

FAMILY PLANNING & POSTABORTION CARE IN EMERGENCIES IN SOMALIA

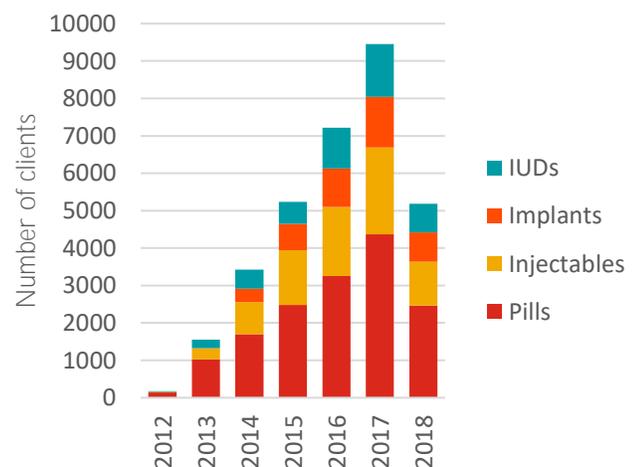


Somalia continues to experience a range of humanitarian crises with 6.2 million people, including 1.5 million women of reproductive age, in need of humanitarian assistance. Somalia has one of the highest maternal mortality ratios in the world and an average fertility rate of 6.5 children per woman.¹ The lifetime risk of maternal death in Somalia is one in 22.² Access to family planning is limited with only 3 percent of women using a modern contraceptive method and a large unmet need of 35 percent.³

Save the Children's programs are responsive to protracted and acute emergencies. More than half the population of Somalia is in need of humanitarian assistance due to the complex, protracted emergency with high poverty, political instability and conflict, drought and crop failure, and disease outbreaks.

In the Karkaar Region of Puntland, we support one hospital and nine primary health centers to improve access to quality family planning and postabortion care (PAC) services. Our program has reached over 32,000 new family planning users from August 2012 to June 2018 with 27 percent opting for long acting reversible contraception. Not only are these methods more effective, they are often a good choice in humanitarian settings where supply chains may be disrupted. Since 2012, over 3,200 women have received PAC services.

Number of new family planning clients has steadily increased each year (Aug 2011-Jun 2018)



Somalia Program Overview August 2011-June 2018	
Location	Puntland, Somalia
Number of facilities	10 (one hospital, 4 referral health centers, five health centers)
New family planning clients	32,242
PAC services delivered	3,225

1. World Bank, 2014.
 2. WHO, UNICEF, UNFPA, The World Bank, and the United Nations Population Division. 2015. *Trends in Maternal Mortality: 1990 to 2015*. Geneva: World Health Organization.
 3. UNICEF. 2006. *Multiple Indicator Cluster Survey: Somalia*. New York: UNICEF.



Milgo, with her four children outside of the tent where they are currently living. In Somalia, we provide family planning and PAC services for women as part of our emergency health program.

Program Spotlight: Addressing Low Awareness of Services

In addition to a lack of supplies and services, awareness about family planning and PAC in Puntland is quite low. In order to raise awareness about the availability of services, Save the Children supports an annual Puntland Conference on Family Planning and PAC for religious leaders and other influential community members. In addition, discussion groups are held with men, women and youth facilitated by health workers who are able to address misconceptions and tailor information to be culturally appropriate and meet the specific needs of different groups (e.g. pregnant women, youth and husbands).

Religious leaders have been particularly influential in supporting efforts to raise awareness. One imam in a community where we support services said, “Child spacing has its roots in Islam because our Quran says mothers should breastfeed their babies for two years, so that this gives enough milk to the baby, and there is space between the children. **As religious leaders, we promote this.**”

Introducing new PAC treatment methods

In 2012, several of the primary health centers were not equipped to deliver PAC services. Live-saving care for women suffering from complications arising from miscarriage was not available in the Karkaar region. Since implementation began, we introduced manual vacuum aspiration (MVA) and Misoprostol as treatment options, which are recommended by the World Health Organization but are not available in all settings. PAC is now available at the primary health care level through mid-level service providers.

PROGRAM COMPONENTS

Service Delivery

Provide high quality family planning and PAC services

Improve health facility structure

Capacity Building

Train the trainers

Implement competency-based training

Conduct supportive supervision

Supply Chain Management

Provide family planning and PAC commodities and supplies

Expand contraceptive method mix

Develop linkages with existing Ministry of Health supply chain

Data for Decision Making

Analyze data at community and health facility levels to improve programs

Community Mobilization

Strengthen community structures and groups

Tailor and deliver key messages to diverse audiences to increase demand (e.g. women, men, youth, couples, and decision makers)

Partnerships and Advocacy

Partner with Ministry of Health

Collaborate with UNFPA

Task-shift for provision of family planning and PAC services

Improve clinical training curriculum