
Now and the Future

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

Somalia Briefing

1. Introduction

The impact of COVID-19 is deeply gendered in Somalia. 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 critical to understand how women's and girls' needs and rights can be at the centre of short- and long-term global responses and recovery, and advance the women, peace and security (WPS) agenda.

The Somali Women Development Centre (SWDC) and Saferworld have worked together to produce context-specific gender analysis of COVID-19. They consulted a total of 20 organisations 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.¹ Once the responses were analysed, a validation was conducted with all participants, including KIIs with six of the organisations. The country report gives an overview of the situation in Somalia in the midst of the COVID-19 pandemic and presents the findings, recommendations and contextual evidence. This briefing is a shorter version outlining a summary of the findings and the recommendations.

2. Summary of findings

Somalia is a patriarchal and militarised society with deeply entrenched gender norms and roles. Gender-based violence (GBV) prevalence is high including: female genital mutilation (FGM); child, early and forced marriages (CEFM); and domestic violence (DV). Women are excluded from all levels and spheres of formal and informal decision-making processes and are enduring structural socio-economic inequalities. This situation is even worse in the

¹ For safety reasons the participant organisations are not named in this report, but project partners are grateful for their time, knowledge and expertise.

case of young women, women refugees and IDPs, and women from other marginalised groups.

The impacts of the COVID-19 pandemic are huge on Somali women and girls. Through interviews, women and women's rights organisations (WRO) have shown concerns about how the COVID-19 pandemic can erode some of the gains that they have made for gender equality and women's and girls' protection, including meaningful access to justice and protection. In the response to COVID-19, women's and girls' rights and needs are not being prioritised and women activists and organisations remain excluded from the design and implementation of official responses. As a result, during the pandemic, as with many other crises, women's and girls' discrimination and marginalisation in all existing social, economic and political structures has increased.

Global evidence shows that women and girls 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 families.² Somalia is no different, and women and girls are bearing the brunt of this pandemic: they are maintaining communities' safety, distributing food for people in isolation, taking care of the sick and distributing protective equipment, including to local mother and child health clinics. They also have additional caring responsibilities linked to an increase in people needing care and more people being at home due to movement restriction measures.

In Somalia, at least 20 per cent of households are headed by women who bring in on average 70 per cent of households' incomes,³ the majority of which comes from activities in the informal sector.⁴ The COVID-19 pandemic has seriously impacted women's income due to mobility restrictions, lockdowns and increased work at home. For example, measures to contain COVID-19 have imposed restrictions on international and local flights, affecting imports of goods including khat, vegetables, fruits, candies and clothes, most of which are sold by women in Somalia.⁵ Night curfews have negatively affected small businesses belonging to women, such as teashops, restaurants and milk shops, who could not open their businesses at night which is the peak time. As a result, many businesses belonging to women have been hit hard and experienced loss of incomes and customers, negatively impacting the wellbeing of their families and overall communities. In addition, the COVID-19 pandemic has led to a reduction of remittances and aid programmes that focus on strengthening women's economic initiatives, leaving women and their families without income or any safety nets.⁶

² 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>)

³ Ibid.

⁴ Somalia National Bureau of Statistics (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/>)

⁵ Rift Valley Institute (2020) 'Khat and COVID-19: Somalia's cross-border economy in the time of coronavirus', May 2020 (<https://riftvalley.net/publication/khat-and-covid-19-somalias-cross-border-economy-time-coronavirus>)

⁶ OCHA (2020) 'Somalia Humanitarian Bulletin, 1 May - 2 June 2020', June 2020 (<https://reliefweb.int/report/somalia/somalia-humanitarian-bulletin-1-may-2-june-2020>)

Economic hardships, suspension of schools and movement restriction measures have led to UN and Somali organisations reporting an increase in DV and other forms of GBV against women and girls, including sexual exploitation and abuse.⁷ Teenage girls have been subjected to increased CEFM and FGM, as families are facing economic difficulties and the closure of schools has provided the traditional cutters with the opportunity to resume and increase their practice. This is a setback to many decades of awareness-raising on the negative effects of harmful cultural practices on women and girls. Mobility restrictions and cuts in funding for GBV prevention and response mean that survivors are struggling to access essential GBV response services from women’s organisations and have less options to rebuild their lives and livelihoods. Furthermore, sexual and reproductive health and rights (SRHR) services have been more limited because the health sector focus has shifted to responding and averting the pandemic. Due to the scale-back in supplies of antibiotics, personal protective equipment and other medicines, many people (including pregnant and lactating women, people in need of treatment for sexually transmitted infections, and GBV survivors) have been unable to get adequate, even life-saving treatments.

WROs are having to respond to a decrease in funds and an increase in the need and demand for their services and programmes. Despite this, they continue to be at the forefront of the COVID-19 pandemic and other emergency responses such as droughts, floods and locust invasions. WROs continue to carry out critical interventions that support women and their families to access livelihoods and resources and provide legal aid and other life-saving services to an increasing number of GBV survivors. They continue to advocate for gender equality and ending gender discrimination, abuse and GBV in their respective communities, as well as for increased women’s participation in political processes (particularly in the upcoming 2021 elections) and fighting to enshrine the women’s 30 per cent quota in the Provisional Constitution. WROs have also been instrumental in enabling access to accurate information on COVID-19 for all (and countering misinformation), particularly for those in rural areas or from marginalised groups. Despite the crucial roles women’s organisations play, they have noted that they have neither been consulted on COVID-19 responses in Somalia, nor been provided with the required resources to work in recovery and protection.

WROs are best placed to lead the changes needed: they possess in-depth knowledge of the context and the social and gender norms that lead to deep inequalities and power imbalances, as well as ways to transform these. They understand the differential impacts of crises within communities and can effectively respond to communities’ needs, including women’s and girls’ needs. They are experts in working with diverse community stakeholders and effectively preventing conflict. Through their interventions, WROs are also contributing to gender equality and peace. In order for WROs’ work to continue to be sustainable and relevant in Somalia (saving lives and advancing long-standing agendas on WPS), they must be fully supported to acquire financial stability and enough human resources, strong governance and good administration systems. Donors and INGOs should increase their financial and technical support and understand that their role is to facilitate CSOs’/WROs’ work and leadership in a sustainable and long-term manner.

⁷ Saferworld (2020) ‘Gender and COVID-19: responding to violence against women and children in Somalia’, June 2020 (<https://www.saferworld.org.uk/resources/news-and-analysis/post/884-gender-and-covid-19-responding-to-violence-against-women-and-children-in-somalia>)

3. Recommendations

Recommendation 1: Increase women's and girls' meaningful participation and representation in formal decision-making processes

Government and UN agencies should consult women, girls, WROs and networks in all decision-making intended to effectively respond to and prevent COVID-19. It is also critical to include women and WROs in emergency preparedness and response bodies and processes, and promote their meaningful and sustainable participation in all stages of decision-making spheres – including private, public and political spheres and at all levels (domestic, community, federal member state and national).

Through diplomacy with the Somali government and federal member states, donors and INGOs 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 national and regional COVID-19 responses). In addition, CSOs/WROs should also be included in recovery planning and monitoring, as they are best positioned to identify their communities' most pressing immediate needs.

Donors and INGOs should invest in WROs' access to funding to continue programmes as well as invest in strengthening their capacities on advocacy and movement building (networks). It is through movement strengthening that women's organisations will increase their capacity to effect systemic change – including legal reform. Donors and INGOs should also support WROs' advocacy efforts more broadly during this pivotal moment around the women's quota in the upcoming election, adopting the quota in the Provisional Constitution and passing the Sexual Offences Bill (SOB) in Parliament in replacement of the Law on Sexual Intercourse Related Crimes.⁸ They should also support WROs' advocacy towards the Federal Government of Somalia to develop a National Action Plan on WPS, crystallising 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.

(Full evidence for this recommendation can be found on page 12 in [the country report](#).)

Recommendation 2: Address the causes of gender-based violence (GBV)

Donors, the UN and INGOs should adopt and fund integrated approaches to addressing GBV across the humanitarian, development and peacebuilding sectors. Such a holistic approach should include GBV prevention, protection and response, and consider GBV services as life-saving and essential, including during the COVID-19 pandemic and any other crises. WROs should be granted direct funding, including core and unrestricted funding, to ensure they continue delivering GBV services (particularly in emergency crises) while tackling root causes and preventing GBV through integrated and holistic approaches at home, community and higher levels. This approach will foster a reduction in stigmatisation and violence against GBV survivors and their families, and address all root causes of GBV

⁸ Human Rights organizations and the UN argue that the Law on Sexual Intercourse Related Crimes breaches international and regional standards in relation to rape and sexual violence against women and children. It falls short in defining sexual offenses and offers inadequate protection of SGBV survivors and witnesses. In addition, the bill allows under aged to marry based on reproductive maturity and establishes criminal penalties for forced marriage only if a woman or girl is forced into the marriage without the knowledge and consent of her family.

at the same time – strengthening the links between these interventions and those seeking to transform harmful gender and social norms, strengthening women’s access to livelihoods, and increasing women’s meaningful participation in decision-making.

Donors, UN agencies and coordination bodies should increase support to the protection sector within the COVID-19 pandemic and other emergency response funds, especially towards GBV and child protection. They should support all levels of government in ensuring that GBV services and responses are made available during lockdown and other movement restriction measures, and ensure that women and girls in all communities are aware of the existence of such services, and can easily access them.

(Full evidence for this recommendation can be found on page 15 in [the country report](#).)

Recommendation 3: Improve women’s access to sexual reproductive health and rights services (SRHR)

The UN and government should prioritise access to SRHR services 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 and CEFM. Funding the Minimum Initial Service Package (MISP) within first-phase emergency response is crucial and financial resources should be earmarked for SRHR programmes and not diverted to COVID-19 response.

(Full evidence for this recommendation can be found on page 17 in [the country report](#).)

Recommendation 4: Strengthen women’s access to justice, social protection, safety nets and support networks

The government should design and strengthen women’s access to justice, 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 access to justice and social protection policies and programmes, as well as the inclusion of women in the justice system. Donors should fund CSOs and WROs through core funding and emergency funding to ensure they can continue working on some of these previous activities and commitments, while at the same time supporting a specific COVID-19 response.

(Full evidence for this recommendation can be found on page 19 in [the country report](#).)

Recommendation 5: Improve women’s access to socio-economic resources and strengthen women’s businesses

Donors, the UN and INGOs should support initiatives to increase women’s access to economic resources and promote women’s economic rights and independence – particularly for women from low socio-economic backgrounds and internally displaced persons (IDP). Donors, UN agencies and INGOs should work with the government to enhance women’s access to resources, skills training and information for their businesses.

They should all promote women's participation in long-term development programmes, addressing root causes of poverty and women's exclusion, including challenging harmful gender norms. This requires a long-term investment to ensure that women's work and owned businesses are not predominantly in the informal sector.

Donors should invest more in short-term responses that provide immediate safety nets to women and their businesses, as well as programmes to ensure household incomes.

(Full evidence for this recommendation can be found on page 22 in [the country report](#).)

Recommendation 6: Strengthen and support women's rights organisations and networks

Donors and INGOs should ensure that WROs and women's rights networks can survive the current economic crisis, address the exclusionary funding trends which affect CSOs and WROs in particular, and enable WROs to lead the change that their communities want to see. Donors should support WROs and women's rights 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.

(Full evidence for this recommendation can be found on page 24 in [the country report](#).)

Recommendation 7: Increase investment in the healthcare sector and address health disparities

The government, donors, the UN and INGOs should invest in strengthening Somalia's health system. The public health system is weak and unable to cope with people's needs, particularly in the midst of a pandemic. There should be increased efforts in providing information on COVID-19 and countering misinformation to prevent the spread of the virus. Health equipment, medical supplies and highly-trained health professionals for public hospitals should be provided at all times, and reinforced in times of crisis. In particular, they should invest in building and improving health facilities in rural areas which are particularly lacking, as well as in newly-established federal member states, such as Galmudug and Hirshabelle.

Donors, UN agencies, INGOs and the government should create equal opportunities for women and men to access healthcare skills development trainings and recruitment in the health sector and ensure equal representation of women in healthcare decision-making processes.

(Full evidence for this recommendation can be found on page 27 in [the country report](#).)

Recommendation 8: Engage with men and boys to promote gender equality and protection

In Somalia, men hold most power positions, both at home and at the public and political levels, such as policy makers and traditional and religious leaders. Due to their power and influence, it is crucial to engage them in the fight for gender equality and women's and girls' rights. They also need to be engaged to respond to the negative effects of the COVID-19 pandemic on women and girls and design and implement a gender-sensitive pandemic response.

Donors and INGOs should support programmes that facilitate the engagement of men and boys as champions to address harmful social, cultural and religious practices, and to promote gender equality and women's and girls' social and political representation. Programmes should raise awareness among men and boys on women's and girls' rights, gender equality, harmful gender norms and the importance of women's participation in formal decision-making spaces. This work should supplement efforts on gender equality and not replace existing work with women and girls as it is essential that work with men and boys does not reinforce unequal gender power relationships, but addresses them.

(Full evidence for this recommendation can be found on page 29 in [the country report](#).)

4. Partners

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. It was 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.

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

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.

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