

# SLNMA Newsletter



2025

## VOICE OF NURSES & MIDWIVES



**SOMALILAND NURSING AND  
MIDWIFERY ASSOCIATION  
(SLNMA)**



# Table of Contents

Highlights from SLNMA General Assembly Elections	02
Midwifery Matters for all Childbearing Women in Somaliland	04
Somaliland Presidential Election: A Symbol of Unity, Peace, and Progress	07
Success Story: Midwifery Students Save the Life of a Pregnant Woman with Severe Preeclampsia	08
Cervical Cancer	10
Training Competent Nursing and Midwifery Cadres: The Role of Mentorship and Induction	12
Exploring the impact of Community Based Health Promoters on the primary health care system in Somaliland	14
Midwifery Led Care, the First Choice for All Women	18
The Vital Role of Midwifery in Enhancing Maternal and Infant Health in Somaliland: A Call to Action	20
Barriers and opportunities faced by Somaliland nurses with regards to Engagement in health policy development	22
Women's Experiences of Post-abortion Care Services at Health Facilities in Somaliland - A qualitative study among women with incomplete abortion	24
Why Investing in Nurses and Midwives Means Better Health for All: A Focus on Somaliland	26

# HIGHLIGHTS FROM SLNMA General Assembly Elections

---



On December 30th, 2024, the Somaliland Nursing and Midwifery Association (SLNMA) held its highly anticipated General Assembly (GA) elections at Mansoor Hotel in Hargeisa. The event brought together 100 nurses and midwives from across the country to choose new board members and shape the direction of the association for the next three years.

GA is held every three years, the GA is more than just an election it's a time to reflect, connect, and plan for the future. The event welcomed guests and partners from UNFPA, Edna Adan University Hospital, Hargeisa University, Amoud School of Nursing and Midwifery, Burco College of Health Science, THET, Taiwan Medical Mission, Hargeisa Group Hospital, and leaders from Marodijeh health facilities. Their presence highlighted the value and trust placed in SLNMA by the wider health community.

## Election Process

Earlier in December, SLNMA opened the application process to all qualified members. Ten passionate and capable candidates were shortlisted, and their names were shared ahead of the Election Day.

To ensure the election ran smoothly and fairly, a Nominations Committee was formed. This team included:

- Qabuul Ahmed
- Samiya Ahmed
- Filsan Hussein
- Ubah Omar Abdillahi

One member of the committee presented the background of each candidate to the audience, helping voters make informed decisions. The other members oversaw the voting process and carefully counted each vote.

Voters raised their hands to cast their votes, and when the counting was done, the top seven candidates were elected to the SLNMA Board for the 2025–2027 terms:

### Candidates and Election Result

S/N	Name of candidate	Vote #
1	Roda Ali	78
2	Hodan Mahmoud	71
3	Adna Dahir	68
4	Nawal Moumin	58
5	Fosiya Ismail	54
6	Fadumo Osman	51
7	Zahra Dahir	50
8	Nawal Abdirahman	41
9	Hodan Jirde	40
10	Rahma Abdirahman	25

Other candidates included Nawal Abdirahman, Hodan Jirde, and Rahma Abdirahman, who also received strong support from the voters.

During the event, SLNMA honored its outgoing board members for their dedication and the progress achieved under their leadership. Their work has left a lasting impact on the growth and visibility of the nursing and midwifery professions in Somaliland.

On January 16th, 2025, the newly elected Board members gathered at the SLNMA office to select who would take on key leadership roles. After a thoughtful and respectful internal vote, the roles were decided as follows:

- President: Roda Ali
- Vice President: Fosiya Ismail
- Secretary: Adna Dahir
- Cashier: Hodan Mahmoud
- General Board Members: Nawal Moumin, Fadumo Osman, and Zahra Dahir

With a new Board in place, the future looks promising. The team is ready to continue advocating for nurses and midwives, improving professional development opportunities, and working closely with health institutions and partners. There's a strong sense of hope and motivation to move the association — and the profession — forward.

Congratulations to the new SLNMA Board, and thank you to everyone who participated and made this election a success!

**Ubah Omar**  
Programme Coordinator  
[ubax012@gmail.com](mailto:ubax012@gmail.com)

# Midwifery Matter

## for All Childbearing Women in Somaliland



Midwifery is a healthcare profession focused on providing skilled, knowledgeable, and compassionate care for childbearing women, newborn, and families throughout the continuum of pre-pregnancy, pregnancy, childbirth, postpartum, and the early weeks of life, emphasizing a holistic and empowering approach

Around the world, women lack adequate access to quality health care, which makes pregnancy and childbirth difficult and, in some situations, fatal. Midwives provide crucial maternal care in many parts of the world and can help mothers and new born leads healthy lives before, during, and after birth. Qualified midwifery is necessary to provide adequate reproductive and health care for all.

wherever in the world they live and whatever their circumstances. It's very clear that skilled, knowledgeable, and compassionate midwives and the care they provide reduce maternal and newborn mortality and stillbirths, keep mothers and new born safe, and promote health and well-being. Consequently, midwifery has a positive impact on the wider health system and the economic sustainability of communities and countries.

The need for education to provide a highly competent qualified workforce, the first pillar of a strong midwifery profession is standardized education, to provide a highly competent, qualified workforce.

There is a privilege to be a qualified midwife in Somaliland because there is a nationally and internationally recognized midwifery curriculum a revised, updated, and approved midwifery curriculum used by nursing schools, Also NHPC gives a license

The nursing schools are currently providing quality training to midwives who come from different rural and urban, who after their graduation can provide excellence midwifery care and currently working in urban and rural settings across Somaliland.

Readiness of SLMNA association collaboration with the Ministry of Health and Development and national and international partners working for education and building midwifery workforce for the community in Somaliland

Since the maternal mortality rate is high, there is a need to prevent the 3 delays that contribute to the maternal mortality rate

### 1. Delay in deciding to seek care

There are qualified midwives trained in nursing schools equipped with a curriculum approved by the Ministry of Health and Development in Somaliland, for rural and urban areas, MOHD UNFPA and SLNMA, Nursing schools backed from their selection to graduation qualified midwives who can easily solve the problem of deciding to seek health care

### 2. Delay in reaching an appropriate facility

according the circumstance which is environment, condition of the patient, availability of requirement, some patient may requirement to transfer from one health care facility to hospital or from rural to urban and the condition of the mother may get worse if there is no reaching assistance ambulance which can help the mother to reach her desire health care swift action

from qualified midwives of transfer will help

### 3. Delay in receiving care at the facility

Some urban areas qualified midwives are accessible but there are no any equipment's to take action, example some midwives have the knowledge to deal with the mother but there is no delivery kit, there is no sterilization or missing medication to deal the condition of the mother or new born if the baby is difficult breathing there is no emergency breathing device for that new born through transferring the new born to required health care

The top maternal mortality causes are

- Obstructed labor
- Hypertensive disorder
- Infection
- Abortion and hemorrhage

Having all their requirements can save lives.

### Key messages:

When midwives are educated to international standardized approved curriculum, include

theory and practical, it could avert more than the care midwives give the patient all maternal deaths, stillbirths and neonatal deaths. Achieving this impact also requires that midwives are li- censed, regulated, fully integrated into health systems and working in interprofessional teams;

- Distinctly preventing maternal and new born deaths, quality midwifery care improves over other health-related outcomes.
- Midwives are outstandingly able to provide essential services to women and new-born in even the most difficult humanitarian, fragile and conflict-affected settings. This means that

- » Midwives will make a significant contribution to delivering on the commitments for Healthy Lives and Well-Being;
- Educating midwives to international standard curriculum is way forward for primary care, secondary care and tertiary care by reducing costly and unnecessary morbidity or mortality for both mother and new born
- Continuation of educating midwives in standardized nursing schools will give mothers and new-born high chance of survivings

From all the stakeholders working together should convince particular midwives who didn't go back from their selected community in needs to find solution because there is gap from the community while there is overload of some area most of this midwife preferring to stay.

**MOMTAZ DAHIR FARAH**

Qualified Nurse, NTT, BSc PH, MASTER OF RH.

Email: mumtaas1@gmail.com

# Somaliland Presidential Election: A Symbol of Unity, Peace and Progress



On the 13th of November 2024, Somaliland's population demonstrated great enthusiasm for democratic engagement with an extraordinary presidential election. A large number of citizens voted through the one-person, one-vote system, marking a new era in the democratic development of Somaliland.

The election featured three national political parties: KULMIYE, WADANI, and UCID. The announced results on the 19th of November 2024 revealed Mr. Abdirahman Mohamed Abdillahi "Cirro" of the WADANI Party emerged victorious, hence formally assuming the presidency.

The election was peaceful, calm, well-organized, and fair. Both Somalilanders and foreigners acclaimed it for being exemplary of political cohesion and stability in the nation. Somaliland's election was more than an election; it was an orchestration of citizenship sentiments, peace, and national pride.

Women contributed greatly to the event and took part in the actual voting process. With women empowering the youth, this tells us a great deal about the future direction of Somaliland.

“

**Women must serve in order to lead and they must be present to sit at the table where the future is created.**

”

In this sincere event, Somaliland Nursing and Midwifery Association (SLNMA) sends congratulatory message to the people of Somaliland for having a peaceful and successful election. It is indeed a matter of concern for us as a nation.

We further extend our best wishes and congratulations to the First Lady of Somaliland, **Marwo Farduus Mohamed Rooble**, for her impactful advocacy on women's leadership. She has been a source of motivation for many women to participate in politics and leadership.

*“Women must serve in order to lead and they must be present to sit at the table where the future is created.”*

As midwives and nurses, who practically form the backbone of any society, we believe in leadership that fosters equity, universal healthcare, and enabling women to step up and lead.

We hope this new chapter brings further success and prosperity coupled with peace for the people and nation of Somaliland.

**Ubah Omar**

Programme Coordinator

ubax012@gmail.com

## SUCCESS STORY

# *Midwifery Students Save the Life of a Pregnant Woman with Severe Preeclampsia*



In a small district near Hargeisa, a group of midwifery students from Hargeisa School of Health Sciences, supported by UNFPA, were conducting an outreach visit as part of their community-based training. During this outreach, they met a critical case that would test their knowledge, communication skills, and commitment to saving lives. They met a nine-months pregnant woman who was gravida 1, para 0 her first pregnancy. The woman

was suffering from severe preeclampsia, a dangerous condition that can be life-threatening for both mother and baby. She had visible swelling (edema) on her face, hands, and ankles, complained of a severe headache, and reported blurred vision all signs of severe pre-eclampsia

The midwifery students quickly recognized the danger. Using their training & clinical knowledge, they conducted a basic assessment and confirmed that the mother needed immediate referral to Hargeisa Group Hospital (HGH) where tertiary health care services is available.

However, their biggest challenge was not only the medical condition it was convincing the family. The woman's husband and mother-in-law did not believe the situation was serious. They insisted that the mother could manage the condition at home and refused the referral, based on traditional beliefs and

lack of awareness about the danger of preeclampsia.

Despite the resistance, the students together with their clinical supervisor remained calm and persistent. They patiently educated the family about the risks of delaying treatment and explained what could happen if the condition was ignored explaining the potential complications such as seizures, organ failure, or even maternal and neonatal death. After several attempts and respectful dialogue, they were finally able to encourage the family to agree to the referral.

The students then called HGH and arranged for an ambulance to transfer the patient safely. Upon arrival at HGH, the woman was admitted to the gynecological ward, where she received emergency care, including magnesium sulfate to prevent seizures, blood pressure management,

and close monitoring. When her condition stabilized, she had a successful delivery normally with induction, and both mother and baby were healthy.

Thanks to the timely intervention and strong advocacy of the students, the woman was taken to HGH, where she received the care, she needed. Both mother and baby survived, and the woman later expressed her deep gratitude to the team who refused to give up on her.

“If these students were not here, I don’t know what could have happened to me and my baby. They saved my life,” the mother said after her recovery.

Midwifery students are essential frontline health workers, particularly in underserved and rural areas where access to skilled maternal care is limited. Their presence in communities not only bridges the gap

between health facilities and the population but also plays a critical role in reducing maternal and neonatal mortality.

The case of the pregnant woman with severe preeclampsia highlights the life-saving value of well-trained midwifery students. Through their timely intervention, clinical judgment, and strong communication skills, they prevented a possible tragedy. Such real-life situations clearly demonstrate that when midwives are trained, empowered, and supported, they become key agents of change in promoting safe motherhood and improving public health outcomes.

Investing in midwifery education particularly through partnerships with organizations like UNFPA is an investment in the health system as a whole. It enhances the capacity of rural health services, strengthens referral pathways, and ensures that even the most remote communities receive respectful and quality maternal care.

At Hargeisa School of Health Sciences (HSOHS), we recognize this urgent need and are fully committed to scaling up the training and enrollment of midwifery students. In the coming years, our goal is to expand our outreach, curriculum, and practical field experiences to produce a new generation of compassionate, competent, and community-focused midwives. Through this effort, we aim to contribute to national and global goals of reducing maternal and newborn mortality, and ensuring that no mother or baby is left behind regardless of where they live.

**Qabuul Ahmed Abdi**  
Principal Tutor

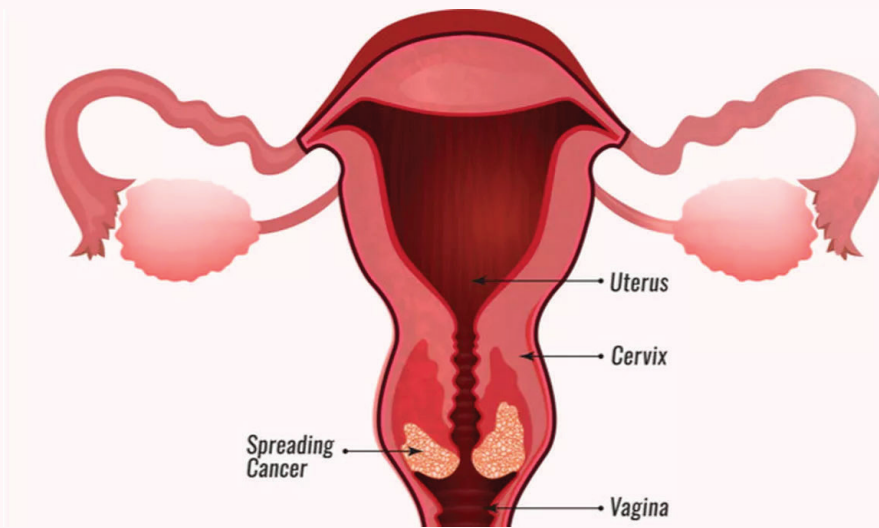
Hargeisa School of Health Sciences  
qabuulahmed61@gmail.com

“

**If these students  
were not here,  
I don’t know  
what could have  
happened to me  
and my baby. They  
saved my life.**

”

# Cervical Cancer



## Definition

Cervical cancer develops in a woman's cervix, which is the lower, narrow end of the uterus (womb) that connects the uterus to the vagina (birth canal).

## Global Burden

globally cervical cancer is the fourth most common cancer among women, with approximately 660,000 new cases reported in 2022. In the same year, around 350,000 women died from cervical cancer, with 94% of these deaths occurring in low- and middle-income countries. Sub-Saharan Africa, Central America, and South-East Asia have the highest rates of incidence and mortality.

According to the African Health Organization, HPV infections cause about 72,000 cases of cervical cancer annually in Africa. These numbers likely underestimate the actual burden due to weak health information systems and limited cancer registries across the continent.

## Cervical Cancer Somaliland

cervical cancer It is the second most common cancer among women in this region, particularly among women aged 15 to 44 years.

In Somaliland, cervical cancers are often not identified or treated until advanced stages due to several factors:

- Lack of knowledge among women and communities about the disease and its prevention
- Insufficient access to reproductive health care services
- Ineffective screening and early treatment systems

## Causes

The primary cause of cervical cancer is persistent infection with certain types of human papillomavirus (HPV), which is transmitted through sexual contact.

### Risk Factors

- A weakened immune system
- Smoking
- Multiple pregnancies (multiparity)
- Long-term use of oral contraceptives
- Obesity
- low socioeconomic status
- multiple sexual partners

### Prevention

Prevention and control of cervical cancer involve:

- Raising public awareness and improving access to information and services
- Screening women for cervical cancer starting from the age of 30
- Early detection, diagnosis, and treatment
- Vaccination against HPV

### Signs and Symptoms

- Unusual bleeding between periods, after menopause, or following sexual intercourse
- Foul-smelling or increased vaginal discharge
- Persistent pain in the back, legs, or pelvis
- Weight loss, fatigue, and loss of appetite
- Vaginal discomfort
- Swelling in the legs

### Role of Midwives on cervical cancer prevention

- Educating women and girls about cervical cancer, its risk factors (e.g., HPV infection, early sexual activity, multiple partners), and the importance of regular screening.

- Promoting safe sexual practices and healthy lifestyle choices that reduce risk.
- Conducting or assisting with cervical cancer screening procedures such as Pap smear tests
- Referring women for further diagnosis or treatment if abnormalities are found during screening.
- Providing pre- and post-screening counseling, helping women understand results and next steps.
- Offering emotional support and follow-up care, especially for women diagnosed with pre-cancerous lesions or cancer
- Working with community leaders, schools, and youth groups to promote cervical cancer prevention programs.
- Reaching out to underserved or rural communities, where women may not have access to regular health services.
- Including cervical cancer prevention as part of routine maternal and reproductive health visits, such as family planning, antenatal care, or postnatal care.
- Making screening part of the normal continuum of care for women
- Advocating for stronger national policies on cervical cancer prevention and midwives' role in delivering services.

**Ubah Omar**  
Programme Coordinator  
ubax012@gmail.com

# Training Competent Nursing and Midwifery Cadres: The Role of Mentorship and Induction

In every robust healthcare system, nurses and midwives play a crucial role—not just by providing medical care, but by offering compassion, reassurance, and a comforting presence during vulnerable times. The aim of nursing and midwifery education goes beyond teaching technical skills; it's about cultivating professionals who are competent, confident, and compassionate, ready to deliver patient-centered care in diverse and often challenging environments.

Competency encompasses more than just procedural knowledge. It involves a harmonious blend of practical skills, evidence-based understanding, and sound professional judgment, all nurtured through meaningful human connections and continuous learning (Raines, 2022). To achieve this level of proficiency, intentional support structures throughout the educational journey are essential—this is where mentorship and induction become indispensable.

Globally, billions are invested annually in training nurses and midwives (WHO, 2023). However, financial investment alone doesn't ensure successful outcomes. In many low-resource settings, young professionals embark on their careers filled with potential, yet often face uncertainty, stress, and self-doubt. Retention challenges in such environments are well-documented, but research indicates that structured mentorship and thoughtful induction can transform these challenges into opportunities (Haddad et al., 2023).

Mentorship is more than just guidance; it's about building relationships. When experienced nurses and midwives mentor

new trainees, especially during their initial clinical experiences, they offer more than supervision. They exemplify professional integrity, boost confidence, and provide a supportive ear during challenging times. Early clinical exposure, supported by engaged mentors, helps students develop not only technical expertise but also emotional resilience (Jefferies et al., 2021).

Similarly, structured induction programs act as a bridge between academic learning and real-world practice. For many new graduates, entering clinical settings can be overwhelming. Comprehensive orientation processes—delivered with empathy and clarity—ease this transition, reduce early attrition, and help new practitioners feel a sense of belonging (Edwards et al., 2022).

Preceptorship programs, where experienced staff provide close, hands-on guidance during the early months of practice, have proven particularly effective. These programs alleviate workplace anxiety, enhance job satisfaction, and ultimately improve patient care quality (White et al., 2023). Beyond statistics, they foster a culture of support, encouragement, and shared learning—elements that no textbook can impart.

## A Call to Action for Somaliland

In Somaliland, where healthcare systems face daily challenges yet hold immense potential, these human-centered strategies can make a significant difference. Our nursing and midwifery graduates are dedicated, capable, and eager to serve—but they require structured support as they transition into the workforce.

To build and retain a strong, compassionate, and competent cadre of healthcare workers, we urge educators and policymakers to collaborate and prioritize:

1. National mentorship frameworks rooted in trust, encouragement, and professional ethics (ICM, 2021).
2. Competency-based, person-centered orientation programs that facilitate the transition from classroom to clinical practice.
3. Targeted retention strategies that acknowledge the unique challenges of serving in rural and underserved areas (WHO, 2023).

Investing in people—through mentorship, support, and shared purpose—is the most effective way to build a sustainable healthcare future. In doing so, we don't just develop healthcare workers; we empower healers, leaders, and advocates for every mother, every newborn, and every patient in need.

**Roda Ali Ahmed** MEd, PGDipEd, BBA, BSN, RN  
Chairperson  
Somaliland Nursing and Midwifery Association  
Email: [rodaali556@gmail.com](mailto:rodaali556@gmail.com)

# Exploring the Impact of Community Based Health Promoters on the primary health care system in Somaliland

## Authors:

Jessica Fraser, Samiya Abdi, Naomi Alesworth, Hami Abdulsamad, Kat Brassington, Ayaan Mohamed, Nura Aided Ibrahim

Global Health Partnerships (formerly THET) with funding from the Fraxinus Trust and in collaboration with the Ministry of Health Development, Somaliland.

April 2025

## Introduction

Community-Based Health Promoters (CBHP) are playing a transformative role in improving primary health care in Somaliland. Introduced in 2021 through Global Health Partnerships' (formerly THET) Saving Mothers at Delivery programme, and in collaboration with the Ministry of Health Development (MoHD), CBHPs address key barriers in rural communities—limited access, low health literacy, and delayed health care-seeking—by acting as a vital link between communities and health facilities.

## Context and methodology

Somaliland's expansive rural areas, limited formal maternal and child health services, and donor-dependent health system present major access challenges (KGHP, 2021). Community-based initiatives were introduced to bring services closer to communities. In February to March 2025, Global Health Partnerships (GHP) in collaboration with MOD Somaliland, conducted a study in Burao and Qalax using desk reviews, interviews, and focus group discussions with CBHPs, Female

Health Workers (FHWs), midwives, MoHD staff, mothers, fathers, and community leaders. The research explored evidence of the impact from these interventions in Somaliland through the introduction of CBHPs as a new cadre to improve community health services and address challenges related to health literacy, timeliness, and accessibility to health services. This report calls for further examination into how formal support, and sustainable scale-up of CBHPs can now be achieved.

## CBHP model and integration

Somaliland's Essential Package of Health Services defines five levels of care from regional health centres, through to community-based centres. Service delivery is overseen by the MoHD, while staff at health facilities supervise primary health units and community-based activities, including community health workers.

CBHPs are trained volunteers who raise awareness about maternal and child health, recognise danger signs in pregnancy, and promote healthcare-seeking behaviours. Within this programme, in 2025, 160 CBHPs operated across communities, providing health education, home visits, and patient referrals. While they receive less training than FHWs, CBHPs offer a scalable, low-cost model, particularly in areas with limited or no FHW presence (Aden Abdi, 2021). While FHWs provide a broad

range of medical services, CBHPs focus on promoting awareness and facilitating access to care, rather than directly treating illnesses. They contribute to access to services and health literacy through 1) models of care, 2) the primary health care workforce, and 3) support to overcome transportation barriers and accessibility for rural communities. They align closely with WHO's Primary Health Care (WHO PHC) framework (WHO and UNICEF, 2020) which outlines the necessary levers for a functioning primary health care system.

The WHO PHC framework outlines 'services for self-care and health literacy' as an indicator to demonstrate improvement in models of care. CBHPs have first and foremost improved health literacy amongst the community, in several ways: i) informing women on how and when to access medical check-ups and nutritional support; ii) providing continuous follow-up and reminders to women directly in their homes; iii) relaying the importance of seeking health services, particularly for antenatal care and vaccinations for children; iv) Sharing information on the type of services available; and v) sharing information on the accessibility of services (e.g. that services are often free).

Improved health literacy and service uptake: CBHPs reached over 155,000 people and referred more than 10,000 to facilities in 2025. Trained in an empathetic, culturally sensitive and simple communication style, "they engage in detailed discussions, explaining medical concepts in a way we understand the importance of healthcare. Without them, many of us wouldn't know when doctors are visiting or if new treatments are available" (Mothers, Qalax). "Even our husbands, who once insisted on home births, now understand the importance of medical care" (Mother, Burao). "Before, I thought the health centre only served pregnant women" (Community Leader, Qalax). Women often share what

they learned with others, amplifying CBHPs' impact.



Increased trust and engagement: CBHPs are embedded in the community and this further facilitates trust, particularly when gaining trust from fathers and elders or leaders. Their close involvement with families encourages timely care-seeking. Although many CBHPs were already supporting women in the community, "now, they have taken on even more responsibility, forming a team that actively identifies women in labour or those sick at home and refers them to the facility" (Midwife, Burao).

Timely access to care: CBHPs detect risks early, facilitate timely referrals and sometimes arrange transport to health centres, a role MoHD acknowledges as contributing to reduced maternal mortality. Transportation continues to be a major barrier (Davi, 2015), especially in remote areas like Qalax with CBHPs sometimes paying for transporting patients. A midwife in Burao described a CBHP arranging transport at night for a woman in labour, saving her life.

Strengthened health workforce: CBHPs roles enable health professionals to concentrate on clinical responsibilities. As one MoHD policymaker noted, “CBHPs have reduced the workload of primary healthcare workers by handling preventive care and early case identification.” They contribute to better health planning by encouraging women to attend health facilities which facilitates patient data collection. “Mothers who visit health centres contribute valuable data that helps the government and organisations plan sustainable healthcare programmes” and can ‘guide actions and investments in improving essential services to meet individual and population needs’ (MoHD Programme Officer).

### **Towards Sustainability**

The MoHD has included CBHPs in its National Community Health Strategy (2024–2027), recognising their role in strengthening primary health care. Scaling up the model will require stronger alignment between government and NGOs, formal training, potential remuneration and consistent

standards across the health workforce. The appetite for individuals across other regions to volunteer as CBHPs is yet unknown, but the GHP pilot programme suggests supply may well exist, so long as these conditions are in place.

### **Conclusion**

CBHPs have proven to be an effective, community-driven solution to improve maternal and child health literacy, accessibility and trust in health services in Somaliland. The community-embedded model effectively engages underserved populations and enhances access to care. Their integration into national health systems and continued support will be important to expanding access, strengthening PHC delivery, and achieving better health outcomes. To sustain and scale this impact, formal support, structured training, and efforts to sustain motivation are necessary. Further integration with national systems will enable broader application of WHO’s PHC operational levers and ensure long-term success.

### **References**

1. Abdiwali, S. A., Adesina, O. A., Fekadu, G. A., & Geta, T. G. (2024). Barriers and facilitators to antenatal care services utilisation in Somaliland: a qualitative study. *BMJ Open*, 14(11), e085073. <https://doi.org/10.1136/bmjopen-2024-085073>
2. King’s Global Health Partnerships (KGHP) in Somaliland. 2021. Executive summary of the final evaluation report. Prepared for practice in Somaliland. Available at: <https://www.kcl.ac.uk/ksp/assets/prepared-for-practice-evaluation-executive-summary-30-11-21.pdf>
3. Davi, S. 2015. Slowly and steadily, Somaliland builds its health system. *World Report*. 385 (9983). Available at: [https://doi.org/10.1016/S0140-6736\(15\)61009-1](https://doi.org/10.1016/S0140-6736(15)61009-1)

4. Republic of Somaliland Ministry of Health Development. 2021. Health Sector Strategic Plan 2022-2026. First Draft. Available at: [https://365thet.sharepoint.com/:w:/r/sites/Data/\\_layouts/15/Doc.aspx?sourcedoc=%7BC076303C-FBBC-4C08-A7D8-4A6CC71BCDC9%7D&file=First%20Draft%20%20of%20HSSP%202022--2026%20\(under%20review\)%20\(1\).docx&action=default&mobileredirect=true](https://365thet.sharepoint.com/:w:/r/sites/Data/_layouts/15/Doc.aspx?sourcedoc=%7BC076303C-FBBC-4C08-A7D8-4A6CC71BCDC9%7D&file=First%20Draft%20%20of%20HSSP%202022--2026%20(under%20review)%20(1).docx&action=default&mobileredirect=true)
5. Ismail, A. 2024. Enhancing the Community Health Worker Program in the Somaliland Health System. Africa Center for Disease Control and Prevention. Available at: [https://www.researchgate.net/publication/380831253\\_Enhancing\\_the\\_Community\\_Health\\_Worker\\_Program\\_in\\_the\\_Somaliland\\_Health\\_System](https://www.researchgate.net/publication/380831253_Enhancing_the_Community_Health_Worker_Program_in_the_Somaliland_Health_System)
6. Aden Abdi, Y., et al (2021) Mental health care delivery in poor settings through trained female community health workers: Five year intervention program in Somaliland. Available one at: <https://doi.org/10.36368/shaj.v1i1.246>
7. World Health Organization. 2024. Health literacy. Available at: <https://www.who.int/news-room/fact-sheets/detail/health-literacy>
8. World Health Organization and United Nations Children's Fund. 2020. Operational framework for primary health care: transforming vision into action. Geneva: World Health Organization. Available at: <https://www.who.int/publications/i/item/9789240017832> (Accessed 24 March 2025)
9. World Health Organization. 2007. Monitoring the Building Blocks of Health Systems: A Handbook of Indicators and Their Measurement Strategies. Geneva: World Health Organization.
10. Ministry of Health Development Somaliland. 2024. Somaliland Community Health Strategy 2024-2027.

# ***Midwifery Led Care, the First Choice for All Women***

## *What is Midwifery-Led Care?*

Midwifery-led care means that midwives are the main caregivers throughout pregnancy, childbirth, and the period after birth. This model focuses on personalized, respectful, and continuous care, and it is based on the latest scientific evidence. It respects the natural process of childbirth and supports the emotional, physical, and psychological well-being of the mother.

Unlike care led mainly by doctors, midwifery-led care values dignity, autonomy, informed choice, and equality. It ensures that women feel supported, empowered, and safe throughout their maternity journey.

### **Key Principles of Midwifery-Led Care**

Midwifery-led care is built on several important principles:

1. **Continuity of Care:** Women are cared for by the same midwife or a small team of midwives throughout their journey. This builds trust and ensures more personalized care.
2. **Woman-Centered Approach:** The woman is at the center of care. Her wishes, needs, and values are respected at every stage.
3. **Support for Natural Birth:** Midwives support the body's natural process of childbirth and use medical interventions only when truly needed.
4. **Holistic Care:** Midwives look after not just the physical health, but also the emotional and mental well-being of the woman.

5. **Education and Advocacy:** Midwives educate women about their health, help them make informed decisions, and advocate for their rights.

### **Benefits of Midwifery-Led Care**

Research shows that midwifery-led care brings many benefits for both mothers and babies:

1. **Fewer Medical Interventions:** Women are less likely to need epidurals, cesarean sections, or assisted births.
2. **Lower Risk of Preterm Birth and Stillbirth:** Babies are more likely to be born at full term and healthy.
3. **Higher Satisfaction:** Women feel more in control and are happier with their birth experiences.
4. **Better Breastfeeding Outcomes:** Mothers are more likely to start and continue breastfeeding successfully.
5. **Cost-Effective:** This model uses fewer expensive interventions and focuses on simple, high-impact care especially helpful in low-resource settings.

### **Supporting Global Health Goals**

Midwifery-led care plays a key role in achieving global health goals, including reducing maternal and newborn deaths. Organizations like the World Health Organization (WHO) and The Lancet support the expansion of midwifery services worldwide.

Countries like New Zealand, Sweden, and the United Kingdom have shown that when midwives are given the right support and freedom to work independently, maternal and newborn health outcomes improve significantly.

Midwifery-led care also supports the Sustainable Development Goals (SDGs), especially those related to good health and well-being. It is a vital strategy for improving care in low- and middle-income countries, where access to skilled health professionals can save many lives.

### Challenges to Midwifery-Led Care

Despite its many benefits, midwifery-led care faces challenges in many parts of the world:

1. **Shortage of Midwives:** Many countries do not have enough trained midwives, especially in rural or poor areas.
2. **Lack of Professional Recognition:** In some places, midwives are not allowed to work independently, and their roles are not fully respected.
3. **Limited Training Opportunities:** Investment in midwifery education is often too low, making it hard to train enough skilled midwives to meet demand.

**The Way Forward: Strengthening Midwifery**  
To expand midwifery-led care, the following actions are essential:

1. **Invest in Training and Education:** Countries need to support midwifery schools and ongoing professional development.
2. **Recognize Midwives as Key Health Professionals:** Policies must allow midwives to work to their full ability and lead maternity services.

3. **Raise Public Awareness:** Communities need to understand the value of midwifery and demand respectful, woman-centered care.
4. **Build Midwife-Led Units:** Hospitals and clinics should offer spaces where midwives can lead care and support women naturally and safely.

### Conclusion

Midwifery-led care is more than just a healthcare approach it is a commitment to safe, respectful, and empowering care for all women. It improves outcomes for mothers and babies, strengthens communities, and builds fairer healthcare systems.

By investing in midwifery and supporting this model of care, we can ensure that every woman, no matter where she lives, has access to high-quality care during one of the most important times in her life.

#### Farah Yusuf

Program Manager

Somaliland Nursing & Midwifery  
Association

RM, RN, MSc

Somaliland, Hargeisa

farahyusuf004@gmail.com

# The Vital Role of Midwifery in Enhancing Maternal and Infant Health in Somaliland:

## *A Call to Action*

---

### Introduction

Midwifery transcends mere professional practice; it embodies a profound calling rooted in compassion, support, and specialized expertise throughout the childbirth journey. In Somaliland, midwives are pivotal to the survival and well-being of mothers and their newborns, addressing unique cultural, economic, and healthcare challenges endemic to the region. This article explores the transformative role of midwifery care in Somaliland, shining a light on the invaluable contributions of midwives to maternal and infant health.

### The Importance of Midwifery Care in Somaliland

In a region where many women face formidable barriers to accessing healthcare especially during the critical periods of pregnancy and childbirth midwives emerge as essential guardians of maternal health. Their role gains heightened significance through several key factors:

1. **Access to Care:** For many women in Somaliland, reaching a healthcare facility can be daunting, particularly in rural and under-resourced areas. Midwives serve as trusted first points of contact, ensuring women receive vital maternal care when and where they need it most.
2. **Cultural Competence:** Midwives in Somaliland often hail from the communities they serve, fostering genuine connections built on trust, respect, and understanding. This intimate knowledge of local customs allows them to provide care that is not only medically sound but also culturally sensitive aligning health practices with family beliefs and traditions.
3. **Education and Empowerment:** Midwives are agents of change, equipping women with knowledge about reproductive health, family planning, and maternal care. By empowering women with information and options, midwives help pave the path toward healthier families and communities.
4. **Postpartum and Neonatal Care:** In a region where maternal and infant mortality rates remain alarmingly high, the role of midwives during the postpartum period is crucial. They provide essential support to new mothers in breastfeeding, recovery, and newborn care elements that are vital for enhancing survival rates in the early days of life.

## The Impact on Public Health in Somaliland

The impact of midwifery on public health in Somaliland cannot be overstated. With high maternal and infant mortality rates, midwives represent frontline warriors in the battle for improved health outcomes. Research consistently demonstrates that midwifery-led care leads to better experiences and outcomes for mothers and infants, especially in underserved communities where skilled birth attendants are often scarce.

Moreover, midwives engage actively in community outreach, educating families on the importance of prenatal care, safe delivery practices, and postnatal health. By dispelling myths surrounding childbirth and encouraging healthy habits, midwives contribute significantly to public health and prevention strategies.

## Challenges and Opportunities

Despite the critical role they play, midwives in Somaliland confront numerous challenges, including limited resources, insufficient training opportunities, and at times, inadequate recognition within the broader healthcare system. Advocating for policies that elevate midwifery as a respected and vital profession is essential.

Organizations such as the Nursing Midwifery Association must step up to provide midwives with ongoing education and training that is culturally and contextually appropriate for Somaliland. Community initiatives aimed at underscoring the importance of midwifery can further enhance recognition and support for these dedicated professionals.

## Conclusion

Midwifery stands at the forefront of advancing maternal and infant health in Somaliland. Amidst significant healthcare challenges, midwives offer compassionate, evidence-based care that empowers women in one of life's most profound experiences. As stakeholders in the healthcare system, we must rally behind the Nursing Midwifery Association, advocating for midwives and recognizing their essential contributions to health in Somaliland.

As we celebrate the noble profession of midwifery, let us unite in our efforts to ensure that all women in Somaliland have access to high-quality, personalized prenatal, birth, and postpartum care. By championing the work of midwives and advocating for systemic support, we can create a healthier and brighter future for mothers and children in this vibrant region. Together, let's invest in midwifery a vital investment in our collective future.

**Nawal Momin Dirie**

# Barriers and Opportunities faced by Somaliland nurses with regards to Engagement in health policy development

## Authorship:

Umulkhayr Mohamed Ismail<sup>1</sup>, Hodan Mohamoud Osman <sup>2</sup>, Jama Ali Egal<sup>2</sup>,  
\*Fatumo Osman <sup>3</sup>

1. Nursing and Midwifery Lecturer, Faculty of Nursing and Midwifery, University of Hargeisa, College of Medicine and Health sciences, Somaliland. Research Program Manager, Research Center, Hargeisa Group Hospital, Somaliland. Email: umalkhair4041@gmail.com
2. Midwifery Lecturer, Midwifery Department, Birmingham City University, Birmingham, United Kingdom and Senior Lecturer, Faculty of Nursing and Midwifery, University of Hargeisa, College of Medicine and Health sciences, Somaliland. Email: jama.egal@bcu.ac.uk.
3. Midwifery Lecturer, Midwifery department, Faculty of Nursing and Midwifery, University of Hargeisa, College of Medicine and Health sciences, Somaliland. Email: saxarlagoodir@gmail.com
4. Associate Professor, School of Health and Welfare, Dalarna University, Falun, Sweden. Email: fos@du.se

## Abstract

**Background:** Nursing profession is the backbone of health care system and largest profession of health care workers globally. Additionally, nurses play crucial role in provide health care service in the community. In recently years nurses have improved their knowledge and skill but still they are undervalued, unappreciated and facing poor public image.

**Aim:** this study explores barriers and opportunities faced by nurses with regards to involve health policy development in Somaliland.

**Methodology:** Qualitative study design was utilized through in-depth interviews. A total of 14 interviews were conducted using open-ended question. Data was analyzed using an inductive qualitative thematic analysis.

**Results:** one main theme and 3 sub-themes were identified in this study. This main theme is classified into three sub-themes such as: (1) Navigating barriers of nursing

education and equity - its emphasis the challenges of unaccredited private schools and policy engagement as well as ambiguity and under compensation in nursing profession, (2) Building a strong nursing ecosystem: education, Leadership and advocacy - this sub-them highlight strength power that nurses in Somaliland currently has such as national nursing association, leading all nursing schools by nurses, existence of national nursing curriculum and finally, (3) Advancing nursing leadership and education via strategic governance - which focus on participant recommendations such as strengthening nursing post-graduate education by offering a different nursing specialty with support of professional nursing association, and the importance of establishing nursing council at the ministry level.

### Conclusion:

The findings of this study reveal that existing several barriers to Somaliland nurse's Engagement in health policy development including unregulated most of private nursing education, other profession occupied nursing leadership positions, lack of nursing hierarchy system which based on qualification, lack of supportive environment, low nursing salary which is previously identified in other studies in

other context. Therefore, this study findings should be considered if nurses contribution of current health policy development process is going to be changed. To facilitate nurse's Engagement of health policy development, the policy makers should initiate a process which nurses' perspective could get to national decision makers. This can be achieved by intentionally develop nursing leaders through mentorship and succession plan which will aid elimination of current nursing challenges. Furthermore, nursing association should address and implement a strategy for improving and strengthening nursing capacity of policy making. In addition, nursing association should advocate for nursing representation at national level.

# Women's Experiences of Post-abortion Care Services at Health Facilities in Somaliland

- A qualitative study among women with incomplete abortion

1. Nursing and Midwifery Lecturer, Faculty of Nursing and Midwifery, University of Hargeisa, College of Medicine and Health sciences, Somaliland. Research Program Manager, Research Center, Hargeisa Group Hospital, Somaliland. Email: umalkhair4041@gmail.com
2. Associate Professor, School of Health and Welfare, Dalarna University, Falun, Sweden. Email: fos@du.se
3. Professor, Department of Women and Children's Health, Karolinska Institutet, Solna, Sweden and School of Health and Welfare, Dalarna University, Falun, Sweden. E-mail: marie.klingberg-allvin@ki.se; mkl@du.se
4. Midwifery Lecturer, Midwifery Department, Birmingham City University, Birmingham, United Kingdom and Senior Lecturer, Faculty of Nursing and Midwifery, University of Hargeisa, College of Medicine and Health sciences, Somaliland. Email: jama.egal@bcu.ac.uk.

\*Corresponding Author: Jama Ali Egal  
E-mail: jama.egal@bcu.ac.uk

## Highlights of the Study

- Educating husbands/partners is crucial to promoting timely access to post-abortion care (PAC) and reducing the risk of complications.
- Strengthening midwives' capacity is essential for improving sexual and reproductive health services and ensuring quality PAC delivery.
- Many women use traditional herbs as a first-line response to miscarriage, delaying access to medical care.
- The involvement of traditional birth attendants (TBAs) often contributes to delayed care-seeking and increases the risk of maternal health complications.
- Key components of the PAC package—counselling and family planning services—are largely absent, while the emergency treatment component is inconsistently delivered.

## Abstract

**Objective:** Somaliland faces one of the highest maternal mortality and morbidity rates globally. Access to high-quality post-abortion care is essential for managing complications arising from incomplete abortions, including those following miscarriages. This study aimed to explore women's experiences of incomplete abortion and their encounters with PAC services in public healthcare facilities in urban Somaliland.

**Methodology:** An inductive qualitative design was employed. In-depth interviews were conducted with women who had experienced incomplete abortions and received PAC. Data were analysed using thematic analysis guided by an inductive approach.

**Results:** Two key themes emerged from the analysis: (i) Women's understanding of incomplete abortion and barriers to accessing PAC - This theme explores women's knowledge and perceptions of pregnancy and miscarriage, the challenges faced in accessing PAC, and the enabling

factors that supported their care-seeking behaviour. (ii) Perceptions of care quality and suggestions for improvement - This theme captures women's experiences with the quality and accessibility of PAC services and their recommendations for improving service delivery. Conclusions: The study highlights the vital role of family and friend in encouraging women to seek care. However, it reveals significant gaps, particularly in counselling, community awareness, and emergency care. Many women reported continued pain and bleeding after discharge, indicating the need for service improvement. Further quantitative research is needed to assess the capacity of health facilities to deliver comprehensive PAC. The Ministry of Health should develop standardized policies, strengthen antenatal and postnatal care, and invest in midwifery training and continuous professional development to improve access to and quality of PAC.

Authorship: Umulkhayr Mohamed Ismail<sup>1</sup>, Fatumo Osman<sup>2</sup>, Marie Klingberg-Allvin<sup>3</sup>, \*Jama Ali Egal<sup>4</sup>

# Why Investing in Nurses and Midwives Means Better Health for All:

## A Focus on Somaliland

Investing in nurses and midwives is a strategic imperative for enhancing global health outcomes. In countries like Somaliland, where healthcare challenges are pronounced, such investments are crucial for improving maternal and child health.

### Global Perspective

The World Health Organization (WHO) underscores the pivotal role of midwives in achieving universal health coverage. Educated and regulated midwives can deliver up to 87% of essential sexual, reproductive, maternal, newborn, and adolescent health services. Moreover, midwife-led care could potentially avert 4.3 million deaths annually by 2035.

### Somaliland's Context

Somaliland faces significant healthcare challenges:

- **Maternal Mortality:** The maternal mortality rate is approximately 396 deaths per 100,000 live births.
- **Workforce Shortage:** As of 2021, there were 1,313 midwives in Somaliland, comprising 993 with diplomas, 270 with bachelor's degrees, and 50 with master's degrees. The Somaliland Nursing and Midwifery Association (SLNMA) reported an increase in registered

nurses and midwives from 209 in 2006 to 4,145 in 2015 .PMCSlnma.org+1medicalaidfilms.org+1

- **Training Initiatives:** Institutions like Edna Adan University have been instrumental in training healthcare professionals. Established in 2002, the Edna Adan Maternity Hospital has trained over 1,500 students by 2018. In 2024, the university launched postgraduate programs in midwifery and nursing, marking a significant advancement in healthcare education. ednaadanuniversity.com+1Wikipedia+1Wikipedia

### Alignment with Sustainable Development Goals (SDGs)

Investing in nurses and midwives aligns with:

- **SDG 3: Ensuring healthy lives and promoting well-being, particularly targets 3.1 (reducing maternal mortality) and 3.2 (ending preventable deaths of newborns and children under five).**
- **SDG 5: Achieving gender equality and empowering all women and girls, as midwifery services are pivotal in providing reproductive health services.**

## Conclusion

Strengthening the nursing and midwifery workforce in Somaliland is essential for improving health outcomes and achieving global health targets. Continued investment in education, training, and support for these professionals will be instrumental in building a resilient healthcare system.

## References:

1. Qualitative study of the roles of midwives in the provision of sexual and reproductive healthcare services in the Somaliland health system - PMC PMC
2. About - Somaliland Nursery [medicalaidfilms.org](http://medicalaidfilms.org)+7[slnma.org](http://slnma.org)+7[Wikipedia](https://en.wikipedia.org)+7
3. Edna Adan Ismail [slnma.org](http://slnma.org)+1[Wikipedia](https://en.wikipedia.org)+1
4. Empowering Healthcare Education in Somaliland: Launch of New Postgraduate Programs at Edna Adan University - Edna Adan University [ednaadanuniversity.com](http://ednaadanuniversity.com)+1[Wikipedia](https://en.wikipedia.org)+1

### **Samiya Ahmed**

RM, RN, MSc

Somaliland, Hargeisa

[Samiashair@gmail.com](mailto:Samiashair@gmail.com)







# SOMALILAND NURSING AND MIDWIFERY ASSOCIATION (SLNMA)