



GIVING HOPE

TO MOTHERS:

How the Motherkind Clinic
is Making Maternal Care
a Right, not a Privilege.



motherkind

Foreword

Muslim Hands' Motherkind clinics protect and nurture mothers and babies in some of the world's most fragile settings. During emergencies, women and children are often among those most severely affected. For mothers and young children who require specialised care, the breakdown of health services during armed violence, instability and disasters can have devastating consequences.

Today, more than 305 million people worldwide require humanitarian assistance (UNOCHA, 2025). As of April 2025, an estimated 122.1 million people had been forcibly displaced due to violence, insecurity and persecution (UNHCR, 2025). Climate-related disasters are adding further pressure, deepening humanitarian need, driving population movements and increasing food insecurity.

For more than a decade, our clinics in Somalia and Afghanistan have helped make expert maternal healthcare a right, not a privilege. Somalia continues to have one of the highest lifetime risks of maternal death globally (WHO, 2025), while Afghanistan's maternal mortality ratio remains among the highest in the world, at an estimated 521 deaths per 100,000 live births (WHO, 2025).

We also operate health facilities in Yemen and Cox's Bazar, providing essential healthcare to women and families uprooted by violence and instability. In Yemen, only around 20% of functioning health facilities can provide maternal and child health services (UNFPA, 2025), while maternal mortality rates in some parts of the Rohingya camps are estimated to be 44% higher than elsewhere in Bangladesh (UNICEF, 2024).

We also work with partners in Gaza, helping midwives and doctors deliver lifesaving maternal and newborn care. According to UNFPA, pregnant women and newborns in Gaza are facing 'catastrophic' conditions due to the collapse of healthcare services, widespread displacement, malnutrition and ongoing military assaults. In the first half of 2025, only 17,000 births were recorded in Gaza – a 41% decline compared with the same period in 2022 – while maternal deaths and newborn complications rose sharply (UNFPA, 2025). Hospitals and maternity facilities continue to operate amid severe shortages of medicine, fuel and medical equipment, placing thousands of women and babies at heightened risk.

Muslim Hands' long-term goal is to advocate for, protect and nurture mothers and their children across the world.

A handwritten signature in black ink, reading "Syed Lakhte Hassanain". The signature is written in a fluid, cursive style with a long horizontal stroke extending from the end.

Syed Lakhte Hassanain, Chairman

THE IMPORTANCE OF THE RIGHT TO HEALTH

**A maternal
death every
2 minutes**

The right to health is a fundamental human right. Its importance was enshrined in the 1946 Constitution of the World Health Organization (WHO), whose preamble defines health as 'a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity.' The preamble further states that, 'the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.' Yet millions around the world still lack access to healthcare, undermining this basic right.

Article 25 of the United Nations' 1948 Universal Declaration of Human Rights states that, 'Everyone has the right to a standard of living adequate for the health and wellbeing of himself and of his family, including food, clothing, housing, medical care and necessary social services.'

Weak health policies can undermine human rights, while human rights violations—especially during conflict—can have serious health consequences.

This broader picture has major implications for maternal health. Mary Robinson, former UN Commissioner for Human Rights, said, 'Preventable maternal mortality and morbidity is a violation of women's rights to life, health, equality and non-discrimination. The time has come to treat this issue as a human rights violation, no less than torture, "disappearances", arbitrary detention, and prisoners of conscience.'



According to the World Health Organization, approximately 260,000 women died during and following pregnancy and childbirth in 2023. The leading causes of maternal mortality include severe bleeding, hypertensive disorders, infection, complications during delivery and unsafe abortion. The overwhelming majority of maternal deaths occur in low- and lower-middle-income countries, and most are considered preventable with timely access to quality healthcare (WHO, 2025).

Maternal healthcare is a core obligation under human rights law, which is why maternal health and mortality must be addressed through a human rights lens. Reducing maternal mortality requires laws, policies and practices that support mothers throughout pregnancy, delivery and the postpartum period. It also requires environments where health professionals are well trained and well supported.

Ensuring that every woman can access safe, affordable and quality maternal healthcare is not only a public health priority—it is a matter of human rights.



MATERNAL HEALTH CRISIS

Pregnancy is a joyous occasion for many, yet for millions of women worldwide it can be dangerous, and sometimes deadly. Maternal health is worsening in many parts of the world, with maternal mortality highest in the Global South.

According to the World Health Organization, approximately 260,000 women died during and following pregnancy and childbirth in 2023, with a maternal death occurring almost every two minutes globally (WHO, 2025). 95% of all maternal deaths occurred in low- and lower-middle-income countries, and most were considered preventable.

The Sustainable Development Goal 3.1 aims to reduce the global maternal mortality ratio to less than 70 per 100,000 births by 2030. Yet, the United Nations has issued a warning as we are not on track to achieve the proposed target. The global maternal mortality ratio was estimated at 197 maternal deaths per 100,000 live births

in 2023. (UNICEF/WHO, 2025). Due to the lack of quality care available during pregnancy and after childbirth, women often become more prone to complications. The leading causes of maternal mortality include:

- **Post-partum haemorrhage** (severe bleeding).
- **Pre-eclampsia/eclampsia** (hypertensive disorder).
- **Sepsis** (generalised infection).
- **Unsafe abortion.**

Many of these complications are preventable. However, many women live in remote areas or internally displaced persons (IDP) camps and lack the means to reach medical facilities, resulting in delayed or even non-existent care.

Over recent decades, the climate emergency has become increasingly severe, with extreme weather events such as flooding, hurricanes and drought occurring more often. This has intensified existing gaps in maternal healthcare.

Women are disproportionately affected by climate change, with around 80% of people displaced by climate events being women and girls. For example, during the 2022 floods in Pakistan, an estimated 650,000 pregnant women in affected areas lacked maternal health services, with one in five needing urgent care and approximately 2,000 mothers giving birth in unsafe conditions each day (UNFPA, 2022).

Muslim Hands has been supporting mothers and newborns in some of the world's most challenging environments since 2011. Through our Motherkind clinics and wider maternal health programmes, we provide free, lifesaving healthcare to women and children affected by conflict, displacement, poverty and climate-related shocks.

Our flagship Motherkind clinics in Somalia and Afghanistan are located in countries ranked among the world's most fragile. These facilities provide a range of essential maternal health services, including antenatal and postnatal care, consultations, vaccinations, medicines and health education. For many women, they are one of the few places where safe and affordable maternal healthcare is available.

Beyond Somalia and Afghanistan, Muslim Hands supports maternal and child health programmes in Yemen, Cox's Bazar and Gaza. In Yemen, where only around 20% of functioning health facilities can provide maternal and child health services, millions of women and newborns face significant barriers to accessing reproductive healthcare (UNFPA, 2025). In Cox's Bazar, where 51% of the Rohingya community are female, women face daily challenges including food insecurity, gender-based violence and limited access to healthcare. UNICEF reported 84 maternal deaths in 2023 – equivalent to 295 deaths per 100,000 births – while maternal mortality rates in some parts of the camp are estimated to be 44% higher than elsewhere in Bangladesh (UNICEF, 2024).

This report explores the maternal health challenges facing women in Somalia and Afghanistan and how Muslim Hands is responding through its Motherkind programme. It also highlights our maternal health interventions in Yemen, Cox's Bazar and Gaza, examining how conflict, displacement, climate-related shocks and economic uncertainty affect mothers and newborns. Ultimately, it demonstrates why accessible, quality maternal

healthcare is not a privilege, but a necessity for women living in crisis-affected communities.

Muslim Hands' Motherkind clinics

The Muslim Hands Motherkind clinics and health facilities aim to reduce maternal and infant mortality and morbidity by providing mothers and children in crisis-affected communities with specialised care and support. Our clinics are more than maternal health facilities—they also provide primary healthcare to marginalised communities, alongside education and guidance on all aspects of healthy family life.

Muslim Hands abides by the Sphere Humanitarian Standards, which recognise that:



Infectious diseases and vaccine-preventable illnesses are among the leading causes of death and disease outbreaks during emergencies, with children under five particularly vulnerable to disease and malnutrition.



Women and girls face heightened risks during emergencies, including increased exposure to gender-based violence and barriers to accessing essential healthcare.



Pregnancy-related and obstetric complications become more difficult to manage when health systems are disrupted.



Large-scale displacement can place significant strain on host communities and already fragile healthcare services.

These challenges highlight the importance of accessible, quality healthcare in humanitarian settings. Motherkind was established to help address these gaps by ensuring women and children can access the care, support and guidance they need throughout pregnancy, childbirth and early childhood, even in the most difficult circumstances.

MOTHERKIND CLINIC

SOMALIA



Over the last few years, the Motherkind clinic in Somalia has seen a significant increase in patient numbers. Located in one of Mogadishu's most densely populated IDP settlements, the clinic serves women and children who have been displaced by conflict, climate shocks and economic hardship. Many families have fled drought-affected villages and farmlands in search of safety and support.

Somalia continues to face one of the world's most severe displacement crises. By the end of 2024, an estimated 3.1 million people were internally displaced due to conflict and violence, while a further 733,000 people had been displaced by natural disasters (IDMC, 2025). Humanitarian agencies estimate that close to four million people remain uprooted as conflict, insecurity, drought and climate-related shocks continue to force families from their homes (IOM, 2025).

Since opening in 2013, the Motherkind clinic has been a source of hope for vulnerable women who might otherwise struggle to access medical care.

Today, the clinic employs 23 healthcare professionals, including doctors, midwives and community health workers, across day and night shifts to meet growing demand.

The clinic sees an average of 60 patients each day and provides far more than medical treatment, offering counselling, nutrition education and family planning support alongside essential maternal healthcare services.

Our Services in Somalia

Antenatal care is one of the core services provided at the Motherkind clinic. We offer supplements, vaccinations, nutritional support, advice and medicines, alongside haemoglobin and blood pressure checks to help identify anaemia and hypertensive disorders during pregnancy. We also diagnose and treat reproductive and urinary tract infections. Women requiring specialist care are referred to Banadir Hospital, a public health facility.

Our postnatal services support mothers' physical, mental and emotional wellbeing. Mothers and



newborns receive care from birth until the sixth week of life. This includes postnatal examinations, breastfeeding and lactation support, screening for postpartum depression and iron supplementation for women experiencing low haemoglobin levels following childbirth.

Education is a key part of our work. We regularly hold awareness sessions on pregnancy-related complications, including bleeding during and after pregnancy, pre-labour rupture of membranes, swelling during pregnancy, postpartum fever and the importance of family planning.

Between June 2025-June 2026, the Motherkind clinic supported **34,430 beneficiaries**, including:

22,340
consultations

1,810

people who attended
awareness sessions

128

malnutrition cases referred
for specialist treatment

1,945

deliveries conducted
at the clinic

2,989

women who received
antenatal care

1,784

women who received
postnatal care

1,216

women and
children vaccinated

MOTHERKIND CLINIC

AFGHANISTAN

MKC Afghanistan works in partnership with the Ministry of Public Health and in coordination with the United Nations (WHO central region cluster), providing maternal healthcare services ranging from antenatal to postnatal care. Many of those we serve have been displaced by violence, economic hardship, and instability.

Our services include maternal and child health, psychosocial support (PSS), nutrition, immunization, TB treatment, minor surgery, ultrasound scans, uncomplicated deliveries, lab examinations (blood, urine, stool), vaccinations and awareness sessions on nutrition and health. We also have an active paediatrics department, which is run by a paediatric specialist.

MKC also has a team of 22 all-female community health workers who play a vital role in extending healthcare beyond the clinic. All Community Health workers support between 5,000 and 7,000 beneficiaries per month and approximately 150 to 200 families across the wider catchment area of MKC.

Their primary responsibilities include raising awareness about nutrition and general health, providing basic medication to communities located far from hospitals and health centres, and screening for malnutrition so that vulnerable individuals can be referred to the clinic for further care when needed.

Through these services, MKC Afghanistan continues to provide vital healthcare support to women, children, and families across the region. Between June 2025-June 2026, the clinic supported 128,369 patients.



128,369
beneficiaries
supported



This includes: 36,081 outpatients seen at the clinic
66,149 women served by the community health workers team
19,041 women and children who received vaccinations or immunisations
7,098 patients who received nutritional support, including treatment for malnutrition.

MOTHERKIND CLINIC

ROHINGYA



Our health posts are located in Nayapara Registered Camp and Camp 8 East in Ukhiya. They are designed to improve maternal and newborn health by reducing maternal and neonatal mortality and ensuring Rohingya mothers have consistent access to quality antenatal and postnatal care.

The midwives at our health posts provide a range of essential services, including pregnancy confirmation, maternal health assessments, foetal growth monitoring, nutritional support, infection screening, psychological support, birth planning and referral services for high-risk pregnancies.

Each month, the health posts support large numbers of pregnant women, helping them manage complications such as anaemia, gestational diabetes, hypertensive disorders, reproductive and urinary tract infections, vaginal bleeding and mental health challenges. Women experiencing high-risk pregnancies or complications are referred to the nearest primary healthcare centre for specialist care.

Alongside clinical services, awareness sessions help women understand the importance of antenatal

care, early diagnosis and attending all recommended prenatal appointments.

These interventions encourage safer pregnancy practices and help women access care before complications become life-threatening.



By providing regular antenatal care in line with WHO guidance, the health posts have improved access to maternal healthcare for Rohingya women and strengthened pathways to specialist support when needed. They play an important role in promoting healthier pregnancies, improving maternal and newborn outcomes and supporting some of the most vulnerable families in the camp.

MOTHERKIND CLINIC

YEMEN



Our health clinics in Aden support some of the most vulnerable communities in Yemen by providing life-saving healthcare and nutrition services. Through the Maternal and Child Health and Nutrition Project, we work to improve maternal and infant health outcomes by expanding access to reproductive healthcare, promoting safe delivery services, strengthening postnatal care and family planning, and supporting emergency obstetric and newborn care.

In addition to maternal healthcare, the clinics support children experiencing severe and moderate acute malnutrition, pregnant and breastfeeding women affected by malnutrition, children suffering from common childhood illnesses, and adults requiring treatment for communicable and non-communicable diseases.

These integrated services help address the complex health challenges facing families in Yemen, where years of conflict have placed significant strain on the healthcare system. Between June 2025-June 2026, the clinics supported 113,094 beneficiaries, including 5,248 antenatal patients, 933 postnatal patients and 934 women who gave birth onsite.



MOTHERKIND CLINIC

GAZA

41 %

decline in

BIRTHS in Gaza

(2025 vs 2022)

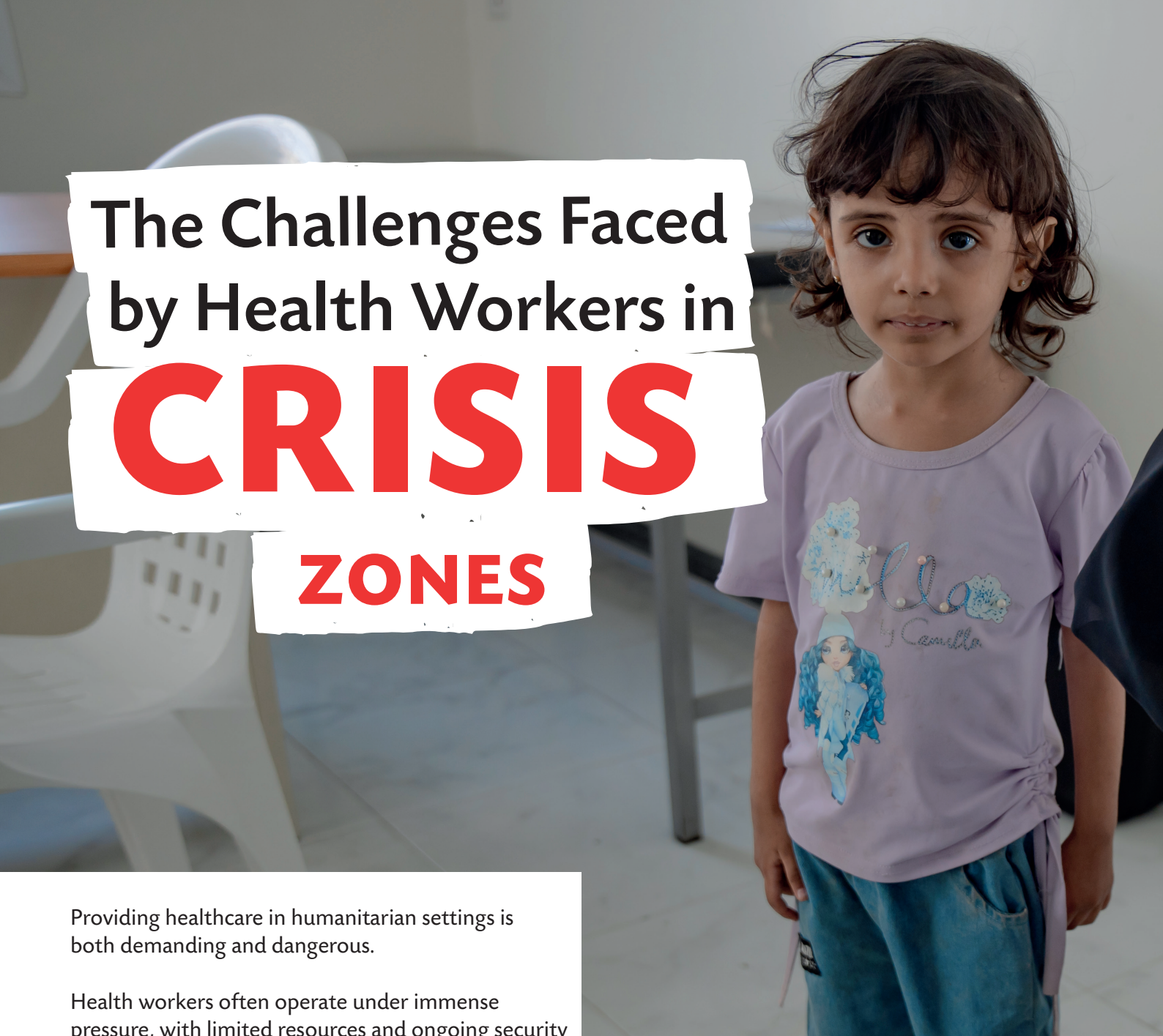
According to UNFPA, pregnant women and newborns in Gaza are facing catastrophic conditions as severe food deprivation, psychological trauma, displacement and the collapse of the healthcare system drive worsening birth outcomes. In the first half of 2025, Gaza's Ministry of Health recorded only 17,000 births, down from 29,000 in the same period in 2022—a 41% decline (UNFPA, 2025). During the same period, 220 maternal deaths were recorded, more than 20 times the number reported in 2022, while at least 20 newborns died within 24 hours of birth (UNFPA, 2025).

'Every mother and child deserves the right to a safe birth and a healthy start to life,' said Laila Baker, UNFPA Regional Director for the Arab States. "What we are witnessing is a systematic denial of these fundamental rights, pushing an entire generation to the brink." UNFPA has warned that women in Gaza are being forced to give birth while malnourished and exhausted, placing both mothers and newborns at heightened risk. Many babies are being born too small, too weak or too early to survive. In May 2025, UNFPA reported that almost 11,000 pregnant women in Gaza were at risk of famine,

while nearly 17,000 pregnant and breastfeeding women were expected to require urgent treatment for acute malnutrition in the months ahead (UNFPA, 2025). WHO later reported that malnutrition was taking a severe toll on maternal and newborn health, with Nutrition Cluster screening data showing that more than 40% of pregnant and breastfeeding women screened were severely malnourished (WHO, 2025).

Muslim Hands supports partners in Gaza by helping to cover the salaries of healthcare workers, including midwives. A doctor at Al-Awda Hospital described treating a woman who had struggled with infertility for nearly seven years. She became pregnant during the war, but due to the impacts of the siege, inadequate nutrition and the trauma of repeated displacement and bombardment, she went into premature labour and lost her baby.

As Gaza's humanitarian crisis continues, protecting maternal health has never been more urgent. By supporting the salaries of healthcare workers, Muslim Hands is helping partners keep essential maternal and newborn services available for mothers and babies who have nowhere else to turn.



The Challenges Faced by Health Workers in **CRISIS** **ZONES**

Providing healthcare in humanitarian settings is both demanding and dangerous.

Health workers often operate under immense pressure, with limited resources and ongoing security risks. Despite being protected under international humanitarian law, medical facilities, transport and healthcare personnel continue to be affected by conflict and violence.

Many healthcare workers also face personal challenges, including displacement, food insecurity and difficulties accessing basic necessities, all of which can place a significant strain on their wellbeing.

**Midwives are one of
the most effective
ways to reduce
maternal deaths**

Nurses and midwives play a vital role in improving maternal health outcomes. They provide essential care throughout pregnancy, childbirth and the postnatal period, helping to identify complications early, deliver lifesaving interventions and support mothers through every stage of their journey. Access to skilled birth attendants is one of the most effective ways to reduce maternal mortality and improve outcomes for both mothers and newborns.

Recognising this need, Muslim Hands is investing in the next generation of healthcare professionals by training more women in Afghanistan and Somalia to become community health workers and midwives. By strengthening local healthcare capacity, we can reach more women and children with quality care while helping to reduce preventable maternal deaths.

SOMALIA

Up to 67% of maternal deaths could be prevented with midwife care

One of the main challenges facing Somalia's healthcare sector is the shortage of medical professionals. A number of factors, including conflict, climate change and insecurity, have exacerbated this crisis. Many healthcare workers have left the country or moved from rural areas to urban centres, leading to an uneven distribution of medical personnel.

Miski, 26, has worked at the Motherkind clinic in Somalia for four years:

‘My medical background has allowed me to help displaced mothers with varying health needs. The conflict and the drought have affected people severely. It’s a crowded community. Most of the people here were pastoralists and farmers and, because of the drought, they face poverty and a lack of access to healthcare, education, and necessities such as clean water and food. The clinic operates 24 hours a day to ensure continuous support whenever mothers need us. But while our work is rewarding, working in a hostile environment is challenging. The most common issues we face include the risk of kidnapping while travelling to work and the threat of explosions.’

Miski believes Somalia has come far in combatting maternal mortality: ‘Maternal mortality has affected a large part of Somalia. Thankfully, it is not like it was before. Society has understood the need to protect mothers, and health centres have been established in the community and are better equipped to protect them.’

For Miski, the MKC is a pillar in the community and there to guide expecting and new mothers through one of the most challenging journeys they will take:

‘We give mothers appropriate medication, counselling and vaccinations during pregnancy. During delivery, the clinic provides comprehensive medical care, including screening, haemoglobin and blood glucose tests. For postnatal care, the clinic continues to offer medical advice and treatment, guidance on breastfeeding, and counselling sessions. We ensure that Muslim Hands is there every step of the way.’

Other nurses, including Jama and Hodan, also highlighted the impact of conflict. Jama stated that, ‘the job is challenging, and you are in danger.’ Hodan concurred, explaining that the ‘main concern is security.’ Despite the risks, the team continues to show up every day with a shared understanding of the life-changing impact they have on displaced mothers and their families.

Shamsa Artan is a midwife at the Motherkind Somalia clinic and has worked in the profession for 14 years. She has worked at the MKC for five years, assisting with deliveries, antenatal and postnatal care, and treating conditions such as anaemia, which many mothers experience. When the drought began, the number of patients coming to the clinic doubled, and 30% of the cases she sees are caused by malnutrition.

The MKC also provides maternity kits, dignity kits, free medication, consultations and deliveries. She said, ‘I realised that there is such a huge need in this area [maternal health] because of the high maternal mortality rate, and it was one of the reasons I decided to become a midwife.’ Since working for Muslim Hands, Shamsa has delivered 200 babies. If complications arise during childbirth, the mother is transported to another hospital that can provide the support she needs.

Access to a team of healthcare experts, such as Hodan, Jama, Miski and Shamsa, is vital for mothers, especially in crisis zones, where women are facing multiple risks to their health and the health of their babies. The World Economic Forum estimates that universal access to midwife-delivered care could help avert up to 67% of maternal deaths.

This is why continued investment in training midwives and other healthcare specialists locally is so important. These professionals bring both clinical expertise and a deep understanding of the challenges mothers face in crisis-affected communities.

AFGHANISTAN

One health worker helped deliver a baby when no one else could

Sani Khogiyani is one of our many community workers across Afghanistan. She serves as a dedicated community health worker, committed to supporting her community. Her primary focus is assisting pregnant women, providing essential health education to safeguard the wellbeing of both mother and child.

In addition to health counselling, she teaches proper sanitation and hygiene practices, helping families reduce illness risks and improve their overall living conditions. Her mission is to empower mothers with the knowledge and confidence to care for themselves and their babies, while also protecting their bodies from common health threats.

She actively encourages expectant mothers to visit the clinic regularly for proper care and continuous education. Through all these efforts, she strives to ensure that every mother and child in her community can enjoy a healthier and safer life.

Aware of the cultural barriers that can sometimes prevent women from seeking medical help, she also takes on the role of mediator. When family members are reluctant to allow pregnant women or female relatives to visit clinics, she engages directly with them. Through respectful and culturally sensitive conversations, she explains the importance of medical care and encourages families to make full use of available health services to protect the wellbeing of both mothers and children.

One of the most challenging cases she faced involved a pregnant woman in a medical emergency. Recognising the critical nature of the situation, she

sought to arrange urgent transportation to a clinic or hospital by contacting the woman's husband. Unfortunately, he refused permission for her to leave the home. Though this moment was incredibly difficult and left her feeling helpless, she remained focused on protecting the mother and her unborn child.

Through careful management and support, she was able to guide the woman through the birth of a healthy baby boy. After delivery, she provided necessary medication and advised the new mother to visit the clinic the next day to receive vaccinations for her newborn.

Despite the many challenges, her dedication ensured the safety and wellbeing of both mother and child in this critical case.

Operating a clinic in a conflict-affected country like Afghanistan comes with numerous logistical and social challenges. Although the clinic continues to provide essential health services to the community, obstacles frequently arise that limit its ability to support beneficiaries effectively.

For instance, during a recent outreach campaign to distribute medication for anaemia, she encountered resistance from some community members, especially among those concerned about the medication's effects on young girls. Some families outright refused to accept the treatment, fearing it might harm their daughters' health.

In response, she dedicated herself to educating and reassuring these families about the safety and importance of the medication. She explained that, given the difficult economic conditions many families face, access to available treatment can play an important role in preventing anaemia and supporting overall health. She also encouraged them to take full advantage of the clinic's free services and emphasised the clinic's commitment to supporting their health needs as best as possible.

Supporting families is both meaningful and deeply challenging. She and her female colleagues work tirelessly to meet the needs of mothers and children, yet the demand for support remains immense. Looking to the future, she hopes donors will continue supporting maternal healthcare in Afghanistan, helping clinics like hers reach more women and families with essential care.

VOICES FROM THE MOTHERS WE SERVE

SOMALIA:

**Families walk
for days while
pregnant to
reach care**

All the beneficiaries we surveyed reside in displacement camps near the clinic. Most camp residents are survivors of drought, having travelled long distances on foot before settling in camps on the outskirts of Mogadishu. Many shared heartbreaking stories of being forced to leave behind their homes, livelihoods and communities in search of safety and support.

Somalia continues to face the effects of recurrent drought, which has contributed to widespread water scarcity, crop failure and displacement, pushing millions towards hunger and malnutrition. These crises are placing enormous strain on the country's already fragile healthcare system. Many of our beneficiaries now view the Motherkind clinic as an essential part of their community. Fartuun was one of many who left her village in search of relief from drought conditions. She and her family undertook a treacherous one-day walk to reach Kadha IDP camp. On arriving in the capital, they settled in a bush-style shelter, far removed from the life they once knew.

Fartuun is heavily pregnant and feels anxious about the impending birth. While this might not be her first child, she worries about what the future might hold:

'My anxiety is high at the moment—I constantly worry about the impending birth, and at the same time, I fear for our living conditions. This is not a place to bring a newborn baby home to; our house

is overcrowded, and I don't even have baby clothes. We are trying to navigate things as best we can. Luckily, the clinic is five minutes away, and when the contractions happen, I can safely give birth to my baby there.'

Fartuun believes that healthcare in Somalia could be better, but it is slowly recovering, 'I think women should be supported during pregnancy and while breastfeeding because Somali mothers are living a hard life and need all the help they can get.'

Haawo has a similar story. She made the difficult journey from Baidoa to settle in Kadha IDP camp. Her family of five walked for two days to leave their drought-ravaged village. 'The drought affected us badly; we had to leave our home, our animals died, and the only option left was to run.'

Haawo is currently eight months pregnant and plans to give birth at the MKC, which is eight minutes away. 'I have already received support from MKC; they provided me with counselling and vaccinations, and I feel at ease giving birth at the clinic. Some of my worries have lifted. My biggest worry now is the baby not having items like clothes, a cot or milk bottles.'





For many mothers, the clinic is the only safe place to give birth

Like Haawo, Fardooso cannot afford to buy baby items. 'We as a family cannot afford it—my husband does not earn enough for us to spend on baby items. We are trying our best to survive as it is.' Fardooso believes more should be done to support Somali women, 'I think that women should be supported when they are pregnant and when they are lactating, because we Somali mothers are living a hard life and need every help possible.'

Suubo walked for two days straight to arrive at the camp. While her husband searched for work at a rubbish dump, the family frequently went to bed hungry. Before discovering the MKC, her biggest

concern was where she would give birth. Giving birth at home was out of the question, as she had no one to support her, and giving birth at a private hospital was also impossible. 'Thankfully, I discovered the Motherkind clinic, and the medical professionals there have supported me through my journey. I know that the clinic will take care of me and my baby.'

Like Fartuun, Khadijo is also worried about maternal mortality, 'I am concerned about this pregnancy. I am afraid of what may happen during delivery and afterwards. But the Motherkind clinic has eased my mind, as they have given me guidance and any medication I might require. The clinic is important because it helps displaced people and others who do not have access to healthcare.'

All the women we surveyed emphasised their personal connection to the clinic and the trust they place in the midwives supporting them throughout pregnancy and childbirth. Despite the many challenges they face, they consistently described the clinic as a source of reassurance, guidance and care. Somalia continues to have one of the highest lifetime risks of maternal death globally (WHO, 2025). In this context, access to trusted maternal healthcare can make a vital difference for displaced mothers navigating pregnancy in extremely difficult circumstances.



VOICES FROM THE MOTHERS WE SERVE AFGHANISTAN

Alongside economic hardship, recurring crises and restrictions on girls' education, many women in Afghanistan continue to face significant barriers to accessing healthcare. UN agencies have warned that restrictions on women and girls are contributing to rising rates of child marriage, with projections suggesting a 25% increase if these policies continue (UN Women, UNAMA and IOM, 2024).

Farida, 23, was married at the age of 14 and is one of the mothers supported through the Motherkind clinic in Kabul. After her marriage, Farida moved to Shanan Village in Pol-e-Charkhi district, an area where widespread poverty and unemployment leave many families struggling to meet their basic needs. She now lives with her husband's extended family in a household of ten people, all dependent on the modest earnings of her father-in-law's small shop. With one income supporting multiple generations, essentials such as nutritious food and medical treatment are often difficult to afford.

Now pregnant with her second child, Farida is still recovering from the effects of her first pregnancy.

Poor nutrition has contributed to fatigue and weight loss, leaving her worried about her health and the wellbeing of her unborn baby. During this pregnancy, she began attending the Motherkind clinic, where she receives regular antenatal check-ups, health advice and ongoing monitoring.

Before visiting the clinic, Farida felt anxious and uncertain about what lay ahead. Today, she feels more optimistic: 'I feel relieved knowing that I can take care of my health and my baby with the help of the MKC. The support I receive from the MKC team has been a lifesaver; I feel much more confident and secure about my health and my baby's future.'

Farida hopes for a healthier life for her children and dreams of giving them opportunities she never had. As she prepares to welcome her second child, access to regular maternal healthcare is helping her approach the months ahead with greater confidence and reassurance. Her story reflects the reality facing many Afghan women, where poverty, child marriage and barriers to healthcare continue to shape the lives of mothers and their families. For women like Farida, services such as the Motherkind clinic provide vital support during pregnancy and early motherhood.



VOICES FROM THE MOTHERS WE SERVE

ROHINGYA

“Pregnant and living in one of the world’s largest refugee camps”

In the world’s largest refugee camp, Roksana is doing all she can to survive daily challenges. She fled Myanmar in 2017, aged 15, with her mother and younger sister after years of poverty, persecution and violence under the Myanmar military regime. Her father had died when she was just three years old, leaving the family in deep financial hardship.

The absence of a male guardian made them especially vulnerable after arriving in Bangladesh, as they struggled to secure shelter and safety. They wandered the streets for days, sleeping under trees. Strangers who saw their desperate condition shared

food with them, helping them survive those perilous first few nights. Eventually, residents told them that shelters were being provided in Balukhali camp for newly arrived Rohingya refugees. They joined others on a truck to what later became Camp 8E.

Shortly after settling in the camp, Roksana was married, but her home life has been overshadowed by domestic abuse and trauma. Her husband suffers from mental health problems, which she was unaware of before marriage. Now, at 23, Roksana is a mother of two young boys and is currently pregnant with her third child.

Roksana and her family live in a small, fragile bamboo and tarpaulin shelter. The shelter was originally built by humanitarian agencies in 2017, but years of heavy rain, strong winds and overcrowding have taken their toll. In the past, they managed to repair the structure with bamboo and tarpaulin provided by humanitarian organisations. However, in the last two years, they have not received such support, leaving their shelter in a worsening state of disrepair.

The shelter consists of two cramped rooms: one used for cooking and the other as the family’s only

living and sleeping space. The walls and roof, made from bamboo poles and plastic sheets, provide little protection against the weather. During the summer months, it becomes unbearably hot and suffocating, while in the monsoon season, rainwater leaks through the roof and floods the mud floor.

Poor ventilation often causes smoke from cooking to fill the rooms, and the overcrowded camp environment and inadequate drainage make matters worse. During heavy rains, polluted water from nearby latrines flows into the shelter, exposing the family to serious health hazards. These conditions have already led to recurring skin infections and stomach illnesses for Roksana and her children.

When Roksana discovered she was pregnant again, her reaction was not joy but deep worry and anxiety. Already raising two young children, one of whom shows signs of developmental delay, she feels overwhelmed. Her current pregnancy has been compounded by physical weakness, poor nutrition and ongoing abuse from her husband. Often, she eats only once a day, surviving mostly on plain rice, lentils and potatoes. Occasionally, she manages to provide eggs for her children, but she rarely eats them herself. As a result, she suffers from constant hunger, dizziness and trembling in her hands and feet.

She constantly worries whether her already weakened body can safely carry the baby, and whether this child might face the same developmental or health challenges as her second son: 'My biggest concern is whether I will be able to stay healthy and have a safe pregnancy. I am already very weak from not eating properly, and I worry that my body cannot carry this baby safely. I also fear that my children, especially my youngest, may face the same health or developmental problems. With my husband often abusive and unable to provide support, and with so little food for myself and my children, I feel constantly anxious. I just hope that this baby survives and that I can find enough strength to care for my family.'

Managing all household responsibilities alone, while being pregnant and caring for two young children, has left her physically and emotionally exhausted. For Roksana, the Muslim Hands Motherkind initiative has been a lifeline. Since her second pregnancy, she has regularly visited the Motherkind

health post for counselling and medical support. Beyond medical services, the health post has become a source of emotional strength. Roksana often shares her mental struggles with the community health worker, and she previously visited Muslim Hands' Women's Friendly Space for mental health support, which was one of the very few safe spaces her husband allowed her to attend.

For Roksana, the Motherkind health post is more than a clinic. It is a trusted space where she can access healthcare for herself and her children, seek advice and speak openly about the challenges she faces. At a time when she is navigating pregnancy, poverty and domestic abuse amid the uncertainty of camp life, knowing that someone is there to listen and help has become an important source of strength.



VOICES FROM THE MOTHERS WE SERVE

YEMEN

“13 years of waiting ends in a “miracle” pregnancy”

Health facilities in Yemen are on the brink of collapse after years of conflict, leaving more than 20 million people in need of urgent medical assistance. Women are among those most affected, facing significant barriers to accessing healthcare. Across Yemen, Motherkind health facilities provide vital support to women like Khair.

Khair and her husband live in Shoqua District, Abyan Governorate. Like many families in coastal areas of Yemen, they rely on fishing as their primary source of income. However, fishing is an unpredictable livelihood, heavily dependent on weather conditions and fluctuating market prices.

For 13 years, Khair and her husband hoped to start a family. During that time, she experienced multiple miscarriages and endured years of uncertainty, grief and unanswered questions. Living in a rural area with limited access to reproductive health services, she had few opportunities to seek the support she needed.

The emotional toll was immense. In a community where motherhood is deeply valued, Khair often felt isolated and hopeless as the years passed without a successful pregnancy.

Everything changed when she visited her local Motherkind Yemen clinic at the beginning of this year. For the first time, she was able to consult a gynaecologist who carried out examinations and



identified the cause of her infertility. With treatment, medication and ongoing monitoring, Khair finally began receiving the answers and treatment she had been seeking for more than a decade.

Today, Khair is three months pregnant and attends regular follow-up appointments at the clinic.

‘This baby is our miracle,’ says Khair. ‘For so many years, I thought it was my fate to be childless. Now I know that I simply needed the right care.’

The support she receives goes beyond treatment. Regular consultations have given her reassurance and confidence throughout her pregnancy, helping her feel supported during a period that once filled her with fear and uncertainty.

‘This clinic didn’t just give me medicine – it gave me my future,’ she says. ‘The wait was cruel, but it taught me to cherish this joy more deeply. We are forever grateful to Muslim Hands for their support and for helping us when we needed it most.’

After thirteen years of waiting, Khair is preparing to become a mother. Her story highlights the importance of accessible maternal and reproductive health services in communities where women have few options for diagnosis and treatment. For women across Yemen, facilities like the Motherkind clinics provide healthcare, guidance and support that can make a profound difference to their lives.

CONCLUSION

The stories in this report come from different countries and communities, yet they share a common reality. For millions of women living through conflict, displacement, poverty and climate-related crises, pregnancy and motherhood are accompanied by uncertainty, risk and fear.



Across Somalia, Afghanistan, Yemen, Gaza and the Rohingya camps of Cox's Bazar, mothers described many of the same concerns: whether they would have a safe delivery, whether their children would be healthy and whether they could access the support they needed during pregnancy and childbirth. For many, these worries are compounded by food insecurity, inadequate shelter, limited healthcare and the daily challenges of life in crisis-affected communities.

The scale of this challenge is immense. In 2023, conflict- or fragility-affected countries accounted for 61% of global maternal deaths, despite representing only 25% of global live births (WHO). Behind this statistic are millions of women navigating pregnancy in some of the world's most difficult environments.

Yet the women featured in this report are not defined solely by hardship. They are mothers determined to protect their children, build healthier futures and find hope despite the circumstances around them. Whether walking for days to reach safety, overcoming years of infertility or preparing to give birth in a displacement camp, their stories demonstrate remarkable resilience and strength.

Their experiences also highlight the importance of accessible maternal healthcare. Every woman

featured in this report spoke of the reassurance, guidance and support she received through Muslim Hands' health facilities. For many, these services provide a trusted place to seek medical advice, receive treatment and access support during one of the most important periods of their lives. Most maternal deaths are preventable. Yet millions of women continue to face barriers to accessing even the most basic healthcare services. Through Motherkind, Muslim Hands is helping to address these challenges by providing maternal healthcare, health education, counselling and support in communities affected by conflict, displacement and poverty. From antenatal and postnatal care to nutritional support, vaccinations and health awareness sessions, these services help mothers navigate pregnancy and early motherhood with greater confidence and support. For many women, they also provide a trusted place to ask questions, seek advice and access healthcare that would otherwise remain out of reach.

As humanitarian needs continue to grow, the importance of accessible maternal healthcare cannot be overstated. Conflict, climate-related shocks, displacement and economic hardship continue to place millions of mothers and babies at risk, particularly in fragile settings where health systems are already under immense strain. Maternal health is not a privilege. It is a right. Every woman deserves the opportunity to experience pregnancy and childbirth safely, regardless of where she lives or the circumstances she faces.

Through Motherkind and our dedicated local teams, Muslim Hands remains committed to standing alongside mothers in crisis. By providing healthcare, guidance and practical support, we aim to help ensure that women and their children have access to the services they need not only to survive, but to build healthier and more hopeful futures. The stories in this report demonstrate a simple but powerful truth: when mothers are supported, children are healthier, families are stronger and communities are more resilient. Ensuring access to maternal healthcare is not simply a medical necessity—it is an investment in the wellbeing and future of entire societies.

KEY FACTS

The Global Maternal Health Crisis



A maternal death occurred **almost every two minutes** in 2023. (WHO, 2025)



Approximately **260,000 women** died during and following pregnancy and childbirth in 2023. (WHO, 2025)



More than **90%** of maternal deaths occur in low- and lower-middle-income countries. (WHO, 2025)



Most maternal deaths are **preventable** with timely access to quality healthcare. (WHO, 2025)

Maternal Health in Crisis Settings



In 2023, conflict- or fragility-affected countries accounted for **61%** of global maternal deaths despite representing only **25%** of global live births. (WHO, 2025)



Maternal mortality ratios are more than **five times higher** in conflict-affected settings than in stable settings. (WHO, 2025)



More than **1,500 attacks on healthcare facilities** were reported across humanitarian emergency settings in 2023, disrupting access to essential health services. (WHO SSA, 2024)

HUMANITARIAN NEED



An estimated
**122.1
MILLION**
people worldwide were
forcibly displaced by the
end of April 2025 due to
conflict, violence and
persecution.
(UNHCR, 2025)



Women and girls
account for
approximately
**HALF OF
THE WORLD'S**
displaced
population.
(UNHCR, 2025)



Children account
for around
40%
of all forcibly
displaced
people globally.
(UNHCR, 2025)

MUSLIM HANDS' RESPONSE



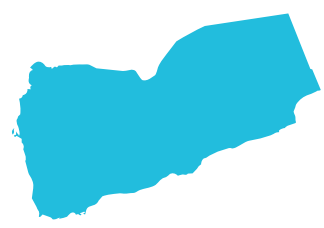
34,430

beneficiaries supported
through Motherkind
services in Somalia
between June
2025-June 2026.



128,369

beneficiaries supported
through Motherkind
services in Afghanistan
between June
2025-June 2026.



113,094

beneficiaries supported
through Motherkind
services in Yemen
between June
2025-June 2026.

Motherkind programmes provide maternal healthcare, primary healthcare, education, counselling, nutritional support, vaccinations and referrals for mothers and children living in crisis-affected communities.

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