



Citizen Engagement Addressing Sexual and Reproductive Health Challenges and Associated Issues in Somalia.

August 2023

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List of Acronyms

AV	Africa's Voices Foundation
CSO	Civil Society Organisation
FGDs	Focus Group Discussions
FGM	Female Genital Mutilation
FMS	Federal Member States
IDPs	Internally Displaced Persons
MI	MediaINK
PLWD	Persons Living with Disabilities
SDC	Swiss Agency for Development and Cooperation
SRH	Sexual and Reproductive Health
SMS	Short Message Service
TBA	Traditional Birth Attendants

EXECUTIVE SUMMARY

Between March and August 2023, Africa's Voices (AV) designed and aired an interactive radio series across Somalia¹. This citizen engagement was conducted in partnership with the Swiss Agency for Cooperation and Development (SDC) and its Health Domain implementing partners Save the Children, World Health Organization, United Nations Population Fund, and Kulmis. The public engagement aimed to gather the perspectives of citizens, achieved through interactive radio shows with a primary goal to provide and understand citizen-led data that will support the improvement of Sexual and Reproductive Health (SRH) services in Somalia and address other issues affecting women's access to SRH such as Gender-Based Violence (GBV) and Female Genital Mutilation (FGM).

The content for the radio series was carefully designed with social behaviour change messaging employed to challenge prevailing norms, negative beliefs, and attitudes obstructing women's access to SRH services. Simultaneously, the content promoted constructive behaviours fostering a supportive environment for women at individual, family, community, and institutional levels. This comprehensive approach aimed to better understand the barriers and challenges that women face in accessing SRH services, whilst at the same time raising greater awareness of the types of services available in Somalia. Recognising that a key barrier to accessing SRH services lies within patriarchal societal structures, the series aimed to target both men and women with messaging about the importance of high quality care, such as maternity healthcare.

Throughout the seven consecutive weekly radio shows, which were broadcast across twenty radio stations throughout Somalia, rich and plural citizen-driven conversations unfolded. A total of 4,268 persons participated in the discussions, sending 18,836 unique SMS messages in response to the weekly research questions. Throughout this dialogue, the central objective was to capture citizen's insights on practical steps that individuals, families, communities, and institutions could take to enhance women's access to SRH services, while simultaneously raising awareness on their vulnerability to SRH related issues like GBV and FGM. The interactive format of the radio shows was deliberately designed to cultivate engagement among the listeners. Each show had a guest selected for their expertise in SRH issues. The guests effectively tackled citizens' concerns and questions.

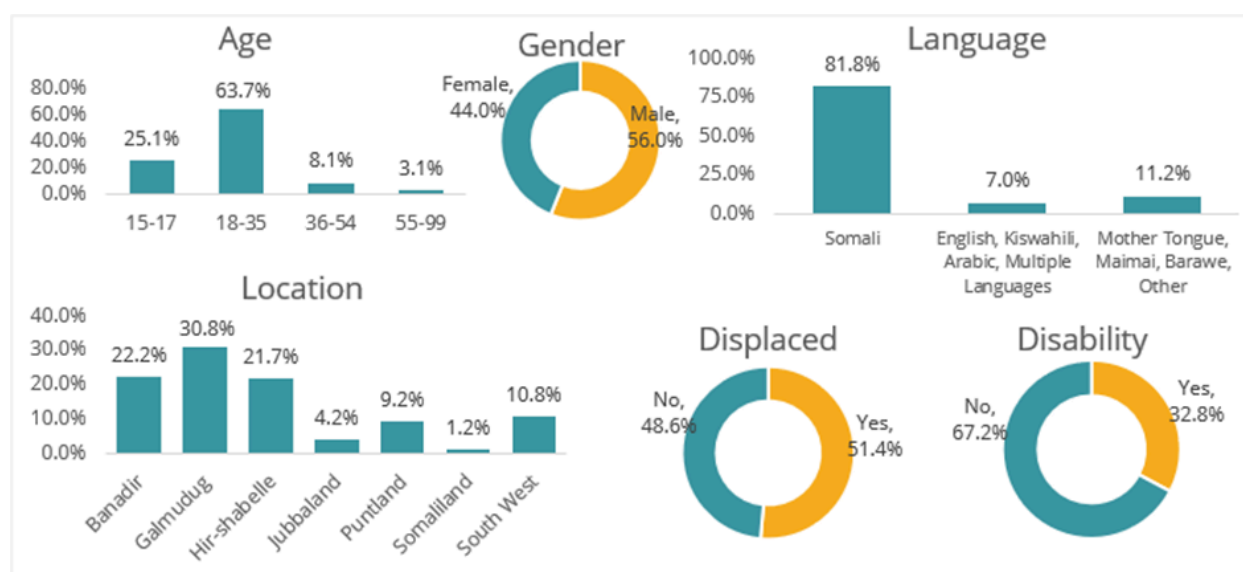
In parallel to the interactive radio engagement, AV organised five focus group discussions (FGDs) in each Federal Member State (FMS) of Somalia excluding Somaliland targeting women, youth, persons living with disabilities (PLWDs), internally displaced persons (IDPs), minority clans and persons with low literacy levels who are often excluded from AV's interactive radio methodology. Each FGD consisted of nine participants, totalling 270

¹ This project was implemented throughout the entirety of Somalia, excluding the region of Somaliland.

'hard-to-reach' participants across Somalia, excluding Somaliland. The primary objective of these FGDs was to deepen and validate the findings emerging from the radio series. Guided by AV's local team, the discussions were structured to ensure that all participants' voices and viewpoints were given due attention, imparting an invaluable layer of analysis to the citizen engagement process. In particular, the FGDs played a crucial role in ensuring the inclusion of minority and marginalised audiences, and the insights gathered from these forums were integrated into the analysis and reporting process.

Who participated

The figures below indicate the demographic breakdown of participants in the dialogue who sent relevant messages and have therefore been included in the analysis. The dialogue was effective at engaging with women, who made up 44.0% (n=1216) of participants, youth aged 18-35, who made up 63.7% (n=1528), IDPs who made up 51.4% (n=1320), PLWDs who made up 32.8% (n=856), and minority groups who made up 11.2% (n=277) of participants. This indicates the strength of the interactive radio methodology in reaching demographic groups that often have limited access to formal decision-making processes in Somalia.



KEY FINDINGS

From the citizen generated data on the key priorities for women's health in Somalia, the following key findings emerged

1. **Citizens identify a crucial need to expand healthcare facilities and skilled healthcare providers, with almost half (46.9%, n=264) identifying this as a priority.** Listeners further highlighted the importance of ensuring access and enhance antenatal care, skilled birth attendance, and emergency obstetric services; a necessity for sexual and reproductive health (SRH) awareness programs (23.1%,

n=130) covering various aspects including family planning and postnatal care; acknowledging the significance of nutrition and addressing malnutrition (8%, n=45) for improved maternal and child health; and promoting comprehensive support for gender-based violence (GBV) survivors and awareness (6.7%, n=38) to address both physical and mental well-being while combating harmful practices.

2. **Traditional birth attendants are often preferred over formal medical care due to their close community integration and personal relationships.** In radio discussions on the preference for traditional birth attendants over formal clinics, participants highlighted the importance of experienced and trusted relationships (25.6%), availability and individualised care (13.7%), as well as cultural sensitivity and compassionate care (11.9%). These factors contribute to traditional birth attendants being favoured due to their established rapport, personalised services, and understanding of cultural nuances, making them a preferred choice for expectant mothers.
3. **Strong support for the provision of menstrual products in school to prevent girls staying home during their periods.** Half of citizens identified the importance of providing sanitary pads through school administrators and the private sector (50.2%, n=316), the need for menstrual hygiene training and awareness (34.8%, n=219), and the involvement of female teachers and infrastructure enhancements (5.7%, n=36) to ensure girls' access to hygiene products and knowledge.
4. **Health education is key to reducing stigma around SRH, highlighted by** almost half of respondents (44.6%, n=209). Participants additionally identified the provision of essential healthcare services (27.5%, n=129) to overcome financial barriers, and addressing FGM to promote women's rights and diminish stigma (10%, n=47).
5. **Similarly, awareness raising was identified as a key element of supporting GBV survivors to access the support they need.** In the radio show discussions related to supporting survivors of GBV in Somalia, the following key findings came out: prioritizing healthcare and awareness (29.6%, n=189) to enhance access to services and address the lack of information, emphasizing justice and empowerment through legal aid and economic independence (11.3%, n=72), and highlighting the significance of ending FGM (7.4%, n=47) as a form of violence against women.
6. **Stronger male leadership seen as vital for shifting the dial on men's societal role in supporting safe healthcare access for women.** Concerning men's role in supporting women's access to sexual and reproductive healthcare services in Somalia, participants shared their views leading to the following key findings: recognizing the need for men's leadership and support (36.2%, n=242) to bridge the understanding gap, promoting safe sexual behaviors (12%, n=80) to enhance women's well-being, and championing reproductive health awareness (12%, n=80) to ensure comprehensive access to services and address related issues such as FGM and GBV. Given that a larger percentage of men (57.0%, n=254) proposed these solutions compared to women (43.0%, n=192), the implementation of these measures is likely to be more effective with proper guidance and counselling.

7. **Almost half of listeners demand greater access to justice for GBV survivors.** 46.6% (n=264) highlighted the need for justice (46.6%, n=264), referencing the current challenges in accessing justice due to limited awareness, weak court processes, and lack of legal aid; the significance of information dissemination and support (22.2%, n=126) to facilitate justice; and the importance of a coordinated response (16%, n=91) involving multiple stakeholders for an effective approach to addressing GBV survivor support and justice.
8. **There is a call for increased campaigns to end FGM:** A noteworthy finding is that a proportion of listeners (7.4%, n=47) link GBV to FGM, framing FGM as a form of violence against women. This practice has been linked to profound negative impacts on women's well-being, including health issues, diminished self-esteem, and instances of discrimination. Additionally, the survey reveals that FGM is perpetuated by mothers more than fathers, highlighting the importance of targeted awareness initiatives specifically directed at mothers, given their recognized influence in the lives of girls. Despite the deeply ingrained cultural practices associated with FGM, this perspective suggests that there is support for its elimination within certain segments of the population.

RECOMMENDATIONS

These recommendations reflect the multifaceted nature of the challenges and opportunities surrounding women's access to SRH in Somalia and aim to guide initiatives aimed at improving the overall wellbeing of Somali women. Based on the key findings presented above, the following recommendations can be deduced:

1. Prioritise constructing and expanding health centres in Somalia, with a specific focus on ensuring convenient access to healthcare for women. Simultaneously, concentrate on recruiting and training skilled healthcare providers to ensure high-quality medical care.
2. Leverage the preference for traditional birth attendants over clinics during childbirth to enhance healthcare partnerships. Instead of excluding them, integrate traditional birth attendants into the medical framework, bridging the gap between traditional and modern healthcare practices.
3. Lead the development of comprehensive health education programs encompassing reproductive health, family planning, and postnatal care. Collaborate with healthcare professionals, educators, and community leaders for accurate and culturally sensitive information dissemination.
4. Establish strong and inclusive collaborations with a range of stakeholders, including the Federal Government of Somalia, Federal Member States administrations, justice system actors, healthcare providers, social services, NGOs, and community organisations, to collectively combat gender-based violence (GBV) and establish comprehensive support systems for survivors. Prioritise addressing the survivors' physical and psychological well-being, while also implementing awareness

campaigns aimed at reshaping societal perspectives on GBV, women's rights, and harmful practices.

5. Design interventions to involve men in supporting women's sexual and reproductive healthcare access. Utilise reproductive health campaigns led by male champions and multimedia platforms to challenge stigma and promote positive behaviour change.
6. Implement effective information dissemination strategies to ensure GBV survivors are aware of their rights and available support services. Develop networks and safe spaces for survivors to access legal aid, counselling, and comprehensive care, fostering empowerment and expression of needs.
7. Enhance awareness campaigns to end FGM: There is need to capitalize on the perception of FGM as a form of violence against women to develop campaign messaging and activities. This could foster a shift in attitudes towards FGM and garner support for its elimination among various population groups. In addition, it is important to recognize the need for significant social and behaviour change and as such, invest in mass media campaigns to shift negative attitudes, challenge stereotypes and promote a more inclusive understanding of gender-related issues.

1. INTRODUCTION

Globally, approximately 4.3 million sexually active individuals face inadequate access to Sexual and Reproductive Health (SRH) services throughout their lives². Alarming statistics reveal critical issues, including about 200 million women and girls enduring female genital cutting and 33,000 child marriages occurring daily. Despite advancements, significant gaps persist in addressing Sexual and Reproductive Health (SRH), particularly impacting women and girls in humanitarian settings³. These contexts often experience high rates of gender-based violence (GBV), unsafe abortions, and limited obstetric care, contributing to higher rates of female morbidity and mortality.

Unfortunately, SRH service delivery in humanitarian settings remains insufficient, leading to heightened health risks for women and girls. With the increasing number of displaced individuals and persisting SRH gaps in such environments, where SRH conditions including GBV, unsafe abortions, and poor obstetric care are among the leading causes of female morbidity and mortality the need for prompt, comprehensive solutions to address this intricate challenge is more urgent than ever⁴.

These conditions are particularly acute in Somalia, which has experienced a decades-long humanitarian and displacement crisis driven by extreme domestic insecurity and climatic changes. This, combined with entrenched patriarchal societal norms, has resulted in the extremely limited availability of, and access to, SRH services in Somalia.

In response to these pressing issues, Africa's Voices collaborated with Swiss Agency for Cooperation and Development (SDC), along with its' Health Domain partners Save the Children, World Health Organization, United Nations Population Fund, and Kulmis to implement a citizen engagement initiative in Somalia. This effort aimed to gather the perspectives of citizens through a 7-week interactive radio series with a primary goal of gathering and understanding citizen priorities for the improvement of SRH issues in Somalia.

2. SUMMARY OF ACTIVITIES

2.1 Set-up and design

AV team conducted an initial literature review that paved the way for the team to formulate a preliminary communication framework that was subsequently deliberated upon in a collaborative co-creation session involving various project partners. The draft

²[Sexual and reproductive health and rights in humanitarian settings: a matter of life and death; Open Access, 2023.](#)

³[Female genital mutilation: UNICEF Data: Monitoring the situation of children and women, June 2023.](#)

⁴[Sexual and reproductive health and rights in humanitarian settings: a matter of life and death; Open Access, 2023](#)

communication framework, encompassing the topics for radio questions and mini-drama was aligned with the radio series' focus. Additionally, the AV team designed the project data infrastructure and text-it flows linking them to a free to SMS shortcode mapped on both Hormud and Golis. This ensured seamless transmission of both incoming and outgoing messages without any disruptions

2.2. Participatory design workshop

AV worked in close collaboration with project partners, including the SDC, as well as Save the Children, World Health Organization, United Nations Population Fund, and Kulmis to co-design the content of the planned radio series. Through this collaborative process, the thematic priorities, subjects, and overarching content for the radio shows and mini-dramas were collectively determined. This joint endeavour not only enriched the research design of the project but also cultivated a sense of collaboration and teamwork among all participating stakeholders.

2.3 Development of communication framework

Based on the outcomes of the co-creation workshop, the AV project team developed a comprehensive communication framework. This framework encompassed the agreed-upon topics, specific objectives for each show, formulated radio questions, and a profile outlining the ideal characteristics of radio guests for each episode. The communication framework served as a guide to ensure that the production of the seven radio shows aligned with the project's objectives and had the intended impact on the target audience.

2.4 Scripting for radio promos, mini dramas and radio shows

Using the finalised communication framework, the AV project team scripted the radio promos, mini-dramas and interactive radio shows for the upcoming series. The communication framework provided clear direction and structure for the content, ensuring that the scripts accurately reflected the agreed-upon topics, objectives, and radio questions.

2.5 Radio series

AV in collaboration with our media partner Media INK (MI), produced a series of seven 30-minute radio shows. Each show featured carefully selected guest(s) who provided expertise and insights on the designated topic. Following the production phase, the shows were carefully reviewed to ensure that they met the desired quality standards.

Through collaboration with 20 radio stations, AV engaged 4,268 participants, who sent a total of 18,836 messages from across Somalia. The partnership with MI and the involvement of a diverse range of radio stations, enabled the series to reach a wide audience from across the country.

The tables below include the questions asked in the radio shows.

Table 1: Radio questions

Interactive radio shows	
Objective	To provide citizen led data that will support the improvement of sexual and Reproductive Health (SRH) issues in Somalia and address other issues affecting women's access to SRH such as Gender-based violence (GBV) and FGM
Questions asked	<p>Week 1 : In order of preference, what are the key priorities regarding women's health in Somalia?</p> <p>Week 2 : Why do you think traditional birth attendants are more popular than clinics when women are giving birth?</p> <p>Week 3: What should be done by school administrators and the private sector to support girls to access sanitary towels?</p> <p>Week 4: What kind of awareness creation is needed to tackle stigma around women accessing sexual and menstrual healthcare?</p> <p>Week 5: What form of support should be provided to survivors of gender-based violence in your community?</p> <p>Week 6: How can men in your community support women to access better sexual and reproductive health services?</p> <p>Week 7: What should be done in your community to help survivors of gender violence to get justice?</p>

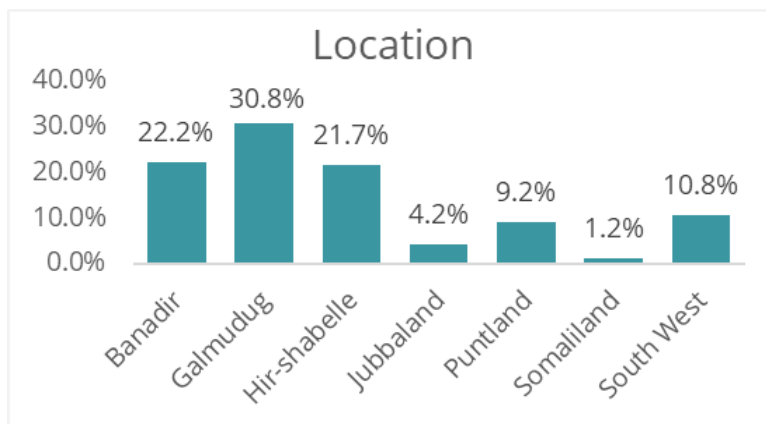
3. ENGAGEMENT

3.1 Summary of radio engagement

The seven (7) interactive radio shows were carefully designed to collect citizen-led data to guide on the improvement of SRH strategies in Somalia. In addition, the radio dialogue aimed to understand and address other issues affecting women's access to SRH such as GBV and FGM.

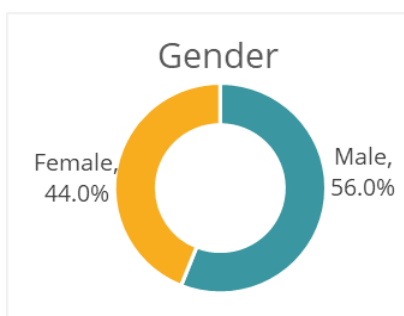
3.2 Who participated in the dialogue?

Figure 2: Percentage of participants from the targeted states (n=2314 participants)



As illustrated in Figure 2 alongside, there is a notable difference in the distribution of participants across the regions, with the highest proportion (30.8%, n=712) of citizens reporting to be from Galmudug FMS followed by Banadir (22.2%, n=513) and Hirshabelle (21.7%, n=503) while the least were from Somaliland which was not specifically targeted (1.2%, n=28).

Figure 3: Percentage of participants per gender (n=2766 participants)



Women made up 44.0% (n=1216) of participants who reported their gender. This is a significant proportion of female voices to participate in this project that aimed at addressing issues affecting women's access to Sexual and Reproductive Health (SRH) issues in Somalia such as Gender-based violence (GBV) and FGM. It still indicates that interactive radio remains an effective way to engage with women in Somalia.

Figure 4: Percentage of participants per age group (n=2400 participants)

The table and chart below shows that the total number of people who provided information on their age and were over the age of 15⁵ was 2,400, with participation being highest amongst listeners between the ages of 18 and 35 (63.7%, n=1528).

Age	Frequency	Valid Percent	Cumulative Percent
15-17	603	25.1%	25.1
18-35	1528	63.7%	88.8
36-54	195	8.1%	96.9
55-99	74	3.1%	100.0
Total	2400	100.0%	

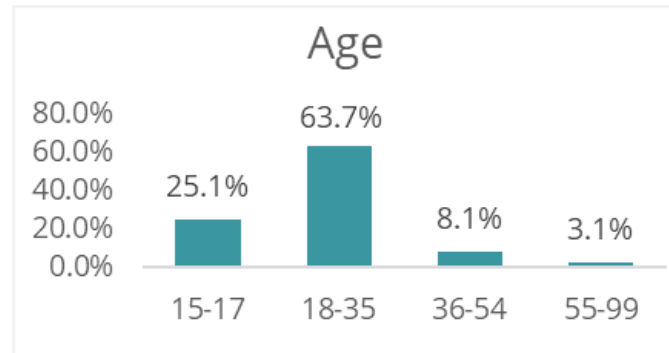
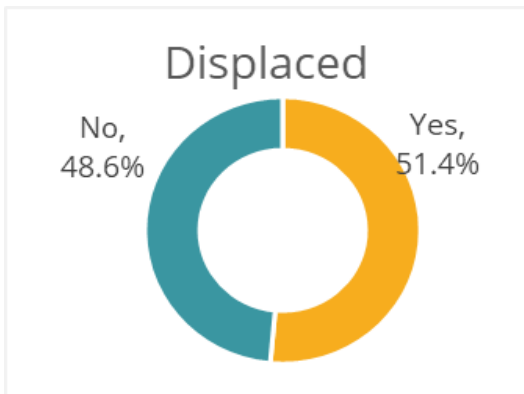
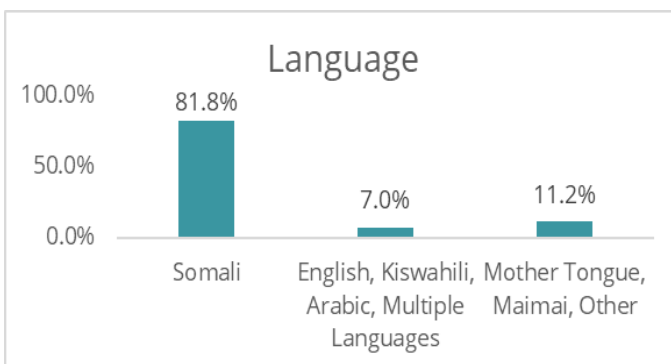


Figure 5: Percentage of IDP participants (n=2566 participants)



Over half of all participants (51.4% n=1320) reported being displaced, which likely reflects the most recent wave of displacement triggered by the ongoing drought in Somalia. The high proportion of IDP respondents suggests that the radio dialogue is an effective mechanism for engaging with displaced communities, including those recently displaced, who are often excluded from formal decision-making structures.

Figure 6: Household Language (n=2467 participants)

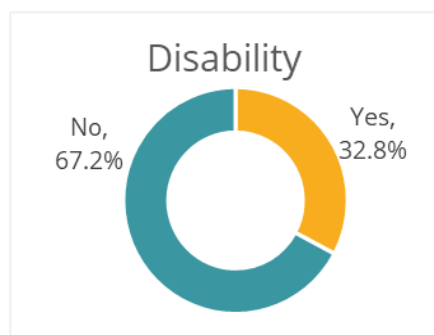


Reflecting the country's demographic make-up the vast majority of participants (81.8% n=2018) indicated that Somali was their household language. However, in a likely indication of the participation of some respondents from minority clans, 11.2 % (n=277) of listeners reported that Maimai was their household language. This indicates that the voice of minorities who also have challenges related to SRH

have been incorporated in the study. In most cases, minorities seldom get a chance to participate in public discussions compared to those of the majority.

⁵ The total proportion of participants who provided information on their age was n=2648 including those below 15 years. AVF considers 15 to be the age of consent in Somalia. All participants indicating that they were aged 14 or younger have not been included in the analysis.

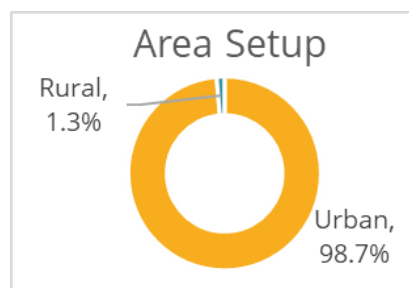
Figure 7: Percentage of participants living with disability (n=2610 participants)



About a third (32.8%, n=856) suggested that they were living with a disability, whereas the national survey conducted in 2020 reported a rate of 5% within the total population of Somalia⁶.

Participation of this group in this study signified that views from the vulnerable people who could easily be survivors of GBV and FGM have been incorporated in this study. This is majorly because both adults and children with disabilities experience more verbal, physical, and sexual abuse than their non-disabled peers not only in Somali but the world over.

Figure 8: Percentage of participants per population density (n=1861 participants)



The accompanying chart illustrates that the majority of respondents (98.7%, n=1836) hailed from urban regions, contrasting sharply with only 1.3% (n=25) representing rural areas. This underscores that the research findings predominantly reflect the perspectives of urban participants. This demographic encounters various challenges, including geographical and infrastructural obstacles, concentrated poverty, and legal and policy

frameworks impacting the accessibility, affordability, and physical safety associated with SRH services, in comparison to their rural counterparts. The data further suggests the importance of adopting a comprehensive approach to enhance SRH services in urban settings, recognizing the interconnected structural barriers that may compound and intensify adverse outcomes⁷.

3.3 Focus Group Discussions (FGDs)

To complement the radio engagement, AV conducted five FGDs in each Federal Member State (FMS) of Somalia, excluding Somaliland. These FGDs were strategically designed to reach out to individuals who are often excluded from the interactive radio and SMS. The targeted groups included women, youth, persons living with disabilities (PLWDs), internally displaced persons (IDPs), and minority clans with low literacy levels who might not engage by sending SMS.

⁶ [The Somali Health and Demographic Survey 2020.](#)

⁷ [Elsie A., et. al. The Urban Environment and Disparities in Sexual and Reproductive Health Outcomes in the Global South: A Scoping Review. Journal of Urban Health, 2023.](#)

Each FGD brought together nine (9) participants representing the targeted groups, resulting in a total of 270 participants across the country. These FGDs provided an invaluable opportunity for individuals who may not have had access to radio shows to discuss and validate the findings derived from the radio series. The insights gathered from these FGD discussions have been incorporated into the analysis and reporting process.

To ensure effective facilitation, AV staff based in Somalia led the discussions, ensuring that the voices and opinions of all participants were heard and duly considered. The FGDs contributed an essential dimension to the citizen engagement process, ensuring the inclusion of the views of marginalised and hard-to-reach audiences in the overall findings.

4. KEY FINDINGS: MAKING SENSE OF CONVERSATIONS AT SCALE

This section provides a mixed methods analysis of citizen responses to the research questions outlined in Section 2. The specific examples of messages received that are included here as ‘thick description’ are chosen to be indicative of salient ideas and representative of demographic diversity. For the full thick description of the themes discussed please see Annex 1.

4.1 Week 1: Key priorities regarding women's health in Somalia

A total of 509 participants sent in 563 messages in response to the question ***In order of preference, what are the key priorities regarding women's health in Somalia?*** The identified themes would assist in verifying the existing gaps and challenges in health provision that prevent Somali women from accessing quality sexual and reproductive health services.

Almost half (46.9%, n=264) of participants identified improved healthcare infrastructure as their biggest priority for women's health in Somalia. Participants suggested the need to increase the number of available hospitals and clinics specifically providing women's health services. **Unsurprisingly, this highlights the issue of lack of adequate health facilities as a key perceived barrier to women and girls accessing healthcare.**

"We have to increase the number of women hospitals we have, pregnant women should get quick services when they visit hospitals." Woman, 22, Baidoa.

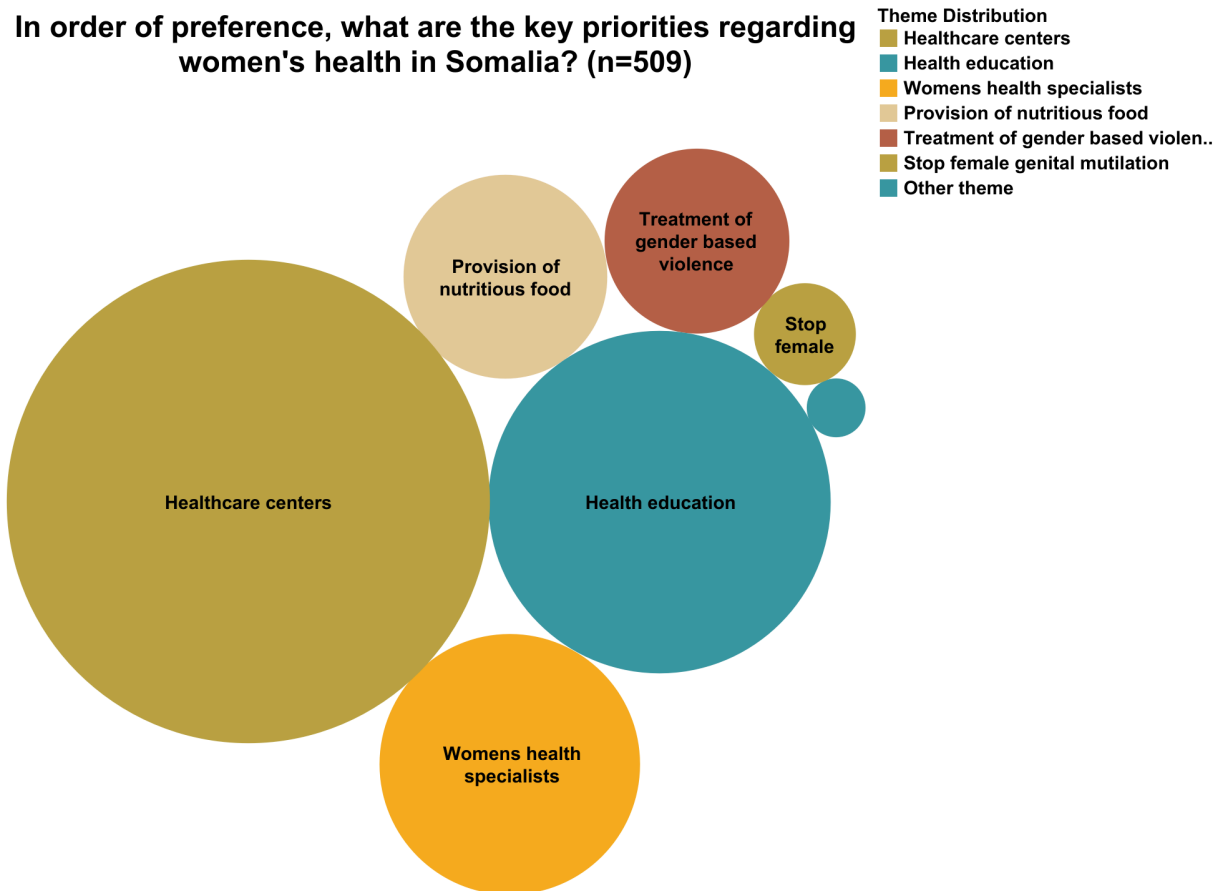
"We have to increase the number of womens' hospitals we have." Man, 19, Guriceel, Recently displaced.

"Finding a knowledgeable doctor and checking the quality of medications is important" Woman, 18, Karaan.

"There should be women specialist doctors who take good care of our pregnant Somali women" Man, 60, Jowhar

Similarly over one in ten listeners (12.4% n=70) indicated the need for more healthcare professionals specialising in SRH, maternal healthcare and other related women's health services. **Figure 9: Thematic distribution of messages in Week 1 dialogue**

In order of preference, what are the key priorities regarding women's health in Somalia? (n=509)



The second most commonly reported priority was increased health education, as supported by 23.1% (n=130) of participants. Respondents suggested the need for civic education campaigns regarding issues such as reproductive health, family planning methods, doctor recommended life saving abortions, and postnatal care services to address the unique health needs of mothers and newborns during the postpartum period. **The high proportion of respondents requesting greater information access is particularly encouraging given some of the cultural taboos surrounding open discussion on menstrual hygiene, sexual health and family planning in Somalia.** SDC's Health Domain partners could capitalise on this demand for information sharing by delivering coordinated public awareness campaigns and civic education activities on key SRH issues.

"We should get free health courses, experts who know how to deal with mothers and the poor people" Woman, 27, Galkacyo, Recently displaced.

"Put more effort on hygiene/cleaness,without hygiene there would be no good health" Woman, 18, Dhuusamareeb.

"The most important thing is raising awareness and giving them some health tips" Man, 20, guriceel.

Likely reflecting the high levels of food insecurity in many parts of the country as a result of the recent drought, a small proportion of participants (8% n=45) highlighted the availability of nutritious food for women and children. Interestingly, this was more significantly mentioned by displaced citizens, which may be indicative of the more vulnerable living conditions amongst this community. **Supporting better integration of IDPs into existing healthcare services offered in host community areas should be a priority for partner programming, even as short term options like food and nutrition programming are delivered.**

"Our Somali women need to take food rich in vitamins and reduce eating food that has too much oil and salt and also when they become pregnant let them take vaccines" Man, 28, Wanlaweyn, Recently displaced

"It should be fed with nutritious food to the pregnant mother because she will give birth to a healthy child". Women, 34, Galkayo, Recently Displaced.

Providing treatment for GBV survivors was highlighted as priority by 6.7% (n=38) of listeners. This involved offering comprehensive care, encompassing both mental health assistance and physical health treatments. Such an approach has the potential to significantly alleviate psychiatric conditions linked to GBV, including depression, anxiety, and post-traumatic stress disorder among survivors. Additionally, 2.1% (n=12) underscored the significance of addressing the harmful practice of FGM noting that this practice has had profound negative impacts on the well-being of many women, resulting in health issues, diminished self-esteem, and instances of discrimination. Partners working in the health domain should therefore be particularly interested in supporting initiatives aimed at eradicating both GBV and FGM in society, as doing so would contribute to improving women's access to SRH services.

"Sexual harassment should be minimized and the survivors taken for treatment" Woman, 34, Moqdisho.

"Let us deal with rape and physical punishment that can cause serious mental health problems" Man, 22, Duduma gaduud.

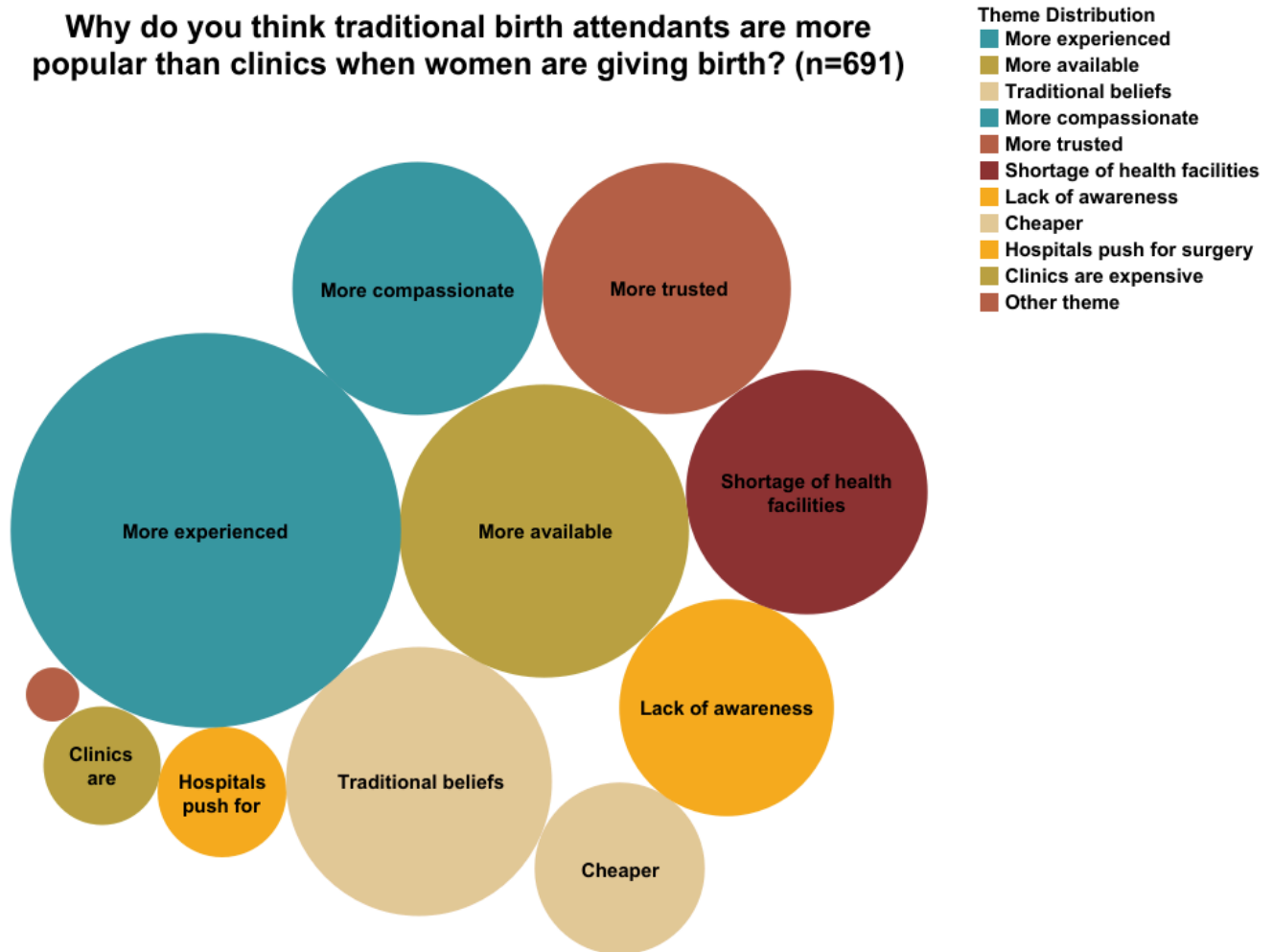
"It is important to look at vulnerable women, especially refugees who are survivors of violence" Man, 19, Hodan.

"For me i would say let us ban FGM" Woman, 20, Galkacyo.

4.2 Week 2: Reasons why traditional birth attendants are more popular than clinics for childbirth

As the bubble chart below shows, a total of 11 themes emerged from the analysis of the citizen-generated data obtained from 691 participants' responses with a total of 816 messages on the question: ***Why do you think traditional birth attendants are more popular than clinics when women are giving birth?*** This question was developed following a discussion during the co-design phase of the project which identified the issue of maternal mortality rates due to limited medical care and aimed at understanding what needs to be done to improve maternal healthcare services in Somalia.

Figure 10: Thematic distribution of messages in Week 2 dialogue



One quarter (25.6% n=209) of participants indicated that traditional birth attendants are perceived to have more experience than medical staff in clinics and hospitals. This likely reflects the historical reliance on traditional care, and the relatively new introduction of functional 'formal' medical institutions across much of Somalia, in particular in rural areas. As a result, traditional birth attendants are more visible and trusted in the community than other healthcare options.

"Traditional birth attendants have knowledge and experience in attending birth but Health centers do not have people with knowledge and experience in conducting deliveries." Man, 32, Jowhar, Recently displaced, disabled.

"The reason they are more famous is that they have a lot of experience" Woman, 16, Beledweyne, Recently displaced, Disabled.

"Because of Her extensive experience as a midwife" Man, 35, Garowe.

Furthermore, the integrated presence of traditional birth attendants in communities has led to the perception that they are more trusted (10.0% n=82) and more compassionate (10.2%, n=83) than clinics or hospitals. The importance of compassion was significantly mentioned by women compared to men, which likely reflects the lived experience of women who have given birth with a traditional birth attendant. Comments highlighted the importance of kindness and emotional support, which some felt were lacking in hospitals and clinics.

"Traditional birth attendants are more compassionate than those in the hospitals." Woman, 18, Baledweyne, Recently displaced.

"The reason why they are so popular is that they are compassionate and hardworking" Man, 20, Guriceel.

This clearly presents the opportunity to build on these trusted relationships by integrating traditional birth attendants more closely into the formal medical infrastructure. Rather than bypassing traditional birth attendants, healthcare interventions should see them as an asset, helping to bridge the gap between localised traditional care, and more centralised modern medical institutions - for example by linking expectant mothers to specialised care when needed.

"Our choice of traditional midwifery was prompted by our lack of trust in hospital births." Woman, 24, Galkacyo, Recently displaced, disabled.

"We cannot do away with traditional birth attendants because they play an important role in our lives, we trust them so let us encourage them" Man, 28, Walanweyn.

Similarly, both the close availability of traditional birth attendants (13.7%, n=112), and the lack of proximity to clinics and hospitals (10.0%, n=82) were highlighted as reasons why birth attendants are preferred. **Again, working with traditional birth attendants to more closely link clinics to communities would strengthen the opportunities for women and girls to access medical facilities when needed.**

"Traditional birth attendants are more famous because anytime you call them, they are available and come to your home." Man, 30, Jowhar, Recently displaced.

"The birth attendants are not even far away, the moment the mother feels labour pain they are already there" Man, 27, Baardheere, Recently displaced.

'In the past, people grew up in rural areas and health centres were few and still it's the same'. Women, 19

"The reason is that there are few health centers working." Man, 27, Dayax.

Again, reflecting the strong integration of traditional birth attendants in local communities, cultural awareness and sensitivity to traditional beliefs was also identified as preferred traits in birth attendants, highlighted by over one in every ten (11.9%, n=97) participants.

"The reason is they play a strong role in the traditional culture of the Somali community." Man, 30, Galkacyo.

"They are traditional birth attendants and that is why they are more popular among the present." Woman, 16, Baidoa.

Finally, small proportions of participants raised issues of formal healthcare provision being too expensive to be accessible (supported by 2.5%, n=20) whilst traditional birth attendants are cheaper (supported by 5%, n=41). A further 2.8%, (n=23) indicated the perception that clinics push for unnecessary procedures, in particular caesarean sections, potentially to exaggerate hospital bills. Whilst only raised by a small proportion of listeners, this perception may be pervasive in preventing communities from accessing healthcare. Ensuring that this perception is addressed during community awareness and civic education activities discussed in the previous section is recommended.

"In terms of money, if he has money, he will go to the health centers, while the other one cannot afford to go to the health centers." Man, 21, Hodan, Recently displaced, disabled.

"Because traditional birth attendants are free, no charges and there are few hospitals around." Woman, 20, Guriceel.

"Previously they were good but nowadays they will rush you to caesarean surgery" Woman, 19, Recently displaced.

"Hospitals are hated for caesarean surgery, but the traditional birth attendants in the neighbourhood do their best for you." Man, 29, Dhuusamareeb.

4.3 Week 3: Ways in which school administrators and the private sector can collaborate to provide support to enable girls to access menstrual hygiene products

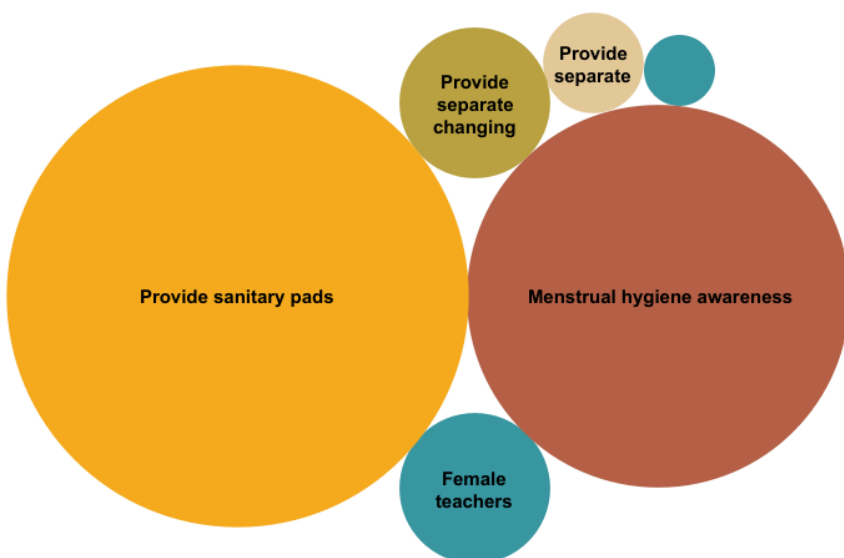
A total of 571 participants sent 629 messages in response to the question: ***What should be done by school administrators and the private sector to support girls to access sanitary towels?*** This discussion question was designed to help identify opportunities for greater integration between education and private sector services to strengthen menstrual hygiene for girls.

Figure 11: Thematic distribution of messages in Week 3 dialogue

**What should be done by school administrations and the private sector to support girls to access sanitary towels?
(n=571)**

Theme Distribution

- Provide sanitary pads
- Menstrual hygiene awareness
- Female teachers
- Provide separate changing rooms
- Provide separate latrines
- Other theme



In an indication of the current lack of access, half (50.2% n=316) of all respondents highlighted the need for schools to provide sanitary pads to students who menstruate. Perhaps unsurprisingly this was more commonly mentioned by women than men. Possible programming opportunities to tackle this issue could involve direct financial support or donation of sanitary towels, they could also reach out to other organisations and well wishers to support this. The effort would greatly reduce school absenteeism by

girls as well as allow them to undertake their daily tasks without fear of being survivors of menstrual related shaming.

"I would like to say that they should provide sanitary pads in educational institutions. If not, the girls may get their periods/menses while they are studying and they have to go home. so the learning institutions should be provided to the sanitary pads. Thank you.
Women, 16, Wadajir.

"Girls should be given sanitary pads and schools should advise girls to do their part"
Man, 38, Wadajir.

"School administrations and private sectors should support girls in getting the sanitary pads they need during menstruation." Man, 18, Galgaduud.

"They can be supported by giving menstrual pads to girls who are not able to buy them."
Woman, 27, Galkacyo.

Additionally, **over one third of respondents (34.8%, n=219) recommended the need for school-aged girls to receive training on menstrual hygiene in schools.** This is in-line with requests for information campaigns that emerged in previous weeks of the dialogue. The need for schools to provide education sessions on menstrual hygiene and other SRH issues is particularly pressing given that girls often do not receive this information from their parents or guardians. Poor menstrual hygiene may lead to serious health risks like reproductive and urinary tract infections which might affect their future resulting in infertility and birth complications.

"To educate/ to give awareness to girls to take care of themselves and maintain their hygiene during menstruation". Man, 20, Garowe, Recently displaced.

"Asc, the administration of the school should support or raise awareness about cleanliness during the menstruation period" Woman, 25, Jowhar, disabled.

A small proportion of participants (5.7% n=36) emphasised the need for more female teachers in schools, suggesting a perceived link between the presence of female role models and improved menstrual hygiene for girls. Again this potentially points to the need for SHR education to be provided in schools, both formally through information sessions and informally, through the presence of female teachers.

"There should be female teachers so that the girls can share their information and then can support them to get the sanitary pad" Man, 25, Cadado.

"There is a need for female teachers who can tell them about menstruation and hygiene."
Woman, 30, Jowhar, Recently displaced.

In a probable indication of the lack of gender-segregated facilities in schools, 5.6% (n=35) of participants suggested the need for separate changing rooms for male and female students, and, more critically, separate latrines (as highlighted by 2.4%, n=15). This would provide the girls with the privacy they need during this period. **This lack of gender-segregated facilities raises a critical issue not only in terms of menstrual hygiene but also child protection due to the risks of sexual and gender based violence.**

"Girls who are in school should be given separate rooms and bathrooms so that they can have a complete education process." Man, 50, Beledweyne, Recently displaced, disabled.

"It is necessary to prepare separate areas for girls in the school." Woman, 25, Hodan.

"The first thing to do is to make a separate toilet or bathroom for girls at school. There is a men's latrine and that makes girls go to the neighbours latrines next to the school" Woman, 16, Beledweyne.

"Separate latrines for girls with necessary sanitary materials." Man, 35, Garowe.

4.4. Week 4: Comprehensive awareness creation efforts needed to address stigma surrounding women's access to sexual and menstrual healthcare

The bubble chart below presents themes that emerged from the analysis of the citizen-generated data, which were obtained through participant responses to the week 1 radio question: ***What kind of awareness creation is needed to tackle stigma around women accessing sexual and menstrual healthcare?*** The identified themes highlight the diverse range of views and voices expressed by 419 individuals who participated in the radio show sending 469 messages. The aim was to involve communities in addressing the issue of stigma surrounding women's access to sexual and reproductive health services, and the shame of speaking out against female genital mutilation and gender-based violence.

Almost half (44.6%, n=209) of participants agreed that the provision of general health education and awareness would greatly reduce stigma around women accessing sexual and reproductive healthcare. Such programmes could be delivered through training sessions, workshops, community outreach programs, peer education programs, SRH education in schools as identified in the previous week's dialogue, and any other mode of communication like broadcast and print media that can effectively disseminate accurate sexual and reproductive healthcare information. Crucially, respondents highlighted the need for community-wide awareness campaigns which include both men and women in order for issues of stigma to be effectively addressed. **Again the strong emphasis on the need for civic education points to current information gaps on SRH and other**

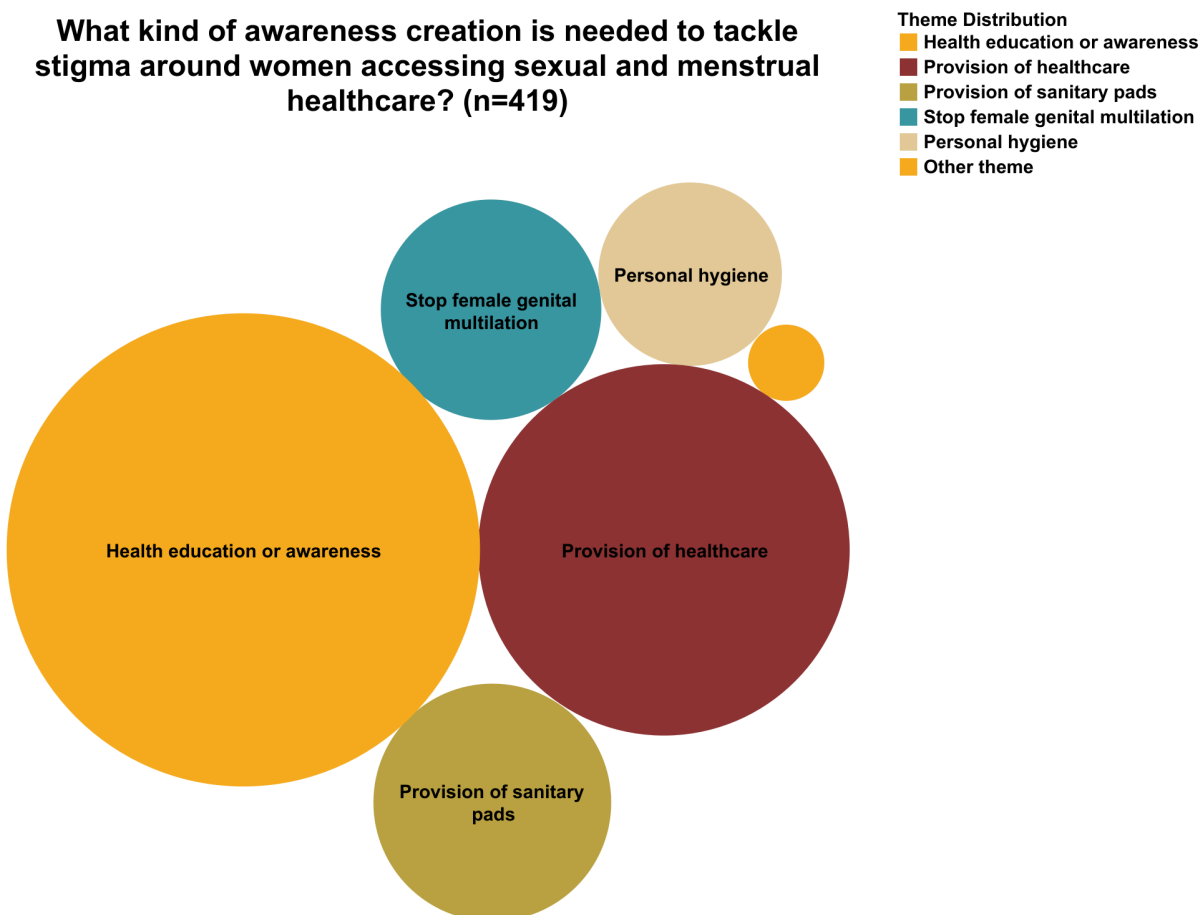
gendered healthcare issues, which in turn perpetuates negative health seeking behaviours and stigma.

"The type of awareness that is needed is to make people understand that this is not a shame and that people should encourage women in this matter to be implemented in the country" Woman, 16, Guriceel.

"The community should be made aware, so that they can work for the health and safety of our honorable girls." Man, 19, Guriceel, Recently displaced.

Figure 12: Thematic distribution of messages in Week 4 dialogue

What kind of awareness creation is needed to tackle stigma around women accessing sexual and menstrual healthcare? (n=419)



Aside from raising awareness, over one-third (32.8% n=134) of listeners emphasised the need for better healthcare provision for women, including normalising access to healthcare for sexual and reproductive issues. This **suggests a perception amongst community members that stigma can be tackled simply through the greater availability of healthcare services to meet SRH needs.**

"Women are supposed to contact doctors when they have issues relating to delayed conceiving so that men don't call them barren" Woman, 15 ,Guriceel, Recently displaced.

"As women we want to have health centres and more" Woman, recently displaced, Disabled.

"Women when they face sexual related problems, they need a lot of care such as financial, health support." Man, 36, Recently displaced.

Echoing the sentiments of the previous weeks' engagement, one in ten listeners (10.0% n=47) indicated the importance of women and girls accessing sanitary pads in order to reduce stigma. Lack of access to adequate sanitary care makes menstrual bleeding more obvious, which can entrench stigma and result in women being unable to access public spaces such as schools, markets and the mosque for the duration of their cycle. Both women and PLWD more significantly mentioned this issue than other demographic groups, likely reflecting their greater vulnerability to period shame.

"There is a need to act urgently for women's support and to get clean sanitary pads" Woman, Beladweyne.

"Women during menstruation should be given sanitary pads and be made aware of its benefits." Woman, 45, Baydabo, Disabled person.

One in every ten respondents (10.0%, n=47) emphasized the necessity of addressing FGM, which they perceived as closely tied to the stigma surrounding women seeking SRH care. They noted that some individuals oppose it on religious grounds, and some men express a desire for its cessation due to the belief that it makes women less desirable for marriage. Unfortunately, respondents note that this harmful practice is predominantly propagated by mothers compared to fathers. Therefore, it is crucial for development partners to collaborate with its health partners to raise awareness within communities, with a specific focus on mothers. This targeted effort aims to bring an end to the practice of FGM, recognizing that mothers play a significant role in the lives of girls compared to fathers.

"We should stop female genital mutilation" Woman, Garowe, Recently displaced, disabled.

"Stop female genital mutilations" Man, Galgaduud, Recently displaced, disabled.

Again, this weeks' dialogue points to clear information gaps which perpetuate misconceptions and stigma regarding women's SRH. **SDC, through its health domain partners, could help address this by adopting a multi-faceted approach that combines education, advocacy, and community engagement to challenge and overcome stigma and stigma-creating behaviours.** Notably, the majority of the issues

identified were supported by a larger percentage of men (57.0%, n=254) compared to women (43.0%, n=192), as indicated in the table below. This suggests a willingness among men to implement these measures when appropriately guided.

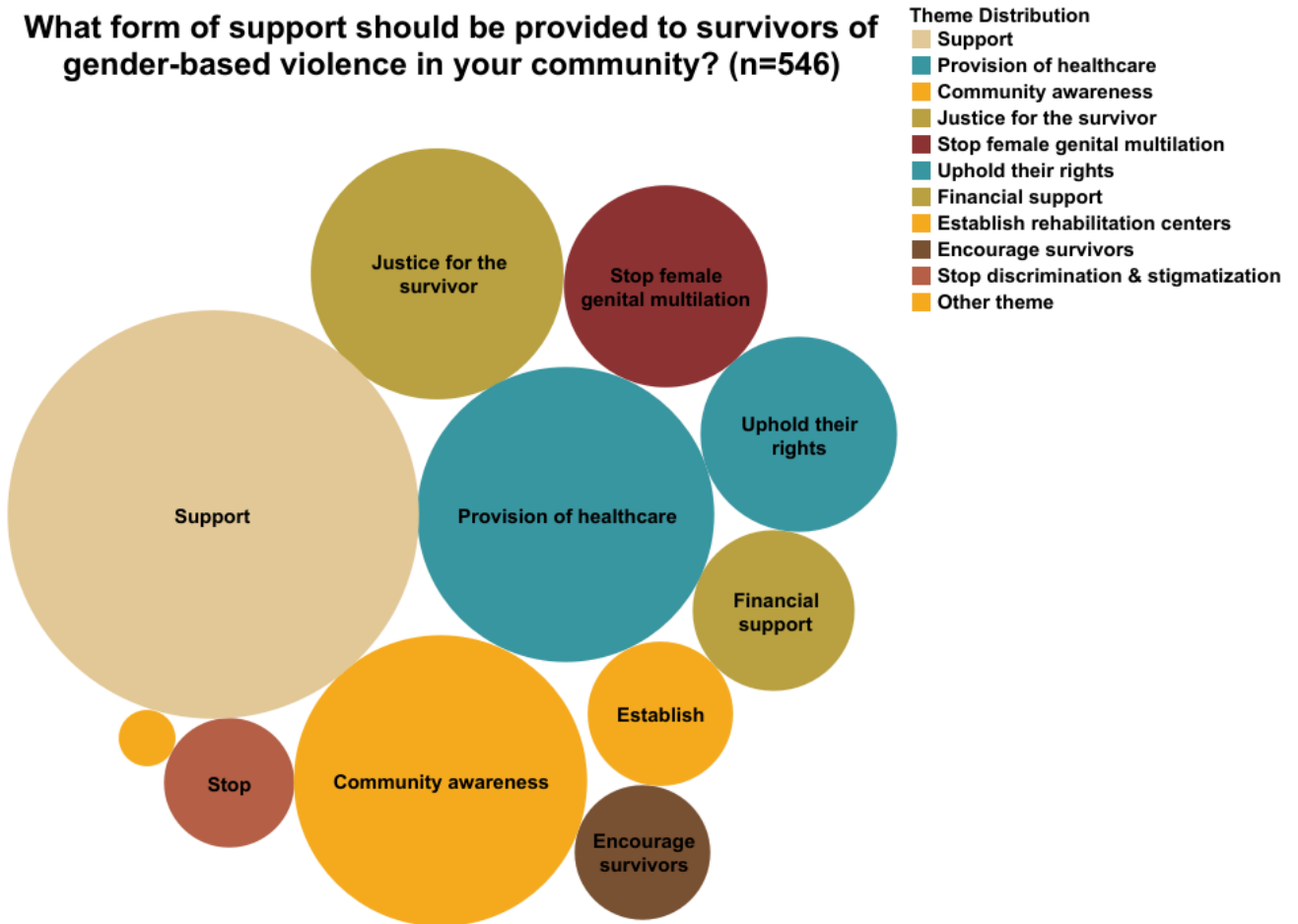
How can men in your community support women to access better sexual and reproductive health services? * Gender Crosstabulation	Total	Gender			
		Male		Female	
	n	%		%	n
Enable Health Access	217	55.8%	121	44.2%	96
General Support	98	56.1%	55	43.9%	43
Practise Good Sexual Health Behaviours	41	68.3%	28	31.7%	13
Reproductive Health Awareness	37	48.6%	18	51.4%	19
Stop Female Genital Mutilation	11	72.7%	8	27.3%	3
Prevent GBV	17	58.8%	10	41.2%	7
Financial Support	12	75.0%	9	25.0%	3
Provision of Sanitary Pads	8	37.5%	3	62.5%	5
Other Theme	5	40.0%	2	60.0%	3
Total	446	57.0%	254	43.0%	192

4.5. Week 5: Support needed for survivors of gender-based violence in the community

In an effort to understand the importance of having well equipped trauma centres with trained professionals to help survivors of FGM and GBV, 546 participants were engaged who provided their input through the 638 messages in answer to the question ***What form of support should be provided to survivors of gender-based violence in your community?*** asked in the fifth week of radio dialogue.

Figure 13: Thematic distribution of messages in Week 5 dialogue

What form of support should be provided to survivors of gender-based violence in your community? (n=546)



29.6%, n=189 of participants reported that the survivors of GBV would require support. Upon further probing to gain more insights on the specific support needed, the participants identified healthcare, community awareness, financial support, justice for survivors and establishing rehabilitation centres which are just themes in this episode and have been discussed in detail in the following paragraphs.

"They should be provided with substantial support in terms of assistance by the community." Woman, 25, Jowhar, Recently displaced.

"They should be offered support as well as aid" Man, 35, Garowe

"They need huge support" Woman, Cadado.

A notable proportion of respondents (14.4% n=93) prioritised better healthcare provision for survivors of GBV with a further 3.9% (n=25) advocating for the establishment of specific 'rehabilitation centres' to support women who have experienced GBV.

"First of all, the person who is the victim should find a good doctor, should undergo all necessary medical tests and be treated after because they may be infected by sexually transmitted diseases." Woman, 27, Baidoa.

"should be prepared by professionals who specialise in the problems of gender based Violence. Thank you" Man, 18, Dhuusamareeb.

"wcs, survivors should be cared for and there should be places to be cared for." Woman, 16.

"Provide psychological counselling to survivors of gender-based violence so that the problem does not leave a negative impact on the victim's mind." Man, 26, Baidoa.

As in previous weeks' some participants (15.0% n=96) highlighted the need for greater awareness creation to tackle the prevalence of GBV, with some listeners recommending that religious leaders play a central role in this. Lack of information on their rights, financial challenges, and cultural beliefs surrounding GBV has prevented the vast majority of women from seeking physical and mental health support. **Again, this indicates a need to develop nuanced and culturally sensitive community education programmes, in partnership with local leaders, in order to tackle issues such as GBV.**

"Brother, the abuse of women and rape has increased a lot this years, we need to do a lot of awareness and the religious scholars should take part in the awareness to encourage them, rape is always a big issue." Woman, 34, Galkacyo, recently displaced

"Religious leaders to do awareness creation,thank you" Man, 49, Baardheere, Recently displaced

"We have to prevent GBV before it happens, religious leaders, the educated and politicians" Man, 19, Galkacyo

One in every ten (11.3%, n=72) participants identified the need for greater access to fair justice services for GBV survivors, including implementing harsh punishments for perpetrators. Taking care of their safety tailored to individual survivors' needs, helping them to identify support networks, and attending to their emotional needs would greatly help them to overcome challenges related to GBV. Strengthened community justice would likely have a notable impact on not only reducing GBV prevalence, but also reducing the entrenched stigma that currently exists around reporting the issue.

"All the perpetrators of violence should face the law, so that the problem should be solved. Thank you" Woman, 19, Guriceel.

"The perpetrator should be executed with death and imprisonment". Man, 15, Cadaado.

Similarly, 3.1% (n=20) recommended working towards stopping discrimination and stigmatisation of the survivors, with a further 3.3% (n=21) advocating for greater support to survivors to help them speak out. **Perhaps this provides an opportunity for development partners to think about establishing well equipped rehabilitation centres that would cater for all the needs of GBV survivors.**

"That he should not discriminate against the community and needs to be welcomed." Man, 29, Sanaag.

"The answer is not to discriminate or harass people because of their gender" Woman, 16, Baletweyn.

"They should not be stigmatised by the suffering they have faced." Man, 35, Garowe.

"They need to be encouraged to speak up when the abuse happens" Man, 18, Howlwadaag, Recently displaced.

Interestingly, a small proportion of listeners (7.4% n=47) linked GBV to FGM, implying that some Somali's frame FGM as a form of violence towards women. Although practices of FGM are deeply culturally entrenched, with an estimated 99% prevalence rate⁸, the fact that some participants in the dialogue do see it as a problem suggests there is support for its elimination amongst some parts of the population. Any effort to tackle FGM should aim to tap into this population group to develop campaign messaging and activities.

"Female genital mutilation should be stopped because it is violence against women" Man, 40, Recently displaced.

"Men can support in the prevention of FGM and rape" Woman, 15, Baledweyn.

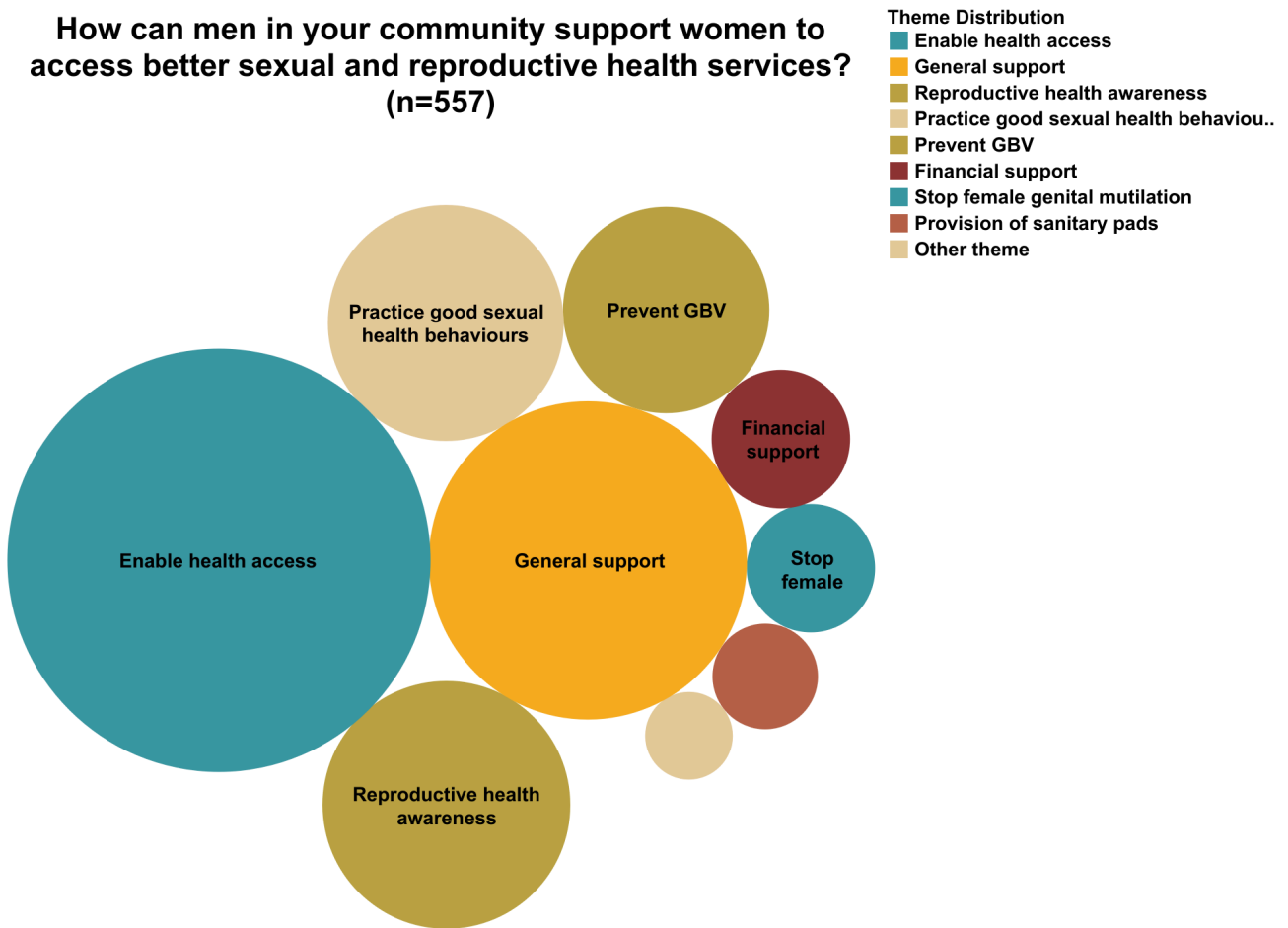
4.6. Week 6: Ways men in the community can support women to access better sexual and reproductive health services

Responding to the question *"How can men in your community support women to access better sexual and reproductive health services?"*, a total of 557 participants sent 668 messages that identified a range of suggestions and opportunities.

Figure 14: Thematic distribution of messages in Week 6 dialogue

⁸ [UNFPA Somalia website](#)

How can men in your community support women to access better sexual and reproductive health services? (n=557)



Over one-third (36.2%, n=242) of the respondents emphasised the need for men to enable women to access SRH services, **suggesting that often the barrier to access is not financial or logistical but directly as a result of male relatives preventing women from seeking healthcare assistance.** Clearly any efforts to improve women's SRH access will need to include men in order to address this.

"They can support them by taking them to hospitals and health centres and encourage them to take medicine." Man, 15, Guriceel, Recently displaced.

"To give them first aid and take them to the nearest medical centre." Man, Walanweyn.

Similarly, one-fifth (20.7%, n=138) of respondents suggested men should provide 'general support' to women, including encouragement and emotional support, whilst a small proportion (4.0% n=27) specified the provision of financial support.

"Yes, any kind of support, Somali women should be emotionally supported wherever they are" Woman, 27, Walanweyn.

"They can help and support their women with their special needs and wants." Man, 30, Baardheere.

"They can support them by giving good encouragement." Woman, 15, Galkacyo.

The feeling of over one in every ten (12.0%, n=80) participants is that men should take responsibility by practising safe sexual behaviours which could be due to the fact that men in Somalia engage in sexual practices with multiple partners. Safe sexual behaviour would greatly improve the sexual well being of the women they get involved with. Similarly over one in every ten listeners (12.0%, n=80) also advocated for men to take part in creating reproductive health awareness in order for such campaigns to be effective.

"They can support and every man should always give his wife a health check-up and counselling to reduce the health problems in the family such as infections and the like." Man, 23, Galmudug, Disabled.

"Men are required to support women, especially access to reproductive or sexual health services so that they can be strong and in a healthy relationship" women, 16, Cadaado.

"There should always be awareness about women and their place in society." Man, 20, Xananley, Recently displaced.

"Men should be made aware and told that it is normal and women should put more effort on hygiene." Woman, 18.

As touched on in previous weeks' dialogues, small proportions of listeners indicated that men have a vital role to play in tackling FGM (as supported by 3.4%, n=23 of respondents), prevention of GBV (as supported by 8.5%, n=57 of respondents) and assistance in the provision of sanitary pads (as supported by 2.1%, n=14 of respondents). **Identifying male champions who can play a central, and visible, role in such campaigns would have significant benefit in tackling stigma and entrenched patriarchal beliefs, which typically frame issues like GBV as 'women's issues'.** In addition, significant social and behaviour change campaigns utilising mass media are also likely necessary to shift these negative attitudes.

"Female genital mutilation should be stoped, the perpetrator who cause the problem should be punished according to Islamic law with out looking traditional, cultural and tribal affiliation. The victim should be counselled and given care to the ladies." Woman, 17, Guriceel.

"To stop the bad cultural practice of female genital mutilation." Man, 25, Recently displaced.

"They can support women by protecting them from violence and legally marrying them." Man, 32, Bosaso, Recently displaced.

"They can support them by stopping gender based violence." Man, 16, Galkacyo.

"They can be supported to get them sanitary pads." Woman, 27, Guriceel.

"Provide sanitary pads." Man, Yaaqshiid, Recently displaced.

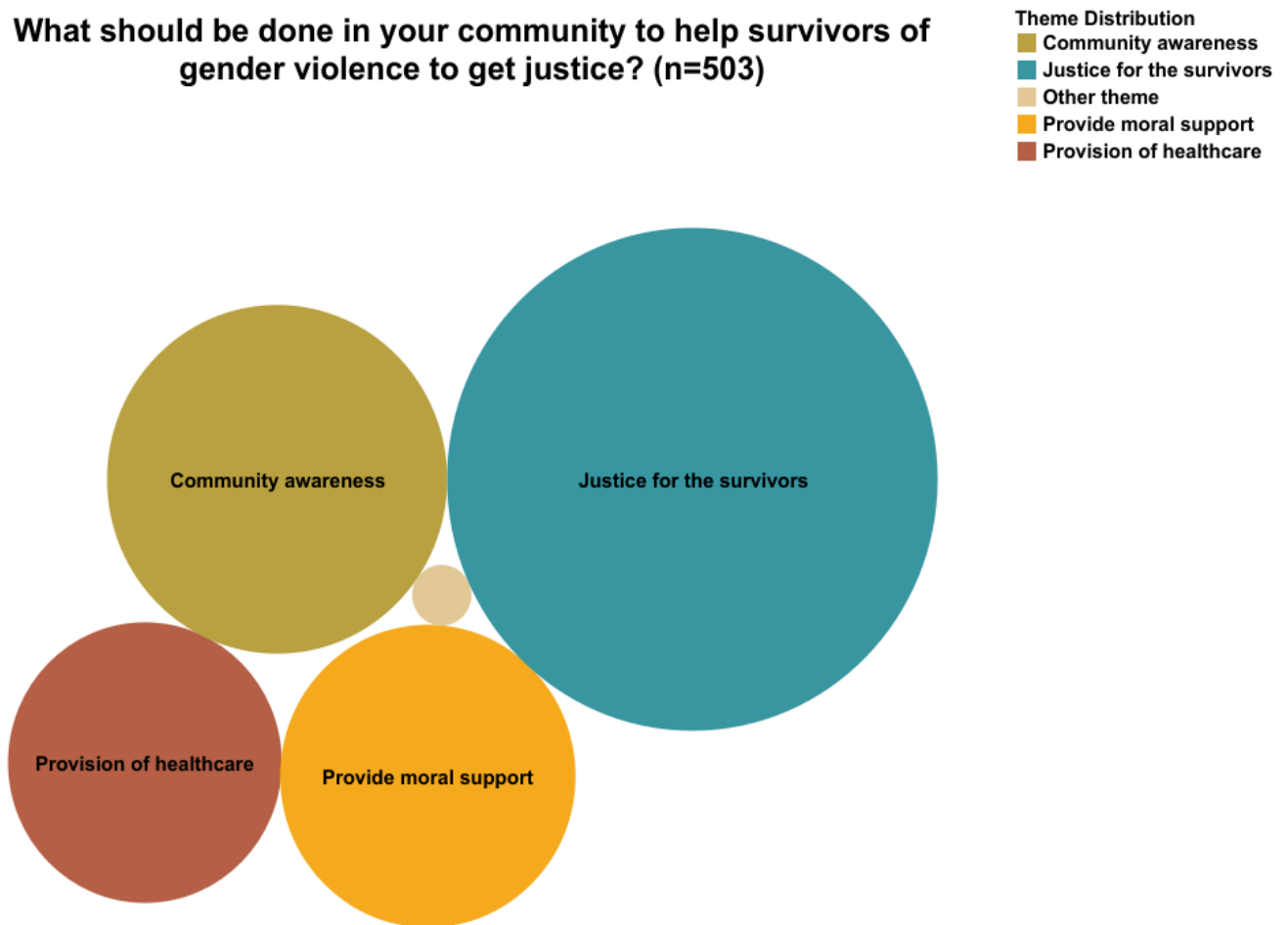
In addition to identifying male 'SRH champions' in the community, the creation of men's forums, designed as spaces for sharing their experiences, guiding and counselling on issues relating to SRH, may also help shift behavioural norms. These activities may be underpinned by awareness campaigns that specifically target men, covering issues including practising safe sexual behaviours, healthcare needs relating to menstruation and birth, sexual and reproductive health diseases, and the importance of advocacy against FGM and GBV.

4.7. Week 7: Measures to be taken in the community to ensure proper reporting mechanisms to access justice

A total of 503 citizens, who shared a total of 567 messages, participated in the interactive radio dialogue on the question: ***What should be done in your community to help survivors of gender violence to get justice?*** This discussion question aimed at understanding how local communities could be involved in tackling issues such as GBV by ensuring survivors of violence access justice.

Figure 15: Thematic distribution of messages in Week 7 dialogue

What should be done in your community to help survivors of gender violence to get justice? (n=503)



Almost one half (46.6%, n=264) of participants sent general messages emphasising the importance of fair justice for survivors of GBV. Some listeners further reflected that survivors of GBV rarely get justice in Somalia, which may in part be due to a lack of awareness of their rights, weak court processes, and lack of legal aid and presentation among others. **Fostering collaboration between justice system actors, healthcare providers, social services, NGOs, and community organisations among other relevant bodies to create a coordinated and integrated response to gender-based violence could be a solution in providing justice to GBV survivors.**

"The perpetrator should be arrested even though it is not easy to find them and help those who have been abused." Man, 18, Garowe.

"I think that they get justice from the government like the courts and all the people should work together" Woman, 32, Bosaso.

"There is a need to establish a fair committee to prevent any harm to the survivors and gender issues" Man, 17, Galkacyo, Recently displaced

"Advocating for these people to get their rights and justice." Man, Dayniile.

"They need to get a lawyer to argue for them free so that they get justice" Man, 19, Dharkenley.

Again, lack of information emerged as a priority from the dialogue, highlighted by almost one-quarter (22.2% n=126) of participants. This is in line with the findings from week 5 of the radio discussions that were previously identified. **It is therefore important to break the barriers to effective communication of important information particularly relating to SRH**, this can be done collaboratively with governmental institutions and other agencies, including community based organisations and schools.

"To create awareness and also to be aware of the gender abuses they faced from different people and to inform the people in charge to give them justice." Woman, 20, Muqdisho.

"Mothers should be given awareness in order to work on public health." Man, 18, Galkacyo.

"It is important to create awareness in the community in order to prevent violence against the survivors." Man, 38, Wadajir.

A few participants (16.0% n=19) highlighted the provision of moral support to GBV survivors, with PLWD participants more commonly mentioning this theme compared to people living without any forms of disability. This may reflect the sense of social isolation that members of this group often experience.

"It is necessary to encourage the person first, not to discriminate and kill the person's heart" Man, 30, Dharkenley, Disabled.

"They can give support by motivating them in every aspect and knowing their conditions." Woman, Guriceel, Disabled.

"The victim should be asked for forgiveness, be made happy and forget about the trouble she went through, that's what I think." Man, 42, Cadado.

Additionally, facilitated access to healthcare services was recommended by 14.5% (n=82) of participants. **As these findings highlight, there are clear gaps in access to justice, not**

only in terms of legal support, but in meeting the accompanying social, medical and financial needs of GBV survivors. Healthcare partners operating in Somalia should take a holistic approach to tackling this issue, rather than addressing single elements in isolation.

"They can support women in accessing comprehensive health services." Woman, 22, Wadajir, Recently displaced

"A health center for Somali women." Man, 17, Balcad, Recently displaced.

"They can support women in accessing comprehensive health services." Woman, 22, Wadajir, Recently displaced.

5. CONCLUSION

Throughout the seven-week radio series, AV facilitated extensive citizen engagement, gathering valuable data and generating citizen-led insights that lead to the following key conclusions to address the multifaceted challenges affecting women's access to sexual reproductive health services in Somalia.

1. **Key priorities regarding women's health:** There is a need to increase the number of hospitals as well as the quality of health care services in Somalia, which had almost one half (46.9%, n=264) of respondents supporting it. This, coupled with good health education to disseminate relevant SRH information to women, provision of nutritious food for pregnant women and children, attending to their mental health needs and psychological well-being, and raising awareness against the rampant domestic violence, sexual assault, and harmful traditional practices such as FGM will ensure Somali women access quality sexual and reproductive health services.
2. **Efficiency and awareness creation on clinical services:** The major reasons traditional birth attendants are more popular than clinics for childbirth is because they are trusted, experienced, compassionate, available, understanding traditional beliefs, and always being there for their patients. It will be important for the clinics to offer quality antenatal, childbirth, postnatal care and emergency obstetric services that go beyond the normal delivery closer to the people. This, with additional awareness creation and subsidised clinical services, should enable clinic childbirth services to be more favourable compared to midwifery services offered by TBA's.
3. **Existing gaps and challenges in SRH provision:** Inability to access sanitary pads with over one half (50.2%, n=316) of participants viewing this as critical, menstrual hygiene awareness, and lack of enough and separate latrines in schools were the

major gaps that hinders Somali women from accessing quality sexual and reproductive health services. Any effort towards reducing these existing gaps would greatly help improve access to SRH services in Somalia.

4. **Addressing stigma surrounding women's access to sexual and menstrual healthcare:** Most Somali women are suffering from stigma associated with sexual and menstrual health due to lack of information, almost one half (44.6%, n=209) of participants agree to this. More efforts should be put in place to ensure the information gets to most women and could be through interactive radio shows, community training sessions, workshops, community outreach programs and peer education programs for effective communication.
5. **Support for GBV survivors:** Assist them to get treatment by having well-equipped trauma centres with trained professionals to attend to the survivors, ensure they get justice, create awareness on GBV issues including discrimination and stigmatisation associated with the vices, and economically empower the survivors to stop depending on their abusers.
6. **There is need to increase campaigns to end FGM:** A noteworthy finding is that a proportion of respondents (7.4%, n=47) link GBV to FGM, framing FGM as a form of violence against women. This practice has been linked to profound negative impacts on women's well-being, including health issues, diminished self-esteem, and instances of discrimination. Additionally, the survey reveals that FGM is perpetuated by mothers more than fathers, highlighting the importance of targeted awareness initiatives specifically directed at mothers, given their recognized influence in the lives of girls. Despite the deeply ingrained cultural practices associated with FGM, this perspective suggests that there is support for its elimination within certain segments of the population.
7. **Men contribution towards enabling women access quality SRH services:** Men are seen as the pivot point to help women access quality SRH services, they can do this by creating close relationships with the women around them to understand their SRH needs, practise safe sexual behaviours, and take actions to create awareness and stop FGM and GBV. Given that a larger percentage of men (57.0%, n=254) proposed these solutions compared to women (43.0%, n=192), the implementation of these measures is likely to be more effective with proper guidance and counselling.

6. RECOMMENDATIONS

1. Development partners within the health domain should prioritise the construction and expansion of health centres across Somalia, specifically focusing on facilitating convenient access to healthcare services for women. Simultaneously, efforts should be concentrated on recruiting and extensively training skilled healthcare providers to ensure the provision of high-quality medical care.
2. The finding that traditional birth attendants are preferred over clinics for childbirth presents a valuable opportunity for development partners in the health domain.

Integrating traditional birth attendants more closely into the established medical framework can bridge the gap between traditional and modern healthcare. Rather than excluding traditional birth attendants, interventions should acknowledge their expertise and seek ways to employ them to enhance localised care and complement modern medical practices.

3. Development partners should take a proactive role in developing and executing comprehensive health education programs. These programs should encompass various reproductive health aspects, including family planning methods and postnatal care services. Collaboration with healthcare professionals, educators, and community leaders is essential to ensure that accurate and culturally sensitive reproductive health information is effectively disseminated.
4. Development partners in the health domain should concentrate on improving the availability of nutritious food, especially for Somali women and children during pregnancy and lactation. This approach will significantly contribute to mitigating malnutrition and enhancing maternal and child well-being.
5. It is essential to build robust and inclusive partnerships with a diverse array of stakeholders, encompassing entities such as the Federal Government of Somalia, administrations of Federal Member States, justice system participants, healthcare providers, social service organisations, non-governmental organisations (NGOs), and community groups. Through collaborative efforts, the goal is to effectively confront the pervasive issue of gender-based violence (GBV) while concurrently creating comprehensive systems of support for survivors. This network not only addresses the immediate needs of survivors but also endeavours to prevent GBV through societal transformation. By working together, stakeholders can pave the way for a safer, more inclusive environment where survivors are empowered and GBV is confronted and eradicated.
6. Development partners should design interventions aimed at encouraging men to actively support women's access to sexual and reproductive healthcare services. Engaging men through reproductive health awareness campaigns, led by male champions, can challenge stigma and patriarchal beliefs. Multi-media campaigns should also be utilised to create awareness towards bringing about positive behaviour change.
7. Implementing effective information dissemination strategies is crucial to ensure that GBV survivors are aware of their rights and available support services. Developing support networks and safe spaces where survivors can seek legal aid, counselling, and comprehensive care will empower them to access assistance and express their needs.
8. Enhance awareness campaigns to end FGM: There is need to capitalize on the perception of FGM as a form of violence against women to develop campaign messaging and activities. This could foster a shift in attitudes towards FGM and garner support for its elimination among various population groups. In addition, it is important to recognize the need for significant social and behaviour change and as

such, invest in mass media campaigns to shift negative attitudes, challenge stereotypes and promote a more inclusive understanding of gender-related issues.

ANNEXES

Annex 1: List of radio stations

Table 3: List of radio stations

Banadir	Galmudug	Hir-shabelle	Jubaland	Puntland	South West
1. 3.Radio Goob-joo g	1. Radio Galgaduud	1. Radio Jowhar	1. Radio Kismayo	1. Radio Garowe	1.Radio Warsan
2. Radio Star Fm	2. Radio Hayaan	2. Radio Hiran-weyn	2. Radio Markabley	2. Radio Daljir	2.Radio Xudur

3. Radio Risaala	3. Radio Cadaado	3. Radio Balcad	3. Radio Star Fm	3. Radio Codka Nabada	3. Radio Wanlaweyn
	4. Radio Dayax			4. Radio Galdogob	

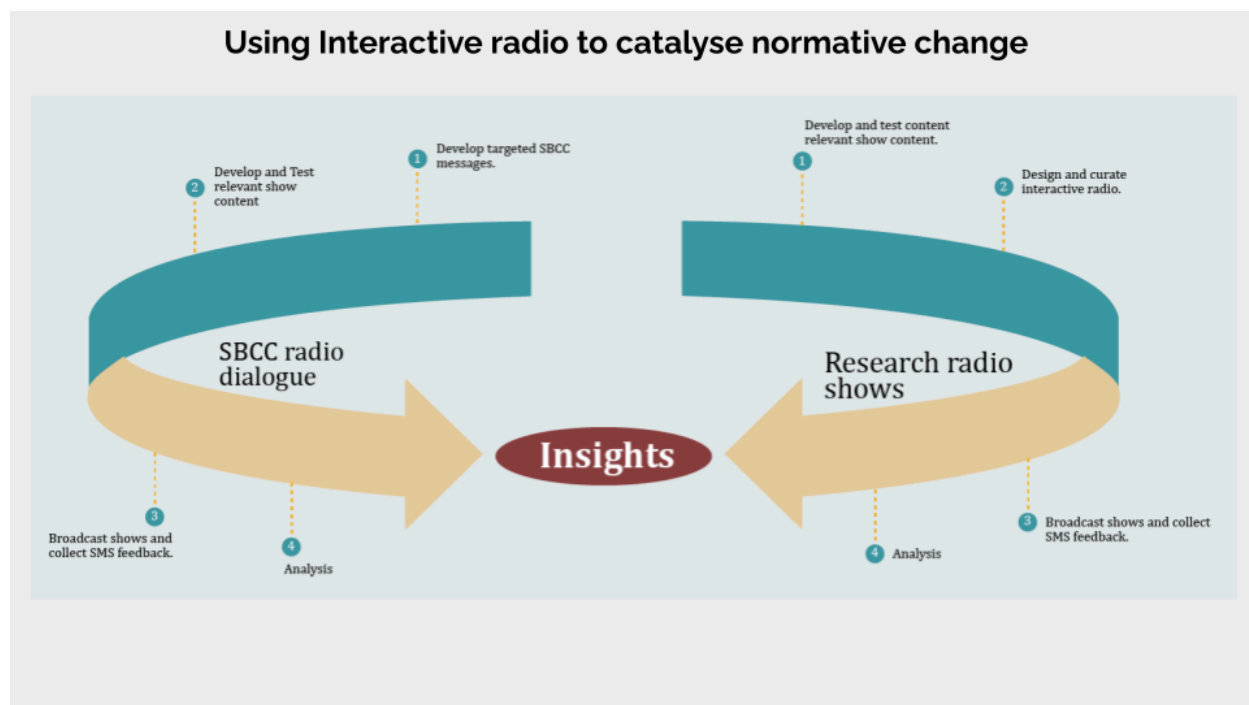
Annex 2: Thick description

Annex 3: AV's interactive radio method

Using its empirically proven⁹ interactive radio approach, AV facilitates presenter-led discussions via radio inviting communities to share their thoughts and opinions via SMS on women's and girl's access to SRH services and other related issues. Wider engagement was enabled with harder to reach communities, experts, decision makers via co-design workshops and focus group discussions.

AV's core capabilities (media engagement, data and technology, and social sciences research) allow for the feedback from citizens to be analysed qualitatively and quantitatively offering rigour, immediacy and scale. This allows the sharing of relevant research findings with policy-makers and advocacy groups in a prompt and effective manner, respecting both the nuances in participants' voices as well as statistical integrity.

⁹ Lopes, C. and Srinivasan, S. (2014). Africa's Voices: Using mobile phones and radio to foster mediated public discussion and gather public opinions in Africa. Centre of Governance and Human Rights, Working Paper 9. Cambridge: University of Cambridge.



The interactive radio method developed and deployed by Africa's Voices has been designed to build trusted real social spaces for discussion between citizens, decision-makers and between citizens themselves. To influence perceptions and behaviours, AV utilises SBCC approach and the research component to influence changes and generate insights to inform policies. The above diagram presents a snapshot of the interrelation;

- (1) AV utilises an agreed communication framework which captures issues, topics and objectives intended to craft SBCC content which includes drama, testimonies, human stories, vox pos etc. This is integrated into a radio programme. Audiences drive radio debate by sharing their perspectives via SMS to a free short-code. Under our Citizen Evidence for Social Change programmatic area, voices reflecting diversity of practices and expectations or representing positive attitudes are amplified in alignment with our evidence-based Theory of Change and used to shape content design and subsequent radio programmes, driving social change as well as informing policies and relevant stakeholders directly as radio show guests and indirectly through the public discussion.
- (2) Combining responsible technology and rigorous social science research, we do mixed-methods analysis and generate robust insights on public opinion, beliefs and attitudes about critical issues. The SMS we receive are analysed by a team of researchers fluent in the various languages. We conduct thematic analysis to identify a range of themes and an accompanying thick description that reflect the richness and nuance of the various attitudes and perceptions. These themes are

then used to label every SMS, which generates a dataset for quantitative and statistical analysis, including disaggregation by demographics. These insights can be used as powerful evidence for more participatory, responsive and accountable governance and to inform programme design based on citizen needs and opinions. AV also shares analysis of citizen voices with relevant government and non-government bodies to respond to needs identified.

Annex 4: Themes breakdown

Table 4: Key priorities regarding women's health in Somalia * Age Cross Tabulation

In order of preference, what are the key priorities regarding women's health in Somalia?	Age				Total
	15-17	18-35	36-54	55-99	
Women's Health Specialists	19	28	6	2	55
Provision of Nutritious Food	7	20	4	2	33
Healthcare Centers	42	109	24	1	176
Health Education	12	56	5	2	75
Stop Female Genital Mutilation	0	8	1	0	9
Treatment of Gender Based Violence	4	10	3	0	17
Other Theme	1	2	0	0	3
Total	85	233	43	7	368

Table 5: Reasons why traditional birth attendants are more popular than clinics for childbirth * Age Cross Tabulation

Why do you think traditional birth attendants are more popular than clinics when women are giving birth?	Age				Total
	15-17	18-35	36-54	55-99	
More Trusted	29	74	4	2	109
More Experienced	45	106	19	2	172
Traditional Beliefs	14	46	4	1	65
Hospitals Push for Surgery	1	7	3	0	11
Shortage of Health Facilities	9	39	8	0	56
Clinics are Expensive	1	9	1	0	11
Cheaper	3	11	2	0	16
More Available	20	37	6	0	63
Lack of Awareness	5	18	6	1	30
Other Theme	2	0	1	0	3

Total	129	347	54	6	536
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Table 6: Ways in which school administrations and the private sector can collaborate to provide support to enable girls to access menstrual hygiene products * Age Cross Tabulation

What should be done by school administrators and the private sector to support girls to access sanitary towels?	Age				Total
	15-17	18-35	36-54	55-99	
Provide Sanitary Pads	71	150	29	4	254
Provide Separate Changing Rooms	2	14	2	0	18
Female Teachers	7	13	3	0	23
Menstrual Hygiene Awareness	39	81	10	1	131
Provide Separate Latrines	1	4	1	0	6
Other Theme	2	1	0	1	4
Total	122	263	45	6	436

Table 7: Comprehensive awareness creation efforts needed to address stigma surrounding women's access to sexual and menstrual healthcare * Age Cross Tabulation

What kind of awareness creation is needed to tackle stigma around women accessing sexual and menstrual healthcare?	Age				Total
	15-17	18-35	36-54	55-99	
Stop Female Genital Mutilation	3	23	7	0	33
Health Education or Awareness	43	102	21	1	167
Provision of Healthcare	20	35	6	1	62
Provision of Sanitary Pads	8	15	0	1	24
Personal Hygiene	7	7	2	0	16
Other Theme	0	2	0	0	2
Total	81	184	36	3	304

Table 8: Support needed for survivors of gender-based violence in the community * Age Cross Tabulation

What form of support should be provided to survivors of gender-based violence in your community?	Age				Total
	15-17	18-35	36-54	55-99	
Support	50	95	23	1	169

Justice for the Survivors	13	37	5	2	57
Uphold their Rights	8	20	2	1	31
Community Awareness	11	44	5	2	62
Stop Discrimination and Stigmatization	3	5	3	0	11
Encourage survivors	6	6	0	0	12
Provision of Healthcare	12	31	2	1	46
Financial Support	0	7	3	0	10
Establish Rehabilitation Centers	0	9	0	0	9
Other Theme	0	1	0	0	1
Total	103	255	43	7	408

Table 9: Ways men in the community can support women to access better sexual and reproductive health services * Age Cross Tabulation

How can men in your community support women to access better sexual and reproductive health services?	Age				Total
	15-17	18-35	36-54	55-99	
Enable Health Access	59	119	17	1	196
General Support	22	58	6	1	87
Practice Good Sexual Health Behaviours	5	25	5	0	35
Reproductive Health Awareness	16	17	2	1	36
Stop Female Genital Mutilation	2	3	3	1	9
Prevent GBV	4	9	2	3	18
Financial Support	3	7	2	0	12
Provision of Sanitary Pads	0	5	0	0	5
Other Theme	2	2	1	0	5
Total	113	245	38	7	403

Table 10: Measures to be taken in the community to ensure proper reporting mechanisms to access justice * Age Cross Tabulation

What should be done in your community to help survivors of gender violence to get justice?	Age				Total
	15-17	18-35	36-54	55-99	
Justice for the Survivors	60	117	25	11	213
Provision of Healthcare	15	30	3	1	49

Community Awareness	17	34	8	1	60
Provide Moral Support	11	30	1	1	43
Other Theme	1	2	0	0	3
Total	104	213	37	14	368

Annex 5 : Radio Scripts

Week 1: Radio Script

TOPIC: VERIFYING EXISTING GAPS AND CHALLENGES IN HEALTH PROVISION THAT HINDER SOMALI WOMEN FROM ACCESSING QUALITY SEXUAL AND REPRODUCTIVE HEALTH SERVICES.

SEGMENT 1: INTRODUCTION	2 MINUTES
<p>PRESENTER: Dear listener, welcome to our first Imaqal programme in this new series. Today we're discussing how to ensure every woman and girl in Somalia has unhindered access to quality sexual and reproductive health services.</p> <p>Decades of internal conflicts have greatly hampered the ability of the Federal government and individual Federal Member States from providing better health services to Somali citizens. This has prompted communities to rely heavily on traditional birth attendants which can be risky if there are complications during childbirth.</p> <p>Additionally, many Somali communities are engulfed in cultural practices that hinder women from accessing sexual and reproductive health services. Due to stigmatisation, survivors of these negative cultural practices fail to report these cases to the relevant authorities. Sadly, Somalia lacks streamlined referral pathways for helping survivors of GBV, rape and FGM.</p> <p>Last but not least, the school-syllabus in Somalia does not provide an opportunity for pupils to learn about menstrual hygiene or access to sexual and reproductive health services for women. As a result, the topic remains significantly taboo, thereby denying adolescent girls an equal opportunity to participate in school activities during their menstrual cycles.</p> <p>In this first programme, we will therefore discuss the existing gaps and challenges in health provision that hinder Somali women from accessing quality sexual and reproductive health services.</p>	

Dear listener, we would like to hear your views on today's topic. Kindly interact with us by responding to our question using our free SMS number **280**. This SMS response is absolutely free. Today we are asking you:

In order of preference, what are the key priorities regarding women's health in Somalia?

In order of preference, what are the key priorities regarding women's health in Somalia?

Kindly send us your response to our free SMS number 280. Our free SMS number is 280. This SMS response is absolutely free.

During this show, we will also listen to the views of citizens on the street to find out **what schools should do to ensure their curriculum allows both boys and girls to learn about the importance of girls to access sanitary pads and other sexual and reproductive health services.**

We will also listen to an entertaining drama on **how we can create awareness on the need for women to seek medical care in hospitals during pregnancy.**

This programme is brought to you by Africa's Voices Foundation (AVF) in collaboration with the Swiss Agency for Cooperation and Development (SDC).

Stay tuned for this and much more.

FADE UP SIGTUNE FOR 10 SECONDS THEN FADE OUT..

10 SECONDS

SEGMENT 2: PART 1 OF RADIO DISCUSSION WITH GUEST

5 MINUTES

PRESENTER: Dear listener, we are privileged to have a Medical Doctor [\[Give name\]](#) in the studio. Our guest will help us to understand how we can address the existing gaps and challenges in health provision that hinder Somali women from accessing quality sexual and reproductive health services.

[\[Brief discussion with guest to create rapport\]](#)

PRESENTER ASKS GUEST QUESTIONS

- 1) In your view, what are the major challenges in the health sector which prevent women and girls from accessing sexual and reproductive health services?
- 2) If you had to pick one, which healthcare issue specifically affecting women and girls would you say is the highest priority right now in Somalia?

PRESENTER: Dear listener, we are glad you're tuned into this programme and we'd love to hear

your views. Send us a message to our free short-code number **280**. Today we are asking:

In order of preference, what are the key priorities regarding women's health in Somalia?

In order of preference, what are the key priorities regarding women's health in Somalia?

Kindly send us your response to our free SMS number 280. Our free SMS number is 280. This SMS response is absolutely free.

Here are some SMS responses we are receiving from our audience. **PRESENTER READS SMS**

SEGMENT 3: SMS AUDIENCE ENGAGEMENT	1 MINUTE
SEGMENT 4: PART 2 OF RADIO DISCUSSION WITH GUEST	5 MINUTES

PRESENTER: Keep sharing your SMS and we will respond to some of your views during this programme. Earlier during this programme, we mentioned that the on-going instability has limited the efforts of both the Federal government and individual Federal Member States to provide better health services to citizens.

PRESENTER ASKS GUEST QUESTION

- 3) What role should the government play in addressing the various health challenges in Somalia in order to ensure all women have access to quality sexual and reproductive health services?
- 4) What responsibility should each level of government (district, state and national government) take within this?

PRESENTER: We spoke to citizens on the streets of [\[Give name of city/street\]](#) to find out **what schools should do to ensure their curriculum allows both boys and girls to learn about the importance of girls to access sanitary pads and other sexual and reproductive health services**. Listen to what the people said. **PLAY VOXPOP**

SEGMENT 5 (VOXPOP) - Ask people this Question	1 MINUTE
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[What should schools do to ensure their curriculum allows both boys and girls to learn about the importance of girls to access sanitary pads and other sexual and reproductive health services?](#)

PRESENTER: Dear listener, those are the views from the people we spoke to on the streets. We would like to hear from you as well. Kindly interact with us by responding to our question using our free SMS shortcode number 280. Today we are asking you:

In order of preference, what are the key priorities regarding women's health in Somalia?

In order of preference, what are the key priorities regarding women's health in Somalia?

Kindly send us your response to our free SMS number 280. Our free SMS number is 280. This SMS response is absolutely free.

SEGMENT 6: PART 3 OF RADIO DISCUSSION WITH GUEST

5 MINUTES

PRESENTER: Dear listener, we will be glad to hear your views as we discuss how we can address the gaps and challenges in health provision that prevent women and girls in Somalia from accessing sexual and reproductive health services.

PRESENTER ASKS QUESTION

- 5) How can stakeholders, including schools, use awareness campaigns to educate the Somali public about the need to abandon cultural practices that hinder women and girls from accessing sexual and reproductive health Services?

PRESENTER: Dear listener, at the beginning of the programme we promised to bring you an entertaining drama on **how we can create awareness on the need for women to seek medical care in hospitals during pregnancy**. Here is the drama, enjoy. **PLAY RADIO DRAMA**

SEGMENT 7: RADIO DRAMA

3 MINUTES

PRESENTER: And on note, we have come to the end of our programme today. In this programme we discussed the various gaps and challenges in health provision that hinder Somali women from accessing quality sexual and reproductive health services. Today we asked you:

In order of preference, what are the key priorities regarding women's health in Somalia?

In order of preference, what are the key priorities regarding women's health in Somalia?

Kindly send us your response to our free SMS number 280. Our free SMS number is 280. This SMS response is absolutely free.

This programme is brought to you by Africa's Voices Foundation (AVF) in collaboration with the Swiss Agency for Cooperation and Development (SDC).

In our programme next week, we will discuss **what needs to be done to improve maternal health care services in Somalia**. Until then, bye for now.

#END

Week 2: Radio Script

TOPIC: WHAT NEEDS TO BE DONE TO IMPROVE MATERNAL HEALTH CARE SERVICES IN SOMALIA

SEGMENT 1: INTRODUCTION

2 MINUTES

PRESENTER: Dear listener, welcome to this week's Imaqal programme in which we will continue with our discussion on how we can ensure every woman and girl in Somalia has unhindered access to quality sexual and reproductive health services.

Last week we highlighted the various gaps and challenges in health provision that hinder Somali women from accessing sexual and reproductive health services. We also asked our listeners to give us their priorities regarding the key health issues we should address in subsequent programmes.

One of the major health challenges mentioned by our audience was the issue of maternal healthcare services. Majority of our listeners said that ongoing insecurity in most parts of the country had prevented both the Federal government and individual Federal Member States from building well-equipped medical facilities that expectant mothers could use during childbirth. Here are some of your SMS responses.

[Presenter reads 3 relevant messages related to maternal healthcare]

PRESENTER: A lack of formal healthcare services imply that local communities heavily rely on traditional birth attendants whenever expectant mothers need attendance; a move that puts both the life of the mother and her unborn child at risk should complications arise during childbirth.

According to recent findings by Medicines San Frontiers, Somalia has one of the highest maternal mortality rates in the world. This report shows that one out of every 12 women is likely to die during pregnancy, at childbirth or during the postpartum period because of inadequate access to formal healthcare services. The report also shows that infant mortality is significantly high with one out of every seven children not reaching the age of five years.

In today's programme we will therefore discuss **what needs to be done to improve maternal healthcare services in Somalia**.

Dear listener, as we discuss this important topic, we would like to hear your views as well. Kindly interact with us by responding to our question using our free SMS shortcode number **280**. This SMS response is absolutely free. Today we are asking you:

Why do you think traditional birth attendants are more popular than clinics when women are giving birth?

Why do you think traditional birth attendants are more popular than clinics when women are giving birth?

Kindly send us your response to our free SMS number 280. Our free SMS number is 280. This SMS response is absolutely free.

In this programme, we will listen to an entertaining drama on **how we can integrate birth attendants into the formal healthcare structures to help them provide improved health services to the community**. We will also listen to the views of women on the street to find out **what needs to be done to ensure all women access and use medical facilities when giving birth**.

This programme is brought to you by Africa's Voices Foundation (AVF) in collaboration with the Swiss Agency for Cooperation and Development (SDC).

Stay tuned for this and much more.

FADE UP SIGTUNE FOR 10 SECONDS THEN FADE OUT..

10 SECONDS

SEGMENT 2: PART 1 OF RADIO DISCUSSION WITH GUEST

5 MINUTES

PRESENTER: We are privileged to have a Representative from the Ministry of Health [\[Give name\]](#) in the studio. Our guest will help us to understand what needs to be done to improve maternal healthcare services in Somalia. Welcome to our studio.

[\[Brief discussion with guest to create rapport\]](#)

PRESENTER: According to the World Health Organisation, only 9 percent of births in Somalia occur in health facilities. This shows that the overwhelming majority of births in Somalia comprises those that occur outside the formal healthcare structures under the supervision of traditional birth attendants.

PRESENTER ASKS GUEST QUESTIONS

- 1) What steps should be taken by stakeholders in the health sector to effectively integrate birth attendants into the formal healthcare in order for them to equally participate in

providing improved maternal healthcare services to women during childbirth?

PRESENTER: Dear listener, thank you so much for tuning in to this programme and for responding to our question as we seek solutions to what needs to be done to improve maternal healthcare services in Somalia. Today we are asking:

Why do you think traditional birth attendants are more popular than clinics when women are giving birth?

Why do you think traditional birth attendants are more popular than clinics when women are giving birth?

Kindly send us your response to our free SMS number 280. Our free SMS number is 280. This SMS response is absolutely free.

Here are some SMS responses we are receiving from our listeners. **PRESENTER READS SMS**

SEGMENT 3: SMS AUDIENCE ENGAGEMENT	1 MINUTE
SEGMENT 4: PART 2 OF RADIO DISCUSSION WITH GUEST	5 MINUTES

PRESENTER: As we stated earlier in this programme, prolonged warfare and insecurity in most parts of Somalia have prevented both the Federal government and individual Federal Member States from building well-equipped medical facilities that expectant mothers can use during childbirth.

PRESENTER ASKS GUEST QUESTION

- 2) Apart from insecurity, what other factors have slowed the progress at different levels of government, both in terms of building and equipping maternal healthcare facilities, as well as providing trained personnel in order to reduce cases of maternal and infant mortality in Somalia?
- 3) What are the solutions to these factors that stall progress in building and equipping maternal healthcare facilities in Somalia? What role can citizens play in solving this issue?

PRESENTER: Dear listener, we spoke to women on the streets to find out what needs to be done to ensure all women access and use medical facilities when giving birth. Listen to their views. **PLAY VOXPOP**

SEGMENT 5 (VOXPOP) - Ask women on the street this Question	1 MINUTE
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What do you think should be done to ensure all women in Somalia access and use medical facilities when giving birth?	
<p>PRESENTER: Those are the views of women we spoke to on the streets to find out what needs to be done to ensure all women access and use medical facilities when giving birth. Kindly keep interacting with us by responding to our question using our free SMS shortcode number 280. Today we are asking you:</p> <p>Why do you think traditional birth attendants are more popular than clinics when women are giving birth?</p> <p>Why do you think traditional birth attendants are more popular than clinics when women are giving birth?</p> <p>Kindly send us your response to our free SMS number 280. Our free SMS number is 280. This SMS response is absolutely free.</p>	
SEGMENT 6: PART 3 OF RADIO DISCUSSION WITH GUEST	5 MINUTES
<p>PRESENTER: Latest data shows that women and girls' access to education is a major challenge in Somalia with only 26 percent of primary school-aged girls attending formal school while majority women aged between 20 to 24 have not attended school at all. The lack of basic education has affected how these women access sexual and reproductive health services.</p> <p>PRESENTER ASKS QUESTION</p> <p>4) What steps have the Ministry of Health put in place to educate the public on the need to use formal healthcare services as a way of reducing the high cases of maternal and infant mortality in Somalia?</p> <p>5) Insert question from our audience here.</p> <p>PRESENTER: Before we conclude today's programme, we have an entertaining drama on how we can integrate local birth attendants into the formal healthcare structures in order to enable them to provide improved health services to the community. Here is the drama, listen, learn and enjoy. PLAY RADIO DRAMA</p>	
SEGMENT 7: RADIO DRAMA	3 MINUTES
<p>PRESENTER: And with that entertaining and informative drama we have come to the end of our programme today. In this programme we discussed what needs to be done to improve maternal healthcare services in Somalia.</p>	

We thank you so much our dear listener, for tuning in and for responding to our question. Today we asked you:

Why do you think traditional birth attendants are more popular than clinics when women are giving birth?

Why do you think traditional birth attendants are more popular than clinics when women are giving birth?

Keep sending us your SMS via our free shortcode number 280. Our free SMS number is 280. This SMS response is absolutely free.

This programme is brought to you by Africa's Voices Foundation (AVF) in collaboration with the Swiss Agency for Cooperation and Development (SDC).

Next week we will discuss the **role of different stakeholders in helping Somali women and girls to live dignified lives by fastracking their access to sanitary towels**. Until then, bye for now.

#END

Week 3: Radio script

TOPIC: ROLE OF DIFFERENT STAKEHOLDERS IN HELPING SOMALI WOMEN AND GIRLS TO LIVE DIGNIFIED LIVES BY FASTTRACKING THEIR ACCESS TO SANITARY TOWELS.

SEGMENT 1: INTRODUCTION

2 MINUTES

PRESENTER: Welcome to this week's Imaqal programme as we continue with our discussion on how we can ensure every woman and girl in Somalia has unhindered access to quality sexual and reproductive health services.

Dear listener, in our first programme we discussed the various health challenges that hinder Somali women from accessing sexual and health services. We also asked our listeners to give us their priorities regarding the key health issues we should focus on in our subsequent radio programmes.

In our last week's programme we discussed the issue of access to maternal healthcare. In today's programme our listeners have highlighted the issue of women's access to menstrual hygiene.

Some SMS responses we received from our listeners have clearly shown that the topic of menstrual hygiene is still a taboo in many communities across Somalia. This implies that men do not engage in discussions about menstrual hygiene or play any role in helping women and girls to access sanitary towels. Here are samples of the messages we received from our listeners on this issue:

[Presenter reads 3 relevant messages related to menstrual hygiene]

In today's programme, we will therefore discuss **how different stakeholders can help Somali women and girls to live dignified lives by enabling them to access sanitary towels and proper information on their menstrual hygiene.**

Dear listener, we would like to hear your views on this topic as well. Kindly interact with us by responding to our question using our free SMS shortcode number **280**. This SMS response is absolutely free. Today we are asking you:

What should be done by school administrators and the private sector to support girls to access sanitary towels?

What should be done by school administrators and the private sector to support girls to access sanitary towels?

Kindly send us your response to our free SMS number 280. Our free SMS number is 280. This SMS response is absolutely free.

Also stay tuned for an entertaining drama in which we will seek to **create awareness on the need for young women to access sanitary towels and proper information on their menstrual hygiene.** We will also listen to the views of women on the street to find out **what needs to be done to educate men on the role they should play in helping women and girls to access sanitary towels.**

This programme is brought to you by Africa's Voices Foundation (AVF) in collaboration with the Swiss Agency for Cooperation and Development (SDC).

Stay tuned to the end of the show.

FADE UP SIGTUNE FOR 10 SECONDS THEN FADE OUT..

10 SECONDS

SEGMENT 2: PART 1 OF RADIO DISCUSSION WITH GUEST

5 MINUTES

PRESENTER: In studio today, we are privileged to have a [Representative from an organisation helping women and girls to access sanitary towels \[Give name\]](#). Our guest will help us to understand how different stakeholders can help Somali women and girls to live dignified lives by fast tracking their access to sanitary towels and information on proper menstrual hygiene. Welcome to our studio.

[Brief discussion with guest to create rapport]

PRESENTER: There is a lot of stigma surrounding women talking about their menstrual hygiene or asking for money to purchase sanitary pads especially from male members of their families. To a

larger extent, this has prevented women and girls from accessing relevant information on proper menstrual hygiene.

PRESENTER ASKS GUEST QUESTIONS

- 1) What should be done to encourage men to freely talk about menstrual hygiene as a way of helping women attain quality sexual and reproductive healthcare services in Somalia?
- 2) Schools in Somalia do not include in their syllabuses any learning about empowering girls' to attain proper menstrual hygiene information. What role should schools take in promoting good menstrual hygiene?

PRESENTER: Dear listener, we are so glad you are tuned in to this programme as we discuss how to fast track women' access to sanitary towels and proper information on their menstrual hygiene. Kindly interact with us by responding to our question using our free SMS shortcode number 378. Today we are asking:

What should be done by school administrators and the private sector to support girls to access sanitary towels?

What should be done by school administrators and the private sector to support girls to access sanitary towels?

Kindly send us your response to our free SMS number 280. Our free SMS number is 280. This SMS response is absolutely free.

Here are some SMS responses we are receiving from our listeners. **PRESENTER READS SMS**

SEGMENT 3: SMS AUDIENCE ENGAGEMENT	1 MINUTE
SEGMENT 4: PART 2 OF RADIO DISCUSSION WITH GUEST	5 MINUTES

PRESENTER: Many female learners of school-going age stay away from school or struggle to concentrate with learning when they lack sanitary towels during their monthly menstrual cycles.

PRESENTER ASKS GUEST QUESTION

- 3) Which type of sanitary towels does your organisation provide to young adolescent girls in school, and by this we mean if either single use or recyclable?
- 4) Apart from providing sanitary towels, what other additional sexual and reproductive health information does your organisation provide to these young women to enable them live quality and dignified lives? What role could schools take to also spread this message?

PRESENTER: Earlier on, we spoke to women on the streets to find their views on **what needs to be done to educate men on the role they should play in helping women and girls to access sanitary pads**. Listen to their views. **PLAY VOXPOP**

SEGMENT 5 (VOXPOP) - Ask women on the street this Question

1 MINUTE

What do you think needs to be done to educate men on the role they should play in helping women and girls to access sanitary pads?

PRESENTER: Those are the views of women we spoke to find out what should be done to educate men on the role they should play in helping women and girls to access sanitary pads. Dear listener, keep interacting with us by responding to our question using our free SMS shortcode number **280**. Today we are asking you:

What should be done by school administrators and the private sector to support girls to access sanitary towels?

What should be done by school administrators and the private sector to support girls to access sanitary towels?

Kindly send us your response to our free SMS number 280. Our free SMS number is 280. This SMS response is absolutely free.

SEGMENT 6: PART 3 OF RADIO DISCUSSION WITH GUEST

5 MINUTES

PRESENTER: Thank you so much dear listener for tuning in and for interacting with us. In studio today is a [Representative from an organisation helping women and girls to have access to sanitary towels](#) [Give name]. Our guest is helping us to understand how Somali women and girls can live dignified lives through better access to sanitary towels and proper information of their menstrual hygiene.

PRESENTER ASKS QUESTION

5) What would be your call to action message to other partners including government entities and well wishers in improving menstrual hygiene access for women and girls to help them live quality and dignified lives?

6) [Insert question from our audience here.](#)

PRESENTER: As we conclude this programme, we have an entertaining drama for you on how we can **create awareness on the need for young women to access sanitary towels and proper information on their menstrual hygiene**. Listen and enjoy. **PLAY RADIO DRAMA**

SEGMENT 7: RADIO DRAMA	3 MINUTES
<p>PRESENTER: Dear listener, we have come to the end of our programme today. In this programme we discussed how different stakeholders can help Somali women and girls to live dignified lives by enabling them to access sanitary towels and proper information about their menstrual hygiene.</p> <p>Thank you so much to all our listeners for tuning in and for responding to our question. Today we asked you:</p> <p>What should be done by school administrators and the private sector to support girls to access sanitary towels?</p> <p>What should be done by school administrators and the private sector to support girls to access sanitary towels?</p> <p>Dear listener, keep sending us your response via our free SMS number 280. Our free SMS number is 280. This SMS response is absolutely free.</p> <p><i>This programme is brought to you by Africa's Voices Foundation (AVF) in collaboration with the Swiss Agency for Cooperation and Development (SDC).</i></p> <p>Next week we will discuss how we can involve communities in addressing the issue of stigma surrounding women's access to sexual and reproductive health services, and shame of speaking out against female genital mutilation and gender-based violence.</p> <p>Until then, bye for now.</p>	
#END	

Week 4: Radio script

TOPIC: ADDRESSING STIGMA SURROUNDING WOMEN'S ACCESS TO SRH SERVICES, AND SHAME ASSOCIATED WITH FGM AND GBV

SEGMENT 1: INTRODUCTION	2 MINUTES
<p>PRESENTER: Dear listener, welcome to this week's Imaqal programme as we continue with our discussion on how we can ensure every woman and girl in Somalia has unhindered access to quality sexual and reproductive health services.</p> <p>In our first programme, we asked our listeners to give us their thoughts regarding the key priorities regarding women's healthcare access. Since then we have discussed the role of traditional birth attendants in the community, as well as the issue of women's access to menstrual hygiene.</p>	

In today's programme, our listeners have asked us to address the issue of stigma surrounding women's access to sexual and reproductive health services, and the shame associated with female genital mutilation and gender-based violence. Here are some of the SMS responses we have received from our listeners on this issue:

[Presenter reads 3 relevant messages related to stigma on SRH, FGM and GBV]

Our guest in today's programme will therefore help us to understand **how we can involve communities in addressing the issue of stigma surrounding women's access to sexual and reproductive health services, and the shame of speaking out against female genital mutilation, gender-based violence and rape.**

Dear listener, your participation in this programme is very important. Kindly interact with us by responding to our question using our free SMS shortcode number **280**. This SMS response is absolutely free. Today we are asking you:

What kind of awareness creation is needed to tackle stigma around women accessing sexual and menstrual healthcare?

What kind of awareness creation is needed to tackle stigma around women accessing sexual and menstrual healthcare?

Kindly send us your response to our free SMS number 280. Our free SMS number is 280. This SMS response is absolutely free.

During this programme, we will listen to the views of people on the street to find out **what needs to be done to help both men and women to overcome the shame of speaking out against sexual and gender-based violence in their communities.** We will also listen to an entertaining drama on how we can **create awareness on ending stigma associated with women's access to better sexual and reproductive health services.**

This programme is brought to you by Africa's Voices Foundation (AVF) in collaboration with the Swiss Agency for Cooperation and Development (SDC).

Stay tuned.

FADE UP SIGTUNE FOR 10 SECONDS THEN FADE OUT.

10 SECONDS

SEGMENT 2: PART 1 OF RADIO DISCUSSION WITH SRH EXPERT

5 MINUTES

PRESENTER: In studio today, we are privileged to have a [Sexual and Reproductive Health expert \[Give name\]](#). Our guest will help us understand how communities can address the issue of stigma

surrounding women's access to sexual and reproductive health services, and the shame of speaking out against sexual and gender-based violence. Welcome to our studio.

[Brief discussion with guest to create rapport]

PRESENTER ASKS GUEST QUESTIONS

- 1) What are the major causes of stigma surrounding women's access to quality sexual and reproductive health services in Somalia?
- 2) What needs to be done to encourage both men and women in Somalia to freely discuss the importance of enabling all women to access sexual and reproductive health services?

PRESENTER: Dear listener, we are so glad you are tuned in to this programme as we discuss the issue of stigma surrounding women's access to sexual and reproductive health services. We kindly ask you to interact with us by responding to our question using our free SMS shortcode number 280. Today we are asking:

What kind of awareness creation is needed to tackle stigma around women accessing sexual and menstrual healthcare?

What kind of awareness creation is needed to tackle stigma around women accessing sexual and menstrual healthcare?

Kindly send us your response to our free SMS number 280. Our free SMS number is 280. This SMS response is absolutely free.

Here are some SMS responses we are receiving from our listeners. **PRESENTER READS SMS**

SEGMENT 3: SMS AUDIENCE ENGAGEMENT	1 MINUTE
SEGMENT 4: PART 2 OF RADIO DISCUSSION WITH SRH EXPERT	5 MINUTES

PRESENTER: cultural practices, such as early marriages, gender-based violence, rape and female genital mutilation, can hinder women and girls from accessing quality sexual and reproductive health services in Somalia.

PRESENTER ASKS GUEST QUESTION

- 3) In what ways do such practices hinder women from accessing better sexual and reproductive health services; and how can stakeholders motivate communities to speak out against sexual and gender-based violence?

- 4) What support should the government provide to women to empower them to boldly speak out when they experience sexual and gender-based violence in order for them to receive professional and medical support?

PRESENTER: Dear listener, we are glad you are tuned in to this programme. We spoke to people on the streets to find their views on **what needs to be done to help both men and women to overcome the shame of speaking out against sexual and gender-based violence in their communities.** Listen to their responses. **PLAY VOXPOP**

SEGMENT 5 (VOXPOP) - Ask people on the street this Question

1 MINUTE

What needs to be done to help both men and women to overcome the shame of speaking out against sexual and gender-based violence in their communities?

PRESENTER: Those are the views of people we spoke to find out how we can end stigma on sexual and gender-based violence. Dear listener, keep interacting with us by responding to our question using our free SMS shortcode number **280**. Today we are asking you:

What kind of awareness creation is needed to tackle stigma around women accessing sexual and menstrual healthcare?

What kind of awareness creation is needed to tackle stigma around women accessing sexual and menstrual healthcare?

Send us your response to our free SMS number 280. Our free SMS number is 280. This SMS response is absolutely free.

SEGMENT 6: PART 3 OF RADIO DISCUSSION WITH SRH EXPERT

5 MINUTES

PRESENTER: Schools play a greater role in instilling values and changing perceptions on a wide range of issues in our society.

PRESENTER ASKS QUESTION

- 5) What role should schools in Somalia play in normalising conversations surrounding women's access to sexual and reproductive health services and, ending poor cultural practices such as early mariages, female genital mutilation and gender-based violence?

6) [Insert question from our audience here.](#)

PRESENTER: Dear listener, we promised to bring to you an entertaining drama on **how we can create awareness on ending stigma associated with women's access to better sexual and reproductive health services**. Here is the drama: listen and enjoy. **PLAY RADIO DRAMA**

SEGMENT 7: RADIO DRAMA

3 MINUTES

PRESENTER: On that note, we have come to the end of our programme today. In this programme we discussed how communities can address the issue of stigma surrounding women's access to sexual and reproductive health services, and the shame of speaking out against female genital mutilation, gender-based violence and rape.

Our sincere thanks to our guest for speaking to us, and also all to our listeners for tuning in and responding to our question. Today we asked you:

What kind of awareness creation is needed to tackle stigma around women accessing sexual and menstrual healthcare?

What kind of awareness creation is needed to tackle stigma around women accessing sexual and menstrual healthcare?

Keep sending us your response to our free SMS number 280. Our free SMS number is 280. This SMS response is absolutely free.

This programme is brought to you by Africa's Voices Foundation (AVF) in collaboration with the Swiss Agency for Cooperation and Development (SDC).

In our next programme, we will discuss **the importance of having well equipped trauma centres with trained professionals to help survivors of female genital mutilation, gender-based violence and rape**. Until then, bye for now.

#END

Week 5: Radio script

TOPIC: THE IMPORTANCE OF HAVING WELL EQUIPPED TRAUMA CENTRES WITH TRAINED PROFESSIONALS TO HELP survivors OF FEMALE GENITAL MUTILATION, GENDER-BASED VIOLENCE AND RAPE IN SOMALIA.

SEGMENT 1: INTRODUCTION

2 MINUTES

PRESENTER: Dear listener, welcome to this week's Imaqal programme as we continue with our discussion on how we can ensure every woman and girl in Somalia has unhindered access to quality sexual and reproductive health services.

In our programme last week, we discussed the issue of stigma surrounding women's access to sexual and reproductive health services, and the shame of speaking out against female genital mutilation, gender-based violence and rape.

In today's programme, our listeners have asked us to talk about how survivors of female genital mutilation, gender-based violence and rape can access professional and medical support from trauma centres in case of any form of any violation. This is what one of you said on this topic:

[Presenter reads any message on this topic]

As we are all aware, widespread insecurity and cultural practices in many parts of the country have predisposed women to experiencing gender-based violence of different forms such as physical and sexual abuse, forced marriage and female genital mutilation among others.

In today's programme, we are privileged to have a [Representative from a Trauma Centre \[Give name\]](#) in studio. Our guest will help us to understand **the importance of having well equipped trauma centres with trained professionals to help survivors of female genital mutilation, gender-based violence and rape**. Welcome to our studio.

[Brief discussion with guest to create rapport]

Dear listener, we would like to hear from you as we discuss this important topic. Kindly interact with us by responding to our question using our free SMS shortcode number **280**. This SMS response is absolutely free. Today we are asking you:

What form of support should be provided to survivors of gender-based violence in your community?

What form of support should be provided to survivors of gender-based violence in your community?

Kindly send us your response to our free SMS number 280. Our free SMS number is 280. This SMS response is absolutely free.

In this programme we will listen to an entertaining drama about the nature of **support close family members need to provide to help survivors of gender-based violence to access justice and medical help at trauma centres**.

We will also listen to the views of people on the street to find out **what needs to be done to prevent cases of women being shamed by the community for reporting cases of physical and sexual abuse perpetrated against them**.

This programme is brought to you by Africa's Voices Foundation (AVF) in collaboration with the Swiss Agency for Cooperation and Development (SDC).

Stay tuned for this and much more.	
FADE UP SIGTUNE FOR 10 SECONDS THEN FADE OUT.	10 SECONDS
SEGMENT 2: PART 1 OF RADIO DISCUSSION WITH TRAUMA CARE-GIVER	5 MINUTES
<p>PRESENTER: Gender-based violence takes different forms such as male spouses physically abusing their spouses, criminal gangs committing sexual violence such as rape, girls forced into early marriages and women being forced to undergo female genital mutilation.</p> <p>PRESENTER ASKS GUEST QUESTIONS</p> <ol style="list-style-type: none"> 1) From your observation, how rampant are cases of physical and sexual violence, and incidences of female genital mutilation among different communities in Somalia? 2) Due to stigma, many cases of violence against women are not reported to the authorities. How do you access the women who have been subjected to different forms of abuse such as rape, female genital mutilation or gender based violence in order to provide them needed professional and medical help at your trauma centre? <p>PRESENTER: Thank you so much for tuning in to this programme. We will be glad to hear your views. Kindly interact with us by responding to our question using our free SMS shortcode number 280. Today we are asking:</p> <p>What form of support should be provided to survivors of gender-based violence in your community?</p> <p>What form of support should be provided to survivors of gender-based violence in your community?</p> <p>Continue interacting with us by sending us your response to our free SMS number 280. Our free SMS number is 280. This SMS response is absolutely free.</p> <p>Here are some SMS responses we are receiving from our listeners. PRESENTER READS SMS</p>	
SEGMENT 3: SMS AUDIENCE ENGAGEMENT	1 MINUTE
SEGMENT 4: PART 2 OF RADIO DISCUSSION WITH TRAUMA CARE-GIVER	5 MINUTES

PRESENTER: Professionals in trauma centres are trained to provide highly specialised medical services, including counselling to patients suffering from traumatic experiences in order to reduce the likelihood of death or permanent disability.

PRESENTER ASKS QUESTION

- 3) What are some of the professional and medical services trauma centres can provide to women who have been through traumatic experiences such as female genital mutilation, gender-based violence and rape?
- 4) What resources should both State and non-state actors provide in establishing more trauma centres within the reach of local communities in order to help survivors of rape, gender-based violence and female genital mutilation to receive support that will enable them to recover from trauma?

PRESENTER: Dear listener, we spoke to people on the street to find out **what needs to be done to prevent cases of women being shamed by the community for reporting cases of physical and sexual abuse perpetrated against them**. Listen to their responses **PLAY VOXPOP**

SEGMENT 5 (VOXPOP) - Ask people on the street this Question

1 MINUTE

In your view, what do you think needs to be done to prevent cases of women being shamed by the community for reporting cases of physical and sexual abuse perpetrated against them?

PRESENTER: Thank you so much for your views. Keep interacting with us by responding to our question using our free SMS shortcode number **280**. Today we are asking you:

What form of support should be provided to survivors of gender-based violence in your community?

What form of support should be provided to survivors of gender-based violence in your community?

Please send us your response to our free SMS number 280. Our free SMS number is 280. This SMS response is absolutely free.

SEGMENT 6: PART 3 OF RADIO DISCUSSION WITH TRAUMA CARE-GIVER

5 MINUTES

PRESENTER: Dear listener, thank you for tuning in to this programme as we seek solutions to how survivors of female genital mutilation, gender-based violence and rape can access professional and medical support from trauma centres in case of any form of violation.

Poor cultural practices in our society have predisposed women to gender-based violence of different forms.

PRESENTER ASKS GUEST QUESTIONS

- 5) How can different stakeholders work together with local communities in creating more awareness about the dangers of exposing women to inhuman practices such as female genital mutilation, gender-based violence or rape which can lead to trauma, death and other permanent disabilities?

6) [Insert question from our audience here.](#)

PRESENTER: Before we come to the end of this programme, we have an entertaining drama on the nature of **support close family members need to provide to help survivors of gender-based violence to access justice and medical help at trauma centres.** Enjoy. **PLAY RADIO DRAMA**

SEGMENT 7: RADIO DRAMA

3 MINUTES

PRESENTER: Dear listener, we have come to the end of our programme today. In this programme we discussed the importance of having well equipped trauma centres with trained professionals to help survivors of female genital mutilation, gender-based violence and rape.

Thank you to all our listeners for tuning in and for responding to our question. Today we asked you:

What form of support should be provided to survivors of gender-based violence in your community?

What form of support should be provided to survivors of gender-based violence in your community?

Keep sending your response to our free SMS number 280. Our free SMS number is 280. This SMS response is absolutely free.

This programme is brought to you by Africa's Voices Foundation (AVF) in collaboration with the Swiss Agency for Cooperation and Development (SDC).

In our next programme, we will discuss **the role of men in enabling women to access quality sexual and reproductive health services.** Until then, bye for now.

#END

Week 6: Radio script

TOPIC: THE CONTRIBUTION OF MEN IN ENABLING WOMEN TO ACCESS QUALITY SEXUAL AND REPRODUCTIVE HEALTH SERVICES.

SEGMENT 1: INTRODUCTION	2 MINUTES
<p>PRESENTER: Dear listener, welcome to this week's Imaqal programme as we continue with our discussion on how we can ensure every woman and girl in Somalia has unhindered access to quality sexual and reproductive health services.</p> <p>In our first programme, we discussed the various health issues that hinder Somali women from accessing quality sexual and reproductive health services. We also asked our listeners to give us their priorities regarding the key health challenges that we should focus on in our programmes.</p> <p>As you may remember, last week we discussed the importance of having well equipped trauma centres where survivors of female genital mutilation, gender-based violence and rape can receive medical support. In today's programme, we will talk about the role of men in enabling more women to access sexual and reproductive health services.</p> <p>In many African communities, access to sexual and reproductive health services has traditionally been left to women. This has resulted in women bearing this burden alone with no support from men.</p> <p>In today's show, we are privileged to have a Sexual and Reproductive Health specialist [Give name]. Our guest will help us to discuss the contribution of men in helping women to access quality sexual and reproductive health services in Somalia. Welcome to our studio.</p> <p>[Brief discussion with guest to create rapport]</p> <p>PRESENTER: Dear listener, we would like to know your views on this topic as well. Kindly interact with us by responding to our question using our free SMS shortcode number 280. This SMS response is free. Today we are asking you:</p> <p>How can men in your community support women to access better sexual and reproductive health services?</p> <p>How can men in your community support women to access better sexual and reproductive health services?</p> <p>Kindly send us your responses to our free SMS number 280. Our free SMS number is 280. This SMS response is totally free.</p> <p>In this programme, we will listen to an entertaining drama that will help us to understand how we can create more awareness on the need for men to support women to access sanitary towels and proper information on their menstrual hygiene.</p>	

We will also listen to the views of people on the street to find out **what should be done to encourage men to overcome the fear and shame of freely discussing with their wives and daughters the issue of women's access to sexual and reproductive health services.**

This programme is brought to you by Africa's Voices Foundation (AVF) in collaboration with the Swiss Agency for Cooperation and Development (SDC).

Stay with us till the end of the show.

FADE UP SIGTUNE FOR 10 SECONDS THEN FADE OUT.

10 SECONDS

SEGMENT 2: PART 1 OF RADIO DISCUSSION WITH REP FROM MoH

5 MINUTES

PRESENTER: Traditional socio-cultural beliefs have contributed to men not supporting their wives and daughters to access information on their sexual and reproductive health services, including access to sanitary pads and proper menstrual hygiene.

PRESENTER ASKS GUEST QUESTIONS

- 1) What are the major cultural beliefs and practices in communities that hinder Somali men from engaging in conversations about helping women to access sexual and reproductive health services?
- 2) How can stakeholders use schools and other public forums to create awareness about the importance of men helping women to access sexual and reproductive health services?

PRESENTER: Dear listener, we are glad you are tuned in to this programme today. Feel free to interact with us by responding to our question using our free SMS shortcode number 280. Today we are asking:

How can men in your community support women to access better sexual and reproductive health services?

How can men in your community support women to access better sexual and reproductive health services?

Kindly text us via our free SMS number 280. Our free SMS number is 280. This SMS response is free.

Here are some SMS responses we are receiving from our listeners. **PRESENTER READS SMS**

SEGMENT 3: SMS AUDIENCE ENGAGEMENT

1 MINUTE

SEGMENT 4: PART 2 OF RADIO DISCUSSION WITH REP FROM MoH	5 MINUTES
<p>PRESENTER: In our previous programme, we indicated that sexual and reproductive health is a taboo topic that is hardly taught in school. This implies that from a younger age, men hardly engage in conversations about enabling women to access sanitary pads or information on proper menstrual hygiene.</p> <p>PRESENTER ASKS QUESTION</p> <p>3) Moving forward, what practical steps should men take to ensure young women have proper information of their menstrual hygiene, including access to sanitary pads, while expectant mothers can access quality maternal healthcare services in hospitals?</p> <p>PRESENTER: Dear listener, we spoke to people on the street to find out what should be done to encourage men to overcome the fear and shame of freely discussing with their wives and daughters the issue of women's access to sexual and reproductive health services. Listen to their responses PLAY VOXPOP</p>	
<p>SEGMENT 5 (VOXPOP) - Ask people on the street this Question</p> <p>What do you think should be done to enable men to overcome the fear and shame of freely discussing with their wives and daughters the issue of women's access to sexual and reproductive health services?</p>	1 MINUTE
<p>PRESENTER: Those are the views of people we spoke to on the streets to find out how men can overcome the fear and shame of speaking out about women's access to sexual and reproductive health services. Keep interacting with us by responding to our question using our free SMS shortcode number 280. Today we are asking you:</p> <p>How can men in your community support women to access better sexual and reproductive health services?</p> <p>How can men in your community support women to access better sexual and reproductive health services?</p> <p>Our free SMS number is 280. Remember, this SMS response is free.</p>	
SEGMENT 6: PART 3 OF RADIO RADIO DISCUSSION WITH REP FROM MoH	5 MINUTES
<p>PRESENTER: We also indicated earlier in this programme that access to sexual and reproductive health services in many African communities has been viewed as a woman's responsibility. This</p>	

means that men hardly seek information on their sexual and reproductive health from trained healthcare professionals.

PRESENTER ASKS GUEST QUESTIONS

- 4) What strategies should different stakeholders use to also urge men to seek information about their sexual and reproductive health as a way of easing the burden on women on issues such as prevention of sexually transmitted infections and addressing infertility issues among other reproductive health issues?

- 5) [Insert question from our audience here.](#)

PRESENTER: As we come to the end of our show today, we have an entertaining drama for you. In this drama we will learn about how we can **create more awareness on the need for men to support women to access sanitary towels and proper information on their menstrual hygiene.** Here is the drama, listen and enjoy. **PLAY RADIO DRAMA**

SEGMENT 7: RADIO DRAMA

3 MINUTES

PRESENTER: And on that note, dear listener we have come to the end of our programme. In this programme we have discussed the contribution of men in helping women to access quality sexual and reproductive health services.

Our sincere thanks to our guest for speaking to us. We also thank you, our listener, for tuning in and for responding to our question. Today we asked you:

How can men in your community support women to access better sexual and reproductive health services?

How can men in your community support women to access better sexual and reproductive health services?

Keep sending us your responses using our free SMS number 280. Our free SMS number is 280. This SMS response is absolutely free.

This programme is brought to you by Africa's Voices Foundation (AVF) in collaboration with the Swiss Agency for Cooperation and Development (SDC).

In our next programme, we will discuss **how we can involve local communities in stopping gender-based violence by ensuring survivors of violence access justice.** Until then, bye for now.

#END

Week 7: Radio script

TOPIC: INVOLVING LOCAL COMMUNITIES IN STOPPING GENDER-BASED VIOLENCE BY ENSURING SURVIVORS OF VIOLENCE ACCESS JUSTICE.

SEGMENT 1: INTRODUCTION	2 MINUTES
<p>PRESENTER: Welcome to this week's Imaqal programme. This is our last show in a series of radio programmes in which we have been discussing how to ensure every woman and girl in Somalia has unhindered access to quality sexual and reproductive health services.</p> <p>Dear listener, as you may be aware, in our first programme we asked our listeners to give us their priorities regarding the key health challenges that we should focus on. Last week, our listeners asked us to discuss the contribution of men in helping women to access sexual and reproductive health services.</p> <p>Today, our listeners have asked us to discuss how communities can stop gender-based violence by enabling survivors to access justice. A 2020 report by the United Nations Population Fund found out that violence against women, especially male partners physically abusing their spouses had increased due to various reasons, including the worsening drought condition in many parts of Somalia and widespread insecurity.</p> <p>Other forms of violence against women that were reported to the authorities include rape, forced child marriage and female genital mutilation.</p> <p>In today's programme, we have a Gender activist/Human Rights activist [Give name] who will help us to understand how communities can be involved in stopping gender-based violence by ensuring survivors of violence access justice. Welcome to our studio.</p> <p>[Brief discussion with guest to create rapport]</p> <p>PRESENTER: Dear listener, your voice in this programme is very important and will help us in ending violence against women in Somalia. Please interact with us by responding to our question using our free SMS shortcode number 280. This SMS response is free. Today we are asking you:</p> <p>What should be done in your community to help survivors of gender violence to get justice?</p> <p>What should be done in your community to help survivors of gender violence to get justice?</p> <p>Send your responses to our free SMS number 280. Our free SMS number is 280. This SMS response is totally free.</p> <p>During this programme, we will listen to the views of people on the street to find out what needs to be done to encourage communities to start using formal judicial systems instead of traditional laws in settling rape cases in Somalia.</p>	

Also, stay tuned for an entertaining drama in which we will learn about **the importance of reporting cases of gender-based violence to the authorities as a way of ensuring survivors of violence get justice.**

This programme is brought to you by Africa's Voices Foundation (AVF) in collaboration with the Swiss Agency for Cooperation and Development (SDC).

Stay with me to the end.

FADE UP SIGTUNE FOR 10 SECONDS THEN FADE OUT.

10 SECONDS

SEGMENT 2: PART 1 OF RADIO DISCUSSION WITH GENDER ACTIVIST

5 MINUTES

PRESENTER: Latest data by the United Nations Population Fund shows that in 2020, women, especially from the displaced communities, adolescent girls and children represented the highest majority of survivors who had reported cases of gender-based violence to the authorities.

PRESENTER ASKS GUEST QUESTIONS

- 1) What is gender-based violence?
- 2) What strategies should be used to create awareness about the dangers of gender-based violence targeted on highly vulnerable groups such as women and adolescent girls?
- 3) Physical abuse, child marriage, rape and female genital mutilation are examples of gender violence targeted on women and girls. How can health experts reach more women and girls who have suffered gender-based violence to enable them access counselling and medical assistance?

PRESENTER: Dear listener, we are glad you are tuned in to this programme today as we discuss how to stop gender-based violence. Kindly interact with us by responding to our question using our free SMS shortcode number 280. Today we are asking:

What should be done in your community to help survivors of gender violence to get justice?

What should be done in your community to help survivors of gender violence to get justice?

Kindly text us via our free SMS number 280. Our free SMS number is 280. This SMS response is free.

Here are some SMS responses we are receiving from our listeners. **PRESENTER READS SMS**

SEGMENT 3: SMS AUDIENCE ENGAGEMENT	1 MINUTE
SEGMENT 4: PART 2 OF RADIO DISCUSSION WITH GENDER ACTIVIST	5 MINUTES
<p>PRESENTER: The use of customary law (Xeer) in solving rape cases is common in most communities in Somalia. For example, a man accused of rape can easily escape justice by paying a fine of 22 goats to solve a rape case.</p> <p>PRESENTER ASKS QUESTION</p> <p>4) What steps should the Federal government, individual Federal Member States and other stakeholders take to educate survivors of gender-based violence to seek justice in formal judicial systems instead of over-relying on customary laws?</p> <p>PRESENTER: Dear listener, we spoke to people on the street to find out what needs to be done to encourage communities to start using formal judicial systems instead of traditional laws in settling rape cases in Somalia. This is what they said PLAY VOXPOP</p>	
<p>SEGMENT 5 (VOXPOP) - Ask people on the street this Question</p> <p>What do you think should be done to encourage people to start using formal judicial systems instead of customary laws in settling rape cases in Somalia?</p>	1 MINUTE
<p>PRESENTER: Those are the views of people we spoke to to find out how communities can be encouraged to use formal judicial systems instead of customary laws in settling rape cases. Keep interacting with us by responding to our question using our free SMS shortcode number 280 and we will read some of your messages during this programme. Today we are asking you:</p> <p>What should be done in your community to help survivors of gender violence to get justice?</p> <p>What should be done in your community to help survivors of gender violence to get justice?</p> <p>Our free SMS number is 280. Remember, this SMS response is free.</p>	
SEGMENT 6: PART 3 OF RADIO DISCUSSION WITH GENDER ACTIVIST	5 MINUTES
<p>PRESENTER: Some women in abusive marriages tend to stay with an abusive partner because they lack the ability to participate in meaningful income generating activities that could enable them to provide food and other basic needs to their families.</p> <p>PRESENTER ASKS GUEST QUESTIONS</p>	

5) What steps should different stakeholders take to empower more women to participate in business and employment opportunities as a way of helping them to escape from abusive relationships that subject them to living with perpetrators of gender-based violence?

6) [Insert question from our audience here.](#)

PRESENTER: As we promised you at the beginning of the show, we have an entertaining drama for you that will help us to learn about **the importance of reporting cases of gender-based violence to the authorities as a way of ensuring survivors of violence get justice.** Enjoy **PLAY RADIO DRAMA**

SEGMENT 7: RADIO DRAMA

3 MINUTES

PRESENTER: Dear listener, we have come to the end of our programme today. In this programme we have discussed how communities can be involved in stopping gender-based violence by ensuring survivors of violence access justice.

For the past seven weeks, we have discussed how women and girls in Somalia can access quality sexual and reproductive health services. Thank you so much, dear listener for sharing your views with us on this important topic.

Our sincere gratitude to all our listeners for always tuning in and for responding to our question each week. Today we asked you:

What should be done in your community to help survivors of gender violence to get justice?

What should be done in your community to help survivors of gender violence to get justice?

Continue sending us your responses using our free SMS number 280. Our free SMS number is 280. This SMS response is free.

This programme is brought to you by Africa's Voices Foundation (AVF) in collaboration with the Swiss Agency for Cooperation and Development (SDC). Until we meet another time, bye for now.

#END

