Now and the Future

Gender Equality, Peace and Security in a COVID-19 World[1]

Somalia

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1. Introduction

Background

The impact of COVID-19 is deeply gendered. Gender-sensitive conflict analysis is crucial to understand how COVID-19 is interacting with conflict dynamics and to assess the virus' disproportionate impact on people and communities in fragile and conflict-affected contexts, and based on their intersecting identities (including gender, race, ethnicity, disability, class, age and social-economic status). It is also needed to understand how women's and girls' needs and rights can be at the centre of short- and long-term global response and recovery and advance the women, peace and security (WPS) agenda.

In April 2020, Gender Action for Peace and Security (GAPS) launched its 'Call to Action: Now and the Future: COVID-19, Gender Equality, Peace and Security' which assesses the immediate and long-term impacts of COVID-19 on women's and girls' rights and on peace and security. Through this multi-country project, GAPS and partners aim to ensure COVID-19 preparedness and response policy and practice are context-specific, gendered and conflict sensitive,[2] and to explore cross-context parallels and distinctions.

Using the Beyond Consultations tool, project partners consulted with women's rights and civil society organisations (WROs and CSOs) to produce context-specific gender analysis of COVID-19. In Somalia, the Somali Women Development Centre (SWDC) and Saferworld worked together, consulting 20 organisations (11 WROs and nine CSOs) across different federal member states: four in South West, five in Banadir, two in Hirshabelle, two in Galmudug, three in Puntland and four in Jubaland. While most of the grassroots organisations work in multiple states, none of them cover all states. In addition, 19 out of the 20 CSOs/WROs are registered as organisations, while only one is registered as a network. For safety reasons the participant organisations are not named in this report, but project partners are grateful for their time, knowledge and expertise.

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[2] Saferworld (2020) 'COVID-19 in Somalia: A conflict-sensitive response to overlapping crises', April (https://www.saferworld.org.uk/resources/news-and-analysis/post/866-covid-19-in-somalia-a-conflict-sensitive-response-to-overlapping-crises)

COVID-19 in Somalia

Somalia announced its first confirmed case on March 16th 2020. The government put in place prevention measures including: the establishment of COVID-19 response committees and an incident management system; border-closures; suspension of local and international flights; movement restrictions; and suspensions of services including education. It also restricted mass gatherings and advised social distancing and curfews, which were eased for the holy month of Ramadan.

The Ministry of Health and Human Services' 'National Preparedness and Response Plan for Corona Virus Disease, March-August 2020'[3] appealed to international support. The plan had 10 pillars, none of which focused on, or included, risk mitigation of the gendered impacts of the pandemic or ensured women's and girls' rights. Only two pillars made a reference to gender-related or women- and girl-specific needs, namely lifesaving maternal and neonatal services in the Health pillar and gender-based violence (GBV) referral mechanisms in the Psychosocial Care pillar.

Following this plan, the UN and partners launched a 'Country Preparedness and Response Plan (CPRP) COVID-19' in April 2020, to respond to the humanitarian and socio-economic consequences of the pandemic.[4] In contrast to previous emergency response plans, including the Ebola response, which side-line gender,[5] this plan integrates gender comprehensively. It acknowledges the increase of GBV due to COVID-19 responses and addresses the need to reduce its prevalence and provide comprehensive support to survivors. It rightly points out that women and girls, together with other marginalised groups, are at a greater risk of vulnerability to COVID-19. The plan also briefly acknowledges that women and girls are expected to take on more responsibilities as care takers in their families, even in the case of employed women. The plan called for a total of $527 million: $256 million for the humanitarian component and $271 million for the socio-economic component. As of September 11th 2020, only $56.6 million (25 per cent) of the $256 million had been received to support humanitarian interventions related to the pandemic.

In addition, the 2020 annual Humanitarian Response Plan for Somalia (released by OCHA in January) sought $1.01 billion to deliver aid and protection to three million people out of the 5.2 million persons in need. In September 2020, this was 56 per cent funded ($568 million); the lowest level of funding received by that time of year since 2016. Clusters including protection, health and shelter (which are particularly important for women, girls

[3] Ministry of Health and Human Services, Federal Government of Somalia (2020) 'National Preparedness and Response Plan for Corona Virus Disease 2019 (COVID-19)', August (https://documentcloud.adobe.com/link/review?uri=urn%3Aaaid%3Ascds%3AUS%3Adb05da55-9c12-4a92-a98d-43cd78c9fe2e) and Federal Government of Somalia and OCHA (n/d) 'COVID-19 in Somalia: A conflict-sensitive response to overlapping crises' (https://covid19som-ochasom.hub.arcgis.com/)

[4] UN (2020) 'Somalia Country Preparedness and Response Plan (CPRP)', August (https://reliefweb.int/sites/reliefweb.int/files/resources/CPRP%20Final%20Subow%2C%2026%20April%20%281%29.pdf) and Federal Government of Somalia and OCHA (n/d) 'COVID-19 in Somalia: A conflict-sensitive response to overlapping crises' (https://covid19som-ochasom.hub.arcgis.com/)

[5] International Rescue Committee (2015) 'Are we there yet?', September (https://www.rescue.org/sites/default/files/document/664/ircarewethereyetwebfinalukspell.pdf)

and marginalised groups) remain underfunded at 16 per cent, 23 per cent and 24 per cent respectively.[6]

Somalia has limited capacity for case management and establishing treatment facilities. These challenges are more severe for emerging federal member states, such as Galmudug and Hirshabelle, which have difficulties in enforcing preventive measures and in health promotion and community engagement due to weak health and social systems.[7]

Moreover, the country faces a looming food security and humanitarian crisis which can be attributed to severe flood, desert locust infestation, protracted conflict, stability risks posed by an impending election, the socio-economic impact of COVID-19, and cumulative impacts of previous shocks.[8] The Ministry of Agriculture declared a national emergency in February 2020.[9] Projections show that without additional humanitarian assistance, in December up to 2.1 million people across Somalia are expected to face food insecurity.[10] Although COVID-19 related data is hard to gather in Somalia, up to now the rate of hospitalisation and deaths is still low.[11] The fear is that the disease is spreading undetected and the impacts could be devastating. There are already difficulties in accessing basic services, such as health, justice and livelihoods programmes. This is because the global threat placed by COVID-19 forces humanitarian organisations providing such services to re-prioritise and focus their efforts on pandemic response and preparedness, to mitigate its impact on marginalised populations in an already underfunded humanitarian response.

In a country in which only half of the population is economically active, the socio-economic impact of COVID-19 also plays an important role: a decline in remittances and in livestock export; increased food prices; and a decline in employment and other income earning opportunities for the urban poor and internally displaced persons (IDPs).[12] Despite representing 36.6 per cent of the economically active population, women make up to 70 per cent of the informal sector and have been particularly affected by this situation.[13] Most of them sell tea and khat, and deal with currency exchange and fuel trade – activities that have been negatively impacted by restrictions and lockdowns.

[6] OCHA (2020) 'Somalia: Humanitarian Dashboard - September 2020', October (https://reliefweb.int/report/somalia/somalia-humanitarian-dashboard-september-2020-28-october-2020)

[7] MoPIED (2020) 'Socio-Economic Impact Analysis of COVID-19 in Galmudug State, Somalia', unpublished document

[8] FSNAU-FEWS NET (2020) 'Post Gu Technical Release - Up to 2.1 million people in Somalia face acute food insecurity Crisis (IPC Phase 3) or worse outcomes in late 2020', September

[9] Arab News (2020) 'Somalia declares locusts a 'national emergency,' says ministry', February (https://www.arabnews.com/node/1622011/world)

[10] OCHA (2020) 'Somalia: Humanitarian Dashboard - September 2020', October (https://reliefweb.int/report/somalia/somalia-humanitarian-dashboard-september-2020-28-october-2020)

[11] UNICE Somalia (2020) 'COVID-19 situation reports', October-November (https://www.unicef.org/somalia/reports/covid-19-situation-reports)

[12] FSNAU-FEWS NET (2020) 'Post Gu Technical Release - Up to 2.1 million people in Somalia face acute food insecurity Crisis (IPC Phase 3) or worse outcomes in late 2020', September FSNAU-FEWS NET (2020) 'Post Gu Technical Release', September 30th; and Mogadishu/Washington and Africa Renewal (2020) 'Using innovation to deliver in Somalia despite COVID-19', June (https://www.un.org/africarenewal/news/coronavirus/using-innovation-deliver-somalia-despite-covid-19)

[13] International Labour Organization (2020) 'Sectoral Assessment of Women's Entrepreneurship Development in the Agriculture and Renewable Energy Sectors in Somalia', June (https://www.ilo.org/empent/areas/womens-entrepreneurship-development-wed/facet/WCMS_757371/lang--en/index.htm)

As a result of this situation there is a risk that socio-political tensions could deepen in an already unstable context marked by natural disasters (such as locusts and flooding) and political tensions between federal and regional governments, and the presence of Al-Shabaab in southern Somalia. Some of the existing issues that COVID-19 is exacerbating are GBV, robberies and crimes, tensions between citizens and security forces, and tensions due to the up-coming parliamentarian and presidential elections.[14] Some conflict resolution processes have also been delayed and hindered by this epidemic.[15] In addition, if aid is not provided in a gender and conflict-sensitive manner, and in consultation with WROs and CSOs, it could complicate the situation: 'by [aid] being diverted towards those involved in violence, by being seen to go to one group more than another, or by being distributed in a way that reinforces the marginalization of particular communities or groups', including women and girls.[16]

Consultation findings

Patriarchal social norms shape all areas and levels of Somali society: the dominance of men in decision-making and the discrimination against women and girls (and the right of men to preserve their dominance through violence) in the home; male dominance within wider formal and informal decision-making structures and institutions (including security and justice systems); and the differentiated impact of conflict and fragility on men and women (including income inequality). These norms legitimise and foster inequality, exclusion and violence against women and girls (VAWG), young people, marginalised communities and IDPs.

As they are expected to be first responders, women and girls bear the brunt of this pandemic by maintaining communities' safety, distributing food for people in isolation, taking care of the sick and distributing protective equipment, as well as additional caring responsibilities when family members fall sick and caring for extended family. In addition, global evidence shows that women are disproportionately affected by economic shocks and crises, and find difficulties in fulfilling their expected roles in terms of contribution to the food security and nutrition of their family.[17] In Somalia, at least 20 per cent of households are headed by women who bring in on average 70 per cent of households' incomes,[18] the majority of which comes from activities in the informal sector.[19] COVID-19 has seriously impacted women's

14 International Crisis Group (2020) 'Staving off Violence around Somalia's Elections', November (https://www.crisisgroup.org/africa/horn-africa/somalia/b163-staving-violence-around-somalias-elections)

15 International Crisis Group (2020) 'Ending the Dangerous Standoff in Southern Somalia', July (https://www.crisisgroup.org/africa/horn-africa/somalia/b158-ending-dangerous-standoff-southern-somalia)

16 Saferworld (2020) 'COVID-19 in Somalia: A conflict-sensitive response to overlapping crises', April (https://www.saferworld.org.uk/resources/news-and-analysis/post/866-covid-19-in-somalia-a-conflict-sensitive-response-to-overlapping-crises)

17 IDLO (2020) 'COVID-19: pre-existing gender discrimination provides fertile ground for increased inequality, to the detriment of food security and nutrition', June (https://www.idlo.int/news/commentary/covid-19-pre-existing-gender-discrimination-provides-fertile-ground-increased)

18 Ibid.

19 DNS (n/d) 'Population composition and Demographic Characteristics of the Somali People. Volume 2' (https://www.nbs.gov.so/volume-2-population-composition-and-demographic-characteristics-of-the-somali-people/

livelihood activities due to mobility restrictions and lockdowns. For example, measures to contain COVID-19 have imposed restrictions on international flights, affecting imports such as candies and clothes, most of which are sold by women in Somalia.[20] Curfews have also impacted negatively on women sellers, such as tea sellers who cannot sell at night which is the peak time. As a result, many women have seen their income activities drastically reduced, which has negatively impacted them, their families and communities. In addition, reduction in remittances and in aid programmes that focus on strengthening women's economic initiatives, have left women and their families in a precarious situation without the safety nets they usually rely on.[21]

Partly due to the economic hardships and also to movement restriction measures, UN reports and Somali organisations have noted an increase in domestic violence and other forms of GBV, such as sexual exploitation and abuse.[22] Teenage girls have been subjected to increased child, early and forced marriage (CEFM) and cases of female genital mutilation (FGM) have been reported to be on the rise as girls are out of school and some practitioners take it as an opportunity to increase their practice. Despite this increase in GBV, including FGM, survivors have had more difficulties in accessing GBV response services both because of mobility restrictions imposed on the population and because services were lacking resources. Services for sexual and reproductive health (SRH) have also been affected as supplies in antibiotics and other medicines are low and many hospitals – most of them private institutions – have stopped admitting patients, or even working, due to fear of not coping with the pandemic.

Despite the negative and severe impacts of COVID-19 on women and girls, women activists and WROs continue to be at the forefront of COVID-19 and other emergency responses, while continuing to advocate and work towards gender equality and bringing gender discrimination, abuse and violence to an end. They have: reinforced their support to women and their families to access livelihoods and resources; continued to provide legal aid and other services to an increasing number of GBV survivors; and continued advocacy efforts to increase women's participation in political processes, particularly in the upcoming 2021 elections, while fighting for the 30 per cent quota to be respected and enshrined in the constitution. They have also been working to ensure access to accurate information for all, particularly those in rural areas or from marginalised groups, and to counterbalance misinformation on COVID-19 and its mitigation responses. Notwithstanding the crucial roles they play, women's organisations have noted that they have not been consulted regarding COVID-19 responses in Somalia.

[20] Rift Valley Institute (2020) 'Khat and COVID-19: Somalia's cross-border economy in the time of coronavirus', May (https://riftvalley.net/publication/khat-and-covid-19-somalias-cross-border-economy-time-coronavirus)

[21] OCHA (2020) 'Somalia Humanitarian Bulletin, 1 May - 2 June 2020', June (https://reliefweb.int/report/somalia/somalia-humanitarian-bulletin-1-may-2-june-2020)

[22] Saferworld (2020) 'Gender and COVID-19: responding to violence against women and children in Somalia', June (https://www.saferworld.org.uk/resources/news-and-analysis/post/884-gender-and-covid-19-responding-to-violence-against-women-and-children-in-somalia)

Because CSOs/WROs have in-depth knowledge of the context and the social and gender norms that constitute deep inequalities and power imbalances they are best placed to lead the change communities want to see. They are first responders to crises and other community needs, and are experts in working with communities to seek conflict and gender transformation. To continue with this work (which both saves lives and advances long-standing agendas on WPS), they need financial stability, enough human resources, strong governance and good administration systems. Donors and partner INGOs should understand that their role is to ensure they support CSOs'/WROs' work in a sustainable and long-term manner. For that, they need to: consult them meaningfully through the development of COVID-19, conflict prevention and other WPS policies and programmes; increase women's and WROs' participation in political institutions and processes; support them through advocacy and diplomacy with the government; provide CSOs/WROs with core, flexible and long-term funding; support them with capacity strengthening depending on their needs; and establish equitable partnerships.

2.Recommendations

2.1. **Recommendation 1: Women's and girls' meaningful participation and decision-making**
Government and UN agencies should consult women and girls, WROs and networks in COVID-19 and other emergency preparedness and response, and promote their meaningful and sustainable participation in these and other decision-making spheres – including private, public and political spheres and at all levels (domestic, community, federal member state and national level).

Donors and INGOs should invest in, and strengthen, women's rights organisations' and networks' advocacy programmes and capacities. Through diplomacy with the Somali government and federal member states, they should advocate for an increase in women's participation in pandemic responses and preparedness (such as by ensuring that there is a gender balance in all teams making decisions on COVID-19 responses, at different levels). CSOs/WROs should be included in recovery planning and monitoring, as they are best positioned to identify their communities' most pressing immediate needs.

Donors and INGOs should support WROs' advocacy efforts more broadly during this pivotal moment around the women's quota in the upcoming election and adopting the quota in the constitution. They should also support women aspiring political candidates (by covering registration fees to take part in the elections and with training to strengthen leadership skills).

Donors and INGOs should support WROs' advocacy towards the Federal Government of Somalia to develop a National Action Plan on WPS, crystallizing the participation of women and WROs in decision-making processes at all public levels and in relation to all topics, not only those that affect women and girls.

Recommendation for: donors, government, UN and INGOs.

2.2. **Recommendation 2: Gender-based violence (GBV)**
Donors, the UN and INGOs should adopt and fund integrated approaches to GBV across the humanitarian, development and peacebuilding sectors – focusing on GBV prevention, protection and response. GBV services should be considered as life-saving and essential response services during this and any crisis. WROs should be granted direct funding, including core and unrestricted funding, to ensure they continue delivering GBV services (particularly in emergency crises) and tackling and preventing GBV though integrated and holistic approaches.

Donors, UN agencies and coordination bodies should increase support to the protection sector, including GBV and child protection. They should support the government in ensuring that GBV services and responses are available during lockdown and other movement restriction measures, and that women in all communities are aware of, and can access them. They should also invest in efforts to reduce stigmatisation against survivors, and prioritise integrated responses that address all causes of GBV at the same time – from harmful gender norms, to livelihoods and participation in decision-making.

Donors and UN agencies should also increase support to WROs and networks to conduct advocacy on the Sexual Offences bill and support these efforts through diplomatic channels.

Recommendation for: donors, government, UN and INGOs.

2.3. **Recommendation 3: Sexual and reproductive health and rights (SRHR)**
The UN and government should prioritise access to SRHR in emergency response and preparedness plans and resource allocation (including those for COVID-19). This should include strengthening the health sectors, both in systems and capacity, to ensure that women and girls from all backgrounds and groups have full access to timely and quality services, as well as ensuring that services are able to respond to trends such as the reported increase in FGM.

Funding and the Minimum Initial Service Package (MISP) should be included in the response, and financial resources set aside for SRHR programmes should not be diverted to COVID-19 response.

Recommendation for: government, UN, donors and INGOs.

2.4. **Recommendation 4: Social protection, safety nets, support networks and participation**
The government should design and strengthen social protection policies and systems that meet women's and girls' specific needs. This should be done with the support of donors and the UN, and in consultation with civil society and WROs.

Donors and INGOs should increase their support to WROs advocating for women's and social protection policies and programmes. CSOs and WROs should receive core funding, or at least emergency funding, so they can continue working on some of their previous activities and commitments, while at the same time supporting a specific COVID-19 response.

Recommendation for: donors, government, multilateral institutions, INGOs and civil society.

2.5. Recommendation 5: Livelihoods, insecure work and women's economic rights
Donors, the UN and INGOs should increase support to women and women's organisations to enhance women's economic rights and independence – particularly for women from low socio-economic backgrounds and IDPs. They should also work with the government to ensure that women have access to mainstream livelihoods programmes.

They should all facilitate women's participation in long-term development programmes, addressing root causes of poverty and women's exclusion, including challenging gender norms. This requires a long-term change to ensure that 'women's work' is not predominantly in the informal sector, and that short-term responses provide immediate safety net programmes to ensure household incomes are sustained.

Recommendation for: donors, government, multilateral institutions and INGOs.

2.6. Recommendation 6: Women's rights organisations and networks
Donors and INGOs should ensure that women's rights organisations and networks can survive the current economic crisis and funding trends and lead on the change that the communities they work with want to see. This will enable them to continue work with their communities and advance women's and girls' rights – particularly during emergencies such as the COVID-19 crisis. Donors should support women's rights organisations and networks with direct funding for long-term projects, as well as core funding which will ensure organisational development and capacity strengthening in core functions (such as MEL, fundraising, governance, management and operations).

When working with WROs, INGOs should: establish equal and long-term partnerships which go beyond specific projects; co-design all programmes and budgets; share overhead and administrative costs equally; provide financial resources for national NGOs' organisational development and facilitate their access to direct funding; and ensure that programmes respond to the changes they themselves have identified as being necessary.

Recommendation for: donors, government, multilateral institutions and INGOs.

3.Recommendations and Evidence

3.1. Recommendation 1:

Women's and girls' meaningful participation and decision-making
Government and UN agencies should consult women and girls, WROs and networks in COVID-19 and other emergency preparedness and response, and promote their meaningful and sustainable participation in these and other decision-making spheres – including private, public and political spheres and at all levels (domestic, community, federal member state and national level).

Donors and INGOs should invest in, and strengthen, women's rights organisations' and networks' advocacy programmes and capacities. Through diplomacy with the Somali government and federal member states, they should advocate for an increase in women's participation in pandemic responses and preparedness (such as by ensuring that there is a gender balance in all teams making decisions on COVID-19 responses, at different levels). CSOs/WROs should be included in recovery planning and monitoring, as they are best positioned to identify their communities' most pressing immediate needs.

Donors and INGOs should support WROs' advocacy efforts more broadly during this pivotal moment around the women's quota in the upcoming election and adopting the quota in the constitution. They should also support women aspiring political candidates (by covering registration fees to take part in the elections and with training to strengthen leadership skills).

Donors and INGOs should support WROs' advocacy towards the Federal Government of Somalia to develop a National Action Plan on WPS, crystallizing the participation of women and WROs in decision-making processes at all public levels and in relation to all topics, not only those that affect women and girls.

Recommendation for: donors, government, UN and INGOs.

Donors, the government and INGOs should recognise girls' and women's rights to take part in decisions that affect their lives, and acknowledge women's organisations' and networks' in-depth context knowledge and expertise in working with communities. They should consult, partner with, and support them, as well as call for their meaningful and sustainable participation in private, public and political spheres and at all levels (domestic, community and beyond), including emergency preparedness and response.

They should also increase funding to women's and girls' participation programmes, and maintain ongoing ones during the pandemic; and provide women's organisations with the necessary direct, flexible and core funding to undertake the activities they consider necessary. Pandemic-related participation should include meaningfully consulting women and WROs in COVID-19 responses, and ensuring there is gender balance in all decision-making teams, including at leadership level.

They should invest in advocacy capacity strengthening, especially of WROs and networks. They should also work with, through advocacy and diplomacy, WROs and movements to push the Somali government and federal member states to include women in pandemic response and preparedness – and to advance women's participation more broadly, by respecting the quota of women in political participation in the upcoming election, as well as adopting the quota in the constitution.

Evidence:

Somali women, young women and girls have long been marginalised from political participation due to gender norms in cultural, religious and clan related traditions that designate the public sphere as a male territory. This has been reinforced by the protracted conflict. Despite the dedicated efforts of many Somali women activists and organisations, women continue to be significantly underrepresented in decision-making bodies at all levels, particularly in official institutions but also at the community and household level. Girls continue to have little to no say in the face of decisions around traditions and practices that affect them directly, such as FGM and CEFM.

In the face of global pandemics like COVID-19, women and women's organisations are the first responders at the forefront of providing basic needs and services to their families, taking care of sick family, and supporting their communities; tasks in which girls also take part. In Somalia, WROs have contributed to: maintaining communities' safety; providing assistance to GBV survivors; informing communities of COVID19-related issues and counterbalancing misinformation; distributing food for people in isolation; and distributing protective equipment. They take on these additional responsibilities despite being particularly affected by COVID-19 through an increase in GBV (including CEFM, FGM and intimate partner violence), and in caring duties, as well as a disproportionate economic impact.

Despite these crucial contributions, women and girls have lost access to public and women-only spaces. This is due to patriarchal and cultural gender norms, and movement restrictions related to COVID-19 measures. While the Minister of Health is a woman, Somali women, activists, WROs and CSOs have been underrepresented and not consulted in decision-making spaces linked to the COVID-19 response.

This decline in spaces and opportunities for women and women's organisations could not have come at a worse time – as women's organisations work arduously to ensure the meaningful participation of women in the upcoming 2021 Somali elections. Despite there being a 30 per cent quota agreed in government, only 24 per cent of the parliamentarians and 6.7 per cent of ministers are women – and the quota has still not been enshrined in the

constitution despite advocacy efforts by WROs and networks. Election and representation-related advocacy efforts have been drastically reduced due to the pandemic: public officers are much more difficult to reach and many donors have stopped or reduced the funding to these type of projects, particularly if they are not directly linked to the health emergency.

Participants in **Southwest** state noted that women and girls were not actively involved in participation and decision-making for the COVID-19 pandemic, and that their situation has worsened due to measures, like lockdown, which limit their involvement in activities to improve women's and girls' rights and are usually conducted by activists, informal groups or CSOs. For example, women used to negotiate the release of young men from jails following mass arrests of youth suspected of wrong doing, which they cannot do now. This could have an impact in conflict dynamics and youth involvement in conflict.

In **Banadir**, the CSOs/WROs noted a lack of inclusivity. This is due to gender norms, cultural barriers, skewed economic empowerment, and lack of legislations that advocate for more involvement of women and girls in participation and decision-making processes. For example, during the last National Leadership Forum (NLF), which brought together all the 'top' national organisations and stakeholders, women had no stake and were not represented. However, during the COVID-19 response, women and girls played a pivotal role as active volunteers, with women responding immediately to community needs, including in IDP settlements.

In **Puntland** state, most of the CSOs/WROs noted that poor participation of women in decision-making is caused by range of factors that include structural and systemic gender inequalities, poor economy, social norms and cultural barriers. All these factors have been exacerbated by COVID-19. As a result, women have even more restricted access to political participation.

In **Jubaland** state women were also not included in COVID-19 related decision-making processes, despite women's businesses and activities being affected by restrictions and a lack of resources. It is also worth noting how the tension between the federal government and the Jubaland government has restricted Jubaland women and WROs in carrying out advocacy work with women and WROs in other regions. This is due to the flight suspension and the military build-up of federal government and Jubaland forces in Gedo region (particularly in Belet Hawo and Dolow). One of the CSOs noted that due to the economic crisis, fathers in Belet Hawo town married their daughters to men to gain some money without the consent of the mother or daughter; a practice common in other regions. It was also noted that before COVID-19, women used to gather and discuss issues related to their rights amongst themselves. However for fear of contracting the virus, they no longer take part in these activities.

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3.2. Recommendation 2:

Gender-based violence (GBV)
Donors, the UN and INGOs should adopt and fund integrated approaches to GBV across the humanitarian, development and peacebuilding sectors – focusing on GBV prevention, protection and response. GBV services should be considered as life-saving and essential response services during this and any crisis. WROs should be granted direct funding, including core and unrestricted funding, to ensure they continue delivering GBV services (particularly in emergency crises) and tackling and preventing GBV though integrated and holistic approaches.

Donors, UN agencies and coordination bodies should increase support to the protection sector, including GBV and child protection. They should support the government in ensuring that GBV services and responses are available during lockdown and other movement restriction measures, and that women in all communities are aware of, and can access them. They should also invest in efforts to reduce stigmatisation against survivors, and prioritise integrated responses that address all causes of GBV at the same time – from harmful gender norms, to livelihoods and participation in decision-making.

Donors and UN agencies should also increase support to WROs and networks to conduct advocacy on the Sexual Offences bill and support these efforts through diplomatic channels.

Recommendation for: donors, government, UN and INGOs.

Donors need to sustain and increase funding to GBV during this and other emergencies, including violent conflict. Yet this and other protection sectors continue to be underfunded. Furthermore, to promote holistic, effective and sustainable response to, and prevention of, GBV beyond immediate life-saving service provision, donors should encourage and fund gender transformative programming and integrated approaches which reinforce GBV response and prevention. This should be done by tackling root causes of violence and increasing women's participation at domestic and public levels through peacebuilding approaches, while investing in health assistance and awareness raising, as well as in programmes to support women's and girls' access to economic resources and long term livelihood.[23] Transforming harmful gender norms and behaviours that sustain gender inequality is essential to reduce GBV in the long-term, but also to ensure women's and girls' access to basic services – therefore it should be done alongside humanitarian response. As noted by one of the participants in the research, GBV response services need to be strengthened by investing in awareness raising of: gender norms and GBV; health and psychosocial assistance; and livelihoods programmes that should provide unconditional cash transfers during times of acute crisis. In addition, there should be emergency funding allocated to ensure that these efforts can be taken forward and even enhanced during crisis, when the recurrence of GBV cases usually increases.

[23] What works to prevent violent (2018) 'Intersections of violence against women and girls with state-building and peace-building: Lessons from Nepal, Sierra Leone and South Sudan', September (https://www.whatworks.co.za/resources/reports/item/465-intersections-of-violence-against-women-and-girls-with-state-building-and-peace-building-lessons-from-nepal-sierra-leone-and-south-sudan)

Evidence:

According to the GBV/FGM AoR survey,[24] 38 per cent of respondents indicated an increase in GBV incidents compared to the period before the COVID-19 pandemic. Most reported cases are of physical violence, both in and outside the house (34 per cent), sexual abuse and harassment (20 per cent), intimate partner violence (18 per cent), rape (18 per cent) and CEFM (nine per cent). Thirty-one per cent of respondents reported an increase in FGM during the COVID-19 period. Other sources have also reported an increase in FGM, with circumcisers going door-to-door offering to cut girls stuck at home during the pandemic, thereby undermining efforts to eradicate the practice in Somalia.[25] The increase in FGM has been linked to: schools being closed and girls being at home, which practitioners see as an opportunity to increase their practice; the economic crisis which may drive families to increase CEFM; and that awareness raising programmes with communities on the dangers of FGM were stopped. This in essence presented a huge challenge to the elimination of FGM in Somalia, thus making the attainment of the SDG 5 indicators and targets difficult.[26]

WROs have been at the frontline of providing GBV response services.[27] Despite the noted increase in GBV during the pandemic, up to 36 per cent of GBV service providers have reported that COVID-19 has had a high effect on GBV service provision, making it difficult for survivors to get support (such as health and psychosocial assistance and legal aid). This has also come at a time when advocacy to pass the Sexual Offences bill is being met with a huge backlash in parliament (with an altered version ignoring the demands of CSOs and WROs being denounced by national and international organisations).[28]

In **Southwest** state, participants outlined that there was an increase in domestic violence such as physical assaults and sexual abuse.

CSOs and WROs from **Banadir** noted that there was an increase in cases related to domestic violence, sexual exploitation and abuse, rape, FGM and CEFM. Some women have also been forced into prostitution and forced marriage within IDPs camps.

In **Hirshabelle** state, CSOs/WROs outlined that there was an increase in domestic violence as a result of violent masculinities and a decrease in, or lack of, income. Rape cases also increased, as many women and girls have started working as casual labourers in far and insecure areas to earn an income.

[24] GBV AoR Somalia (2020) 'GBV/FGM Rapid Assessment Report: In the Context of COVID-19 Pandemic', July

[25] *The Guardian* (2020) 'Huge FGM rise recorded in Somalia during coronavirus lockdown', May (https://www.theguardian.com/world/2020/may/18/fgm-risk-in-somalia-heightened-by-coronavirus-crisis)

[26] Sustainable Development Goal 5 seeks to achieve gender equality and empower all women and girls.

[27] Saferworld (2020) 'Gender and COVID-19: responding to violence against women and children in Somalia', June (https://www.saferworld.org.uk/resources/news-and-analysis/post/884-gender-and-covid-19-responding-to-violence-against-women-and-children-in-somalia)

[28] Reuters (2020) 'Outrage as Somali parliament drafts law permitting child, forced marriages', August (https://uk.reuters.com/article/us-somalia-women-rights/outrage-as-somali-parliament-drafts-law-permitting-child-forced-marriages-idUSKCN257200)

The CSOs/WROs from **Puntland** state, stated that there were increased cases of domestic violence due to unemployment and difficulties in bringing an income home (including among IDPs). Violence perpetrated by men who were abusing drugs also increased.

In **Jubaland** state, the lockdown resulted in an increase in GBV. This was partly due to an increase in unemployment and lower household incomes which, due to social norms and masculinities, caused intimate partner violence, divorce and family separation. Participants stated that funding livelihood projects with GBV programmes, including psychosocial support and unconditional cash transfers, would have been effective mechanisms to support women and girls. In addition, most IDP camps reported an increase in cases related to domestic violence and FGM during the school closure, when most girls were at home during the lockdowns.

3.3. Recommendation 3:

Sexual and reproductive health and rights (SRHR)
The UN and government should prioritise access to SRHR in emergency response and preparedness plans and resource allocation (including those for COVID-19). This should include strengthening the health sectors, both in systems and capacity, to ensure that women and girls from all backgrounds and groups have full access to timely and quality services, as well as ensuring that services are able to respond to trends such as the reported increase in FGM.

Funding and the Minimum Initial Service Package (MISP) should be included in the response, and financial resources set aside for SRHR programmes should not be diverted to COVID-19 response.

Recommendation for: government, UN, donors and INGOs.

The government, UN and donors should ensure that services dealing with sexual and reproductive health and rights (SRHR) are continued and reinforced during emergencies, and that women and girls in need (including IDPs, those in rural areas and in regions affected by conflict) have access to them. Measures to contain the virus (such as restricted mobility) should not affect women's access to SRHR services. The government, UN and donors should work with community groups and leaders to ensure a good spread of information of how and where to access SRHR services and disseminate this information through different communication channels.

The UN and donors should invest in preventing shortages of antibiotics and other health supplies necessary to treat cases of SRH, including Post-exposure Prophylaxis (PEP), by ensuring different clusters are coordinated (mainly the Protection cluster in which the GBV working group sits and the Health cluster). This will help to prevent and mitigate difficulties in importation and distribution. They should ensure that SRH assistance providers and doctors have a sufficient supply of PPE to be able to continue their work safely. Supporting the training of more doctors in SRH, including FGM, would ensure that assistance, particularly for critical cases, is provided even in remote areas.

Donors should ensure that specific funding for SRHR is maintained in humanitarian responses during emergency crisis. They should also support the implementation of the MISP[29] in COVID-19 responses, particularly in rural areas and in areas affected by conflict.

Evidence:

Participants reported that during the COVID-19 pandemic, SRHR services were nearly suspended, as more focus shifted to averting the pandemic. The Somali health system is dominated by private hospitals and clinics with an irregular service provision, particularly in rural areas. During COVID-19, most of the services are either provided minimally or are not available, as many private hospitals decided to stop admitting patients during the pandemic. This makes it hard for pregnant and lactating women to have access to health services, as well as people in need of treatment for sexually transmitted infections, GBV survivors (including FGM), and women seeking family planning services. The COVID-19 pandemic affected mother and child health (MCH) services-delivery as there were reduced maternal and reproductive health services and inadequate supplies, including antibiotics (resulting from the shutdown of international flights). As in previous health emergencies, such as Ebola in Liberia and Sierra Leone, this endangers the lives of many women and girls seeking critical services in various facilities. Furthermore, given the increase in FGM, many hospitals need training in dealing with complications in FGM-related cases.

In **Southwest** state, participants noted that the COVID-19 pandemic has dwindled the medical supply at different facilities, especially in MCH services, and that unsterilised delivery sets may have been shared, endangering women's and girls' lives. In addition, family planning services were restricted, drug distribution was reduced, and the number of women seeking services at MCHs increased (MCH services were unable to meet this increased demand). Furthermore, MCH facilities reduced working time because of social distancing measures and some pregnant women stopped attending. There was inadequate Post-exposure Prophylaxis (PEP) kits to save women and girls from having STI diseases.

In **Banadir**, participants stated that road blocks restricted the access to emergency maternal services of pregnant women. Staff of one of the organisations witnessed a woman giving birth at a checkpoint. Security personnel were controlling the checkpoint and ensuring that there was no movement due to the virus, which prevented the woman from accessing a medical facility. In addition, both ante- and post-natal care in MCHs reduced as a result of pregnant and lactating women being afraid of contracting the virus at the facility.

In **Galmudug** state, WROs reported that sexual abuse and FGM practices increased during the lockdown period but there was a lack of PEP kits to prevent women and girls contracting STIs. In addition, there were poor medical supplies at the MCH services and fewer women attended the facility due to movement restrictions.

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[29] UNFPA (2020) 'Minimum Initial Service Package (MISP) for SRH in Crisis Situations', November (https://www.unfpa.org/resources/minimum-initial-service-package-misp-srh-crisis-situations)

In **Puntland** state, health services such as health education shifted to COVID-19 response action, and family planning decreased as MCH services reduced their activities. In addition, there were inadequate medical supplies in MCH services, and because women were afraid of contracting the virus, fewer sought these services.

In **Jubaland** state, there were decreased ante- and post-natal care services for pregnant and lactating mothers at various MCH facilities. This was due to: a shift in focus; a lack of medical supplies, as international and local flights were suspended; and a fear of contracting the virus by mothers seeking the services.

3.4. Recommendation 4:

Social protection, safety nets, support networks and participation
The government should design and strengthen social protection policies and systems that meet women's and girls' specific needs. This should be done with the support of donors and the UN, and in consultation with civil society and WROs.

Donors and INGOs should increase their support to WROs advocating for women's and social protection policies and programmes. CSOs and WROs should receive core funding, or at least emergency funding, so they can continue working on some of their previous activities and commitments, while at the same time supporting a specific COVID-19 response.

Recommendation for: donors, government, multilateral institutions, INGOs and civil society.

Social protection policies need to become a priority within COVID-19 preparedness and response. Civil society and WROs should be consulted on them, and the policies should meet women's and girls' specific needs. Many organisations suggested that funds dedicated to women's and girls' programmes, as well as gender equality, should be at least partially secured and that gendered safety nets that meet women's and girls' needs should be designed. This could be done by: ensuring core funding for CSOs and WROs; earmarking funds for protection and GBV within pooled humanitarian funds; and increasing flexible and emergency funds to CSOs and WROs.

Evidence:

The COVID-19 pandemic has forced CSOs and WROs, as well as social services, to prioritise a preparedness and response to this specific crisis over the work they were committed to previously. This is due to a number of factors: community needs paired with weak public institutions that cannot fulfil needs or provide safety nets (thus leaving CSOs and WROs to fill in the gaps); and the lack of core and flexible funding for WROs and CSOs (who depend on donor priorities and do not have core funding or staff to diversify their work during an emergency).

Women's economic rights and women's social and political participation projects shifted their focus to respond to the pandemic. Women who were part of support networks provided through previous programmes (including safe spaces to share needs and concerns, or who were part of activities that promoted women's public participation) were unable to access those spaces anymore. Participants called for the need to sustain safe spaces for women and girls and to ensure that social distancing measures allow access to them.

Many families lost their main sources of income, including remittances from overseas. These remittances play a pivotal role in the Somali economy and have provided lifelines to people affected by disasters and shocks, with many households in urban, semi-urban and some rural towns dependent on them to meet their basic household needs.[30]

In **Southwest** state, WROs outlined that the pandemic has impacted social protection, safety nets, support networks and participation of the people. This is due to restrictions that made women's economic rights projects difficult to implement, such as the Bahnano (read as *'Baxnaano'*[31] in Somali) project which gave women with low incomes, and their spouses, small grants. In addition, the pandemic also delayed the implementation of any other project activities outside the core response. Furthermore, the pandemic affected support from women's associations who used to distribute sanitary kits but had their operations suspended due to restrictions, such as social distancing.

Some of the participants in **Banadir** stated that lockdown caused resources and attention to be shifted to respond to COVID-19. As a result women's participation diminished and social protection was reduced. It also affected access to justice and many capacity building activities.

In **Jubaland** state, CSOs/WROs stated that movement restriction, such as the international flight shutdown and movement restrictions between countries, caused some women to suspend their income-generating activities. This particularly affected those selling perishable goods that were mostly imported from neighbouring countries like Kenya. There were also delays of payments of cash relief to beneficiaries, as organisations had to prioritise responding to the pandemic. Activities of women's and girls' support networks diminished as a result of lockdown as they had no funds to continue them.

[30] MoPIED (2020) 'Socio-economic Impact Analysis of COVID-19 in Galmudug State of Somalia', Unpublished document

[31] Shock Responsive Safety Net for Human Capital Project, a national cash transfer project aimed at supporting poor and vulnerable households through income support. See: The Federal Government of Somalia, Ministry of Labour and Social Affairs (2019) 'Somalia: Shock Responsive Safety Net for Human Capital Project (SNHCP)', October (http://molgov.so/wp-content/uploads/2019/11/Shock-Responsive-safety-Net-for-Human-Capital-BAXNAANO-Project-Operations-Manual..pdf)

3.5. Recommendation 5:

Livelihoods, insecure work and women's economic rights
Donors, the UN and INGOs should increase support to women and women's organisations to enhance women's economic rights and independence – particularly for women from low socio-economic backgrounds and IDPs. They should also work with the government to ensure that women have access to mainstream livelihoods programmes.

They should all facilitate women's participation in long-term development programmes, addressing root causes of poverty and women's exclusion, including challenging gender norms. This requires a long-term change to ensure that 'women's work' is not predominantly in the informal sector, and that short-term responses provide immediate safety net programmes to ensure household incomes are sustained.

Recommendation for: donors, government, multilateral institutions and INGOs.

More support for women and women's organisations is needed to enhance women's economic rights and independence, particularly for women from low socio-economic backgrounds and IDPs. Women's participation should be ensured in long-term development programmes, addressing root causes of poverty and women's exclusion, such as social norms that prioritise men being the breadwinners and that lead to a double burden for women working outside the house (as they also undertake increased household work and care for family members). This requires a long-term change to ensure that 'women's work' is not predominantly in the informal sector, and that short-term responses provide immediate safety net programmes to ensure household incomes are sustained (see Recommendation 4). Addressing gendered root causes of poverty, risk and marginalisation, is expected to impact risk mitigation at the individual and household levels and contribute to poverty reduction, social cohesion and inclusion.

Evidence:

The COVID-19 pandemic has affected many businesses that provided the sole source of income to people in Somalia. Measures put in place (such as the suspension of both domestic and international flights, curfews, partial lockdowns and cessation of freedom of movement) have contributed hugely to the collapse of small businesses such as those related to the sale of flight tickets, tea or khat, as well as others which are dominated by women.

Women, who usually have more precarious and informal jobs, have been particularly affected. They are the ones looking for solutions to bring an income home, sometimes being forced, or having to resort, to exploitative jobs and situations, with one organisation mentioning an increase in forced marriages and prostitution in IDP camps as means of survival. Women in poor host communities and IDPs were mostly affected as they were the family breadwinners and could not get casual jobs such as cleaning, washing and doing other household chores. IDP women and girls faced abuse and exploitation from families they worked for (as domestic workers or washing clothes), as due to COVID-19, they ended up not being paid for months.

This situation has been further worsened by reduced, or a lack of, remittances from overseas. As the pandemic is global it has equally affected the diaspora community who have to deal with restrictions and use the little they have to meet their own needs. The most comprehensive household survey of remittance flows conducted to date before the pandemic (conducted only in Somaliland and Puntland), identified 41 per cent of the survey sample as households that receive at least some remittances (51 per cent in urban and 29 per cent in rural settings, with urban households accounting for a much larger share of remittance value).[32]

In addition, women and girls continue to do the majority of unpaid care work in households, and tend to carry out most of the care for the sick relatives, household chores and childcare responsibilities, which increases their own risk of infection.[33]

In **Banadir**, participants outlined that the COVID-19 pandemic affected women's business activities, such as selling khat and milk, and washing clothes. This led to an increase in unemployment in casual and domestic work. In addition, import and export activities reduced (as the airport and the port were shut down), small scale businesses (particularly in low income families) collapsed and their few savings were used to provide for their families during this hard time. Furthermore, women with low incomes involved in micro-finance projects found it difficult to meet their obligations – most failed to repay the loans on a monthly basis because the curfew had suspended their business activities.

In **Hirshabelle** state, participants indicated that the COVID-19 pandemic affected micro-finance programmes of private banks and local NGOs, which were suspended due to restrictions and lockdowns. This caused low income and further raised the level of unemployment among women. They also outlined that the COVID-19 pandemic resulted in women and girls providing extra childcare, as both formal and informal learning institutions were suspended.

In **Galmudug** state, participants noted that most of the people economically affected by the COVID-19 pandemic were women who washed clothes, or sold tea or khat, and lost their income. In addition, ongoing projects that support women and girls were restricted, and working women were also at home doing the vast majority of unpaid work. This income and work insecurity brought some women (particularly IDPs) to get alternative and sometimes abusive jobs.

In **Puntland** state, participants outlined that at the onset of the pandemic, clothes sellers were the first affected as their imports were cancelled for fear of spreading the disease and this adversely affected the income of women in this industry. In addition, small scale businesses, that were mostly owned and run by women, collapsed due to the restriction measures and their savings diminished as they had to use them to feed their families.

[32] FSNAU (2013) Remittances and Livelihoods Support in Somaliland and Puntland
[33] Saferworld (2020) 'COVID-19 in Somalia: A conflict-sensitive response to overlapping crises', April (https://www.saferworld.org.uk/resources/news-and-analysis/post/866-covid-19-in-somalia-a-conflict-sensitive-response-to-overlapping-crises)

In **Jubaland** state, participants indicated that the COVID-19 pandemic affected livelihoods and women's economic rights. This was due to restrictions on business activities, particularly informal ones, which resulted in unemployment and reduced income, especially in IDP and marginalised households. Alongside doing unpaid care work, some women started searching for extra work in the villages (such as washing clothes) to meet their families' needs. This made the situation difficult for women who had to balance new paid work with their usual domestic work.

3.6. Recommendation 6:

Women's rights organisations and networks
Donors and INGOs should ensure that women's rights organisations and networks can survive the current economic crisis and funding trends and lead on the change that the communities they work with want to see. This will enable them to continue work with their communities and advance women's and girls' rights – particularly during emergencies such as the COVID-19 crisis. Donors should support women's rights organisations and networks with direct funding for long-term projects, as well as core funding which will ensure organisational development and capacity strengthening in core functions (such as MEL, fundraising, governance, management and operations).

When working with WROs, INGOs should: establish equal and long-term partnerships which go beyond specific projects; co-design all programmes and budgets; share overhead and administrative costs equally; provide financial resources for national NGOs' organisational development and facilitate their access to direct funding; and ensure that programmes respond to the changes they themselves have identified as being necessary.

Recommendation for: donors, government, multilateral institutions and INGOs.

WRO and CSO participants outlined the need for capacity strengthening in key core organisational areas, including MEL, governance, fundraising, proposal development, financial and narrative reporting, donor requirements, due diligence processes and procurement management. To achieve this, donors should provide core flexible funding to enable WROs to go beyond project implementation and into organisational capacity strengthening and sustainability. They should also prioritise long-term funding, as short-term funding is an obstacle in organisational capacity, sustainability, programme quality and impact. Donors should also make it easier for CSOs/WROs to access such funding: simplifying due diligence processes; investing in their core capacities; and tailoring application processes and budgets to the capacities of CSOs and the needs of communities.

INGOs have a big role to play in this too. They should prioritise equal and long-term partnerships when working with CSOs, co-designing programmes and budgets, and ensuring that CSOs and WROs have equal access to overhead and administration costs to secure their own sustainability. They should also support CSOs' and WROs' advocacy initiatives and establish links between them and governments. Tools, activities and methodologies put forward by CSOs/WROs should be prioritised over those developed by INGOs. In addition, INGOs should ensure that funds towards capacity strengthening respond to WROs' and CSOs' needs and priorities, instead of focusing on training to deliver a specific INGO priority, approach or methodology. Ultimately, CSOs and WROs should be able to decide if they wish to develop and conduct all programmes without a partner, or if they prefer to establish an international partnership because it reinforces the change they seek to see.

Participants also outlined that funding CSOs'/WROs' coalitions or networks working on different WPS thematic areas, allows for collaboration in advocacy to advance WPS policies at local and national levels. During shocks, crises and emergencies such as COVID-19, WROs and CSOs need such flexibility and the ability to respond.

Evidence:

CSOs, WROs and networks understand the needs of the communities they work with, and the gender norms and inequalities that hinder women's and girls' safety and participation. In addition, they have the flexibility to adapt and provide services in a way that government entities often cannot, allowing them to fill critical gaps during both crisis and recovery. They complement this emergency response work with comprehensive programmes and advocacy for structural change at local and national level. In order to ensure women's and girls' rights and participation, they need to be able to provide long-term sustainable and regular work with the targeted communities, based on the communities' needs.

During the COVID-19 crisis, CSOs and WROs have been active and flexible in responding to the needs of the communities they work with. But they have also had to navigate the difficulties that have surfaced due to the lockdown and mobility restrictions, as well as material and funding shortages. WROs/CSOs have changed their previous activities in order to: raise awareness of the pandemic; fill in the gaps where there is a lack of information (particularly in rural areas); and reduce the prevalence of misinformation. For example, they engaged with doctors, religious leaders and young people who created video clips in order to reach as many people as possible.

WROs have also intensified their work in strengthening women's economic opportunities and supporting women's businesses that are on the verge of collapse due to the crisis. Unfortunately, projects in support of women's participation in elections and political processes have seen a reduction in funds, as well as activities. This is because authorities are less available to meet, and leadership skills training for potential women candidates is difficult to conduct remotely.

In **Banadir**, some participants indicated that the specific areas to be funded usually depend on the donor's interest and areas of opportunities, as opposed to the actual needs of the beneficiaries. They also outlined that donors tend to fund individual thematic areas instead of a combination of them in line with an integrated approach, which is not reflective of people's lives and needs, and limits the provision of comprehensive service packages or holistic programmes.

In **Galmudug** state, WROs noted that funding is usually project-based and therefore they cannot invest in organisational development and core functions (such as MEL, fundraising or proposal development) to strengthen and expand their work. They outlined that they understand and know better the situation of the communities they work with, but have to accept donor priorities and partner with INGOs who, in many cases, end up taking the lead.

In **Southwest** state, participants identified proposal writing, financial management, report writing, MEL, financial systems, due diligence requirements, advocacy, fundraising and procurement as areas in which they need funds and capacity strengthening. In addition, one of the participants identified gaps in coordination between the CSOs and recommended establishing coordination networks, which would better enable them to respond to future crises and emergencies.

4.Partners

Somali Women Development Centre (SWDC) is a non-governmental and non-profit making organisation that was established mid-2000. Since then, SWDC has worked with a range of partners, donors and governments (including UN agencies and INGO grantees) to implement programmes and activities that promote equal rights for women – to ensure they have an active role in the Somali community through enhancing their social, political, economic and cultural participation.

SWDC works to improve the situation of women in Somalia. Its guiding vision is the belief that, with support, women can become empowered to make positive changes in their lives. It strives to minimise the number of women who are subjected to violence by empowering them through access to knowledge and greater economic independence. It also works to prevent and respond to GBV, providing survivors of GBV with social and psychological counselling, legal assistance and case management, and advocating for increased women's legal protection.

SWDC has facilitated a variety of training and workshops within ministries and communities, and worked with religious leaders, judges and police officers in an effort to provide information and secure community members' support for enhancing women's rights and protection.

Saferworld is an independent international organisation working to prevent violent conflict and build safer lives. We work with people affected by conflict to improve their safety and sense of security, and conduct wider research and analysis. We use this evidence and learning to improve local, national and international policies and practices that can help build lasting peace. Our priority is people – we believe in a world where everyone can lead peaceful, fulfilling lives, free from fear and insecurity. We are a not-for-profit organisation working in 12 countries and territories across Africa, Asia and the Middle East.

Saferworld has been working to promote peace, democratisation and good governance in Somalia and Somaliland since 2004. We support civil society's involvement, particularly women's and youth groups, in crucial decision-making processes on peace, security and development. With partners, we help community groups to identify and address their safety concerns, work to improve police services and make recommendations on security policy. We also work with democratic institutions such as electoral management bodies and political parties to help improve the quality of elections and civic and voter education.

Gender Action for Peace and Security (GAPS) is the UK's women, peace and security (WPS) civil society network. We are a membership organisation of NGOs in the fields of development, human rights, humanitarian assistance and peacebuilding. We were founded to promote WPS including United Nations Security Council Resolution (UNSCR) 1325. GAPS promotes and holds the UK government to account on its international commitments to women and girls in conflict areas worldwide.

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