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Somalia

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Sweden invests USD 8.5 Million in 2017 for improved maternal and new-born health

Mogadishu, 19 July 2017

Sweden has granted the United Nations Population Fund (UNFPA) USD 8.5 Million to scale-up high impact reproductive, maternal, new-born and adolescent health interventions in Somalia.

Millions of women in Somalia remain at great risk during pregnancy and childbirth. Every year, one in 22 women dies prematurely due to pregnancy or childbirth-related complications. Most of these complications and illnesses are easily preventable and treatable. Strong political will and long-term financial commitment is urgently needed to address the high maternal deaths.

The Swedish funding to the health sector is part of a long-term commitment to address the severe health needs of women and girls and help re-build the health system in Somalia.

“Far too many women’s lives are lost unnecessarily and prematurely during



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Mikael Lindvall,
Swedish Ambassador to Somalia.



“We are enormously grateful for the Swedish contribution. It comes at a critical time and will be vital in helping the many Somali people, especially women and young people”

Nikolai Botev,
UNFPA Somalia Representative

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▲ Trained midwives working to prevent maternal deaths

pregnancy and childbirth. It is critical that we now come together to strengthen our political and financial commitment for women's health and wellbeing. Sweden remains committed to improve access to equitable and quality health services for women and children. This is one of the key priority areas for Sweden's development cooperation with Somalia," said Mr. Mikael Lindvall, Swedish Ambassador to Somalia.

Sweden is the second largest donor in the health sector and has supported maternal and child healthcare in Somalia since 2006.

The UNFPA Representative, Mr. Nikolai Botev, said the generous contribution from Sweden comes at a critical moment when UNFPA is reaffirming its efforts to working towards achieving universal access to sexual and reproductive health, realizing reproductive rights, reducing maternal mortality, and improving the lives of adolescents, youth and women.

"The grant from Sweden is another expression of strong confidence in the work that UNFPA is

undertaking towards the betterment of the lives of the people of Somalia," said Mr. Botev.

The funding from Sweden is fundamental in contributing to Somalia's social and human development, particularly in the National Development Plan areas of health, youth, gender, resilience and capacity building in pursuit of the Government of Somalia, UNFPA's and Sweden's common goal of a better and healthier Somalia for all.

"We are enormously grateful for the Swedish contribution. It comes at a critical time and will be vital in helping the many Somali people, especially women and young people, whose lives have already been so traumatically disrupted by a number of adverse conditions, including the current drought," said Mr. Botev.

Mr. Botev reiterated UNFPA's commitment to supporting increased availability and use of integrated maternal and new-born health services that are gender-responsive and meet human rights standards for quality of care and equity in access ●

Japan grants UNFPA USD 1.067M for health system strengthening in Somalia

Nairobi, 7 February 2017 - The Government of Japan announced on 31 January that it has granted 1.067 million US dollars to UNFPA Somalia to support programmes aimed at health system strengthening in Somalia with emphasis on returnees and marginalised communities. The programme focuses on accelerating reduction

Reproductive, maternal, neonatal and adolescent health care needs to be improved and made available to all girls and women in Somalia

-Botev

of maternal and neonatal mortality and related morbidity in Somalia.

The UNFPA Representative, Mr. Nikolai Botev, thanked the Japanese Government for being a reliable partner in the quest to ensure that no woman or child dies during birth. He said

the project is expected to reach 200,000 Somali women of reproductive age, including adolescents in the target locations.

"Reproductive, maternal, neonatal and adolescent health care needs to be improved and made available to all girls and women in Somalia. This is to be achieved through strengthening the overall Somali health systems, making it accessible and affordable for the Somali women and girls, especially those in vulnerable and marginalised population groups," said Mr. Botev.

Mr. Botev reiterated UNFPA's commitment to support increased availability and use of integrated sexual and reproductive health services, including family planning, maternal health and HIV, that are gender-responsive and meet human rights standards for quality of care and equity in access.

Somalia has one of the highest maternal deaths in the world with one out of every 22 women dying due to pregnancy related causes ●

UNFPA donates ambulance from the People of Japan to Somaliland

Hargeisa, 10 April 2017 – UNFPA, the United Nations Population Fund today handed over an ambulance, donated by the People of Japan, to the Ministry of Health in Somaliland as part of collaborative efforts to support programmes aimed at reducing maternal and neonatal mortality and related morbidity among Somali women and newborns. The Government of Japan supports health-strengthening systems for Somali people through UNFPA.

The UNFPA Representative, Mr. Nikolai Botev, thanked the Japanese Government for being a reliable partner in the quest to ensure that no woman or child dies during birth.

Mr. Botev called on the Government of Somaliland to continue prioritising strengthening health systems stating that combined efforts should bear fruits in saving the lives of Somali mothers and newborns especially at this time when the current drought is posing more challenges to many and especially pregnant women.

“The challenges in transporting pregnant women to district or central hospitals in emergency cases have contributed to high maternal deaths as well as fistula cases in many instances and the donation of the ambulance today is therefore very timely,” said the UNFPA Representative for Somalia.

Mr. Botev reiterated UNFPA’s commitment to support the investments in a safer and brighter future for the Somali mothers and children and pledged to continue supporting programmes, which can yield enormous dividends for sustainable development. Somaliland State Minister in the Ministry of Health His Excellency Mohamoud Adan Jama expressed Somaliland’s gratitude to the People of Japan and UNFPA for the donation. He called upon the Government of Japan and UNFPA to expand the assistance and partnership to benefit more Somali people.

Government of Finland grants UNFPA Somalia Two Million Euro for health, gender and population and development programmes in Somalia

Mogadishu, 5 June 2017 –

The Government of Finland and the United Nations Population Fund (UNFPA) Somalia have signed an agreement under which the Ministry of Foreign Affairs of Finland has provided a grant of two million Euro in support of UNFPA’s overall goal of improving the wellbeing of Somali people, particularly women, girls and young people.

The contribution is part of a broader arrangement under which Finland will co-finance UNFPA’s new Country Programme for Somalia with an additional eight million Euro during the period 2017-2020.

Finland’s contribution will enable UNFPA to continue working towards achieving universal access to sexual and reproductive health, realizing reproductive rights, reducing maternal mortality, improving the lives of adolescents, youth and women enabled by population dynamics, human rights, and gender equality.

The Ambassador of Finland to Somalia Ms. Tarja Fernández said sexual and reproductive health and rights are a priority in Finland’s development cooperation.

“Fragile environment and lack of services affect severely the most vulnerable groups of the society. Often

women and girls are particularly at risk. UNFPA’s important work in this regard matches the key interest of Finland to support Somalia’s efforts to improve the rights of women and girls,” said Ms. Fernández.

The UNFPA Representative, Mr. Nikolai Botev, said the funding from Finland is fundamental in contributing to Somalia’s social

and human development, particularly in the National Development Plan areas of health, youth, gender and resilience capacity building.

“We are enormously grateful to the Government of Finland for this contribution. It comes at a critical

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time and will be vital in helping the many Somali people, especially women and young people, whose lives have already been so traumatically disrupted by a number of adverse conditions including the current drought,” said Mr. Botev.

Mr. Botev reiterated UNFPA’s commitment to supporting increased availability and use of integrated sexual and reproductive health services, including birth spacing, maternal health and HIV, that are gender-responsive and meet human rights standards for quality of care and equity in access ●

Somalia Prime Minister leads Midwifery Day celebrations

Somalia commemorated the International Day of the Midwife on 8 May 2017 with pomp and splendor at a function held at the Mogadishu Police Academy. Somalia Prime Minister His Excellency Hassan Ali Khayre attended the commemorative event, which was combined with the graduation of 52 midwives from Mogadishu Midwifery Training Institute.

The International Day of the Midwife is commemorated globally on May 5 every year to celebrate the life-saving work of the world's midwives. The theme for this year's commemoration was "Midwives, Mothers and Families: Partners for Life".

Speaking at the beginning of the celebrations His Excellency Khayre said Somalia is on the right track to development and commended the 52 graduating students for being part of the development agenda.

"Women's role in the development of this country should not be taken lightly. They have always played a key role and young women should therefore not be left behind in rebuilding this country," said the Prime Minister.

He said that the Somalia Government is making health a priority to protect



◀ Pomp at the Midwifery Day event

its citizens from preventable deaths and pledged to work on rebuilding the country's health infrastructure to ensure health for all.

His Excellency Khayre also pledged more employment opportunities for the young women in Somalia.

A Representative of the Embassy of Sweden for Somalia Dr. Barni Nor said in her speech that Sweden is a friend to Somalia and will therefore continue assisting in developing the health sector in Somalia.

She said far too many women lack access to midwifery services and as a result, each year, many women still die during pregnancy and childbirth and that there is therefore need to continue strengthening the health system.

Dr. Nor said it is important for Somalia to work hard on saving the

lives of pregnant women by investing in midwifery because it is one of the



"Women's role in the development of this country should not be taken lightly. They have always played a key role and young women should therefore not be left behind in rebuilding this country"

H. E Hassan Ali Khayre
Somalia Prime Minister

countries with highest mortality rate. Somalia has one of the highest maternal mortality rates in the world, with over nearly 1 of every 22 mothers dying from pregnancy related causes.

Head of Cooperation at the Embassy of Finland for Somalia Mr. Mauri Starckman said during the commemorative event that gender equality, maternal health, sexual and reproductive health are areas that Finland is proud of and that these issues also figure prominently in Finland's strategy for development cooperation for Somalia.

"We are continuing our support to maternal and reproductive health issues by allocating 10 million euros to support the implementation of UNFPA's country programme for the coming four years," said Mr. Starckman ●

8 – 22 July, 2017

GIS & remote sensing capacity building



In an effort to strengthen the capacity of staff in the respective ministries of planning in the application of geospatial techniques, UNFPA, with the support of DfID, sent selected staff from the ministries of planning for a two week specialized training on Geographic Information Systems at the Regional Centre for Mapping of Resources for Development in Nairobi, Kenya.

The participants were drawn from

the Ministry of Planning, Investment and Economic Development (MoPIED), Federal Government of Somalia, the Ministry of Planning and International Cooperation (MoPIC), Puntland, and the Ministry of National Planning and Development (MoNPD), Somaliland.

This was one of many cartographic trainings planned and aimed at imparting skills on sampling frame mapping for the upcoming Somali Health and Demographic Survey.



Top: Participants proudly display their certificates after the training
Above: Prof. Dr.-Ing. John Bosco Kyalo Kiema of RCMRD awards a certificate to a participant.



The participants were imparted with knowledge and skills in census and household mapping techniques in preparation for the Somalia Health and Demographic Survey

18 - 25 July 2017

Nomadic population estimation individual nomadic survey

UNFPA facilitated a data collection training in Garowe, Puntland State of Somalia. The purpose of the training was to equip with knowledge survey staff on the use of mobile phones to capture individual nomadic and the pilot MMR data, pretest the tools with the survey staff as well as install and configure Kobo mobile data collection platforms on mobiles phones. A training on conducting Focus Group Discussions (FGDs) and Key Informant Interviews (KIIs) on gender and the nomads was held in the same area.

A total of 28 participants were trained which included four ToTs from the Ministry of Planning, Investment and Economic Development (MOPIED) of the Federal Government of Somalia (FGS), 20 enumerators and four FGD/KII facilitators from the Ministry of Planning and International Cooperation (MOPIC) Puntland

9 - 13 July 2017

Consultation workshop between Federal Government and Member States

The objective of the Federal Government of Somalia (FGS) and its Member States consultation workshop in Garowe was to establish close collaborative working partnerships in undertaking SHDS successfully in Somalia.

The FGS and its member states agreed to undertake the SHDS in a collaborative manner utilizing the expertise available in any of the Member States. They further agreed to speed up implementation of pending SHDS preparatory activities including formation of technical committees, nomadic survey, sampling frame and revision of timelines.

The consultation workshop was lauded by the ministers from planning and health from the Puntland State of Somalia (PSS) as sign of stability in the state and its contribution to the development of other member states.

A representative of the UN Resident Coordinator in Garowe emphasize that data from SHDS will contribute to improved governance – accountable performance of government, and its ability to meet the needs of the people it serves. He further emphasized that the process of representatives of the FGS and member states coming together and building a partnership –builds trust and mutual accountability for outcomes and shared priorities is even much more important than the technical work of the SDHS, because it is trust and partnership that lie at the heart of a sustainable federal system.



6.2 M

Number of people affected by the drought in Somalia

1.5 M

Women of childbearing age among the people affected by drought

130,000+

Number of pregnant women who may require urgent care that UNFPA will help as it scales up its emergency response.

Somali drought heightens risk to mothers during pregnancy and childbirth

Mogadishu, 14 April 2017 — Of the 6.2 million people affected by the drought ravaging Somalia, more than 1.5 million are women of childbearing age. UNFPA, the United Nations Population Fund, is particularly concerned about the fate of 607,000 pregnant women across the country who need maternal health services to ensure a safe pregnancy and delivery, including emergency obstetric services.

To help address their needs, UNFPA is scaling up its emergency response

to help more than 130,000 pregnant women who may require urgent care.

Somalia already has one of the highest maternal mortality rates in the world, with over nearly 1 of every 22 mothers dying from pregnancy related causes. More than 350 000 Somalis are refugees and a further 400 000 are internally displaced.

“I was struck by the fact that the face of displacement is a woman with her child. The men have stayed behind to tend their farms and livestock while it is the

women who have made the arduous and risky trek often for many days to get some relief,” says UNFPA’s Chief of Humanitarian and Fragile Contexts Branch, Ugochi Daniels, following visits to drought-affected areas in Somalia this week.

“The toll of displacement, drought, and the lack of services on women and girls is immense, and calls for an equally immense response to provide direct medical services and support,” exclaimed Daniels.

UNFPA provides life-saving reproductive

health services across Somalia including referral of complicated cases during pregnancy and delivery, emergency reproductive health kits and medical and psychosocial support to survivors of gender-based violence. UNFPA is appealing to international donors for funding of \$24 million for the Somalia humanitarian response for reproductive health and to protect women and girls from gender-based violence (GBV) ●

Saving pregnant women and newborns facing drought

UNFPA Somalia continues to scale up efforts in ensuring that no woman or new-born dies during birth and protecting women and girls from gender-based violence (GBV) even in the current drought situation ravaging Somalia.

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The UNFPA Hargeisa Office has been working with the Somaliland Nursing and Midwifery Association (SLNMA) and Borama Regional Hospital to contribute to the humanitarian response in the Borama and Awdal regions by scaling up activities aimed at serving pregnant women affected by the drought. The response commenced on June 6, 2017 according to Dr. Layla Mohammed Hashi, UNFPA Somalia behavioral change communication and family planning analyst for Hargeisa office.

"I was happy to witness a safe birth in the maternity wing of Borama General Hospital after a woman who was affected by the drought was brought to the hospital for a cesarean section. She was facing complications when she went into labour while in her village," said Dr. Hashi.

She explained that Hodan Abdi Osman, 19, safely delivered her second baby in the hospital following the

emergency response, she accessed which included availability of an ambulance within the drought-affected area.

"The lives of many Somali mothers are cut short as a result of prolonged labour due to lack of access to life saving services. Many others develop complications such as obstetric fistula. UNFPA is working with partners and government

to ensure that we provide Comprehensive Emergency Obstetric and Newborn Care (CEmONC) services to women that need the care," said Hashi.

Dr. Salah Haji, who provided the emergency maternity care to Hodan and performed the cesarean section said she came at the right time to the hospital where she accessed the life-saving care.

"We are grateful to UNFPA for providing an ambulance which helped in the referral of Hodan to Borama Regional Hospital. Transportation is very critical in saving the lives of pregnant mothers because every minute counts," said Dr. Haji.

Dr. Salah explained that more than 40 percent of maternal and newborn deaths and stillbirths occur on the day of birth and that this is why it is very important to strengthen the referral pathways to hospitals.

Another health specialist in Borama Dr. Safa Aden explained that there are many young Somali mothers who are at risk of birth complications and that the drought is making the situation even worse.

"Hodan had already had complications giving birth to her first born and she couldn't have managed to give birth naturally to the second baby.

Hodan was not mature enough to deliver naturally with her first baby," said Dr. Aden.

Teen mothers have the poorest physical health and they may neglect their physical health while caring for their babies, according to Dr. Aden. "This is what happened to Hodan," he said.

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the highest maternal mortality rates in the world, with over nearly 1 of every 22 mothers dying from pregnancy related causes. More than 350 000 Somalis are refugees and a further 400 000 are internally displaced.

UNFPA provides life-saving reproductive health services across Somalia including referral of complicated cases during pregnancy and delivery, emergency reproductive health kits and medical and psychosocial support to survivors of gender-based violence ●

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-Dr. Hashi

Strengthened efforts to serve the Somali girl child



▲ Discussions on serving the girl child

The girl child was the center of discussions and debate at a joint initiative organized by UNFPA in collaboration with the Embassy of Sweden on 26 May 2017. The event was attended by close to 40 participants including donors, local NGOs and UN agencies.

The discussion was co-
led by the chairperson of the Human Rights, Gender Equality and Humanitarian Committee in the Parliament of the Federal Government of Somalia Honourable Member of Parliament Saga Bihi and Swedish Ambassador to Somalia Mr. Mikael Lindvall. It was facilitated by Dr. Barni

Girls in Somalia don't have many options and therefore opt for marriage as an alternative. We must give girls a positive incentive to enable them make choices and bold decisions

-Bihi

Nor from the Embassy of Sweden.

Honourable Bihi told the gathering that the Somali girl child continues to face major challenges with sexual reproductive health, Gender Based Violence (GBV) particularly sexual violence, Female Genital Mutilation (FGM) and child marriages.

"Girls in Somalia don't have many options and therefore opt for marriage as an alternative. We must give girls a positive incentive to enable them make choices and bold decisions," said Honourable Bihi.

Speaking at the beginning of the discussions Mr. Lindvall said that the joint

efforts by government, donors, civil society organisations and UN agencies, in protecting and promoting the Somali girl child, have to be strengthened if a difference is to be made.

"We have to work together more strategically and more coordinated towards this common agenda," said Mr. Lindvall.

Participants at the Brown Bag event spoke of the importance of creating more choices and opportunities for girls, seeking strong partnerships and alliances with men and religious groups and the importance of local-level and Somali-led advocacy campaigns on the girl child in order to change the negative narrative.

The participants also discussed that male ambassadors for gender equality in Somalia are critical in protecting and serving the Somali girl child. They agreed to come up with a concrete and realistic action plan to ensure that a real difference is made in the life of the girl child and that core to this work is the National Development Plan and the Ministry of Women and Human Rights.

UNFPA Somalia Gender Advisor Ms. Isatu Sesay-Bayoh spoke of the need for urgency to address the root

causes depriving the girl child's development.

"We all need to investing more on GBV prevention and mitigation with community-led innovation. These efforts could be cost effective than waiting to respond," said Ms. Sesay-Bayoh.

Somalia has an estimated 1.5 million girls between the ages of 10-19 years. FGM prevalence in Somalia is among the highest in the world at an estimated 98 percent. Child marriage is a culturally accepted harmful practice. Somalia has a high total fertility rate (TFR) at 6.7 and a low contraceptive prevalence rate (CPR) of 15 percent. Among the adolescents 15-19 years, 20.8 percent have an unmet need for contraceptives. Thirteen percent of the total adolescent population has ever married. Among those that have ever married, 69 percent are girls.

The Somali girl child lacks sexuality education with cultural barriers hampering comprehensive sexual and reproductive health education, is faced with teenage pregnancies in and out of marriage together with its health and economic development implications. An estimated 18 percent among the adolescent girls have ever married. These married adolescent girls are exposed to the adverse effects of pregnancy and birth related complications given the low contraceptive prevalence rate, low uptake of antenatal care, inadequate demand and supply of health facilities ●

Religious scholars in Puntland develop birth spacing behavior change communication strategies

Religious scholars in Puntland on 11 May 2017 approved the Somali language version of the book "Family Planning in the Legacy of Islam" and proceeded to develop behavior change communication (BCC) messages advocating for the uptake of birth spacing.

A group of 25 religious scholars gathered at the Ministry of Justice and Religious Affairs of Puntland in Garowe for four days to endorse the book, which will be utilised as a basis for a robust culturally sensitive communication campaign.

The Ministry of Health and the Ministry of Justice, Religious Affairs and Rehabilitation (MOJRAR) have been leading the review of the book in

consultation with prominent religious and community leaders as well as reproductive health professionals and Somali youth. The process has been conducted with financial support from the Government of Japan through UNFPA.

The BCC messages are tailored to various target audiences including women, men, and political and religious leaders. The process of endorsement and development of messages consisted of a four-day seminar to review the book and a workshop on development of behavior change communication messages based on the book.

Speaking at the start of the events, the director general of the Ministry of Justice and Religious Affairs Mr. Mohamed Ali urged the religious

scholars to give due diligence to the review of the contents of book and to produce quality messages that can contribute to improving people's understanding of the correct Islamic view on birth spacing.

UNFPA Garowe head of office Dr. Bakhtior Kadirov emphasized the importance of approaching behavior change interventions on birth spacing from the Islamic perspective to ensure acceptance.

The book addresses the various issues of family formation, the rights and obligations of parents and children, birth spacing, fertility regulation, clarifying and updating teachings and opinions while dispelling misconceptions and

The BCC messages are tailored to various target audiences including women, men, and political and religious leaders

misunderstandings. It considers how the Qur'an and the Sunnah; the Prophet's tradition, deal with the concept of family planning," said Dr. Kadirov.

Sheikh Mohamed Omar, who led the translation work and facilitated the seminar and workshop, talked about how the book combines the wide views of Islamic jurisprudence regarding key family issues such as marriage, birth spacing and contraception. He spoke about the importance of clarifying to the people the issues related to what Islam accepts regarding birth spacing and family planning and of distinguishing genuine religious teachings from cultural myths and misconceptions ●

- Abdisalam Bahwal

CUTTING SEASON

WHEN SCHOOL HOLIDAYS MEAN FGM


BY PILIRANI SEMU-BANDA

PHOTOS: GEORGINA GOODWIN

For some girls, school holidays are not all fun and sunshine. In countries like Guinea, Nigeria and Somalia, the vacation period could be called “cutting season,” when the break from school means girls have time to undergo, and recover from, female genital mutilation (FGM).

“This is the peak season, when parents bring their children to be cut,” said Asha Ali Ibrahim. In her community in Somalia, she is a circumciser, a role she inherited from her mother. She supports her family with income from the practice, and is considered the keeper of a cultural tradition.



A close-up portrait of a woman wearing a black hijab, looking off to the side with a thoughtful expression. She is holding a safety razor blade between her fingers, which are adorned with a large silver ring. The background is a blurred outdoor setting with dry branches and a pile of debris.

This is the peak season, when parents bring their children to be cut,” said Asha Ali Ibrahim. In her community in Somalia, she is a circumciser, a role she inherited from her mother

Asha Ali Ibrahim, 41, has been performing female genital mutilation (FGM) on girls in Diaami, Hargeisa and other parts of Somalia since 1997. July and August are her busiest months of the year. “This is the peak season, when parents bring their children to be cut,” she told UNFPA.

July, August and September are something of a “cutting season” for many girls around the world, when the break from school means they have time to undergo, and recover from, FGM. Though there is little formally collected data, experts say that FGM is commonly practiced during the school vacation period in parts of Guinea, Nigeria and Somalia.

In some cases, girls even travel from abroad to undergo the procedure. And in some places, it is a precursor to child marriage, which may also take place during school holidays.

FGM is carried out for a variety of reasons. In some places, it is the belief girls must be cut to control their libido. In others, it is the perception that intact girls are dirty or ugly, or that cutting is a prerequisite for marriage. But the practice causes serious medical problems, including haemorrhage, infection, complications in childbirth and even death.

In all cases, FGM is an internationally recognized human rights violation.

Dangers

About 98 per cent of women and girls in Somalia have undergone some form of FGM, according to a 2011 survey. The most common type involves cutting the genitals then sewing them closed, which can cause significant and long-lasting harm.

Somali girls typically undergo this procedure between ages 7 and 10, but

Ms. Ibrahim says girls brought from abroad – especially from the United States and Europe – are usually older, between 12 and 14 years old. “It is a bit cumbersome to carry out the procedure on tissue that is more mature, and the grown up girls struggle more than younger ones,” she said.

Ms. Ibrahim is clear-eyed about some of the dangers. When she took over the role of circumciser from her aging mother, she was motivated in part by a desire to protect girls’ health.

“My mother was using one razor blade on all girls she cut. My daughter got sick soon after being cut by my mother, and I was informed at the hospital that the infection may have

occurred from the procedure,” she explained. “I had been understudying my mother, so I asked her to stop carrying out FGM and I took over.”


Ms. Ibrahim uses one razor blade per client to avoid infections. Her other tools include a small bottle of lidocaine, disposable syringes, balls of cotton wool, raw egg that she says heals the wound, a powdered concoction of traditional herbs and penicillin to prevent infection, a thick white

Though she knows FGM is risky, Ms. Ibrahim denies it has serious consequences like childbirth complications


thread to sew up the girls after cutting them, and some methylated spirits for cleaning up. Ms. Ibrahim obtains these supplies over the counter from local



Ms. Ibrahim says FGM is an important cultural practice. “Circumcision is important as a transition to adulthood,” she told UNFPA



Cibaado Ismail knows all too well the dangers of FGM. Her daughter died in childbirth from complications related to the practice



The biggest changes will be seen in the next generation, as young people take the lead in reevaluating the practice

and reproductive health. In Hargeisa, Y-Peer advocates talk to health workers, community members and other young people about a range of topics, including family planning, gender-based violence, child marriage and FGM.

And they have taken the messages

to heart.

“I can only marry a girl who is over 18 and is not a victim of FGM,” declared Abdirahman Mohamed, 26, a Y-Peer project officer.

“I wouldn’t marry any girl who has undergone FGM because I don’t want to live with the health complications,”

Mustafa Abdirahman, 19, another Y-Peer member, told UNFPA.

Still, these brave youth are the exception. FGM is still widespread, and its negative consequences continue to ravage the lives of women and girls.

Eighty-year-old Cibaado Ismail knows this all too well. She lives in the Rugta camp for internally displaced persons, just outside Hargeisa.

Her daughter died at age 17 of complications during childbirth. The baby also died. Ms. Ismail blames FGM.

“An FGM awareness campaign in the camp helped me understand the negative effects of the practice,” Ms. Ismail said. “I have since banned all my 10 female grandchildren from being cut” ●

for more on this story, visit:
<http://www.unfpa.org/holidayFGM>

Fistula survivor excels after repair

by Jihan Salad



Khadra serving a customer in her shop

For more than 10 years, until last year, Khadra*, 32, suffered a debilitating and devastating condition; obstetric fistula. Khadra lived with fistula complications and was isolated from her own community for over a decade as she was unable to access and afford treatment. Now, one year after accessing fistula repair services, Khadra is a proud owner of a thriving shop selling different kinds of merchandise. She is determined to help other women and girls suffering the debilitating condition to access treatment.

Fistula is one of the most serious and tragic childbirth injuries. It is a hole between the birth canal and bladder or rectum caused by prolonged, obstructed labour, without access to timely, high-quality medical treatment. It leaves women leaking urine or faeces or both, and often leads to chronic medical problems, depression, social isolation and deepening poverty. More than two million women still live with the condition, and 50,000 to 100,000 develop fistula every year. The journey towards leading a normal life again, after suffering obstetric fistula, has not been easy for Khadra.

*The real name of the fistula survivor has been changed for privacy purpose



suffered a lot for over 10 years both physically and mentally. I could not control my urine. It was as if I was a small child. I smelled bad all the time. I can't even recall when my family members, friends

and neighbors stopped visiting our home. It was such a long time ago," said Khadra.

She explained that she used to be an active and strong young woman who was full of life before she suffered obstetric fistula. Khadra said before she gave birth to her first child, she and her husband were working in a small shop owned by a family member. They were selling food items such as sugar, milk and flour at busy roadsides.

"We had a basic income to survive. I clearly remember how much I enjoyed working and contributing to the welfare of my family," said Khadra, adding: "unfortunately, things quickly changed when I gave birth to my first child. The delivery took place at home and was attended to by a traditional birth attendant. During labour and delivery, I felt an immense pain and I knew that something must have gone wrong. Although my child was born alive, I had suffered prolonged obstructed labour."

Khadra's family members advised her to go to the nearest hospital. Upon

arrival, the specialist doctor did an assessment and found out that Khadra had experienced complications relating to obstetric fistula. "I had to undergo a surgical repair. Everything was fine until one year later when I gave birth to my second child," she explained.

Just like the first birth, Khadra delivered her second child at home. "The pain and complications after delivery were even worse than the first time. I was constantly in pain, leaking urine, and suffered from all sorts of infections," said Khadra.

Her husband saw her suffering and

encouraged her to seek treatment.

"This time, I refused to go to the hospital as other family members could not permit me to spend more on medical treatment. We had borrowed money from family coffers for the first surgery. So for 10 years I ended up just hoping that the pain and complications would go away," said Khadra.

Consequently, for over 10 years, Khadra lived with complications resulting from fistula.

"I was no longer the person I used to be. I had limited abilities to function effectively due to the horrible complications. Because I could no longer work, my husband started working longer hours, away from the family, to meet our needs," said Khadra.

She said her sister ended up moving in with her to help her cope and help with taking care of her children. "I am very thankful to my sister since she helped me go through a very difficult time," said Khadra.

She said she almost gave up all hope of healing until in 2016, when one day her husband returned from work to show her a text message he had received on his mobile phone. A telecom

I was no longer the person I used to be. I had limited abilities to function effectively due to the horrible complications

company in Puntland was sending text messages to all its mobile phone users

informing them about a fistula repair campaign which was being carried out by an international humanitarian organisation, Physicians Across Continents (PAC), in collaboration with the Ministry of Health and UNFPA Somalia. The fistula repairs were being done free of charge.

Khadra decided to seize the opportunity. Her husband went to Garowe General Hospital to register her and she travelled to the hospital to undergo a medical assessment. "I remember vividly the first time we went to the hospital. It was so difficult for me to move out of the house and interact with people. But my husband encouraged me and I was determined to get healed," said Khadra.

The doctor who did the assessment confirmed that Khadra had been suffering from obstetric fistula and needed to undergo surgical repair as early as possible. "I was so nervous about the surgical procedure. Luckily, the surgery was a success. I stayed for two nights in the hospital for the recovery. I have been free from fistula and its complications ever since the surgery," she said happily.

Khadra is one of the 60 fistula survivors who successfully underwent fistula surgery during the fistula repair campaign held between 21 and 25 August, 2016 at the Garowe General Hospital in the Puntland State of Somalia.

UNFPA Somalia, in collaboration with the Ministry of Health, embarked on a three-week intensive social and resource mobilization in support of the fistula campaign. The First Lady of Puntland State of Somalia, Dr. Hodan Said Isse, hosted a fundraising event in support of the fistula campaign

therefore making more resources available for the campaign.

A social reintegration aspect was embedded to the fistula campaign. Khadra was one of the 15 beneficiaries selected for a social reintegration programme. She received counseling services for one week on the fistula condition and its cause, healthy behaviour and social reintegration, including self-employment to enable

Even in my own shop, I talk to the other women about fistula. I inform them about the cause of and what they could do if they would experience the condition

social inclusion.

"Although I was healed, I was still worried and feared that I would experience fistula again. It was surreal to get accustomed to the changes in my life. However I was assured through counselling that I was healed and would lead a normal life. I have now learnt a great deal about fistula and how to prevent it," said Khadra.

She explained that she was joyous when the Ministry of Health contacted and informed her about the social reintegration programme aimed at empowering fistula survivors economically. "I told the facilitators that I used to work in a shop and had the ambition to open my own shop. At the end of the programme, I received a

financial incentive which enabled me to open my own grocery store," said Khadra.

She said business is good and that the store is growing. "I am able to take care of my children together with my husband. I have even managed to support some family members who live in remote areas and were affected by the ongoing drought. I am happy, healthy and productive," said Khadra.

She has now taken it upon herself to be a campaigner on fistula prevention and treatment.

"Even in my own shop, I talk to the other women about fistula. I inform them about the cause of and what they could do if they would experience the condition. Ministry of Health officials visit me frequently to encourage me," said Khadra.

Ending fistula is a high priority for UNFPA, the United Nations Population Fund, and it is a key step on the road to achieving the world's Sustainable Development Goals by 2030. Working with partners in the Campaign to End Fistula, UNFPA, globally, has made progress towards eliminating fistula through prevention, treatment and social reintegration. UNFPA has supported more than 85,000 fistula repair surgeries since 2003, and more than 15,000 cases in 2016 alone.

So far, with the support of UNFPA Somalia, surgical repairs of 314 obstetric fistula cases have been performed in Garowe, Galkayo and Bossaso. In 2016 alone, UNFPA supported hospitals, which assisted 5824 safe deliveries and performed 956 caesarian sections. More than 80 health centers attended 28,503 childbirths ●

Promoting innovations for young people's reproductive health



UNFPA Somalia is forging a relationship with Linköping University (LiU) in Sweden in the quest to promote innovations for reproductive health and rights for Somali youth. The innovations are on mobile learning and aimed at creating opportunities for learning and knowledge production on reproductive

health including menstrual hygiene.

LiU is one of the large academic institutions in Sweden and Northern Europe and conducts world-leading, boundary-crossing research in fields that include materials science, information technology and hearing. The university also offers many innovative educational programmes, frequently with a clear

professional focus and leading to qualification as, for example, doctors, teachers, economists and engineers.

Twenty-one students from LiU visited UNFPA Somalia offices in Nairobi, Kenya on 26 May 2017 to discuss and explore the possibility of moving forward with the proposed innovations. The visit follows a conference on

Urban Innovation for Sexual and Reproductive Health and Rights, which was conducted on 15th, and 16th February 2017 in Nairobi by LiU and another Swedish University of Borås in partnership with the United Nations Human Settlements Programme (UN-Habitat) and UNFPA. The conference showcased and stimulated debate on the contributions of youth actors on urban sexual health

The rights and dignity of all people lie at the heart of development

-Botev

Students from Linköping university
visiting UNFPA ▼



and education issues using mobile learning and its ability to improve menstrual hygiene management for women and girls.

UNFPA Somalia Representative Mr. Nikolai Botev informed the students that UNFPA is committed to working in Somalia to reinforce partnerships to deliver reproductive health information

that can contribute to a demographic dividend. These include programmes for youth empowerment, improvements in maternal, newborn and child health, universal access to reproductive health, prevention and treatment of HIV and sexually transmitted infections and the elimination of gender-based violence and harmful

practices such as Female Genital Mutilation (FGM) & child marriage.

“We at UNFPA are pleased to be part of this innovative initiative because sexual and reproductive health and rights are at the heart of what we do. The rights and dignity of all people lie at the heart of development,” said Mr. Botev.

Professor Per-Olof

Hansson, who accompanied the students, said the LiU students work with new technologies and innovations, which they are eager to extend to Somalia.

UNFPA Somalia Programme Analyst for Youth and HIV Fatuma Muhumed said UNFPA is exploring the rolling out process of the project with local partners in Somalia ●

Statement attributable to UNFPA Director for the Arab States Regional Office, Dr. Luay Shabaneh, on the humanitarian crisis in Somalia

20 March 2017

The devastating drought currently ravaging Somalia is threatening the lives of 607 thousand pregnant women around the country. More than 130 thousands of them may require critical and urgent assistance. Somalia already has one of the highest maternal mortality ratios in the world (732) and one out of every 22 women is likely to die due to pregnancy or childbirth-related causes during her life course.

About 6.2 million people in Somalia are presently in need of humanitarian assistance, including 3.3 million people require immediate access to emergency health services and hygiene.

Limited access to reproductive health services puts the lives of many women and babies at high risk during emergencies especially when attention is primarily focused on the needs for shelter, food and

security. The specific needs of women and girls are no less urgent and should be at the same priority level as other needs.

Moreover, in situations of acute humanitarian emergencies, food scarcity may lead to the exclusion of the more vulnerable groups, such as women, from food aid generally, thus denying them a basic right to aid and making them victims of discrimination and gender-based violence (GBV). The direct implication of food scarcity on pregnant women is an increase in miscarriages and death due to malnutrition.

UNFPA is stepping up efforts towards ensuring adequate humanitarian response to the needs of the women and girls affected by the drought and appealing to international donors for funding of \$24 million to cover reproductive health needs and GBV protection and response ●



“UNFPA is stepping up efforts towards ensuring adequate humanitarian response to the needs of the women and girls affected by the drought”

Dr. Luay Shabaneh,
*UNFPA Director for the Arab States
Regional Office*

SOMALIA 2017

Somalia remains one of the largest humanitarian crises in the world. About 2.9 million people are in need of humanitarian assistance, including an estimated 1.1 million people internally displaced by recurrent droughts, floods and conflict. In Somalia, the consequences of conflict are clear and devastating with extreme poverty estimated to be 43 percent. The poverty incidence is 73 percent; 61 percent in urban centers and 80 percent in rural areas.

3.2M

People in need of humanitarian assistance:

(according to 2015/2016 contingency plan of Somalia)

1.1M

Number of IDPs

(according to the 2014 population estimation survey for Somalia, PESS)

Number of returnees and refugees:

(according to the 2016 humanitarian response plan HRP)

YEAR	RETURNEES	REFUGEES
2015 (Actual)	31,494	5,911
2016 (Planned)	69,000	11,547

The maternal mortality rate:

1 out of every 12 women dies due to pregnancy related causes

(Maternal Mortality Rate is **732 deaths of mothers for 100,000 live births** – down from 1210 in 1990). The average fertility rate is **6.6 children per woman**. Access to maternal health services is low with **44%** and **38%** of births in Somaliland and Puntland being attended by skilled birth attendants. (according to UNICEF Somalia)

FACTS:

- **12.3 million estimated Population**
- **850732/100,000 Maternal Mortality Rate**
- **6.7 Fertility Rate**
- **<3 Contraceptive Prevalence Rate**
- **75 percent Population aged under 30**
- **23 percent Rural Population**
- **42 percent Urban Population**
- **26 percent Nomadic Population**
- **9 percent Internally Displaced Population**
- **98% FGM cases**

UNFPA Priorities:

The country programme seeks to improve the overall quality of life of the Somali people. The programme contributes to the three outcomes of the United Nations Integrated Strategic Framework:

1

Somali people have equitable access to basic services in health, education, shelter, water and sanitation

2

Somali people benefit from poverty reduction through equitable economic development and decent work

3

Somali people live in a stable environment, where the rule of law is respected and rights-based and gender-sensitive development is pursued

The Costs and Benefits

\$40 to ensure safe delivery at birth per woman

\$30 for a woman/girl to prevent gender based violence

\$50 to prevent female genital mutilation per girl/woman

\$35 to provide a woman with birth spacing commodities

\$750 for technical & government partners to access communities



UNFPA

Delivering a world where
Every pregnancy is wanted
Every childbirth is safe and
Every young person's
Potential is fulfilled