



SAMOFAL

Solidarity in Crisis

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Somalia Country Office

Scaling up UNFPA Response in Somalia

INSIDE STORIES



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ED Babatunde Osotimehin, visits the Somali refugees in Dadaab, Kenya.

Executive Director met refugees from Somalia

UNFPA Executive Director visited the refugee camp to underscore the urgent needs of woman affected by the famine in the Horn of Africa. Dr. Babatunde Osotimehin visited the Dadaab refugee camp in Kenya and the surrounding host communities in Garissa on the 3 of September.

- It has been extremely educative, said Dr. Osotimehin on his departure from the camp.
- I have learned a lot, and I have seen a lot and there are many pieces to this. There are the issues of the refugees, there are the issues of the host communities, and then there is our mandate within that framework. How do we make sure that women, mothers get the services they require, and how do we also ensure that boys and girls are protected.

During his visit he also underlined to partners, government officials and stakeholders the importance of addressing the urgent needs of pregnant and lactating women, prevention of sexual violence and treatment of its survivors among refugees and host populations.

Given the high levels of malnutrition and mortality, combined with the likelihood of increasing food prices and a harsh dry season, the situation is likely to deteriorate over the coming months.

This was the second visit of the Executive Director to Kenya. Dr. Osotimehin visited the country during his first mission to program countries after he assumed his new position in January 2011.

Meeting the Needs of Drought Affected Women

UNFPA is now including food items in their Dignity Kits in order To meet the needs of pregnant woman in Somalia, which is facing the worst draught on the African Horn for over sixty years. UNFPA have already distributed more than 6000 improved nutrition kits to pregnant womans through local NGOs, and are planning for more in the coming weeks.

- This time we are distributing improved Dignity Kits, where we have added some new items, says humanitarian response assistant, Fatuma Muhamed in UNFPA Somalia Country Office in Nairobi. In the new improved package we have included four kilos of packed wet dates, and we have also included new clothing to the pregnant woman wich is cultural accptable in the society like the Dirac and Hijab, says Fatuma

Through the contract with the Islamic Relief and COCO, UNPFA have been able to distribute 3300 Dignity Kits in and around Mogadishu and are planning to distribute 700 more kits in Gedo province, 1700 kits in Mudug and Juba, and 2000 units in Galguduud province in the coming weeks.

Staff in the Somalia country office has been working on the ground for several years but the current humanitarian situation is particularly challenging. Because of the lack of governance, food supplies and medical services the crisis is particularly affecting women and children, who are the most vulnerable. Accessibility to parts of the country where people are suffering the most is a major issue because of the security situation.



Beneficiaries in Bardera



UNFPA distributed more than 8000 dignity kits in Somalia's South Central Zone in September. Through a local NGO, UNFPA was able to help woman living in IDP camps to restore their dignity.

The distribution of the kits was done in some parts of Gedo, Mogadishu, Lower Shabelle, Hiraan, Galgaduud, Lower Juba and southern parts of Mudug.

One beneficiary was quoted saying:

- I will like to thank UNFPA for restoring our dignity. I could not go to the town for casual

“As an office we are doing our best under very dangerous conditions,” says Dr. Rogaia Abuelgasim Abdelrahim, Deputy Representative of our Somalia office.

Mogadishu, the country’s capital, is home to the fragile seat of government. South-central Somalia is the epicentre of the humanitarian crisis in the country. It is also the haven of rebel groups. Most populations in the region were already displaced because of the ongoing conflict.

Despite it being a “no go” area, UNFPA Somalia has revised its strategies and mechanisms of how to reach the affected populations.

- We work with many local organizations on the ground,” explains Dr. Samia Hassan, the Programme Manager for the Region who just returned from a three weeks mission in the country.
- We invite our partners to travel to Galkayo which is a relatively safe area, where we provide them with training and medical supplies. They then return to the regions where they can gain access to affected populations.”



Dr. Samia Hassan together with Leila Daher Hassan in refugee camps for Somalis

The country office works with hospitals to provide women emergency obstetric care and reproductive health services. Supplies for clean delivery kits and rape treatment kits are delivered to partners who then assemble the kits on site. UNFPA also works with midwives who can sometimes escape from the scrutiny of rebels. “Our partners have gained the trust of the communities they work with,” explains Dr. Hassan, “without this trust, it would be impossible to deliver services to those on the frontline of the crisis.”

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work because I did not have cloth to cover my body. I stayed indoors in this make shift, but now thanks God I look smart and can go to town to do casual work of washing cloths and cleaning dishes to feed my children. I would further appeal to organization supporting us, to extend the dignity kit to all women and children, especially adolescent girls.

UNFPA’s implementing partner on this distribution was the local NGO Human Development Concern. During the month of September, all together 8450 dignity kits were distributed. The beneficiaries who received the kits were vulnerable pregnant mothers.



Doctors from South Central Somalia Trained in Emergency Obstetric Training

Manhal Specialty Hospital is an independent public health Hospital in Hargeisa. Manhal Specialty hospital has an ongoing contract with UNFPA to train doctors from South Central on comprehensive emergency obstetric care. This training took place from November 2010 to January 2011. In all, 17 doctors from Mogadishu, Dusamareb, Abudwaq, Baidoa, Afmadow, Belatweyne Kismayo and Bardera were trained on comprehensive emergency obstetric care.

This training aimed to improve the knowledge and skills of doctors working in the Obstetrics and Gynecology department to enable them to effectively manage complications of pregnancy and childbirth, and to perform surgical procedures to save lives of women.

This training was clinically intensive and also very well facilitated. This competency-based course consisted of two parts: a practical part and a theoretical part. Participatory teaching methods were applied, requiring that the trainer facilitates and encourages learning, mainly focusing on practical skills.

The lectures during the training included crucial topics such as; the principles of resuscitation, maintaining the airway and rescue breaths, hypovolemia, septicemia, management of convulsions, cardiopulmonary resuscitation and basic life support skills and neonatal care.



An obstetrician with trainees in Manhal hospital during a cesarean section.

Each of the 17 doctors stayed in Manhal hospital for a period of 30 to 60 days depending on the available cases. During this time the course participant was expected to complete a certain number of mandatory tasks in order to qualify for the award of certificate. The certificate holders are authorized to perform cesarean section on return to his/her work place.

All the trainees doctors had gone through the following surgical procedures:-

- Assisted cesarean section.
- Performing cesarean section.
- Managing complications of abortion.
- Managing severe eclampsia and pre- eclampsia.
- Managing anti-partum and post partum hemorrhage.
- Management of obstructed labour.

Taking the Lead in Gender Based Violence

UNFPA is focusing on multi-sectoral prevention and response to gender-based violence (GBV) throughout Somalia, including Somaliland and Puntland. In addition to supporting NGOs working on GBV, UNFPA carries out trainings on Clinical Management of Rape, GBV Information Management System and Standard Operating Procedures in coordination with the Somalia GBV Working Groups. The GBV Information Management System is a new tool for collecting incidents of gender-based violence to analyse trends and patterns of violence in addition to improving programme interventions and heightened advocacy. UNFPA is chairing the Somalia GBV Working Group which is based in Nairobi. In addition UNFPA is chairing the regional GBV Working Groups in Somaliland and Puntland. For Mogadishu UNFPA is contracting two local NGOs to facilitate the GBV Working Group. UNFPA together with NGOs are carrying out advocacy campaigns through community awareness sessions, using the local radio stations to reach the populations, and providing psycho-social support and counselling to survivors of violence.



Fighting FGM in Puntland

Somalia is one of the poorest countries in the world, a situation aggravated by the civil war and the absence of a functioning national government for over two decades. The impact of state failure on human development in Somalia has been profound, resulting in the collapse of political institutions, and the destruction of social and economic infrastructure. In Somalia as in many other African countries, women's rights violations are rampant. Female Genital Mutilation/Cutting (FGM/C) is a deeply rooted cultural practice with an overall prevalence rate of 98% is widely practiced. Engaging community members in dialogue over the issue with a view to leading to abandonment has been difficult due to the often misplaced belief that the practice is a religious requirement.



The "Red Colour" campaign finally pays off as 3 IDP communities in Garowe, Somalia make declaration to abandon FGM/C

UNFPA with several local civil society organizations have been at the forefront with awareness raising activities at the community level and advocacy efforts with Government to draft and implement FGM/C policy and legislation.

The campaign dubbed the "The red colour campaign" to depict the women's and girls' blood that is lost during FGM, targeted over 300 women, men and young men and girls with awareness raising messages on women and girls rights and the need to abandon FGM/C as it has no religious basis.

The vice minister in her speech termed the practice "female genocide" citing the adverse health and human rights implications of the practice on women and girls and called upon the communities to remain faithful to the Declaration and to abandon the practice. Young men were also challenged and encouraged to support the campaign by declaring their willingness to marry uncut girls.



Vice Minister for the Ministry of Women and Family Affairs, Mrs. Saynab Ugaas Yasin led three IDP communities in Garowe

Making Joint Declarations at Community Level About Abandonment of FGM in Borama, Somaliland

The project targets Sheikh Osman Community in Borama Somaliland where a large number of IDP and many other residents live, which now has reached over 40,000 inhabitants. The project is focused on raising the awareness for all the community parts through different channels of communication, including posters, leaflets and written material with messages encouraging FGM eradication. There will be joint declaration for total abandonment of FGM. The theme for the declaration is: It is time to stop. No more FGM practice in our community.



Consensus on Midwifery Somaliland

Maternity service stakeholders met at the Maan-Soor Hotel, Hargeisa, Somaliland on 24th. July 2011 for a consultation workshop to commence the process of reviewing and updating the two levels of pre-service midwifery education that exist in Somaliland. Stakeholders included representatives from government, maternity care providers, NGOs, including women's groups, students, teachers and the Somaliland Nurses' and Midwives'

Association. The review was commissioned by the Ministry of Health in Somaliland. Facilitated by Dr. Gillian Barber, UNFPA Midwifery education consultant, the 32 delegates discussed the strengths of the current curricula and key issues for future developments.

The consultant introduced the newly published International Confederation of Midwives (ICM), the Global Standards for Midwifery



Director General Abdi Ahmed Nour from the Ministry of Health opening the Midwifery Curriculum 2011 work

Education Reached in

Education and the updated ICM Essential Competencies for Basic Midwifery practice. The stakeholders then discussed the implications for Somaliland and worked at developing consensus on how this should affect the two curricula - one for nurses who wish to become midwives, and a fast-track Community Midwifery programme that enables women selected by communities to train as midwives who fulfil the International competencies

despite usually lower educational levels. This programme responds to a severe shortage of skilled birth attendants working in remote areas.

The next step is to draft the two revised curricula for the Ministry with consultation with the stakeholders and to hold an approval workshop in October so that the two curricula are ready for use as midwifery education expands in Somaliland.



Workshop, held in Hargeisa

Reproductive Health Services in South Central

This year, UNFPA launched Reproductive Health Services (RH) in three districts in the South-Central region in Somalia. Due to the difficult security situation on the ground, UNFPA have contracted several NGOs in Somalia to implement the program. In the province of Gedo UNFPA worked with local Somali organisation Human Development Concern. (HDC). In the region of Juba it was the African Rescue Committee (AFREC) who implemented the program, and in the province of Galgaduud the implementing partner was Hadia Medical Swiss Somali organisation. Since obstetric complication and poor health seeking behaviour is very common in Somalia they also distributed information, education and communication material for behaviour change.

In all districts the NGO's delivered Basic Emergency Obsteric Care services (BEMOC) and in the province of Galgaduud one doctor who was given Comprehensive emergency obstetric care (CEMOC), which offers services like Ceserian section and all other obstetric procedures for the host as well as IDP.

During this period also four maternity waiting home was established in four IDP settlement, which is staffed by a qualified midwife and acts as a link with the referral hospital.



Minimum Initial Services Package Training Conducted in South Central Somalia

The SPRINT project (Sexual and Reproductive Health Programme in Crisis and Post-Crisis Situations) aims to address the gap in dealing with the issues of Sexual and Reproductive Health (SRH) in humanitarian setting through training of humanitarian workers in the Minimum Initial Service Package (MISP), which comprises a set of activities to be implemented during the onset of an emergency. In Africa, the SPRINT Project was launched in the later parts of 2009 and by the end of 2010, 204 humanitarian workers had been trained in MISP with coverage of 38 countries including Somalia. The Somalia SPRINT Country team was trained in the MISP during a regional Training of Trainers workshop in June 2010.

The Training on MISP in Galkayo Regional Hospital is part of the in-country MISP trainings that the Somalia Training of Trainers team has agreed to conduct. The training was funded by UNFPA, utilizing the Government of Japan's support for the project of Strengthening Delivery of Sexual Reproductive Health Services and Gender-Based Violence Response in Somalia's South Central Zone. Technical support was provided by International Planned Parenthood Federation. The aim of this training was to train both health service providers and professional working in coordination of Reproductive Health program in South Central Somalia. The participants included six medical doctors, obstetricians, one midwife, four coordinators of health program, two regional health officers, one Gender Based Violence consultant, one health officer, and one UNFPA humanitarian response assistants. Some of the participants were decision makers and others were implementing partners.



The team consists of two members from UNFPA, one member from the International Federation of the Red Crescent, Concern Worldwide, Medecin du Monde and two members of the Ministry of Health.

UNFPA Leads the Youth Taskforce for UN Somalia

The UN Country Team in Somalia has recently expressed a strong need to focus on the issues of young people in Somalia and to address youth concerns also in strategies and frameworks such as the United Nations Strategy for Somalia Assistance (2011-2015) and the Internal Strategy Framework. Even though it is quite clear that currently UN agencies have limited baseline data on the situation of youth in Somalia, many agencies still work on youth programming and there is an increasing need to enhance coherence and co-ordination of such programming efforts. As a result of these discussions a Youth Coordination Taskforce for UN Somalia was founded in February 2011 and UNFPA Somalia was tasked to chair this group.

Estimates indicate that youth population between the age of 15 to 29 comprise about 27 % (2.3 million) of the total population in Somalia while those below the age of 29 account for 73 % of the total population based on the Socio- economic Survey 2002 and UNDP 2005-2010 projection estimates. The majority of young Somalis have known only conflict and hardship throughout their lives resulting in a large cohort of uneducated, unemployed and marginalized youth, who have limited recreational opportunities and poor access to health services. The lack of opportunities to earn a decent living means that youth, especially in South Central Zone of Somalia can be easily attracted by offers of payment from radical anti-government groups such as Al-Shabaab. According to some estimates, 67% of Somali militia are under 25 years old.

Youth Coordination taskforce will develop a coherent stance on what we as the United Nations want to do in the field of youth programming. As a first step in this process the taskforce is looking into starting up a Youth Advisory Panel for UN Somalia. The purpose of this panel is to create a forum, where meaningful dialogue between UNCT and representatives of different fractions of Somali youth can take place. UNCT is keeping a close eye on the work of the youth coordination taskforce and hopes are high that this UNFPA-led initiative can provide tangible improvements on the programming work for young people that UN Somalia is engaged to.



Y-Peer volunteer working towards MDG 4 in Somaliland.

Somali Women Graduate as **Community Midwives**

The International Day of Midwives, which annually is marked on the 6th of May by the UNFPA, was commemorated in a very special way this year. On that day, 42 students who had completed their 18-month post-basic midwifery course in the city of Hargeisa in Somaliland, graduated as Community midwives. This comprehensive training took place in Edna Maternity Hospital and was initiated and supported by UNFPA Somalia.

The graduates were recruited from different rural districts of Somaliland and before receiving their final certificates they will return back to their communities to work for a period of one year as community midwives.

There is a major shortage of professional health providers at all levels in Somalia. Even before the collapse of the central government of Somalia in 1991, health staff coverage was low, especially in rural areas. After the conflict broke out, systematic education of health staff ceased, and a substantial number of health staff left the country in Somalia. The present health staff pool is small, aged, underpaid and undertrained. Concerning reproductive health, there is a special deficiency in trained qualified nurses, midwives, obstetricians and other staff with the manual dexterity to perform assisted vaginal delivery, Caesarean section and standard procedures for complications in childbirth. Since the central government fell down there has not been a functioning training program for midwives.

This is the second batch of midwives that graduate from Edna Maternity Hospital in Somaliland. The first batch graduated of 21 students graduated during 2009. Also in March 2011, 20 new midwives graduated from Bosasso School of Health Sciences that is located in the semi-autonomous state of Puntland. UNFPA will continue supporting the midwifery training programs in Somalia and is planning to expand the training to selected new institutions.

We congratulate the newly graduated community midwives and are confident that their newly learned skills will make a valuable contribution and a visible impact to the reduction of maternal mortality and morbidity in Somalia, considered as one of the highest in the world.



Basic Emergency Obstetric Care Training for Midwives in Galkayo Medical Center

The need for mother and child protection and care through Basic Emergency Obstetric Care is great. On the basis of data collected from Somali hospitals, local NGOs and International Humanitarian agencies in Somalia, the maternal mortality rate is one of the highest in the world. It is estimated that more than 1000 maternal deaths per 100,000 live births occur annually. Most of these deaths take place due to the lack of access of quality health services, including Emergency Obstetric Care (EmOC).

It is estimated that 95% of all deliveries in rural areas (82% in urban areas), take place at home, attended by family members or traditional birth attendants in very unhygienic conditions. Within this context, UNFPA proposed Galkayo Medical Centre to conduct Basic Emergency Obstetric Care Training for midwives from South Central Zones of Somalia.

Galkayo Medical centre has an ongoing contract with UNFPA to train midwives from the South Central Zone. The centre conducted two training events on basic emergency obstetric care (BEMOC). The first training took place during November 2010. This course trained 12 midwives from different parts of south central zone-Mogadishu, Bardera, Belatweyne, Afmadow, Abudwaq, Dusamareb.

The objectives of this training were to improve pregnant women's accessibility to basic emergency obstetric care, and to reduce maternal and neonatal mortality through quality birth attending skills and to link the trained personnel to comprehensive emergency obstetric care centre for referral of cases that requires comprehensive care.

Pre-test evaluation was carried out for all midwives to identify the gaps and training needs. The evaluation showed a very negative overall result as nearly 8 of them failed the test. After 2 weeks, when the participants had completed the training, a post-test was done which showed that considerable progress has taken place during the course.



Director of Galkayo medical center addressing the opening session for training of midwives from 6 regions of south central



The second basic emergency obstetric care training was conducted in Galkayo medical centre during February. 16 midwives from South Central were trained. This group came from Mogadishu, Baidoa, Banadir, Bardera, Abudwaq, Dusamareb, Bula Hawa and Belatweyne.

Youth on the Governments Agenda

The commemoration of World Population Day was celebrated in Somaliland on 11th July 2011. The celebration was held at Maan Soor hotel and the Ministry of National Planning and Development invited the top decision makers: Parliamentarian and some individuals from the House of Elders. In his opening speech, The Director General of Somaliland Ministry of planning underlined that the Somaliland government is increasingly putting youth concerns at their development agenda, but there is lot to be done. He stated that both the government and the international organizations should commit to fully engage the youth in all aspects of their programs and initiatives that target economic development. The reason why Somaliland government is emphasizing this, is because it has been estimated that 48.3% of the Somaliland population (3.46 million according to 2010 estimation) are less than 15 years of age whereas 29.8% are youth (15-24) according to the definition of Somaliland government.

Youth in Somaliland have the willingness and ability to contribute the socioeconomic development of the country but are out of the loop in an abundant due to high unemployment. The transition from school to work is a major challenge such that many young people end up either unemployed or underemployed in the informal sector with limited protection and prospects.



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)

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.

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