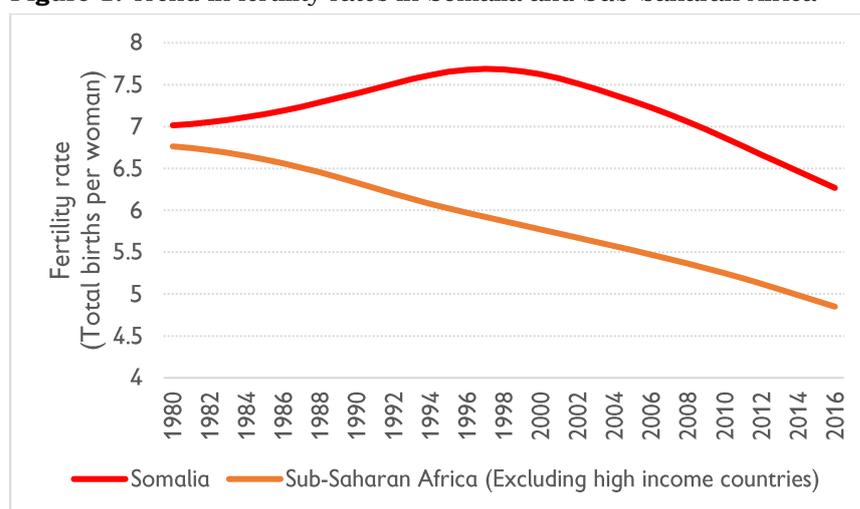


Building on progresses: Addressing unmet family planning needs*

Family planning (FP) is important not only as one of the sustainable development goals (e.g. SDG 3 of universal access to reproductive health) but also for a number of critical roles that lowering of fertility rate plays in reducing other development challenges including health, education, poverty and gender. In many respects, FP can almost be considered as a panacea for social and economic development of a country like Somalia. Despite its importance, fertility rate in Somalia is still the second highest in the world and declining at a very slow pace (Figure 1). Various socio-cultural constraints are often discussed as barriers to increasing FP access. One such commonly cited barrier is cultural preference for more children and low demand for FP instigated by religious beliefs. However, based on findings from a baseline survey conducted for Community Health and Social Accountability in Somalia Project (CHASP), we find that there has been a major shift in fertility preference. Drawing on the findings, literature review and key informant discussions, **we recommend prioritizing two specific actions in CHASP – inclusion of FP services at HC including outreach FP services at primary health unit (PHU) and by family health workers (FHW); and removing the legal restriction on condom supplies.**

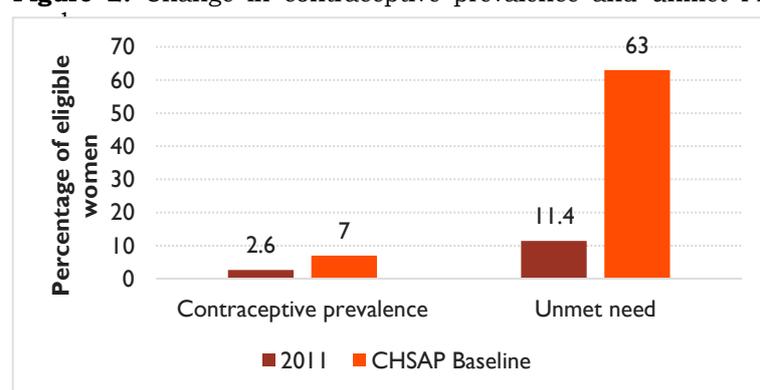
Figure 1: Trend in fertility rates in Somalia and Sub-Saharan Africa



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Comparing contraceptive prevalence rates between 2011 multi-indicator cluster survey in North-Easter Region with CHASP baseline, we find that the rate has increased by over 250%. This is exceptionally high due to the very low prevalence to start with (Figure 2). However, the more striking change is observed in unmet FP needs, which has increased from 11% to 63%. This essentially shows that over half of the women of reproductive age in the project locations have changed their preference for birth control but are not able to access FP methods. This clearly demonstrates a cultural shift in fertility preference. Although we are not able to analyse the contribution of awareness initiative

Figure 2: Change in contraceptive prevalence and unmet FP



in this change, there is no denial of the fact that addressing this unmet need has to be given strong priority.

Comparing contraceptive prevalence rates across the districts (Figure 3), we find that the rates vary between 1% (in Kismayo) to 14% (in Bargal). District level facility assessment shows – while the some of PHUs from Bargal provide FP services, none of the PHUs in the other districts do the same. While this does not establish causality between FP services at PHU and FP uptake, qualitative interviews confirm this as a strong contributing factor.

* This fact sheet is based on literature review, household survey and qualitative interviews conducted as part of CHASP baseline. For further details, please contact Leila.Abdullahi@savethechildren.org

Despite its potential, PHUs are not generally being used for offering FP services in the health system of Somalia. In Bargal, where FP uptake is the highest among the districts, both PHUs and health centres offer FP services. Except Bargal and Alula, FP services are not offered by PHUs. Moreover, staffs based at the health centres in five districts (Kismayo, Adado, Ufayn, Afmadow and Iskushuban) had no training on FP. Therefore, there is also need for training of frontline health workers as well as professionals on FP at PHU & HC.

However, for making progress in the short-run on meeting their needs and reducing fertility, CHASP needs to explore possibility of incorporating intervention components from various “community based family planning” (CBFP) approaches.

During the focus group discussion (FGD), almost all the mothers emphasized that birth spacing is important for better health of both children and mothers, and thus the women need to consider spacing their children. On the other hand, men mentioned that men are not using any family planning method to space children since it is the responsibility of women. In their opinion, a woman should decide on family planning method and advise her husband. The facts that modern methods are available only at health centres and majority of the FHW are male contribute to this extremely high level of unmet need. Consequently, the women try to space their children through unreliable traditional methods of “breast feeding” and “counting the safe days”. Women who participated the FGDs also mentioned that it would be good to hear the positive message of family planning from religious leaders and clan leaders since they act as big influencers at the community.

At the referral hospitals which is considered the highest level of hospitals, combined oral contraceptive is reported to be the highest offered family planning services in all districts except in Afmadow where similar service are not offered at all. Surprisingly a number of family planning methods are not offered at all the referral hospitals assessed i.e. male/female condoms, implant, and male/female sterilization. Despite various advantages of condom as family planning method (such as preventing STIs), none of the facilities are able to provide this due to restrictions instigated by the Ministry of Religious Affairs. Based on our discussion with key stakeholders, the restriction of importing condom has been put in place due to religious interpretations of this method. We strongly suggest working with the Ministry of Religious Affairs and the Ministry of Finance to lift this restriction on condom usage in the country.

Figure 3: Family planning uptake in districts in Somalia

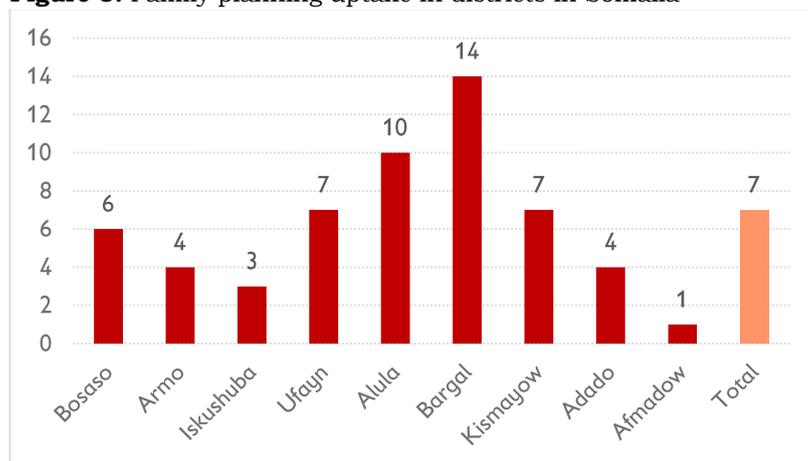
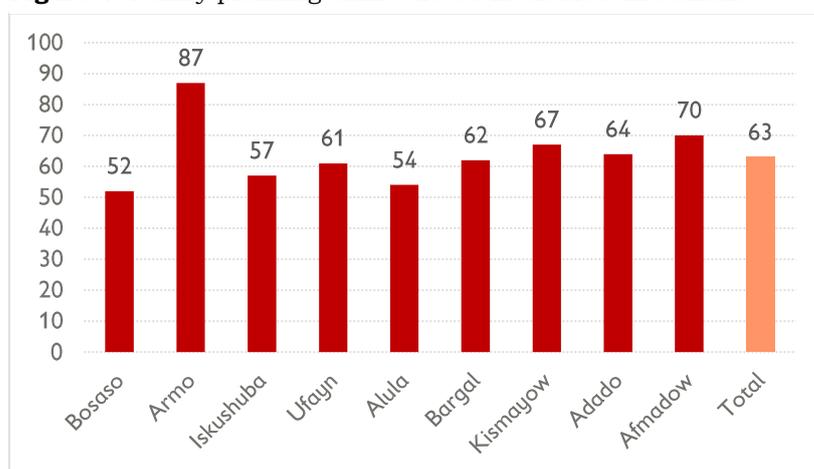


Figure 4: Family planning unmet needs in districts in Somalia



In conclusion, we suggest two specific actions to be considered by the project. First, including modern FP services and having wide range of family planning stock at HC level and outreach services at PHU. Advocacy on importance of family planning and minimisation of stigma to remove the legal obstacles for use of condom in FP method mix.