa health program sponsored by the Finish government in Somalia, particularly Somaliland health institutional building MIDA Finnsom health program which started in 2008 for its first pilot project with several phase, program has achieved a lot despite challenges that are inherent throughout its existence.

4.1 Introduction

Migration for Africa's Development (MIDA) was initiated in 2001 after IOM's 1970s Return of Qualified African Nationals Programmes. The aim of the program was to find effective mechanisms for using migrants as an instrument for economic contributions and building social capacity for their countries of origin.

The MIDA FINNSOM programs are intended to assist Somalia in improving its health and education sectors. This is done by diaspora experts of Somali origin, residing abroad and returning to Somalia with the support of IOM for months or even years, in order to transfer their knowledge to local personnel and institutions. MIDA FINNSOM Health also builds the capacity of local health care institutions to prepare, organize, and supervise. Maternal and child health is a priority focus of the project.

The MIDA FINNSOM Health project began in Somaliland in 2008, and aims to develop a well-functioning health system in Somaliland. Hargeisa Group Hospital was one of the project's principal beneficiaries. For example, project participants were instrumental in starting the hospital's hemodialysis unit and the neonatal unit. As a result, in-hospital neonatal death has dropped from 24 % down to 5 %.

The project MIDA FINNSOM Health and Education started in 2015 and aims for South Central Somalia and Puntland. The experts from the diaspora were partnered with young professionals from Somalia, who acquired both expertise and jobs this way.

4.2 Somali Diaspora Associations in Finland

The recording workout conducted through government databases, documents, internet pages and current contacts was formed by more than 100 Somali associations in Finland. However, based on the sampling it wasn't likely to assess whether all entities are still properly functioning. It can be inferred that a large number and a conservative calculation are no longer in use

Finnish Somali Associations' activities focus on assisting the Finnish Somali group, and Somalia's aid and development work. However, the difference between the two levels of interaction is not clear because several partnerships participate concurrently on both levels. Finland's programs include language training (Finnish and Somali) and computers, sports activities, organizing multicultural gatherings, Somali workshops, youth service, and homework clubs Somalia's efforts help a diversity of recipients, including, schools, farmers, orphans, and, hospitals like (maternity wards and TB clinics) and support for the country of origin's democratization. There are also other groups which have supported peace and reconciliation among various clans.

4.3 MFA Aid for project creation of NGOs and Somali Associations

Except for the MIDA Health for Somali specialists, there is currently no other particular initiative that targets the Somali-Finnish diaspora and is funded by Finnish government. However, some Somali organizations have received funding from Finland's Ministry of Foreign Affairs for their development projects in Somalia, especially within the budget line of the MFA's NGO Development Assistance, which can be seen as a stimulus for the initiatives.

Finland's official funding for international cooperation is distributed in nine budget sections. The share of NGO development funding accounts for around 12.7 per cent of the 2008 overall annual budget (MFA, 2009). development cooperation pursued by NGOs accompaniments multilateral and joint cooperation between Finland and the EU as well as its own development cooperation.

NGO development's overriding target collaboration is to supplementary the United Nations Millennium Development Goals (MDGs) and to society strengthening in developed countries. Currently, about more than 200 Finnish registered NGOs are part in implementing international

development and cooperation projects in over 80 countries or exchanging international knowledge (MFA, 2009).

4.4 Finnsom Project Initiative

The WHO 2006 World Health Study reported a severe shortage in 36 African countries, including Somalia, of physicians, midwives, nurses, and support staff. This shortage seriously undermines those countries' ability to bring out critical measures and achieve the Millennium Development Goals (MDGs) related to health. The same study also stresses the need for managed migration as a way to tackle the increasing emigration of health-care workers from less developed countries.

The health sector in Somaliland is under severe strain due to a general shortage of qualified health staff, inadequate facilities and lack of economic and material support. The civil war and continuing violence in Somalia have led to a significant brain drain of Somali health professionals, placing additional pressure on those health professionals who remain there. The ultimate goal of the project was to improve the skills of local health professionals in Somaliland and Puntland by transferring skills and expertise acquired from qualified people abroad and highly trained health professionals from the Finnish-based Somali diaspora, thus contributing to the restoration and capacity-building of the human resources base in northern Somalia.

4.5 MIDA Achievement

In the first months of implementation of the project, IOM has engaged appropriate partners with health-related initiatives from the Somaliland Ministry of health, hospitals, universities and civil society organizations. The current expertise centered in Northern Somalia (Somaliland) as well as significant human resource deficiencies in the local health facility have been established by IOM in collaboration with those agencies.

In tandem with the needs evaluation carried out in Somaliland and Puntland, an awareness campaign was undertaken by the IOM Regional Office in Helsinki to educate the Finnish target community about the program and the opportunities provided. In order to identify the skills available in the Somali diaspora, professionals interested in participating in the project were encouraged to apply their curriculum vitae to IOM, based in Finland. The project has allowed

temporary return of selected applicants, who have filled out key positions and trained local staff in their own specialist sector. The returnees have received short-term assistance and expertise in the health sector with a specific emphasis on the transfer of their skills and thus improving the capacity of local human resources,

The first temporary returns started in October 2008 but unfortunately as a result of the terrorist attacks that hit Hargeisa and Bossasso, the training was put on hold and the three participants present at the time were relocated to Finland. Activities resumed in April 2009, and 22 participants completed their assignments in different health fields by December 2009.

More than 500 physicians, university students, nursing students, hospital nurses, and laboratory workers, have been educated in diverse fields related to their work and have reported useful learning skills for their potential careers.

Around 1100 patients were treated by MIDA volunteer experts and received specific medicines not available in Somaliland. The project acknowledged a very warm welcome from Finland's Somali health care expertise, showing once again the resolve and commitment of the diaspora leaders to participate in efforts to bring about peace and rebuild in their home country. During their period of assignment in Somaliland and Puntland:

Adequate theoretical and practical training has been developed for healthcare professionals / university graduates, workers, and nursing school graduates. Created training manuals and best practices guidelines on various topics, like teaching in orthopedic surgery or nursing ethics, Engaged in the process of future events planning and to improve the health care system.

Efficient provision of critical healthcare facilities not offered locally, such as orthopedic surgeries. Such programs helped host institutions in Somaliland and Puntland and demonstrated a deep appreciation for the work of volunteer experts. Such institutions' management further claimed that the interest displayed by the participants motivated and energized the national workers. This has increased confidence in individuals trained, the generated linkages with experts from abroad could

have an effect in dissuading their possible willingness to look for better chance outside their country of origin.

The Somaliland Ministry of Health and Labor and the Ministry of Health in Puntland State of Somalia had a good cooperative during the program, thus ensuring the proper implementation of the activities. Recognizing the importance of the connections between diaspora and development, also the authorities recommended a continuation of the initiative to ensure that workers awareness and skills are continuously updated. Both host institutions and authorities have proposed that MIDA Health be further extended, including updating of facilities and equipment that require maintenance.

Local residents were pleased to have access to free high-quality services, especially in areas of expertise not previously available in the region. Despite the many challenges raised by the security issues in the area, the overall project execution proved very successful and enjoyed a considerable level of collaboration from key communities.

4.6 Project Milestones

4.6.1 Telemedicine Online Services to Somalia – Addressing the Health Sector Gaps and Expert-to-Expert Knowledge Transfer

Nuovo Nordic (Suomen Kotilääkäripalvelu) offers telemedicine consultations and services to Somaliland in the form of technical and human resources in cooperation with the IOM. The main aim is to provide support to improve the quality of maternal and dental care in targeted public health institutions in Somaliland. Maternal and Child Health Care Nuovo has developed a mobile application that directs health care workers to provide structured mother-waiting antenatal check-ups. Nuovo has a wide pool of experts available who can provide medical advice and training to health care experts in Somaliland using the telemedicine model online upon request. In Somaliland, a midwife and a general doctor were assigned to work on antenatal health care programs and activities. Dental Care Nuovo has established a web-based QAdental portal where Nuovo Nordic dental professionals can seek clinical consultations online from Somali healthcare professionals.

The case reviews are archived in the database and can be accessed if specific requirements for care occur. For example, e-learnings in oral medicine and dental trauma treatment are also given.

4.6.2 Finish Baby Aid Kit – Addressing the Needs of Mothers and Children in Somalia

The Finnish Baby Aid Kit is a specially designed child-birth and nursing kit for use in developing countries as well as in disaster and emergency situations. The kit includes childbirth materials and infant nursing materials. Finland's IOM procured 400 Finnish Baby Help Kits as pilot. This will be distributed to hospitals where specialists from the MIDA FINNSOM Health Diaspora operate in children's and neonatal health areas. Host institutions in Somaliland that completely fill the requirements are Hargeisa Community Hospital. IOM is establishing requirements for the distribution of the Finnish Baby Help Kit to vulnerable communities in partnership with UNICEF Somalia. The kit is used as an opportunity to attend check-ups on antenatal care as well as to enable pregnant mothers to deliver in hospitals or clinics where qualified staff can ensure safe delivery. The kit is updated according to the different environmental conditions and cultural standards, for example. This kit was built along with the assistance of experts in medical and humanitarian aid.

4.6.3 MIDAFINNSOM Drought Outreach

The MIDA FINNSOM Drought Outreach was launched in early 2017 as part of the MIDA FINNSOM Health project to help Somaliland's Ministry of Health in the face of extreme drought. The project field teams, composed of both local and diaspora healthcare professionals, were located in regional hospitals and supported local residents as well as internal refugees in the villages surrounding them. The teams managed environmental checks and critical life-saving treatment. The more serious cases they often referred to hospitals. In Ikaweyne village over 500 people were treated by Finnish nurse. Many of those suffered from bloody diarrhea. Others, particularly the babies, were anemic or undernourished. Many patients suffered from respiratory infections, coughing, fever and eye infections.

4.6.4 Hargeisa Group Hospital (HGH), Hargeisa

HGH is Somaliland's only tertiary-level hospital, and a nearby referral facility, Hargeisa Group Facility (HGH) in Somaliland has benefited from neonatal unit and maternity ward establishment and operational support. As a result, neonatal mortality in the hospital has decreased from 24% to 5% and delivery facilities are available 24/7 for pregnant women. More than 12 local female nurses were trained on how to communicate with the patients, how to perform life-saving procedures, and

how to operate the unit. In addition, eight junior doctors have been qualified to conduct caesarean sections, five of which 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 Hargeisa Community hospitals and outpatients seek monthly care instead of going abroad or using private facilities. Phase III expanded the haemodialysis services to Bosasso General Hospital in Puntland where seven dialysis machines were in store but no one knew how to use them. The unit was founded and the diaspora expert trained two physicians and four nurses for three weeks, with one doctor visiting HGH to observe the operation of the dialysis unit for two weeks. In Phase IV the dialysis nurse was assigned to support the establishment of the dialysis unit at Borama General Hospital. Establishing the unit in Borama is helping to lift the caseload from Hargeisa Community Hospital, which was previously the only public institution in Somaliland for this form of care. The project also helped to send to the donated units five donated dialysis machines from the Skåne University Hospital in Sweden.

The initiative was instrumental in setting up a dental clinic at the hospital. It offers basic dental services and also works on, for example, serious traffic accident-inflicted jaw injuries and other related injuries. Since the need for such care in Somaliland is enormous, such services are extended to Berbera during Phase IV, where experts from the diaspora train and assist the establishment of these services. Dental health care services are currently supported by the Finnish company Nuovo Nordic.

4.7 Challenges to Diaspora Contribution

The role of the diaspora communities in the health of the economy of origin countries raises a number of problems with the country of origin, the host country and the international community. As regards the extent of settlement, In this case, Finnish, the Somali organizations and their members have faced many difficulties, such as insufficient resources, both in terms of time and resources available. First of all, funding is very difficult to acquire and the Finnish government bureaucracy and procedures to obtain it are important to understand, which are not easy to determine.

Problems with the nation of birth refer in specific to the weak security environment and the restricted access to areas within Somalia's conflict regions. As stated earlier, weak security in many parts of the world also indicates that projects can often only be introduced at places where the clan network provides secure access due to close relationships and safety with members of the diaspora

The worsening conditions of Somaliland's health care system are compounded by numerous factors that pose significant obstacles to the development of a good-functioning health system. These variables can be brief as follows:

- 1) Insufficient budget and resources allocations at government level;
- 2) Government policies and guidelines on healthcare are in effect but not implemented due to lack of funding and capability;
- 3) shortage of administrative, managerial, scientific and scientific skills;
- 4) Absence of sufficient health facilities, supplies and infrastructure;
- 5) Deficiency of rural health centers
- 6) Lack of health practitioners in all regions of Somaliland;
- 7) Poorly developed health education programmes;
- 8) Poor general health situation of the community due to conflict, migration, droughts etc.

CHAPTER FIVE

CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

The study has successfully come up with some recommendations geared to achievement of better delivery of services, through skill and knowledge transfer by the expatriate and sustainability of it without compromising potentiality of the local medical professionals. After reviewing and analysis the secondary data collected by the researcher, the study summarized all the data and reports from that particular program in Somaliland (MIDA Finnsom). In this chapter major findings and recommendation towards MIDA will be highlighted. Researcher got several obstacles during the research though majority of them were overcome.

5.2 Conclusions

Both developed and developing countries are progressively interested in seeking alternative ways to allow diaspora societies to place their skills, experience, and understand exactly-how at the disposal of their home country. This is exactly the purpose of the IOM's Migration for Africa Development plan (MIDA).

MIDA has been trying to fuel growth in Africa since its inception in 2001 by making more effective use of skilled and technically equipped African expatriates in target areas for both the government and private industry. By promoting the transition of African skills in the diaspora by a variety of means, it takes a creative approach to this issue: short-term visits, Long term tasks, permanent come back and even a "virtual return" through length learning structures have all been successfully tested.

Driven migration is also needed to mitigate the effects of high emigration of health care professionals from less developed countries. The need for trained professionals to help restore, Improving and capacity building in Somalia is solid, while the overall scarcity of public health centers in the Horn of Africa region is also high. Additionally, the influx of internally displaced people and irregular migrants from nearby countries including Ethiopia has increased the burden on the health sector in Somalia.

Within the MIDA system, action-oriented dialogs are coordinated between the African diaspora and government officials in their home countries, providing a dynamic and engaging forum for the various stakeholders to engage and reconnect with their countries of origin. These events encourage participants to explore opportunities in diverse strategic areas for the diaspora to contribute to the development of their respective countries of origin through various collaborations with governments, academic institutions and the private sector. The dialog activities contributed to the:

- Establishing strategic collaborations and enhancing the level of cooperation between the African diaspora and government agencies;
- The recognition by the African diaspora of the various channels by which they can subsidize to the growth of their countries of origin;
- Building trust among African governments and institutions to address perceived obstacles to development and the possibility of a renewed commitment to attracting contributions from the diaspora;
- More innovations centered on harnessing the current diaspora capacity. Managing migration for African countries' growth is beyond the capacities of any single nation. thus successful strategies and collaborations between countries of origin and host countries must be developed. Migrants, leaders of the Diaspora and associations of migrants will improve
- Promote and create community-level partnerships involving local authorities, business organizations, NGOs and financial institutions;
- Plan and execute co-development projects aimed at strengthening their transnational networks in their communities of origin;
- capitalize on their capacity to construct bridges between their communities of origin and the host community; For businesses to profit from their internationalization campaigns, remittance channeling programs, social and economic growth initiatives and e-learning.

5.3 Diaspora Contribution Sustainability

Sustainability: System efforts to produce sustainable outcomes should be incorporated into functional processes and current budgets. Particular attention will be paid to such things as database maintenance, outreach programs, monitoring systems and technology transfer.

In the health industry in particular, information and skill transfer need to be followed by equipment transfer and supply transfer. However, creative approaches in the field of health engineering and technology are required due to health infrastructure challenges such as inadequate and dysfunctional electrical power provisions and lack of replacements. (Anita Davies, IOM Geneva, 14 January 2009).

For an increasing number of host countries and countries of regions the reach of this topic continues to broaden and gain greater significance. In that regard, the awareness of MIDA offers five useful recommendations to the experts and lawmakers concerned as they try to enact initiatives and formulate policies in this highly relevant area.

1. Inclusive management of human resources; the effects and consequences of emerging challenges, such as recessions, global warming and human mobility, that this the cause, placed demand on policymakers and related decision-makers to adopt a proactive approach when implementing and/or revisiting development programs which should include a human resources plan to effectively achieve their development goals.
2. Tertiary education as a pillar of development; enhancing the performance and availability of universities and other professional academic training courses and developing the necessary professional and technical skills base, supporting professional and academic expatriates, either on a virtual basis or through temporary returns to their country, will help in the implementation and maintain lasting solutions to the shortage of manpower.
3. Supporting national policies Cultures in both the countries of origin and the destination; Recognizing the potentially beneficial contribution that migration can bring to home-country development will promote the acquisition of required skills by migrants and would

exploit the tools available to diaspora and migrant populations to assist in the country of origin development process. Where practicable, Open contributions from the diaspora should therefore be taken into account in appropriate development policies and processes and ensure their coherence across the various sectors at national and regional level

4. Enablement of South-South cooperation; While South-South cooperation is not recent, its increasing scale and diversification in terms of geographic spread and content are a powerful support and vector for the growth of human capital. Transferring skills and sharing experiences and knowledge on issues of migration and migration-and growth, and the challenges facing South countries. so needs to be fast tracked
5. Program sustainability: To maintain the efforts made under this plan, it is necessary that either the government agencies or self-sustaining ways should be set to exit strategy after the plan. The sustainability policy will be decided by the diaspora organizations in the country of destination, based on their financial contributions and service charges at the service centres, this will prevent the negligence of the efforts and the money spent by the donors. In addition, the recipient agencies will combine the skills and expertise acquired in their programs by providing the requisite facilities and support
6. Local Capacity enhancement: The framework of medical professionals' work in health centers has been thoroughly examined to ensure the acquisition of skills and expertise where young health workers are targeted and educated in the field of work, thus allowing them to learn and optimize the transfer of information from the expatriate. These young employees will maintain the processes and provide the people with the services without cost of relying on skilled diaspora from abroad with limit period of time

Because of lack of sustainability strategy and unsuitable system designs, most of the projects initiated at the host countries do not survive beyond the end of the project lifespan. At creation and initiation, ownership and sense of belonging must be integrated in the project design so that community is prepared to take the responsibility after being involved in the whole processes. This collaboration is necessary instill sense of future sustainability.

Fellow up mechanism is required after the handing over of the project to the intended personnel or the institutions the first few months or until the project has capacity to self-sustain.

5.4 Recommendations

MIDA is one of the skills and information transfer programs in Somalia with the help of the Finnish Ministry of Foreign Affairs, so as to optimize its ability and be part of the National Development Plans and country institutional reconstruction activities, capacity injection, re-establishment of service delivery agencies and implementation of policies by the Somali Government and international community, this research paper is suggesting several points which could results further enhancement of the efforts

Reinforce the MIDA ownership base:

- 1) Ownership of the MIDA system will rest with the Somali government only playing a coordinating and cooperative role with IOM.
- 2) IOM will ensure that the beneficiary countries are fully engaged in all MIDA-related activities from the very earliest level. In this regard, the recruitment of national MIDA coordinators in the recipient countries and the participation of nationals in the country-based management system of MIDA projects is of great importance.
- 3) IOM should reinforce the contribution of all other stakeholders in the countries of origin as well as host countries, especially the Somali diasporas, as well as the donor community.

Regarding MIDA implementation in Somalia the following suggestions has been made

- 1) The deployment cycle of Somali diaspora health professionals should preferably be between 6 and 12 months in order to ensure an effective training program;
- 2) Somali diaspora health professionals should have the necessary skills needed by host institutions;
- 3) Somali medical practitioners should report monthly to the IOM field manager on the operations and problems they face during their task;

- 4) Raise the capacity of future health professionals willing to participate in the project by coordinating focused advocacy and sharing positive stories;

Given Somaliland's general health situation, MIDA's main strategies will revolve around:

- 1) To provide capacity injection and exercise to employees of the Ministry of Health and Labor to develop managerial, administrative, analysis and analytical skills;
- 2) to provide specialist training to healthcare professionals;
- 3) to upgrade equipment and facilities;
- 4) to prioritize certain government hospitals offering medicinal support to the poorest sections of the population;
- 5) priority should be given to those private owned hospitals and clinics offering free medical services and support.
- 6) The MIDA Health Somaliland-Puntland project is recommended to promote and prioritize impermanent returns with a period of at minimum three months (possibly six months). The length of the assignments is understood to specifically assess the effect of the voluntary experts can have.
- 7) Voluntary assignment experts would aim to train local professional associations, rather than individuals.
- 8) The MIDA Health Somaliland-Puntland area project will take into account the significant shortage of local hospital and health care administrators when choosing the participating volunteer experts. Training and trainers are urgently required in these areas.
- 9) As local healthcare facilities suffer from a shortage of medical and surgical supplies, it is proposed that funding should be expressly allocated in future for the procurement of critical tools such as those mentioned in this report.
- 10) In accumulation to functional medicinal supplies, the project will promote the attainment of exercise manuals that the volunteer experts will take back and train home-grown doctors using them. Education facilities in Somalia aren't readily available.

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SIMPLE CONVERSATION GUIDE

- 1)** When did you join this initiative of skill and knowledge contribution under IOM scheme of Migration for development in African (MIDA) to Somalia?
- 2)** How the Somali skilled diaspora being involved this program? And in which manner do they transfer their skills?
- 3)** What achievement can you mention under that MIDA health program during your tenure?
- 4)** How does the community being participated during the design and the implementation stage to shoulder the responsibility after the program ends?
- 5)** As a government officer do you see any sustainability towards this MIDA health program? And what contribution does the government added to the program?
- 6)** What recommendations do you suggest in order to sustain the program as well as enhancement of program design?
- 7)** How does the government and the IOM manage the challenges face the diaspora professionals to contribute the health skills to the Ministry of health of Somaliland?

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