

Somalia

Political instability, the effective split of the country into three political entities, and a worsening humanitarian crisis have greatly impacted the quality and availability of health services, leaving many in Somalia without access to basic health care. Weakened infrastructure, along with poor literacy rates, a shortage of health providers and difficulty accessing services, has contributed to a deterioration of health indicators. Intensified fighting in the south central region is adversely affecting humanitarian efforts, while the situation is far more favourable in Somaliland. Maternal mortality is estimated to have increased in the past 20 years and the current ratio is extremely high. Nurses and midwives are trained in basic emergency obstetric care but they do not have full authority to prescribe life-saving medicines, which is problematic, particularly in isolated regions. Improving career development opportunities for nurses and midwives is one of the many things that need to be done to improve the health status of mothers and newborns in Somalia.

▶ COUNTRY INDICATORS*

Total population (000); % urban	9,359; 37
Adolescent population (15-19 yrs) (000); % of total	937; 10
Number of women of reproductive age (age 15-49) (000); % of total	2,151; 23
Total fertility rate (children per woman)	6.4
Crude birth rate (per 1,000 population)	44
Births per year (000)	392
% of all births registered	3
Number of maternal deaths	4,800
Neonatal mortality rate (per 1,000 live births)	53
Stillbirth rate (per 1,000 births)	30
Number of pregnant women tested for HIV	1,131
Midwives are authorized to administer a core set of life-saving interventions	No
Density of midwives, nurses and doctors per 1,000 population	0.1
Estimated workforce shortage to attain 95% skilled birth attendance by 2015	832
Gross secondary school enrolment (male; female) %	11; 5
Literacy rate (age 15 and over) (male; female) %	–; –

▶ MDG INDICATORS

Maternal mortality ratio (per 100,000 live births)	1,200
Proportion of births attended by skilled health personnel (%)	33
Contraceptive prevalence rate (modern methods) (%)	15
Adolescent birth rate (births per 1,000 women age 15-19)	123
Antenatal care coverage (at least one visit; at least four visits) (%)	26; 6
Unmet need for family planning (%)	–
Under-5 mortality rate (per 1,000 live births)	180

▶ MIDWIFERY WORKFORCE¹

Midwives (including nurse-midwives) ²	429
Other health professionals with some midwifery competencies ³	Unavailable
General practitioners with some midwifery competencies	Unavailable
Obstetricians	Unavailable
Community health workers with some midwifery training	Unavailable
A live registry of licensed midwives exists	Yes

▶ MIDWIFERY EDUCATION

Midwifery education programmes (direct entry; combined; sequential)	Yes; No; Yes
Number of midwifery education institutions (total); number of private	8; 2
Duration of midwifery education programmes (in months)	12 to 18
Number of student admissions (first year)	–
Student admissions per total available student places (%)	>100
Number of students enrolled in all years (2009)	180
Number of graduates (2009)	–
Midwifery education programmes are accredited	No

▶ REGULATION

Legislation exists recognizing midwifery as an autonomous profession	–
Midwives hold a protected title	–
A recognized definition of a professional midwife exists	Yes
A government body regulates midwifery practice	Yes
A licence is required to practise midwifery	Yes
Midwives are authorized to prescribe life-saving medications	No



MIDWIFERY BAROMETER

Midwives per 1,000 live births	1 ●
Birth complications per day; rural	178; 130 ●
Lifetime risk of maternal death	1 in 14 ●
Intrapartum stillbirth rate (per 1,000 births)	14 ●
Neonatal mortality as % of under-5 mortality	29 ●

▶ PROFESSIONAL ASSOCIATIONS

A midwives association exists	Yes
Number of midwifery professionals represented by an association	350
Association(s) affiliated with ICM; ICN	No; No

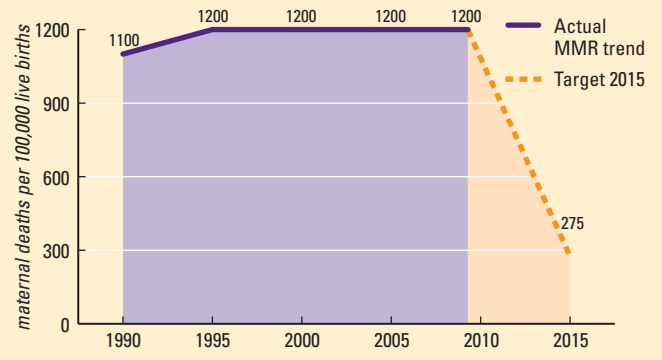
▶ POLICIES

A national maternal and newborn health plan exists that includes the midwifery workforce	No
The plan is costed	-
The national health workforce plan specifically addresses midwifery	-
Compulsory notification of maternal deaths	No
Systematic maternal death audits and reviews	No
Confidential enquiry for maternal deaths	No
Compulsory registration of all births	No
All maternal and newborn health services are free (public sector)	No

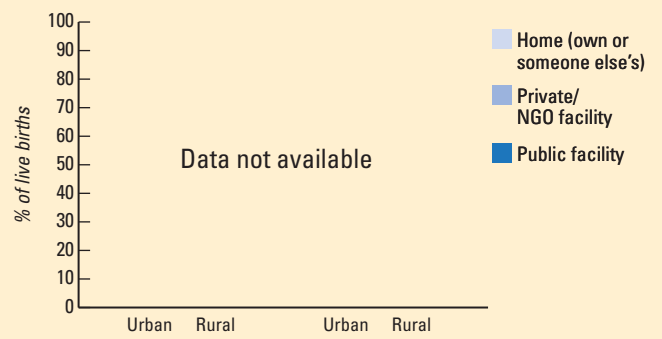
▶ SERVICES

Number of facilities providing essential childbirth care	Unavailable
Number of Basic Emergency Obstetric and Newborn Care (EmONC) facilities	Unavailable
Number of Comprehensive EmONC facilities	Unavailable
Facilities per 1,000 births	-

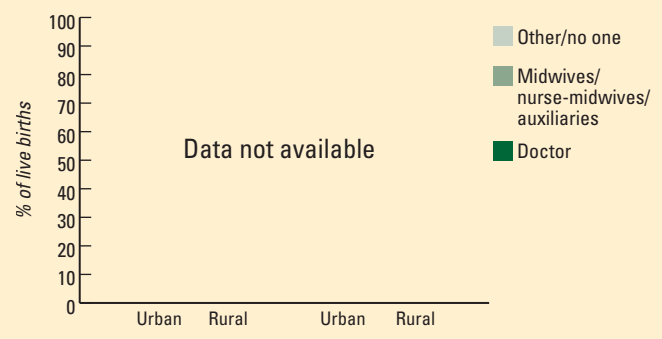
Trends in maternal mortality: 1990–2015



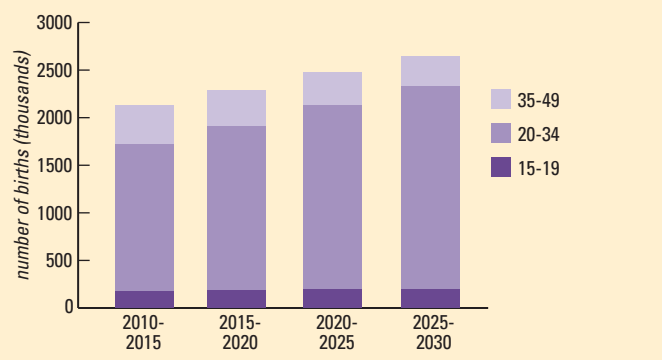
Where women give birth: urban vs. rural



Who attends births: urban vs. rural



Projected number of births, by age of mother



Explanatory notes: *Annex 2 provides a complete list of source data. All data sources are from 2008 unless otherwise stated. Where country respondents stated that data were not available, the term 'Unavailable' is used. In all other instances, '-' is used to denote a nil response or data that requires further verification. 1. 2008 estimates based on country data returns and the WHO Global Atlas of the Health Workforce. 2. Includes midwives, nurse-midwives and nurses with midwifery competencies. These figures do not necessarily reflect the number of practising midwives or the ICM definition of a midwife. 3. Auxiliary midwives and auxiliary nurse-midwives.