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HAWLAHA SIYAASADDA  
CAAFIMAADKA  
SOOMAALIDA**

# **SIYAASADDA CAAFIMAADKA SOOMAALIDA**

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## Soo Gaabinta Erayada Muhiimka ah (Acronyms)

|          |  |
|----------|--|
| ART      | Anti-Retroviral Therapy “Daawooyinka HIV-ga Lidka ku ah”   |
| BEmOC    | Basic Emergency Obstetric Care “Daryeelka Degdegga oo Asaasiga ah ee Dhalmada”   |
| CHWs     | Community Health Worker “Daryelaha Caafimaadka Bulshada”   |
| CEmOC    | Comprehensive Emergency Obstetric Care “Daryeelka Degdegga ah oo Dhammeystiran ee dhalmada”  |
| CAP      | Consolidated Appeals Process “Habka Codsiyada Mideysan ee Gargaarka Baniadminimo”  |
| EPHS     | Essential Package of Health Services “Xirmada Adeegyada Caafimaadka ee Lagama Maarmaanka ah”   |
| FCHWs    | Female Community based Health Workers “Marwo Caafimaad”  |
| FGM      | Female Genital Mutilation “Gudniinka Fircooniga ah”  |
| EPI      | Expanded Programme on Immunization “Barnaamijka Tallaalka Baahsan”   |
| GAVI     | Global Alliance for Vaccine and immunization “Isbahaysiga Caalamiga ah ee Taallaalada iyo Difaacooda”  |
| GFATM    | Global Fund to fight against AIDS, Tuberculosis and Malaria “Sanduuqa Caalamiga ah ee la-dagaallanka cudurada AIDS, qaaxada, iyo Duumada”      |
| HC       | Health Centre “Xarun Caafimaad”  |
| HIA      | Health Impact Assessment “qiimeeynta saameeynta caafimadka”  |
| HMIS     | Health management Information System “Nidaamka Maamulka Macluumaadka Caafimaadka”  |
| HSSP     | Health Sector Strategic Plan “Qorshaha Istratijiga ah ee Waaxda Caafimaadka”   |
| HIV/AIDS | Human Immunodeficiency Virus Infection/Acquired Immune Deficiency Syndrome “Fiiruska dila difaaca jirka (HIV) iyo cudurka uu keeno oo ah AIDS” |
| HRH      | Human Resources for Health “Xirfadlayaasha Caafimaadka”  |
| IDPs     | Internally Displaced Persons “Barakacayaasha Dalka Gudhiisa ku Sugaan”   |
| IHR      | International Health Regulations “Xeerarka Caafimaad ee Caalamiga ah”  |
| IMCI     | Integrated Management of Childhood Illnesses “Barnaamijka Isku-dhafan ee Daaweynta Cudurada Carruurta”   |
| IVM      | Integrated Vector Management “Qaabka Isku-dhafan ee la Dagaalanka Dulinka”   |
| JHNP     | Joint Health and Nutrition Programme “Barnaamijka Caafimaadka Iyo Nafaqada Wadajira”   |
| JPLG     | Joint Programme on Local Governance “Barnaamijka Wadajirka ah ee Maareynta Maamullada Degaanada Hoose”   |
| LLINs    | Long Lasting Insecticide Treated Bed Nets “Maro-Kaneecada Daaweysan ee Raagta Waqtiga Dheer”   |
| MNCH     | Maternal, Neonatal and Child Health “Caafimaadka Hooyada, Dhallanka iyo Carruurta”   |
| MCH      | Maternal and Child Health “Daryeelka Hooyada iyo Dhallaanka”   |
| MDGs     | Millennium Development Goals “Higsiga Himilooyinka Horumarineed ee Kunleyda”   |
| NCDs     | Non-Communicable Diseases “Cudurrada Aan-la-kala Qaadin”   |
| NHPC     | National Health Professional Council “Guddiga Qaran ee Xirfadlayaasha Caafimaadka”   |
| PHU      | Primary Health Care Unit “Goobta Daryeelka Caafimaadka Asaasiga ah”  |
| RHC      | Referral Health Centre “Xarunta Caafimaadka ee loo soo Gudbiyo Bukaanaada”   |
| RHO      | Regional Health Officer “Isuduwaha Caafimadka Gobolka”   |
| RDT      | Rapid Diagnostic Test “Sheybarista Degdegga ah ee Cudurka”   |
| RDF      | Revolving Drug Fund “Sanduuqa Dawada ee Wareega”   |
| UNFPA    | United Nations Fund for Population Activities “Hey’adda Qaramada Midoobey ee Tirakoobka Dadka”   |
| UNICEF   | United Nations Children’s Fund “Hey’adda Qaramada Midoobey U Qaabilsna Daryeelka Caruurta”   |
| UHC      | Universal Health Coverage “gaarsiinta dhammaan bulshadu daryeel caafimad oo loo wada-simanyahy, lana awoodo”                                   |
| WHO      | World Health Organization “Hey’adda Caafimaadka Adduunka”  |

## ARAAR (FOREWORD)

Himilada iyo hawlgalka siyaasasadda caafimadka Soomaaliyeed waxaa saldhig u ah, aqoonsiga arrimaha siyaasadeed ee mudnaanta leh oo taageeraya helidda adeegga daryeelka cafimaaka lagama maarmaanka ah, ujeeddaduna tahay in la ilaaliyo, lana horumariyo caafimaadka qofka iyo kan bulshada guudba. Siyaasaddani waxey hirgelineysaa aragtida kusalaysan lixda tiir uu ku dhisanyahay nidaamka caafimadku, taasoo keenaysa saameyn waxtar u leh himilooyinka kala ah, adeeg caafimaad oo qof walba ay tahay inuu helo, u-sinnaan adeegga caafimaadka iyo higsiga himilooyinka horumarineed ee kunleyda (Millennium Development Goals-MDGs). Intaa waxa dheer, in ujeeddada siyaasadda caafimaaku ku wajahantahay sidii dadweynuhu, si sharci ah ku heli-lahaa golyaal rasmi ah oo ay ku muujiyaan baahida ay u qabaan helitaanka adeeg caafimaad iyo kaqaybgalka doodaha ku saabsan arrimaha caafimaadka. Waxa iyana habboon in la raadiyo sidii lagu abuuri lahaa laguna heli lahaa jawi ku haboon dhisidda ururo kaaba caafimaadka heer gobol iyo kan dawladda hoose, lana soo bandhigo nidaamyo lagu kalsoonyahay ee duwan, oo lagu maamulo laguna maalgeliyo adeegyada caafimaadka, iyadoo la ilaalinayo hogaaminta adag iyo awoodda waaxda caafimaadka. Siyaasaddani waxey tixgelineysaa arrimaha jinsiga ee saameynaya daryeelka caafimaadka, iyadoo loo socdo in baahida daryeelka caafimaadka haweenka lagu dhafo qeexidda siyaasadda caafimaadka iyo hirgelinteeda, isla markaasna loo hawl-galo kor-u-qaadidda sinnaanta jinsiga ee lagala socanayo tilmaamayaasha caafimaadka kala duwan. Siyaasaddani waxey dhiirrigelineysaa xiriir iyo iskaashi lala yeesho hey'adaha daneynaya caafimaadka (Health Stakeholders), oo ay ka mid yihiin ururada bulshada rayidka ah iyo qeybaha caafimaad ee sida gaarka ah loo leeyahay, iyadoo la abuurayo isku xirnaan aad u sarreysa ee saameysa howlaha horumarineed.

Iyadoo tixgelinaya arrimaha ku saabsan mudnaan siinta howlaha siyaasadda caafimaadka oo ay wadaagaan, ayaa maamullada caafimaadka Soomaalidu waxey xaqiiqsadeen baahida ay u qabaann wada shaqeyn iyo isku xirnaan ay la sameeyaan dhiggooda caalamiga ah (International Counterparts). Wadashaqeyntaas waxa lagu hirgelineysaa dallad-howledyo ku saleysan gaaridda himilooyinka caafimaadka guud ee dadweynaha, iyo sidii la isugu dhafi-lahaa kaalmooyinka baniadamnimo iyo howlaha horumarineed ee nidaamka caafimaadka ee hadda fulintoodu socoto iyo in la dardargeliyo higsiga himilooyinka horumarineed ee kunleyda (MDGs). Siyaasadda caafimaadku waxey diiradda saareysaa lixda tiir uu ku saleysanyahay nidaamka caafimaadku, waxaana kamid ah maareyn-wanaag, gudbinta adeegyada, shaqaalaha caafimaadka, helitaanka daawooyinka lagama maarmaanka ah iyo teknoolojiyada, maamulka macluudamka nidaamka caafimaadka iyo maalgelinta caafimaadka. Waxa intaa dheer, in siyaasaddu mar walba xoogga saareysa hawlaha dib-u-habeynta dhismayaasha caafimaadka iyo dayactikooda; wada shaqeynta qeybaha caafimaadka iyo isu-duwid iyo iskudubaridid; dhiirrigelinta waxtarka deeqaha iyo ahamiyadda dabagalka iyo qiimeynta.

Itijaahyada Siyaasadeed ee mudnaanta leh waxey si buuxda u waafaqsanyihiin ujeedooyinka istaratijiyadda Soomaaliyeed ee kooban (Somali Compact Strategy) ee lagu xusay qaab-dhismeedka heshiiska hiigsiga cusub (New Deal), qorshahiisuna yahay 3 sano (2014-2016), kaasoo ujeeddadiisu tahay, inuu hogaamiyo waddada dib usoo kabashada iyo horumarka iyo helidda nabad waarta. Istaraatiijiyaddu waxey ku saleysantahay ballanqaadka ah, in kor loo qaado lana ballaariyo caafimaadka aasaasiga ah iyo adeegyada bulshada, oo ay ka mid yihiin daryeelka caafimaaka, nafaqada, nadaafadda iyo adeegyada biyaha iyo fayadhowrka, oo ay tahay in laga hirgeliyo dhammaan deegaamada oo dhan, kuwaas oo siinaya awood weyn, sidii degdeg loogu fulinlahaa itijaahyada siyaasadeed ee la go'aansaday.. Waxa intaas dheer, in siyaasaddani qireyso, in hawlgallada ay go'aansadeen waaxyaha kale ee dawladdy, ay saameyn toos ah ku leeyihiin waaxda caafimadka, sidaas dartedna ay tahay in la hirgeliyo sidii habka siyaasadaha guud ee dawladda iyo go'aammadooda, lagu saleyn lahaa aragtida ah "In Caafimaadku ka dhex-muuqdo siyaasadaha oo idil" (Health in All Policies). Sidaas darted, siyaasaddani waxay xoogga saaraysa sidii lagu xaqiijin lahaa wadashaqeynta iyo iskaashiga ugu ballaaran ee suurta gal ah, taas oo si wax-ku-ool ah ugu beddelaysa mawduucyadan siyaasadeed ee mudnaanta leh, hawlgallo fulineed oo dhab ah.

H.E. Wasiirka Caafimaadka ee Dowladda Federaalka Soomaaliya

H.E. Wasiirka Caafimaadka Somaliland

H.E. Wasiirka Caafimaadka Puntland

## 1 HORUDHAC (INTRODUCTION)

Dadka soomaaliyeed waxaa ragaadiyay colaad socotay muddo ka badan 20 sano, tan iyo bishi December 1990 kii, iyadoo in ka badan 40% ay ku noolyihiin wax ka yar hal doollar maalintii, halka 73%-na ay ku noolyihiin in kayar laba doollar maalintii ( World Bank 2011). Dadka somaliyeed waxaa loo qaybin karaa dad xoola-dhaqato ah, kuwo beeraley ah, isla markaana xoolaha dhaqda, dad ku nool xeebaha iyo reer miyi ku nool wabiyada agtooda, iyadoo in kale oo tiradoodu u dhiganto saddex-meelood-meel ee bulashada Soomaaliyeed, ay ku noolyihiin magaalooyinka. Intii lagu guda jiray marxaladdan, waxaa burburay qeybihii kala duwanaa ee heykalka caafimaadka, iyadoo ay aad u adkaatay gaarsiinta bulshada adeegyada caafimaada loo baahan yahay, halka kaalmooyinka joogtada oo ay ku deeqeen heya'daha caalamiga ahi, si muuqata u kabeen, hakadka ku yimid fidinta baahida caafimaad deg-degga ah. Somaliland iyo Puntland ayaa u muuqday muddadaas, kuwo xasilloon, marka loo eego Soomaalida inteeda kale, waxeyna nabaddu u keentay in ay helaan qaab ay kaga gudbi karaan saameynta ka imaan karta caqabadaha soo wajahay nidaamyada caafimaadka deegaannadaas.

Gargaarka loogu tala galay nidaamyada caafimaadka ayaa waxaa lagu fuliyaa laba waddo oo kala geddisan. Midda hore oo ah in la isku dubarido "habka codsiyada isku-dhafan oo mideysan ee qorshaha dhowrka sano, ee ah gargaarka baniaadminimo" (Multi-year Consolidated Appeals Process for the humanitarian response plan), oo looga jawaabay dhibaatooyinka jira, ujeedadooduna tahay in la gaarsiiyo gargaar caafimaad barakacayaasha dalka gudihisa ku sugan (Internally Displaced persons), kuwaas oo tiradoodu ku dhowdahay 1.1 milyoon. Barnaamijkani wuxu foocuska saarayaa dadaaladii qorsheysnaa ee sanadihii 2013ka ilaa 2015ka, oo dardar gelinaya ka soo kabashada iyo dib u soo nooleynta nidaamyada caafimaadka. Hawlgalladaas ayaa sidoo kale loogu tala galay, inay wax ka qabtaan dhibaatooyinka mustaqbalka imaan kara, oo ay yareeyaan u-nuglaanta musibooyinka, isla markaasna abuuraan hawlgallo dib-u-dhisaya adkeysiga bulshadu ay kaga hotegayso dhibaatooyinkaas. Sidoo kale, waxa hawlgalladaas loogu tala galay yareynta iyo maamulidda khataraha ka imaan kara musibooyinka, taas oo ku dhisan aragtida fog ee lagu saleynayo ajendada u-hawlgalka mustaqbalka. Waddada labaad ee hab-dhismeedka horumarinta caafimaadka ayaa waxa lagu hirgeliyey, fulinta "Xirmada Adeegyada Caafimaadka ee Lagama Maarmaanka ah" (Essential Package of Health Services-EPHS), iyo xoojinta nidaamka caafimaadka, oo ujeeddadoodu tahay in la hagaajiyo helitaanka adeegyada caafimaadka, si loo wada simanyahay, bulshadu raalli ka tahay adeegyadaas, ay kharashkooda awoodaan, isla markaasna leh tayo wanaagsan.

Habka horumarka caafimaad ee socda, wuxuu u gogol-dhigayaa in la xoojiyo hoggaaminta, maamulka iyo kartida fulinta adeegyada caafimaadka ee dowladda, iyadoo isla-markaasna la joogteynayo kaalmada caafimaad ee ka timaada hey'adaha iskaashiga, taas oo ka hortegaysa kala-go'a maalgelinta, ee badanaa dhacda xiliga kala guurka, oo ku beegan dhammaadka colaadaha, oo ah waqtiga nidaamka caafimaadku u gudbayo soo-kabasho, kuna hawllanyahay dib-u-dhiska qaybaha waaxda caafimaadka iyo horumarintooda.

Inkasta oo joogteynta hawlaha baniaadamnimo ee la beegsanayo qorshaha waqtiga dhaw iyo kan dhexe labadaba, ay yihiin lagama maarmaan, haddana barnaamijyada hawlgal ee socda waxay si cad u muujinayaan, sida nidaamka caafimaadka Soomaaliyeed ay tahay inuu ku tallaabsado is beddel u horkacaya mustaqbal u xaqiijinaya horumar joogta ah ee waqtiga dheer, laguna gaari karo helitaanka daryeel caafimaad ee loo-wada simanyahay, dadkuna awoodaan (Universal Health Coverage-UHC) iyo in la gaaro yoolalaka caafimaad ee la xiriiira himilooyinka horumarineed ee kunleyda (Millennium

Development Goals-MDGs), iyadoo sidaasoo kalena caafimaadka lagu darayo ajendaha horumarineed ee 2015-ka kadambeeya (Post-2015 Development Agenda). Si loo dhiso kartida looga baahanyahay waaxda caafimaadka, loona kordhiyo taageerada wadajirka ah ee hey'daha iskaashiga, waxay madaxda maamullada caafimaadka Soomaaliyeyed, garowsadeen iney si wadajir ah ula xiriiraan hey'daha caalamiga ah, oo ay iskaashiga la leeyihiin, ayadoo la adeegsanayo dallad siyaasadeed oo qeexaysa itijaahyada caafimaadka guud ee saldhigga u ah maamulladaas.

Siyaasaddu waxay muujinaysaa ballanqaadka la wadaago ee ku saleysan mabaad'ida horumarinta caafimaadka xilliga colaadaha kaddib, oo ay ka midyihiin kordhinta heerka isla xisaabtanka (Accountability), adkeynta hirgelinta barnaamijka EPHS, iyo xoojinta baahinta maamulka caafimaadka (Decentralization) iyo hababka ka qaybgalka. Siyaasaddani waxeey sidoo kale damacsantahay, kor u qaadidda hawlgallada gudaha, kobcinta xirfadlayaasha caafimaadka, iyo horumarinta hoggaaminta; iyo dhisidda iskaashi wax-ku-ool ah, iyo in kaalmooyinka baniadamnimo ee qorsheysan lagu dhafo hawlgallada socda ee la xiriira horumarinta nidaamka caafimaadka.

Siyaasadda caafimaadka oo loo beddelo waxqabad, waxay noqonaysa tallaabo si weyn wax uga tarta dhisidda nidaamyada caafimaadka iyo xoojinta ballanqaadka dawladeed ee ku aaddan kor u qaadidda miisaaniyadda dhaqaale ee loogu tala galay waaxda caafimaadka. Itijaahyada siyaasadda caafimaadku waxey la-jaanqaadayaan istaratiijiyadda Soomaaliyeed ee kooban (Somali Compact Strategy) ee lagu xusay qaab-dhismeedka heshiiska hiigsiga cusub (New Deal), oo ah qorshaha saddexda sano (2014-2016), kaas oo u horseedi-doona waddada dib u soo kabsashada, horumarka iyo nabad waarta. Habdhiska siyaasadda caafimaadku wuxu xambaarsanyahay ballanqaad ku aaddan in la ballaariyo caafimaadka aasaasiga ah, nafaqada, nadaafadda, helitaanka biyo nadiif ah iyo adeegyada fayadhowrka, ay tahay in la gaarsiinayo dhammaan deegaamada oo idil. Raacidda hannankan cusub, wuxu keenayaa in siyaasaddan caafimaad ee sida wadajirka ah loo diyaariyey, ay siinayaso madaxda wasaaradaha caafimaadka, awood sharci oo ay ugu fidin karaa dadka somaaliyeed adeegyada caafimaad ee lagama maarmaanka ah, isla markaana abaabulaan ururrada bulshada ee rayidka ah iyo bulshadaba, iyadoo si habeysan fokuska loo saarayo itijaahyada siyaasadeed ee lasoo xulay.

## **2 MACLUUMAAD ASAASI AH IYO HABKA SIYAASADDA LOO DIYAARIYAY (BACKGROUND INFORMATION AND POLICY DEVELOPMENT PROCESS)**

Habka diyaarinta siyaasaddan waxaa lagu saleeyay la tashiyo badan oo lagu abaabulay heerka maamullada caafimaadka, ayna kala hoggaaminayeen Wasaaradda Caafimaadka ee Dowladda Federaalka Soomaaliya, iyo Wasaaradaha Caafimaadka Puntland iyo Somaliland. Iyadoo la tixraacayo xiriirada sarsare ee lala sameeyay Wasiirrada caafimaadka, ayaa la abaabulay shirar wada-tashi, oo ay hoggaaminayeen Agaasimayaasha Guud ee Wasaaradaha Caafimaadka, waxaana kaqaybgalay dhammaan madaxda waaxyaha, iyo hay'adaha horumarineed ee hawl-galkoodu ku wajahanyahay qaybta caafimaadka.

Xafiisyada Hey'adda Caafimaadka Aduunka (WHO) iyo kuwa kale ee Qaramada Midoobay (UN) ayaa si firfircoon uga qeybgalay una taageeray hawlgalkan, halka ay Muqdisho iyo Garowe Jaamacadda Banaadir iyo Xarunta Cilmi Baarista iyo Horumarinta Puntland (PDRC) ay taageereen, abaabulna u fidiyeen wada-tashiyadaas. Ka qeyb galayaasha wadatashiyadani waxey diiradda saareen heerka ay ku sugantahay waaxda caafimaadku, isbadallada saameeya, caqabadaha hortaagan iyo guulihii lagu tallabsaday. Ka qaybgalayaasha waxey ka qeyb galeen kulamo xiriir ah, qaar golaha lagu dhanyahay iyo kuwo koox-koox loo abaabulay, waxayna si wadajir ah u soo saareen itijaahyada siyaasada caafimaadka ee mudnaanta leh. Itijaahyadaas siyaasadeed waxaa la waafajiyey qorshayaasha istratiijiyadeed ee horumarinta caafimaadka ee wasaaradaha caafimaadku sammeysteen, si



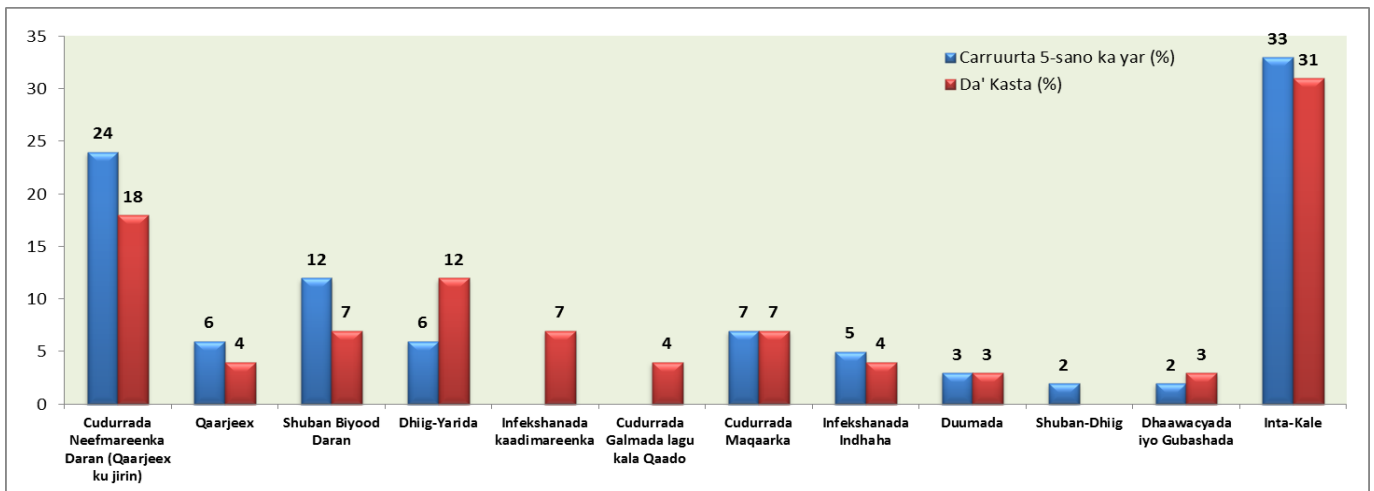
hirgelintoodu wax-ku-ool u noqoto. Ka qeyb galka wadatashiyadan, waxa ka soo baxay aragti ay ka mideysanyihiin daneeyayaasha caafimaadku, oo ah in natiijooyinka doodaha siyaasadda caafimaadku ay muujin doonaan dowlada muhiimka ah ee waaxda caafimaadku ka ciyaari karto horumarka guud ee dhaqan-dhaqaale iyo kobcinta iyo wanaajinta caafimaadka iyo fayo-qabka dadweynaha.

### 3 XAALADDA CAAFIMAADKA (HEALTH STATUS)

Xogbaarista la xiriirta dhacdooyinka cudurada iyo sida ay ugu kala baahsanyihiin maamulada Soomaalida ee kala duwan, waxa la ogaaday in ay aad u sarreeyaan dhimashada hooyooyinka, dhallaanka iyo caruurta, isla markaasne ay jirto nafaqa darri sare iyo dhibaatooyin kale oo la xiriira caafimaadka guud. Cudurrada aan leysku-daaran ayaa iyaguna soo kordhaya, inkastoo nidaamka maamulka macluumaadka caafimaadka (Health Management Information System-HMIS) ee hadda jiraa aanu ka hayn xog cudurradaas.

Shaxda 1aad (table 1) ee hoos ka muuqata ayaa waxey tuseysaa warbixin kooban oo ku saabsan falanqeynta xog soo uruunteeda lagu fuliyey Nidaamka Marerynta Macluumaadka Caafimaadka (HMIS). Nidaamka caafimaadka ayaa isagana waxaa soo wajahay culeys weyn oo la xiriira cudurrada qaaxada iyo duumada, iyada oo isla markaas ay dhowdahay khatarta ah inuu qarxo aadne u faafo fiiruska dila difaaca jirka (HIV) iyo cudurka uu keeno oo ah AIDS. Figarka hoose ayaa isna muujinaya xog ku saabsan heerka cudurrada la-kala-qaado oo laga soo xigtay warbixin lagu soo bandhigay HMIS, sannadkii 2011kii, oo ay soo saartay hey'adda qaabilsan daryeelka carruurta ee Qaramada midoobay (UNICEF). Shaxdani waxey si tirakoob ahaan ah u tilmaameysaa cudurada ugu badan ee ku dhaca ama ay qabaan dadka somaliyeed oo ku saleysan sida ay u soo booqdeen isbitaallada sanadkii 2011-ka.

**Figarka 1aad. Qaybin dheellitiran oo lagu qiyaasay boqolkiiba oo muujinaysa heerka Booqashooyinka goobaha caafimaadka loo raadsado daweynta cudurrada kala duwan, sida ay qortay warbixinta HMIS sannadkii 2011**



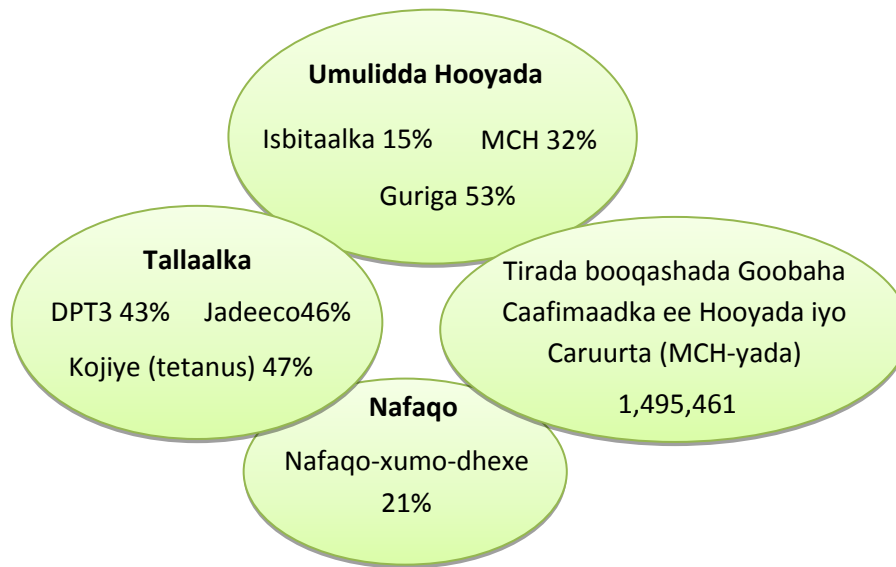
Shaxdan 1aad waxay muujinaysaa xaaladda liidata ay ku suganyihiin tilmaamayaasha muhiimka ah ee caafimaadka taranka oo dhaxalsiinaya hooyooyinka iyo caruurta Soomaliyeed xaalad caafimaad oo aad u hooseysa

**Shaxda 1aad: Tilmaamayaal muujinaya sida ay u liitaan adeegyada caafimaadka taranku**

| Tilmaamayaalka   | Somaliland | Puntland  | Bartamaha iyo Koofurta Soomaaliya | Isha warbixinta                               |
|--|------------|-----------|-----------------------------------|---|
| Tirada carruurta la filayo inay dhali-doonto qof dumar ahi inta ay nooshahay   | 5.9        | 6.2       | 7.1                               | MICS 2006/ iyo (WHOSIS) 2008                  |
| Baahsanaanta heerka casriga ah ee ka hortagga uurka (%)  | 4.6        | 0.1       | 0.3                               | MICS 2006                                     |
| Tirada Dhiimashada hooyada   | 1044-1400  | 1044-1400 | 1044-1400                         | Warbixinnada MICS 2006, MDGs'                 |
| Daryeelka hooyada uurka leh (ANC)<br>ANC ugu yaraan hal booqasho (%)   | 32         | 26        | 24                                | Warbixinta HMIS -UNICEF ee 2011               |
| ANC ugu yaraan 4 booqasho (%)  | 10.3       | 5.8       | 5.2                               |   |
| Ku dhalidda goobaha caafimaadka  | 21         | 8         | 6                                 | Warbixinta HMIS -UNICEF ee 2011               |
| Dhalidda ay goob joog ka aheyd shaqaale caafimaad oo xirfadle ah (%)   | 21         | 7         | 6                                 | Warbixinta HMIS -UNICEF ee 2011               |
| Goobaha leh daryelka degdegga ah oo asaasiga ah ee dhlmada (Basic Emergency Obstetric care-BEmOC) ee kusoo aadeysa dad dhan 500,000                | 1.1        | 0.1       | 1.3                               | MICS 2006                                     |
| Goobaha leh daryeelka degdegga ah oo dhammeystiran ee dhalmada (Comprehensive Emergency Obstetric care-CEmOC) oo ay kusoo aadeyso dad dhan 500,000 | 1.7        | 2.2       | 1.7                               | Warbixinta HMIS UNICEF 2011                   |
| Baahsanaanta ilmaha kudhasha miisaan yar   | 6          | 11        | 21                                | UNICEF 2008                                   |
| Baahsanaanta la soo tebiyey ee Gudniinka fircooniga ah   | 94         | 98        | 99                                | MICS 2006                                     |
| Tirada ku dhimata da' ka yar 5 sano 1000 kii carruur ah ee nolol ku dhalata  | 116        | 135       | 200                               | Warbixinno-goobeedka ee MICS 2006 & 2011, MDG |
| Tirada dhimashada dhallaanka (ka yar sannad) 1000-kii carruur ah ee nolol ku dhalata   | 73         | 86        | 119                               | Warbixinno-goobeedka ee MICS 2006, MDGs'      |
| Nisbada Nafaqa-darrida heerka dhexe  | 10         | 15        | 28                                | Warbixinnada MDG                              |

Helitaanka iyo isticmaalka hooseeya, ee adeegyada lagama maarmaanka ah, ee caafimaadka taranka, tallaalada looga hortago cudurrada layska tallaalo iyo heerka sarreeya ee nafaqadarrida, ee ka muuqda figarka 3-aad ee hoose, waxey sii caddeynayaan khatarta ay xambaarsanyihiin natiijooyinka kor lagu soo xusay ee nidaamka caafimaadka.

**Figarka 2aad: Isticmaalka adeegyada caafimaadka iyo yaraanta bixinta adeegyadaas**



Isha: Warbixintii HMIS ee 2011 oo la cusboneysiiyey, 2012

Dhacdooyinkii la soo maray 20kii sano ee la soo dhaafay ayaa kordhiyey culeyska ka imanaya cudurada la-kala-qaado, kuwaas oo ay ka midyihiin shuban biyoodka, iyo kuwa ku dhaca nidaamka neef mareenk, kana mid ah 10 ka cudur ee keena culeyska ugu badan ee caafimaad-darrada. Cudurka qaaxadu isna waa mid aad u baahsan, iyadoo heerka qaaxada sanadkii 2011 lagu qiyaasay in 100,000 oo qofba 300 ay qaadaan sannad walba cudurkaasi, oo 50% bukaankaas cusub aan waaxda caafimaadku ogaan. Waxa lagu qiyaasay in 5.6% bukaanka cusub iyo 46% kuwa daawada qaaxada kala gooyey oo dib loogu bilaabay, ay qabaan qaaxo jeermigeedu adkeysin u yeeshay daawada (Multi Drug Resistant-MDR). Duumadu iyana waa cudur deegaanka Soomaaliyeed ku xasiley (endemic), oo dadka badankiisuna ku noolyihiin goobo duumadu xilliyada sannadka qaarkood si sahal ah ugu faafto (mesoendemic), inta soo hartayna ay ku noolyihiin goobo duumada fididdeedu ku yartahay (hypo-endemic). Sidoo kale waxaa soo kordhaya heerka baahsanaanta infekshanka HIV oo 1% uu ku fiday dadka, iyadoo heer kaas mid aad uga sarreeya uu ku baahsanyahay dadka qaba cudurro ama ku dhex jira ficillo u sahlaya in infekshankaasi ku dhaco. Taasi waxey keeni kartaa inuu HIV iyadoon la dareemin, ku noqdo khatar caafimaadka bulshada. Waxa intaa dheer, in dhowr ka mid ah cudurada cimilada trobikalka ah ee la-dayacay (Neglected Tropical Diseases), sida visceral Leishmaniasis, Schistosomiasis oo keena kaadi dhiigga iyo juudaanka (Leprosy) ay ku badanyihiin agagaarka wabiyada ee koonfurta Soomaaliya, halka dirxiyada kala duwan ee xiidmaha ku dhex-nool ay ku baahsanyihiin dhammaan degaannada oo dhan, nidaamka caafimaadkana ay ku hayaan caqabado badan sidii loo hakinlahaa. Waxaa intaasi dheer, iney caddaatay in culeyska ka imanaya cudurrada aan lakala-qaadin (Non-Communicable diseases-NCDs) soo kordhayaan, gaar ahaan cudurrada wadnaha iyo xididada dhiigga, sokorta (Diabetes), kansarka, iyo cudurada-raaga ee sambabada, halka hey'adda caafimaadka adduunku ay warbixin ku soo tebisay in cudurada dhimirku aad u baahsanyihiin oo 33% dadweynaha Somaliyeed ay haleeshay mushkilo la xiriirta caafimaadka dhimirka.

## **4 DULMAR KU SAABSAN ABAABULKA IYO QAAB DHISMEEDKA NIDAAMKA CAAFIMAADKA (OVERVIEW OF HEALTH SYSTEM ORGANIZATION AND STRUCTURE)**

### **4.1 WAAXDA Caafimaadka Dowladda (The Public Sector)**

Abaabulka iyo habka maamul ee nidaamka caafimaadka Soomaliyeed waxa uu ka koobanyahay afar heer oo goobo adeeg caafimaad ah, iyo barnaamij ku salaysan caafimaadka asaasiga ah ee bulshada, kuwaasoo si wadajir ah oo buuxda ugu gudbiya bulshada, adeegyada daryeelka caafimaad (Figarka 1). Goobaha adeegga caafimaadka waxaa ka mid ah: Goobaha Daryeelka Caafimaadka Asaasiga ah (Primary Health Care Unit-PHU), kuwaasi oo laga dhiso deegaamada durugsan, looguna talagalay in ay daboolaan baahida caafimaadka bulsho ku sugan deegaan cayiman, iyadoo fulinaya daryeel isugu jira wacyigelinta caafimaadka asaasiga ah, ka hortagga cudurada iyo adeegyada daweynta fudud. Goobtaas waxa ka shaqeeya ugu yaraan hal qof oo ah Daryeelaha caafimaadka bulshada (Community Health Worker-CHW) oo ay ka taageerayaan hoggaamiyayaasha bulshada ee deegaanku xagga abaabulidda iyo fulinta adeegyada daryeelka caafimaadka. Adeegyada caafimaad ee goobta daryeelka caafimaadka asaasiga ah, waxa sii xoojiya booqashooyinka ay ugu tagaan xirfadlayaasha xarumaha caafimaadku, si ay uga taageeraan adeegyada la xiriira barnaamijka tallaalka, iyo kan kobcinta wacyiga iyo aqoonta nafaqada.

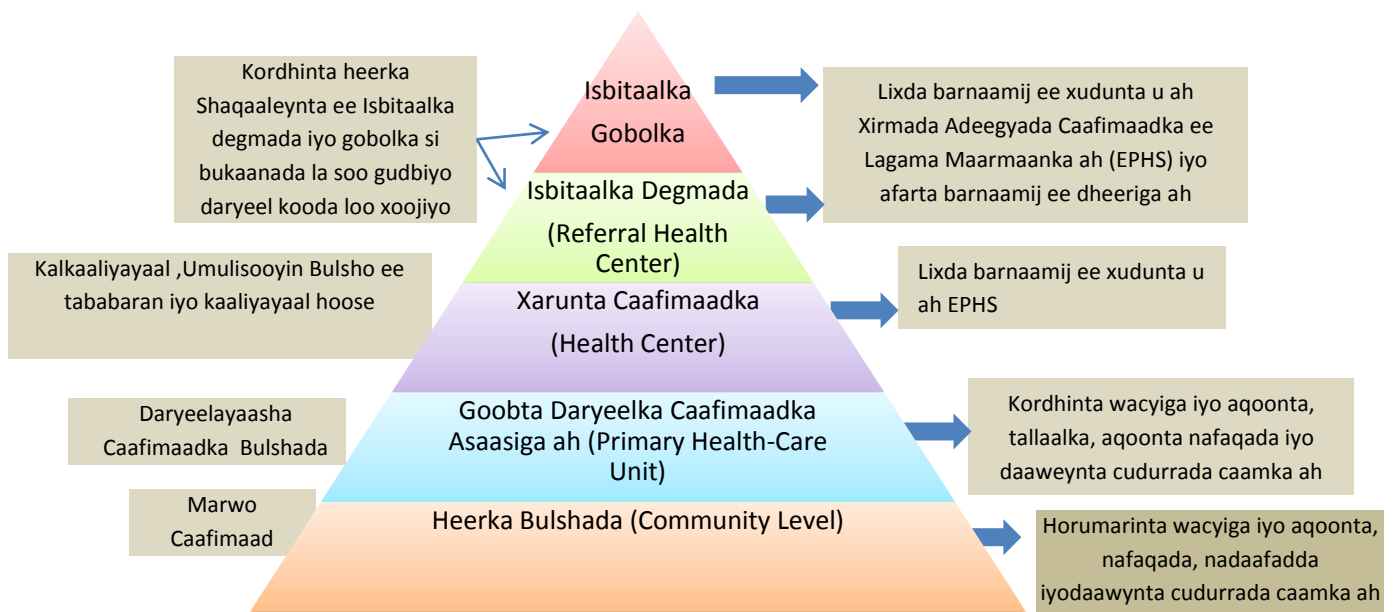
Waxa heerka PHU ku xiga, oo kasarreysa “Xarunta Caafimaadka” (Health Center-HC), oo ay ka shaqeeyaan kalkaaliyayaal iyo umulisooyin tababaran, iyo kalkaaliyayaal si gaar ah loogu carbiyey barnaamijka ballaaran ee tallaalka iyo barnaamijka nafaqada. Xarun Caafimaad kasti wuxay u adeegtaa deegaamada u dhow oo loo cayimay, oo badanaa ay ka dhisanyihiin laba PHU ama kabadan. Adeegga ugu muhiimsan ee laga fuliyo Xarunta Caafimaadka waa “daryeelka degdegga oo asaasiga ah ee dhalmada” (Basic Emergency Obstetric Care-BEmOC), waxayna Xaruntu leedahay dhowr sariirood oo lagu umuliyo haweenka. Waxa degmooyinka aaney ka jirin awood farsamo ee lagu hawl-geliyo Xarun Caafimaad, laga dhiso dhowr xarumood ee Daryeelka Hooyada iyo Dhallaanka (Maternal and Child Health Care Centers-MCH). MCH-yadu waxay bixiyaan xirmo adeegyo ka heer hooseeyo kuwa laga helo Xarumaha Caafimaad (HCs).

Heerka saddexaad ee adeegyada daryeelka caafimaad waa “Xarunta Caafimaadka ee loo soo Gudbiyo Bukaanaada” (Referral Health Center-RHC), isla markaasna ah isbitaalka degmada. Inkastoo aanay jirin qiyaas rasmi ah oo ku saabsan dadweynaha adeegoodu gaari karo, haddana waxaa lagu qiyaasaa in Isbitaalka Degmadu/RHC, HC iyo PHU ay tirada dadka ay qaabili karaan kala yihiin qiyaastii 100,000; 30,000 iyo 5000 kiiba, oo u taxan sida ay u kala horreeyaan. Goobahaas waxa laga filanayaa in ay leeyihiin awoodaha farsamo, oo ay ku gartaan xaaladaha muhiimka ah ee u baahan gudbin, sida “daryeelka degdegga ah ee dhalmada oo dhameystiran” (Comprehensive Emergency Obstetric care-CEmOC), taasoo oo micneheedu yahay iney jiraan xarumo qalabeysan iyo shaqaale tababaran oo daryeela xaaladaha culus. Isbitaalka degmadu/RHC wuxuu u adeegaa dadweynaha ku nool deegaanno ay ka hawlgalaan dhow Xarumo Caafimaad.

Isbitaalka guud ee heer Gobol waa xarunta ugu weyn ee loo soo gudbiyo bukaanaada culus, kaasoo laga filayo in uu bixiyo adeegyada caafimaad ee waaweyn, gaar ahaan daryeelka ay fidiyaan takhaatiir iyo xirfadlayaal-dhexe (midlevel professionals) oo tababaran iyo shaqaale hoose oo kaalmeeya. Waxay heerka PHU iyo HC warbixinta hawlgalkooda u soo gudbiyaan Isuduwaha Caafimaadka Degmada (District Health Officer), meesha Isuduwaha iyo agaasimaha isbitaalka degmadu u gudbiyaan warbixintooda Isuduwaha Caafimaadka Gobolka (Regional Health Officer-RHO). Qaab dhismeedyadaas heerarka kala sarreeya ah, ayaa dhowaan lagu soo kordhiyay barnaamij ku saleysan bulshada (community based), halkaas oo fulinta hawlaha caafimaad loo tababaray loona shaqaaleeyey daryeelayaal caafimaad oo ah haween degaanka ku sugan, laguna magacaabay

“Marwo Cafimaad”. Marwooyinka Caafimaadka soo xuliddoodu waxay soo martay shuruudo adag, sida heerka da’da, heerka waxbarasho, degananshahooda bulshada dhexdeeda iyo oggolaansho iyo taageero ka helidda mujtamacooda. Shaqada Marwooyinka Caafimaad waxa xarun u ah guryahooda, iyadoo isla markaas adeegooda ku fuliya booqashada guryaha qoysaska, si ay u siiyaan adeegyada caafimaad ee loo idmaday. Marwooyinka caafimaad waxaa taageero siiya, kormeerna ku sameeya “Kormeerayaasha Marwooyinka Caafimaadka” oo ah xirfadlayaal si gaar ah hawshaas loogu tababaray

**Figarka 3aad: Qaab Dhismeedka Nidaamka Caafimaadka Heer Gobol, Shaqaaleynta iyo Howlaha IWaxqabadka**



#### 4.2 Waaxda Caafimaad ee Gaarka loo Leeyahay (the Private Health Sector)

Labaatankii sannadood ee la soo dhaafay, waxaa la arkay korosiimo ballaaran ee saameysay adeegyada waaxda caafimaadka ee sida gaarka ah loo leeyahay, kuwaas oo si xoog leh looga hirgeliyay degaamada maamulada oo dhan. Adeegyadaasi waxay u kala baxaan kuwo daawo-dhaqameed, kuwa xirfadlayaal caafimaad oo tababarani ay ka hawlgalaan, oo ah goobo ganacsi faai’do doon ah, iyo kuwa gaar loo leeyahay oon ganacsi faai’do doon ah aheyn. Hawlgalladaas gaarka ah waxa ka mid ah xarumo tababar, rugo caafimaad ee bukaan socod (Clinics), xarumo cudurada lagu baaro iyo isbitallo guud oo si buuxda u habeysan oo adeeg heer takhasus bixiya. Shabakadan ballaaran waxaa badi daryeelkoodu ku wajahanyahay magaalooyinka oo qiyaas ahaan u dhigma 30-35% marka la barbar-dhigo tirade dadweynaha somaliyeed ee xarumaha caafimaadka ee dawladda adeeegsada, iyadoo qeyb weyn oo adeeggaas gaarka loo doonto farmashiyayaasha sida gaarka ah loo leeyahay, inkastoo dadka ku dhaqan tuulooyinka miyiga iyo kuwa reer guuraaga ah labaduba aysan helikarin adeegyo caafimaad oo ay isticmaalkooda awoodi karaan. Soo dajinta iyo iibinta dawooyinka iyo qalabka caafimaadku, iyana waa kuwo si gaar ah loo leeyahay, marka laga reebo kuwa la siiyo barnaamijyada iyo hawlgallada caafimaad oo ay fuliso dawladdu ama barnaamijyada ay taageeraan deeq-bixiyayaasha caalamiga ah. La’aanta xeerar dhaxalgal ah oo loo adeegsado kormeerka adeegyada caafimaadka kala duwan ee gaarka ah, ayaa muujinaya ineysan jirin habraac jaan-go’an (Standard Guidelines) ee lagu cabbiro heerarka tayada iyo ammaanka hawlaha daryeelka caafimaadka gaarka ah, kuwa farmashiyayaasha iyo sharciyada saameeya daawooyinka. Dhinaca kale, waxaa jira oo ammaan mudan hawlgallada iskaashi ee ka dhexeeya hey’adaha caafimaadka dawladda iyo kuwa caafimaadka gaarka ah (Public private partnerships), oo si wadajir ah u fuliya tababaridda xirfadlayaasha-dhexe oo lagu soo saaro umulasooyinka bulshada

(Community Midwives). Iskaashigani wuxuu suurta gelin karaa fidinta bixinta adeegyada daryeelka caafimaadka ee lagama-maarmaanka ah. Isticmaalka dawa-dhaqameedyada soo jireenka ah, daaweynta ruuxiga ah, iyo adeegsiga daawa dhireedka, ayaa iyaguna ah kuwo bulshadu isticmaasho oo badanaa ka daahiya adeegsiga daaweynta iyo adeegyada caafimaadka casriga ah. Sidaas darteed waxa loo baahanyahay in dawa-dhaqameedyadaas si taxadar leh loo qiimeeyo wixtarkooda, iyo ammaankooda, si loogu dhafo looguna daro nidaamyada daryeelka caafimaadka.

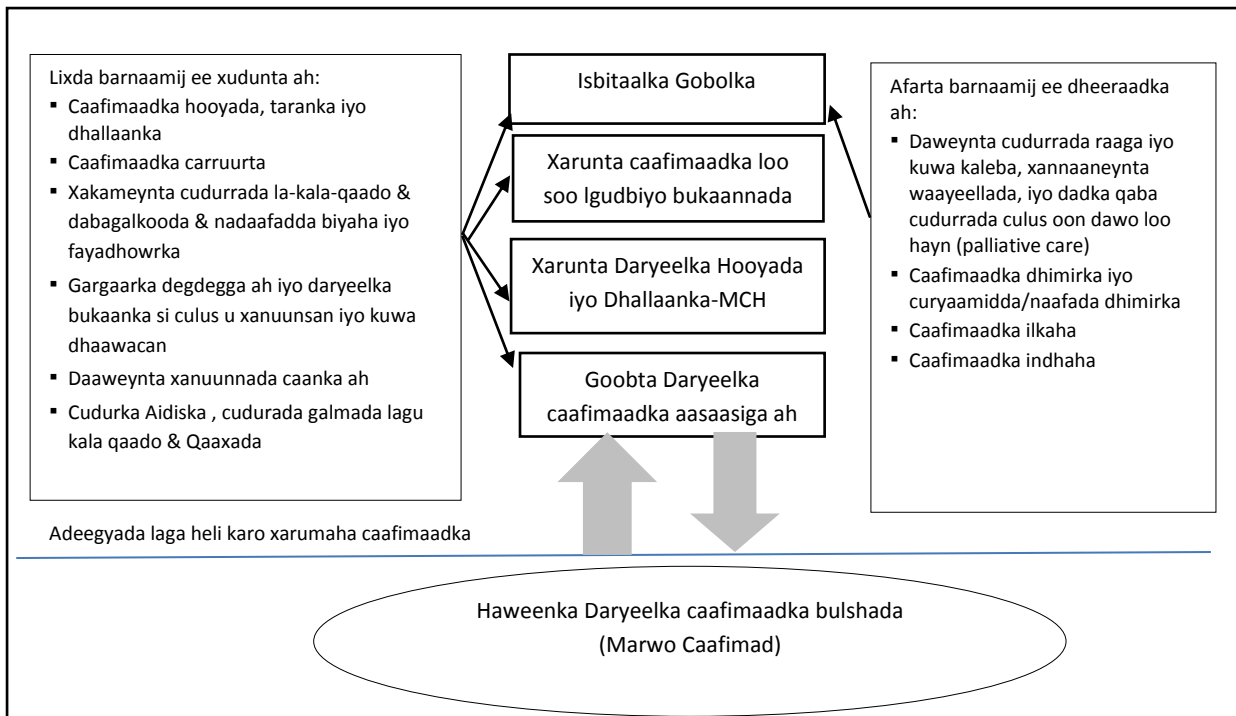
## **5 XAALADDA UU SUGANYAHAY NIDAAMKA CAAFIMADKA SOOMAALIYEED (THE CURRENT STATUS OF SOMALI HEALTH SYSTEM)**

### **5.1 Bixinta adeegga caafimaadka iyo Barnaamijka Xirmada Adeegyada Caafimaadka ee Lagama Maarmaanka ah (Health Service Delivery and the Essential Package of Health Services-EPHS)**

Barnaamijka EPHS ayaa saldhig u ah qaab dhismeedka uu ku saleysanyahay hawlgelinta nidaamka daryeelka caafimaad ee Soomaalida. Waxa uu EPHS ku-qotomaa xirmo adeegyo caafimaad oo la jaangooyay, kuwaasoo ka kooban lix barnaamij oo saldhig ah iyo afar barnaamij oo dheeraad ah, oo loo baahan yahay in laga fuliyo afarta heer ee laga bixiyo daryeelka caafimaadka (Figar 4). Waxaa sidoo kale la jaangooyey xirfadlayaasha caafimaad ee loo baahanyahay, dawooyinka muhiimka ah iyo teknooloojiyada farsamo iyo qalab, ee lagama-maarmaanka u ah hirgelinta hawlgallada barnaamijka EPHS. Inkasta oo aragtida dheer ee laga leeyahay EPHS ay tahay in dadkoo dhan la gaarsiiyo daryeel caafimaad oo loo-wada simanyahay, dadkuna awoodo, misana waqtigan lajogo awoodda fulinta barnaamijka EPHS, wuxuu ku koobanyahay dhowr gobol oo ka tirsan maamullada hadda jira. Qeybaha uu ka koobanyahay barnaamijka EPHS, waxaa kamid ah: dardargelinta xakameynta cudurrada looga hortagi karo tallaalka; hakinta cudurada muhiimka ee la-kala-qaado, iyada oo diiradda la saarayo “Sanduuqa Caalamiga ah ee la-dagaallanka cudurada AIDS, qaaxada, iyo Duumada” (Global Fund to fight against AIDS, Tuberculosis and Malaria), iyo in sidoo kale la xoojiyo ka-hortagga cudurrada aan-la-kala-qaadin inta aaney bilaaban ka hor (Primary Prevention) iyo daaweynta bukaanka ay ku dhacaan, iyadoo ahammiyad gaar ah la siinayo cudurrada dhimirka, kuwaas oo qayb ka ah barnaamijka EPHS.

Hirgelinta wax-ku-oolka ah ee bixinta adeegyada caafimaadka, waxa horyaalla caqabado badan, sida heerka helitaanka adeegyada oo hooseeya, iyo iyadoo aan si wanaagsan loo isticmaalin adeegyada laga bixiyo goobaha caafimaadka, taasoo ay markaati u tahay, heerka hooseeya ee fulinta tallalka; kartida hoggaamin iyo awoodda maamul ee heer gobol iyo degmo oo liidata; kartida wax qabad iyo midda dhaqaale oon ku fillayn fulinta hawlaha kormeerka, dabagalka iyo qiimeynta; adeegyada hey’adaha badan ee daneeya howlaha caafimaad oon iskuxirnayn iyo farsamada isu-duwidda barnaamijyada oo liidata; iyo xiriir la’aanta ka jirta waxqabadyada hey’adaha gaarka loo leeyahay iyo barnaamijka EPHS ee dawladda. Waxa intaa dheer, in bulshada deegaanada aan si firfircoon loogu xilsaarin ka qaybqaadashada go’aannada hawlgallada caafimaadka, taas oo u suurta gelin lahayd iney si dhab ah uga qaybgalaan hagaajinta xaaladdooda caafimaad, iyadoo haddana arrimaha dhaqan iyo dhaqaale ee jiraa ay hoos u dhigayaan isticmaalka iyo kafa’ideysiga adeegyada caafimaad ee laga heli karo goobaha caafimaadka.

**Figarka 4aad. Tobanka barnaamij ee EPHS oo laga hirgeliyay, afarta heer ee adeegyada daryeelka caafimaadka iyo heerka daryeel ee ku saleysan bulshada oo dhowaan la hirgeliyey**



**5.2 Dhibaataada Yaraanta Xirfadlayaasha Caafimaadka iyo Baahida Hawlgal Waxqabad (Human Resources Crisis and the Need for Action)**

Dhibaataada kataagan yaraanta xirfadlayaasha caafimaadku waa mid xijmigeedu aad u sarreeyo, islamarkaana ku sugan heer la mid ah kan dalalka ugu liita caalamka. Marka la eego heerka caalamiga ah, ay dajisay Hay’adda Caafimaadka Adduunku, waa in wadar ahaan mugga marka la isku daro xirfadlayaasha kala ah dhakhaatiir, kalkaaliyaayaal, iyo umulasooyin tababaran ee daryeelaya 10,000 qof, ay ugu yaraan gaarayaan 23, kaas oo ah heerka ugu hooseeya ee laga doonayo in uu waddan gaaro, si ay ugu suurta gasho hirgelinta iyo gaarsiinta bulshada daryeel caafimaad ee loo simanyahay dadkuna awoodo, taas oo iyana saldhig u ah hanashada MDGs. Heerka ay mareyso soomaalidu maanta waa 3 ama 4 xirfadlayaasha kor ku xusan oo kusoo aadaya dad gaaraya 10,000 qof. Taasi waxay muujinaysaa in heerkani ka yaryahay 6 ilaa 7 jeer, heerka ugu hooseeya ee WHO tilmaantay. Xaaladdani waxey keenysaa in uu la kulmo caafimaadka Soomaalidu, caqabado dhab ah oo hakinaya sidii loo fidin lahaa dayeelka caafimaadka, gaar ahaan meelaha miyiga ah.

Ku soo kordhinta “Marwo Caafimaad” (Female Community based Health Workers-FCHWs) shabakadda nidaamka caafimadka iyo aqoonsiga waxtarka xirfadlayaasha caafimaadka heerka dhexe, waxey abuuraysaa fursad siyaasadeed ee cusub oo lagu dardar-geliyo horumarinta shaqaalaha caafimaad; waxayna wax ka taraysaa sidii loo simi lahaa kala qeybinta shaqaalaha; yareynta farqiga weyn ee u dhexeeya tirade iyo tayada xirfadlayaasha ka hawlgala miyiga iyo maagalada; iyo wanaajinta natiijada adeegyada caafimaad ee loo fidiyo hooyada, sida kuwa la xiriira taranka iyo caafimaadka dhallaanka iyo carruurta. Caqabadaha muuqda ee xirfadlayaasha caafimadka waxa ka mid ah, yaraanta tababarrada iyo soo saaridda xirfadlayaal caafimaad oo dhab u tababaran; dhibaataada ah in la helo cudud caafimaad oo leh xirfado iskudhahan; maqnaanshaha manaahij jaango’an iyo barnaamijyo waxbarasho oo leysku raacsan yahay; nidaamka shahaada-bixinta iyo aqoonsigooda, dhismayaal u qalma goobo waxbarasho; mushaharrada iyo gunnooyinka oo liita ama aan lahayn

nidaam mideysan, iyo xaaladaha xarumaha caafimaad ee laga hawlgalo oo liita. Arrimahaas ayaa dhammaan ah, kuwo saameyn weyn ku leh tayada bixinta adeegyada caafimaad, waxqabadka xirfadlayaasha, niyaddooda iyo shaqo-ku-hayntooda.

### **5.3 Hoggaaminta iyo Maareynta (Leadership and Governance)**

Maareyntu waa qayb weyn oo ka mid ah xoojinta nidaamka caafimaadka, waxayna saameysaa hawlo badan, oo ay ka midyihiin dib-u-habeynta qaabdhismeedka caafimaadka; dejinta shuruucda iyo nidaamyada hawlgallada iyo hirgelintooda; adeegsiga nidaamyada hufan xagga shaqa-qoridda, oo ay la socoto hogaamin wanaagsan heer kasta, iyadoo isla markaas la dhisayo nidaamyada iskaashi iyo is-duwid, ay ka dhashaan natiijooyin wax-ku-ool ah. Muddadii dheerayd ee colaadihii ka dambeeyay, ayaa caqabado culus kor dhigay maareynta nidaamka caafimaad, kuwaas oo ay ka midyihiin dhismayaalka goobaha nidaamka caafimaad oo aan u qalmin; awoodda adeeg-bixinta xarumaha caafimaadka oo liidata; iyadoo aysan ka jirin waaxda caafimaadka stratejiyad muuqata ee isla-xisaabtan; u sinnaansho-la'aan helitaanka adeegyada caafimaadka; wada shaqeynta hay'adaha dhexdooda oo hooseysa; nidaamka hagaya baahinta ama qaybsiga awoodda maamulka o yar; maqnaashaha xeerar habeynaya waxbarashada xirfadlayaasha caafimaadka, nidaamka qiimeynta iyo aqoonsiga kartida farsamo ee xarumahaas iyo bixinta shahaadooyinka, diiwaangelinta xirfadlayaasha, ruqsad bixinta shaqada iyo qiimeynta waxqabadka ku salaysan sharaxaadda loo sameeyey fulinta shaqada (Job Description).

### **5.4 Dawooyinka lagama Maarmaanka ah iyo Teknoolojiyada Caafimaadka (Essential Drugs and Technologies)**

Helitaanka dawooyinka lagama maarmaanka waxay ka mid tahay tiirarka aasaaska u ah nidaamka caafimaadka. Dawooyinka lagama maarmaanka ah iyo qalabka caafimaadku waxay ka ciyaaraan adeegga caafimaad dowlad muhiim ah. Marka, la awoodi karo kharashkooda, ayna leeyihiin tayo fiican, si haboonna loo isticmaalo, waxay dawooyinku si wax-ku-ool ah u dabooli karaan qayb weyn oo ka mid ah baahida caafimaad dadweynaha. EPHS waxay qeyb ka qaadatay in qaabab jaango'an loo sameeyo dawooyinka la geynayo goobaha heerka kala duwan ee adeegga caafimaadka, iyadoo ay la socoto habraaca daweynta (Treatment Guidelines) oo loo sameeyey qaar kamid ah barnaamijyada muhiimka ah ee EPHS. Inkastoo dhowaan laga bilaabay maamullada kala duwan, dadaallo la xiriira dib u soo nooleynta nidaamka dawooyinka, haddana caqabadaha lala kulmayo ayaa waxa astaan u ah, maqnaanshaha sheybaarro si dhab ah loogu baaro, laguna ilaaliyo tayada dawooyinka, iyo dejinta xeerar lagu maareeyo. Nidaamka is-dabajoojga ah ee maareynta sahayda caafimaad (supply chain management), oo liita, ayaa ah caqabad kale oo welwel keenaysa, iyadoo waliba heerka baahsan ee isticmaalka dawo-dhaqamedka; dawooyinka takhtar la'aanta looga iibiyo farmashiyayaasha iyo isduridda irbadaha iyada oon la raacayn hab ammaankooda xaqiijiya, ay iyaguna u baahanyihiin in itijaah siyasadeed loo sameeyo.

### **5.5 Macluumaadka Nidaamka Caafimaadka (Health Information System)**

Macluumaadka Nidaamka Caafimaadku (Health Information System-HIS) wuxu ka midyahay tiirarka muhiimka ah ee nidaamka caafimaadka, wuxuna dowlad weyn ka ciyaaraa go'aan qadashada ku saleysan hawlgallada la xiriira dhamaan shanta tiir oo kale, ee nidaamka caafimaadka, wuxuna gaar ahaan muhiim u yahay dejinta arrimaha mudnaanta u ah siyasadda caafimaadka. Warbixinta "Maareynta Macluumaadka Nidaamka Caafimaadka" (Health Management information System-HMIS) ee Somaliyeed, waxay ka abuurantaa falanqeynta lagu sameeyo warbixinnada, sida joogtada ah looga soo ururiyo qeybaha bukaan-socodka goobaha caafimaadka oo ay ku jiraan isbitaalladu. Xogtaas waxaa lagu kabaa warbixinnada laga soo ururiyay barnaamijyada caafimaad ee sida goonida ah u taagan (Vertical Programmes) iyo xogta laga soo ururiyo nidaamyada lasocodka-joogtada ah ee



cuurrada (Disease Surveillance). Hase-yeeshee, ma jirto xog si joogta ah looga ururiyo bukaan-jiifka, ama qeeybaha kale ee nidaamka caafimaadka, sida daawooyinka, sahayda kale iyo qalabka, xirfadlayaasha caafimaadka iyo ilaha dhaqaalaha. Caqabadaha inta badan la xuso waxa kamid ah xog ururinta ku saleysan qaab-dhismeedka kombiyuutarka (database) oo xaddidan; la'aanta ajendo cilmi baaris caafimaad; awood yari la xiriirta hawlaha xog-soo-ururinta waqtigii loogu talagalay, diyaarinta warbiixinnada, awoodda falanqeynta xogta, iyo baahinta natiijooyinka xogta, si ay u noqdaan caddeyn lagu saleeyo go'aan-qaadashada iyo in loo adeegsado qorshe dejinta iyo fulinta barnamijyada.

## **5.6 Maalgelinta Caafimadka (Health Financing)**

Dhaqaalaha yar ee lagu bixiyo caafimaadku, waa mid aan marnaba ku filleyn inuu daboolo adeegyada caafimadka aasaasiga ah, haddey noqoto xagga soo iibsiga dawooyinka, qalabka farsamooyinka caafimaadka iyo tallaalada, iyo bixinta gunnooyinka shaqalaha caafimaadka si loo ilaaliyo heer nololeedkooda aasaasiga ah. Dhaqaalaha caafimaad ee loo qoondeeyay waaxda caafimaadka, waxa uu u dhaxeeyaa 3-6%, oo laga bixiyo miisaaniyadda dawladda ee maamulada Soomaaliyeed ee kala duwan. Dhaqaalahaasi ma dabooli karo baahida lagama maarmaanka ah ee ay dadweynuhu u qabaan caafimaadka. Dhaqaale yaridaas muuqata ee haysata waxda caafimaadka, waxa qeyb-ahaan kaba taageerada ka timaada deeq-bixiyayaasha caalamiga ah, iyo adeegyada ay bixiyaan xarumaha caafimadka ee sida gaarka ah loo leeyahay ee ku yaala magalooyinka iyo kaalinta hey'adaha aan-dawlaga ahayn (Non-Governmental Organizations-NGOs), oo aan ahayn faa'ido-doon, oo iyaguna bixiya adeeyo muhiim u ah dadweeynaha. Dhibaatooyinka keena dhaqaale yarida caafimaadka waxaa ka mid ah dowladda oo aan miisaaniyad ku filan ugu deeqin, taas oo keenaysa in xirfadlayaasha caafimaadka aan mushaar ku filan la siin iyo gunnooyin dhiirrigelin ah; nidaamka caymiska-caafimaadka-bulshada (Social health Insurance) oo gabi ahaanba aan jirin, iyo dad badan oo si xoog leh ugu khasban iney isku-halleeyaan jeebkooda, arrimahaas oo dhammaan ciriiri gelinaya in bulshadu raadsato daryeelka caafimaad, isla markaasna kordhinaya u-sinnaansho la'aanta adeegyada daryeelka lagama-maarmaanka ah ee laga bixiyo goobaha caafimaadka.

## **6 ITIJAAHYADA SIYAASADDA CAAFIMAADKA GUUD EE MUDNAANTA LEH (PUBLIC HEALTH PRIORITY DIRECTIONS)**

### **6.1 Fekerka Asaasiga ah (The Rationale)**

Maamullada caafimaadka Soomaaliyeed ayaa waxey si buuxda u qeexeen sida ay u jiheynayaan siyaasadahooda caafimaad, iyagoo tilmaansaday qaab-dhismeed hawlgal, ee ballaaran, oo himilo weyn xambaarsan, kaas oo hagaya waddooyinka uu maamul kasti u marayo horumarinta caafimaadka. Dhanka kale, dadaalka ay wadaan maamullada caafimaad ee kala duwan, iyo iskaashiga ay si wadajir ah ula leeyihiin hey'adaha horumarinta, ayaa u baahan in leyswaafajiyo, taas oo lagu heli karo diyaarinta siyaasad caafimaad oo hoggaamisa barnaamijyada mudnaanta u leh maamul kasta. Wadaagidda fekerka ay xambaarsantahay siyaasaddu, wuxuu cabbirayaa himilada caafimaad ee mideysan, waxuuna hagaajinayaa isu-duwidda iyo iskudubaridka hawlaha, kuna caawinayaa iney si wadajir ah fookuska u saaraan barnaamijyada leh karti farsamo ee kharashka ugu yar ee la geliyaa, dhalin karo natiijooyinka ugu badan, iyo kartida qorsheyn ee ku wajahan, fulinta barnaamijyo u dhalin kara bulshada caafimaadka ugu fiican. Aragtidaasi waxay dhalinaysaa in la beegsado fulinta barnaamijyo u keenaya dadka Soomaaliyeed caafimaadka ugu weyn.

## **6.2 Saldhigga Itijaahyada Siyaasadeed ee Mudnaanta leh (Basis of the Policy Priority Directions)**

Qeexidda arrimaha siyaasadeed ee mudnaanta u leh waaxda cafimaadka Soomaaliyeed, waxay ku saleysanyihiin caqabadaha la xiriira xaaladaha dadka iyo degaanku ku suganyahay, ee ka jira goobaha hawlgalka (Contextual Challenges), iyo dadaallada iyo guulaha la taabba-geliyey si loo gaaro bartilmaamedyadii cafimaad ee horey loo dejiyey. Siyaasadda caafimaadku waxay tixgelinaysaa, siyaasadaha caafimaad oo ay qeexdeen maamullada caafimaad, iyo guulaha gaarka ah oo ay ka gaareen xagga bixinta adeegyada caafimaad, ee kala ah wacyigelin, kahortag cudur, daaweyn iyo fulin howlaha dhaqan-celinta caafimaadka (Eeg shaxaha ku cad qaybta lifaaqa). Waxa siyaasaddani sidoo kale ku saleysantahay in la gaaro guulaha asaaska u ah maareynta iyo hoggaaminta wanaagsan; dib-u-dhisidda hay'adaha caafimaadka; horumarinta xirfadlayaasha caafimaadka; u hawlgalka sidii loo gaari-lahaa daryeel caafimaad oo loo wada simanyahay, dadkuna awoodo, iyo in la gaaro hadafyada caafimaadka ee ku cad himilooyinka MDGs. Siyaasaddani waxey guddoomisay aragtida Hay'adda Caafimaadka Adduunku (World Health Organization) u qeexday micnaha caafimaad oo ah: "xaalad ladnaansho caafimaad ee buuxda, xagga jirka, maskaxda iyo helidda nolol bulshadeed haqab-tiran, ee aanu caafimaadku ahayn oo keli ah, maqnaanshaha cudurka ama naafada", waxayna siyaasaddani aqoonsantahay in caafimaadku yahay xaq caalami ah, oo qof kasta iyo qoys walba ay tahay iney helaan, iyadoo aan loo fiirineyn heerkooda dhaqan-dhaqaale ama deegaan; waxayna taageeraysaa oo ilaalinaysaa sharafta baniaadamka iyo caddaaladda bulshada, korna u qaydaysa sinnaanta, iyada oo feejignaan gaar ah siinaysa dadka liita iyo kuwa deggan meelaha ay adag tahay in la gaarsiiyo adeegyada caafimaad, iyo sidoo kale dadka ku sugan heer saboolnimo culus. Waxa intaa dheer, in siyaasadani siinayso ahammiyad dheeri ah dhisidda wadashaqeyn lala yeesho hay'adaha horumarinta, iyadoo iskaashigaas lagu salaynayo "Dhambalkii Paris" ee lagu nidaamiyey xoojinta wax-ku-oolnimada kaalmooyinka deeq-bixiyayaasha (Aids Effectiveness). Xagga maamullada caafimaadka, waxay siyaasaddu kordhinaysaa wadashaqeynta waaxda caafimaadku la leedahay waaxyaha kale (Intersectoral Action); isla xisaabtan-wadaag la xiriira hawl-fulinta (Accountability); iskaashiga barnaamijyada dawladda iyo kuwa sida gaarka ah loo leeyahay, iyo wada-shaqeynta lala yeelanayo ururrada bulshada rayidka ah (Civil Society Organizations-CSOs) iyo maamullada heer gobol, degmo iyo bulsho intaba. Ugu danbeyntii, siyaasaddani waxay faafineysaa fikirka ah, in caafimaadku yahay xoog weyn oo hoggaamin kara ammaanka aadmiga, iyo joogteynta horumarka, kuna soo dabbaali kara nabad bulshada Soomaaliyeed, oo inteeda badan ay waxyeelleysay saboolnimo iyo rabshado colaadeed.

## **7 HIMILADA, HAWLGALKA IYO MABAADI'DA HAGAYA SIYASADDA CAAFIMAADKA EE MUDNAANTA LEH (THE VISION, MISSION AND GUIDING PRINCIPLES OF THE HEALTH POLICY PRIORITIES)**

### **7.1 Himilada (Vision)**

Dadka soomaliyeed waxay haystaan heerkaca caafimaad iyo taya-nololeedka ugu sarreeya ee la higsan karo, waxayna si buuxda oo loo simanyahay u helaan adeegyada caafimaad ee lagama-maarmaanka ah, oo tayo leh, mudnaantana siinaya daryeelka caafimaadka iyo nafaqada hooyada, dhalaanka, iyo carruurta iyo kahortagga iyo hakinta cudurada culeyska weyn ee caafimaad-darro wata, iyo khataraha horkaca cuduradaas (Risk Factors).

### **7.2 Hawlgalka (Mission)**

In la helo adeegyada caafimaad ee lagama-maarmaanka ah, mudnaanta leh, loo siman yahay, waxtarka ah, tayeysan, lana awoodi karo, isla markaana laga bixiyo adeegyadaas goobaha ugu dhow

bulshada iyo qoysaska, intii suurta gal ah, laguna saleeyay barnaamijka EPHS iyo habka caafimaadka aasaasiga ah.

### **7.3 Yoolka Guud (Overall Goal)**

In la hagaajiyo xaaladda caafimaad ee dadweynaha, iyadoo la xoojinayo howlgallada nidaamyada caafimaadka iyo helitaanka adeeg caafimaad ee tayo leh, sahal lagu gaari karo, la aqbali karo, lana awoodi karo, oo sahlaya in la tiigsado “gaarsiinta dhammaan bulshadu daryeel caafimad oo loo wada-simanyahay, lana awoodo” (Universal Health Coverage), oo dardar gelinaya gaarista yoolalka caafimaad ee laxiriira MDGs.

### **7.4 Mabaadi’da iyo Qiyamka Asaasiga ah (Core Principles and Values)**

Mabaadi’da iyo qiyamkan soo socda, ayaa ah saldhigga ay ku qotomaan itijaahyada mudnaanta leh ee siyaasadda caafimaadka:

- Adeeg caafimaad oo taya leh, dhammaan loo simanyahay, la awoodi karo, dadku aqbalsanyihiini, qiimihiisuna yaryahay, faa’ido weynna dhaliyo, oo dadweynaha somaliyeed ku yeesha saameynta ugu weyn, xagga xaqiijinta mabd’a ah, in helidda daryeelka caafimaadku yahay xaq dadku leeyahay
- Maareyn wax tar leh, hufan, isla-xisaabtan leh, iyo hoggaamin wanaagsan ee la xiriirta maamulidda qeybaha kala duwan ee nidaamka caafimaadka, oo ay la socoto u hawlgal baahinta bixinta daryeelka caafimaadka (Decentralized Management)
- In la dhiso wadashaqeyn wax-ku-ool ah, oo iskaashi ku saleysan, iyo nidaam isuduwid iyo iskudubaririd, oo hawlgelinaya bulshada deegaanka, dawladda iyo hay’adaha caalamiga ee taageera caafimaadka, iyo in la hirgeliyo mabda’a ku saleysan “waa in kaalmooyinku dhaliyaan natiijooyin waxtar weyn leh” (Aid Effectiveness)

### **7.5 Arrimaha Siyaasadeed ee Mudnaanta leh (Policy Priorities)**

Arrimaha mudnaanta leh waa kuwa hoos lagu mujiyay:

- i. In la hagaajiyo helitaanka adeegyada caafimaadka ee lagama maarmaanka ah, oo leh tayo la aqbali karo, laguna gaari karo fulinta nidaamka EPHS-ka, kuwaasoo keeni kara natiijooyinkii caafimaad ee la rabey, sida yareynta dhimashada hooyada, dhallaanka, iyo carruurta, hoos u dhigidda heerka nafaqadarrida, xakameynta cudurrada baahsan ee la-kala-qaado iyo kuwa aan la-kala-qaadin, adeegyadaas oo dhammaan kor u qaadaya tayada nololsha dadweynaha
- ii. In la hormariyo xirfadlayaasha caafimaadka ee ku hawllan wax kaqabashada adeegyada mudnaanta u ah baahida caafimaadka bulshada Somaliyeed, xirfadlayaashaas oo ku jooga tirada loo bahanyahay, si fiican loo tababaray, si siman loo qaybiyey, isla markaasna la siiyey dhiirrigelin, si ay u bixiyaan adeegyada caafimaad ee lagama-maarmaanka ah
- iii. In la dhiso kartida hey’adaha caafimaadka ee maamullada kala duwan, heer xarun iyo heer gobol, si loo helo hogaanmin xoog leh iyo maareyn wax-ku-ool ah, loona hirgeliyo howlaha saldhigga u ah waaxda caafimaadka, iyo in iskaashi lala sameeyo qaybaha caafimaadka ee sida gaarka ah loo leeyahay
- iv. In la xaqiijiyo helitaanka dawooyinka lagama-maarmaanka ah, tallaallada iyo sahayda kale ee sahlaya fulinta daryeellada caafimaadka ee dadweynuhu u baahanyahay, oo ay tahay in tiro habbon laga helo, oo tayo sugan leh, kuna imanaysa qiimo bulshada iyo nidaamka caafimaadkuba awoodaan
- v. In la abuurto Maareynta Macluumaadka Nidaamka Caafimaadka oo si wax-ku-ool ah looga heli karo xog sugan oo timaada waqtigii loogu talagalay, si loo sameeyo qorshayaal iyo howlgallo

- caafimaadka oo lagu saleeyey caddeymaha ka yimaaada xogtaas, iyadoo kuwaas lagu kabayo xogta ka imanaysa hawlaha dabagalka iyo qiimeynta (Monitoring and Evaluation) ee taabbagalka ah, iyo cilmi baaris la beegsaday si loogu adeegsado xallinta dhibatooyinka caafimaad
- vi. In dhaqaale ku filan loo sameeyo caafimaadka, si looga ilaaliyo dadka saboolka ah iyo kuwa dhibaatooyinka u nugul (vulnerable), inay hantidooda yar ku beelaan kharashyada caafimaadka, lana xaqiijiyo inay dadku heli karaan adeeg caafimaad oo ay awoodi karaan, si ay u suurta gasho hiigsiga daryeel caafimaad ee loo wada simanyahay, lana awoodi karo
  - vii. In la kabo nuqsaanka weyn ee ka jira dhismayaashaa caafimaadka, lana dhiso tirada ugu yar ee dhismayaal caafimaadka, ee suurtagelin kara, helitaanka xarumo si buuxda looga fulin karo adeegyada caafimaad ee loo baahan yahay
  - viii. In la xoojiyo nidaamka caafimaad, lana kobciyo awooddiisa, si kor loogu qaado caafimaadka guud, isla markaasna, loo hawlgalo tirtiridda, baarista, yareynta, dabagalka, qiimeynta iyo xakameynta khataraha caafimaadka guud, iyo in la gaarsiyo gurmada, bulshooyinka dhibatadu haleeshay, kuwaasoo lala beegsanayo taageero isku-dhafan oo wax-ku ool ah, ee ku aaddan dhibaatooyinka caafimaad ee degdegga ah ee la tilmaansaday
  - ix. In la hagaajiyo caafimaadka dadweynaha, lana yareeyo farqiga u dhexeeya qaybaha bulshada xagga adeegyada caafimaadka, iyadoo wax laga qabanayo xaaladdooda dhaqan-dhaqaale oo saameyn ku leh caafimaadka (Social Determinants of health), sidaas darteedna lagu dhafo aragtida caafimaad, qaab dhismeedka barnaamijyada guud ee horumarineed, iyo in xoogga la saaro iskaashiga waaxyaha kala duwan (intersectoral collaboration) ee dowladda iyo hay'adaha kale ee daneeya caafimaadka (Stakeholder Partners), lana dhiso kartida looga baahanyahay hirgelintiisa

## **8 ITIJAAHYADA SIYAASADDA CAAFIMAADKA EE ASAAASIGA AH (KEY HEALTH POLICY DIRECTIONS)**

Falanqeynta nidaamka caafimaadku, wuxuu muujiyay dib-u-dhac xoog leh, xagga hawlgallada iyo fulinta, iyo hoos u dhac, dhan kastaba ah ee nidaamka caafimaadka. Aragtiyada iyo hammiga ay si wadaajir u qeexeen maamullada caafimaadku, waxay ka kooban yihiin siyaasadaha caafimaad ee soo socda:

### **8.1 Dib u soo Nooleynta Adeegyada Caafimaadka (Revitalizing Health Services)**

#### **Ujeeddada Siyaasadeed**

In la helo xirmada adeegyada caafimaad ee lagama-maarmaanka ah (Essential Package of health Services-EPHS), oo dadka ku wajahan, ahna wax-ku-ool, loo siman yahay, dhaqan ahaanna la aqbali karo, dadkoo dhanna gaarsiinaysa adeegyada wacyigelinta, kahortagga, daweynta iyo dhaqan celinta, kuwaas oo dhalinaya natiijooyinkii caafimaad ee lagu talagalay, sida yareynta jirrooyinka/buktada, dhimashada iyo hagaajinta taya-nololeedka iyo fayaqabka bulshada.

#### **Itijaahyada Siyaasadeed ee Mudnaanta leh (Priority Policy Directions)**

##### **a) Xoojinta Caafimaadka Taranka, Hooyada, Dhallaanka, Carruurta iyo Nafaqada (Strengthening Reproductive, Maternal, Neonatal, Child Health and Nutrition)**

- Dib usoo nooleynta barnaamijka EPHS, oo laga hirgelinayo dhammaan afarta heer ee goobaha adeegyada daryeelka caafimaad ee gobollada iyo degmooyinka, kuwaasoo looga gol leeyahay helitaanka loo siman yahay ee adeegyada caafimaadka taranka iyo caafimaadka hooyada,

dhallanka iyo carruurta (Maternal, Neonatal and Child Health-MNCH) oo iskudhafan, iyo in degdeg loo dhimo dhimashadooda, kuwaas oo lagu gaari karo isticmaalka goobaha bixinta adegyada iyo daryeelka caafimaadka, u safridda deegamada durugsan (Outreach Visits) iyo ka fulinta xirmooyinka adeeggaas, bulshada dhexdeeda

- Xaqiijinta shabakadda ugu ballaaran ee suurta-galka ah, oo laga heli karo “daryeelka degdegga oo asaasiga ah ee dhalmada”(BEmOC), dhammaan afarta heer ee nidaamka caafimaadka, iyadoo adeegyada “daryeelka degdegga oo dhammeystiran ee dhalmada” (CEmOC), ay tahay in laga helo dhammaan isbitaalada gobollada iyo tira badan oo ah Xarumaha RHCs ama isbitaalada heer degmo, halka adeegyada ay bixiyaan Marwooyinka Caafimaad lagu darayo barnaamijka EPHS-ka, si loo kordhiyo dadka gaari kara, helina kara adeegyada badbaadinta nolosha hooyada, Dhallaanka iyo Caruurta
- In la ciribtiro Gudniinka Fircooniga ah (Female genital Mutilation-FGM), iyadoo laga wacyigelinayo dadweynaha halistiisa xag caafimaad iyo xagga dhaqanka bulshada, iyadoo la hirgelinayo sharci-dejin, hawlahaasna lala kaashanayo ururrada bulshada madaniga ah, bulshada deegaanka, hoggaamiyeyaasha diinta, iyo ururrada haweenka, loona dhiso shabakad ka kaalisa dhanka wargelinta, waxbarashada, iyo isgaarsiinta
- In laga hirgeliyo “barnaamijka isku-dhafan ee daaweynta cudurada carruurta” (Integrated Management of Childhood Illness-IMCI), dhamaan xarumaha caafimaadka iyo heerka degaanada bulsho, si loo dardar-geliyo in ilmuhu heli kaaraan baaris iyo daaweyn ay bixinayaan xirfadlayaal caafimaad oo tababaran, iyo in la kordhiyo kartida nidaamka caafimaadka ee taageeridda barnaamijkan, laguna dadaalo sidii loo waafajin lahaa fulintiisa xaaladda deegaanka, markey noqoto tababarid, bixinta sahayda adegyada iyo baahinta ku camalfalkiisa caafimaad, ee heer bulsho
- In la siiyo carruurta oo idil iyo haweenka uurka leh tallaalka, iyada oo la raacayo barnaamijka tallaalka baahsan (Expanded Programme on Immunization-EPI) oo ka ilaaliya 8-da cudur ee dilaaga ah, ayna ogolaadeen maamullada caafimaad, kuwaasoo sahminaya sidii “Isbahaysiga Caalamiga ah ee Taallaalada iyo Difaacooda” (Global Alliance for Vaccines and Immunization-GAVI) uga heli lahaayeen muddo aan fogayn tallaalkada Pneumococcal iyo Rotavirus; in la fududeeyo kaqaybgalka Marwooyinka Caafimaad iyo hey’adaha dowladda hoose barnaamijka; loo xilsaaro hay’adaha sida gaarka loo leeyhay iney si firfircoon uga qeyb galaan adeegyada tallaalka; in la joogteeyo maalmaha gaarka ah ee loo cayimay caafimaadka carruurta si loo sii xoojiyo heerka baahinta tallaalkada, oo lagu lammaaniyo adeegyo ka badbaadinaya carruurta cudurro kale, oo laga hortegi karo, iyo in si dhab ah loo dabargooyo faafidda cudurka dabeysha (Poliomyelitis), korna loo qaado lasocodka-joogtada ah ee iskudhafan ee cudurrada tallaalka looga hortago (integrated Disease surveillance)
- In la hagaajiyo awoodda nidaamka caafimaadka, si loola dagaallamo nafaqa darrida hooyooyinka iyo carruurta, iyadoo kor loo qaadayo aqoonta, dabeecadda fekerka aragtiyeed iyo ficillada ku haboon nafaqada hooyada, quudinta carruurta inta ayan buuxsan 12 bilood iyo dhallaanka aan bil gaarin, ayna ka mid yihiin nuujinta naaska oo keli ah (Exclusive breast feeding), quudista dhammeystirka ah (Complementary Feeding), iyo kahortagidda cudurrada iyo nafaqodarrida, iyada oo la adeegsanayo quudinta-macro (micronutrients) ee dheeriga ah, daaweynta dirxiyada xiidmaha iyo iyo horumarinta nadaafadda iyo fayadhowrka.
- In kor loo qaado ammaanka bukaanka, lana xoojiyo xeerarka, mabaad’ida iyo hawlqabadyada la xiriira xakameynta infekshanka, oo ay tahay in laga hirgeliyo goob kasta ee daryeel caafimaad iyo in la helo xirfadlayaal caafimaad ee u tababaran hawlaha loo xilsaaray, oo daaweynaya bukaanka iyagoo ilaalinaya sharaftiisa, siinaya xurmadiisa, si naxaris ahna u dareemaya dhibkiisa, isla markaasna qaadaya tallaabo kasta ee lagu hagaajin karo ammaanka bukaanka, lana ilaaliyo nidaamka xakameynta infekshanka, iyo in la baabi’yo dhacdooyinka waxyeellada (Adverse Events) ee ku yimaadda bukaannada soo booqanaya xarumaha caafimaadka

- In la yareeyo dhicidda dhaawacyada aan ulakaca ahayn iyo rabshadaha, iyadoo la qaadayo tallaabooyin ka-hortag ah ee badbaado leh, iyo in waxqabad lagu yareeyo culeyska dhaawacyadaas iyo dhibaataada ka dhalan karata, taas oo lagu gaari karo hirgelinta adegyada daaweynta degdegga ah (Emergency Medical Services)
- Kor u qaadidda ficillada tadawuca ah ee iskaa; awood siinta bulshada, iyo ka qeyb-galkooda hagaajinta howlaha caafimaadka guud ee bulshada dhexdeeda

## **b) Hakinta Cudurrada La-kala-qaado (Control of Communicable Diseases)**

### **Ujeeddada Siyaasadeed (Policy Objective)**

In laga hortago, lana hakiyo fididda cudurrada la-kala-qaado ee loo abbaaray mudnaanta wax ka qabdkooda, si loo yareeyo culeyskooda la xiriira dhimashada iyo naafeynta.

### **Itijaahyada Siyaasadeed ee Mudnaanta leh (Priority Policy Directions)**

#### **i. Xakameynta Shuban Biyoodka Daran, Daacuunka iyo Cudurrada Kale ee Dheef-Shiidka (Controlling Acute Watery Diarrhoea, Cholera and other Enteric Diseases)**

- In laga qeyb geliyo dadweynaha horumarinta caafimaadka, nadaafadda shakhsiga ah, cabitaanka biyo nadiif ah, faayadhowrka, nadaafadda deegaanka, ilaalinta ammaanka cuntada iyo in si ammaan leh looga takhaluso qashinka
- In la hirgeliyo teknoolojiyada barista degdegga ah, oo la jaangooyey (Standardized Rapid Diagnostic Technology), loona adeegsado baarista cudurrada la-kala-qaado ee baahsan, isla markaasna la dejiyo nidaamka firfircoon ee la-socodka joogtada ah ee cudurrada iyo nidaamyadaa digniinta hore (Disease Surveillance & Disease Early Warning Systems), si loo ogaado cudurrada ay dhici karto iney fidaan, sidoo kalena la sii diyaariyo keydinta daawooyinka iyo qalabka, si loo qaado tallaabooyin iskudubaridan iyo hawlgallo degdeg ah ee waxqabad
- In la hirgeliyo nidaam sheybaar ku saleysan, oo lagula socodo cudurrada laga qaado cuntada (Laboratory based Surveillance), iyadoo isla markaasna la diyaarinayo habraac loo adeegsado ilaalinta ammaanka cuntada (Food Safety Guidelines), lana dejiyo barnaamijyo hawlgal, si loola socdo cuntada dibadda laga keeno iyo tan dalka laga soo saaro, ilaa iyo u qaadashadooda raashin ahaan

#### **ii. Hakinta Cudurrada Daran ee ku Dhaca Neefmareenka (Controlling Acute Respiratory Diseases)**

- In laga hirgeliyo dhammaan goobaha caafimaadka, habraacyo lagu xakameeyo infekshanka, maadaama bukaanada uu ku dhacay infekshanku, yihiin kuwa badanaa cudurka xambaarsan, sidaas darteedna loo baahanyahay in la hakiyo khatarta fidiidda cudurrada neefmareenka, iyadoo waliba la sameynayo dhismayaal u gaar ah, oo bukaandaas lagu siiyo daaweynta loo baahanyahay
- In la dhaqan geliyo “xeerarka caafimaad ee caalamiga ah” (International Health Regulations-IHR), lagana qaybgalo dadaallada adduun-weynaha ee lagu ogaanayo, waxna-looga qabanayo khataraha caafimaadka guud ee adduunka soo foodsaara iyo xaaladaha caafimaadka guud ee degdegga ah, oo walaac ku abuuri kara caalamka

#### **iii. Hakinta Qaaxada (Tuberculosis Control)**

- Ballaarinta howlgallada loogu yeero “Jooji Qaaxada” (Stop TB), oo ay ka mid yihiin, xoojinta tayada iyo fidinta adeegga daaweynta qaaxada, oo sida tooska ah loo siiyo bukaanka muddo

xaddidan (Directly Observed Treatment Short course-TB-DOTS), oo ay tahay in laga hirgeliyo degma kasta, laguna dhafo hawlgallada barnaamijka EPHS ee ka socda afarta heer ee laga bixiyo daryeelka adeegyada caafimaadka; in la raadiyo bukaanada qaaxada aan wali baaris u iman, lana xaqiijiyo fulinta tallabooyin lagu helayo dhaqaale si loo joogteeyo fulinta hakinta qaaxada, iyadoo lala kaashanayo hay'adaha muhiimka ah ee iskaashiga la leh barnaamijka

- In la dhiso siyaasad ay ka go'antahay, hakinta lagama-maarmanka ah ee cudurka qaaxada iyo farsama-wadaag, si loola dagaallamo adkeysinka uu jeerimiga qaaxadu u yeelanayo dawooyin badan, lana abuurdo awood baaris wax-ku-ool ah, loona bixiyo daawooyinka loo baahanyahay ee waxtarka ah
- Hirgelinta helitaanka tooska ah ee adeegyada ka hortagga cudurka qaaxada ee ku wajahan dadka qaba infekshanka HIV, oo kuwooda qaaxada laga helo, ay tahay in loogu daro daawooyinka HIV-ga lidka ku ah (Antiretroviral Therapy-ART). Waxa sidoo kale loo baahanyahay in la dhiso siyaasad meelmarinaysa in dadka qaba HIV laga baaro qaaxo, kuwa qaaxada qabana laga baaro HIV, arrinkaasna lagu lammaaniyo ogolaashaha buuxa ee bukaanka, xafididda sirta gaarka ah ee bukaanka iyo in aan xogtan loo gudbin cid ayan khusayn
- In la dhiirrigeliyo, oo la taageero sidii loo fulin lahaa cilmi-baaris lagu sameeyo Qaaxada, si wax looga qabto caqabadaha horyaalla, lagana faai'deysto fursadaha uu haysto barnaamijka hakinta cudurka qaaxadu

#### **iv. Ka Hortagga iyo Xakameynta Duumada (Malaria Prevention and Control)**

- In la ogaado bii'adda ay ku nooshahay kaneecadu iyo in la hirgeliyo qaabka isku-dhafan ee la dagaalanka dulinka (Integrated Vector Management-IVC) si looga hortago ama loo xakameeyo cudurka duumada, taas oo lagu gaarayo hawlgallada kala ah baabi'inta meelaha kaneecadu ku taranto, adeegsiga kalluunka cuna lulumada ay ka dhalato kaneecadu , iyo in la isticmaalo qaababka habboon ee buufinta guryaha dhexdooda iyo bannaanka
- Dhiirrigelinta adeegsiga maro-kaneecada daaweyn ee raagta waqtiga dheer (Long Lasting Insecticide Treated Bed Nets), iyo in kor loo qaado sidii lagu gaarsiin lahaa lacag la'aan dadka loogu talagalay, ama lagu siin lahaa qiimaha ugu hooseeya ee suurta galka ah ee la awoodi karo, iyadoo la raacayo shuruudihii hore loo dejiyay
- In la diyaariyo habraac qeexaya daweynta cudurada (Disease Management Guidelines) iyo siyaasadda daawooyinka (Drug Policy), lana xeeriyay inay ku dhaqmaan xirfadlayaasha waaxda caafimaadka ee ka howlgala goobaha dawladda iyo kuwa gaarka loo leeyahayba, lana hubiyo in laga helo habraacaas, dhammaan xarumaha caafimaadka
- In la xaqiijiyo sidii durba cudurka duumada loo baari lahaa iyadoo la isticmaalo aaladda weyneysada (Microscope), ama la adeegsado "sheybarista degdegga ah ee cudurka" (Rapid Diagnostic Test-RDT), iyadoo la baarayo dhammaan bukaannada looga shakiyay cudurka duumada ee soo booqanaya xarumaha caafimaadka ku yaal meelaha durugsan, kaddibna lagu xigsiiyo daaweynta habboon ee cudurka
- In dadweynaha la baro sababaha keena cudurka iyo qaababka looga hortagi karo, lana xoojiyo nidaamka digniinta hore (Early Warning System) ee duumada oo marka faafidda cudurka la dareemo la hawlgeliyo gurmada degdeg ah, iyadoo la dhaqan gelinayo habraaca waxqabad ee horay loo cayimay

#### **v. La Dagaallanka HIV iyo AIDS (Fighting HIV & AIDS)**

- Dhisidda siyaasad, ay ka go'antahay madaxda sare ee dawladda heer kasta, ee ku wajahan la dagaallanka HIV iyo AIDS, lana aqoonsado khatarta faafiddooda, iyo in la hirgeliyo dhisidda waxqabad ballaaran, iyadoo hoggaamiyayaasha maamullada heer gobol, degmo iyo bulshoba,

ay abaabulayaan taageerada lagama-maarmaanka ah ee la dagaallanka cudurka, iyadoo lagu dhaqmayo furfurnaanta loo baahanyahay, lana gudanayo masuuliyaddaas

- Kobcinta barnaamijyo waxbarasho ee dadweynaha oo dhaqanka waafaqsan, kuna saabsan aqoonta HIV-ga iyo cudurka AIDS-ka, lana abaabulo tababarro kusaabsan ka hortagga iyo hakinta gudbinta HIV, oo loo qabanayo qeybaha kala duwan ee bulshada iyadoo la abbaarayo culimada diinta, dhallinayarada iyo hoggaamiyeyaasha dhaqan ee deegaamada
- Xoojinta daryeelka iyo daaweynta habboon ee cudurrada leyskugu gudbiyo galmada (Sexually Transmitted Diseases-STIs), iyadoo la hirgelinayo waxqabadyada muhiimka ah, ee ka hortagga iyo daaweynta calaamadaha iyo astaamaha (Signs and Symptoms) cuduradaas, lana raacayo habka daweynta jaango'an (Standard syndromic management)
- Hagaajinta ammaanka iyo tayada adeegayada dhiig-bixinta, oo ku saleysan soo xulashada dhiig-bixiyayaal si samafal ah oon ganacsi ku jirin ugu deeqa dhiiggooda, si loo baajiyo khatarta gudbinta HIV-ga iyo fiirusyada cagaarshowga noocyadiisa B and C
- dhiirrigelinta adeegsiga la-talinta iyo barista HIV ee qofku iskiis uga soo doonto goobaha caafimaadka (Voluntary Counselling and Testing-VCT), ee si buuxda ugu dhafan nidaamyada caafimaadka, si loo yareeyo dhaqammada faquuqidda, ee ka jira dadka dhexdiisa, iyo abuuridda awood wax looga qabto HIV-ga iyo AIDS-ka, oo laga hirgelinayo dhammaan heerarka kala duwan ee nidaamka daryeelka caafimaadka oo ay kamid yihiin daaweynta ARV iyo xoojinta nidaamka lasocoshada joogtada ah (Surveillance System)
- Xoojinta iyo taageeridda loo geysto guddiyada HIV iyo AIDS (HIV & AIDS Commissions) oo ka soo jeeda waaxyaha kala duwan, si loo hagaajiyo qorshaha iyo isuduwidada howlgallada hakinta HIV iyo AIDS ee laga fuliyo waaxda caafimaadka iyo waaxyaha kale ee ka baxsan waaxda caafimaadka

#### **vi. Ka Hortagga iyo Xakameynta Cudurada Cagaarshowga B iyo C (Prevention and Control of Hepatitis B and C Viral Infections )**

- In kor loo qaado ka hortagga cudurada cagaarshowga B iyo C, iyadoo laga tallaalayo carruurta cudurka cagaarshowga B, iyo shaqaalaha caafimaadka marka ay shaqada billaabayaan; in la adkeeyo xakameynta infekshanada goobaha caafimaadka iyo ammaanka irbadaha laysku duro, oo laga fuliyo dhamman heerarka nidaamka caafimaadka, lana hirgeliyo baaritaannada lagu hubiyo ammaanka dhiig-shubidda (Safe Blood Transfusion)
- In la kirgeliyo habka dhaqanka bulshada loo qabadsiiyo, qaadashada ficillo caafimaadka bulshada dan u ah, loogana tirtiro kuwo lid ku ah (Behavior Change Communication-BCC), iyadoo la addegsanayo abaabul, wacyi gelin iyo aqoon fidin, oo ku saabsan khatarta fiirusyada cagaarshowga iyo tallabooyinka ka hartagga, iyo kuwa ammaanka ee loo baahanyahay, oo ay tahay in loo hawlgalo fulitooda

#### **vii. Xakameynta Cudurrada Cimilada Trobilka ku Baahsan ee la Dayacay (Control of Neglected Tropical Diseases)**

- In kor loo qaado xakameynta cudurrada Leishmaniasis, kaadi-dhiigga (schistosomiasis) iyo Juudaanka (Leprosy), iyadoo loo sahlayo bukaanka, iney ka helaan baaritaannada iyo daaweynta degdegga ah, dhammaan goobaha caafimaadka ee ku yaal meelaha cudurradan deegaanka u ah (Endemic Areas), iyadoo adeegyadooda lagu dhafayo barnaamijka EPHS-ka, lana joogteeyo dadaallada ku saabsan wacyigelinta, si loo beddelo dhaqamada fududeeya fididda cudurradaas, iyo hawlaha la-socoshada firfircoon ee cudurada (Active Disease Surveillance)
- In la qaato siyaasadda dabargoynta cudurka Juudaanka, iyadoo daweynta cudurka lagu dhafayo adeegyada guud ee caafimaadka, lana xaqiinjinayo hore-u-baaritaankiisa (early Diagnosis), iyo helitaanka joogtada ah ee daawooyinka loogu talagalay, si loo dhimo tirada



dadka qaba naafada-darajada-labaad, oo calaamado isbeddello muuqda laga arkayo bukaanka, isla markaasna lala dagaallamo dhaleeceynta (Stigma) lagu hayo dadka cudurka qaba

- In la dhaqan geliyo siyaasadda caalamiga ah ee la dagaallanka dirxiyada xiidmaha (Intestinal Helminths), oo ku saleysan in lacag-la'aan loogu qaybiyo dawada disha dirxiyadaas, dhammaan carruurta da' ahaan aan wali gaarin dugsiyada iyo kuwa dhigta dusiyada, sannad walba mar ama laba goor, lana gaarsiyo adeeggaas maamullada oo dhan, iyo in sidaas oo kale loo qaybiyo daawada kaadi-dhiigga, hase yeeshe hawsheeda lagu koobo gobollada cudurkan deegaanka u ah (Endemic Regions).

#### **c) Ka Hortagga iyo Xakameynta Cudurrada aan Lakala-Qaadin (Prevention And Control Of Non-Communicable Diseases)**

- Hirgelinta heshiiska Hey'adda caafimaadka Adduunka ee ku saabsan xakameynta isticmaalka tubaakada (Framework Convention of Tobacco Control-FCTC), iyadoo la fulinayo howlgallo lagu mamnuucayo in sigaarka lagu cabo goobaha dedan, ee gudohooda dadku ku kulmo iyo goobaha shaqada, si loo yareeyo culeyska cudurrada raaga oo aan-lakala-qaadin
- In dadka la baro dhibaatooyinka uu leeyahay qaadku, iyadoo la xakameynayo cuniddiisa iyo isticmaaliisa xad dhaafka ah, maadaama tani ay tahay khatarta ugu weyn ee keeni karta xanuunnada dhimirka iyo cudurrada kale ee ku dhaca xubnaha qofka, iyo in lala dagaallamo isticmaalka noocyada kale ee maandooriyaalka ah
- In la kordhiyo qaadashada cunta isu-dheellitiran oo caafimaad leh (healthy balanced diet), iyo jimicsiga jirka, si loogu suurta geliyo bulshada inay hoos-u-dhigaan heerarka soo kordhaya ee xanuunnada/jirrooyinka iyo dhimashada ka yimaada cudurrada aan lakala-qaadin
- In kor loo qaado adeegsiga ka hortagga heerka koowaad iyo kan heerka labaad ee cudurrada aan lakala-qaadin (Primary Prevention and Secondary prevention), sida cudurrada wadnaha iyo xididdada dhiigga, sokorta ama macaanka, kansarka, cudurrada neef mareenka ee raaga, iyo cudurrada dhimirka, kuwaas oo ku dhafan, qayb muhiim ahna ka ah, nidaamka caafimaadka, iyo in la fuliyo siyaasado dhaqaale yar, faa'ido badan lagu dhalinayo, sida hor-u-ogaanshaha cudurka iyo durba-daaweyntiisa (Early Detection and Timely treatment)
- In kor loo qaado wacyigelinta dadweynaha xagga arrimaha caafimaadka dhimirka, kahortagga isku-buuqidda dhimirka, iyo yareynta dhaleeceynta, takoorka iyo ku-xadgudubka xuquuqdooda, isla markaasna la soo saaro xeerar la xiriira caafimaadka dhimirka, oo loogu tala galay ilaalinta iyo daryeelka ay u baaahanyihiin bukaanadan tabarta daran, iyadoo daryeelkooda laga fulinayo goobo aan silsilad lagu xireyn, oo la isku dhafayo xanaaneynta dhaqan, isku-daaweynta diinta iyo daryeelka nidaamka caafimaadka

#### **d) Ka hortagga dhaawacyada iyo Waxyeellada Ula-kaca ah (Injury and Violence Prevention)**

- Kor u qaadidda wacyigelinta laxiriirta dhibaatooyinka ka dhasha dhaawacyada shilalka waddooyinka iyo waxyeellada-ula-kaca ah ee gacanta, iyadoo hoosta laga xarriiqayo dowlada muhiimka ah ee caafimaadka guud ka ciyaari karo wax kaqabashada sababaha bilow ahaan asaaska u ah (Underlying Causes), iyo natiijooyinka ka dhasha caqabadahaas horyaalla caafimaadka guud, iyo xoojinta ka hortagooda iyo xakameyntooda
- Diyaarinta qorshe kulminaya waaxyo iyo hey'ado kala duwan, oo looga hortagayo dhaawacyada iyo waxyeellada-ula-kaca ah ee gacanta, iyo in la xoojiyo daryeelka dhaawacyada culus ee bukaanka, isbitaalka ka hor iyo marka la geeyo isbitaalka gobolka iyo xoojinta daryeelka dhaqan-celinta; abuuridda Nidaamka Caafimaadka Degdegga ah (Emergency Medical System-EMS) iyo dejinta iyo bixinta qalab heerkiisa farsamo ku jaang'anyahay baahida asaasiga ah, iyadoo la dhisayo kartida looga baahanyahay xirfadlayaasha caafimaadka

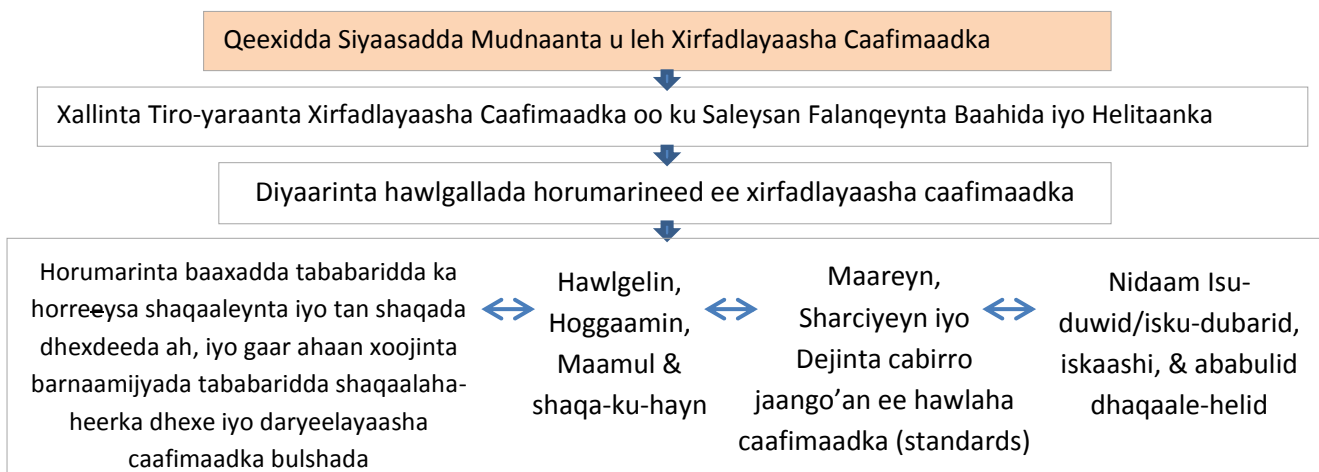
- In la dhaqangeliyo sharciga ku saabsan ka hortagga iyo xakameynta dhaawacyada ka yimaada shilalaka waddoyinka, islamarkaana la adkeeyo iskaashiga waaxyaha kala duwan, oo u hawlgelaya wax ka qabashada xaaladaha khatareed ee ka dhasha raacid-la'aanta calaamadaha waddada, xirasho-la'aanta suunka badbaadada, ku-socod xawaare xad-dhaaf ah, iyo isticmaalka telefoonada gacanta xilliga gaariga la wado, iyo wadidda gaariga xilli uu qofku soo isticmaalay waxyaabaha maanka dooriya
- Xoojinta la dagaallanka waxyeellada-ula-kaca ah ee ku saleysan jinsiga, oo ay kamid yihiin waxyeelada gacanta ama waxyeellada xad gudubka galmada, iyadoo tani ay tahay dhibaato weyn ee caafimaadka guud iyo dhibaato xuquuqda aadanaha, loona baahanyahay xoojinta waxqabadka waaxda caafimaadka, ee dhinacyada ka hortagga, daweynta iyo daryeelka
- Dhisidda nidaamka xogta ee ku wajahan ka hortagga dhaawacyada, iyo waxyeellada ula-kaca ah, iyo dhaqan-gelinta nidaamka la-socoshada dhaawacyada, si loo qiyaaso baaxadda dhaawacyada iyo waxyeellada ula-kaca ah, oo xogtaas looga faa'ideysto sidii loo abaabuli lahaa taageero bulsho oo waxqabad ku saleysan

## 8.2 Xal-u-helidda Dhibaataada Yaraanta Cududda Xirfadlayaasha Caafimaadka (Overcoming the Crisis of Human Resources for Health)

### Ujeeddada siyaasadeed

In la helo tira habboon ee xirfadlayaal caafimaad, kuwaas oo leh aqoon wanaagsan, karti farsamo, iyo feker-aragti fiican, isla markaasna tababaran, oo hab loo simanyahay lagu soo qoray shaqada, mushahar fiican qaata, oo haysta maamul, kormeer iyo dabagal wanaagsan, oo si karti leh u fulinaya hawlihii loo xilsaaray, si ay u gaaraan wax-soosaarkii iyo natijoooyinkii uu nidaamka caafimaadku tilmaansaday

**Figarka 5aad: Xallinta Tiro-yaraanta Xirfadlayaasha Caafimaadka oo ku Saleysan Falanqeynta Baahida iyo Helitaanka (Addressing the HRH shortages with Demand and Supply analysis)**



### Itijaahyada Siyaasadeed ee Mudnaanta leh (Priority Policy Directions)

- In la taageero ballaarinta iyo xoojinta macaahidda waxbarashada caafimadka ee dawladda iyo kuwa sida gaarka ah loo leeyahay, iyadoo gaar ahaan fookuska la saarayo, sidii loo dardar-gelin lahaa kordhinta soo saaridda xirfadlayaasha caafimaadka heerka-dhexe, oo dabooli kara baahida caafimaad ee dadweynaha, lana adeegsado manaahij waxbarasho oo cabirro jaango'an lagu saleeyey, lana diyaariyo barnaamijyo waxbarasho oo loogu talagalay barayaasha heerarka ka sarreya waxbarashada aasaasiga ah (Post-basic tutors)

- In la dardar geliyo fulinta iyo ballaarinta barnaamijka Haweenka Daryeelka Caafimaadka Bulshada (Marwo Caafimaad) si loo gaaro himilada ku saleysan daryeel caafimaad oo loo wada simanyahay, dadkuna awodo, taas oo lagu heli karo tababaridda marwooyinka caafimaad, umulisooyinka bulshada iyo kaaliyayaasha umilisooyinka bulshada, iyo abuurista nidaam ay dawladda hoose iyo bulshaduba ku taageeraan tababarradaas
- In lagu dhaqo xirfadlayaasha caafimaadka xeerar iyo sharciyo daah-furan ama hufan (transparent), oo saameeya habka xulashadooda, shaqa-qoridda iyo si caddaalad ah u hawlgelintooda, iyadoo la hirgelinayo habka “wadashaqeynta isku-jaango’an ee xirfadlayaasha” (Standardized Skill Mix), oo waafaqsan barnaamijka EPHS, iyo in la qorsheeyo hirgelinta qaababka “wareejinta hawlaha-farsamo” (Task Shifting), oo ah hab xirfadlayaasha dhexe ama hoose, xilal farsamo oo dheeri ah lagu tababaro, si loo ballaariyo awoodda waxqabad ee shaqaalaha caafimaadka, loona helo adeegyada lagama-maarmaanka ah ee daryeelka caafimaadka.
- In la hagaajiyo maareynta iyo hogaaminta shaqaalaha caafimaad, iyo awoodaha maamulka ee, waaxda caafimaadka; diyaarinta “buugga shaqaalaha ee habraaca fulinta shaqada” (staff Operating Procedures Manual), oo qeexaya heshiiska shaqada (Job Contract), shuruudaha shaqaaleynta, ku-meeleynta goobta shaqo, mushaharka, habka qaybinta howlaha, kormeerka ujeeddadiisu tahay taageeridda xirfadlayaasha (supportive supervision) iyo hirgelinta hab-maamul oo isku xiraya waxqabadka iyo natiijada (performance based management), iyadoo hawlgalladaas la waafajinayo xeerarka anshaxa shaqada (Ethical Codes of Practice)
- In kor loo qaado dhiirrigelinta shaqaalaha caafimaadka iyo ku-hayntooda shaqada (Retention), iyadoo la siinayo mushahar ku saleysan cabirro jango’an oo is-waafaqsan (Standardized and Harmonized Salary), isla markaasna dabooli kara baahi-nololeedka asaasiga ah, gunnada hawrkarka (Hardship Allowance), dhiirrigelin aan lacag aheyn (Non-monetary Incentives), iyo in nidaamka gunnooyinka heya’daha aan dawliga ahayn (NGOs), oo hadda ay si toos u siiyaan xirfadlayaasha caafimaadka, la beddelo, iyadoo gunnooyinkaas si wadajir ah loogu qorsheynayo xirfadlayaasha caafimaadka Soomaaliyeed, loona soo marsiiyo dowladda, iyadoo la hirgelinayo nidaamka isu-duwidda iyo isla-xisaabtanka, sidoo kalena la joogteyo kororsiimada miisaaniyadda dawladda, ee loogu tala galay shaqaalaha caafimaadka
- In la taageero asaasidda ururro xirfadeed, kuwaasoo xiriir-wadashaqeyn ah la yeelanaya wasaaradda Caaafimaadka, xagga arrimaha sharci-dejinta, shahaado-bixinta, aqoonsiga u qalmidda herka waxbarasho (credentialing), diiwaangelinta iyo aqoonsiga u qalmidda heerka farsamo (Accreditation), liisan-siinta xirfadlayaasha caafimaadka iyo sameynta xeerar-hoosaad (bye-lows), sharciyo dawladeed (Acts) iyo xeerar nidaamiya hawlqabadka shaqada (Code of Practice)
- In la dhiso “Golayaasha Xirfadlayaasha Caafimaadka” (Health Professional Councils-HPCs) ee heer Wasaarad Caafimaad, si ay u qaadaan mas’uuliyadda dejinta sharciyada xirfadlayaasha caafimaadka; in kor-loo qaado awoodda waxqabad ee xirfadlayaasha kala duwan iyo in la hirgeliyo tabobarrada “horumarinta aqoonta xirfadlayaasha ee joogtada ah” (Continuing Professional Development-CPD), iyo nidaamka dallacsiinta xirfadlayaasha, isla markaasna kor loo qaado caafimaadka shaqaalaha iyo ammaanka bukaanka, oo lagu gaari karo in la hagaajiyo bii’adda goobaha shaqada (Working Environment), lana xakameeyo khataraha keena cudurrada goobaha shaqada iyo shilalka shaqo, ee saameeya shaqaalaha caafimaadka
- In la hagaajiyo nidaamka macluumaadka xirfadlayaasha caafimaadka, iyadoo la dhisayo xafiiska kaydinta iyo falanqeynta xogta shaqaalaha (HRH Observatories), oo loogu talagalay ururinta dhammaan xogta muhiimka ah, ee xirfadlayaasha caafimaad iyo diyaarinta tilmaamayaal (indicators) la cabbiri karo, oo saameynaya soo-saaridda shaqaalaha caafimaad, tababarkooda, hawlgelintooda iyo shaqo-ku-hayntooda
- In la dhiso nidaamka isu-duwidda iyo iskudubaridka xirfadlayaasha caafimaadka, oo ay iska kaashadaan dawladda iyo hey’adaha iskaaashiga caafimaadka oo ku saabsan qorsheynta iyo fulinta tabarrada asaasiga ah ee xirfadlayaasha caafimaadka waqtiga shaqaaleynta ka hor, iyo

kuwa xirfadlayaasha shaqeeya loogu tala-galay, iyo sidoo kale fulinta “horumarinta aqoonta xirfadlayaasha ee joogtada ah”, oo qayb muhiim ah ka ah waxbarashada aan kala-go’ a lahayn inta la noolyahay, isla markaasna la taageero maamulka ku saleysan waxqabadka xirfadlayaasha caafimaad (performance management), ee ka hawlgala goobaha adeegga caafimaad oo dhan

### **8.3 Horumarinta Maareynta iyo Hogaaminta Nidaamka Caafimaadka (Improving Governance and Leadership of the Health System)**

#### **Ujeeddada Siyaasadeed (Policy Objective)**

In loo dhiso nidaamka caafimaadka hogaamin wax-ku-ool ah, oo lagu sii xoojiyey maareyn-wanaagsan oo saldhig adag leh, oo si waxtar leh oo dhaameystiran u fulinaya adeegyada waaxda caafimadka.

#### **Itijaahyada Siyaasadeed ee Mudnaanta leh (Priority Policy Directions)**

- Xoojinta maareynta iyo hogaaminta Wasaaradda Caafimaadka xagga dejinta shuruucda, xeerarka iyo cabirrada jaango’an (Standards), oo ku wajahan hawlgallada muhiimka u ah nidaamka caafimaadka, iyo ku tababaridda dhammaan maamulayasha, ka hawlgala heerarka kala duwan ee daryeelka caafimaadka, barashada hogaaminta iyo aqoonta maamulka, iyagoo ka qaybgelaya tabobarro kartidooda sare u qaadaya, oo si gaar ah loogu saleeyey baahida waaxda caafimaadka
- Xoojinta maamulka lacagta, hufnaanta iyo isla-xisaabtanka la xiriira soo bandhigidda macluumaadka shaqaaleynta iyo habka soo xulidda iyo shaqo-qoridda, si kor loogu qaado kartida hawl-fulinta adeegyada nidaamka caafimaadka, lagana abuurto Wasaaradda Caafimaadka hantidhowrka gudaha ah (internal audit), oo leh karti isla markaasna dhalinaya natiijooyin hawlgal, ee lagu badbaadiyo dhaqaalaha iyo hantida kale ee waaxda caafimadka
- Abuuridda wadashaqeyn iyo xiriir iskudubaridan, oo ku-salaysan aragtida ah “waa in kaalmooyinku dhaliyaan natiijooyin waxtar weyn leh” (Aid Effectiveness), taas oo xambaarsan mabaad’ida kala ah: qiridda lahaanshaha dawladda ee barnaamijka (National Ownership), iswaafajinta kaalmada iyo qorshayaasha dawladda (Alignment), iyo hay’adaha kaalmada bixiya iyo dawladda oo aragti mideysan ka leh hawlgallada (harmonization), islaxisaabtan-wadaag (mutual accountability) iyo maamulka hawlgallada oo ku wajahan sidii loo gaari-lahaa natiijooyin (Managing for Results)
- Dejinta sharciyada caafimadka ee daneynaya hawlaha muhiimka ah, ee la xiriira lixda tiir ee nidaamka caafimadka, iyadoo xoogga la saarayo adeegyada caafimadka, caafimadka guud iyo caafimaadka dhimirka; xirfadlayaasha caafimaadka; daawooyinka iyo sahayda kale ee caafimaadka iyo qalabka; ammaanka cuntada; caafimaadka deegaanka iyo fayadhowrka; iyo baahinta maamulka nidaamka caafimadka (Decentralization), iskudubaridka xiriirka wadashaqeynta, maalgelinta daryeelka caafimaadka, iyo dejinta qaab-dhismeedka sharciga ilaalinta caafimaadka bulshada (Social Health Protection)
- Dejinta sharciyada saameynaya adeegyada caafimaadka, xarumaha tababaridda, qaybta dawooyinka iyo cuntada iyo cabitaannada, iyadoo xiriir iskaashi lala sameynayo golyaasha xirfadlaayasha caafimaadka iyo mas’uuliyiinta u xilsaaran sharciyeynta daawooyinka; dhaqangelinta nidaamka “aqoonsiga-u-qalmidda heerka farsamo” (Accreditation) ee xarumaha caafimaadka ee dawladda iyo kuwa gaarka ah, iyo fulinta xeerarka anshaxa ee xirfadaha caafimaadka
- Xoojinta hawlaha socda ee baahinta awoodaha maamulka oo loogu talagalay madaxda heer gobol iyo heer degmo, si ay dowr weyn ugu yeeshaan bixinta, maalgelinta iyo maamulka adeegyada caafimaadka, iyadoo isla markaasna la dhiirrigelinayo iskaashiga waaxyaha kala

duwan (intersectoral collaboration), si wax-looga qabto saameynta caafimaad ay ku leeyihiin xaalad-nololeedyada bulshadu ku sugantahay (Social determinants of Health)

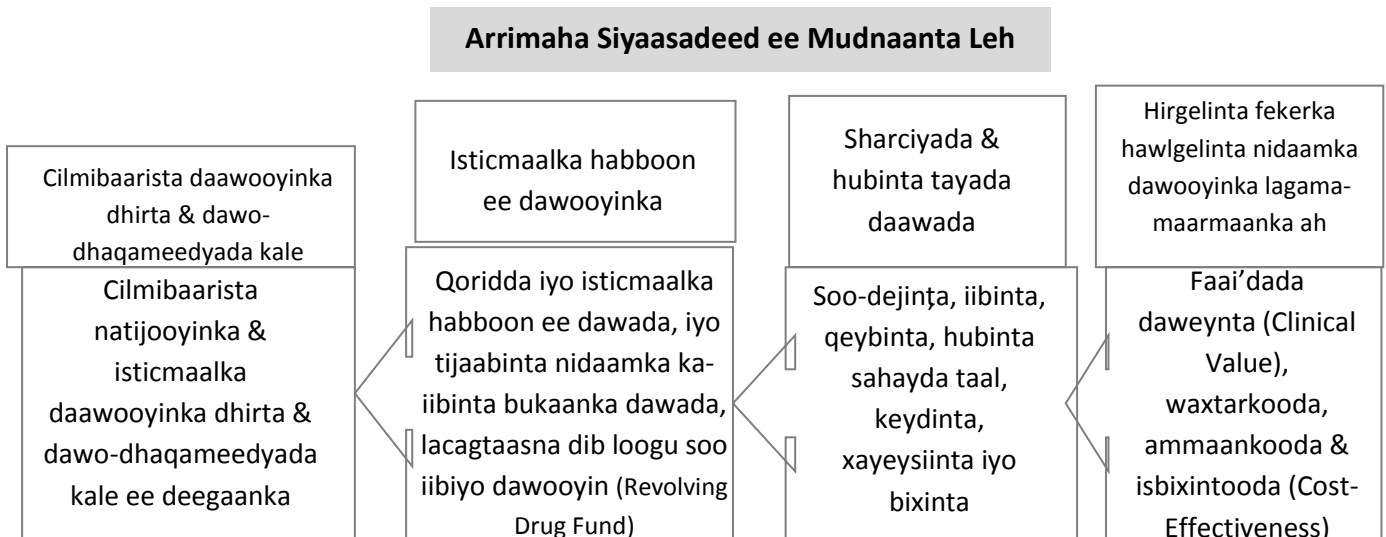
- Gaarsiinta si caddaan ah macluumaadka baarista caafimaad oo dhameystiran, dhamaan bukaanka iyo qoysaskooda iyadoo loo soo bandhigayo xogta loo baahanyahay oo dhan oo u suurta-gelinaysa iney si xog-ogaalnimo ah, uga qayb-qaataan go'aamada laga qaadanayo daryeelkooda caafimad, islamarkaasna la dhaqangeliyo ilaalinta-sir ahaanshaha xogta ee nidaamka daryeelka caafimaadka
- In laga abuurto dhamaam goobaha caafimaadka, fursadaha ah in bukaanku ay soo bandhigi karaan cabashooyinkooda iyo ammaantooda ama talooyin ku saabsan adeegyadii caafimaadka ee la siiyey, iyadoo isla markaas la abuurayo habab rasmi ah oo nidaamka caafimaadku ku sameeyo baaris, uga helo warbixin, tallaabooyinna uu qaado
- In la abuurto habraacyo guud (General Guidelines) oo caddeynaya mabaadi'da muhiimka ah iyo hababka hawlgallada ee "heshiiska bukaanka iyo nidaamka adeegga caafimaadka" (Client Service Charter), islamarkaasna la kordhiyo waxbaridda bulshada, si sare loogu qaado aqoontooda la xiriirta adeegyada uu bixiyo nidaamka caafimaadku, oo loogu talagalay hagaajinta hab-u-dhaqanka bukaanka ee la xiriira raadsiga daryeelka (Care Seeking Behaviour)

#### 8.4 Sare-Uqaadidda Helitaanka Dawooyinka Lagama-Maarmaanka ah iyo Teknooloojiyada (Enhancing the Access to Essential Medicines and Technologies)

##### Ujeedada siyaasadeed (Policy Objective)

In lagu dadaalo helitaanka dawooyinka lagama-maarmaanka ah, tallaalada iyo sahayda kale ee adeegyada caafimaadka, kuwaasoo dabooli kara baahida mudnaanta leh ee daryeelka caafimaadka bulshada, oo tiro iyo tayo ahaanba fiican, qiimahooduna yahay mid bulshada iyo nidaamka caafimaadkuba awoodi karaan.

**Figarka 6aad. Hubinta helitaanka iyo isticmaalka habboon ee dawooyinka lagama-maarmaanka ah**



##### Itijaahyada Siyaasadeed ee Mudnaanta leh (Priority Policy Directions)

- Fulinta fekerka "dawooyinka lagama-maarmaanka ah" (Concept of Essential Medicines) oo waafaqsan baahiyaha mudnaanta u leh daryeelka caafimadka, iyadoo si gaar ah ahammiyad loo siinayo waxtarkooda, ammaankooda, iyo is-bixintooda xagga awoodda nidaamka caafimaadka ee ku saleysan qiimaha iyo faai'dada dawada; mideynta shruudaha soo iibsiga; tababaridda

tirada loo baahanyahay ee xirfadlayaasha caafimadka iyo diyaarinta buug kulmiya dawooyinka muhiimka ah ee xirfadlayaasha caafimaadka oo u idmani qoraan (Drug Formularies), oo ay tahay in laga hirgeliyo goobaha caafimaadka dawladda

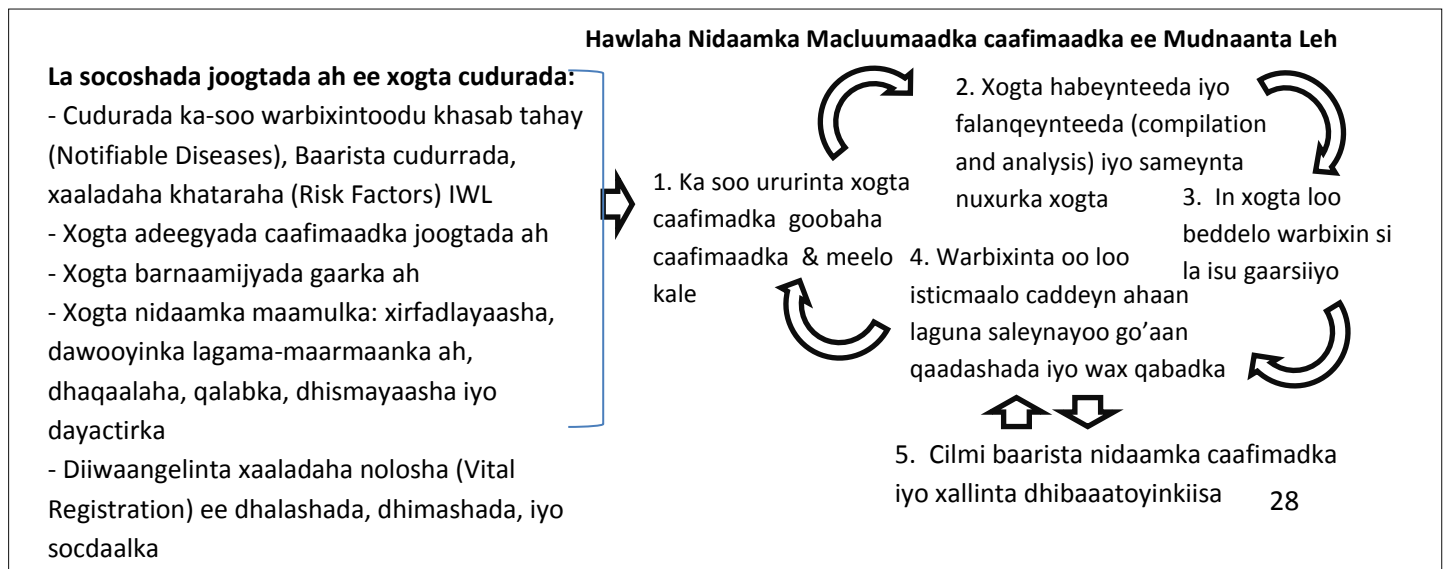
- Ilaalinta nidaamka tayada dawooyinka (Drug Quality Assurance) oo saameynaya soo dajinta, iibinta, qeybinta, lasocodka sahayda taal, keydinta, xayeysiinta iyo bixinta, si loo xafido tayada, loogana hortago isticmaalka dawooyin dhacay, ama been iyo khiyaamo sameyntooda lagu saleeyey (Counterfeit Products), iyadoo isla markaas la dhiirri-gelinayo wax soo saarka gudaha oo shuruuc adag lagu maamulo
- Sharciyeynta dawooyinka, iyadoo laga dhigayo khasab in si rasmi ah loo diiwaangeliyo dawooyinka, loona sameeyo tilmaamo iyo habraac guud oo xeerinaya habka aqbalaadda dawooyinka deeqda ah, iyo in la hagaajiyo keydinta dawooyinka iyo nidaamyada qeybintooda, la dhiirrigeliyo isticmaalka dawooyinka lagama-maarmaanka ah iyo nidaamka dawa-qoridda wanaagsan (rational prescribing), iyo sidoo kale in la dejiyo nidaam leh habraac ee ku aaddan daaweynta cudurada caanka ah oo lagu daweeyo waaxda caafimaadka
- Tijaabinta barnaamijka ah ka-iibinta bukaanka daawada, lacagtana dib loogu soo wareejiyo soo iibinta daawadii baxday “Sanduuqa Dawada ee Wareega” (Revolving Drug Fund-RDF), habkan oo ku saleysan in bilowga la maalgeliyo sahayda daawooyinka laga bixiyo goobaha caafimaadka, kaddibna daawooyinkaas laga iibiyo bukaanka, lacagtaasne dib loogu keeno dawooyin; iyo in lagu sameeyo qiimeyn awoodda nidamkan, xagga fududeynta ka-helitaanka daawooyinka goobaha caafimaadka, iyo inuu yareeyo daawola’aanta dhici karta, isla markaasne la helo hab wax lagu qaban karo bukaanka saboolka ah ee aan daawada iibsan karin
- Hirgelinta cilmi baaris lagu sameeyo dawo-dhiredka iyo dawooyin-dhaqameedyada kale, si loo ogaado waxtarkooda iyo halista ka imaan karta isticmaalkooda, lana kordhiyo aqoonta dadka, xagga isticmaalka habboon ee dawooyinkaas

## 8.5 Horumarinta Nidaamka Maamulka Macluumaadka Cafimaadka iyo Cilmi-baarista (Developing Health Management Information System and Research)

### Ujeedada siyaasadeed (Policy Objective)

In la aburo nidaamka maamulka macluumaadka caafimaadka oo awood u leh soo ururinta iyo falanqeynta qayb yar oo xul ah, ee xogta nidaamka caafimaadka, oo la-isku-halleyn-karo, sax ah, waqtigii loogu talagalay lagu soo ururiyey, lagala soo baxay nuxurkii xogta, si loo ogaado dhibaatooyinka caafimaadka iyo baahida jirta, kaddibna caddeyntaas ka soo baxday xogta, lagu saleeyo qorsheynta hawlgallada caafimaadka, ee faa’idadodu ka baaxad-weyntahay dhaqaalaha la geliyey (cost-effective), iyo dabagalka isbeddellada caafimaadka (Monitoring Health Trends) iyo in la kordhiyo habka isla-xisaabtanka (Accountability), si kor loogu qaado natiijooyinka caafimaad ee saameeya dadweynaha.

Figarka 7aad. Hawlaha asaasiga ah ee nidaamka maamulka macluumaadka caafimaadka iyo baaxadda xog ururinta



## Itijaahyada Siyaasadeed ee Mudnaanta leh (Priority Policy Directions)

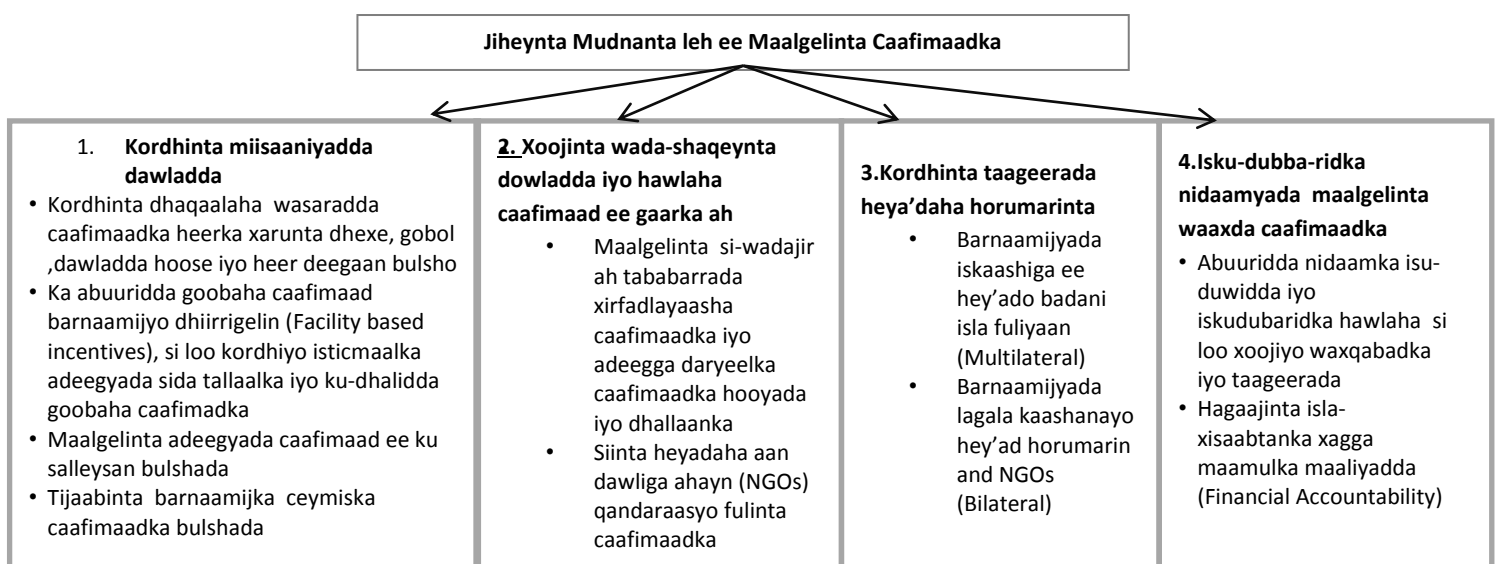
- Dhisidda xarunta aragtida-ballaaran ee nidaamka caafimadka (Health System Observatory) oo lagu soo ururiyo xogta si waqtiyeysan, layskuna habeeyo, laguna falanqeeyo xogta ka imanaysa nidaamka maamulka macluumaadka caafimaadka (Health Management Information System), iyadoo laysku-dhafayo xogta ka timaadda adeegyada caafimaad iyo tan ka timaada nidaamyada maamulka, kadibna loo beddelo xogtaas warbixinno caddeyntooda loo adeegsado go'aan qaadashada, iyo in lagu ogaado baahida caafimaad, laguna aqoonsado caqabadaha jira, kaddibna la xalliyo, isla markaasna la xoojiyo maamulka iyo fulinta hawlaha nidaamka caafimaad
- Dib-u-soo nooleynta qaybaha la dayacay ee nidaamka maamulka macluumaadka caafimaadka, oo ay ka midyihiin xogta bukaanjiifka, tan la-xiriirta nidaamka maamulka caafimaadka, iyo la-socodka horumarrada laga sameeyay gaaridda MDGs, iyadoo isla markaas, sare loo qadaayo soo uruurinta iyo tebinta tirakoobyada xaalad nololeedka bulshada (Vital Statistics)
- Horumarinta cilmibaarista nidaamka caafimaadka iyo cilmi baarista lagu xalliyo dhibaatooyinka caafimaadka (Health System and Operational Research), iyadoo kor loo qaadayo aqoonta shaqaalaha, si ay u qiimeeyaan horumarka lagu dhaqaaqay xagga, fulinta barnaamijyada caafimaadka muhiimka ah; iyo in la ogaado caqabadaha lala kulmay, isla markaasna lagu dhaqaaqo tallabooyinkii lagu xallin lahaa, kaddibna la hagaajiyo abaabulka iyo fulinta adeegyada caafimaadka, iyadoo cilmi baaristaas lala kaashanayo xarumaha waxbarashada, si loo abbaaro baahida caafimaadka daweynaha
- Abuuridda karti suurta-gelinaysa hirgelinta maamul ku-salysan isticmaalka xogta caafimaadka (Evidence Based Management), taas oo lagu gaarayo kordhinta kartida maamulayaasha caafimaadka ee la xiriirta adeegsigooda xogta “nidaamka maamulka macluumaadka caafimaadka”, iyadoo baranaya sidey dhaqan ugu noqonlahayd, isticmaalka xogtaas, iyo xogta ka dhalata cilmibaarista loo adeegsado qiimeynta, qorsheynta iyo fulinta adeegyada caafimaadka

## 8.6 Maalgelinta Caafimadka si loo Helo Daryeel loo Wada-Simanyahay (Health Financing for Universal Coverage)

### Ujeeddada Siyaasadeed (Policy Objective)

In loogu tala galo caafimaadka dhaqaale ku filan, oo ka badbaadinaya dadka saboolka ah iyo kuwa dhibaatooyinka u nugul, in aaney soo wajahin “kharashyada caafimaad ee lagu hanti-beelo” (Catastrophic Health Expenditure), lana xaqiijiyo in dadweynuhu heli karo daryeel ay awoodaan oo u horkacaya daryeel caafimaad ee loo wada-simanyahay.

Figarka 8aad: Itijaahyada mudnaanta leh ee maalgelinta caafimaadka



## **Itijaahyada Siyaasadeed (Policy Directions)**

- Kordhinta miisaaniyadda dowladdu ay u qoondeyso caafimadka, si looga dhabeeyo balanqaadkii la sameeyay, iyadoo isla markaasna loogu tallaabsado abaabul, sidii heer gobol, dawlad hoose iyo heer bulsho, ay uga qeybgeli-lahaayeen hawlaha caafimadka ee kala duwan, dhaqaalena ku bixiyaan, iyo in hawlahaas loo fuliyo si hufan, si wadajir ahna looga warhayo (Collective Oversight), iyadoo isla markaas lagu sameeynayo dabagal dhaqaalaha waaxda caafimaadka
- Bixinta dhiirrigelin dhaqaale oo ku wajahan ku-umulidda haweenka uurka leh goobaha caafimaadka, iyo bixinta tallaallada carruurta, taas oo looga danleeyahay in sare loo qaado isticmaalka adeegyadaas, iyadoo lagu hirgelinayo nidaam lagu bixinayo kharashyo fududeynaya soo raadsiga daryeelka (Voucher System), ama la fuliyo dhiirrigelinno kale, oo sahlaya in carruurta loo keeno tallaalka, hooyada uurka lehna loo keeno baaris iyo lasocod
- Horumarinta iskaashiga dawladda iyo hawlaha caafimaadka gaarka ah (Public Private Partnership), uu la socdo nidaam dhiirrigelin, oo lagu xoojinayo sidii looga faa'ideysanlahaa kaalinta hawlaha ay fuliyaan hey'adaha gaarka ah oo faai'do-doonka ah (Private-for-Profit) iyo kuwa aan faai'do- doonka ahayn (Private-not-for-Profit), oo ku wajahan arrimaha la xiriira horumarinta tababarada xirfadlayaasha caafimaadka ee ka horreya shaqada, adeegyada tallaalka, iyo hakinta cudurrada lakala qaado, ee culeyska iyo khatarta weyn xambaarsan
- Sahaminta hirgelinta barnaamijka Ceeymiska Caafimadka Bulshada, si loo hagaajiyo daryeelka, loogana baajiyo kooxaha bulshada ee danyarta ah, iney bixiyaan kharashyo caafimaad ay ku hanti-beelaan (Catastrophic Expenditures), halka kuwa ugu saboolsan bulshaduna u baahanyihiin in dawladdu si buuxda u kabto baahidooda caafimaad
- Isu-duwidka iyo iskudubaridka abaabulidda dhaqaalaha caafimaadka, oo ay hey'adaha horumarinta ee la shaqeeya caafimadku (Development partners) ku deeqaan, laguna dadaalo in dawladda shisheeye iyo hay'adahaas kaalamiga ah iyo wasaaradda caafimaadku, isku aragti mideysan ka leeyihiin maalgelinta barnaamijyada caafimaadka, si loo dhaqan-geliyo mabaadi'da ku saleysan "waa in kaalmooyinku dhaliyaan natiijooyin waxtar weyn leh" (Aid Effectiveness), taas oo ka qayb-qaadanaysa sidii saadaalin kalsooni leh loogu sameyn lahaa maalgelinta caafimaadka
- Maamulidda go'aammada la xiriira qandras bixinta, loogu xilsaarayo fulinta adeegyada caafimaadka, heya'do-aan-dawli-ahayn (NGOs), iyagoo fulinaya kaalin adeeg ee dawladda, isla markaasna la raacayo heshiisyo faahfaasan, oo isku-dubaridkooda laga qaybgelinayo heya'daha iskaashiga la leh caafimaadka (Health Partner organizations), iyo in la sameeyo qiimeyn wada-wadajir ah, oo qeexaysa wax-soo-saarka (outputs), natiijooyinka (outcomes) iyo saameynta (impact) ay dhaliyeen hawlgalladaasi caafimaad, laguna fuliyo habab baaritaan oo la iska kaashaday

### **8.7 Hagaajinta Kaabayaasha Adeegyada Caafimaadka iyo Qalabka (Improving Health Services' Physical Infrastructure and Equipment)**

#### **Ujeedada Siyaasadeed (Policy Objective)**

In la kabo baahida weyn ee ka dhalatay yaraanta ka taagan dhismayaasha goobaha caafimaadka, lana abuurto dhismayaal hantigal ah, oo leh deegaan u qalma hawlgallada loo baahanyahay, si wax-ku-ool ahna loogu fuliyo adeegyada caafimaadka.

#### **Itijaahyada siyaasadeed (Policy Directions)**

- Dajinta xeerar ku saleysan cabirrada-jaan-go'an ay tahay in la fuliyo (Normative Standards), oo ku wajahan kaabayaasha waaxda caafimaadka, oo ka kooban dhismayaasha, qalabka, teknoolijiyada/farsamooyinka iyo nidaamka kaalinta ee saadka (Logistic Support System), iyo u



hawlgelidda dib-u-habeyntooda xagga dhismaha, dayactirka, qalabeynta, farsamooyinka loo adeegsado baarista, iyo ambalaasyada gargaarka degdegga ah, ee looga baahan yahay afarta heer ee laga bixiyo adeegyada caafimaadka

- Dejinta siyaasadda habraacyada qalabka caafimaadka (Medical Equipment Policy Guidelines), iyadoo qalabka saldhigga ah, ee si jaango’an loo go’aamiyey in lagu rakibo goob kasta ee adeegga caafimaad, marka hore la qiimeeyo, iyadoo tilmaamohooda farsamo ee loo baahanyhay si muuqata loo caddeeyo, isla markaasna shaqaalaha caafimaadka ee loo xilsaaray qalabkaas la siiyo tababarro, sidey si wax-ku-ool ah ugu isticmaali lahaayeen, si taya lehna u maamuli lahaayeen qalabkaas, iyadoo hubinaya ammaanka bukaanka
- Sameynta nidaam maamul ee la xiriira “baarista teknoolojiyada caafimaadka” (Health technology Assessment), oo suurta-gelinaya in si joojta ah loo qiimeeyo khawaastiisa (properties), la hubiyo in faa’idadiisu ka baxadweyntahay dhaqaalaha la gelinayo (cost-effective), iyo in la qiimeeyo saameynta uu ku leeyahay adeegga caafimaadka (impact on Health Services), iyo sidoo kale kaalintiisa xagga daryeelka bukaanka; fududaanta isticmaalkiisa iyo dayactirkiisa, isla markaasna loo sameyanayo xeerarka ku haboon

## **8.8 U Diyaar-garowga Xaaladaha Caafimaad ee Degdegga ah iyo Wax-ka Qabadkooda (Health Emergency Preparedness and Response)**

### **Ujeedada Siyaasaded (Policy Objectives)**

In la xoojiyo nidaamka caafimaadka iyo awooddiisa ah, inuu muddo gaaban ku diyaariyo xirfadlayaal caafimaad, qalab iyo dawooyin (Surge Capacity), loogu talagalay ka hortagga, baarista caafimaad, yareynta waxyeellada xaaladda degdegga ah, lasocodka, qiimeeynta iyo xakameynta khataraha soofood-saara caafimaadka dadweynaha (public Health Threats) iyo in loo gurmado dadka ku waxyeelobay, loona gudbiyo taageero isk-dhafan oo wax-ku-ool ah, oo ku aaddan baahida ka dhalatay xaaladdaas caafimaad ee degdegga ah.

### **Itijaahyada Siyaasadeed ee mudnaanta leh (Priority Policy Directions)**

- Dhisidda awoodda nidaamka caafimaadka iyo abuuridda adkeysiga caafimaadka guud (Public Health Resilience), diyaargarow iyo stratejiyad siyaasadeed ee ka hawlgelaysa heerka xarunta-dhexe, heer gobol, degmo iyo heer bulsho oo itijaaheedu yahay sidii loo yareyn lahaa waxyeelada xaaladahaas degdegga ahi, u geystaan dadweynaha
- Hirgelinta fikradda ku saleysan “nidaamka digniinta hore ee cudurada iyo musiibooyinka” (Disease and Disaster Early Warning System); qiimeynta khatarta musiibooyinka, daaweynta dhaawacyada tirade badan, iyo dhisidda iyo ogolaanshaha hawlgallada ambulaasyada gaarka ah; iyo in si dhow loo dabagalo, loona qiimeeyo saamaynta ka dhalata xaaladahaas degdegga ah, iyo in la qeexo, lana dhiso baaxadda diyaargarowga iyo waxqabadka loo baahanyahay
- Hawlgelinta hoogaaminta, isu-duwidda iyo iskudubaridka wax-ku-oolka ah, ee ku wajahan wax-ka-qabashada hawlaha caafimaad degdegga ah, abaabulidda baaxadda taageerada waaxyaha kala duwan (Intersectoral Capacities) iyo hawlgelinta bulshada ee loo baahanyahay
- Abuuridda nidaamka macluumaadka ee u-diyaargarowga xaaladaha degdegga ah iyo wax-ka-qabadkooda, iyadoo fokuska la saarayo xogta lasocodka-joojtada ah ee cudurada iyo nafaqada, iyo u-gudbinta iyo ku baahinta xogtaas, hay’adaha muhiimka ah, oo iskaashiga la leh waaxda caafimaadka (Health Sector Partners)
- Diyaarinta habraacyo guud (General Guidelines) iyo cabirro-jaango’an ee hawlgallada (operational standards), oo hagaya farsamooyinka lagama-maarmaanka u ah, diyaargarowga iyo wax-ka-qabadka xaaladaha degdegga ah, oo ay ka midyihiin hawlaha saadka (logistics), tababarrada shaqaalaha caafimaadka, hore-u keydinta daawooyinka lagama maarmaanka ah

(Pre-positioning of Essential Drugs), iyo ku-talagalka dhaqaale iyo farsamo ee wax looga qabanayo dhacdooyinka la filan-karo (Contingency Support)

## **8.9 Hirgelinta Hawlgalka Waxqabad ee ku Aaddan Xaalad-nololeedyada Bulshada ee Saameeynta ku leh Caafimaadka iyo ku dhafidda Caafimaad Siyaasadaha oo Idil (Promoting Action on Social Determinants of Health and Health on All Policies)**

### **Ujeedada Siyaasadeed (Policy Objective)**

- In sare loo qaado caafimaadka bulshada, lana-yareeyo sinnaansho-la'aanta caafimaadka bulshada, iyadoo wax laga qabanayo xaalad-nololeedka bulshadu ku sugantahay oo saameeynta ku leh caafimaadka, iyo in la isku-dhafo aragtida waxqabad ee caafimaadka iyo habdhismeedka ballaaran ee horumarinta, isla markasna xoogga la saaro iskaashiga waaxyaha kala duwan (Intersectoral Collaboration), oo ay fulintooda ka qaybgalaan dhammaan waaxyaha iyo hey'adaha dawladda iyo hey'adaha kale ee daneeya caafimaadka (Health Care Stakeholders) iyo dhisidda awoodaha kartiyeed ee loo baahanyahay si loo fuliyo.

### **Itijaahyada Siyaasadeed ee Mudnaanta leh (Priority Policy Directions)**

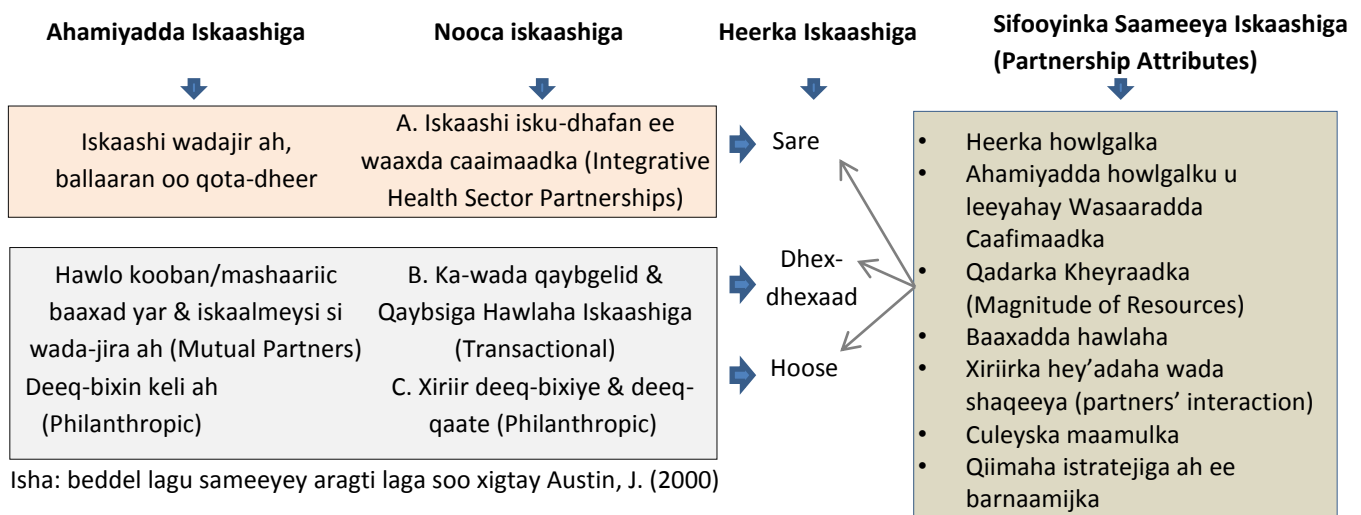
- Horumarinta wax ka qabadka xaalad-nololeedka bulshadu ku sugantahay, oo saameynaya caafimaadka (Social Determinants of health-SDH), iyadoo la baahinayo habraacyada guud (General Guidelines) iyo shuruucda fulintooda, oo wax laga qabanayo walaaca caafimaad ee la xiriira fayadhowrka degaanka iyo fageynta qashinka, ammaanka cuntada, kahortagga dhawacyada, yareynta heerka saboolnimada, sinnaanta jinsiga, ammaanka goobaha shaqada; caafimaadka dugsiyada, biyaha iyo fayadhowrka iyo isticmaalka maandooriyayaasha
- Hirgelinta iskaashiga waaxyaha kala duwan (Intersectoral Collaboration), oo loogu tala galay in lagu abuurto siyaasado iskaashi oo natiijooyin ballaran keeni kara, oo ay kawada faa'ideysanayaan waaxyaha kala duwan, iyadoo la qirayo kaalinta weyn ay haya'dahaasi ku soo biirinayaan caafimaadka iyo u sinnaanta helitaanka daryeelka caafimaadka, oo ay wasaaradda caafimaadku qaadanayso dowladda hogaaminta abaabulka
- Hirgelinta hawl-gallo siyaasadeed oo si gaar ah ugu faa'ideynaya dadka reer guuraaga ah, oo dhaqan-dhaqaale ahaan liita, oo ay sinnaansho la'aan aad u weyni ka haysato xagga caafimaadka, iyo in wax laga qabto baahidooda horumarineed ee asaasiga ah, taas oo lagu gaarayo, iskaashiga dhexmara waaxyo badan, iyo in bulshadu si firfircoon hawlahaas ugu qeyb qaadato
- Aqbalidda fikradda ku saleysan "qiimeeynta saameeynta caafimaadka" (Health Impact Assessment-HIA), oo ah nidaam lagu qiyaaso saameeynta ay ku leeyihiin caafimaadka dadweynaha, barnaamijyada horumarineed ee kala duwan, laguna cabbiro khatarta ay caafimaadka u leeyihiin, taas oo u suurta gelinaysa siyaasiyiinta iyo hey'adaha horumarinta, iney xisaabta ku darsadaan caafimaad-xumida laga dhaxli karo, taas oo keenaysa in la doorto hababka fulineed ee keenaya saameeynta ugu waxyeello yar caafimaadka dadweynaha
- Dhisidda kartida xirfadlayaasha caafimaadka ee ku saabsan wax-kaqabadka xaalad-nololeedka bulshada, oo saameynaya caafimaadka (Social Determinants of health), iyo u-sinnanta helitaanka daryeelka caafimaadka (Health Equity), iyo sidoo kale ahamiyadda iyo faa'idada uu leeyahay iskaashiga lala galo waaxyaha kale, kaas oo suurta gelinya in barnaamijkaani meel sare ka galo ajendada siyaasadeed ee dawladda
- In la hirgeliyo cilmi baaris ku saabsan xiriirka ka-dhaxeeya xaalad-nololeedka bulshadu ku sugantahay, oo saameynaya caafimaadka (Social Determinants of Health) iyo u-sinnanta helitaanka adeegyada caafimaadka, iyadoo la baarayo wax-ku-oolnimada hawlgalladaas siyaasadeed, iyo in lagu fidiyo xogta cad ee ka soo baxday cilmi baarista waaxyaha kala duwan,

isla markaasna la qiimeeyo, haddii loo qaadan karo xogtaas siyaasad ahaan, oo hawl ahaan loogu tallaabsado

## 9 XOOJINTA XIRIIRADA WADASHAQEYNTA IYO ISKUDUBARIDKA WAAXDA CAAFIMAADKA (ENHANCING HEALTH SECTOR PARTNERSHIPS AND COORDINATION)

Waxa la xojinayaa Isu-duwidda iyo isku dubaridka hawlaha waaxda caafimaadka dalka gudihiisa, iyadoo ay ka wada qaybgelayaan dhammaan hey'adaha iskaashiga la leh caafimaadka (health partners), si ay wadajir ahaan wax uga qabtaan dhibaatooyinka iyo caqabadaha soo foodsaara caafimaadka guud, oo ay adagtahay xallintoodu, iyo in la ballaariyo awoodda ah, in si dhab ah wax looga qabto baahiyaha caafimaad ee dadweynaha, lana kordhiyo natiijada caafimad ee hawlgalladaas ka dhalan karta.

### Hirgelinta nidaamka iskaashiga caafimaadka ee joogtada ah



- Xoojinta hababka isu-duwidda iyo isku dubaridka hawlaha waaxda caafimaadka, iyadoo laga qaybgelinayo hey'adaha horumarinta (development partners) oo ah kuwa dalka gudihiisa iyo kuwa caalamiga ah, si loo gaaro himilooyinka caafimaad, oo ay si wadajir ah ugu heellanyihiin, taas oo lagu higsan karo, iskaashi ay hoggaaminayso dawladdu, loona fulinayo si hufana oo leh isla-xisaabtan adag
- Hirgeliyo tallaabooyinka ku saleysan aragtida caalamiga ee ku dhisan “waa in kaalmooyinku dhaliyaan natiijooyin dhaxal-gal ah” oo kala ah: lahaanshaha dawladda ee barnaamijka (Government Ownership), iswaafajinta kaalmada iyo qorshayaasha dawladda (Alignment), dawladda iyo deeqbixiyayaasha oo aragti mideysan ka leh hawlgallada (Harmonization), islaxisaabtan-wadaag (Mutual Accountability) iyo maamulka hawlgallada oo isha ku haya gaaridda natiijooyinka laga filanayo barnaamijka (Managing for Results), arrimahaas oo dhammaan u gogol-xaaraya, in lagu guuleeysto hirgelinta iyo maamulidda hawlgallada mudnaanta leh ee nidaamka caafimaadka
- Xoojinta iyo balaarinta Barnaamijka Caafimaadka iyo Nafaqada Wadajira (Joint Health and Nutrition Programm-JHNP), iyo habka fulintiisa oo ku cad barnaamijka “Xirmada Adeegyada Caafimaadka ee Lagama Maarmaanka ah” (Essential Package of Health Services-EPHS), kaas oo ah nidaam qeexan oo muujinya iskaashiga iyo wadashaqeynta lala gelayo hey'adaha horumarinta (Development Partners), una horseedaya sidii loo higsan lahaa “gaarsiinta dhammaan bulshada, daryeel caafimad oo loo wada-simanyahy, lana awoodo” (Universal health

Coverage), kaas oo si weyn u yareynaya dhimashada hooyada, dhallaanka iyo caruurta, iyadoo hawlahaas ay barbar socdaan, barnaamijyada kale ee caafimaad, ee sida wadajirka ah loo fulinayo; isla markaasna cilmibaarista nidaamka caafimaadka iyo cilmi baarista lagu xalliyo dhibaatooyinka caafimaadka (Health System and Operational Research) lagu dhafo hawlaha adeegyada caafimaadka, si loo kordhiyo natiijooyinka ka yimaada waxqabadka caafimaadka

- Dhisidda iskaashi ka dhexeeya hey'adaha dowladda, ururada xirfadlayaasha, ururrada bulshada rayidka ah, hea'daha gaarka ah, qurbajoogta, iyo bulshada, iyo abaabulidda ra'yiga dadweynaha, si loo kordhiyo is-waafaqsanaanta iyo baaxadda hawlgalkooda, loona qeexo masuuliyadda saaran heya'd kasta ee qayb ka ah wadashaqeyntan
- Hirgelinta miisaaniyad mideysan ee Wasaaradda Caafimaadka oo kulminaysa dhammaan barnaamijyada caafimaad ee hoos yimaada dawladda, iyo in la mideeyo aragtida haya'daha kala duwana, xagga raadinta dhaqaalaha (resource mobilization) iyo habka kala-qaybintiisa, kaasoo ay ka mid yihiin qaybaha ka soo xerooda heer gobol, degmo iyo heer bulsho deegaan, ama deeqda ka timaadda hey'adaha horumarinta (Development Partners), isla markasna ladejinta tilmaamayaal (indicators) lagu cabbiro hawlaha dabagalka iyo qiimeynta (Monitoring and Evaluation) oo lagu ogaado horumarka la gaaray
- Diyaarinta hab-raacyo hawlgal (Operational Guidelines) ee iskaashiga iyo iskudubaridka hawlgallada caafimaadka, kuwaas oo ay ku cadyihiin hawlaha la fulinayo, qaababka loo marayo iyo dowlarka iyo mas'uuliyadaha ay kala leeyihiin hay'aduha kala duwan, arrimahaas oo uu hoggaan u yahay, in si cad loo qeexo heerarka kala duwan ee isla-xisaabtanka ka-wada-dhexeeya hea'dahaas, si loo gaaro iskaashi iyo wadashaqeyn buuxda
- Dejinta cabirro-jaango'an ee hawlaha dabagalka iyo qiimeynta (Monitoring and Evaluation), si loo qiyaaso heerka wax-soo-saarka, iyo natiijooyinka ka dhashay hawlgallada kala duwan ee caafimaadka, oo iskaashi lagu hirgeliyey, iyadoo ujeedada lagaleeyahay ay tahay hagaajinta tayada waxqabadka iyo tirada waxsoosaarka ee hawlgalladaas
- Jaangoynta iyo mideynta habka waaxda caafimaadku ku fuliso wax-soo-iibsiga (procurement), iyadoo loo marayo hab hufan (transparent process), oo waafaqsan nidaamka dalka, si loo raaco loona dhaqan-geliyo habdhismeedka sharciyada dawladda

## **10 XOOJINTA DOWRKA MUHIIMKA AH EE HEY'ADAHA HORMARINTU KU LEEYIHIIN WAXTARKA DEEQAHA (STRENGTHENING DEVELOPMENT PARTNERS' IMPORTANT ROLE IN AID EFFECTIVENESS)**

Si kor loogu qaado baaxadda iyo waxtarka deeqaha la siiyo waaxda caafimaadka, waa in mas'uuliyiinta caafimaadku fududeeyaan, aayna hubiyaan in kaalmadu waafaqsatahay qorshayaasha siyaasadda caafimaadka, iyo nidaamka fulinteeda; iney hoggaamiyaan dejinta ajendada horumarinta caafimaadka; iney raacaan qaab si wanaagsan isugu-dubaridan iyo in hawlgallada caafimaadku xoojiyaan sinnaanta jinsiga, si waxtar lehna u maamulaan hantida, si loo helo natiijooyinkii la rabay oo ah in la gaaro Himilooyinka Horumarinta Kunleyda-MDGs ee la laxiriira caafimaadka. Tallaabooyinka habboon in la qaado waxa ka mid ah:

- Dhiirrigelinta wadashaqaynta hey'adaha iskaashiga la leh caafimaadka (health partners) iyo mideynta taageerada ay siiyaan dhaqan-gelinta qorsheynta iyo fulinta barnaamijyada caafimaadka, taas oo ku iman karta xoojinta nidaamka isu-duwidda iyo isku-dubaridka iyo isla-xisaabtanka, iyadoo si cad loo qaybsanayo mas'uuliyadaha, taasoo waafaqsan xeerarkii laysku afgartay ee wadashaqaynta, ee udhexeeysa hay'adaha iyo mas'uuliyiinta caafimaadka
- Adkeynta mabaad'ida tilmaama wax-ku-oolnimada deeqaha (Aid Effectiveness) oo kala ah "lahaanshaha qaran" (national ownership), waafajinta hawlgalladaas, siyaasadaha iyo qorshayaasha waaxda caafimaadka iyo nidaamka lagu fuliyo islaxisaabtan-wadaagga (Mutual Accountability); mideynta aragtida fulinta hawlgalladooda, iyo maamulidda ku wajahan sidii loo

gaari-lahaa natiijooyin, kuwaas oo ku cad himilooyinka horumarineed ee kunleyda-MDGs, iyadoo isla markaasna la tixgelinayo aragtida sinnaanta jinsiga

- In diiradda la saaro diyaarinta qorshayaasha sannadlaha ah ee waaxda caafimaadka, oo loo fulinayo si raacsan go'aammadii ka soo baxay wada-tashiyadii guddiyada wadajirka ah, ee farsamo oo loo xilsaaray "kooxaha mawduucyada shaqo" (Thematic Working Groups), iyadoo lagu hawlgalo qaab hey'ad walba loo xilsaarayo hawsha ay fulinteeda kaga firfircoontahay hay'adaha kale, iyadoo isla markaasna, ahammiyad la siinayo xoojinta nidaamka caafimaadka ee ku aadan howlaha qorsheynta, maamulka iyo fulinta intaba
- Taageeridda iskaashiga dowladda iyo hey'adaha gaarka ah, oo ku-dhaqankiisu soo kordhayo, hoggaakana ay u hayso dawladdu, kuna aaddan hawlaha horumarinta xirfadlayaasha caafimaadka, gaar ahaan tababarrada asaasiga ah ee ka horreeya shaqada (pre-service training) iyo kuwa loo abaabulo xirfadlayaasha shaqada ku dhex-jira (in-service training), ee hirgelinta nidaamka "xirfad wareejiska" (Task Shifting), oo ah hab xirfadlayaasha dhexe ama hoose, xilal farsamo oo dheeri ah lagu tababaro; fulinta nidaamka "horumarinta aqoonta xirfadlayaasha ee joojtada ah" (Continuing Professional Development); iyo xoojinta helitaanka adeegyada daryeelka caafimaadka
- Mideynta hababka kala duwan ee deeq-bixinta oo ay hey'adaha hormarintu u adeegsadaan si ay u taageeraan fulinta siyaasadda caafimaadka, iyo in sadaalinta kaalmooyikoodu noqdaan kuwo la-isku-halleyn-karo, iyadoo taas ay barbar socoto kordhinta miisaaniyadda caafimaadka ee dawladda iyo iskaashiga caafimaad ee dhexmara hey'ado badan

## **11 FULINTA ITIJAAHYADA SIYAASADDA CAAFIMAADKA (IMPLEMENTING HEALTH POLICY DIRECTIONS)**

Caqabadda weyn ee badi hortaagan waaxda caafimaadka, waa sidii itijaahyada siyaasadaha caafimaadka ee mudnaanta leh, loogu beddeli lahaa talaabooyin hawlgal ah oo la taaban karo. Si hawlgalladaas siyaasadeed ee la qorsheeyey loo hirgeliyo, waa in wada-tashiyadii ballaarnaa oo dawladda iyo hey'adaha iskaashiga caafimaadku, ay ka qaybqaateen, lagu xigsiiyaa, dadaallo kuwaas lamid ah oo ka dhaca heerarka fulinta hawlaha (At the Operational Level), iyadoo aragtida lagu cabbiray fulinta siyaasadda caafimaadka la waafajinayo ujeedooyinka hawlgallada ka socda goobaha fulinta. Waxaa iyana muhiim ah in sare loo qaado awoodda lagu fulinayo siyaasadda, taas oo lagu gaari karo, dhiirrigelinta xirfadlayaasha caafimaadka, si kaalintooda hawlgal sare ugu kacdo, iyo xoojinta taageerada Wasaaradda Caafimaadka, heer xarun dhexe, heer gobol, heerka hey'adaha kale ee dawladda, tan ururada bulshada reyidka ah, bulshada deegaanka iyo hey'adaha horumarinta caafimaadka, iyadoo loogu talagelayo farsamada iyo dhaqaaalaha loo baahanyahay. Habka hirgelinta siyaasaddu, wuxu isna u baahanyahay, in wax laga qabto xaaladda dhaqan ee bulshada (Social Context), ee hawlahaasi ku dhex-fulayaan. Siyaasadaha la dejiyey waxa loo beddeli-doonaa waxqabad, ku imanaya abaabulidda taageerada dhammaan hey'adaha iskaashiga ee daneeya caafimaadka iyo xoojinta nidaamka caafimaadka, kuwaas oo u horkacaya "gaarsiinta dhammaan bulshada, daryeel caafimaad oo loo wada-simanyahy, lana awoodo" (Universal Health Coverage). Waxay sidoo kale gacan ka geysanayaan tirtiridda u-sinnaansho-la'aanta adeegyada caafimaadka, iyo ogaanshaha iyo wax ka qabadka caqabadaha hoortaagan hirgelinta siyaasadda caafimaadka. Tallaabooyinka habboon in la qaado wax aka mid ah:

- Improving the governance and organization structures at different levels of policy implementation with shared clarity on the policy measures envisaged for action; forging the necessary partnerships and coordination mechanisms to follow; providing the resources required and pursuing the rules binding stakeholders into a coherent decision-making process leading to development of short and medium term action plans for implementation

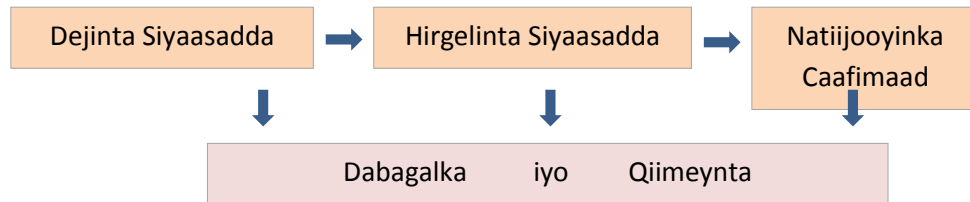
- Xoojinta maareynta iyo qaab-dhismeedyada maamul, ee heerarka kala duwan ee hirgelinta siyaasadda, iyada oo aragti mideysan laga leeyahay tallaabooyinka siyaasadeed ee la go'aansaday fulintooda, iyo abuuridda nidaamyada iskaashi iyo isku-dubaridid ee loo baahanyahay in lagu dhaqmo; iyo u-qoondeynta dhaqaalaha loo baahanyahay, iyo ku-dhaqanka xeerar ku xiraya hey'adaha daneeya caafimaadka, raacidda hab mideysan ee go'aan qaadasho, oo suurta gelinaya in la diyaariyo qorshayaal ku fula muddo gaaban iyo kuwa lagu fuliyo muddo dhexe
- Xoojinta tiirarka nidaamka caafimaadka, iyadoo ahammiyad gaar ah la siinayo bixinta adeegyada, tababaridda, hawlgelinta, maamulidda iyo shaqo-ku-haynta xirfadlayaasha caafimaadka; bixinta daawooyinka lagama maarmaanka ah, tallaalada iyo qalabka iyo teknoolojiyada kale ee caafimaadka; soo saaridda xog lagu kalsoon yahay oo lagu saleeyo go'aan gaaridda; kor uqaadista awoodda maareynta iyo kartida hoggaaminta iyo u-horkicidda xeelado lagu maalgeliyo hirgelinta siyaasadda caafimaadka
- Ku talagalka xaaladaha dhaqan-bulshadeed iyo kuwa saboolnimo ee lagu suganyahay, oo saameyn ku yeelanaya dhakhsaha iyo baaxadda hirgelinta siyaasadda caafimaadka, iyo in siyaasadda tallaabooyinkeeda sharci loo turjumo xeerar iyo tilmaamo lagu hawlgalo, iyadoo isla markaas la qeexayo baaxadda taageerada loo baahanyahay
- Kordhinta ka qaybgalka bulshada, fulinta hawlaha nidaamka caafimaadka heerarkiisa adeegga oo dhan, iyo dhisidda hab ay bulshada iyo dowladaha hoose si iskaashi leh, ku wadaagaan maamulka iyo maalgelinta hawlaha caafimaad heer degaan, iyo in la dhiso iskaashi ka dhexeeya dawladda iyo hey'adaha gaarka ah, si loo dardar-geliyo hirgelinta siyaasadda caafimaadka, loona higsado himilooyinka MDGs
- Ku-meeleynta xirfadlayaasha caafimaadka goobaha daryeelka ee hawlgalkooda looga baahanyahay, iyadoo diiradda la saaraayo daryeelayaasha caafimaadka bulshada, (Community Based Health Workers) iyo tababaridda iyo shaqo-ku-meeleynta isku-dheellitiran, ee xirfadlayaasha heerka dhexe (Midlevel Professionals), ee u shaqeeya Wasaaradda Caafimaadka, iyadoo isla markaas isbitaallada bukaanada culus loo gudbiyo la geeyo qalab iyo shaqaale ku filan, taas oo waxtar u leh fulinta siyaasadda caafimaadka. Sidoo kale waxa loo baahanyahay in la qaado talaabooyin la xiriira bixinta shatiyada fasaxaya ku shaqeynta xirfadaha caafimaadka (Licensing) iyo aqoonsiga u qalmidda heerka farsamo ee goobaha caafimaadka (Accreditation), kuwa dawladda iyo kuwa gaarka loo leeyahayba
- Qeexidda kartida ay caanka ku yihiin hey'adaha iskaashiga ee kala duwani, oo ay ku kala horreeyaan, xagga ka qaybgalkooda iskaashiyada waaxda caafimaadka, si loo abuuru wadashaqeyn xoojinaysa fulinta hawlgallada siyaasadeed ee la xusay, kuwaas oo hirgelintoodu qayb ka tahay, ballarinta qaab-dhismeedka hawlgallada barnaamijka EPHS
- Horumarinta "cilmibaarista waxqabadka" (Implementation Research), oo suurta gelinaya in la qeexo, lana fahmo caqabadaha hortaagan hawlgallada caafimaadka, ee lidka ku ah dhab-u-fulinta siyaasadaha caafimaadka mudnaanta leh, oo ay kamid yihiin xaalado badan oo la xiriira hab-dhaqameedka bulshada iyo deegaankooda (Contextual Factors), sidaas darteedna loo baahanyahay in hababka fulinta lagu sameeyo isbeddello, si loo gaaro natiijooyinkii caafimaad ee loo baahnaa

## **12 DABAGALKA IYO QIIMEYNTA HAWLGALLADA CAAFIMAADKA (MONITORING AND EVALUATING HEALTH INTERVENTIONS)**

Itijaahyada siyaasadda caafimaadka waxa ka mid ah, dhisidda iyo hirgelinta nidaamka dabagalka iyo qiimeynta (Monitoring and Evaluation), oo suurta gelinaya in si joogta ah loo cabbiro haddii la gaaray horumar, tiigsanaya guulaha-dhaxal-galka ah (Milestones) ee siyaasadda caafimaadka ee mudnaanta leh, iyadoo si wax-ku-ool ah loo isticmaalayo xogta ka soo baxda hawlaha nidaamka caafimaadka, loona adeegsanayo caddeyn ahaan, saldhigna u ah go'aan-gaaridda, isla markaasna lagu ogaanayo in wax-soo-saarkii (Outputs) iyo natiijooyinkii (Outcomes) caafimaad ee horey loo qosheeyey la gaaray,

iyo iney saameyn-wanaagsan ku yeeshen caafimaadka dadweynaha. Figarka 10aad wuxu muujinayaa ahammiyadda dabagalka iyo qiimeynta, iyadoo qodobada hoos ku xusani yihiin itijaahyada mudnaan leh.

**Figarka 9aad. Ahamiyadda dabagalka iyo qiimeyntu (Monitoring and Evaluation) u leeyihiin diyaarinta iyo hirgelinta siyaasadda caafimaadka**



- Dejinta nidaamka dabagalka iyo qiimeynta, oo ah qalab farsamo oo ahammiyad u leh maamulka caafimadka, danta laga leeyahayna ay tahay ururinta iyo falanqaynta xogta kusaabsan barnaamijyada caafimaadka iyo hagaajinta fulintooda, iyadoo la adeegsanyo qaababka maamul ee kala ah “maamulka ku dhisan gaaridda natiijada (Result based Management) iyo “Nidaamka qorsheynta ee ujeedada ama yoolka barnaamijka lagu hoggamiyo” (The Logical Framework Approach-LFA)
- Dhisidda habraac laysku waafaqsanyahay oo kusaabsan xulitaanka tilmaamayaasha (indicators) saameeya wixii la geliyey barnaamijka (inputs), habka fulintiisa (Process), waxsoosaarkiisa (outputs) iyo natiijooyinkii kasoo baxay (outcomes), ee ku wajahan hawlgallada furaha u ah nidaamka caafimaadka, kuwaasoo iyaguna muhiim u ah hirgelinta nidaamka shaqo, ee dabagalka iyo qiimeynta. Waxa iyana muhiim ah, in la kobciyo taageerada ay siinayaan hey’daha iskaashiga caafimaadku hawlaha dabagalak iyo qiimeyntu, sarena loo qaado dareenkooda la xiriira kaalinta asaasiga ah ee uu kaga jiro hawsha maamulka
- Sare uqaadidda kartida-waxqabad (skills) ee xirfadlayaasha caafimaadka ee la xiriirta dabagalka iyo qiimeynta, si loo hagaajiyo, korna loogu qaado heerka maareynta iyo isla-xisaabtanka (Accountability), ee kuwajahan maamulka xogta iyo “go’aan gaaridda ku salaysan isticmaalka xogta caafimaadka” (Evidence Based Decision Making)
- Horumarinta hawlaha dabagalka ee bixinta adeegyada caafimaadka aasaasiga ah, kuwaas oo sare u qaadaya ka-qeyb-qaadashada bulshada, iyo dareenkooda lahaanshaha barnaamijka (Programme Ownership), iyo kor u qaadidda hawlaha si wax-ku-ool ah, wax-uga-taraya baahida caafimaadka dadweynaha, xalna u helaya caqabadaha horyaalla

## ANNEXES

### Shaxda 2aad. Somaliland: Arrimaha loo Aqoonsaday Mudnaan ee Siyaasadda Caafimaadka iyo Guulihii laga Gaaray

| Arrimaha Mudnaanta leh ee Siyaasadda Caafimaadka   | Guulaha laga Gaaray  |
|--|--|
| <b>Bixinta adeegga</b>   |  |
| <ul style="list-style-type: none"> <li>• Ballaarinta EPHS, iyadoo la tixgelinayo in caafimaadka dhimirku yahay barnaamij asaasi ah</li> <li>• Baahinta aqoonta caafimaadka iyo horumarinta hawlgallada wax looga qabanayo Cudurrada aan-lakala-qadin</li> <li>• Kordhinta baaxadda iyo kartida bixinta daryeelka caafimaadka ee heer gobol iyo heer degmo</li> <li>• Horumarinta daryeelka caafimaadka dhallinyarada, danyarta iyo waayeelka</li> <li>• Wax-ka-qabashada caafimaadka deegaanka</li> <li>• Xoojinta daryeelka caafimaadka asaasiga ah ee bulshada</li> </ul>  | <ul style="list-style-type: none"> <li>• Guul ka gaaridda aqoontii iyo khibraddii laga bartay hirgelinta EPHS ee gobolka Saaxil, laguna fidinayo gobolka Togdheer iyo gobollo kale</li> <li>• Joogteynta dabargoynta cudurka Dabaysha (Poliomyelitis) oo Somaliland ku tallabsatay</li> <li>• Dhisidda sheybaar lagu baaro bakteeriyada qaaxada oo adkeysinka u leh dawooyin badan</li> <li>• Hirgelinta adeeggii ugu horreeyay ee kelya-safeynta (Kidney Dialysis)</li> <li>• Xoojinta kartida Wasaaradda Caafimaadka iyadoo lagu kordhiyey qaybta sharciga</li> </ul>  |
| <b>Xirfadlayaasha Caafimaadka</b>  |  |
| <ul style="list-style-type: none"> <li>• Kordhinta shaqa abuurista; qaybinta shaqaalaha si caddaalad ah iyo maamulidda hawlaha oo ku saleysan gaaridda ujeedooyinkii loo cayimay (Performance based management)</li> <li>• Hagaajinta habka shaqa-ku-haynta xirfadlayaasha (Retention) si loo yareeyo farqiga u dhexeeya magaalooyinka iyo tuulooyinka miyiga</li> <li>• Kordhinta tababaridda iyo howlgelinta haweenka ah daryeelayaasha caafimaadka bulshada (Marwo Caafimaad)</li> <li>• Abuuridda xarumo takhasus oo lagu daweeyo cudurada aan-lakala-qadin (NCDs)</li> <li>• Diyaarinta qorshaha lagu hormarinayo xirfadlayaasha caafimaadka</li> </ul> | <ul style="list-style-type: none"> <li>• Waxaa la hirgeliyey tababaridda xirfdlayaasha heerka-dhexe, iyadoo fookuska la saarayo tababarrada haweenka ka hawlgala goobaha caafimaad ee dawladda, kuwa gaarka ah oon faa'ido doonka ahayn iyo kuwa ganacsiga gaarka ah</li> <li>• Waxaa si guul ah loo bilaabay tababarrada Marwo Caafimaad ee heer bulsho</li> <li>• Waxaa lagu-xiray hirgelinta waxbarashada takhasuska ah, in marka hore xarumahaasi waxbarasho, ay helaan aqoonsiga u-qalmidda heerka farsamo (Accreditation)</li> <li>• Waxaa la dejiyey nidaamka maareynta xirfadlayaasha caafimaadka</li> </ul> |
| <b>Maareynta iyo Hoggaaminta</b>   |  |
| <ul style="list-style-type: none"> <li>• Dejinta shuruucda caafimaadka oo uu ka midyahay qaab-dhismeedka sharciyada iyo qodobada kala duwan ee sharciga</li> <li>• Abuuridda karti hoggaamin iyo awood maamul</li> <li>• Sameynta Golaha Qaran ee Xirfadlayaasha Caafimaadka</li> <li>• Hirgelinta hufnaanta nidaamka shaqa-bixinta, dallacsiinta iyo meeleynta (Posting), iyo kor uqaadidda kartida hogaaminta ee maamulayaasha caafimaadka heer gobol iyo heer degmo</li> <li>• Hagaajinta nidaamka maamul ee shaqaalaha caafimaadka iyo maamulka lacagta</li> <li>• Sare uqaadidda dowlada bulshada ee nidaamka caafimaadka</li> <li>•</li> </ul>         | <ul style="list-style-type: none"> <li>• Waxaa la dejiyey siyaasadda caafimaadka, qorshaha istratiijiga ah ee waaxda caafimaadka iyo qorshe-hawleedka sannadlaha ah</li> <li>• Waxaa la hirgeliyey barnaamijyada hormarinta hoggaaminta</li> <li>• Waxaa la sameeyay nidaamyada maamul ee heer gobol oo la socda barnaamijka wadajirka ah ee maareynta maamullada degaanaada hoose (Joint Programme on Local Governance-JPLG)</li> <li>• Waxaa la sameeyay Golaha Qaran ee Xirfadlayaasha Caafimaadka</li> <li>• Waxaa Wasaaradda Caafimaadku sameysay Guddiga Qaran ee Xeerarka Dawooyinka</li> </ul>               |



| <b>Dawooyinka Lagama-Maarmaanka ah iyo Teknooloojiyada</b>   |  |
|--|--|
| <ul style="list-style-type: none"> <li>• Dib u eegista iyo cusbooneysiinta liiska dawooyinka lagama-maarmaanka ah</li> <li>• Horumarinta maamulka sahayda (Supply management)</li> <li>• Kor-uqaadidda shaqada sheeybaarka dhowaan loo dhisay ilaalinta tayada dawooyinka</li> <li>• U-qoondeynta miisaaniyad dowladeed oo tartiib u kordhaysa, looguna tala-galay soo iibsiga dawooyinka lagama-maarmaanka ah, si loo yareeyo ku-tiirsanaanta kaalmada</li> <li>• Dejinta sharciga isticmaalka habboon ee dawooyinka (rational Drug Use)</li> <li>• Dib u eegista iyo cusbooneysiinta Habraacyada jaango'an ee daaweynta (Standard Treatment Guidelines)</li> </ul>   | <ul style="list-style-type: none"> <li>• Waxa laga hirgeliyey isbitaalka weyn ee Hargeisa siyaasadda "ka-iibinta bukaanka daawada, iyadoo lacagtana dib loogu wareejinayo soo iibinta daawadii baxday "Sanduuqa Dawada ee Wareega" (Revolving Drug Fund-RDF)</li> <li>• Waxaa Wasaaradda Caafimaadku sameysay sheybaarro yar-yar oo lagu baaro tayada dawooyinka iyo dhisidda qaybta ilaalinta tayada (Quality Control Unit) ee Wasaaradda</li> <li>• Waxa la diyaariyay siyaasadda dawooyinka iyo liiska dawooyinka lagama-maarmaanka ah (Essential Drugs' List)</li> </ul> |
| <b>Nidaamka Maamulka Macluumaadka Caafimaadka</b>  |  |
| <ul style="list-style-type: none"> <li>• Abuurida hab dhismeed dhameystiran iyo qorshe ku aaddan dabagalka iyo qiimeynta, iyo diyaarinta tilmaamayaal (indicators) loo adeegsado dabagalka barnaamijyada caafimaadka</li> <li>• Hirgelinta soo tebinta warbixinnada oo sax ah, laguna helay waqtigoodii, iyo in laga dhaqan geliyo dhammaan goobaha caafimaadka isticmaalka xogta warbixinnada</li> <li>• Xoojinta dowlada cilmi baarista lagu xalliyo dhibaatooyinka caafimaadku (Operational Research), ay ku leedahay hirgelinta siyaasadda</li> <li>• Ka hirgelinta barnaamijka HMIS bulshada dhexdeeda iyo goobaha hawlaha caafimaad ee gaarka loo leeyahay</li> </ul>  | <ul style="list-style-type: none"> <li>• Waxaa la hirgeliyey Nidaamka Maamulka Macluumaadka Caafimaad (HMIS) oo si buuxda u hawlgalay</li> <li>• Waxaa la hirgeliyay nidaamka "firfircoon ee la-socodka-joogtada ah ee cudurada" (Active Disease Surveillance), in kasta oo loo baahanyahay dadaal ah in la dhiso kartida barnaamijkan</li> </ul>  |
| <b>Maalgelinta Caafimaadka</b>   |  |
| <ul style="list-style-type: none"> <li>• Kordhinta miisaaniyadda caafimaadka ee dawladda iyo xoojinta nidaamka maamulka lacagta iyo hababka ilaalintiisa</li> <li>• Hirgelinta ka-qaybgalka dhaqaale ee bulshada iyo nidaamka deeq-bixinta ee lagu tageerayo dadka saboolka ah (Pro-poor Grants System)</li> <li>• Hirgelinta nidaamka caymiska caafimaadka bulshada (Social Health Insurance), oo ah in dhibaataada qof la kulmo kharashkeeda si siman looga qaybgalo (Risk Pooling)</li> <li>• Sare uqaadidda barnaamijka ku saleysan "waa in kaalmooyinku dhaliyaan natiijooyin waxtar weyn leh" (Aid Effectiveness)</li> <li>• Sahminta hab wax-ku-ool ah oo suurta-gelinaya in bixinta adeegyada caafimaadka qandaraas lagu bixin karo (Outsourcing)</li> </ul> | <ul style="list-style-type: none"> <li>• Waxaa sare loo qaaday miisaaniyadda dowladdu u qoondeysay caafimaadka, iyadoo la filanayo in miisaaniyadda caafimaadka la sii kordhiyo, lana garsiyo heerka 6% ay ka tahay miisaaniyadda guud ee dawladda</li> <li>• Waxaa la sameeyay nidaam lagu kalsoonyahay ee maamulidda dhaqaalaha Wasaaradda Caafimaadka</li> </ul>  |

**Shaxda 3aad. Koonfurta iyo Bartamaha Soomaaliya: Arrimaha loo Aqoonsaday Mudnaan ee Siyaasadda Caafimaadka iyo Guulihii laga Gaaray**

| <b>Arrimaha Mudnaanta leh ee Siyaasadda Caafimaadka</b>   | <b>Guulaha laga Garay</b>  |
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| <b>Bixinta adeegga</b>  |  |
| <ul style="list-style-type: none"> <li>• Kor u qaadidda barnaamijka EPHS iyo hagaajinta qaabka fulinta shaqada ee goobaha caafimaadka ee hadda hawl-galka ah</li> <li>• Dhiirrigelinta ka qeyb qaadashada bulshada hawlaha caafimaadka, gaar ahaan barnaamijka hooyada, dhallaanka iyo caruurta, nafaqada iyo xakameynta cudurrada la-kala-qaado, iyadoo la ballaarinayo barnaamijyada ku saleysan bulshada</li> <li>• Iskudhafka Howlaha gargaarka baniaadamnimo iyo nidaamka bixinta adeegyada, si loo xoojiyo awoodda nidaamka caafimaadka</li> </ul>  | <ul style="list-style-type: none"> <li>• Barnaamijka EPHS ayaa si guul ah looga hirgeliyay gobollada Banaadir, Gedo, iyo Galgaduud</li> <li>• Gobollada nabadda ah waxaa loo magacaabay Isuduwayaasha caafimaadka, waxaana si joogta ah u socda dadaallo loogu hawlgelayo sidii lagu gaari lahaa gobollo iyo degmooyin kale</li> <li>• Waxaa kor loo qaaday isu-duwidda iyo iskudubaridka wadashaqeynta hay'adaha iskaashiga caafimaadka (Health Partners)</li> </ul>  |
| <b>Xirfadlayaasha Caafimaadka</b>   |  |
| <ul style="list-style-type: none"> <li>• Kordhinta soo-saaridda xirfadlayaasha caafimaadka si wax looga qabto tiro-yaraanta jirta</li> <li>• Isudheellitirka qaybinta shaqaalaha caafimaadka si looga gudbo farqiga u dhexeeya magaalada iyo miyiga (Rural Urban Disparity)</li> <li>• In xoogga la saaro qeybaha xirfadaha heerka dhexe, kuwaas oo aad u yar iyo shaqaalaha caafimaad ee saldhiggiisu yahay bulshada, sida Marwo Caafimaad, umulisooyinka bulshada iyo kaaliyaha umulisooyinka bulshada</li> <li>• Dhiirrigelinta wareejinta hawlaha farsamo (Task Shifting) ee xirfadlayaasha caafimaadka si loo ballaariyo baaxadda adeegyada caafimaadka</li> <li>• In la xoojiyo maamulka shaqaalaha caafimaadka iyo kartida hogaaminta ee heerarka kala duwan ee bixinta adeegyada caafimaadka</li> <li>• Dhiirrigelinta wada-shaqaynta dawladda iyo hay'adaha gaarka ah ee ku saabsan tababarrada asaasiga ah ee shaqada horteed (Pre-service Training)</li> </ul> | <ul style="list-style-type: none"> <li>• Waxaa si guul ah loo bilaabay tababaridda Marwo Caafimaad, laguna meeleeey gobaha hawlgalkooda heer bulsho</li> <li>• Waxaa la diyaariyey siyaasadda iyo qorshaha istratijiga ah ee xirfadlayaasha caafimaadka</li> <li>• Waxaa la hirgeliyey wada shaqeynta hey'adaha gaarka ah iyo kuwa dawladda sii loo tababaro, loona soo saaro xirfadlayaal caafimaad</li> </ul>  |
| <b>Maareynta iyo hoggaaminta</b>  |  |
| <ul style="list-style-type: none"> <li>• In la gaaro sidii ay dawladdu dowlad weyn ugu yeelanlahayd arrimaha la xiriira lahaanshaha, maareynta iyo hoggaaminta adeegyada caafimaadka</li> <li>• In kor loo qaado heerka "baahinta awoodaha maamulka" (Decentralization), iyadoo la dhisayo kartida maamul ee barnaamijyada caafimaadka ee heer gobol iyo heer degmo</li> <li>• In la xoojiyo isu-duwidda iyo isku-dubaridka iyo xiriirka wada-shaqeynta heerarka kala duwan ee adeegyada caafimaadka</li> <li>• In la dhiso shabakadda maareynta nidaamka caafimaadka, hoggaaminta iyo kartida maamulka</li> </ul>  | <ul style="list-style-type: none"> <li>• Waxaa la diyaariyey qaab-dhismeedka siyaasadda caafimaadka, qorshaha istratijiga ah ee waaxda caafimaadka (Health Sector Strategic Plan-HSSP), iyo qorshe sannadeedyada shaqo</li> <li>• Waxaa la bilaabay barnaamijyada horumarinta hoggaaminta Wasaaradda Caafimaadka</li> <li>• Waxaa go'aan siyaasadeed wasaaradda caafimaadku ku gaartay in la dhiso Guddiga Qaran ee Xirfadlayaasha Caafimaadka (National Health Professionals' Council)</li> <li>• Wasaaradda Caafimaadku waxay go'aamisay in la aburo Hay'adda qaran ee maamulka Dawooyinka (National Drug Authority)</li> <li>• Wasaaradda Caafimaadku waxay asaastay Machadka Caafimaadka Qaaranka (National</li> </ul> |

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|   | Institute of Health) oo loogu talagaly baaritaanka marka cudurada la-kala-qaado ay ka dillaacaan (Epidemic Investigation) iyo xakameyntooda; ilaalinta tayada sheybaarada (Laboratory Quality Control), iyo hawlaha cilmibaaris ee la xiriira   |
| <b>Dawooyinka Lagama-Maarmaanka ah iyo Teknoolojiyada</b>   |   |
| <ul style="list-style-type: none"> <li>In la siiyo dawooyinka iyo qalabka caafimaad ee ku habboon kuna filan goobaha shaqeynaya ee heer gobol iyo heer degmo</li> <li>In lagu sameeyo dib-u-eegis iyo cusbooneysiin liiska dawooyinka lagama-maarmaanka ah</li> <li>In la dhiso hay'adda maamulka dawooyinka, ayna u dejiso shuruuc iyo xeerar</li> </ul>   | <ul style="list-style-type: none"> <li>Waxa Wasaaradda caafimaadku hirgelisay sheybaarro yaryar oo lagu baaro laguna ilaaliyo tayada dawooyinka</li> <li>Waxa dib-u-eegis iyo dib-u-cusbooneysiin lagu sameeyay liiska dawooyinka lagama-maarmaanka ah, waxana la hirgeliyey habraacyo jaango'an ee daaweynta (Standard Treatment Guidelines)</li> </ul>  |
| <b>Nidaamka Maamulka Macluumaadka Caafimaadka (HMIS)</b>  |   |
| <ul style="list-style-type: none"> <li>Xoojinta nidaamka maamulka macluumaadka caafimaadka si loo hirgeliyo go'aan gaarista ku salaysan isticmaalka xogta caafimaadka (Evidence Based Decision Making), ee xagga qorsheynta, maamulka iyo fulinta</li> <li>In la abuurto nidaam warbixin oo isku-dhafaan, ee ku aaddan lasocodka joogtada ah ee cudurada (Integrated Disease Surveillance Reporting System)</li> <li>In la dhiso nidaamka dabagalka iyo qiimeynta, oo lagu sii xoojiyey fulinta cilmi baarista nidaamka caafimaadka iyo cilmibaarista lagu xalliyo dhibaatooyinka caafimaadka (Health Systems Research &amp; Operational Research), si loo helo xog cad oo loo adeegsado gaarista go'aammo wax-ku-ool ah</li> </ul> | <ul style="list-style-type: none"> <li>Waxay Wasaaradda Caafimaadku dhistay, waaxda maamulka macluumaadka caafimaadka (HMIS), oo xogta ka dhalinaysa, falanqeynta nidaamka caafimaadka, isla markaasna baahinaysa xogtaas</li> <li>Waxa la abuuray oo la hirgeliyey nidaamka firfircoon ee la-socodka joogtada ah ee cudurrada (Active Disease Surveillance)</li> </ul>   |
| <b>Maalgelinta Caafimaadka</b>  |   |
| <ul style="list-style-type: none"> <li>U hawlgalka kordhinta miisaaniyadda dawladda iyo ka qaybgalka dhaqaale ee bulshada ee la xiriira bixinta adeegyada caafimaad, si loo ballaariyo helidda adeegyada caafimaadka (Health Services Coverage), loona yareeyo ku tiirsanaanta kaalmada</li> <li>In lawaafajiyo maalgelinta deeq-bixiyeyaasha nidaamyada qaranka, qorshayaashiisa iyo barnaamijyadiisa</li> <li>In la joogteeyo isla-xisaabtan aad u sarreeya ee ku aaddan maamulka lacagta</li> <li>In la tijaabiyo hirgelinta fulinta caymiska caafimaadka bulshada (Social health Insurance)</li> </ul>  | <ul style="list-style-type: none"> <li>Waxa la hirgeliyey nidaamka isu-duwidda iyo iskudubaridka hawlaha hay'adaha ka qaybqaata fulinta barnaamijyada caafimaadka (implementing Partners), waxana la xoojiyey hawlaha wadashaqeynta kaalintoodu soo kordhayo</li> <li>Waxaa la xoojiyey daahfurnaanta/hufnaanta (Transparency) iyo is-la-xisaabtanka (Accountability) ka dhexeeya dhamaam hey'adaha daneeya nidaamka caafimaadka (Health Stakeholders) si loo kordhiyo waxtarkooda, isla markaasna la iska ilaaliyo in hawlaha socda aan kuwo la mid, oon wax soo kordhinayn la sameyen (Reducing Duplication)</li> </ul> |

**Shaxda 4aad. Puntland: Arrimaha loo Aqoonsaday Mudnaan ee Siyaasadda Caafimaadka iyo Guulihii laga Gaaray**

| Arrimaha Mudnaanta leh ee Siyaasadda Caafimaadka   | Guulaha la gaaray   |
|--|---|
| <b>Bixinta adeegyada caafimaadka</b>   |   |
| <ul style="list-style-type: none"> <li>• In dib loo soo nooleeyo daryeelka nidaamka caafimaadka ee heer degmo, iyadoo xoogga la saarayo heerarkooda kala ah isbitaalka degmada, xarumaha caafimaadka, MCH-yada, goobaha daryeelka caafimaadka asaasiga ah (PHUs), iyo barnaamijka Marwada Caafimaadka, kuwaas oo suurta gelinaya in adeegyada caafimaadka la geeyo meelaha bulshada iyo qoysaska ugu dhow ee suurta gal ah</li> <li>• In kor loo qaado adeegyada xannanada hooyada, dhallaanka iyo carruurta, nafaqada, xakamaynta cudurrada la-kala-qaado, xoojinta gudbinta xaaladaha degdegga ah (Emergency Referral), u-diyaargarowga xaaladaha degdegga ah iyo wax-ka-qabadkooda, iyo xoojinta barnaamijyada lagu yareynayo saameynta caafimaad-darrada ka iman karta cudurrada aan la-kala-qaadin (Secondary Prevention), marka ay ku dhacaan dadka, si sare loogu qaado natiijooyinka daryeelka caafimaadka</li> <li>• In la hirgeliyo istratijiyaada abuuridda xarumaha caafimaad wareega (Mobile Clinics) si loo fidiyo adeegyada caafimaad ee ku wajahan dadka reer-guuraaga ah, kuwa buuraleyda ah iyo kuwa deggan xeebaha oo gaaristoodu ay adagtahay</li> <li>• In la xoojiyo hawlgallada caafimaad ee ku saleysan bulshada, oo ay fuliyaan shaqaalaha caafimaad ee kala ah Marwo Caafimaad, ummulisooyinka bulshada (Community Midwives) iyo kaaliyayaasha-umuliso bulsho (Assistant Community Midwives)</li> <li>• In la qiimeeyo waxtarka caafimaad ee ay leeyihiin dawooyinka dhaqan iyo nidaamyada kale ee daaweynta, si loo go'aansado in isticmaalkooda lagu-dhafo nidaamka caafimaadka</li> </ul> | <ul style="list-style-type: none"> <li>• Waxaa si guul ah looga hirgeliyay barnaamijka EPHS, gobollada kala ah Nugal, Karkaar, Mudug iyo Bari iyadoo la qorsheeyay sidii looga hirgelin lahaa gobollo kale</li> <li>• Waxaa si dhab ah loo gaarsiiyey bixinta adeegyada caafimaadka joogtada ah, shabakadda goobaha nidaamka caafimaadka intooda ugu badan</li> <li>• Waxaa la hirgeliyey tababarrada Marwo Caafimaad, laguna mееleeyey gobaha hawlgalkooda ee heer bulsho</li> <li>• Waxaa kor loo qaaday tababarrada umulasoooyinka</li> <li>• Waxa la joogteeyey dabargoynta cudurka dabaysha (Poliomyelitis) oo ay Puntland ku tallabsatay</li> <li>• Waxaa la taageeray in adeegyada caafimaadka lagu dhafo, barnaamijka wadajirka ah ee maareynta maamullada degaanka (Joint Programme on Local Governance-JPLG) oo ah nidaam loogu tala galay baahinta horumarinta (Decentralization Development Process)</li> </ul> |
| <b>Xirfadlayaasha Caafimaadka</b>  |   |
| <ul style="list-style-type: none"> <li>• Kordhinta soo saaridda xirfadlayaasha caafimaadka laguna mееleeyo goobaha shaqada si isku-dheellitiran, sidaasna lagu yareeyo farqiga u dhexeeya hawlgalka magaalooyinka iyo tuulooyinka miyiga</li> <li>• Xoojinta soo saaridda shaqalaha caafimaad ee ku saleysan bulshada (Community Based), sida Marwo Caafimaad, ummulisooyinka bulshada, iyo kaaliyayaasha umuliso bulsho</li> <li>• In la dardargeliyo tababarka qeybaha kala geddisan ee xirfadlayaasha caafimaadka ee heerka dhexe, kuwaas oo muhiim u ah barnaamijka EPHS-ka</li> <li>• Dejinta iyo fulinta sharciyada xirfadlayaasha caafimaadka, arrintaasna lala kaashado ururrada xirfadlayaasha caafimaadka</li> <li>• Xoojinta iyo horumarinta kartida maamulka xirfadlayaasha caafimaadka iyo awooddooda hoggaamin, ee heerarka adeegyada caafimaad oo dhan</li> </ul>   | <ul style="list-style-type: none"> <li>• Waxaa lagu guuleystay in la hirgeliyo barnaamijka Marwo Caafimaad iyo tababarka umulisooyinka</li> <li>• Waxaa la dejiyey siyaasadda iyo qorshaha istratijiiga ah ee xirfadlayaasha caafimaadka</li> <li>• Waxaa la hirgeliyey wada shaqeyn ka dhexeysa hey'adaha gaarka ah iyo kuwa dawladda ee ku saabsan arrimaha tababarrada xirfadlayaasha caafimaadka iyo soo saariddooda</li> </ul>   |

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| <ul style="list-style-type: none"> <li>In la jaangooyo heerarka mushaharrada iyo in la dhiso nidaamka macluumaadka xirfadlayaasha caafimaadka</li> <li>In kor loo qaado wadashaqeynta dawladda-iyo he'adaha gaarka ah, dhanka tababarrada iyo soo saaridda xirfadlayaasha caafimaadka</li> </ul>   |   |
| <b>Maareynta iyo Hoggaaminta</b>   |   |
| <ul style="list-style-type: none"> <li>Xoojinta dhismayaalka maamul ee Wasaaradda Caafimaadka ee heer xarun-dhexe, gobol iyo degmo</li> <li>Adkeynta iyo ballaarinta heerarka waaxda caafimaadku ka gaartay xagga isu-duwidda iyo isku-dubaridka qorsheynta, maamulka iyo fulinta</li> <li>Dhisidda iyo xoojinta wada shaqeynta caafimaad ee ku wajahan dhammaan heerarka kala duwan ee nidaamka bixinta adeegyada caafimaadka</li> <li>Horumarinta awoodaha kartida maamul iyo hoggaamin ee nidaamka caafimaadka</li> <li>Isku jaangoynta (Standardization) nidaamyada maamulka xirfadlayaasha caafimaadka, iyadoo lagu saleynayo daahfurnaan/hufnaan iyo isla-xisaabtan (Transparency &amp; Accountability)</li> </ul> | <ul style="list-style-type: none"> <li>Waxay Wasaaradda Caafimaadku, iyadoo horseed u ah abaabushay isku-dubaridka hey'adaha iskaashiga la leh caafimaadka, taas oo dardar gelinaysa maamulka iyo fulinta adeegyada caafimaadka</li> <li>Waxaa la diyaariyey siyaasadda nidaamka caafimaadka, qorshaha istratiijiga ah ee waaaxda caafimaadka iyo qorshe-hawleedka sannadlaha ah</li> <li>Waxay Wasaaradda Caafimaadku gaartay go'aan iney dhisato Golaha Xirfadlayaasha Caafimaadka</li> <li>Waxa lagu dhaqaaqay hirgelinta qorshaha lagu dhisayo kartida hoggaamin iyo maamul ee Wasaradda</li> </ul> |
| <b>Dawooyinka Lagama-Maarmaanka ah iyo Teknoolojiyada</b>  |   |
| <ul style="list-style-type: none"> <li>Isku-jaangoynta iyo iskudubaridka nidaamka soo iibsiga dawooyinka lagama maarmaanka ah, si loo abuuro hab wax-ku-ool ah oo sahayda dawada si isdabajoog ah loogu helo</li> <li>Dhisidda hey'adda sharcieynta dawooyinka (Drug regulatory Authority), oo lagu meel-marinayo sharciyada iyo xeerarka, iyadoo la adeegsanayo habka wada-shaqeynta dawladda iyo ganacsatada gaarka ah (Publi Private Partnership)</li> </ul>  | <ul style="list-style-type: none"> <li>Waxaa lagu guuleystay in wasaaradda caafimaadku ka dhiso Boosaaso sheybaarro yar yar oo lagu baaro laguna ilaaliyo tayada dawooyinka</li> <li>Waxa dib loo eegay, loona cusbooneysiyeey Habraacyada jaango'an ee daaweynta (Standard Treatment Guidelines) iyo liiska dawooyinka lagama-maarmaanka ah</li> </ul>   |
| <b>Nidaamka Maamulka Macluumaadka Caafimaadka (HMIS)</b>   |   |
| <ul style="list-style-type: none"> <li>Xoojinta nidaamka maamulka macluumaadka caafimaadka iyo dib-u-habaynta xog-ururinta, falanqayntooda iyo in isticmaalidda xogtaas lagu saleeyo go'aan gaaridda (Evidence Based Decision Making), ee la xiriirta qorsheynta, maamulka iyo fulinta</li> <li>Adkeynta nidaamka isku-dhafan ee gudbinta warbixinnada ku saabsan la-socodk-joogtda-ah ee cudurrada (Integrated Disease Surveillance)</li> <li>Hirgelinta nidaamka dabagalka iyo qiimeynta iyo cilmi baarista ku wajahan nidaamka caafimaadka iyo tan lagu xalliyo dhibaatooyinka caafimaadka (Health Systems Research &amp; Operational Research)</li> </ul>  | <ul style="list-style-type: none"> <li>Waxaa si guul ah loo tijaabiyey hirgelinta nidaamka isku-dhafan ee la-socodka-joogtda-ah ee cudurrada (Integrated Disease Surveillance)</li> <li>Waxaa la hirgeliyey nidaamka maamulka macluumaadka caafimaadka (HMIS), isla markaasna la diyaariyey qaab dhismeedyada maamulka HMIS</li> </ul>  |
| <b>Maalgelinta caafimaadka</b>   |   |
| <ul style="list-style-type: none"> <li>Kordhinta miisaaniyadda dowladdu u qoondeyso Wasaaradda Caafimaadka, iyo hirgelinta hababka ka qaybgalka bulshada maalgelinta hawlaha caafimaadka, si tartiib-tartiib ahna loogu yareeyo ku tiirsanaanta kaalmooyinka</li> <li>Waafajinta isticmaalka dhaqaalaha ka yimaada deeq-bixiyayaasha, nidaamyada dowladda, qorshayaasheeda iyo barnaamijayadeeda</li> <li>Joogteynta daahfurnaan sare iyo isla-xisaabtan lagu dhaqan-gelinayo maamulka lacagta</li> <li>Isu-duwidda iyo isku-dubaridka dadaalada badan ee</li> </ul>   | <ul style="list-style-type: none"> <li>Waxaa la hirgeliyey wada shaqynta lala yeeshay hay'adaha kala duwan, oo isu-duwid iyo isku-dubarrid wanaagsan loo sameeyey, ee ku aaddan fulinta adeegyada caafimaadka</li> <li>Waxaa laga gaaaray heer wanaagsan xagga is-waafajinta waxqabadka hay'adaha iskaashiga iyo nidaamyada caafimaadka dowladda, ee la xiriira arrimaha wax-soo-iibsiga, qeybinta iyo maamulka lacagta</li> </ul>  |

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| <p>dawladdu la waddo hay'adaha iskaashiga ee la xiriira abaabulidda dhaqaale aruurin, iyadoo lagu dadaalayo, in kharashka ugu yar, lagu dhaliyo natiijooyinka ugu badan (Technical Efficiency) iyo in isku-dhafka iyo bixinta adeegyada caafimaad, ay dhalyaan u-sinnaanta adeegyada caafimadka ee bulshada, heerka ugu ballaaran uguna natiijo fiican (Allocative Efficiency)</p> <ul style="list-style-type: none"> <li>• In la hirgeliyo wada shaqeynta dawladda-iyo hey'daha gaarka ah, ee ku aaddan tababarrada asaasiga ah ee xirfadlayaasha caafimaadka ee ka horreya shaqada (pre-service training) iyo soo saariddooda</li> <li>• Tijaabinta nidaamka caymiska caafimaadka bulshada, si loo ogaado hababka ugu habboon ee la raaci karo</li> </ul> |  |
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