The trek towards fistula repair

Fistula survivor narrates her three day journey across borders in pursuit of a life changing health service ... PAGE 12

Puntland passes law against sexual offences

Development of the Somali midwifery strategy initiated

Saving the lives of women facing drought
Sixty-seven young people from the six states in Somalia gathered in Mogadishu on November 4, 2016 and emphasised their rights and responsibilities in being part and parcel of the country’s major development agendas. The UN in Somalia organised the meeting.

The Somali population is young, according to the 2014 Population Estimation Survey. More than half of the population is aged less than 20 years and 75.1 percent is below 30 years old.

Maternal and neonatal nutrition consultant for UNFPA Somalia Masumi Maehara said the major recommendations that came out of the youth gathering included the need by government and development partners to invest in human resources and not only in construction, the need for vocational training to promote sustainable economic
Puntland passes law against sexual offences

The Puntland Parliament in August 2016 passed a law criminalising all sexual offences in the Puntland State of Somalia. The parliamentary session, which passed the Sexual Offence Bill into an officially endorsed law was attended by 45 parliament members, out of which 42 were in favour of the law, two abstained and only one voted against.

Ministry of Justice, Religious Affairs and Rehabilitation (MOJRAR) prepared the Puntland Sexual Offences Bill with technical and financial support from UNFPA and UNDP, according to UNFPA gender analyst in Puntland, Bahsan Said.

“The passage of the bill is a great victory and breakthrough for human rights and women’s rights as it is the first ever of its kind approved in Somalia,” stated Said, adding: “GBV, including rape, sexual assault, physical assault, forced marriage, denial of resources, opportunities or services, psychological and emotional abuse, is prevalent in Somalia.”

The new law criminalises various sexual offences, including, gang rape, sexual exploitation and abuse, sexual harassment, sexual offences involving the Internet and indecent exposure of genital organs in public places. The new sexual offence law also broadens the definition of consent, which is now designed to redress the balance in favour of survivors without prejudicing the perpetrators’ right to a fair trial to help juries reach just and fair decisions.

Since 2014, UNFPA and UNDP

The young people also noted that each chapter of the NDP needs investment and recommended for micro-financing opportunities for the youth to contribute innovative ideas to their own country’s development,” said Maehara.

The youth also agreed to protect the environment more as a means of realising sustainable development. The Somali young people asked the United Nations to continue being a reliable and trustworthy partner for them and for the creation of stronger partnerships with various stakeholders to enable continuous consultations.

“The Young people indicated that security is the number one priority for the sustainable development of the country and that the youth should also have a role in promoting the security of the country with the creation of opportunities in establishing community policing so they have alternatives to joining extremist groups,” said Maehara.

The youth also agreed to protect the environment more as a means of realising sustainable development. The Somali young people asked the United Nations to continue being a reliable and trustworthy partner for them and for the creation of stronger partnerships with various stakeholders to enable continuous consultations.

One of the most critical issues that need investment is a one-person-one-vote election in 2020 - Keating.

The Humanitarian and UN Resident Coordinator for Somalia, Peter de Clerk, emphasised the importance of young people working as one as opposed to divided groups based on gender, clans and other distinct characteristics that might have brought divisions previously in the country.

The participants, together with the UN officials, engaged in a mural painting to highlight the results of the discussion and their visions for Somalia. The painting will be presented during the inauguration of the new Somali president.

Young staff members from UNFPA also participated in the discussions and advocated for more age-appropriate, comprehensive sexual and reproductive health services for young Somalis and the meaningful roles that the youth can play in advocating against gender based violence.

The Special Representative of the Secretary General in Somalia, Michael Keating, interacted with the participants and discussed the current election processes in Somalia.

Keating stated the importance of having a functional electoral system and national identity cards in the coming few years.

“One of the most critical issues that need investment is a one-person-one-vote election in 2020,” said Keating.

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A new midwifery curriculum for Somali midwifery schools has been approved by the International Confederation of Midwives (ICM) as adequately meeting globally accepted midwifery education standards. This means that the UNFPA supported training is now recognised to be of international standards and graduates from Somali midwifery schools will be internationally recognised.

UNFPA Somalia

Midwifery Advisor Emily Denness explained that UNFPA worked with Somali midwifery stakeholders to develop a new version of training, with a new curriculum specifically designed to meet the global standards and essential competencies. Denness said key inputs into the development of the new curriculum came from Somali ministries of health and planning, Somali midwifery associations namely Somaliland Nursing and Midwifery Association (SLNMA), Puntland Association of Midwives (PAM) and Somali Midwifery Association (SOMA), midwifery schools and universities, health education NGOs, and other technical experts.

“UNFPA Somalia, led on the harmonization of the curriculum with international standards, while the stakeholder group led the structure and content of the curriculum ensuring relevance to the Somali context,” said Denness.

UNFPA Somalia has been supporting the training of midwives since 2011, with community midwifery programs to reach families. The level

The midwifery curriculum, if used by all will help us standardise midwifery education

New Somali midwifery curriculum gets international recognition

Somalia have been supporting the advocacy process towards the passage of the law in partnership with the Ministry of Justice, Religious Affairs and Rehabilitation (MOJRAR), engaging in sensitive and intensive discussions with religious leaders, parliamentarians, experts as well as community members.

Before the new law, the legal frameworks that existed in Somalia and Puntland were the criminal procedures code and the penal code that were passed over 50 years ago, in 1962 and 1964, respectively. Both the criminal procedures code and penal code were considered outdated and incomplete, as the frameworks did not clearly specify and adequately reflect the various types of GBV as crime.

“The new law accepts survivor’s statements and police reports as admissible evidence to the court of law. It is now mandatory that police and prosecutors handling survivors provide referral to free medical, psychosocial and legal support as well as provide protection of witnesses and survivors,” explained Said.

Human rights activists, women groups and communities, have celebrated the enactment of the sexual offences bill, as topics evolving around sexual violence are considered sensitive and often taboo. The enactment of the bill also comes at the right time, as the law and the earlier endorsed Clinical Management of Rape (CMR) protocol create an enabling legal environment for not only the implementation of the new law, but also for ensuring the availability and implementation of CMR services for GBV survivors, as well as the rolling out of a GBV forensic lab-screening project in Garowe, Puntland State of Somalia.

“With all these initiatives, the government of Puntland will have the capacity to provide comprehensive quality services to the survivors of GBV,” explained Said •

The passage of the bill is a great victory and breakthrough for human rights and women’s rights as it is the first ever of its kind approved in Somalia - Said

New Somali midwifery curriculum gets international recognition
of Somali community midwifery training had been lower than the international standard to be recognised as a fully qualified midwife, so in 2015 the process began to help Somali midwifery training to become globally recognised, according to Denness.

In 2016 the curriculum was approved by all Somali ministries of health and planning as the minimum standard for Somali midwifery training, and recognised for diploma level training. It was subsequently rolled out across all 15 midwifery-training institutions, which are supported by UNFPA and submitted, to the ICM for review, according to Denness.

“The midwifery curriculum, if used by all, will help us standardise midwifery education. In Somaliland it will be a national diploma curriculum, endorsed by the Ministry of Health and adopted by all midwifery training institutions, to ensure the minimum levels of midwifery education and practice,” said Ismail.

Principal of Mogadishu Midwifery School and the Vice President of SOMA Hawa Abdullahi Elmi said the international recognition of Somali qualified midwives will contribute in the reduction of current high maternal and newborn deaths across all Somali regions.

“The real unknown soldiers in the fight against the current high maternal and newborn deaths are midwives,” said Elmi.

Care by appropriately qualified midwives has been proven as the most effective way of addressing maternal and newborn health globally. There is a dire shortage of midwives and lack of investment in training and health systems following decades of civil war in Somalia and this is reflected in the health of mothers; one in 22 women die of pregnancy related causes, which equates to 12 women dying every day through childbearing.

Midwifery creates opportunities to address maternal and family health, including skilled attendance at birth, birth spacing, advocating for the abandonment of female genital mutilation, promoting and supporting exclusive breastfeeding to give new-born babies the best start in life, and other public health and health promotion initiatives.

The International Confederation of Midwives (ICM) definition of the midwife is:

’a person who has successfully completed a midwifery education programme that is duly recognized in the country where it is located and that is based on the ICM Essential Competencies for Basic Midwifery Practice and the framework of the ICM Global Standards for Midwifery Education; who has acquired the requisite qualifications to be registered and/or legally licensed to practice midwifery and use the title ‘midwife’; and who demonstrates competency in the practice of midwifery.’

Key ICM midwifery concepts that define the unique role of midwives:

- Midwives work in partnership with women to promote self-care and the health of mothers, infants, and families;
- Midwives work with respect for human dignity and for women as persons with full human rights;
- Midwives advocate for women so that their voices are heard;
- Midwives show cultural sensitivity, including working with women and health care providers to overcome those cultural practices that harm women and babies;
- Midwives focus on health promotion and disease prevention that views pregnancy as a normal life event.

Fouzia Ismail, SLNMA executive director expressed contentment over the international recognition.

ICM gave approval of the curriculum at the end of November 2016,” said Denness.

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The Puntland State of Somalia is strengthening political commitment and leadership in increasing public awareness about the status of young mothers and the seriousness of the problem in line with maternal and neonatal deaths and morbidity. The commitment was re-emphasised at the commemoration of the second anniversary of the Campaign on Accelerated Reduction of Maternal Mortality in Africa (CARMMA) at the end of November, 2016.

CARMMA is an African Union Commission (AUC) and UNFPA initiative to intensify the implementation of the Maputo Plan of Action for the reduction of maternal mortality on the continent. Several UN agencies, bilateral donors and NGOs support the CARMMA at national, regional and global levels. The CARMMA was initiated by the AUC in recognition of the daunting challenge of reducing maternal mortality in most African countries. The campaign has motivated significant national ownership, and has been successfully launched by 37 AU member states including Somalia, which launched the CARMMA in November 2014.

The Ministry of Health (MoH) in Puntland in partnership with UNFPA commemorated the second anniversary under the theme ‘Moving CARMMA to the next level – focusing on young mothers’. The commemorative ceremony was attended by UNFPA Somalia representative Nikolai Botev speaking at the commemoration.
The midwifery curriculum, if used by all will help us standardise midwifery education.

by the Vice President of Puntland State of Somalia, Abdihaqim Haji Omar and other top government officials, the Honourary CARMMA Ambassador for Puntland Anisa Haji Mumin, UNFPA Somalia Representative Nikolai Botev and key UN partner agencies, women groups and activists, students, health professionals, NGOs and local civil society including the media.

The Vice President of Puntland commended the MoH and Ministry of Justice (MoJ), the CARMMA Ambassador, UNFPA and other partners for their exceptional work and commitment in advancing maternal, newborn and child health in the country. The Vice President took note of the accomplishments and related positive interventions that had been undertaken to address the problem of maternal mortality.

“The Government is committed to take the lead on this great cause of saving the lives of mothers and babies,” said Haji Omar, adding: “I would like to congratulate the UNFPA Garowe sub-office team for their exceptional achievements in reproductive and maternal health sphere.”

The Vice President also made a call to all humanitarian partners to scale up efforts to address the growing health needs of drought-stricken communities, including mothers and children.

He also expressed government’s commitment in ensuring that victims of gender-based violence receive proper services.

“The establishment of a forensic laboratory system in Puntland, for the collection and examination DNA-based evidence, is a landmark achievement that will support the enforcement of the Sexual Offences Act,” said the Vice President.

In August 2016, the Puntland Parliament passed a law criminalising all sexual offences in the Puntland State of Somalia. MoJ prepared the Puntland Sexual Offences Bill with technical and financial support from UNFPA and UNDP.

The Minister of Justice Salah Habib Jama also commended all the partners involved in the CARMMA and the prevention of gender-based violence in Puntland. He pledged that MoJ would continue to setup and strengthen national mechanisms to advance maternal health and protect women and girls against all forms of gender-based violence.

“The MoJ will continue to work closely with UNFPA, the MoH and other partners to ensure both the adequate implementation of the recently endorsed Sexual Offences Act and the full establishment of the forensic system to strengthen the medico-legal response to GBV in Puntland,” said Habib Jama.

The CARMMA Goodwill Ambassador Anisa Haji Mumin, commended the national leadership and UNFPA in addressing the issue of maternal mortality through the effective delivery of the CARMMA comprehensive action plan.

She also emphasised the importance of engaging men to improve access and use of maternal health services.

“Men should be adequately informed about the available maternal health services so that they could timely support their partners to visit the clinic or the midwife,” said the CARMMA Goodwill Ambassador. Haji Mumin also made an appeal to national counterparts and the civil society to continue reaching out to underserved communities and groups, in particular young mothers, to increase their access to and use of appropriate support in pregnancy and at birth.

UNFPA Representative Nikolai Botev, expressed his gratitude to the Vice-President and the Government of Puntland for its commitment to the cause of reducing maternal mortality and morbidity.

“The presence of the Puntland senior leadership at this commemoration shows the government’s commitment towards
Men should be adequately informed about the available maternal health services so that they could timely support their partners to visit the clinic or the midwife.

Botev noted that there is still a long way to go towards reducing maternal mortality in spite of the progress made over the past years.

“In Somalia, one out of every 22 women dies due to pregnancy related causes,” said Botev. He underlined that young mothers are more likely to experience severe maternal morbidities such as fistula resulting from prolonged obstructed labour. “It is vital that we empower young mothers by providing them with the tools, resources and support needed to break the cycle of maternal mortality,” said the UNFPA Representative.

Botev also emphasised the need to keep up the momentum of the CARMMA Action Plan.

The UNFPA Representative took note of the accomplishments and positive interventions that had been undertaken to address the problem of maternal mortality.

“It is encouraging, at the anniversary of CARMMA, to witness that in 2016, 4625 deliveries were assisted by hospitals, 20160 normal deliveries were assisted by more than 80 health centers, 72 obstetric fistula repair cases were performed, six midwifery schools continued functioning in Puntland with 40 midwifery students graduated, a performance-based incentive pilot project was launched, and 2600 beneficiaries received reproductive health counseling and services through the reproductive health outreach campaigns in drought affected regions,” said Botev.

In view of the poetic and oral tradition of Somalia, Jama “Dheere”, a community artist, presented some poetry on the importance of seeking access to maternal health information and services, including skilled attendance at birth, and basic and comprehensive emergency obstetric and neonatal care.

“Mothers are the backbone of our community: a bleeding mother is a bleeding nation,” said Jama in one of his poetic narration.
A new pool of 25 health personnel has been created in Somalia to contribute to saving the lives of women and newborn babies through the provision of birth spacing methods. Somalia has one of the highest lifetime risk of maternal deaths in the world. One out of every 12 women die due to pregnancy related causes. The maternal mortality ratio stands at 732 deaths per 100,000 live births, according to 2015 estimates by WHO, UNFPA, UNICEF & UN Population Division.

Concerning birth spacing, 26 percent of Somali women have unmet needs yet only less than 3 percent of the women use a modern method of birth spacing, according to Chief Technical Adviser for Reproductive Health Commodity Security (RHCS) Ibnou Diallo. “Poverty, low status of women, widespread traditional beliefs and harmful practices further contribute to the high burden of ill-health among mothers and newborns in Somalia. Due to poor basic education and lack of sexual education in schools, levels of information on risks related to pregnancy and childbirth are low, and are more likely to derive from traditional beliefs than from informed health staff. Awareness of beneficial effects of preventive health services such as birth spacing is poor and many misconceptions prevail,” said Diallo.

He said it was therefore paramount that a training to equip a team of health professionals with the right knowledge, attitude and practice on long acting birth spacing methods such as Implanon NXT and Jadelle insertion be conducted to ensure that there is personnel in place to provide women with the required services.

BCC and Family planning analyst for UNFPA in Somaliland, Layla Mohammed Hashi, indicated that the pool of qualified reproductive health staff has been limited and under-trained, with a significant shortage of qualified midwives and doctors who are sufficiently trained and experienced to offer birth spacing services and especially those that are long acting but reversible.

“The newly trained health personnel are now cascading the training to other service providers in their respective zones. It is expected that family planning uptake will improve considerably,” said Hashi.

Hashi said the use of modern birth spacing methods could prevent up to one-third of all maternal deaths by allowing women to delay motherhood, space births and avoid unintended pregnancies.

“Birth spacing also contributes to social development by alleviating poverty, improve the environment and increase access to education,” said Hashi.

UNFPA works to support birth spacing by: ensuring a steady, reliable supply of quality birth spacing commodities; strengthening national health systems; advocating for policies supportive of birth spacing; and gathering data to support this work. UNFPA also provides global leadership in increasing access to birth spacing, by convening partners – including governments – to develop evidence and policies, and by offering programmatic, technical and financial assistance to developing countries.

Access to safe, voluntary birth spacing is a human right. It is central to gender equality and women’s empowerment, and it is a key factor in reducing poverty. Yet some 225 million women globally who want to avoid pregnancy are not using safe and effective birth spacing methods, for reasons ranging from lack of access to information or services to lack of support from their partners or communities. Most of these women with an unmet need live in 69 of the poorest countries on earth.
The development of a Somali Midwifery Strategy to contribute to the midwifery profession and service development has been initiated. The process is part of the overall Health Sector Strategic Plan (HSSP).

A three-day workshop was held with the support of UNFPA and WHO regional and country offices in Entebbe, Uganda, at the end of October 2016 to kick-start the process.

According to UNFPA Somalia International Midwifery Specialist Emily Denness, participants included representatives from the Federal Government of Somalia, Somaliland and Puntland ministries of health, the Somaliland National Health Professionals Council and midwifery associations namely the Somaliland Nursing and Midwives Association (SLNMA), Puntland Association of Midwives (PAM) and Somali Midwifery Association (SOMA).

Other participants came from midwifery training institutes including those in the public and private sector such as Mogadishu Midwifery Training Institute and the University of Hargeisa. There was also representation from selected health facilities.

“Achievements, challenges, gaps, needs and priorities in midwifery were explored for each area represented and common areas of midwifery were assessed as to development needs and responses, resulting in common strategic objectives and directions being agreed,” said Denness.

The midwifery role is crucial in improving the maternal and newborn health quality of care services in the Somali context to appropriately address the high burden of maternal and neonatal mortality.

As such, midwifery has been recognised as a Somali priority, aiming to end preventable maternal and newborn deaths. Each area has specific stages of midwifery development, therefore individual actions under the common strategic objectives and directions will be agreed upon in the development of the strategy. This will plan midwifery development over the HSSP time period of 2017 to 2021, aligned with the Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) strategic planning.

“Through the strategy development, there is a need to ensure consensus on the adoption of integrated and multi-sectoral approaches by involving all concerned parties, across health, education, the legal systems, professional bodies and associations, and most importantly Somali midwives themselves,” said Denness.

**Strategic objectives and directions from the meeting**

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A group of midwives working in rural areas in Puntland, Somalia will be receiving incentives for going the extra mile in reaching out to the vulnerable and the hard-to-reach populations with reproductive health and maternal services. The performance-based incentives pilot project for the midwives is being funded by the Government of Japan and managed by the Ministry of Health in Puntland with technical support from UNFPA Somalia.

The maternal mortality rate for Somalia is among the highest in the world with 12 women dying everyday due to pregnancy related causes, according to UNFPA Somalia International Midwifery Specialist Emily Denness.

“There are many factors which contribute to maternal deaths in Somalia but the key factor is the lack of births attended by a midwife or doctor,” said Denness, adding: “there is therefore great need to ensure that midwives are encouraged to reach out to women who need reproductive health and maternal services more in the hard-to-reach areas.”

In Somalia, over two decades of conflict have displaced approximately 20 per cent of the population and wreaked havoc on the nation’s infrastructure, and, as of 2010, nearly 80 per cent of the population lacked access to basic health services. Many internally displaced persons lack access to quality health care, including access to skilled midwives to receive incentives

Midwives have been recognised as having most of the life-saving skills essential for childbearing women

-Denness
The midwives will be rewarded financially when they meet their targets, giving them additional motivation to promote the uptake of their services on a regular basis.

Midwives have been recognised as having most of the life-saving skills essential for childbearing women, and are trained to recognise and promptly refer cases that need further assistance. The performance-based financing of midwifery services will incentivise midwives to reach out and promote midwifery and the services that they can give. This system is also moving towards being more compatible with future funding mechanisms, both public and private," explained Denness.

The Ministry of Health in Puntland and UNFPA Somalia has just finalised an orientation workshop in Garowe, Puntland, on the performance-based financing of midwifery services. Midwives who underwent the orientation were selected to be based in health centres across Puntland in Bosaso, Carmo, Galkacio, Galdogob, Garowe, Dhahar, Burtinle and Bocame and in areas where no midwives are present, or where the service would otherwise have closed without this valuable, life-saving support.

Some midwives are being placed in facilities that had no midwife at all. Due to funding shortages, some midwives are leaving their posts to find paid work.

"All of the midwives involved in the project were previously trained in UNFPA-supported midwifery schools, meeting the Ministry of Health recognised standards and international level competencies of midwifery training," said Denness.

An orientation was held for 10 midwives in Garowe, linking them together, receiving updates and refresher trainings on obstetric emergency scenarios and evidence-based care. They also received sessions on behaviour change communication to enhance health promotion and positive service provision, professional ethics, human rights in childbirth and respectful midwifery care.

The midwives were also oriented on the incentive system. Their targets were set according to the local population numbers and are targets for the number of women they see for antenatal care, postnatal care, birth spacing and the births they assist.

According to Denness, the data the midwives provide to the Ministry of Health will be analysed, assessing what difference the performance-based financing has made. "The midwives will be rewarded financially when they meet their targets, giving them additional motivation to promote the uptake of their services on a regular basis, reaching out to communities to show them the importance of seeing a midwife," she said.

All the midwives under the project are now stationed in their health facilities. The Ministry of Health and UNFPA will be ensuring that the midwives have what they need to enable them to use their life-saving skills in their local communities.
MORODIJEEX – It was early morning when a young sheikh, Abdi Iidan, and his wife joined the long queue leading to a tent in Morodijeex, in north-western Somalia. Mr. Iidan stood out from the crowd; women dominated the queue.

They were seeking reproductive health services, offered through a UNFPA-supported campaign targeting marginalized populations. The health tent in Morodijeex was located near a settlement for displaced people.

Mr. Iidan had come to support his wife’s decision to use family planning. “I accompanied her to ensure that we access birth spacing services. I want us to have some space before we have another child.”

He explained that health services can be difficult to access: “My wife had a rough time giving birth recently, and she had to be transferred to a hospital a long distance away from here to undergo a Caesarean section.”

The need to travel long distances for basic or life-saving care is all too common in Somalia, which continues to face one of the largest and most complex humanitarian emergencies in the world.

Stretching over the past 20 years, the crisis has critically weakened the country’s health system. Today, Somalia has one of the highest maternal death rates in the world; women have a 1 in 22 lifetime risk of dying from a pregnancy-related cause.

The go-ahead

UNFPA provided technical and financial support for the outreach campaign, which was run by the Ministry of Health. The initiative aimed to complement the care available at 11 UNFPA-supported health facilities in the north-west, said Layla Mohammed Hashi.

We sensitize people about the campaigns so that people know where to go and what to expect, explained Ms. Hashi, a UNFPA analyst.

The kinds of care provided – including sexual and reproductive health information, family planning counselling and contraceptive supplies – can be sensitive.

But Mr. Iidan said he consulted an Islamic scholar on the use of modern family planning, and he and his wife were given the go-ahead.

“I went to seek advice from a scholar who knows a lot about Islam and has personally trained me. According to Islam, modern birth spacing methods are permissible as long as no forbidden acts are performed in order to achieve it and as long as the procedure will not cause damage to the reproductive organs nor would it lead to permanent sterilization,” Mr. Iidan said.

Thousands reached

The five-day campaign also provided antenatal and postnatal care, screenings and treatment for sexually transmitted infections including HIV, and referrals to specialized care for obstetric fistula and other complications.

Over 8,700 people were reached by the campaign. © UNFPA Somalia

It also addressed issues such as female genital mutilation and gender-based violence.

“We set camp near business centres and market places so as to attract more people,” said women’s health expert Ugaso Jama Gulaid. “We were referring the serious cases to main hospitals for further treatment.”

The effort reached over 8,700 people, she added.
The trek towards fistula repair

UNFPA Somalia Behaviour Change Communication and Family Planning Analyst Abdisalam Bahwal, based in the Garowe office, narrates a story of a fistula survivor, Farhiya, who trekked for three days across borders in pursuit of a life changing health service.
I met Farhiya during my recent visit to Garowe General Hospital in Puntland. At the time, Farhiya was preparing to check out of the hospital after two weeks of recovery following a successful obstetric fistula repair procedure. She consented to share her story with me and told me that she had lived with obstetric fistula, a debilitating condition, for seven years.

Farhiya is a 23-year-old Somali woman who received free fistula repair services together with 65 other girls and women, during a campaign at Garowe Hospital in Puntland carried out by Physicians Across Continents (PAC) in coordination with the Ministry of Health. UNFPA Somalia provided technical and financial support towards the campaign.

Farhiya is a living testimony to some of the root causes of obstetric fistula: early marriage and early pregnancy, which usually culminate into obstructed and prolonged labour. She was married off at the age of 15 in a village on the Ethiopian side of the border between Ethiopia and Somalia. She became pregnant at the age of 16. There was no skilled birth attendant in the village to assist her when she went into labour so she remained in prolonged labour for four days.

“Because there was no proper transportation, I was carried on a donkey cart to the nearest health centre in Kelafo district, tens of kilometers away from my village,” Farhiya explained.

At the health center, she was told that her baby had died. A midwife performed assisted delivery to remove the dead baby.

“My feeling of relief after sleepless days of exhausting labour was mixed with the sorrow of losing my baby,” Farhiya told me, adding: “I went back home and did not notice that anything else was wrong until a few days later when I discovered that I could not control my bladder. I returned to the health centre and was told that I had suffered from a condition known as obstetric fistula because of the prolonged labour. It was my first time to hear of such a medical condition.”

Personnel at the health centre in Kelafo could not provide any remedy to Farhiya’s condition. She was told that there were no fistula experts in the area. “I returned to my village hoping that time will heal my body. After waiting for nine months with no improvement, I decided to cross the border into Somalia to seek medical care in Galalko. I had heard of the presence of a doctor specialised in treating fistula. In one month, I was operated on twice without any success,” explained Farhiya.

Disappointed and depressed, Farhiya returned home and demanded divorce from her husband. “I was feeling guilty that my husband had to put up with my condition. I was also unable to bear any more children,” she said, adding: “my husband rejected my demand stating that he was willing to be with me despite my condition since he had married me healthy.”

She said she continued to stay in her village suffering in silence and living in isolation for six more years. “I used to hide from people and did not socialise with my neighbours. I kept the pain to myself. Only a few of my close family members knew about what I was going through,” she added.

In what she described as one of her few moments of joy in the many years she lived with the devastating condition, Farhiya received a telephone call from her aunt, who lives in Garowe on the evening of August 23. She was informed that some international doctors had arrived at Garowe General Hospital provide fistula repair services.

“My aunt told me that the doctors were only staying for a few days and she encouraged me to rush to Garowe Hospital. I talked the matter over with my husband, who agreed that I could travel to see if the doctors could help me. He gave me some money and sent me off to Gode district,” said Farhiya.

Due to the poor road conditions and the instability in some parts of the regions between her home and Garowe in northeast of Somalia, Farhiya had to
take a longer and indirect route. First, she travelled north by road to Jigjiga, the capital of the Somali region of Ethiopia, where she spent a night. She then proceeded to Wajale on the border between Somalia and Ethiopia.

“I travelled further east to Hargeisa and spent the second night there. The next morning, in the final portion of my journey, I embarked on a day long trip to Garowe, arriving at midnight on Friday, August 26,” explained Farhiya.

In total, Farhiya covered more than 1500 kilometers in three days. She changed buses five times.

“I stepped into the hospital early Saturday morning on the last day of the five-day long campaign. I was the last patient the team of experts operated on. I am healed and I am now living normally for the first time in seven years. I must say that I am very happy,” said Farhiya.

The blue line on the map shows the distance Farhiya covered to access fistula repair services.

Obstetric 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, faeces or both, and often leads to chronic medical problems, depression, social isolation and deepening poverty.

More than 2 million women in sub-Saharan Africa, Asia, the Arab region, and Latin America and the Caribbean are estimated to be living with fistula, and some 50,000 to 100,000 new cases develop annually. Yet it is almost entirely preventable. Its persistence is a sign of global inequality and an indication that health systems are failing to protect the health and human rights of the poorest and most vulnerable women and girls.

As the leader of Campaign to End Fistula, UNFPA provides strategic vision, medical supplies, training and funds for fistula prevention, treatment and social reintegration programmes. UNFPA also strengthens reproductive health and emergency obstetric services to prevent fistula from occurring in the first place.
The drought became so bad that Rukiyo and her family had to abandon their home and went to seek refuge with extended family members living in the Dangoroyo town, 35 kilometres away from Eelbuh.

“I was so worried that I would have a miscarriage due to the effects of the drought,” said Rukiyo, adding: “We had so little to eat. I became very weak and could barely walk.”

She said she was desperate for a baby. She had suffered two miscarriages before.

“I delivered a dead baby after three days of labour with my first pregnancy and my second baby died right after birth. Both times I was attended to by a traditional birth attendant,” said Rukiyo. New and increased health needs and challenges were experienced as a result of the effects of drought in Puntland and Somaliland where below normal rains or failures were experienced in two consecutive rainy seasons in areas hit by El Nino.

A drought rapid needs assessment in February 2016 in Puntland, which covered the regions of Bari, Nugal and Sanaag, stated that there was an urgent need to health services in the affected areas. The same assessment raised concerns on availability of functioning health facilities in the study areas, which observed to be among the major concerns during a household survey as part of the assessment. Up to 73 percent of the respondents in the study reported lack of access to health facilities. Some health facilities in the assessed villages were closed down because the largest part of villagers moved to other locations, which led to...
zero access of health services for the families and the communities that had remained. The government of Puntland declared the assessed regions as drought stricken on February 11, 2016 with 213,000 affected and requested humanitarian partners to provide lifesaving assistance to seriously affected communities.

UNFPA, through the coordinated health cluster response, and with funding from the United Nations Central Emergency Response Fund (CERF), supported the provision of maternal health services geared towards addressing high rates of mortality and morbidity. The CERF funds were used to purchase emergency health kits to equip health units and ensure safe delivery for pregnant mothers. The funds were also used for emergency procurement of life saving medicines, consumable and supplies targeting primary health care facilities and support to life saving services, according to Samia Hassan, UNFPA's humanitarian coordinator in Somalia.

“We aimed at making available emergency reproductive, maternal and new-born health services for 2,300 pregnant women in all drought affected target areas. We also worked on making emergency referral services available for 400 complicated pregnancies in the target areas,” said Hassan.

Just in February alone and within Bari region, the medical teams deployed by the Ministry of Health, with support of UNFPA reported 57 pregnant women were referred with different complications from areas hit by the drought to Bossaso and Garowe hospitals.

Rukiyo was one of the women that benefited from UNFPA’s response to the drought. She was taken to a Maternal and Child Health facility in Dangoroyo by her relatives and received close attention after sharing her medical history with skilled birth attendants at the facility.

When she went into labour, it was found out that her pelvis was too narrow for the baby to pass and the health facility referred her to Garowe Regional Hospital, where she underwent a caesarian section.” Rukiyo gave birth to a healthy boy.

“I now visit the health centre for postnatal care services and I have accessed birth spacing services to She to avoid early pregnancy. I have been advised to deliver in hospital when I pregnant again,” said Rukiyo.

The UN in Somalia says millions of Somalis have endured the pain of living without access to basic services for far too long. Over the last two decades, due to collapse of the health system, the state of the health sector remains in a critical situation with some of the worst health indicators in the world. Some 3.2 million people lack access to emergency health services, while 2.8 million require improved access to water, sanitation and hygiene.

According to UNFPA, during conflicts, natural disasters and other emergencies, sexual and reproductive health needs are easily overlooked – yet these needs are often staggering.

In crisis situations, one in five women of childbearing age, is likely to be pregnant. Without access to reproductive health services, these women face an increased risk of life-threatening complications. Many women also lose access to family planning, exposing them to unwanted pregnancies in perilous conditions. Women and young people also become more vulnerable to sexual violence, exploitation and HIV infection. And the hygiene needs of women and girls are often neglected.

UNFPA works closely with governments, UN agencies, community-based organizations and other partners to ensure that reproductive health is integrated into emergency responses. UNFPA deploys hygiene supplies, obstetric and family planning supplies, trained personnel, and other support to vulnerable populations, and works to ensure the needs of women and young people are served through both an emergency and the reconstruction phase.
Hinda had moved to a place near Qolujed from the outskirts of Awdal region escaping the drought that ravaged the area. Hinda, her husband and their five children had been surviving on milk sales but could no longer sustain themselves when the drought struck.

“My family had to leave our village after we lost our livestock due to the drought. This area is providing humanitarian response to people like us who have been affected by the drought,” said Hinda.

According to the United Nations, the drought has, since the beginning of 2016, impacted lives and livelihoods, compounding an already challenging humanitarian situation. In some areas, 60 to 80 per cent of herds have been lost, with devastating impact on families who depend on livestock for income, food and status.

Hinda, visited Qolujed Maternal and Child Health (MCH) facility in Awdal region for the second time in August, 2016. She came to the MCH facility with her sixth pregnancy.

“I had initially visited the MCH to check if indeed services were offered for free. I made the confirmation during that first visit that women were attended to at no charge at all. This is why I was comfortable to come and seek assistance with my pregnancy,” said Hinda.

While other UN agencies are providing food assistance to those affected by the drought, UNFPA, in collaboration with the Somaliland Nursing and Midwifery Association and the Ministry of Health, has been supporting maternal and child health facilities and referral hospitals in Awdal, Sool and Sanaag regions, the hardest hit by drought, according to Reproductive and Maternal Health Specialist for UNFPA in Somaliland Adam Haibe Farah.

“UNFPA has provided to these health facilities essential drugs, supplies and equipment such as delivery and emergency reproductive health kits. We have also focused on capacity strengthening for health professionals serving the communities affected by the drought. One of those MCH facilities is Qolujed Maternal and Child Health where Hinda has been seeking services,” said Farah.

Records at Qolujed MCH indicate that apart from receiving antenatal care, Hinda was provided with micronutrient supplements to improve her health and that of her unborn baby. The records also indicate that more people than before have been seeking services since the drought occurred – with an average of 120 patients per day.

During the drought period in the past six months, midwives and other health professionals reached 2,838 women with antenatal care and 1,887 women and babies with postnatal care, attended 1,004 safe deliveries and referred 18 women to the nearest hospitals for the management of obstetric complications, according to UNFPA in Somaliland.

UNFPA also has interventions in the eastern regions of Somaliland including Sahil, Togdheer, Sanag and Sool. In addition, UNFPA supports CeMONC services in Buroa and Erigavo Hospitals and a midwifery school in Buroa.

The humanitarian response plan of UNFPA aims to provide response to emergency reproductive health in response to the dire situation of maternal health focusing on displaced people, host communities and those in underserved rural and urban areas.

Direct beneficiaries are estimated as 170,000 women. Somali women have a 1 in 22 lifetime risk of dying due to pregnancy and childbirth-related causes.
The Ministry of Health (MOH) in Puntland in collaboration with UNFPA has launched culturally sensitive outreach interventions at the community level where reproductive health service delivery and Behavior Change Communication (BCC) are being integrated.

As part of this initiative, the book “Family Planning in the Legacy of Islam” has been translated into Somali language, so as to use it as a basis for embarking on a robust culturally sensitive communication campaign.

“It is believed that the content of the book will help campaigners sensitise local communities, opinion and religious leaders about health benefits of birth spacing to mothers, children and families,” said Jihan Salad, UNFPA’s Reproductive and Maternal Health Programme Specialist for Puntland.

Salad said UNFPA, in close coordination and with the administration and management support of MOH and the Ministry of Justice, Religious Affairs and Rehabilitation (MOJRAR), will be reviewing the Somali translated book in consultation with prominent religious and community leaders as well as reproductive health professionals and Somali youth.

She said the review and consultation meetings will be followed by interactive workshops on developing culturally BCC and advocacy messages for informing and increasing awareness of communities on birth spacing benefits and services.

“The BCC and advocacy messages will also help in dispelling myths and misconceptions about the view of birth spacing in Islam,” said Salad. She said the concept of the book will be used in the framework of community-based birth spacing services and counselling, as part of the periodic community integrated reproductive health outreach campaign and the fistula campaign targeting hard to reach and underserved communities.

The BCC and advocacy messages will be integrated in the existing clinical guidelines and protocols in the continuously expanding UNFPA-supported service delivery points that also provide life saving maternal, reproductive health medicines and skilled birth attendance.

Somalia has one of the worst reproductive health indicators in the world. The country has a low contraceptive prevalence at less than 15 per cent, with only 1.2 per cent of married women using modern methods and 26 percent of women having unmet needs of birth spacing. There is limited access to skilled attendance at birth at less than 30 percent, poor quality and limited access to basic and comprehensive emergency obstetric care with a caesarean section rate of less than two percent and a high fertility rate of six to seven children per woman. These indicators are among the main causes of the high Maternal Mortality Ratio in Somalia, which stands at 732 per 100,000 live births. •
Young girls taking up the fight against gender based violence

Young girls, including adolescents, from internally displaced persons (IDPs) settlements and host communities in Garowe and Bosaso in the Puntland State of Somalia are taking up the fight against gender based violence through advocacy and sensitisation activities including sports.

The advocacy emanates from undertakings conducted in line with the global campaign, the 16 Days of Activism Against Gender Based Violence, which mobilises leaders, communities and individuals around the world to end the pandemic of violence.

The Ministry of Women Development and Family Affairs (MoWDAFA) in Puntland led the campaign in the region. UNFPA, a number of UN agencies namely UNDP, UNICEF, IOM, UNSOM together with international and local NGOs, jointly conducted the 16 days of activism against gender-based violence under the theme “From Peace in the Home to Peace in the World: Make Education Safe for All”.

The 16 Days Campaign Against Gender Based Violence is an international campaign which begins on the November 25 every year, marking the International Day for the Elimination of Violence against Women and ends on December 10; the International Human Rights Day symbolically emphasising that violence against women is a human rights violation.

In keeping with the campaign activities, MoWDAFA organised basketball tournaments for girls in Garowe and Bosaso. MoWDAFA explained that the basketball teams were selected from the IDPs settlements and the host communities to encourage community integration and collective action on preventing and mitigating violence against women and girls.

Prior to the basketball tournaments, the girls had a one day session where they had comprehensive discussions on gender based violence and human rights and their vital role in participating in the ongoing prevention and mitigation efforts across Puntland and within their communities.

Speaking at the opening of the discussion forum, director general of MoWDAFA Abdirizak Nouh thanked UNFPA for supporting the initiative.

“It is very impressive to see such wonderful and talented young girls coming together to exercise their rights and contribute towards making lasting changes in this great community of ours,” said Nouh, adding: “MoWDAFA and its partners, including UNFPA, are committed to encouraging youth, especially young girls and adolescents, to participate in community building and development.”

Nouh said the campaign was not only happening within the 16 Days of Activism Against Gender Based Violence but that it would be scaled up and continue as an awareness campaign on reducing and preventing violence against women and girls.

One of the young girls who participated in the discussions and the tournament Deko Ahmed Omar noted that girls have a major role to play in combating violence against women and girls.

Another girl Farun Omar said she was delighted to participate in the activities. “I am so happy to be part of such a wonderful team aimed at building our communities and more specifically empowering young girls to be part change makers”.

“Currently, violence against women is high in Somalia. Young girls continue to be victims as they do not really have a voice within their communities. We have to stand united for lasting change,” said Omar.

The 16 days of Activism Campaign in Puntland also included TV and radio talks shows, sports tournaments for girls, poetry competitions, workshops, community based campaigns and rallies.

We have to stand united for lasting change

-Omar

A young girl participates in the campaign
Young people in Mogadishu tackle health issues

Fifty-six young people in Somalia have been sharing experiences and debating on reproductive health issues affecting the youth through a series of weekly health talks that went on for a period of two months. The health talks, which also focused on HIV and STI prevention, were taking place at Mogadishu One Stop Youth Center from June 16 to August 28, 2016.

Y-PEER, the Youth Peer Education Network, in conjunction with UNFPA Somalia country office had organised the series of health talks. Somalia’s young people face a lot of challenges after nearly three decades of conflict have left them with few resources or opportunities. More than 75 percent of the country’s population is under 30 years old, according to the most recent population estimates.

A network of more than 500 non-profit organisations and governmental institutions; Y-PEER has a membership that includes thousands of young people who work in the many areas surrounding adolescent and reproductive health. A groundbreaking and comprehensive youth-to-youth initiative, the Y-PEER, was pioneered by UNFPA globally.

UNFPA Somalia has provided technical and financial support for youth programmes in the country, including Y-Peer since 2012, according to UNFPA youth Fatuma Muhumed.

“Many young people have received information on reproductive health, conflict resolution, and the prevention of drug abuse and sexually transmitted infections, including HIV,” said Muhumed.

According to Y-Peer focal person in Mogadishu Mohamed Arshad, young people’s awareness about sexual and reproductive health in Somalia is not adequate. He said the participatory sessions during the health talks allowed presenters to engage the youth in discussions and deep reflections on reproductive health practices in the Somali society.

“In Somalia, girls are given away for marriage very young, violence against girls and women is widespread and some traditional practices are highly discriminatory against women,” said Arshad, adding: “we are bringing awareness on the negative consequences of that and having the young people themselves suggest solutions.”

Some of the topics discussed include adolescence and reproductive health, prevention and causes of HIV/AIDS, family planning, gender based violence, drug and substances abuse and its effects on young people’s health and wellbeing. Others included education and entertainment for behavior change, dealing with misconceptions, according to Arshad.

“The topics emphasised on changes both physical and emotional young people experience during their transition to adulthood and how these changes can influence young people’s behavior and their sexuality as well as how young people can respond and prevent incidences of GBV. The topics also touched extensively on the positive approach to sexuality, absence of STIs, teenage pregnancies, family planning and other health related issues,” said Arshad.
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)

<table>
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<tr>
<th>YEAR</th>
<th>RETURNEES</th>
<th>REFUGEES</th>
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<tr>
<td>2015 (Actual)</td>
<td>31,494</td>
<td>5,911</td>
</tr>
<tr>
<td>2016 (Planned)</td>
<td>69,000</td>
<td>11,547</td>
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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