



SAMOFAL

Solidarity in Crisis

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Somalia Country Office

Midwifery school opened in Mogadishu

UNFPA Somalia Country Office welcomes our Regional Director Hafedh Chekir for his last visit to Somalia together with his guest of honor, Assistant Secretary General and Deputy Executive Director of Management UNFPA, Ms. Anne-Birgitte Albrechtsen. Ms. Albrechtsen joined UNFPA earlier this year and brings with her nearly 20 years of management and development experience, having held leadership positions in her nations' Government and previously in the United Nations Development Programme (UNDP) and UNFPA. Mr. Chekir and Ms. Albrechtsen will visit Somali Government officials as well as UNFPA projects.



Mogadishu School of Midwifery opening ceremony

Delivery of maternal health services in Somalia is greatly hampered by a lack of well-trained health personnel, exacerbated by an exodus and decreased production of health workers. This shortage of professional health workers calls for increased production of accessibility to professional services. UNFPA started the professional training of midwives in Somalia in 2007. To date six schools are functioning in the whole country. As well as needing to increase the

overall number of health workers, it is also essential to provide additional training to existing personnel in order to further build their capacity in core areas of midwifery competencies as updated by the International Confederation of Midwives in 2011.

With all the above problems the number of skilled midwives in Somalia are very limited and in this regard, 2012 is a milestone

in midwifery training in Mogadishu. WAHA (Woman and Health Alliance International) and UNFPA in consultation with ministry of health Somalia are set to train 20 nurses to obtain post basic midwifery diploma in an 18 month course.

Although the midwifery training in Mogadishu ceased with the fall down of central government, the training of nurses continue in some local institutes, especially the private and

NGOs supported ones. This resulted in an accumulation of a pool of nurses in Mogadishu and South Somalia.

There are also a limited number of hospitals offering comprehensive emergency obstetric care. With the establishment of Hanano Hospital and soon-to-come Forlanini Hospital, both offering free comprehensive emergency obstetric care (Cemoc) and the resultant high turn-over, a new hands-on experience under supervision of experienced obstetrician-gynecologists, midwives and clinical instructors is bound to bring out the best in the post-basic midwife trainees.

A Post-basic Midwifery School will be established within the hospital so as to train additional local staff in an accelerated intensive one year course based on the curriculum developed by UNFPA in Somaliland and in agreement with the local Ministry of Health. This school will train additional local staff for the two hospitals of this project as well as to work in particular in primary health care facilities throughout the country.

Trainees will be chosen in collaboration with the UNFPA and the Ministry of Health, and to have a good country-wide representation from the various regions. It targets general nurses already having



basic diplomas. Currently, consultancies are being processed to initiate the groundwork, which will include a rigorous selection process of potential candidates from across the different regions of Somalia, interviews, ToT training, acquisition of training material, stationary, and other administrative duties. Renovations and furnishing are also being done in the proposed house to host the students and some of the tutors.

This course is designed to prepare competent Midwives especially in post-basic midwifery, reproductive health, mother and child care, and community health in general, in order to prepare them for work in hospitals, maternal and child health centers and dispensaries.



Students in one of the boarding rooms in Mogadishu School of Midwifery

Syndromic Case Management training in Puntland



Sexual Transmitted Infections (STI) is a common and serious problem worldwide. The most widely acknowledged are gonorrhoea, syphilis and the human immunodeficiency virus (HIV). Many of these are curable with effective treatment, but they continue to be a major public health concern in the general population, particularly in vulnerable groups e.g. IDP communities.

Syndromic case management offers many benefits in this effort. It enables STI service providers to diagnose STI syndrome and treat patients on the spot, without waiting for the results of time consuming and costly laboratory tests. By offering treatment on the patient's first visit, it will help to prevent the further spread of STIs. It is also involved in patient education about the infection, how STIs are transmitted, the risky sexual behavior and how to reduce the risks, partner management and the provision of condoms.

The UNFPA supported project, involves strengthening Behavior Change Communication and Information Education and Communication for vulnerable groups, strengthening Reproductive Health and STI services through capacity building of health care providers in Puntland.

One training were held in Bosasso in June, for 14 health workers, including certified nurses, midwives, counselors and lab technicians from the IDP settlements in Bari and Karkar Regions. Another was held in Galkayo in July, with 10 health care providers from 6 districts in Mudug and Nugal regions. The training included six days of class session and eight days for field visit in MCH. Both workshops were implemented by PNMA (Puntland Nurses and Midwives Association) and funded by UNFPA Somalia Country Office.



Settling the status of the population in Somalia

The transition is over. Monday 10 of September, the Somali people took a giant step forward on the path to peace and prosperity, and ended the transitional period decisively by selecting their next President. Somalis have to focus on stabilization, reconciliation and building sustainable and accountable institutions of

governance capable of providing services to their people. In order to make good decisions for the people they serve, access to good data is essential for policy makers. Data enables countries to measure progress, or lack of it.

Somalia had a long absence of any form of reliable data system that supports humanitarian, recovery or development actions since the collapse of the central government in 1991. The last population census was done in 1985/86, but no data was released. Only a few data were released from the earlier census conducted in 1975. A settlement survey was done by United Nations Development Program back in 2005/06, but the Somali administration came out against it, because they felt that their population had been underestimated. Nevertheless, those data has been used as a framework for designing surveys until now.

It would be ideal to conduct a comprehensive population census for Somalia. However, basic requirements for conducting an internationally credible census cannot be met at the current stage because of concerns of national capacity and regarding security and stability in the central and southern parts of Somalia. A population survey along with mapping and estimation procedures is the most practical option at this stage.

So the time has come to settle the status, once and for all. The Population



Somalis during an awareness campaign against FGM/C in Somaliland

Fund (UNFPA) is man-dated by UN to support governments in using population data for policies and programs. Together with the Somali governments and in partnership and collaboration with the UN agencies the time is right for conducting a Population Estimation Survey. "Numbers tell us about people. This Population Estimation Survey will provide critical data to guide plans, policies and programmes to meet the Somali people's need and improve their lives" said UNFPA Representative, Cheikh T. Cisse

The primary objective of the survey is to obtain reliable population estimates of Somalia that are classified by geographic areas, regions, districts and water points, and by demographic and some socioeconomic characteristics including age, sex, educational status, employment and access to safe water and mobility status. For all development partners, data is essential in demonstrating measurable results and accountability, particularly as it relates to funding and management.

"If the numbers are wrong we might be wrong,

so this is a top priority for us" said FAO Representative Luca Alinovi, during a workshop in September. His view is shared by other UN agencies. "We need to know how many kids that are born, and how many died. This is very important for us" said UNICEF Representative, Sikandar Khan. "This is fundamental, since we are working with human population needs" said WFP Representative, Stefano Porretti.

The priority given by the national authorities for conducting this survey, formed the biggest motivation for the international organizations, represented by WFP, UNDP, UNICEF, UNHCR, FAO and WHO to adopt this initiative towards achieving greater coordination and integration between these organizations in support of national sustainable development efforts.



Heads of UN agencies at the PES workshop - Nairobi

Reproductive Health kit distribution in Puntland



UNFPAs Abdinasir Mohamed handing over Reproductive Health kits to Ali Diriye from the Ministry of Health.

UNFPA donated Reproductive Health kits to the Ministry of Health in Puntland and this was distributed to the health services delivery points in Puntland at the end of May.

This was a part of UNFPA's commitment towards reducing maternal mortality in partnership and collaboration with the Ministry of Health in Puntland towards achieving the Millennium Development Goals number 4 and 5, in capacitating

and expanding health care providers and providing Reproductive Health kits.

Acting Director General of the Ministry of Health, Mr. Ali Diriye, welcomed the donation saying that many hospitals were facing Reproductive Health drug shortage. He highlighted that this Reproductive Health kits will help in saving lives of our mothers, which in turn will positively affect in reducing maternal mortality.

Celebration of the Youth Day of Puntland

International Youth Day is on August 12 each year. It is celebrated in all over the world. It is meant as an opportunity for governments and others to draw attention to youth issues worldwide. The day was observed and celebrated in Puntland State University in Garowe and other major towns of Puntland.

Many activities and events took place during the commemoration, in order to promote the benefits that young people bring into the world. Many people participated in the activities and events that took place during this global event, which included youth conferences on issues such as piracy, human trafficking, employment, education, HIV/Aids and others.

Other activities including concerts promoting the world's youth, as well as sporting event like football match. Among the participants were the President of Puntland, H.E. Abdirahman Mohamed Faroole, Minister of Labour Youth and Sports, Mr. Abdiweli Hersi, and Minister for Planning and International Cooperation, Mr. Daud Mohamed Omar.

UNFPA staff and Y-Peer Network members were also present at the event. The aforementioned honorable people have accentuated a lot during the conference meeting that young people today face pressing global challenges such as human trafficking, HIV/AIDS, vulnerable working conditions and marginalization from decision



President H.E. Abdirahman Mohamed Faroole addressing the youth



Youth were commemorated in speeches

making processes and also face immense challenges in every aspect of their lives especially high numbers of unemployment, it leaves the youth idle and prone to illegal activities like piracy. The president highlighted more



Youth participated in sporting activities

specifically that partnerships such as governments, NGOs/UN agencies, the private sector and civil society can help increase opportunities for success by leveraging comparative advantages, resources and shared interests.

Election of youth delegate



Members of the Youth Community during the nomination for youth delegate to the UN

Somali Family Services (SFS), in collaboration with the United Nations Population Fund (UNFPA), hosted members of the Garowe youth community at the Puntland Library and Resource Center on 6th of August to elect a representative to the Somalia United Nations Country Team (UNCT) Youth Advisory Panel (YAP). 18 young men and women attended the event,

representing youth organizations from around Garowe. Five candidates, four men and one woman, delivered compelling speeches to contend for the vote of their peers and participants voted by secret ballot in a fair and transparent election process.

After a tie in the initial election, Abdirahman Jama emerged as the elected YAP representative in a close

run-off race against Faduma Abdule who will serve as an alternate.

The Youth Advisory Panel will promote meaningful dialogue between Somali youth and the UNCT, serving as a platform to involve the youth in advising the UN to design youth-friendly strategies, policies and programs. The participants discussed the political, social and economic issues affecting youth, especially focusing on human rights, civic education, political inclusion, economic opportunities and entrepreneurship. They also reviewed the Somalia Youth Charter and discussed its compatibility to the needs of youth communities.

This forum in Garowe is part of an ongoing SFS effort to identify qualified youth to represent Puntland in the UNCT, and similar forums have been held in Bosaso and Galkayo. Of the five youth elected to join the YAP from Puntland, two come from an IDP and minority group, with the other three elected to represent their respective hometowns of Bosaso, Galkayo and Garowe.

Maternal Health Mission to Somaliland and Puntland



RH mission to Somalia, Rogaia Abdelrahim, Sennen Hounton, Kabir Ahmed, Maha Eladawy and Ruth Pflieger

In September 2012, UNFPA undertook a maternal health mission to Somalia. Participants came from the UNFPA headquarters in New York, the regional

office in Cairo and the country office in Nairobi. The objective of the mission was to do a rapid situation assessment of basic reproductive health (RH) services,

RH commodity security and HIV/AIDS prevention, and to assist UNFPA Somalia in developing a comprehensive maternal health and RH commodity security programme.

The mission travelled to Hargeisa, Galkayo and Garowe. It met with the health authorities, partner organisations and UNFPA field staff. The mission members visited several hospitals, MCHs, maternity waiting homes, private pharmacies and warehouses, and nursing and midwifery institutions.

Findings and recommendations included: strengthening RH coordination and management; introducing a birth spacing programme in Somalia; strengthening the capacity for quality emergency obstetric care; scaling up of the midwifery programme; training doctors to do fistula repairs; ensuring that health information management systems include maternal health data.

Humanitarian Response



An expectant mother during the UNFPA support - Somalia

Despite the progress made since famine was declared in parts of Somalia, the number of people in crisis still remain very high, 2.12 million people in urgent need of aid, according to the latest data released by the Food Security and Nutrition Analysis Unit (FSNAU) and Famine Early Warning Systems Network (FEWSNET). Hundreds of thousands of displaced women are currently living in camps where protection concerns are very high, notably on gender based violence. The majority of the affected population is in the south of the country, where assistance is extremely limited due to high level of insecurity. The community's poor resistance to the drought coping had resulted the massive population movement throughout the region, most of them in Lower and Middle Shabelle and in Banadir.

Overall, notwithstanding the recent improvements, the humanitarian situation in Somalia remains critical and must remain on the global agenda to avoid the risk of reversing the gains made. In the second half of 2012, humanitarian actors are prioritizing lifesaving responses, as well as interventions aimed at rebuilding livelihoods and resilience to reduce the effects of hazards. The situation in Mogadishu has changed rapidly in the past few months. While security, and therefore access has relatively improved, profound humanitarian challenges remain

as population continues to influx to the city from Afgooye corridor and other regions due to conflict.

The Existing IDP settlements have expanded considerably resulting to overcrowding and straining of the already overburdened service delivery. The standoff between TFG/AMISOM and Al Shabaab for the control of Afgooye corridor is causing a state of uncertainty among the population, thus affecting agricultural activity in the corridor and the return process. (Source OCHA Somalia).

The target areas were selected based on the needs and the extents of vulnerability of the newly arrived IDPs were most vulnerable in Lower and Middle Shabelle and in Banadir. UNFPA Somalia contracted 3 local NGOs, each in one of the 3 target regions to provide 2,650 kits. The distribution, that took place in the second week of August, was targeting pregnant women (45% of the kits); lactating women (25%); adolescent unmarried girls of the age of 12-17 (30%). UNFPA staff had rounds of discussion with local NGOs in the target areas during protection cluster meetings to have an agreement on the contents. Dates which was included in the dignity kits supported by UNFPA in 2011 was agreed to be an important element but because of the limitation of funds it was not in the kit.

The newly arrived IDPs based in the new camps are undergoing very hardship condition; they are based in open camps with no shelter, no clean water, and no health care and above all in adequate clothing and hygiene supplies. Pregnant women are among the most affected part of the new IDPs. No protection for women and children against the chilly weather in the night and sun heat during the day. The recently liberated areas which are the target of this project (lower and middle Shabelle) remained for long time under Al-Shabaab who induced a dress code for women and thus it became an important security measure for women to wear such kind of dress if she has to go outdoors to reach the food distribution points.

The content of the Dignity Kit was improved with the inclusion of a torch



Women queuing up for distribution of Dignity Kits in Lower Shabelle - Somalia

Improving Maternal Health through Joint Programme

and a whistle. These two items were strongly recommended by the Protection Cluster, as they contribute in the prevention of gender based violence. In a context where insecurity is at its highest level, these daily life tools raise attention on the potential victim in a situation of extreme emergency, saving the life of girls and women. All the community benefitted from the activity: not only girls and women, but also the larger family, the IDP community as well as local business men because the products were procured locally.

The main challenge concerned the small amount of kits that the NGOs were entitled to distribute. Distribution of dignity kits was implemented successfully, the targeted areas were reached and beneficiaries were satisfied with this operation as it occurred in a period where people are facing lack of clothing and hygiene supplies. One of the positive aspects of the project is the involvement and adherence of authorities and beneficiaries as well, toward the achievement of the objectives targeted by Emergency assistance for protection of pregnant women affected by droughts in new IDP camps project. For further Dignity kit distribution implementation there is need to increase on the quantity of kits in order to ensure large coverage of South Central region where the most vulnerable women are. "I will like to thank UNFPA for restoring our dignity, I could not go to the town for casual work because I did not have cloth to cover my body, and stayed indoors this make shift in my life thanks God I can go to town to do casual work of washing cloths and cleaning dishes to feed my children." (Beneficiary from Afgyoe)



Women receiving Dignity Kits - Somalia



Protecting women lives through prenatal care

UNFPA, UNICEF and WHO are jointly implementing a Health and Nutrition Programme (JHNP). This is a comprehensive multi-donor, multi-partner five year programme aimed towards achieving the Millennium Development Goals (MDGs). In particular, it aims at improving maternal and child health and reducing mortality, while strengthening the systems that support improved quality and access to health care. While scaling up the delivery of essential reproductive, maternal, newborn and child health (RMNCH) and nutrition services for women, young girls, and children in Somaliland, Puntland and South-central Somalia, the JHNP addresses the WHO six building blocks for efficient health systems functioning, building and strengthening foundations in order to improve the health and nutrition status of Somali people.

The JHNP was developed through a wide consultation process, involving a wide range of key stakeholders. The Programme emphasises the increased leadership capacity of Somali health authorities, with support aligned to health sector strategic planning. Joint Programming by the three UN agencies ensures that the strengths of

each agency are harnessed. Activities supported by UNFPA, UNICEF and WHO complement each other, ultimately leading to increased programme effectiveness.

UNFPA has a major role to play within the JHNP, and supports a range of activities. In 2012, UNFPA has been strengthening the leadership and governance of the health sector through training of reproductive health (RH) managers and support to RH coordination units. Maternal health can only be improved through an increase in safe deliveries. This means that all births should be attended by a skilled birth attendant (doctor, midwife). A skilled health workforce is a key element in ensuring the provision of quality services. Therefore, UNFPA is supporting the training of new midwives in midwifery schools in all three zones of Somalia. Maternal deaths are often caused by complications during delivery. Health workers can only be effective if they have the necessary skills. They need to be able to identify problems, and to effectively address them. Therefore, UNFPA provides training in Emergency Obstetric Care (EmOC).

In addition, health workers need the supplies and equipment to do their work. UNFPA has been procuring a range of reproductive health commodities to ensure safe deliveries. Not all population groups have equal access to delivery services. UNFPA has established several maternity waiting homes in areas where internally displaced persons (IDPs) live, and this has increased the number of women who go to health facilities for their delivery. UNFPA reported on this in the last issue of SAMOFAL.

All good programmes have something in common. They measure their results. Regular monitoring leads to improvements in programmes. In order to do this effectively, it is necessary to know the current situation, the baseline. UNFPA therefore has been supporting research in Somaliland and Puntland: a reproductive health rapid assessment in IDP camps, and a birth spacing knowledge, attitude and behaviour survey.

Fistula repairs in Mogadishu



Doctors Carried out a successful Caesarean section at a hospital in Mogadishu

Women in Somalia live in a highly insecure context where the health infrastructure has been disrupted for decades and where aid for maternal health has been extremely limited. There have been no fistula care services within Somalia and all recent treatment strategies have relied on transporting women to Puntland or Somaliland, or have depended on women traveling to neighboring countries such as Ethiopia. A major barrier to providing fistula treatment in Somalia is a lack of appropriate facilities to conduct the operations, including insufficient equipment and medical supplies, and a dearth of trained personnel required for the surgery as well as for the pre-operative and post-operative care.

There is an urgent need for a holistic and comprehensive approach to delivering maternal health services including the treatment of post-partum injuries such as obstetric fistula. This approach needs to include interventions at the community level all the way through to sufficiently equipped and functioning hospital facilities. Efficient patient transport solutions also need to be implemented in order to link hospitals, health clinics and community interventions.

Early marriage and consecutive childbearing increases the vulnerability of girls and women (female average age at first marriage is 15.6 years and the fertility rate for 15- to 19-year-old girls is 123 per 1,000). Only an estimated 1.2 percent of married women use modern

methods of contraception. It is estimated that more than 80 % of deliveries take place at home, attended by family members or traditional birth attendants. Patient transport options within Mogadishu are extremely limited, which

further reduces women's access to care in the event of an emergency. These combined factors contribute to the extremely high maternal death rates and further increase the risk of developing obstetric fistula among Somali women

UNFPA in collaboration with WAHA does the obstetric fistula repairs, as well as treatment of other birth injuries and training of local Somali doctors on simple fistula repair, and raising community awareness on availability of free fistula repair services at Hanano Hospital, through media.



Restored dignity

Amina Mohamed, one of our fistula patients all smiles as she waits to go back to her home in Jowhar dry. She went into labor far from any conventional hospital. She labored for 3 days, and was finally assisted by a traditional birth attendant who conducted a prolonged delivery. Her baby never survived. After

a few days she started leaking urine. She suffered psychological trauma for 2 years, as she pondered on what to do. Help finally came when a neighbor showed her a phone text message about free fistula surgeries at Hanano.

This was her turning point. She travelled to Mogadishu, was screened, admitted and operated within a week. She now has a reason to smile! "My first priority is to get a husband and have another baby, inshallah. It was traumatizing to have a fistula, and even more traumatizing to be divorced," she says with a wry smile. She discloses that her husband divorced her soon after she developed fistula.



Waited thirty years

Fadumo Sheikh Hassan, our oldest fistula patient smiles in the embrace of our theater nurse Fatuma after recovery. She had stayed with the fistula for 30 years! She had prolonged labor while in the bush, and made her way to a hospital in Baidoa, where she underwent instrumental during the birth of her 6th child. A week later, she developed urinary incontinence, and had lived with the problem for the past 30 years. Her husband divorced her, and she had to be content with the lonely life. Lady luck smiled her way when she heard the announcements via radio of the free fistula surgeries being offered at Hanano hospital. Previously she had been unable to raise the fare to travel to Borama where she had been told she could get help. Relatives helped her raise fare to Mogadishu at she finally came to Hanano were she was operated on. "May Allah bless the works of your hands...you have saved me from public shame, and restored my dignity. I can now live my elderly life in more peace and comfort" was all she could say.

New health facility for IDP's in Garowe

At the end of September, UNFPA opened a new Maternity Waiting Home for Internally Displaced Persons (IDP's) in Jawle settlement. This is one of the most populated IDP settlements in Garowe town.

Women in Puntland, as in rest of Somalia have suffered from one of the highest maternal mortality rates in the world. Most deliveries occur at home with the assistance of traditional birth attendants and consequently there is a delay in referring to the hospital in case of any emergencies.

In response to the high maternal mortality and lack of accessible safe delivery services in the whole state of Puntland and particularly in IDP settlements, UNFPA is supporting maternity waiting homes inside the IDP settlements.



Participants during the launching ceremony of the new health facility in Garowe

Maternity support groups' training in Togdheer



A participant receives a certificate after the training session

To improve the maternal health situation and reduce maternal mortality in Togdheer region, Somliland Youth Society, in collaboration with UNFPA, conducted a consultative meeting with IDP's committees and shared the project implemetations with them. Those committees are the gatekeepers in the IDP settlements. Then they followed up with two workshops that included one of community groups including woman, men, girls and boys focusing woman and youth groups in the target IDP camps on developing maternity support groups to encourage ANC utilization

by pregnant mothers and engaging timely referral of complicated pregnancies and child birth. Women focal points will be selected as a result of this workshop. The maternity support groups will consist of men, women, boys and girls, where the focal points will be purely women. The aim of both the maternity support groups and the women focal points is to help reduce the maternal mortality deaths by identifying pregnant mothers in the IDP

camps and encourage early referral especially women who are prone to complications. They will give the women in the reproductive age group including pregnant mothers in the IDP camps counseling on ANC services, family planning, HIV and STI's. The group will also help referral when necessary. The maternity support groups will be established in the most populated 16 IDP settlements in Togdheer region. When the maternity support groups are established, women focal points will be selected and will be trained with referral guidelines to assist in identifying cases for referral.



Facilitator monitoring participant's views

Women count for peace



The SRSG Augustine P. Mahiga, with women from Somalia, Puntland and Somaliland during the UN open day

More than 30 women representatives of grassroots and umbrella organisations from Somalia, Puntland and Somaliland, gathered for two days in Mogadishu to participate in the annual UN Open Day: “Partnerships for Peace” facilitated by UNPOS’ Gender Affairs Unit with support from the UN Country Team, namely UN Women, UNDP, UNFPA, UNHCR and OCHA. The Open Day, held globally since 2010, provides a platform for discussion between women affected by conflict and senior UN leaders on key issues of concern.

This year Somali women representing a wide range of professions addressed issues of access to basic services, such as livelihoods, education and health, promotion and respect of women’s rights, prevention and protection against violence, women in politics and women’s role in peace-building. The Open Day provides an opportunity to deepen understanding and local ownership of UN Security Council Resolution (UNSCR) 1325 on Women, Peace and Security. The resolution reaffirms the important role of women in the prevention and resolution of conflicts, humanitarian response and in post-conflict reconstruction and stresses the importance of their equal participation and full involvement in promotion of peace and security. At the Open Day women presented

their recommendations to the UN, international community, Somali leaders, religious leaders and to women themselves, in order to set priority actions and help accelerate the implementation of 1325.

“Your presence here means that you are active and that you are representing other women and this is what we have been asking for: representation of women by women,” said Special Representative of the Secretary-General (SRSG) for Somalia, Augustine P. Mahiga while addressing the conference. UN

Resident and Humanitarian Coordinator for Somalia, Mark Bowden, called for an enhanced role of women in peace-building process. “The experiences of men and women in conflict are different; it is because of this that women should be given opportunities to take part in conflict resolutions,” said Mr. Bowden.

Bringing about a change for women in Somalia following the election of a new president should be at the forefront of priorities for the New Federal Parliament. Although women were promised a 30% representation in the new Federal Parliament, the selection process brought their quota to 15%. SRSG Mahiga described the inclusion of 36 female MPs as “groundbreaking progress” and said the achievement should

not be measured in numbers but in changing the mindset of society. Over the years conflict has driven women and their families out of their homes in search of safer shelter, food and water. Displaced women often become victims of violence, with very limited access to property, wealth, education and health services. Out of 1.5 million internally displaced people, 600,000 are women of reproductive age but sadly Somalia has the highest maternal mortality rate in the world.



The delegates in the UN open day meeting in Mogadishu

Training of youth leaders



Youth Leaders undergoing the GBV-FGM/C training

18 youth leaders from the three major secondary schools in Garowe were selected to participate in this training which is aimed at training youth leaders to advocate as Peer educators for Gender Based Violence and Female Genital Mutilation / Cutting (GBV-FGM/C).

The training started with opening remarks from the executive director of Puntland Youth Peer (Y-Peer) Network. It was followed by a brief overview of Y-Peer and its current activities by members of Y-Peer Puntland.

The Director of department of Planning from the Ministry of Women and Family Affairs, also spoke about Puntland State of Somalia's commitment to combat GBV and FGM/C. He furthermore thanked Y-Peer and UNFPA for provide the youth with the opportunity to understand GBV and FGM/C and advocate against these harmful practices. Also two people came to observe the training session from UNFPA. The session was highly interactive and engaging. It required a constant input and participation from the students. It took the form of lecturing by

the trainer, group activities, discussions and preparation for role-play. The session started by giving the students an overall picture of the sessions, objectives and the end goals.

Next the trainer clarified the difference between Sex and Gender. The trainer used real everyday example to illustrate how sex and gender can be contrasted. Secondly, the trainer discussed how role power, use of force and consent connects to GBV. This sparked debates among the students, and furthermore allowed students to get into their own perceptions about power, use of force and consent. The trainer encouraged the students to use everyday examples from their community.

The female participants also spoke about the double standards based in their community. Moreover, the female students encouraged the male counterparts to combat these double standards that excuse male to use power and force.

Overall, the students had follow up questions and interest in the topic. There is a great deal of material to cover before the conclusion of this training. However the group seemed urged to learn and to take part in this session and the following sessions.

HIV and AIDS School Clubs creation



Students from the HIV/AIDS school clubs in Somaliland

Somaliland Youth Peer Network held HIV/AIDS school clubs creation workshop for five secondary schools in Somaliland. Six students from each school attend the workshop and they created five HIV and AIDS school clubs.

The initiative aims at promoting a school-based HIV and AIDS campaign with the emphasis of ABC methods.

Then the school club members received skills trainings including peer education, facilitation and organizing skills.

When the training was completed, the school members planned school activities and they held interpersonal communication sessions, poem and songs competition on HIV and AIDS, and theatre performance in the schools.



SOMALIA

Population	7.9 million
Life expectancy	47 years
Fertility rate	6.8 births per woman
Maternal mortality rate	1,044 deaths per 100,000 live births
Use of modern contraceptives	1.5% of women in fertile age
HIV/AIDS prevalence	0.9%
Female Genital Mutilation/Cutting (estimate, among women aged 15-49)	98% have been circumcised, with 78% having experienced the extreme form of FGM (infibulated or type 3 circumcision).
Estimated number of IDPs	1.3 million

Source: ANC 2004, MICS 2006, UN OCHA 2008 (Map: UN DPKO 2007)



Regional Director, Mr. Hafedh Chekir speaking during the annual retreat

Our Regional Director, Mr. Hafedh Chekir has for a long time been a friend and supporter of UNFPA Somalia Country Office. During his years as our Regional Director at the Arab States Regional Office in Cairo, he has never hesitated when we have requested his support, and he has visited us on many occasions, last time during our annual retreat. We would like to use this opportunity to thank him for the support he has given us, and wishes him all the best in the phase of life he is about to enter.



Cheikh Cisse, Benedicte Giaeve, Ibrahim Suleiman and Roar Sorensen

A team from the Norwegian Refugee Council (NRC) emergency response department visited seconded personnel during a roundtrip to Kenya, Ethiopia and South Sudan at the end of September. Since 2005 United Nations Population Fund has had a stand-by agreement with NRC. Two standby personnel were deployed in autumn of 2011, during the famine in Somalia, and NRC continued the support to UNFPA Somalia Country Office with one standby personnel throughout 2012. During the her visit, Director Benedicte Giaeve had the opportunity to learn about the seconded staffs and experiences and achievements, and also met with Somalia Country Office Representative, Mr. Cheikh T. Cisse and H.E. Minister Ibrahim Suleiman of Somalia.

UNFPA Delivering a world where every pregnancy is wanted, every childbirth is safe, and every young person's potential is fulfilled.

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