



# UNFPA in Somalia

from Relief to Development





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EDIBLE QUIZED SALT  
E Mail: sal@uninet.org  
Fax: 253 3652 34  
Tel: 253 3651 22  
DUBOUTI  
97 311 - 10235

UNFPA

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**AFTER NEARLY TWO DECADES OF CONFLICT AND WITHOUT BASIC SERVICES, SOMALIA IS TRAPPED IN ONE OF THE WORST HUMANITARIAN CRISES IN THE WORLD. UNFPA PROVIDES HUMANITARIAN ASSISTANCE TO THOSE MOST AT RISK AND UNDERTAKES EARLY RECOVERY AND DEVELOPMENT PROGRAMMES THROUGHOUT THE COUNTRY.**





## FROM RELIEF TO DEVELOPMENT

After nearly two decades of conflict and without basic services, Somalia continues to face a complex emergency and humanitarian crisis.

Humanitarian crises are also reproductive health crises. In times of upheaval, pregnancy-related deaths and sexual violence soar. Reproductive health services –including prenatal care, assisted delivery, and emergency obstetric care– often become unavailable. Women and men become more vulnerable to HIV infection and gender-based violence.

The United Nations' approach in Somalia aims at making a transition to greater peace and stability. Boosting development and progress towards the Millenium Development Goals (MDGs) and the objectives of the national Reconstruction and Development Programme (RDP) will enable Somalis to make the transition successful.

UNFPA, the United Nations Population Fund, is an international development agency that supports countries in using population data for policies and programmes to reduce poverty and to ensure that every pregnancy is wanted, every birth is safe, every young person is free of HIV/AIDS, and every girl and woman is treated with dignity and respect.

UNFPA works throughout Somalia and has five field offices covering the following areas:

- Baidoa Office covering South Central zone;
  - Mogadishu Office;
- Garowe Office covering Puntland;
  - Galkayo office;
- Hargeisa Office covering Somaliland.

Working with its partners on the ground, UNFPA's humanitarian assistance is focused on the provision of reproductive health information and services. In this context, equipments and supplies were delivered to service delivery points, health care providers and individual women and men. Women at reproductive age as well as men received hygiene kits, and clean delivery kits were distributed to pregnant women and birth attendants to assist in clean deliveries. The package provided to health institutions and staff includes emergency obstetric care, sexual and gender-based violence medical treatment and management of sexually transmitted diseases.

UNFPA is also undertaking early recovery and development projects. It works to generate and make more resources available in support of population and reproductive health programmes. Addressing emergency obstetric care and obstetric fistula management, supporting the formulation of gender policy frameworks and boosting the statistical capacity of ministries and universities are some of UNFPA's ongoing projects.

This booklet serves to provide a brief glance of UNFPA's areas of work in Somalia as well as to raise awareness of the needs and importance of population and reproductive health programmes for Somali women, men and children, in particular those who are most at risk.



Serving Humanity

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# REPRODUCTIVE HEALTH



In Somalia, for every 100,000 live births, 1,044 women die.

Reproductive health encompasses key areas of UNFPA's vision: that every child is wanted, every birth is safe, every young person is free of HIV and every girl and woman is treated with dignity and respect.

UNFPA's efforts focus on reducing the rate of maternal mortality in Somalia, which is among the highest in the world. For every 100,000 live births, 1,044 women die (MICS, 2006).

UNFPA supports the training of doctors, nurses, and other health workers in life-saving emergency obstetric care (EmOC). UNFPA responds to the priority needs of reproductive health information and services through qualified Somali partners inside the country to build the capacity of local institutions for long term sustainability.

The availability and utilization of EmOC services is crucial in averting maternal death and disabilities. As EmOC services are not widely available in Somalia, high levels of maternal deaths and cases of obstetric fistula are likely to continue. Training of health providers as well as minimizing delay at home and transportation time to health facilities are all measures targeted at improving the reproductive health of Somali women.

## EMERGENCY OBSTETRIC CARE SERVICES (EMOC)

More than 15 hospitals inside Somalia were provided with equipment and supplies by UNFPA to respond to the tremendous needs of referral services. These hospitals are currently addressing emergency cases including obstructed deliveries, bleeding and other complications of pregnancy and child birth. Trainings for health care providers were also undertaken to treat simple complications and improve referral mechanisms.

## BIRTH SPACING

Contraceptive use in Somalia is very low. Modern methods of contraception are only available in a few cities through private pharmacies. UNFPA undertook trainings and distributed medical kits to increase their availability.

## CLEAN AND SAFE DELIVERY

UNFPA provided clean delivery kits for pregnant women and birth attendants to increase hygienic deliveries to guard against infections. Kits were distributed throughout the country including in internally displaced persons (IDP) settlements.

## COMMUNITY MIDWIFERY TRAINING

UNFPA initiated a 18 months community midwifery course, implemented by Edna Adan Maternity Hospital in Hargeisa. Over 20 students were selected and will go back to their regions to provide health services. This course aims at improving the quality and sustainability of maternal health services.

**“Challenges remain at the hospital, but it is gratifying to be part of the collaborative enterprise between the ministry of health and UNFPA... that saves lives, and brings new and healthy ones every day!”**

**Dr. Hassan Mohamed Osman,**  
Baidoa Hospital



## REPRODUCTIVE HEALTH

# OBSTETRIC FISTULA



Obstetric fistula is a preventable injury of childbearing that leaves women with chronic incontinence and, in most cases, a stillborn baby. It is a hole in the birth canal caused by prolonged labour without prompt medical intervention.

It leaves sufferers ashamed and alone. Leaking urine, faeces, or both, they are often abandoned by their husbands and relatives. Fistula survivors are often barred from preparing food and may be excluded from prayer or other religious observances.

Reconstructive surgery can usually mend the injury with success rates of 90% for uncomplicated cases, but most women cannot access or afford the medical treatment, estimated at \$300.

Obstetric fistula occurs disproportionately among impoverished girls and women, especially those living far from medical services.

But fistula treatment goes beyond repairing tissue. Most patients after surgery need emotional, economic and social support.

## Nora's story

*My name is Nora, I am 18 years old. I got married last year and I got pregnant immediately after.*

*I am living in a village about 270 Km from Galkayo. At the time of my delivery, I had pain for 5 days. The baby presented the head and could not come out. Several ladies tried to force the delivery. The traditional birth attendant cut my birth canal with a blade.*

*The baby died. Having the baby's head out, I had to travel via road to Galkayo. Once in Galkayo's hospital, a Doctor helped me deliver. My case was diagnosed as fistula. After analyses, the doctor saw there were further complications due to infections.*

*I am now waiting for the operation impatiently, I feel dirty, I smell badly. Fortunately my husband is with me supporting me morally. My advice to the "sisters" is to be conscious of the danger of delivering outside medical centres or hospitals. If I get pregnant again, I will go back to Galkayo Medical Centre to deliver and never without medical assistance.*



The most effective way to prevent fistula is to ensure access to quality maternal health care services, including birth spacing, skilled birth attendance and emergency obstetric care. There is thus a need to develop long-term strategies to build capacity through training and expansion of health facilities.

Through a campaign in early 2008, organized by the Galkayo Medical Centre and UNFPA, 37 women received obstetric fistula treatment and were operated in Galkayo by a Somali doctor with a success rate of 85%.

Another campaign was carried out in Hargeisa and surrounding areas. It raised awareness on fistula and treated 42 patients at the Hargeisa Group Hospital, with the surgical operations being performed by a fistula expert hired by UNFPA through a South-South cooperation initiative.

Operations were combined with in-service training of local professionals on how to manage fistula cases.

UNFPA is addressing fistula in Somalia as part of an effort to stem the number of cases and the rate of maternal mortality in the country.

# REPRODUCTIVE HEALTH

# HIV/AIDS



Conflict situations increase vulnerability to HIV. The emergence of the HIV pandemic requires vigorous and sustained campaigns on prevention and treatment. The social and economic disadvantages that women and men face in many areas have made them especially vulnerable to these issues. UNFPA programmes include promotion of responsible sexual behaviour, use of condoms for dual

protection (prevention of pregnancy and sexually transmitted diseases), and integration of HIV components in all reproductive and sexual health services. There is also emphasis on specialized training for all health care providers in prevention, detection and counseling on sexually transmitted diseases and HIV/AIDS.

Kits for management of sexually transmitted infections (STI) were given to over 40 health facilities inside Somalia. As evidenced by the growing HIV/AIDS prevalence rates in Somalia, more assistance is required to ensure sustainable services and increase awareness.

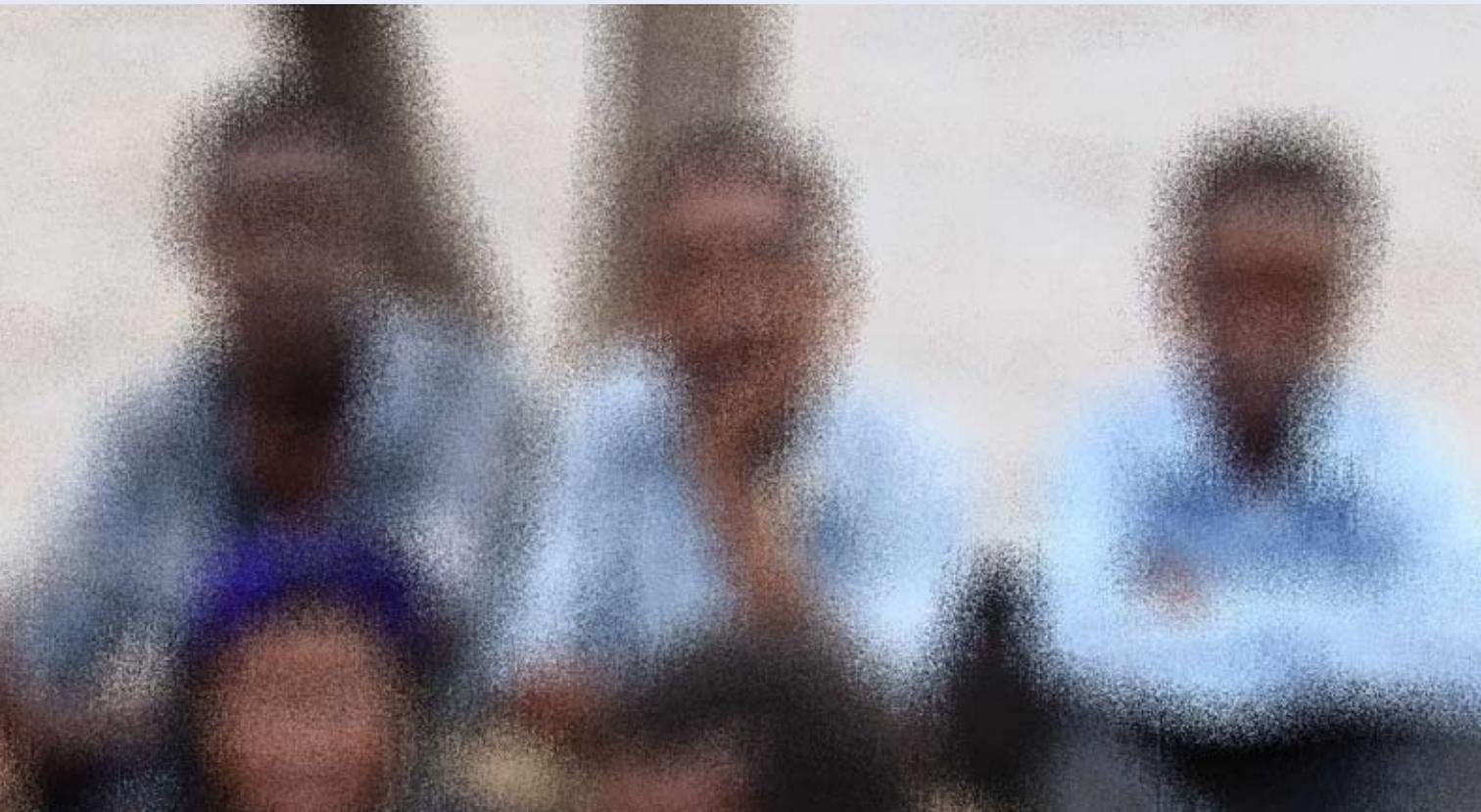
## **BLOOD TRANSFUSION KITS**

In 2008, UNFPA in collaboration with WHO provided blood transfusion kits to 26 health facilities in Puntland, Somaliland, and South Central Somalia. The distribution of the kits is part of UNFPA's support to the Joint Somali HIV Integrated Prevention, Treatment and Care Programme which aims to strengthen Somali universal access to HIV prevention.

## **PREVENTION AND TREATMENT OF STIs**

Together with the Bossaso Health Institute and WHO, UNFPA supported syndromic case management (SCM) programmes in 5 maternal and child health facilities in Puntland. The SCM approach aims to create a conducive environment to perform SCM interventions, delivering treatment quickly and being “user-friendly,” by providing basic infrastructure and ensuring continuous supply of drugs and preventive commodities.

It also builds the capacity of health staff using SCM guidelines that enable trained first-line service providers to diagnose and treat patients without waiting for the results of time-consuming and costly laboratory tests.



# GENDER EQUALITY

## WOMEN'S EMPOWERMENT



Empowerment of women and girls -through better education, health care and increased opportunities - is a cornerstone of UNFPA's work around the world. Gender equality and women's empowerment are critical to social and economic development.

UNFPA's efforts in this area strive to achieve equity and equality based on women, enabling women to realize their full potential.

In post-conflict, humanitarian and emergency settings, as in the case of Somalia, women are still much more likely to be poorer, illiterate, and to have less access to reproductive health and other basic services and to decision making processes.



## MAINSTREAMING GENDER

Within this context, UNFPA took leadership beginning in 2007 in mainstreaming gender in the United Nations joint plans and initiatives (mainly the UN Transition Plan, UNTP) through technical guidance and support as the gender focal point. Ensuring that they were enhanced, gender issues took a higher profile in the UN responses in the country.

## FORMULATION OF GENDER POLICY FRAMEWORKS

Since 2006, UNFPA supported together with UNIFEM and UNDP the ministries of women's development in Somaliland and Puntland in formulating gender policy frameworks, and the Women's Empowerment Bill in South Central Somalia. UNFPA specifically supported the strategic and consultative fora targeting various stakeholders.

## INSTITUTIONALIZING GENDER IN PLANNING

In a bid to ensure that gender is mainstreamed across the board in Somalia, UNFPA engaged in training of planning officers from key

Government ministries in the three regions on gender planning. UNFPA will continue to follow up on the integration of gender in ministries' plans and policies.

## CAPACITY BUILDING

In 2006 and 2007, UNFPA supported capacity building trainings of the ministries in charge of gender with technical support on the formulation of gender strategies and through the placement of gender advisors to enhance capacity to deliver on gender.

## MOBILIZING WOMEN FOR PEACE

UNFPA supported the mobilization of women from diverse political divides to engage in the National Reconciliation Conference held in Baidoa in August 2007. This was critical as it amplified women's voices in the Somalia peace and reconciliation processes.

UNFPA also participated in various UN organized Somali women's symposia, to further support the articulation of women's voices in the Reconstruction and Development Programme (RDP) for Somalia.

## GENDER EQUALITY

# SEXUAL AND GENDER-BASED VIOLENCE

Around the world, as many as one in every three women is beaten, coerced into sex, or abused in some way, most often by someone she knows. Sexual and gender-based violence is a major public health concern that encompasses a wide range of human rights violations, including sexual abuse of children, rape, and several harmful traditional practices.

Access to health facilities in Somalia is limited. Sexual and gender-based violence (SGBV) survivors suffer numerous downfalls, among them, weak clinical management and referral mechanisms, poor data collection and limited access to medical kits.

As a continued SGBV prevention and response initiative, UNFPA undertakes trainings on medical management of SGBV survivors. The trainings aim to strengthen the capacity of health care providers in effectively managing cases of SGBV through medical and psychosocial support, HIV/AIDS prevention, administration of medical kits and referral mechanisms.

In 2007, trainings were conducted by UNFPA in Baidoa, Jowhar and Galkayo on medical management and psychosocial support to SGBV survivors.

In total, 63 health care providers were trained and 19 health centres were given medical kits.

UNFPA spearheaded SGBV multi-sectoral working groups to strengthen referral mechanisms for SGBV survivors. UNFPA also trained journalists in Somaliland and Puntland on responding and reporting on SGBV through media.



**“After my husband was killed in Mogadishu, I decided to go with my children to Baidoa. There, I was raped by a gang of 3 men. I decided to keep quiet.”**

**A widowed mother of 8 children, IDP in Baidoa’s surroundings**

# FEMALE GENITAL CUTTING

Traditional practices meant to control women's sexuality often lead to great suffering.

Among them is the practice of female genital mutilation/cutting (FGM/C), a major lifelong risk to women's health and a violation of basic human rights. This practice refers to the removal of all or part of the clitoris and other genitalia. It is based on the prevailing beliefs that female sexuality must be controlled, and the virginity of girls preserved until marriage.

In Somalia, it is estimated that 98% of women aged between 15 - 49 years old have undergone FGM/C, with 78% having experienced an extreme form of it (infibulation).

UNFPA Somalia works on boosting national capacity to develop and manage culturally sensitive programmes on preventing FGM/C. UNFPA supported trainings for key stakeholders such as religious leaders and traditional elders and development of media and culturally sensitive information materials.

The voices of Somalis against FGM/C were captured in a UNFPA publication entitled Somali Men and Women against Female Genital Mutilation (2007). This publication was the culmination of a round table discussion of Somali experts - 9 women and 14 men -



**There is no known Hadith with unimpeachable authenticity that requires female circumcision. The Hadiths that are often quoted on the subject are of weak authenticity.**

**Sheikh Abdirizak Haji Aden,**  
leading religious scholar from the Ministry of  
Religious Affairs of the Puntland State of Somalia.

including religious leaders, policymakers, doctors, youths and female activists working on FGM/C in Puntland and Somaliland. They were open in expressing their views about their religious, social and cultural beliefs, and the health consequences of this practice.

# POPULATION AND DEVELOPMENT



Development objectives, including early stabilization of population growth, can be achieved only by basing policies and programmes on the needs and choices of women and men.

Efforts are aimed at enhancing the country's capacity to coordinate, plan, implement, monitor and evaluate population and development programmes, and to integrate population issues in development activities.

UNFPA plays a key role in advancing the implementation of the International Conference on Population and Development (ICPD) agenda. UNFPA assistance in Somalia includes providing direct financial support in building the capacity of personnel and institutions in demography, population and development.



## **INSTITUTIONAL AND CAPACITY BUILDING FOR PLANNING MINISTRIES**

UNFPA strengthened the capacity of the Ministries of Planning in Somalia. Statistical advisors were appointed by UNFPA to assist the ministries and implement statistical programmes that are jointly funded by UNFPA and other UN agencies. UNFPA also provided office equipment and computers to all departments of statistics within those ministries.

## **TRAINING IN ELECTRONIC DATA COLLECTION AND MANAGEMENT**

Together with UNDP, UNFPA supported training on 3 softwares (CSPRO, STATA and SOMINFO) for Government ministries and municipalities throughout Somalia.

## **STRENGTHENING POPULATION TRAINING AND RESEARCH**

Due to the difficulties faced by the training institutions in Somalia during the conflict in the 1990s and the lack of reliable demographic data in the country, UNFPA has introduced training in statistics and demography and research curricula with East Africa University (EAU) in Bossaso and Puntland State University (PSU) in Garowe. PSU plans to offer courses

in population studies to equip future planners and decision-makers to take into account demographic factors in the planning process. EAU will develop training in research, data collection and management to monitor the impact of population and development programmes.

## **SUPPORT TO PRODUCTION AND USE OF POPULATION DATA**

UNFPA, in collaboration with UNDP, carried out an assessment on the feasibility of conducting a full-fledged census that would yield reliable information on the size of Somalia's population, including its age-sex distribution, regional distribution, the distribution of urban, rural and nomadic population groups, migration, and education, among other indicators. This assessment was very much applauded by authorities throughout Somalia. Although the conclusion of the assessment was that a census would not be possible in the foreseeable future, it created momentum to step up statistical capacity building programmes and collect the much needed socio-economic data in all regions of Somalia. UNFPA subsequently led the process of preparing for a nation-wide socio-economic household survey with the aim of generating reliable data at the regional, district and nomadic levels of the population.

# YOUTH

Young people aged between 15 and 24 represent approximately 19% of the total population in Somalia. Since talking about sexual and reproductive health is still regarded as a taboo for the majority of the population, young people need increase access to participation and education in reproductive health, as they are vulnerable to sexually transmitted infections (STIs) especially HIV/AIDS.

UNFPA is working to promote and protect the rights of young people. It envisions an environment in which both girls and boys have optimal opportunities to develop their full potential, to express themselves freely and have their views respected, and to live free of poverty, discrimination and violence. Young people can also engage their communities to find solutions to reduce the impacts of climate change.

In collaboration with national youth organizations, UNFPA supported 42 adolescent girls and boys from Puntland and Somaliland by sending them to be trained as youth trainers. They learnt new life skills on how to improve their participation, peer education and communication on sexual and reproductive health issues.



In 2007, UNFPA supported youth peer educators in Puntland and Somaliland, by sending them to participate in the advanced TOT Y-PEER educators training in Azerbaijan and Bosnia. UNFPA also supported young people through the celebration of World Aids Day in the three zones of Somalia, through topical debates and outreach activities organized to discuss HIV/AIDS epidemic in Somalia and how the young can contribute to stop its prevalence.

UNFPA is also working with the national youth organizations to establish a National Youth Peer Education Network in collaboration with the global Y-PEER Network.





# PARTNERSHIPS



UNFPA would not be able to successfully carry out its work and impact the lives of those most in need without the partnerships it has with a broad range of governmental and non-governmental institutions dealing with population issues, sexual and reproductive health needs and rights, youth, gender and women's empowerment.

The diversity of the humanitarian and development community proves to be an asset when all organizations build on their comparative advantages and undertake a result-oriented approach. In this light, women's networks, youth organizations, national commissions, governmental institutions, the private sector and other United Nations agencies are all crucial partners in UNFPA's daily work.

Enhanced partnerships result in effective coordination, elimination of unnecessary duplication of efforts and increased impact.

Donors are also essential partners not only for the vital funding they provide, but as well in advocating for the Millennium Development Goals and the International Conference on Population and Development priorities. In 2007 and 2008, UNFPA Somalia has received significant contributions from Finland, New Zealand, Belgium, the United Kingdom, Sweden and the Humanitarian Response Fund.

Through its five field offices in South Central Somalia, Puntland and Somaliland, UNFPA strives to enhance the effectiveness of its actions, based on an ethical obligation and accountability to the communities that it works for.



## **Disclaimer**

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### **United Nations Population Fund**

Somalia Country Office

Tel: +254 20 425 5345

Visit us: [www.unfpa.org](http://www.unfpa.org)

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UNFPA, the United Nations Population Fund, is an international development agency that promotes the right of every woman, man and child to enjoy a life of health and equal opportunity. UNFPA supports countries in using population data for policies and programmes to reduce poverty, and to ensure that every pregnancy is wanted, every birth is safe, every young person is free of HIV/AIDS, and every girl and woman is treated with dignity and respect.

