Fatima Abdi Ali, 21, belongs to a very small minority of game-changers: young women activists pushing for progress in Somalia.

Somali youth face an uphill struggle. More than 75 per cent of the country’s population is under 30 years old, according to the most recent population estimates, yet nearly three decades of conflict have left them with few resources or opportunities.

Women and girls face even dimmer prospects. Gender-based discrimination remains widespread. Women and girls are less educated – with far lower literacy rates than men – and have less access to employment and services. In some areas, communities still frown on girls attending school.

Ms. Abdi Ali has overcome these challenges, garnering the attention and respect of members of government and civil society. Now, she advocates for the empowerment of all young people.

“For the peace, development and future of Somalia, the voices of young people need to be heard and considered,” she said.

August 12 is International Youth Day, which this year focused on the civic engagement of young people, like Ms. Abdi Ali, who are making a difference in their communities.

Ms. Abdi Ali became involved in youth issues three years ago when she joined Y-Peer, a UNFPA-supported youth programme that trains young people to play an active role as community advocates. “I must say, I am now very motivated and confident as a youth leader,” she told UNFPA.

She went on to become a member of Somalia’s Youth Advisory Panel, which works with the Federal Government of Somalia and the United Nations on issues pertaining to young people – including a youth policy currently under development. “This is such an important role,” she said. “I am privileged to be part of the Youth Advisory Panel.”

She also encourages other young Somalis to get involved and make their voices heard. “There is no sense in discussing future development goals without recognizing the role that young people can and must play as assets and problem solvers,” Ms. Abdi Ali said.
Young people are among the most vulnerable in times of instability or conflict. They are often targets for abuse or recruitment by armed groups.

"Already, youth are major actors in conflict, constituting the bulk of participants in militias and criminal gangs, with young and adolescent females being exposed to forced and unwanted sexual relationships," said Aljaile Ahmed, a Y-Peer fellow.

"More than 2,000 adolescents and youth have directly been reached and educated," said Mohamed Arshad, Y-Peer focal person in Mogadishu.

"Through the Y-Peer programme, we have a good number of girls who are confidently speaking and raising awareness on reproductive health issues, such as family planning, the dangers of female genital mutilation, gender-based violence, HIV/AIDS and STI prevention, and campaigning against child marriages," he added.

Somalis can indeed work to meet the needs of their communities. UNFPA Somalia has been supporting the country in generating and analysing data for development with financial and technical support from the Swedish government, the UK Department For International Development, African Development Bank, DANIDA, the European Union, the Norwegian Refugee Council, the United States government, the Government of Norway and the African Union. Population trends and dynamics play a powerful role in development, and must therefore be factored into planning and policy decisions. Population size and structure impact a country’s economy as well as its ability to provide social protections and access to health care, education, housing, sanitation, water, food and energy.
UNFPA, with funding from the Office of the United States Foreign Disaster Assistance (OFDA)/USAID, is working on strengthening the technical capacity of the Gender Based Violence Working Groups (GBV WGs) and recently held the first ever comprehensive training on GBV coordination and programming for the chairs, co-chairs and focal points for the working groups from the three regions of Somalia; South Central, Somaliland and Puntland.

As the national chair for the GBV WG, UNFPA is co-leading the process with Save Somali Women and Children, the national co-chair of the working group. The five-day training, which took place from 22 to 26 June, focused on promoting a Human Rights Based Approach to GBV programming, implementation of results based management with advocacy, networking, negotiation skills, leadership skills, proposal writing, presentation skills, and communication for GBV coordinators, according to the national chair for the WG Isatu Sesay-Bayoh, who is also Gender Advisor and Gender based Violence Technical Specialist for UNFPA Somalia.

“Through the training, we also reviewed and agreed on realistic implementation and on a joint monitoring plan. Our main goal is improving on delivery of results,” said Sesay-Bayoh, adding: “we are glad that we managed to improve the coordination mechanism of GBV WGs in the field for tangible results in GBV Prevention and Response and agreed on ways of ensuring that the visibility of gender programming of UNFPA in Somalia is widely enriched and strengthened.”

Among other issues, participants were empowered to advocate within the government on the development and enactment of policies and other legislations, such as sexual offences bills, FGM policy and act, gender policy and action plan, family law policy, alternative care policy and act, national action plan for children, juvenile justice act and Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) ratification.

The chairs, co-chairs and focal points for the working groups also discussed ways of strengthening the justice delivery mechanism to comprehensively address sexual abuse and violence against women, contributing to the development of clinical management of rape protocol and medical support, oversee the adherence of human rights based approach, survivor centered and community based approach by the service providers.

Other issues discussed included validation of harmonised GBV messages, improving supply management of reproductive health kits, development of FGM anti-medicalisation strategy and code of conducts; enhance midwifery and nurses’ school curriculum and development of harmonised GBV curriculum for schools.

Dr. Mina Hassan from the Ministry of Women and Human Rights Development, representing the Federal Government of the Somali Republic, expressed gratitude to UNFPA and OFDA/USAID for bringing the participants together to strengthen the capacity on GBV coordination and programming.

“This is very important to ensuring that Somali women are protected at all times,” said Dr. Hassan.
Certificate presentation by OFDA and UNFPA officials

A participant appreciates the training

Director of OFDA Thomas Tauras congratulated the participants for completing the 5-day training.

He expressed his delight in meeting with the chairs, co-chairs and focal points of GBV WGs and task forces and encouraged them to apply the skills, knowledge and tools gained and agreed during the training.

At the closing of the training session UNFPA Acting Representative Grace Kyeyune said that all the GBV actors have the responsibility to ensure that all the GBV WGs are effectively functioning and supporting implementation and reporting of activities under the GBV WG strategy.

Renewing the fight against maternal & new-born mortality in Somalia

The Ministry of Health for the Federal Government of Somalia (FGS) and its partners in the health sector launched the National Fistula Task Force Committee and the National Maternal Death Surveillance and Response (MDSR) Committee on July 13 as the country intensifies the fight against one of the worst maternal and neonatal death rates in the world. UNFPA is providing technical and financial support towards efforts to recognise, report and reduce these deaths.

Some of the dignitaries who attended the launch

Somalia has been defined by some as one of the worst places to be a woman. The maternal mortality ratio stands at above 850/100,000 live births according to latest UNICEF, WHO and UNFPA estimates, with one out of every 12 women dying due to pregnancy related causes. One out of every ten Somali children dies before seeing their first birthday.
Minister of Health Her Excellency Hawa Hassan Mohamed explained that the two committees launched are very instrumental in Somalia’s renewed fight towards the reduction of maternal and neonatal mortality and morbidity.

“It is never too late to work on reversing the situation that we have in Somalia now. The Ministry of Health will stand up and put every effort to reduce maternal mortality and morbidity,” said Honourable Mohamed.

She expressed Somalia’s appreciation to UNFPA for the support and efforts to improve the reproductive health situation in Somalia.

MDSR, a relatively new concept that builds on the principles of public health surveillance, promotes routine identification and timely notification of maternal deaths and is a form of continuous surveillance linking health information system and quality improvement processes from local to national level, according to UNFPA Somalia’s National Program Specialist for Reproductive Health and HIV/AIDS Dr. Salad Dualle.

“MDSR helps in the quantification and determination of causes and how to avoid maternal deaths. Each one of these untimely fatalities provides valuable information, which if acted on, can prevent future deaths. In that regard, MDSR emphasizes the link between information and response. MDSR will contribute towards strengthening vital registration and better counting of maternal deaths, and provide better information for action and monitoring improvements in maternal health,” said Dr. Dualle.

The primary goal of MDSR is to eliminate preventable maternal mortality by obtaining and strategically using information to guide public health actions and monitoring their impact, according to Dr. Dualle.

“If maternal mortality is to become more and more a rare event, MDSR will be crucial. It can drive more effective action, motivate more targeted investments and thereby move us closer to a future where preventable maternal deaths are a thing of the past,” he said.

On the other hand, the obstetric fistula task force will include working closely with the MoH, UNFPA and other stakeholders to spearhead and conduct a needs assessment on the current burden and management strategies in selected regions of Somalia, giving a national picture of obstetric fistula.

One of the most serious injuries of childbearing is obstetric fistula, a hole in the birth canal, caused by prolonged, obstructed labour due to lack of timely and adequate professional care. Fistula has been virtually eliminated in industrialized nations, but in the developing world it is estimated that more than 2 million women and girls are still living with the condition.

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However the injury is preventable and in most cases can be repaired surgically when it occurs. It is estimated that at least 50,000 new fistula cases occur each year, while fewer than 20,000 women and adolescent girls receive treatment annually.

Obstetric fistula can be largely avoided by delaying the age of the first pregnancy, stopping harmful practices such as female genital mutilation and ensuring timely access to obstetric care.

Reproductive health advisor for the Ministry of Health Dr. Abdulkadir Wehliye explained that the assessment will determine the magnitude of obstetric fistula in Somalia, community understanding of the problem of obstetric fistula and health seeking behavior, stigma, factors at community level associated with the condition, prevention and treatment, potential for providing repair services, staffing and skills and the role of traditional birth attendants, among other issues.

Director of Medical Services Dr. Abdirisak Yusuf emphasised the importance of collaboration by different actors in the health system for the efforts to bear fruits.

The launching ceremony of the two committees was attended by representatives from different ministries, members of the federal parliamentarians, health associations, referral hospital with CEmONC services and some of UNFPA’s implementing partners such as Physicians Across Continents (PAC) and Swissco-Kalmo.
Strengthening Somalia’s Supply Chain Management System for RH commodities

UNFPA Somalia continues to work on strengthening the Logistics Management Information System (LMIS) for all the three zones of Somalia for them to manage better logistics data and stocks associated with reproductive health life-saving drugs and birth spacing commodities.

The Ministry of Health of each zone has since signed validation letters for the implementation of the newly revised LMIS Forms which will reinforce the logistics systems across the zones and foster logistics data collection and reporting, according to UNFPA Somalia Reproductive Health Commodity Security (RHCS) Chief Technical Advisor Mr. Ibnou Diallo.

He said guaranteeing an adequate supply of reproductive health commodities to people who need them is vital and that this entails a strategic and well implemented supply chain management system.

“The process of revising and improving the Ministry of Health (MOH) LMIS Forms started with a needs assessment that inventoried all existing stock management tools being currently in use in Somaliland. Field visits and informants’ interview were conducted in the three zones by the UNFPA Somalia team, including logistic technicians and the MOH technical team,” said Mr. Diallo.

The outcomes of these visits revealed gaps in the LMIS tools in use such as a lack of complete logistics data collection and inadequate appropriate tools.

“In light of the MOH expectation to move from a PUSH to a PULL ordering system, the Forced Ordering Version was selected to better fit the needs of the system strengthening approach. Thus the existing LMIS Forms needed to be revised and improved as well,” explained Diallo.

He further explained that a four-day training session was conducted in each zone in which the logistics management system was employed using a competency based approach and that participants came from not only the MOH supply unit, but also from partner organisations such as PSI and SOFHA.

In total 85 participants were trained during the second quarter of 2015, and a major outcome of this workshop was the revision of the currently used LMIS forms, in light of what is being done in the state-of-the-art logistics management.

The workshop agreed on the design of the following new LMIS Forms: Stock Card (SC), Daily Activity Register (DAR) for Birth Spacing, Daily Summary Activity Register (DSAR), Weekly Summary Activity Register (WSAR) and Stock Status Report and Order Form (SSRO).

These LMIS Forms encapsulate the three types of the recommended LMIS Records that should be managed by any efficient logistics system and which are Stock-Keeping Records, Transaction Records, and Consumption Records.

Follow up in the RHCS Training recommendations on the design of new LMIS Forms, the UNFPA RHCS Chief Technical Adviser was tasked to finalise the forms and present them at the next RHCS Technical Working Group. In May 2015, this forum met in Djibouti and went over the LMIS Forms and reviewed each one of the five proposed forms and approved their design and content.

It’s in this context that all the MOHs from the 3 regions committed themselves to validate the newly designed LMIS forms and to engage them in the dissemination of these tools for the improvement of supply chain systems, including data reporting and ordering processes.
In the quest to ratify the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW), the Federal Government of Somalia (FGS) conducted a technical capacity building training for directors and technical staff of 19 government line ministries and government institutions in August. The training focused on understanding the provision of CEDAW; article by article, its optional protocol and ratification and reporting processes. Led by the Ministry of Women and Human Rights Development (MoWHRD) of the Federal Government of Somalia, the training attracted the participation of 28 top government officials, delegates from the African Union Mission to Somalia (AMISOM) and members of the Somalia Gender-Based Violence (GBV) Working Group.

“The CEDAW has the backing of people from diverse walks of life. It provides the background for protecting the rights of women and girls as they are the mothers of all nations. The basis of equality of women, men, girls and boys is a society that is free from discrimination,” said Ms. Kyeyune.

UNFPA provided technical and financial support towards the training. At the opening of the training UNFPA Somalia acting representative Ms. Grace Kyeyune said that it was important for participants to review all the articles of the CEDAW so that they understand them and define the recommendations for the way forward as they move towards ratification of the convention.

The UNFPA Acting Representative said it was expected that the training would define an action plan and recommendations for ratification of CEDAW.

“A key factor for UNFPA is addressing the major issues affecting women and girls such as early marriage and lack of education,” said Ms. Kyeyune, adding: “at UNFPA, we are committed to supporting the Federal Government in this process”.

Vice Minister for MoWHRD Honourable Mumino Sheik Omar said the FGS was appreciative of the training as it was relevant to the needs of Somali people.

“The Federal Government of Somalia is committed to achieving the ratification of CEDAW. We want to be like Jordan and Morocco, which are in our region and have ratified the convention,” said Honourable Omar.

She said it was important for the participants to understand the process of ratification and full domestication process of CEDAW, country reporting process and ensuring collective national response to the expected deliverables of the convention.

The MoWHRD is mandated to promote gender equality and women’s empowerment by ensuring that it is mainstreamed across the government and to advocate for the legislation and implementation of laws, policies and actions as mandated by the CEDAW.

One of the key outcomes of the capacity building training was the establishment of the Somali CEDAW technical advocacy committee, with representation from directorates from all line ministries. A clear draft road map was also discussed in the ratification process, and an implementation plan to systematically and collectively act on the expected deliverables of the convention was developed.

The advocacy committee, established with the leadership of the deputy minister of MoWHRD, agreed to lead in educating Somalis and policy makers on the convention, advocate for the speedy ratification of CEDAW and its optional protocol, ensuring its full implementation based on the national implementation plan of CEDAW and hold advocacy forums and meetings to track the progress made on the planned ratification road map and implementation plan.

The committee will also work towards ensuring that all the 16 substantive articles of CEDAW are acted on and reported by each line ministry and institution, encourage NGOs to start focusing their development and humanitarian interventions with full integration of the CEDAW Provisions, hold joint reviews on the implementation of
the ratification road map and implementation plan on CEDAW and its optional protocol. It will also provide technical guidance to their respective ministries, partners and institutions on the full implementation of CEDAW in their respective plans and reporting.

The CEDAW, adopted in 1979 by the UN General Assembly, is often described as an international bill of rights for women. Consisting of a preamble and 30 articles, it defines what constitutes discrimination against women and sets up an agenda for national action to end such discrimination.

By accepting the Convention, states commit themselves to undertake a series of measures to end discrimination against women in all forms, including to incorporate the principle of equality of men and women in their legal system, abolish all discriminatory laws and adopt appropriate ones prohibiting discrimination against women; to establish tribunals and other public institutions to ensure the effective protection of women against discrimination and to ensure elimination of all acts of discrimination against women by persons, organizations or enterprises.

Countries that have ratified or acceded to the Convention are legally bound to put its provisions into practice. They are also committed to submit national reports, at least every four years, on measures they have taken to comply with their treaty obligations.

Boosting maternal health in Puntland through the CARMMA

The Goodwill Ambassador for the Campaign on Accelerated Reduction of Maternal Mortality in Africa (CARMMA) in Puntland, Honourable Anisa Abdulkadir Haji Mumin, has pledged to advocate for more resources to meet the needs for basic commodities and equipment to ensure that no woman dies while giving birth. Honourable Haji Mumin is also the Minister of Women Development and Family Affairs of the Puntland State of Somalia.

The CARMMA Goodwill Ambassador made the pledge as she visited Garowe General Hospital (GGH) and Jowle maternity waiting home on July 5 where she noted a lack of ambulances and hospital beds.

“I will continue raising awareness on the CARMMA until everyone in Puntland, including mothers living in remote areas, are fully aware of the what they can do, as agents of change, to contribute to the reduction of maternal, newborn and child mortality,” said Honourable Haji Mumin.
The Campaign for Accelerated Reduction of Maternal Mortality in Africa (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 the national, regional and global levels. CARMMA was initiated by the AUC in recognition of the daunting challenge of reducing maternal mortality in most African countries.

Honourable Haji Mumin also promised to accelerate more actions across Puntland to not only increase awareness on maternal and neonatal health, but also to mobilise resources for expansion of the availability and the use of accessible high quality maternal and neonatal health services.

The CARMMA Goodwill Ambassador was welcomed at the hospital by the GGH Director General Dr. Abdisamid as well as the head of the maternity department Dr. Habiba Nuh, and doctors, midwives, and other GGH staff who work at the hospital maternity ward.

The mission started with a tour through the maternity ward by the director general of the hospital, who explained services provided by the hospitals to mothers including antenatal care, labour care, postnatal care, birth spacing services and immunisations to the newborn.

After the tour around the ward, Honourable Haji Mumin, UNFPA staff members, officials from the Ministry of Health and and GGH staff discussed challenges and the way forward on the CARMMA.

“Although the maternity ward has thoroughly improved over the recent years, we lack some basic services,” said Dr. Abdisamid.

The Ministry of Health officials suggested addressing the issues raised during technical working group gatherings such as the monthly reproductive health working group held at the ministry, in order to facilitate resource allocation through partnerships and coordination.

During the visit to Jowle maternity waiting home, which is also supported by UNFPA and implemented by African Network for the Prevention and Protection against Child Abuse and Neglect (ANPPCAN) in coordination with MoH, Mr. Mohamed Bashir, program manager of the maternity waiting home, welcomed the CARMMA Goodwill Ambassador.

“The maternity waiting home was established to reduce maternal and neonatal mortality and morbidity rates among pregnant mothers and infants who are in the Internally Displaced Persons Centre in Jowle, Puntland, through provision of reproductive health services,” said Mr. Bashir.

He also mentioned that the facility has an ambulance used to refer mothers with complications to Garowe hospital. One of the challenges expressed by Mr. Bashir was the lack of basic laboratory equipment and Honourable Haji Mumin pledged to advocate for resources for the equipment.

In November 2014, the Puntland Government, UNFPA and other partners renewed their commitment to scale up efforts towards reducing maternal, neonatal and child morbidity and mortality when they launched the CARMMA. His Excellency President of the Puntland State of Somalia, Dr. Abdiweli Mohammed Ali Gaas appointed Honorable Anisa Hajimumin, as the CARMMA Good will Ambassador of the Puntland State of Somalia.

During the tour to GGH and the Jowle maternity waiting home Honourable Anisa Hajimumin was accompanied by the Vice Minister of Health Honourable Amina Mohamoud, other Ministry of Health officers and staff from UNFPA.
Ensuring NO woman dies giving birth in a humanitarian situation

“My name is Fatuma Abdi; I am 30 years old and a mother of five children. I live in Dalxiska IDP camp here in Kismayo. When I got pregnant for the fifth time, Safio, our traditional birth attendant (TBA), encouraged me to go to Bullo Abliko Health Facility, which is a maternity waiting home near the IDP camp.

I met the midwife called Hibo who checked my pregnancy and encouraged me to keep coming back.

Safio always checked on me and when I was about to give birth, she brought me to the health facility and I gave birth to my daughter free of charge.

I was not aware that there was a maternity waiting home with free services in Kismayo before I met Safio.

I am grateful to the midwife, Hibo, for the good care I received when I went to give birth, and also to Safio who has always been visiting me and the baby after I got discharged from the maternity waiting home. Safio tells me about the importance of breast feeding the baby and keeping her warm.

Bullo Abliko Maternity Waiting Home is the only facility in this location helping vulnerable mothers like me who cannot afford to seek health care on our own. My baby is now two months old and she is called Anfac. She is my fifth baby and this is the first time I have given birth without paying any money. I have told my friends about my experience this time.”

Over a Somali woman’s lifetime, she will face a one in 18 chance of dying from causes related to pregnancy or childbirth - the second highest lifetime maternal death risk in the world. The situation is grim for children, as well: Somalia has the world’s fourth highest child mortality rate.

UNFPA provides technical and financial support to establish maternity waiting homes to help improve the odds for women and their babies. Predominantly located in displacement settlements, these facilities offer essential care to expectant mothers at all stages of pregnancy. Women are encouraged to visit the waiting homes as soon as they realize they are pregnant, so they can receive antenatal care and advice on how to stay healthy.

In Kismayo, UNFPA has partnered with the American Refugee Committee (ARC) to assist women like Safio.

Motherhood can be a dangerous enterprise in Somalia, where almost three decades of conflict have left the health system in tatters. There are about 1.1 million displaced people in Somalia, many of them living in camps.
Fatima's story

Fatima Cadow, 23, from Daaraha Village, which is 20 kilometres from Wanlaweyn in lower Shabelle region of Somalia, had a prolonged labor for three days with no trained birth attendant at hand in the rural village to assist her.

Her husband and brother, who were informed of a maternity waiting home in Wanlaweyn, hired a car to get her to the health facility, run by Organization for Somalis Protection and Development (OSPAD) with financial and technical support from UNFPA.

Upon arrival at the maternity waiting home at about 5pm on July 13, which was Ramadan, trained midwives examined her thoroughly and found that Fatima's case was serious.

Apart from having prolonged labor, Fatima was subjected to female genital mutilation as a child and had all the complications associated with the practice; her labour was premature, she had urine retention and was unable to urinate normally. She was in great distress and pain.

The midwives at the maternity waiting home immediately started assisting her. They counselled provided her with all the needed treatment for the condition she was in.

After two hours Fatima delivered safely, but the child could not breathe normally. The midwife who was attending to her, applied mouth-to-mouth resuscitation method to the baby and was successful, the new born baby eventually started to breathe normally.

Fatima and her baby stayed in the care of the midwives for a period of 24 hours at the maternity waiting home for proper recovery. After this period she regained her full strength.

She, her husband and brother thanked OSPAD and UNFPA for the quality and free services that were offered to her at the maternity waiting home.
Delivering a world where every pregnancy is wanted every childbirth is safe and every young person’s potential is fulfilled