



## **CARESOM RAPID GENDER ANALYSIS**

### **AUGUST 2021**



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The views in this RGA are those of the authors alone and do not necessarily represent those of CARE or its programs, or the Somalia Government /any other partners.

Cover page photos: Shows a dry water source due to drought, and women and girls in search of water in an IDP settlement



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## Abbreviations

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ANOVA	Analysis of Variance
AWD	Acute Watery Diarrhoea
CFR	Case Fatality Rate
CECs	Community Education Committees
CHWs	Community Health Workers
CUSA	CARE USA
EBTVET	Enterprise Based Technical and Vocational Education and Training
ECSA	East Central and Southern Africa
FGDs	Focus Group Discussions
FGM	Female Genital Mutilation
FGS	Federal Government of Somalia
GBV	Gender-Based Violence
GiB	Gender in Brief
GEF	Girls Education Forums
HADMA	Humanitarian Affairs and Disaster Management Agency
HoH	Head of household
IBTVET	Institutional Based Technical and Vocational Education and Training
IDPs	Internally Displaced Persons
KIIs	Key Informant Interviews
MoLSA	Ministry of Labour & Social Affairs
PES	Population Estimation Survey
PLW	Pregnant and Lactating Women
POE	Points of Entry
PWDs	People Living with Disabilities
RGA	Rapid Gender Analysis
SDGs	Sustainable Development Goals
SHDS	Somalia Health and Demographic Survey
SPSS	Statistical Package for Social Scientists
SWS	South West State
UNFPA	United Nations Population Fund
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
VSLA	Village Savings and Loan Association
WASH	Water, Sanitation and Hygiene
WRO	Women Rights Organisations



## Executive Summary

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This RGA aimed to gather gender-related information especially gender roles, responsibilities, barriers, misconceptions, social norms, policies, and support systems available for survivors of Gender-Based Violence. The analysis covers five geographical areas within Somalia (Somaliland, Puntland, Galmudug, South West and Banadir) comprising 10 regions and 20 districts. This analysis employed both a qualitative and quantitative assessment using desk reviews, household questionnaires, Focus Group Discussions (FGDs), key informant interviews (KIIs), and individual stories. In total, 2,437 households were interviewed (72.5% female and 27.5% male) while 51 FGDs and 26 KIIs were conducted. The assessment was conducted within CARE Somalia Program areas and households were randomly selected while FGDs and KIIs participants were purposively selected based on gender, age, availability, location and knowledge of topics under investigation. Data was collected by 36 enumerators (16 females and 20 males) using Kobo Collect and analysed using SPSS, PowerBI and Excel. The findings have been presented using graphs, tables, maps, descriptive and inferential statistics. Below are the key findings and recommendations from the assessment.

**Shocks/Disasters:** The major disasters/shocks reported by the respondents were the drought situation (77.5%) and the COVID-19 pandemic (72%). Other issues of concern for both male and female respondents were displacement (35%), locust infestation (34%), general insecurity (22%), clan conflict (17%) and localized flash floods (12%). Female headed households and women were reported as most vulnerable during these crises largely due to the nature of their responsibilities within the households. Female headed households and women are mostly in charge of the provision of food, fetching of water, sanitation and hygiene needs and taking care of children. Other highly vulnerable groups mentioned were children, elderly persons, IDPs, and disabled individuals owing to their physical and economic limitations to withstand such crises.

**Education:** Given that information was gathered in locations where CARE implements education projects, school enrolment was established at 64.3% (64.8% for female headed and 63.5% for male headed households). Overall, boys present better enrolment (65.2%) compared to girls (63.4%). Illiteracy remains high among the households. The findings showed that only 32% of the household heads had attended some level of education with fewer female headed households at (27%) compared to males at (41%). Banadir region shows fewer household heads with formal education (13.5%), followed by Galmudug (15.5%), whereas Puntland and South West comparatively have better results with 57.8% and 56.8% respectively.

**Gender Equality and Equity:** There were mixed feelings around gender equality with close to half of the respondents (47.4%) contending that both males and females are equal in Somali culture while 33% felt that females are still suppressed by males. Around 60% of the respondents believe that some duties can only be performed by a specific gender, e.g., men cannot be a midwife, cook or a cleaner and on the other hand, women cannot be a driver or community leader. Notably, more male headed households (62%) support this belief compared to female headed households (59.1%). However, a good proportion of female headed households (40%) went ahead to suggest that gender should not be a factor when allocating duties in society. Those supporting the belief contended that these men and women are not created equally and even religion and culture prescribe specific domestic duties for females and their contribution in decision-making should be minimal. There is also a strong feeling that women are not fully heard, as depicted by over 60% of the respondents who felt some women are suppressed by society and are forced to live up to their feminine roles.

**Gender Roles and Responsibilities:** Culturally, the large burden of domestic needs and care rests on the women, key household tasks remain heavily skewed towards females, with women and girls responsible for almost all household chores (including child care, cooking, cleaning and washing), water collection, caring for sick relatives and food purchases among others. Men and boys are charged with livestock, building and undertaking hard labour activities like transporting household items, pottery, etc. There is a perception that over time, women are taking on more responsibilities as female headed households increase largely due to recurrent shocks and stresses. Also, poverty and lack of employment

opportunities for young men were reported to increase their risks of recruitment by armed groups, addiction to Khat and involvement in illegal activities.

**Decision making:** Socially, there is some level of women's involvement in decision-making for key social and economic aspects at the household level, though men still dominate the decision-making arena in households. Assessment information shows that the majority of men decide on who works for money in the household (61.7% for men vs. 36.9% for women), buying and selling assets (40.2% for men vs. 28.5% female), migration/displacement (31% for men vs. 20% for women). Women acting as primary decision-makers are largely report on having children, children education, domestic food purchases and visiting relatives. The presence of some women in household decision-making was strongly attributed to increased female headed households resulting from displacement and conflict together with women empowerment efforts from different players.

Though important during response and recovery phases of disasters, the involvement of ordinary community members, both male and female, in decision-making during crises remains below average at only 37% (32.6% female and 48.3% male). Community decisions are largely made by elders (47.4%), government leaders (36.6%) and religious leaders (13.7%). Unfortunately, there are very few females in these decision-making platforms, thus women and girls are often only at the receiving end, and their issues can get overlooked among the community priorities.

**Involvement in Associations:** About community-level associations, the assessment established that only 30% (31% female vs. 30% male) of the households belong to such associations/groups which indicates missed opportunities when it comes to sharing ideas and being part of decision-making in the community. Notably, existing groups /associations were largely womens' groups (45.5%) like VSLAs, followed by 29% that are mixed socio-economic groups, especially project level committees while religious groups were reported 19.7%.

**Livelihoods and Income Sources:** Economically, priority livelihoods and income sources for both male and female include casual labour (38.6%), followed by petty trade (30.1%), livestock (23.6%), crop farming (13.5%), while 20% have no paid activities. The priority livelihoods for females include casual labour, petty trade, livestock and farming whereas male priority livelihood sources also include causal labour, livestock, petty trade and farming. Additionally, there are more females with no livelihood/income source (22.3%) compared to males (13.6%), this clearly shows that gender disparity exists against women in access to livelihoods sources. Results also show more female headed households (24%) with no paid activity when compared to male headed households in the same category (14.1%). More female headed households are engaged in petty traded (31.9%) compared to 27.5% male headed households engaged in the same whereas for livestock as a source of income, we have more male headed households (27.3%) compared to 21.1% for females, this could be attributed to more male headed households (60.6%) residing in host communities than female headed households (49.8%). For IDPs residing in the assessed areas, difficulty with employment was reported as the biggest challenge for both males and females, followed by personal security where female respondents lived among males (30.5%) and lack of information about assistance (30.6%) among females.

**Health and WASH:** Access to safe and affordable healthcare including primary health care remains a key challenge for everyone with 40% of all households reporting limited access to safe health facilities due to lack of financial resources and limited functioning health facilities in their communities. Much as health care access affected everyone, it was more serious with women and girls and rural communities. Women and girls are seen to be largely affected due to their special health needs especially reproductive health, and their susceptibility to abuse including rape, sexual and physical assault. Also problematic for communities, especially women and girls, is safe access to water (56% of households taking over 30 minutes to safely access water), sanitation (32.7% lack access to safe latrine facilities) and hygiene facilities including menstrual hygiene needs which affects school attendance for some girls. Access to safe latrine facilities was established to be low among rural households (with 41% reporting limited access) compared to 29.3% in urban locations.

**Gender Based Violence (GBV):** On GBV, 33.9% of women from all settlements reported sexual violence as the biggest concern followed by inability to access services and resources (27.3%), then violence in homes (25.7%) while trafficking was the least (2.5%) reported security concern. Other issues reported include early and forced marriage and FGM. Grievances are usually presented to the elders and community leaders but due to cultural barriers, justice may never be served to vulnerable groups especially women, girls and marginalized communities. Reporting to police is seen prominent among IDPs than host communities but generally, conflicts are still being largely managed through the local Xeer system.

**Humanitarian Assistance:** The majority, of the households (74.4%) surveyed, claimed not to have received humanitarian assistance 30 days preceding the assessment however, among those receiving the assistance a majority were female headed (65.1%). Humanitarian assistance is largely collected by women compared to men and children. Discussions indicated that women are preferred beneficiaries by humanitarian actors, respondents believe this is because women are responsible for basic household needs like food, water, health care and clothing and are also likely to put the assistance to intended use rather than men who could divert assistance to other priorities. Further information indicated inadequate consultation by humanitarian actors with communities about their needs. The quantitative assessment showed that only 33.8% of the entire community had previously been consulted, including 34% of the female and 33.4% of the male respondents. Consultations were reported least in Puntland at 21%, whereas Banadir, South West and Somaliland had the best score of 41% for each.

**Disability:** The assessment also established that 28.4% of the households had at least one person with a form of disability (either mental or physical). Key disabilities were reported were related to sight (19.4%), walking (18%), Hearing (18%), memory (16.8%) and nervousness/anxiety-related, the study established that conflict intensity is linked with nervousness and anxiety-related disorders.

**Priority Needs:** Finally, key priority needs identified during the assessment include food (87%), water (84%), healthcare (55%) and shelter together with household items (54.7%), education (56%), livelihoods (40.1%) and sanitation and hygiene (34.6%), and protection. Some people also mentioned a need to ensure women and girls access reproductive health information and support, are protected from violence and also build their skills for self-employment and livelihoods, also prominent was the need for safe spaces for girls and women both in schools and within their residences. Other general needs included facilitation with equipment to help in their work, being provided safe spaces to participate in the decision-making processes within the community, enhanced security, and creating for them a conducive environment for job opportunities. Specific needs of men and boys included restocking, supporting them to acquire marketable skills (vocational skills) for jobs and business and encouraging boys to attend school.

## Recommendations

From the assessment findings, the following recommendations are being put forward to assist in improving programming especially through promoting gender equality and ultimately impacting the lives of women and girls in Somalia.

### Health and WASH

- To encourage more women and girls of reproductive age to seek health assistance, health stakeholders need to have adequate number of female health workers serving communities. Relatedly, at the project level, there is a need for gender-balanced teams with the ability to listen to the concerns of women, men, boys and girls and shared them with management promptly for decision-making.
- The installation of sufficient, safe and gender-friendly health and WASH facilities must be prioritized by humanitarian actors. Women and girls must be consulted about their WASH needs and facilities



designed to ensure safety and privacy. Also to promote safety and privacy, key sanitation and hygiene facilities should have locks and good lighting, minimally.

### **Humanitarian assistance**

- Donors are encouraged to extend much needed humanitarian assistance to Somali communities affected by the multiple shocks, including drought, COVID-19 and locust infestation, that are threatening to deepen the crisis in an already fragile environment.
- Given the several vulnerabilities established, programs and services should aim to increase support to specific vulnerable groups such as pregnant and lactating women, marginalized groups, people with chronic illness, disabled and elderly people to ensure their specific needs are being addressed.

### **Gender Roles, Women's Participation and Decision-Making**

- The promotion of gender-transformative programming must be prioritized across all programs and initiatives, this would enable programs to engage with local communities, especially women and girls, through consultations to understand their needs and engage them during the design and implementation of projects. At least 40% of all our submitted proposals should include participatory and consultative processes with WRO, women and girls to ensure local buy-in and collective decision making in advance of submission.
- Given that women's participation in community decision-making remains low, advocacy is required with stakeholders to bring positive changes and increase the role of women in decision-making processes. There is a need for increased awareness-raising and sensitization sessions around women's participation and decision-making in the community across various stakeholders (i.e. government, traditional leaders, journalists, religious leaders, civil society organizations, private sector partners, community groups, men and women). Through these empowered stakeholders, resources should be mobilized, support galvanized and space lobbied to increase women's participation in community decision-making.
- Considering the vulnerability of women, girls and special needs groups highlighted in this report, safeguarding must be part of project design and adequate mechanisms must be in place before any intervention to ensure that all program beneficiaries have equitable and safe access to the project activities and inputs, and know about channels to provide feedback and voice concerns.
- There is also a need to continue directly advocate with stakeholders for more women involvement in decision making especially in creating more livelihood opportunities.
- Donors, government and communities must support interventions on gender norm changes at both household and community levels to ensure gender equality and joint decision-making.
- To promote behaviour change in communities, humanitarian and development programs should enhance the promotion of female leadership at the community level and build on the existing leadership structures (CHWS, WASH Committee members, CECs, GEFs and VSLA leadership among many) to create more awareness in the communities.
- To ensure continuous engagement and ownership of gender activities, each program should have a gender and safeguarding focal person overseeing training and implementation of gender activities.

### **Education**

- Donors, government and communities must continue to invest in the education of girls and boys, many of whom are out of school due to lack of fees, limited school infrastructure in the community and parental decisions either guided by traditional beliefs or socio-economic challenges (girls kept in homes to help with domestic chores while boys are kept to earn income through labour).
- Agencies working in the education sector must focus on establishing the right education infrastructure, challenge negative gender stereotypes and perceptions, and where possible extend fees and scholastic materials support to girls and boys from vulnerable households.

### **Disability**

- Considering the issue of disability and the current exclusion in programming, efforts must be made to ensure that all facilities and services are disability-inclusive and people with special needs are

consulted about their priorities during all phases of project design and implementation. Government and relevant actors should ensure special needs teachers are recruited and deployed in schools whereas project designs should have a disability lens including infrastructural plans and renovations (e.g. buildings, toilets, water facilities, health facilities, etc.).

- Humanitarian programs should be deliberate in instituting policies and interventions that target uplifting the social, economic and psychological wellbeing of disabled persons.
- Create consultative sessions across communities to include those with special needs before program design and implementation. All community engagements must ensure special needs people are included to provide their inputs into programs.

### **Livelihoods and Income Generation**

- To improve the economic well-being of women, more programs must prioritize supporting communities to start self-help groups and invest in augmenting existing women's groups with training on income-generation activities. Consider extending direct financial support to boost their production/business hence allowing them to generate better incomes and investment options.
- Programming must also be designed to prioritize the provision of economic support initiatives or incentives to families to help build safety nets and ultimately alleviate financial strains that may lead to child labour or early marriage as coping mechanisms, especially during times of crisis. Programs can further explore new and innovative business ideas like farming for business using greenhouses.
- Agencies must develop more integrated and multi-sectoral programming approaches for impactful intervention. Most of the target groups, i.e. women and girls, IDPs, returnees, minority groups and pastoralists require a complete response package and limiting interventions to one sector may affect the sustainability of particular gains.
- Donors and agencies are encouraged to focus on the livelihoods of youth that are out of school; there is a need to expand vocational skills training (IBTVET and EBTNET) to provide youth with vital skills necessary to make a living and contribute positively to society.

### **Community Awareness and Advocacy**

- Government agencies must be supported and advised to develop relevant policies and capacities to handle protection issues affecting women and girls, such as rape, assault, forced marriage and other human rights abuses. This would ensure deterrence through police services that engage with communities and formalization of community arbitration and grievance handling which follows acceptable standards.
- Donors and agencies should be encouraged to focus on programming to train communities, partners, and other stakeholders to capacitate and strengthen their understanding of international protection principles and practices and application in the Somalia context.
- Humanitarian and development programs must engage more with women leaders, community groups and other community role models that support women leaders/advocates to challenge gender stereotypes in their respective communities. Focused gender training could be packaged and delivered to these role models, local partners, community groups, local leadership and government structures to enable them to promote gender equality through policy influence and community-level advocacy.

# Introduction

## Background information

Somalia has been experiencing a multi-layered complex crisis over the past three decades. Insecurity and conflict continue to exacerbate the effects of natural shocks like recurrent droughts, flooding and most recently COVID-19 and desert locust swarms, hence the current humanitarian situation. In 2020, the World Bank Group estimated the Somali population at 15.9 million though does not provide sub-population figures<sup>3</sup>. The 2014 UNFPA population study<sup>4</sup> estimated that 50.7% of the total population is comprised of males and 49.3% of females; 45.6% of the population is below the age of 15 years, which indicates a young population. The population aged 15-64 years constitutes just above half (52.3%) of the total population, while Somalis aged 65 and above constitute only about 2% of the population. The urban population is made up of 38.6% of the total population, rural is 23.8%, Nomadic is 22.8% while IDPs comprise 14.8%. Just under half (45.6%) of the population is less than 15 years old, and three-quarters (75%) of the population is under 30 years, the majority of whom are unemployed. According to the Somali Health and Demographic Survey 2020, 47.8% of the women and 45.2% of the men had no formal education; for those who had some access to education, the median number of years of schooling completed was six for women and eight for men<sup>5</sup>. It is also worth noting that education levels vary dramatically between regions; in Puntland, 30% of the men and 33% of the women had no formal education, compared to the much higher rates across the whole of Somalia<sup>6</sup>.

In 2020, Somalia recorded the highest number of internally displaced persons in the last three years, with 1.2 million IDPs, compared to 884,000 in 2018 and 770,000 in 2019. As of mid-2021, more than 2.6 million people are internally displaced – many of whom continue to face serious risks of marginalization, forced eviction and exclusion<sup>7</sup>. Somalia's prolonged humanitarian crisis is characterized by ongoing conflicts, climate-related shocks, communicable disease outbreaks and weak social protection mechanisms. Since the beginning of 2020, four additional shocks have contributed to a deterioration of humanitarian conditions: Widespread Drought, Extensive Floods, Desert Locust infestations, and the COVID-19 pandemic. These compounding shocks have exacerbated humanitarian needs among a population already living under the strain of widespread poverty and decades of armed conflict and insecurity. These natural and man-made shocks/disasters are likely to worsen the humanitarian situation and exacerbate gender disparities. These events are likely to disproportionately affect already vulnerable groups, including poor households, disadvantaged ethnic minorities, people with disabilities, women, especially female headed households and children.

**Drought and Flooding:** In May 2021, the Federal Government of Somalia declared a national emergency due to the drought situation as more than 80% of the country is experiencing moderate to severe drought conditions. Earlier in April 2021, the UNOCHA update on drought conditions in Somalia indicated that most parts of the country are facing water shortages with over 50 districts facing moderate to severe drought conditions and forecasts indicating below-average rainfall during the Gu season<sup>8</sup>. Increasingly erratic weather patterns and climatic shocks have led to prolonged and severe drought conditions and floods, with devastating humanitarian consequences. Flooding displaced 919,000 people in 2020 and destroyed essential infrastructure, property and 144,000 hectares of agricultural land<sup>9</sup>. The drought conditions are expected to increase displacement and have a lasting negative impact on livelihoods and food production. As of July 2021, 5.9M people needed humanitarian

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<sup>4</sup> World Bank. 2015. "Somalia Overview": <https://www.worldbank.org/en/country/somalia/overview>

<sup>5</sup> Directorate of National Statistics, Federal Government of Somalia. The Somali Health and Demographic Survey 2020, (SHDS, p.36-37)

<sup>6</sup> Directorate of National Statistics, Puntland. The Somali Health and Demographic Survey 2020, (SHDS, p.30-31)

<sup>7</sup> UN-OCHA, Humanitarian Needs Overview Report (2021): <https://reliefweb.int/report/somalia/2021-somalia-humanitarian-needs-overview>

<sup>8</sup> UN-OCHA, Somalia Drought Conditions Situation Update (April 2021) accessed on [https://reliefweb.int/sites/reliefweb.int/files/resources/SOM210413\\_Country%20wide%20drought%20update\\_as%20of%2013%20April%20%28003%29.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/SOM210413_Country%20wide%20drought%20update_as%20of%2013%20April%20%28003%29.pdf)

<sup>9</sup> UN-OCHA, Humanitarian Needs Overview Report (2021): <https://reliefweb.int/report/somalia/2021-somalia-humanitarian-needs-overview>

assistance whereas 1.6M People were experiencing acute food insecurity<sup>10</sup>. The impacts of drought were reported to have aggravated the food assistance needs in Somalia, whereas, the Food Security and Nutrition Analysis Unit (FSNAU) together with Famine Early Warning Systems Network (FEWSNET) projected that Crisis and Stressed IPC outcomes are likely to remain widespread through the start of 2022<sup>11</sup>. The loss of livelihoods will force families to rely on increasingly severe negative coping mechanisms, worsened by political instability, armed conflict and forced displacement **Error! Bookmark not defined.** All this is coming at a time when communities are already struggling to cope with the unprecedented impact of the COVID-19 pandemic, and the already dire humanitarian situation that is threatening gains recorded since the last drought.

**COVID 19:** The first case of Coronavirus was reported in December 2019 and was declared as a global pandemic of international concern by the World Health Organization in early 2020. The Federal Government of Somalia responded with a range of measures including suspension of international flights, temporary closure of government offices, ban on public gatherings as well as the closure of schools, universities, and all learning facilities across the country. Whilst these measures limited the spread of the COVID-19, they had high social and economic ramifications. Girls, in particular, were affected as they were forced to stay home due to the school closures and rates of FGM massively increased during this period.<sup>12</sup> The pandemic also disrupted trade, agriculture, and livestock production. It limited access to markets and seasonal agricultural employment, which exacerbated the food insecurity situation in the region. The scarcity of livestock and agricultural products in the market caused prices of commodities to skyrocket beyond the means of households. Most small-scale businesses ran out of stock of essential commodities and were compelled to close shop leading to loss of livelihood for both men and women.

The exports of livestock to Arab countries declined, affecting the livelihood of pastoralists. Remittances from abroad also declined thereby affecting families who depend on their relatives abroad. The INGOs scaled-down activities to observe COVID-19 prevention and control measures hence reduced provision of humanitarian assistance to those in need even as. There were overwhelming community expectations due to dependence on cash distributions or food aid. As a result of this pandemic, livelihoods have been affected, social-economic gains reversed, mental health issues have increased, and many lives lost. The COVID pandemic has affected community livelihood and the prohibitive cost of living has taken a toll on the communities. The vaccines are available in government hospitals and there is ongoing awareness through media outlets to encourage people to go for vaccination.

**Locust Infestation:** Somalia also experienced the worst Desert Locust infestation in 25 years; tens of thousands of hectares of cropland and pasture were damaged, with potentially severe consequences for agriculture and pastoral based livelihoods. Further, despite ongoing control measures, there is a high likelihood that conditions will remain favourable for locusts to continue breeding and developing, increasing food insecurity and the effects on livelihoods. Separately, there are concerns of another surge of desert locusts, particularly in northern parts of the country due to favourable conditions following Gu rains in the area. The spread of existing and newly formed swarms is likely to cause significant losses to crop and pasture availability which has already been adversely impacted by drought conditions, thereby exacerbating food insecurity in high risks areas of Somaliland, Puntland and parts of South West<sup>13</sup>.

**Displacement:** Somalia has got one of the largest IDP populations in the world, with displacement driven by the conflict especially Al-Shabab insurgency, clan conflict, fear of violence, drought, floods, lack of

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<sup>10</sup> UN-OCHA, Somalia Humanitarian Bulletin, July 2021: <https://reliefweb.int/report/somalia/somalia-humanitarian-bulletin-july-2021>

<sup>11</sup> UNICEF, Somalia Humanitarian Situation Report, July 2021. <https://www.unicef.org/somalia/media/2571/file/Somalia-humanitarian-situation-report-7-july-2021.pdf>

<sup>12</sup> <https://www.theguardian.com/world/2020/may/18/fgm-risk-in-somalia-heightened-by-coronavirus-crisis>

<sup>13</sup> UNOCHA, Somalia 2021 Gu' Season Floods Update #3. Accessed on: <https://reliefweb.int/report/somalia/somalia-2021-gu-season-floods-update-3-26-may-2021>

livelihood opportunities and forced evictions. The country is home to more than 2.6 million IDPs<sup>14</sup> and more recently the COVID-19 pandemic and locusts have exacerbated the already fragile situation. During the assessment, an effort was made to understand the key humanitarian concerns behind the fragility of Somalia and how these have influenced gender roles and responsibilities.

### The Rapid Gender Analysis objectives

This analysis process sought to collect, identify, examine and analyse information on essential information across different community groups about gender roles and responsibilities, existing policies and structures, capacities, barriers, vulnerabilities, coping mechanisms as well as to generate recommendations for policy engagement and program improvements. Below are the key questions that guided this assessment:

1. What are the existing gender roles, relations and policies in targeted locations within Somalia? How do unequal gender relations, gendered discrimination, subordination and exclusion influence rights denials?
2. How do the existing gender roles and relations influence decision-making, control of resources, employment, education etc.?
3. What are the main drivers that entrench violation of the existing gender rights especially for excluded groups? And how can these be addressed moving forward?
4. What are the specific needs, different coping mechanisms/strategies and emerging opportunities for women, men boys and girls about responding to threats and shifting rigid gender and social norms?

### Methodology

This analysis adopted mixed methods using both qualitative and quantitative methods for data collection and analysis. To ensure the depth and breadth of the report, the assessment team adopted CARE's 5-step process and tools in conducting RGAs, adapted to the Somalia context. The process included the following:

- i. Find existing analysis and data on gender relations
- ii. Collect additional data through gender assessment
- iii. Analyse the results and compare them to pre-crisis data
- iv. Write practical recommendations
- v. Share with other actors

The following data collection methods and approaches were employed for this assessment:

**Structured survey questionnaire:** This tool incorporated closed-ended questions and data enumeration queries on perceptions, attitudes, practices and existing coping strategies to several gender issues during shocks. Questionnaires were scripted in the mobile-based application Kobo Collect and used to collect and submit data to the online servers. Random sampling was used to select the households enrolled in the assessment.

**Desk review:** The assessment involved a thorough review of secondary data (from other actors), project documents and other background documents to analyze the social and economic context of vulnerable groups, barriers and capacities, focusing on gender. This greatly informed the Gender in Brief (GiB) and the development of the analytical questions for the assessment.

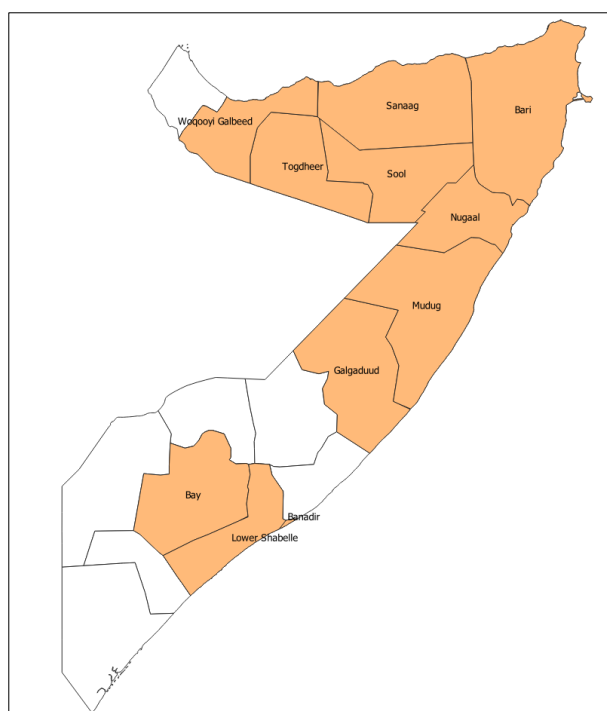
**Focus Group Discussions (FGDs) and Key Informant Interviews (KIIs):** Key informant interviews and Focus Group Discussions (FGDs) participants were selected purposively to gather deeper insights into gender dynamics and perceptions in the same communities. A total of 51 FGDs were conducted with women and men to understand the gender aspects in their communities. Generally, each group comprised of 8-12 people (separate for gender and age) from the same communities and interviews were facilitated

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<sup>14</sup> [https://reliefweb.int/sites/reliefweb.int/files/resources/20200903\\_HNO\\_Somalia.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/20200903_HNO_Somalia.pdf)



using a semi-structured guide. In addition, 26 KIIs and 6 individual stories were conducted. In total, 487 people participated in these discussions with 51.3% female and 48.7% males.



**Scope of Assessment:** The assessment was conducted in five geographical regions i.e. Banadir, Puntland, South West, Somaliland and Galmudug and comprised of a total of 20 districts. The districts under each of these states were selected through consultations in view of CARE's ongoing and planned interventions. The households in each district had an equal chance of selection regardless of whether they have participated in CARE programs. A total of 2,437 respondents from urban and rural communities were interviewed including 72.5% female and 27.5% male. The sample size was calculated using a 95% confidence level (1.96), and a margin of error of 5%, assuming a population proportion of 0.5, and unlimited population size. This resulted in 385 households in each of the target regions. However, more households were selected to reduce the margin of error below 2%. More females were engaged for household interviews largely attributed to the fact that

interviews were conducted between 9 am to 2 pm, the time men are out fending for their families. Accordingly, Banadir had 453 respondents (96.7% female), Galmudug had 400 respondents (50.5% female), Puntland with 746 respondents (74.5% female), South West State with 303 respondents (75.2% female) whereas Somaliland had 535 respondents (64.3% female). The assessment covered host communities (54%), internally displaced persons (45%) and returnees (1%). Overall, the assessment covered 10 regions and 20 districts where CARE and partner agencies have ongoing interventions.

**Table 1: Showing gender of respondents by State**

State/Area	Female	Male	Valid Cases
Banadir	438 (96.7%)	15 (3.3%)	453 <sup>15</sup>
Galmudug	202 (50.5%)	198 (49.5%)	400
South West	228 (75.2%)	75 (24.8%)	303
Puntland	556 (74.5%)	190 (25.5%)	746
Somaliland	344 (64.3%)	191 (35.7%)	535
<b>Total</b>	<b>1768 (72.5%)</b>	<b>669 (27.5%)</b>	<b>2437</b>

**Quality Control & Data analysis:** Household-level data was collected by 36 enumerators (16 females and 20 males) using an assessment questionnaire encrypted on a mobile phone (android mobile operating system). The questionnaire was programmed on Kobo Collect and had provisions for logic and consistency checks, including ensuring that responses entered are within valid ranges, responses between questions were consistent, and skip patterns were consistent as required by the questionnaire. As part of respecting confidentiality and ethical consideration, respondents' names and addresses were not recorded during data collection. Thus, mobile technology ensured the required data quality at the collection and entry-level was achieved and also enabled real-time quality checks. The following were some of the benefits of using mobile data collection:

<sup>15</sup> It is important to note that Gender biases come into play in Banadir when enumerators either intentionally or unintentionally treated households differently based on gender and interviewed more women than men.

- The assessment leads conducted a daily quality check and debriefs as data collection progressed.
- It enabled scrutiny of the length of each interview by capturing the start time and end time of each - this enabled control of data filled by the enumerators.
- It enabled the collecting of GPS points to ascertain actual locations of survey interviews as well as checking on the valid selection of respondents through random walks.
- It also enabled real-time identification and rectification of errors in the collected data. Other data quality control procedures deployed during data collection included:
  - Supervisors regularly engaged enumerators on how interviews were being conducted and ensured the administration of the assessment tool was appropriate.
  - Supervisors reported challenges to the assessment team and data manager to find practical solutions and thus guarantee quality in the overall data collection process.
  - Supervisors also ensured that data collection procedures were followed.

**Data processing and analysis:** Quantitative data were analysed using IBM SPSS Statistics Version 25 and PowerBI. Sample proportions of key attributes were computed especially sub-group categories (IDPs and host community, location of residence and primary language), state and gender were measured. In addition, statistical inferences were conducted using Analysis of Variance (ANOVA), One-Sample T-Test and Regression to measure the linkage between experiences and prevailing conditions and also understand the statistical differences between certain groups on particular experiences. Experienced project staff were used to collect qualitative data and due to time constraints, qualitative data collection tools were not translated into Somali. Analysis of qualitative data collected through FGDs and KIIs entailed grouping the collected information by themes guided by the assessment objectives to facilitate content and thematic analysis. CARE used its staff as team leaders to supervise the quantitative data collection, ensuring the households are not duplicated. Each household has a GPS recording, acting as a unique identifier for the responses.

#### **Limitations & Challenges:**

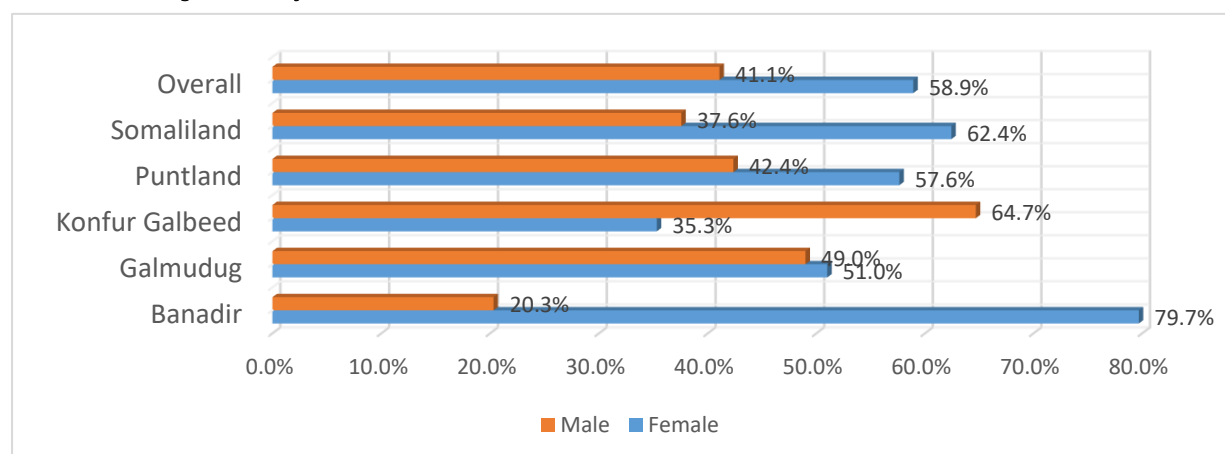
1. Being a rapid analysis meant to have a general understanding of gender issues in the community, the assessment largely targeted adults (male and female) through households and community data but does not explicitly cover children's viewpoints.
2. Restriction in the movement to some field locations due to insecurity meant that data collection prioritized accessible locations largely urban centers (70.5%) and nearby rural communities (29.5%) which may have limited our understanding of the depth of gender issues affecting rural communities.
3. Lack of direct budget allocations limited the scope of the assessment. The research was only possible within existing program locations. In addition, the process of getting the required budget delayed activity in some locations.
4. Due to COVID restrictions, most of the enumerator training daily debriefs and supervision was done remotely limiting the ability to troubleshoot and manage the process more directly.
5. Field work was conducted during the working hours, and this resulted in having fewer male respondents as most of them had gone to work. So female respondents were more dominantly interviewed in the households during the time of visit, which limited the depth of information and representation of male perceptions.
6. Inadequate fieldwork time due to security concerns in some areas especially Banadir and South-West; the household survey could only take place between 9:00 am -2:00 pm, meaning the information-collection process may have been rushed.
7. In some communities, interview fatigue coupled with the effects of multiple shocks resulted in some people refusing to participate. Some community members complained that organizations interview them repeatedly, but they do not get any benefits.

## Demographic profile

**Sex and Age Disaggregated Data:** The 2014 UNFPA study estimated that 51% of the population were living in urban areas, 23% living in rural areas while 26% had a nomadic pastoral lifestyle. 49% of the total population were female, of which 50% were women of reproductive age (15-49 years) while 62% of the female population is aged under 25 years compared to 66% of males. Over 50% of the population live in the urban centres constituting mainly IDPs and former pastoralists who have migrated largely due to conflict, floods and droughts. Children under five years accounted for 14% of the population, while persons 65 years and above made up 2% of the total population. 17% of the population comprised persons between 5 and 9 years, whereas 53% of the population were within the 15-64 age bracket. Markedly, the Somalia Health and Demographic Survey (2020), estimates that about one-third (32%) of households are headed by women (33% of urban and 33% of rural households, and 28% of nomadic pastoral households)<sup>16</sup>[Error! Bookmark not defined.](#)

Households interviewed for this assessment had majority headed by females (58.9%) compared to 41.1% headed by males, this may not reflect the national picture as information was largely gathered within CARE program communities and the sample had a fairly large representation of IDPs (45%) and such settlements tend to have a significant number of female headed households. Comparison by category of respondents, the assessment recorded more female headed households in IDPs settlements (65.2%) compared to 54.1% in host communities. During discussions with women in IDP settlements within Banadir, it was reported that usually during crises more women and children find themselves in IDP settlements as a significant number of men move with their animals searching for water and pastures, some join conflicts and others go out of the communities in search of jobs. Comparing information by region, Banadir had the highest percentage of female headed households (79.7%), followed by Somaliland (62.4%) whereas South West had the least percentage (35.3%). This signifies South West had more male headed households (64.7%), followed by Galmudug (49%), then Puntland (42.4%) while Banadir had the least (20.3%). Details can be seen in Figure 1 below:

**Table 2: Showing Gender of Household Heads**



**Age of household Heads:** The majority of the households interviewed (78.8%) were headed by adults between 18 and 60 years, followed by 17.2% headed by elderly persons above 60 years while the least (4%) were headed by children below 18 years. Households headed by children below 18 years were more in Banadir (16.1%) and IDP settlements (7.1%) compared to the host community (1.4%), households headed by elderly persons above 60 years were common in South West (39%) and slightly high among the host community (17.5%) compared to IDPs (17%). In addition, households headed by male adults were (79.9%), compared to female headed households (78.8%). Households headed by children below 18 years had more female heads (5.5%) than male heads (1.8%), whereas households

<sup>16</sup> [https://data.worldbank.org/indicator/SP.POP.TOTL?locations=SO&name\\_desc=false](https://data.worldbank.org/indicator/SP.POP.TOTL?locations=SO&name_desc=false): Accessed on August 9<sup>th</sup> 2021.

headed by elderly above 60 years had more male heads (18.3%) than female (16.4%). Households headed by adults were more in rural areas (86.9%) compared to urban locations (75.5%), households headed by children below 18 years were more in urban areas (5.4%) compared to rural areas (0.6%), while households headed by elderly above 60 years were more in urban areas (19.1%) as compared to rural areas with 12.5%. Refer to table 29 for more details about the age groups of household heads<sup>i</sup>.

**Household Size:** Average household size was eight (8) people, with six (6) children (below 18 years) and two (2) adults (18 years and above). Comparison by states had Banadir, South West, and Puntland with an average size of eight (8) people, whereas Somaliland and Galmudug had an average size of seven (7) people. More children are seen in IDP settlements averaging at six (6) children compared to five (5) among the hosts. In addition, families have more children in Banadir and South West with an average size of six (6), followed by Puntland and Somaliland with an average size of five (5) children. Adult household members are more in South West, Puntland and Somaliland with an average size of three (3) including spouses and relatives, whereas 49.4% of households on average had one (1) pregnant and lactating woman (PLW) and this was cross-cutting across regions (see details in Table 3 below). As compared to available information, the household size in the RGA is higher than the average of 6.2 persons per household (6.6 persons for urban, 5.7 persons for rural and 5.3 persons for nomadic households) as reported in the 2020 Somalia Health Demographic Survey (SHDS). This situation could be due to the fact that this survey was largely conducted in urban areas, host communities and IDP settlements which are estimated to have large concentrations of people. The available information also shows that in addition to nuclear family members, 28% of households are hosting a foster child and/ or orphaned children [Error! Bookmark not defined.](#)

**Table 3: Average number of people living in a household by age-category**

Category	Banadir (453)		Gal Mudug (400)		South West (303)		Puntland (746)		Somaliland (535)		General (2437)	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Children (<5 years): Boys	1.2	0.8	0.8	0.7	0.9	0.6	1.0	0.9	0.8	0.8	1.2	0.8
Children (<5 years): Girls	1.2	0.9	0.8	0.7	0.8	0.6	1.0	0.8	0.7	0.8	1.2	0.9
Children (5-9 years): Boys	1.0	0.9	0.7	0.7	1.0	0.6	0.9	0.8	0.9	0.9	1.0	0.9
Children (5-9 years): Girls	1.1	0.9	0.9	0.8	1.0	0.7	0.8	0.8	0.8	0.9	1.1	0.9
Children (10-17years): Boys	0.7	0.9	0.7	0.7	0.9	0.9	0.8	0.8	0.9	1.0	0.7	0.9
Children (10-17years): Girls	0.7	0.8	0.6	0.7	1.0	1.1	0.7	0.9	0.8	0.9	0.7	0.8
Adult (18-59 years): Male	0.9	0.7	0.9	0.5	0.8	0.5	0.9	0.8	1.1	0.9	0.9	0.7
Adult (18-59 years): Female	1.0	0.6	1.0	0.6	0.9	0.4	1.0	0.8	1.2	0.9	1.0	0.6
Adult (>60years): Male	0.2	0.4	0.2	0.4	0.5	0.6	0.2	0.4	0.2	0.4	0.2	0.4
Adult (>60years): Female	0.2	0.5	0.1	0.3	0.5	0.7	0.3	0.5	0.2	0.4	0.2	0.5
Overall Children	6.0	2.8	4.4	2.3	5.5	2.9	5.2	2.7	4.8	2.7	6.0	2.8
Overall Adult	2.3	1.3	2.3	1.2	2.7	1.3	2.5	1.5	2.7	1.7	2.3	1.3
Overall Adult & Children	8.3	3.3	6.7	2.6	8.2	3.5	7.6	3.4	7.4	3.0	8.3	3.3
PLW (n=1203)	1.2	.43	1.0	.15	1.1	.23	1.0	.22	1.0	.18	1.1	0.28
Disabled: Male (n=466)	1.1	.31	1.0	.19	1.0	.16	1.1	.26	1.1	.36	1.1	0.26
Disabled: Female (n=468)	1.1	.36	1.0	.13	1.0	.00	1.1	.27	1.0	.00	1.0	0.24

**Disability:** The assessment indicated that 28.4% of the households had at least one person with a form of disability (both mental and physical) with equal percentages between genders, though this is higher than the UNOCHA Report (2021)<sup>17</sup>. Further analysis showed that disability was more prevalent in South West (43.9%) and Banadir (38.9%), compared to Galmudug (26%), Puntland (23.1%) and Somaliland (20.2%). In addition, disability rates were higher in the IDP and Returnee households (31.3%) compared to host communities (26%). Comparison by gender of household heads, results showed more disability in female headed households (31.1%) compared to male headed ones (24.7%). From the documents reviewed, Somalia was reported with a 5% disability prevalence [Error! Bookmark not defined.](#)

<sup>17</sup> [https://reliefweb.int/sites/reliefweb.int/files/resources/20200903\\_HNO\\_Somalia.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/20200903_HNO_Somalia.pdf)

Key informant information revealed that physical and mental disability is prevalent in all communities though usually not prioritized in service provision nor given equal opportunities to engage in economic activities. It was further revealed that people with special needs have disproportionately been affected by COVID-19 and drought as a result of their physical and mental limitations (considering these individuals largely depend on others for survival). Individual story data showed that COVID-19 mostly affected the people with special needs, those who are deaf can't hear the prevention messages hence its easy to be infected. Accordingly, few community level programs are targeting disabled people whereas, in some communities, severe physical disability is a silent source of discrimination and stigma. Humanitarian programs were reported to usually mainstream disability inclusion but community stakeholders felt more deliberate policies and interventions could target uplifting the social, economic and psychological wellbeing of disabled persons.

**Forms of Disability:** Using the Washington Group Guide on Disability Statistics (2020), several forms of disability were assessment including physical disability, vision impairment, hearing impairment and mental health. During qualitative interviews, it was stressed that disability is a serious challenge that Somali communities face, yet a sphere that is usually neglected. Furthermore, some of the disabilities were attributed to the effects of the protracted conflict, limited access to health facilities and other stressors resulting from social-economic hardships experienced in settlements. Below are different forms of disabilities assessed.

- **Hearing:** Overall, 18% (n=445) of the households engaged for the assessment had a member with some level of hearing difficulty. Information disaggregated by sex of respondents showed that 14.4% of female respondents had members in their households with hearing difficulties compared to 12.4% for the male counterparts; for those with a lot of hearing difficulties, female respondents recorded 3.7% compared to 0.9% for male respondents. Those with severe hearing problems had slightly more female (1.6%) than male respondents (1.2%). Details can be seen in table 30<sup>ii</sup>.
- **Sight:** Overall, 19.4% (n=473) of the households reported at least an individual with sight issues. Households with someone experiencing severe sight issues were more in Puntland (4.9%) while those with mild sight issues were prominent in South West (28.4%), followed by Galmudug (15%), then Puntland followed with 13.4% while Somaliland and Banadir recorded 12.5% and 10.2% respectively. Information disaggregated by sex of respondents showed high prevalence within female respondent households compared to male ones across the three levels of disability. Details can be seen in table 31<sup>iii</sup>.
- **Physical limitations (related to walking, climbing and lifting):** Of all households interviewed, 18% (n=437) had a member with difficulties related to walking or climbing. In addition, 12.4% (n=302) of the households engaged had an individual experiencing difficulty with lifting items including a 2 litre bottle of water or soda from waist to eye level, this included 7.7% (n=188) reporting some difficulty in lifting, followed by 3.2% (n=77) with a lot of difficulties while 1.5% (n=37) could not do the lifting at all (see table 32 for details<sup>iv</sup>). Furthermore, 10.2% (n=249) of the households had someone with difficulty using their hands and fingers in picking up small objects, for example, a button or pencil, or opening or closing containers or bottles. This comprised of 7% (n=170) with some difficulty, followed by 2.3% (n=57) with a lot of difficulties while 0.9% (n=22) reported severe challenges using their motor. Similar to all other forms of disability, female respondents recorded more households with some level of physical disability compared to males.
- **Mental and Cognitive Disability:** Overall 16.8% (n=407) of the households interviewed had at least someone with difficulty in remembering and concentrating. In addition, 13% (n=318) of the households interviewed has at least a member with communication difficulty (understanding or being understood by others). Of those with total disability, 4% were from Puntland while Banadir had only one person (0.2%) with this issue. Similarly, gender-disaggregated information had a greater number of female respondent households with more members recording some level of memory loss or difficulty concentrating as compared to males, see table 33<sup>v</sup>.



In order to understand if the presence of a severe or moderate disability is linked to negative coping strategies related to food, a regression analysis was conducted and results showed that the two are negatively linked with a t-score of -5.347 and a level of significance of 0.000 which is less than 0.05. This means that disability level is significantly linked to food coping mechanisms, however, the coefficients are negative indicating that the severe the disability, the more likely someone will employ severe (negative) food coping strategies. See table 34<sup>vi</sup> for details.

**Psychosocial Issues (Feeling Worried, Nervous or Anxious):** In trying to understand the level of nervousness and anxiety among communities, people were requested to self-report about their feelings, with results indicating that 56.9% of the respondents had felt some level of nervousness and anxiety irrespective of its severity. Among those that had felt it, 20.1% experienced it a few times in the year, followed by 13.8% that experienced it daily while those that experienced it weekly and monthly accounted for 12% and 11% respectively. Comparison by gender showed slightly more females (20.5%) experiencing daily nervousness and anxiety than males (19.1%), also more females were recorded experiencing weekly nervousness (17.4%) than males (4.5%). Details are in the table below:

**Table 4: The Prevalence of Nervousness and Anxiety Among Respondents**

State/Gender	Daily	Weekly	Monthly	A few times a year	Never	Valid cases
Banadir	38.9%	3.5%	2.2%	11.7%	43.7%	453
Galmudug	5.0%	14.0%	4.5%	14.2%	62.3%	400
South West	0.3%	35.0%	15.8%	12.2%	36.6%	303
Puntland	10.7%	9.2%	7.5%	39.3%	33.2%	746
Somaliland	11.2%	7.3%	26.4%	9.3%	45.8%	535
Female	20.5%	17.4%	10.1%	41.0%	11.1%	1768
Male	19.1%	4.5%	14.2%	48.7%	13.5%	669
Overall	13.8%	11.7%	11.2%	20.1%	43.1%	2437

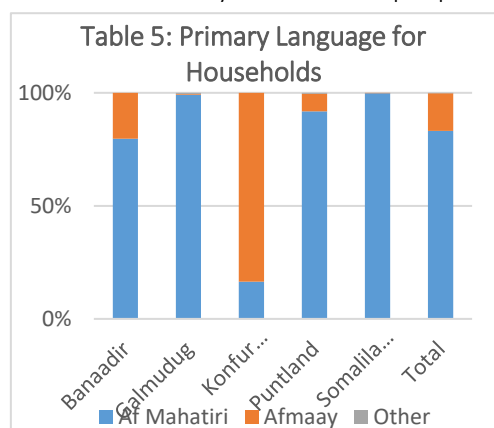
For those that reported having experienced some level of nervousness and anxiety, the majority were feeling a little nervous/anxious (48.4%), followed by those feeling somewhere in between a little and a lot (34.2%) while 17.4% were feeling a lot nervous. Comparison by gender shows slightly more female respondents (17.7%) than males (16.4%) experiencing a lot of nervousness and anxiety, for those that experienced moderate anxiety, the majority were males (39.9%) than females (32.4%), while those with little anxiety and nervousness were majority female respondents (50%) compared to male (43.8%). On the feeling of depression, 40.3% of the respondents reported having experienced various levels of depressive tendencies ranging from mild to severe. Gender disaggregated information had more female respondents (9%) experiencing daily depression than males (3.3%), then slightly more males (11.5%) experiencing depression every week than females (9.3%).

**Conflict intensity and nervousness/anxiety:** On testing whether conflict intensity predicts the feeling of anxiety, nervousness and being worried, a regression coefficient was done with results showing a t-value of 12.970 and a p-value of 0.000. This clearly shows that conflict intensity is a predictor (influences) for the feelings of nervousness, being worried and anxiety as the p-value is less than 0.05. Comparing the same by male and female respondents, results showed that irrespective of the gender conflict remains a strong predictor of nervousness, anxiety and being worried among male and female respondents. This means that with conflict, both males and females are likely to experience feelings of anxiety, nervousness and being worried. See regression co-efficient in table 35<sup>vii</sup>.

**Primary language (mother tongue):** The official languages are Somali and Arabic despite various other foreign languages used especially English (most common foreign language), Swahili and Somali sign language<sup>18</sup>. On language dialects primarily used in communities assessed, 83.2% were Af-Mahatiri while

<sup>18</sup> <https://www.worldatlas.com/articles/what-languages-are-spoken-in-somalia.html>

16.6% were Afmaay. Most of the people in Banadir (79.7%), Galmudug (99.3%), Puntland (91.8%) and



and Somaliland (99.8%) were Af-Mahatiri compared to South West where the majority were Afmaay (83.5%). For Af-Mahatir speakers alone, the majority (61.2%) were female compared to 38.3% male headed whereas for Af-Maay alone majority were male headed (52.3%) compared to female (47.7%). Banadir has a good presence of Af-Maay speakers (20.3%), among whom 20.1% are IDPs. The reason why Banaadir has more Af-Maay speakers among IDPs is because of the massive displacement of the former farmers) due to conflict. Other minor languages spoken in Galmudug and Puntland were Amharic and Arabic. Details can be seen in table 5 above.

**Residential status and Displacement:** Assessment information was collected in both urban and rural settings with the former posting 70.5% responses while the latter posted 29.5% of the responses. The high representation from urban is largely due to limited accessibility to some remote locations and as a result of multiple recurrent shocks, some people have migrated to town centers to access humanitarian support and seize economic opportunities. Residential status disaggregated by states shows South West with the highest representation of urban households (94.7%), followed by Banadir with 85.7%, then Somaliland with 75.3%, Puntland with 64.5% while Galmudug has the least in this category (39.8%); so the entire assessment only had majority rural representation from Galmudug (60.3%). Regarding host communities and IDP/Returnee representation for this assessment, 54.2% of the target households were host communities, 33.8% were IDPs residing in settlements (camps), 11.2% were IDPs living in host communities while 0.7% were returnees, details can be seen in Table 11 below.

Reviewed resources estimate that Somalia has 51% of the population living in urban areas, 23% in rural areas and 26% in pastoral areas [Error! Bookmark not defined.](#) while over 50% of the Somaliland population live in the urban centres [Error! Bookmark not defined.](#) Rapid urbanization is also linked to displacements and this has led to unplanned settlements having a long-lasting impact on the serviceability of the urban and peri-urban areas<sup>19</sup>. The table below shows the residential status by state.

**Table 11: Showing Residential Status of Respondents.**

State	Displaced in settlement	Displaced in Host family	Host community	Returnee	Valid cases
Banadir	247 (54.5%)	116 (25.6%)	79 (17.4%)	11 (2.4%)	453
Galmudug	0 (0.0%)	6 (1.5%)	394 (98.5%)	0 (0.0%)	400
South West	154 (50.8%)	13 (4.3%)	136 (44.9%)	0 (0.0%)	303
Puntland	300 (40.2%)	97 (13.0%)	344 (46.1%)	5 (0.7%)	746
Somaliland	125 (23.4%)	41 (7.7%)	369 (69.0%)	0 (0.0%)	535
Total	826(33.8%)	273 (11.2%)	1322 (54.2%)	16 (0.7%)	2437

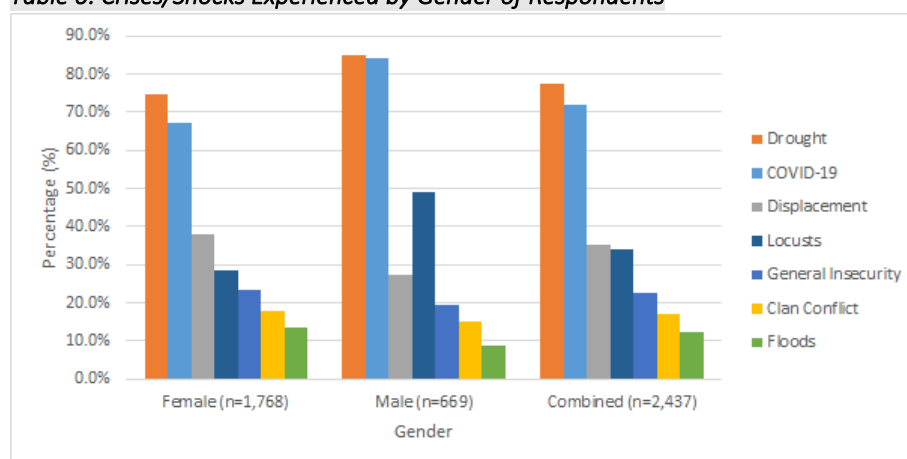
Even though most of the people surveyed were found staying in urban areas, some form of nomadic pastoralism was reported in 46.4% of the households. This was most common in Galmudug (91.3%), followed by Somaliland with 44.7%, Puntland at (43.8%), Banadir at (34.7%) while South West had only 13.9% of the households practising nomadic pastoralism. South West had the least nomadic pastoralism compared to other locations and this can be attributed to the agricultural nature of the communities in this area, whereas in Galmudug KIIs confirmed that nomadic pastoralism is a major livelihoods source and a way of life.

## Findings and Analysis

### Assessed Humanitarian Situation

**Recent Humanitarian Shocks/Crises:** The majority of communities reported being significantly affected by the ongoing drought and COVID-19, this has resulted in unemployment and diseases/illness as well as continued erosion of communities' capacities to cope and return to normalcy. Clan conflicts have also impacted the people's mobility, business functionality and ability to expand their livelihood options geographically. From the quantitative results, the ongoing drought situation was the biggest shock/threat (reported by 77.5%), closely followed by COVID-19 (reported by 72%). Other issues of concern for both male and female respondents were displacement (mentioned by 35%), locust infestation (mentioned by 34%), general insecurity including armed actors (by 22%), clan conflict (by 17%) and localized flash floods (by 12%). Breakdown of shocks/crises by gender had female respondents reporting drought (74.7%), COVID-19 (67.2%), displacement (38.1%), followed by locusts (28.6%), general insecurity including armed actors (23.5%), clan conflict (18%) and floods (13.5%). For males, drought was the first concern (77.5%), followed by COVID-19 (71.9%), locusts (49%), displacement (27.4%), general insecurity (19.6%), clan conflict (15.1%) and then floods (8.7%), see graph below for details.

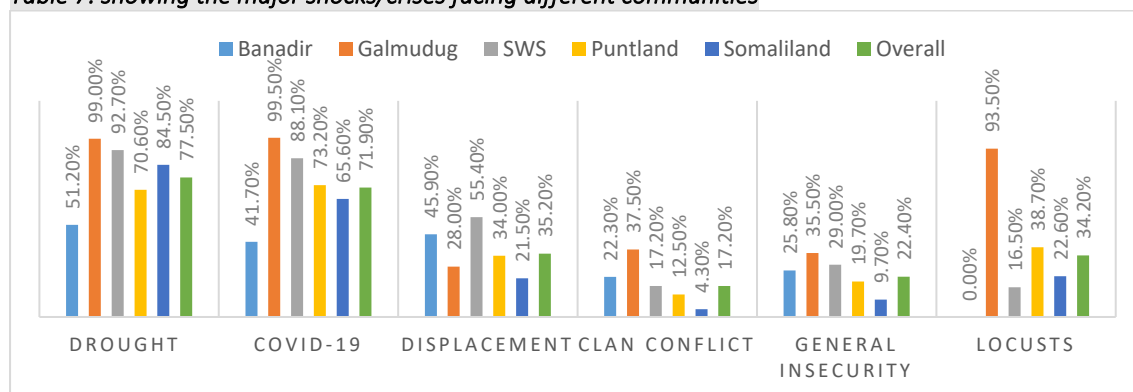
**Table 6: Crises/Shocks Experienced by Gender of Respondents**



Comparing major shocks/crises by state, drought was reported highest in Galmudug (99%), followed by South West (92.7%), Somaliland (84.5%), Puntland (70.6%) and Banadir (51.2%). COVID-19 was highest in Galmudug (99.5%), followed by South

West (88.1%), then Puntland (73.2%), Somaliland (65.6%) and Banadir (41.7%). Displacement is more pronounced in South West (55.4%) and Banadir (45.9%); locust infestation is more pronounced in Galmudug (93.5%) and Puntland (38.7%); clan conflicts are more commonly reported in Galmudug (37.5%) and Banadir (22.3%); whereas general insecurity is reported more in Galmudug (35.5%), followed by South West (29%) and Banadir (25.8%). As depicted in Table 7 below, different regions had different major shocks/crises though drought, COVID19, displacement and locust infestation remain the major ones. Frequent fighting and general insecurity were reported to be more prominent in Galmudug (26%), followed by South West (24%) and Banadir (23%).

**Table 7: showing the major shocks/crises facing different communities**



During FGDs, respondents listed more causes of shocks/crises in their communities which range from environmental, political to structural/cultural/social. In their order of commonality, they include water scarcity; unemployment; poverty and deprivation; inter-clan conflicts; food shortage; family problems including GBV, limited education and lack of skills, poor sanitation and hygiene. Also mentioned are political instability and associated insecurity; insurgencies, limited health services; bad governance; climate variability and climate change; discrimination; natural disasters; land degradation; lack of opportunities; poor land-use management practices; and lastly, increase in population.

Respondents underscored drought as the biggest contributor to crises in the assessed area and expressed how they take long to receive the rain that culminates into water shortage for both people and domestic animals. This was followed by COVID-19 which is unsurprising a serious challenge given its global impact. While locust infestation, clan conflict, insecurity, localized floods and displacement were also common challenges mentioned, findings suggest environment and social factors as the summative contributors of crises/shocks in these communities. At the bottom of the ladder is the increase in population.

**Conflict Intensity:** Protracted clan conflict and general insecurity being some of the issues that have affected Somali communities for decades, the assessment inquired into the level of conflict intensity with results indicating frequent inter-clan and resource-based conflicts (mentioned by 12.8% of respondents). In some communities, these fights happen more than once a week and include some level of shelling that causes damage, displacements, injuries and deaths. This was more pronounced in Galmudug (25.5%) in both Mudug and Galguduud regions, followed by South West in both Bay and Lower Shabelle regions and Banadir communities with 24.1% and 22.5% respectively. Somaliland and Puntland had the least number of respondents (5% each) reporting frequent fights and these were largely reported in disputed border areas in the Sanaag region and conflict-prone areas bordering Galmudug. Sporadic fighting (occurring like once a month) was common in some communities in South West (74.3%), Banadir (32.2%), Galmudug (26%), Puntland (20.8%) while Somaliland recorded 9.3% in this category. Conflict intensity by residence showed frequent fighting common among host communities (14.8%) than IDPs and returnees (10.6%); sporadic fighting was more common among IDPs and returnees (38.3%) than among hosts (19.1%). Comparison of the rural to urban host communities, frequent conflicts were slightly high among urban communities (14%) compared to rural communities (10%), the same is true with sporadic fighting as it was more common in urban (31.9%) than rural areas (8.4%).

Conflict intensity among female headed households comprised of 13.9% reporting frequent fighting, followed by 26.7% reporting sporadic fighting, while the majority (59.3%) reported infrequent fighting. For the male headed households, 11.3% reported frequent fighting, 29.6% reported sporadic fighting while a majority (59.1%) reported infrequent fighting. This shows that female headed households were

somehow more exposed to areas with frequent fighting than male headed households in similar locations. However, the independent sample test conducted showed no major difference between male and female as regards the mean conflict intensity score, with the former posting a mean of 2.48 whereas the latter scored 2.45 respectively. Furthermore, the independent sample test done statistically indicated there was no significant difference observed between male and female on conflict intensity with a t-score of 0.836 and a significance level (p-value) of 0.403 which is greater than 0.05. See the statistical test in table 8 below.

**Table 8: Testing Statistical Difference Between Gender of Household Head and Conflict Intensity**

T-Test

Group Statistics					
Gender of Household Head		N	Mean	Std. Deviation	Std. Error Mean
Conflict intensity	Male	1001	2.48	.690	.022
	Female	1436	2.45	.726	.019

Independent Samples Test										
		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
Conflict intensity	Equal variances assumed	5.575	.018	.836	2435	.403	.024	.029	-.033	.082
	Equal variances not assumed			.844	2218.422	.399	.024	.029	-.032	.081

During KIIs and FGDs in Galmudug, Banadir and South West it was reported that clan-based conflicts are common, and these have resulted in fatalities across these states. Much as it was not strongly reported by individual respondents in Puntland, interviews in some locations indicated that clan-based conflicts recurrently happen in their communities resulting in displacement and fatalities. Further analysis of qualitative information showed that such fights usually have some males directly participating (men and boys) though women, girls and elderly equally share the effects directly (through damages to property, injuries, displacement and death of loved ones).

**Table 9: Showing the Conflict Intensity in Communities.**

State	Frequent fighting (>once a week)	Sporadic fighting (<once a week)	Infrequent fighting (<once a month)	Valid cases
Banadir	22.5%	32.2%	45.3%	453
Galmudug	25.5%	26.0%	48.5%	400
South West	24.1%	74.3%	1.7%	303
Puntland	3.4%	20.8%	75.9%	746
Somaliland	2.1%	9.3%	88.6%	535
<b>Total</b>	<b>12.8%</b>	<b>27.9%</b>	<b>59.3%</b>	<b>2437</b>

**Groups Considered At-risk and Vulnerable in the Communities:** When the assessment respondents were asked to mention the groups they considered vulnerable in their communities as a result of the key shocks (drought, COVID-19, displacement, etc.), results indicated that irrespective of the shock/crisis women, children, elderly, people with special needs and minority groups are perceived to be more vulnerable than men. Among all groups, women were singled out as most vulnerable during such crises largely due to their responsibilities within households that include the provision of food, water, sanitation and hygiene needs to family members, ensuring health care of children and moving children to safety or improved service points whenever situations deteriorate. Other most vulnerable groups mentioned were children, elderly, disabled, IDPs, agro-pastoral and pastoral communities which are mostly affected by drought and minority groups owing to their physical and economic limitations to withstand such crises. Other vulnerable groups are the displaced persons residing in camps and host communities.



## Gender roles and responsibilities

**Gender Roles:** From assessment results, there were varied perceptions around gender equality with close to half of the respondents (47.4%) contending that both male and female are equal while 33% felt that females are still suppressed/controlled by males. A relatively smaller percentage felt that nowadays males are being suppressed/controlled by females (18.3%) while 1.4% felt that circumstances and situations play a big role in how females and males work together. Gender disaggregated responses had relatively close proportions for both male and female respondents with 35.4% of men reporting that females were being suppressed by males compared to 32% of women respondents that felt the same. Perceptions disaggregated by household heads had slightly more than half of male headed households (51%) contending that both male and female are equal compared to 44.8% of female headed households with the same perception. Surprisingly, those reporting that females are suppressed/controlled by males were more (34.4%) among male headed households compared to female headed households (31.9%) while those contenting that males are suppressed by female had more female headed households (21.7%) compared to male headed households (13.4%).

A larger proportion of the respondents (60.3%), believe that some duties can only be performed by a specific gender, for example, they believe males cannot manage childcare, become mid-wives, cooks and cleaners whereas females cannot be strong community leaders, take care of livestock and do hard labour jobs. Notably, more female respondents (62.4%) support this belief compared to male (54.9%). Role division by gender of the household heads had more female headed households (40%) indicating that gender should not be a factor when allocating duties compared to male headed households (37.2%). In addition, majority of male headed households (62%) compared to female headed (59.1%) indicated that specific duties are meant for a specific gender, for examples cleaning, collecting water and midwifery are for females while driving and tending to animals for males. Those supporting the notion/belief that female and males have distinct duties pointed out that these two genders are not created equally and even religion and culture prescribe specific domestic duties for females and their contribution in decision-making has been minimal. Results went ahead to highlight that women in the community are not fully heard, this was depicted by over 60% of the respondents who reported that women are suppressed by society and forced to live up to their prescribed gender roles while others felt women have few of their rights respected or their voices heard.

Executing key household tasks remains heavily skewed towards females with women and girls charged with child care, WASH needs, housework like cleaning, cooking, health care of family members, food needs and farming among others. Men and boys are largely charged with livestock, running a business, vehicle mechanics, building and undertaking hard labour activities like transporting household items, pottery, etc. These were common roles across regions, genders and communities. Furthermore, the KIIs and FGDs KIIs and FGDs suggested that before the crises, men were largely into business in nearby towns; women engaged in looking after children and household chore; girls would assist their mothers in the household chores while boys would help their fathers in business. However, due to the crisis, alot of men lost their jobs hence altering the role of financially providing for families.

Regarding gender of household heads and women voices being heard, results showed that over one-third of female headed households (39.1%) reporting that women voices are being heard and their rights have increased over time compared to 30.3% of male headed households reporting the same. Additionally, more than half of male headed households (54.3%) held a perception that females are partially heard with some women rights respected and their voices heard compared to 45.2% female headed that felt the same. For those perceiving that women in their community are not fully heard, women are being suppressed by society and forced to live up to their gender were less similar between male and female headed households with the former posting 14.9% while the latter posted 14.4% respectively.

**Table 10: Showing Perceptions on Gender Equality Between Male and Females**

Gender	Yes, genders are equal	Females are suppressed by males	Males are suppressed by females	Driven by culture and religion	Valid Cases
Female Respondent	47.2%	32.0%	19.5%	1.4%	1768
Male respondent	48.0%	35.4%	15.1%	1.5%	669
Female HoH	44.8%	31.9%	21.7%	1.5%	1436
Male HoH	51.0%	34.4%	13.4%	1.2%	1001
<b>Overall</b>	<b>47.4%</b>	<b>32.9%</b>	<b>18.3%</b>	<b>1.4%</b>	<b>2437</b>

**Challenges Faced by Women and Girls:** Further analysis indicated that Somali culture strictly prescribes that women and girls are responsible for dealing with domestic affairs (cooking, childcare, and cleaning) while men are responsible to provide overall oversight, protection and earning incomes to support family needs. However, since the fall of the Siad Barre regime, displacement and conflict have shifted gender roles and responsibilities even for non-educated, marginalized populations<sup>20</sup> bringing about increased duties for women outside the house. Information from KII in Puntland, South West, Somaliland and Banadir, it was reported that in recent times and especially in IDP settlements, roles and responsibilities have been changing, bringing about increased duties for women beyond their traditional roles, women are increasingly engaged in work to earn money and sometimes even providing protection is their role. This is due to a rise in female headed households and a result of some men's inability to perform their traditional roles of oversight and family provision. This is in agreement with the findings from the Puntland Gender Analysis (2021) which noted that that much as men remain heads of households, there is a shift of gender roles in IDP communities with women working to provide income for the family and men helping with some household activities<sup>21</sup>.

**Challenges Faced by Men and Boys:** It was further reported that some men are not able to fully cater for their family needs due to limited resources while others prioritise spending on chewing Khat and other unnecessary activities. Some men are equally vulnerable especially to violence, discrimination and to the psychological impact of poverty and unemployment. Children (both boys and girls) are engaged in labour for economic gains, reported largely in IDP settlements within South West, Puntland and Banadir. Adolescent boys also suffer from culture bias, poverty and lack of employment opportunities, which increases their risk of being recruited by armed groups, drug addiction and involvement in illegal activities. It was also reported that these dynamics force young boys to take up arms early, in case of need.

**A mother of 10 children with a physically disabled husband residing in an IDP camp in Bari region, Fatima (not real name) has had a lot of difficulties during the COVID-19 pandemic since casual jobs have become scarce. Previously flash floods destroyed their temporal shelter but she managed to establish another one using income from casual work. "when the floods struck, my disabled husband was traumatized since he could not help in evacuating the children". Fatima has had many challenges while living in an IDP camp where they found themselves while fleeing clan conflicts in their community ".... I endured many challenges, I am the bread winner of my family given my husband's condition, financially responsible for the family, and the most significant challenge is taking on the role of my husband".**

**Fatima also mentioned that her husband's disability and the loss of her shelter made the family more vulnerable, "we need support to own good shelter, health support, provision of wheelchair, education for children and counselling for my husband" she added.**

**"The shocks have had devastating impact for the entire community, women and children are the most vulnerable". Fatima suggests that there are many affected people in her clan and village and requested their community vulnerabilities to be assessed and support extended accordingly.**

<sup>20</sup> El Bushra, J. & Gardner, J. (2004) Somalia-The Untold Story: The War through the Eyes of Somali Women, p.99-138

<sup>21</sup> Oxfam & Kaalo (2021) Gender analysis of the impact of recent humanitarian crises on women, men, girls, and boys in Puntland state in Somalia. Accessed on: <https://reliefweb.int/report/somalia/gender-analysis-impact-recent-humanitarian-crises-women-men-girls-and-boys-puntland>

**Household Decision Making:** Although the data reflected some joint decision-making within the household, men still showed more decision-making power within the households. Primary data showed that a majority of men solely decide on who works for money in the household (61.7% for men vs. 36.9% for female), buying and selling assets (40.2% for men vs. 28.5%), migration/displacement (31% for men vs. 20% for women), and accessing health care for children (28.6% for men vs. 27.6% for women). Women reported being primary decision-makers in decisions related to having children and visiting relatives. However, information from KIIs indicated that women are usually primary decision-makers on issues of children education, domestic food purchase and domestic workload. Where there was the presence of some women in household decision-making, this was strongly attributed to the big number of female-headed households due to displacement and conflict together with women empowerment efforts from different players including influencing social and behavioural norms. See some details in the table below.

**Table 11: Showing Household Decision Making by Gender of Respondent**

Area	Gender	Changed since the crisis began	Partially involved	Decision maker	Joint decision	Respondent not Involved	Valid Cases
Working to earn money yourself	Male	6.4%	4.9%	61.7%	17.0%	9.9%	669
	Female	4.1%	16.8%	36.9%	20.5%	21.7%	1768
	Total	4.8%	13.5%	43.7%	19.5%	18.5%	2437
Buying or selling assets	Male	5.2%	17.9%	40.2%	33.3%	3.3%	669
	Female	2.0%	28.5%	28.5%	29.1%	11.9%	1768
	Total	2.9%	25.6%	31.7%	30.3%	9.5%	2437
Visiting your birth relatives	Male	4.3%	17.5%	39.3%	32.6%	6.3%	669
	Female	3.8%	23.8%	32.9%	28.8%	10.6%	1768
	Total	3.9%	22.1%	34.7%	29.9%	9.4%	2437
Migration/displacement	Male	15.4%	12.0%	31.4%	25.1%	16.1%	669
	Female	6.8%	20.8%	19.9%	27.5%	25.0%	1768
	Total	9.2%	18.4%	23.1%	26.8%	22.6%	2437
Accessing health care for yourself	Male	8.8%	18.7%	35.9%	32.4%	4.2%	669
	Female	5.8%	21.7%	35.0%	26.5%	11.0%	1768
	Total	6.6%	20.9%	35.2%	28.1%	9.1%	2437
Accessing health care for children	Male	3.9%	22.4%	28.6%	41.0%	4.2%	669
	Female	2.9%	23.5%	27.6%	34.6%	11.4%	1768
	Total	3.2%	23.2%	27.9%	36.3%	9.4%	2437
Whether to have another child	Male	5.5%	17.8%	19.9%	38.9%	17.9%	669
	Female	4.3%	19.0%	20.7%	33.5%	22.5%	1768
	Total	4.6%	18.7%	20.5%	35.0%	21.3%	2437
Whether children attend school	Male	7.9%	25.0%	25.1%	38.1%	3.9%	669
	Female	6.2%	21.3%	24.7%	31.5%	16.2%	1768
	Total	6.7%	22.3%	24.8%	33.3%	12.8%	2437

Information by gender of household head showed that where males are household heads, the majority (52.4%) solely decide on working to earn money (52.4%), followed by 38.9% individually deciding on accessing healthcare for themselves and visiting relatives. In female headed households, we see only female dominating individual decision making on when to have another child. Joint decision making is pronounced on decisions to access health care for children (36.3%), then having another child follows (35%), then children attending school (33.4%) and buying and selling of assets (30.3%). Additionally, joint decision making is lowest when it comes to working to earn money. Details are in Table 36<sup>viii</sup>.

**Decisions on Spending Money:** Generally, there is progress towards addressing these issues since both males and females indicated joint decisions upon household expenditure (57.0%). On minimal occasions, women (21.6%) and men (20.6%) independently decide on how to use their money. Relatives (0.8%) rarely decided how money is spent in interviewed households. Furthermore, the assessment established that 33.5% female respondents and 33.8% male respondents had personal money they could solely decide on how to spend it; meaning that money was largely for the family and spending it required majority male and female respondents to consult on how to use it. Only in South West did a number above average (55.1%) remark to having some money that they can make decisions about on

their own. Respondents in all the remaining regions indicated not having any money that they can independently decide on their own. Comparison by gender of the household head showed more female headed households (27.6%) than male headed (12.9%) reporting that decisions on spending money are done female spouses. Also, we are seeing more female headed households reporting that other relatives decide on the use of money. More details can be seen in the table below.

**Table 12: Decision Making on Spending Money**

Gender	Husband	Together (husband and wife)	Wife	Other relatives	Valid cases
<b>Gender of Respondent</b>					
Female	18.7%	56.6%	23.9%	0.8%	1768
Male	25.9%	58.1%	15.4%	0.6%	669
<b>Gender of Household Head</b>					
Female	16.4%	54.8%	27.6%	1.1%	1436
Male	26.7%	60.1%	12.9%	0.3%	1001
General	20.6%	57.0%	21.6%	0.8%	2437

### Gender Equality and Household Decision Making.

To test whether gender equality and household decision making index differ among subgroups, the analysis of variance (ANOVA) was conducted. Results showed differences in mean scores between male and female residing in conflict areas and those residing in non-conflict areas, the most striking difference is seen between household decision making an index for female residing in non-conflict areas and those residing in conflict areas with the former scoring household decision making of 2.54 while the latter scored a mean of 1.9. In trying to statistically test the difference between gender by conflict with household decision making, results showed that the two are statistically different with a p-value of 0.000 which is less than 0.5. This means that conflict is more likely to influence household decision making. It was also established that conflict significantly influences gender equality perceptions as results had a p-value of 0.000 which is less than 0.5. Details are in Table 37<sup>ix</sup>.

The majority of respondents (68.3%) irrespective of their gender reported sharing all their income with spouses, followed by 17.9% that were sharing part of the income while 13.8% were independently managing their income. At the state level, respondents reporting sharing all their income with spouses were highest in Banadir (84.5%), followed by Galmudug (71%), then Somaliland (64.3%) while Puntland and South-West had 63.8% and 58.4% respectively. Those sharing part of their income with family were more in South West (39.6%), then Galmudug (20.8%) and lowest in Somaliland (11.2%). More males (77.3%) than females (64.9%) reported sharing all their income with their spouses. In addition, more females (20.3%) than males (11.7%) agreed to share only part of their income with family and keep part for personal use. Also, we see more women (14.8%) reporting to not sharing but rather managing their income and solely deciding how it is spent compared to males in the same category. This can be linked to the information gathered from FGDs with women in Banadir, South West and Puntland that strongly indicated that due to the presence of polygamous marriages, some men are at times required to apportion the income to different households hence end up sharing all their money with spouses, unlike females who may keep some money and solely decide on how to use it though this may vary with communities and situations.

**Table 13: Sharing Income Between Spouses by State and Gender**

Response	Banaadir	Galmudug	SWS	Puntland	Somaliland	Female	Male	Overall
I share only a part of my income with the family and I keep a part for my personal use	13.9%	20.8%	39.6%	14.9%	11.2%	20.3%	11.7%	17.9%
No, I manage the income I earn and I decide how it will be spent	1.5%	8.3%	2.0%	21.3%	24.5%	14.8%	11.1%	13.8%

Yes, all my income is shared	84.5%	71.0%	58.4%	63.8%	64.3%	64.9%	77.3%	68.3%
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**Participation and Leadership in Community-Level Decision-Making:** Though important during emergency response, recovery and development, the involvement of ordinary community members both male and female in decision-making during crises remains below average at only 37% (32.6% female and 48.3% male). The recent Oxfam Gender Gap Assessment (2021), reported that Women's representation in decision-making bodies is currently 24%.<sup>22</sup> The assessment revealed that community decisions are largely made by elders (47.4%), government leaders (36.6%) and religious leaders (13.7%). Unfortunately, there are very few females in these decision-making platforms, thus women are only at the receiving end, largely engaged in the implementation of decisions. Regional comparison of households' participation in community-level decisions, had Somaliland leading with 52.7%, followed by Banadir (44.6%), whereas Galmudug had the lowest (23.8%). Notably unlike other areas where elders form the primary decision-making platform, in Mogadishu and Puntland community decisions are largely steered by government structures. The table below shows details.

**Table 14: Showing Community Decision Making by State.**

State	Elders	Local Government	Religious leaders	Military Authority	Other	N=
Banadir	16.6%	78.8%	4.6%	0.0%	0.0%	453
Galmudug	67.0%	9.0%	24.0%	0.0%	0.0%	400
South West	57.4%	13.2%	28.4%	0.0%	1.0%	303
Puntland	37.4%	45.8%	15.8%	0.1%	0.8%	746
Somaliland	66.9%	21.9%	2.2%	6.0%	3.0%	535
<b>Overall</b>	<b>47.4%</b>	<b>36.6%</b>	<b>13.7%</b>	<b>1.4%</b>	<b>1.0%</b>	<b>2437</b>

This was validated by qualitative interviews (FGDs and KIIs) where it was reported that community decision-making traditionally is the work of elders and local leaders who are primarily male from strong clans or have strong political grounds, hence, excluding other men, women and minorities from decision-making processes. Thus, the concerns of women and marginalized groups are not prioritized in most communities. According to IDP and host community women, they usually contribute ideas through forums and platforms established by humanitarian and development actors.

Associations provide an important platform to connect and contribute to decision-making processes. The assessment found that only 30% (31% female vs. 30% male) of the households belong to such associations/groups. State-level information had South West leading with 44.2% respondents belonging to an association, followed by Banadir and Somaliland with 40% and 30.5% respectively while Galmudug had the least number of households subscribing to these groups (18.5%). Such groups /associations were found to be women groups (45.5%) like VSLAs, followed by 29% that are mixed social groups especially project level committees, religious groups posted 19.7% while the rest were either political, labour or youth clubs. Assessment results also revealed that 90.4% (n=208) of associations/groups to which men belonged were holding regular meetings compared to 80.7% (n=529) of groups with female respondents.

### Access to Education Services

Primary data from the assessment indicated that only 32% of the household heads have attended some level of formal education, gender level analysis shows that fewer female household heads (27%) have attended some level of formal education compared to males (41%). Rural and urban comparison has the former with more household heads without any formal education (75.1%) than the latter (65%). Comparison by primary language showed that Af Maay speakers had a fairly better proportion of household heads reported to have attended some formal education (38.3%) compared to Af-Mahatir

<sup>22</sup> Oxfam Gender Gap Assessment - South Central Somalia and Puntland (2021): Accessed on: <https://reliefweb.int/report/somalia/gender-gap-assessment-south-central-somalia-and-puntland>



that recorded 30.7%. Furthermore, Af Maay speakers had more household heads reported to have attended primary level education (22.8%) compared to Af-Mahatir (19.5%); similarly, those that attended secondary level education had Af Maay leading with 11.6% compared to Af Mahatir (4.6%) whereas, for post-secondary education, Af Maay still had more household (2.2%) compared to Af Mahatir at less than 1%. Regional comparisons showed fewer household heads with formal education in Banadir (13.5%), followed by Galmudug (15.5%) whereas Puntland and South West comparatively have better results with 57.8% and 56.8% respectively.

**Table 15: Showing the level of Education of Household Heads by State**

State	Never had schooling	Primary level	Secondary	Post-Secondary level	Other forms of education	Valid Cases
Banadir	86.5%	10.6%	1.1%	0.0%	1.8%	453
Galmudug	84.5%	11.3%	1.0%	0.0%	3.3%	400
South West	56.8%	22.1%	14.2%	3.0%	4.0%	303
Puntland	57.8%	25.2%	8.8%	0.0%	8.2%	746
Somaliland	60.6%	26.4%	4.3%	3.2%	5.6%	535
<b>Overall</b>	<b>68.0%</b>	<b>20.1%</b>	<b>5.8%</b>	<b>1.1%</b>	<b>5.1%</b>	<b>2437</b>

To generate more information from households with school going children, respondents were asked whether children in respective households were attending school before the prevailing shocks, 70.2% of the households with school going age children reported that their children were attending whereas close to a third of the households reported that their children were not in school. Information disaggregated by the state showed Banadir with the bigger proportion of households with eligible children that were not attending school before the crises (49.4%), followed by Galmudug (47.4%), then Puntland (27.9%), then Somaliland (15.7%) while South West had the lowest (7.7%). Comparison by gender of household heads showed that of all male headed households with school going age children, 27.9% were not attending school compared to 31.6% for female headed households. Furthermore, the analysis established that for all households with children that were not in school before the crisis, host communities recorded 24.4% while IDP households had had 35.9%. Results by residence (rural/urban) showed that overall 31.9% for rural areas and 29% for urban had children out of school before the

The qualitative results from the assessment highlighted several gaps in education access across males and females, largely due to lack of the needed infrastructure in some areas and even where they exist, education may not be guaranteed due to pastoral nature of some communities, or displacement to distant locations. The plight of girls' education is much deeper, since they are traditionally not prioritised for education but rather expected to spend most of the time with their mothers or at home, handling household chores in preparation for marriage. Also key was the fact that people with special needs (disabled) are not prioritised in many education programs, limited effort have been invested in establishment of disabled friendly school facilities, inclusion in decision-making on education needs, and teachers lacking necessary skills in engaging special needs students. These issues were more pronounced in rural areas, IDP settlements and within the pastoral communities compared with host communities and peri-urban areas.

current crisis. Regarding the primary language (mother tongue) of households engaged for the assessment showed that 31.7% were Af Mahatir and 21.3% for Af Maay. Refer to this table on the education situation before and during the crises/shocks, see table 38<sup>x</sup>.

To understand the seriousness of the most recent shocks on gender and education, the analysis captured information on the status of children that were actively studying at the time of the visit. Results showed a considerable increase in the percentage of households with children not attending school (37.3% now from 29.8% before) whereas households with children attending school reduced to 62.7% now from 70.2% before

the crises. It can be seen that the percentage of households reporting that children were not attending school increased in all states but was more pronounced in Galmudug (68.3% from 47.4%) and South West (16.7% from 7.7%). Information disaggregated by residential status showed more IDP households reporting to have children not attending school (42.8%) compared to host communities (32%), for location more households in rural areas (44.7%) reported to have children not attending school compared to urban areas (34.3%). Comparison by pastoralist status resulted in more pastoralists households (40.7%) reporting that their children were not attending school compared to non-pastoral communities (34.3%) whereas we see more Af Mahatir speakers (38.8%).

**School Enrolment:** Among all the 2,437 households engaged in this study, 87.5% (n=2133) had 8,016 school going age children (5-17 years) irrespective of the schooling status. This disaggregated by the state had South West with 94.7% of the households with school going age children, followed by Banadir with 91.6%, then Somaliland (87.3%), Galmudug and Puntland had 86% and 83.1% accordingly.

To gain an understanding of the gender issues in education, the assessment gathered information from parents/caregivers on the enrolment situation before the most recent shocks (COVID-19, drought, displacement and locusts) and tried to compare it with the prevailing situation at the assessment time. Regarding the children attendance by assessment time, results from primary data showed that out of all school going age children (n=8016), 64.3% ( $\cong$ 5154) were attending school, which reflects a reduction from 73.1% ( $\cong$ 5860) enrolment before the current shocks. Data disaggregated by gender of the household head showed a better current enrolment among female headed households (64.8%) compared to 63.5% for the male headed households. While looking at the enrolment of boys and girls, the information shows more boys are enrolled (65.2%) compared to girls at 63.4%. Looking at male headed households we have more boys currently enrolled (64.2%) than girls (61.8%) whereas under female headed households we also see a slightly better enrolment for boys (65.1%) than girls (64.5%).

*“...For children there is no school during the pandemic so we believe the coronavirus restricted their access to education and for women drought and coronavirus create limitations to interact because of the restrictions, this has affected them socially”* said a female respondent in Galmudug.

Comparison of primary data for the enrolment before the current shocks shows a consistent trend in the drop of enrolment with the overall enrolment reduced from 73.1% before the crises to 64.3% during the shocks. For female headed households’ enrolment dropped from 70.6% to 64.8% before and during the shocks respectively. However, when compared with female headed households, male headed ones recorded a bigger drop in enrolment from 76.8% before the shocks to 63.5% during the shocks. For girls and boys, generally, we see girls’ enrolment dropping by around 13% compared to one of the boys that dropped by around 11%. It should also be noted that enrolment of boys both boys and girls in male headed households dropped more than in female headed households i.e. the under male headed girls’ enrolment dropped by 18.8% and that of boys dropped by 15.8% compared to 9% drop for girls and 7.3% for boys under female headed households.

**Table 16: Enrolment of Children before and During Shocks.**

Group	Sub-group	Before Shocks	During Shocks	Eligible children
<b>Overall</b>	Combined	73.1%	64.3%	8016
	Girls	73.0%	63.4%	3972
	Boys	73.2%	65.2%	4044
<b>Female Headed Household</b>	Combined	70.6%	64.8%	3261
	Girls	70.9%	64.5%	2362
	Boys	70.2%	65.1%	2393
<b>Male Headed household</b>	Combined	76.8%	63.5%	4755
	Girls	76.1%	61.8%	1610
	Boys	77.4%	65.2%	1651

In order to understand the impact of different shocks on education attendance, a regression analysis on enrolment with results showing that drought, displacement, clan conflict and locust infestation had a significant impact on school attendance given that respective p-values are below 0.05. On the other hand, COVID19, general insecurity and floods do not present a significant impact on school attendance as their p-values are more than 0.05. In addition, type of household (IDP or host), location (urban or rural) and conflict intensity have got a statistically significant impact on attendance since the p-values are below 0.05 while pastoralism status, gender of household head and primary language do not show a significant impact on school attendance. Details can be seen in table 39<sup>xi</sup>.

**Reasons for Girls not attending school:** The assessment established that 7.5% (n=161) of all households with children of school going age had only boys attending school while girls in the same homes were not attending. Reasons for not attending in their order of priority included lack of enough money to have both boys and girls in school, not safe and acceptable for girls to go to school, girls should stay home to help with domestic work and lack of functional and accessible schools. We also see girls staying at home getting more prominent in IDPs and rural areas than host communities and urban areas. Issues of safety and acceptance for girls to attend school are more in Af Maay speakers, host communities, female headed households and urban areas.

**Reasons for Boys not attending School:** Of all households with children of school going age assessed, it was established that 4.4% (n=94) had only girls attending while eligible boys were not attending. The major reason reported in order of priority included boys, staying at home to help with paid labour, followed by lack of money to take both boys and girls to school, Lack of functional and accessible schools and helping with domestic work especially taking care of animals. Further information showed that boys staying at home to help with paid labour are common among female headed households, IDPs, urban households and Af Mahatir speakers compared to other categories. Lack of enough money to take both boys and girls to school is more prominent in rural areas and pastoral communities.

**Reasons for both boys and girls not attending School:** Households where children irrespective of their gender were not attending school, were asked the reasons with the majority reporting lack of funds to have them in school (78.1%), followed by children staying to help with domestic work and paid labour (16.7%) and then issues of acceptability and safety for girls to go to school (4.3%). Furthermore, lack of funds to send children to school was more common in South West (97.7%) and Banadir (96.4%) while the least in this category was recorded in Galmudug (44.7%). Children staying at home to help with domestic work and paid labour was prominent in Galmudug (42.3%) and then Somaliland (18.4%). Generally, there was no major difference between male and female headed households when it comes to households with both boys and girls failing to attend school due to lack of money. On the other hand, more female headed households felt it was not safe and acceptable for girls to go to school. Additionally, lack of enough money was more common among IDPs (94.8%) urban respondents (91%), non-pastoralists (93.3%) and Af Maay speakers (95%) compared to host communities (57%), rural households (53.1%) pastoralists (65.9%) and Af Mahatir speakers (75%). For children staying home to attend domestic and paid labour was prominent in host communities, rural areas and pastoralist households, girls staying at home to help with domestic work was more among rural respondents than urban while not safe and acceptable for girls to go to school is more in rural areas than urban. Not safe and acceptable for girls to attend school was common among host communities compared to the displaced persons, lack of enough money to send the children to school was more among displaced households compared to host communities. This table gives further details on the reasons for not attending school, see table 40<sup>xii</sup>.

## Access to Livelihoods

Current main livelihood opportunities for both male and female are found through informal labour (38.6%), followed by petty trade (30.1%), livestock (23.6%), crop farming (13.5%) while 20% had no paid activities. Income sources for men and women were similar; however, women were more likely to

engage in petty trade than men. Additionally, more women respondents were fully unemployed (22.3%) compared to male (13.6%). Comparison of income sources by gender of household heads, results showed more female headed households (24%) fully unemployed compared to male headed households (14.1%). Equally, we see more female headed households engaged in petty traded (31.9%) than male headed (27.5%), which highlights the gender disparity. We have fewer female headed households in farming (10.8%) compared to male headed ones (17.3%). Livestock as a source of income has more male headed households (27.3%) compared female headed (21.1%), this could be attributed to more male headed households residing in host communities (60.6%) than female headed households (49.8%). The regional comparison shows Banadir with a bigger percentage of both male and female without livelihood sources (47.7%), followed by Somaliland at (21.3%) whereas South West had the least percentage (2.3%) in this category. Also notably, Galmudug's key household livelihood and income source is livestock (74.3%), South West is largely in farming (crop), Puntland is casual labour (37.8%) and petty trade (35.7%) while Somaliland recorded casual labour as their biggest livelihood source (40.4%). It is important to note that the proportion of those involved in livestock rearing/trade-in Puntland and Somaliland is likely to be higher than found in this survey due to the high proportion of urban respondents, which excludes pastoralists. The table below shows the gendered sources of income for households.

**Table 17: Showing Sources of Income for Households**

Income Sources	Male	Female	Male	Female	Overall
	Gender of Respondent		Gender of Household Head		
No paid activities	13.6%	22.3%	14.1%	24.0%	19.9%
Small trade	24.1%	32.4%	27.5%	31.9%	30.1%
Livestock	34.4%	19.6%	27.3%	21.1%	23.6%
Farming	13.9%	13.3%	17.3%	10.8%	13.5%
Homestead gardening	1.8%	1.4%	1.2%	1.7%	1.5%
Daily casual labor	45.3%	36.0%	42.2%	36.1%	38.6%
Formal employment	4.2%	2.8%	3.2%	3.1%	3.2%

Findings from the assessment suggest that on average respondents in all assessment regions worked about 6.7 hours per day irrespective of the activity. Respondents worked between 1-16 hours a day depending on the nature of the work, though more hours were reported under nomadic pastoralism, business and formal employment while farming and casual labour recorded fewer hours. Respondents in Somaliland worked slightly more than respondents in other regions while both males and females worked on average the same hours per day. For those that reported a paid source of income, the median monthly earning was USD 70 for both males and females. This means no difference in monthly earning for male compared to female. In terms of region, respondents from Banadir had a better median earning (USD75) compared to Puntland, Galmudug and South West with a median of USD70 each while Somaliland reported the least median of \$68.5.

It should be noted that much as Somalia communities partly rely on remittances these were heavily impacted by COVID-19, women-owned businesses were reported to have been hard-hit with 98% reporting reduced revenue and sales while 43% reported having halted operations temporarily.<sup>23</sup> From the assessment data, it was indicated that the majority of the respondents (69.6%  $\cong$  1696) irrespective of the region did not have additional regular and reliable sources of income outside their main livelihoods. South West had more people without an alternative source of income (87.5%  $\cong$  265) than any other state, followed by Puntland (76%  $\cong$  567), then Somaliland (63.4%  $\cong$  339) while Galmudug and Banadir recorded 62.5% (n=250) and 60.7% (n=275) for this category respectively. Respondents that reported having additional sources of income (30.4%  $\cong$  741), most receive income in form of humanitarian assistance (20.1%) compared to those receiving income support from relatives (inclusive

<sup>23</sup> UNOCHA, Somalia COVID-19 Impact Update No.14. November 2020. Accessed on: <https://reliefweb.int/sites/reliefweb.int/files/resources/Somalia%20-%20COVID-19%20Impact%20Update%20No.%2014%20%28November%202020%29.pdf>

of remittances) (13.4%). Comparison by gender of household heads showed slightly more female headed households (14.4%) receiving support from relatives including those in the diaspora compared to male headed households (11.9%). Those receiving income in form of humanitarian assistance were equally among female headed households (21.8%) compared to male headed (17.6%). State level comparison for households that reported to benefit from the support given by relatives had Banadir with more households (17.7%), followed by Somaliland with 16.3%, Puntland with 16.1%, South West with 11.2% while Galmudug recorded the least with 1.3%. For households only receiving humanitarian assistance, Galmudug posted 36.3%, followed by Banadir with 31.6%, then Somaliland with 24.5% whereas Puntland and South West recorded 8.6% and 2% respectively.

**An IDP camp in Mudug has been home to a 32 years old single mother of four who was displaced by the 2017 drought, she earns a living through doing domestic work for small wages. Halima (not real name) lost her mother to COVID-19 in 2020 and this was after her husband left them to look for casual jobs in bigger towns but never returned.**

**“The loss of my mother was the most painful situation during this coronavirus and now as a single mother with four kids and no support, it’s more painful and very hard to earn a living and look after my family but Allah is sustaining us”.**

**In this IDP settlement, most of settlers are either displaced due to clan conflict, or drought. Halima lives with her children in a tiny shelter and has limited livelihood sources. “Sometimes we eat, sometimes we stay hungry, this is how life is...., in our community, clans play a key role, they are the backbone of the community, sometimes they are good, especially during conflict and crisis they extend some support to us”.**

**“My family needs shelter, food, clean water, NFI, health support and most importantly education for my children”.**

**Engagement in Household Tasks:** Cooking and child care were tasks that over half of the respondents fully engaged in whereas the least performed task was attending to health care of relatives (22.5%), farming (22.4%) and looking after livestock (26.1%). Information from female respondents indicated that cooking (63.6%) children care (61.3%) and housework/cleaning (58.3%) were their most fully performed tasks. For male respondents, the common fully performed tasks were child care (29.8%), collecting water (29.7%), livestock (29.2%) and food purchases (28.2%), it is also important to note that none of these tasks recorded a third of the sample. Respondents spent more time in child care than in any other task (av. 3.38 hours) and farming (av. 3.13hrs). comparison of time spent on tasks by gender of respondents, it is clear that women were spending more time child care (3.56hrs) and farming (3.27hrs), whereas men were spending more time on livestock (2.96hrs), farming (2.87hrs) and child care with 2.75hrs. Analysis of qualitative information gathered from FGDs and KIIs indicated that women and girls carry a larger burden in the execution of household tasks like farming, child care, collecting water, cooking, cleaning homes and attending to health care of relatives, while men and boys engaged in livestock management (especially goats and camels) and manual labour. This table provides further details on community engagement in household chores, see table 41<sup>xiii</sup>.

### **Challenges faced by the displaced or affected population living in settlements:**

The key spheres of the challenge reported by both men and women of displaced populations were employment, personal security, lack of information about assistance, particularly among females and family separation. Other reported issues were lack of basic services and facilities (health, WASH and education), safety while moving around the community and harassment by host communities. The table below shows the identified issues in their order of priority by respondents. State-level information had Banadir reporting personal security (58.5%) as their biggest challenge, then difficulties with employment (34.4%) while separation of families was reported by 31.8%. In Galmudug respondents prioritised lack of information about assistance (59.3%), then separation of families (45.5%), then personal security (37%) and difficulties with employment (31.8%). In SWS, respondents reported separated families (42.2%) as their biggest challenge, followed by personal security where they lived (36.0%), then harassment (31%) and difficulties with employment (26.1%). In Puntland, 44.8% of respondents reported difficulties with employment, followed by lack of information about assistance



(39.5%), then family separation (23.6%) and difficulties in acquiring basic services (22.5%). In Somaliland, much as the majority (55.0%) reported not having any problems/challenges, 33.5% reported difficulties with employment while 9.3% reported family separation.

**Table 18: Main Challenges Faced by IDPs Separated by State**

Reason	Banadir (453)	Galmudug (400)	SWS (303)	Puntland (746)	Somaliland (535)	Overall (1437)
Difficulties with employment	34.4%	31.8%	26.1%	44.8%	35.3%	36.3%
Lack of information pertaining to assistance	20.8%	59.3%	18.5%	39.5%	4.7%	29.0%
Personal security where you live	58.5%	37.0%	36.0%	18.0%	6.0%	28.2%
Separated families	31.8%	45.5%	42.2%	23.6%	9.3%	27.9%
Difficulty in acquiring basic services	15.2%	14.5%	27.7%	22.5%	3.0%	16.2%
Inability to move around safely	14.3%	22.0%	22.1%	19.0%	3.2%	15.6%
Harassment	13.0%	23.5%	31.0%	14.7%	2.2%	15.1%
Family contact	11.3%	8.0%	28.7%	11.1%	8.0%	12.1%
Inability to move back and forth across the line of confrontation	3.8%	20.8%	28.4%	10.5%	2.4%	11.4%
No problems	10.2%	1.5%	1.0%	6.2%	55.0%	16.2%
Other Issues	0.0%	0.0%	1.3%	3.2%	10.7%	3.5%

Comparison by gender of household heads, had 31.7% of female headed households reporting difficulties in employment, followed by personal security (31%), then separation of families (28.5%) and lack of information about assistance (28.3%). Male headed households reported difficulties in employment (43%), followed by lack of information about assistance (30%), then separation of families (27.1%) and personal security in their residences (24.3%). Disaggregation by location of households, the rural dwellers were largely affected by lack of information about assistance (42.6%), followed by difficulties with employment (40.1%), then separation of families and personal security in their areas of residence. Urban dwellers were largely challenged by difficulties in employment (34.7%), followed by personal security (29.6%), then family separation (24%) and lack of information about assistance (23.3%), for details refer to table 42<sup>xiv</sup>.

### Coping Strategies with disasters (conflict/displacement/drought)

During the assessment, the Food Security and Livelihoods (FSL) reduced Coping Strategy Index (rCSI) was used<sup>24 25</sup>. To test the reliability of the scale, the data were subjected to the Cronbach-alpha coefficients with results showing all the five coping strategies scoring >0.7 meaning the information captured was highly reliable, see table 43<sup>xv</sup>.

During the assessment, the majority of respondents indicated that they resorted to eating less preferred/expensive foods more than any other coping strategies during recent shocks (drought, COVID and displacement). Overall Galmudug had more days using the listed strategies hence the likelihood of increased vulnerability than other locations while Somaliland consistently posted fewer days in adopting coping mechanisms which may mean people in Somaliland are more resilient to disasters than other communities. Additionally, borrowing food or relying on help from friends and relatives was the least adopted strategy in general. Comparison by gender of household head largely showed male headed households implementing extreme coping mechanisms like limiting portion size of meals, reducing the number of meals and relying on help from friends and relatives whereas female headed households employed two extreme strategies i.e. eating less preferred/expensive foods and limiting adult intake to enable children to eat. Details are in the table below:

<sup>24</sup> FSL Indicator handbook (2020). Accessed on:

[https://fscluster.org/handbook/assets/images/project/FSL%20Indicator\\_handbook\\_17.03.2020.pdf](https://fscluster.org/handbook/assets/images/project/FSL%20Indicator_handbook_17.03.2020.pdf)

<sup>25</sup> Part III: FFP Indicators for Emergency Activities; FFP Indicators Handbook (2020).



**Table 19: Coping Mechanisms Adopted by Households During Crises.**

Strategy	Banadir	Galmudug	South West	Puntland	Somaliland	Overall
Eating less-preferred/expensive foods	4.06	4.18	2.48	1.98	1.19	2.62
Borrowing food or relying on help from friends and relatives	2.04	3.91	1.06	1.35	1.44	1.88
Limiting portion size at mealtime	2.07	3.71	1.47	1.49	1.44	1.95
Limiting your intake in order for small children to eat	2.52	3.73	1.20	1.46	1.32	1.97
Reducing the number of meals per day	1.74	3.64	1.40	1.59	1.51	1.91

Results from the rSCI, showed an overall mean score of 16.1309 (n=2437), a standard deviation of 12.09879 and a median of 12.00. On the severity of the coping mechanisms used by different groups, Galmudug had the highest mean of 30.53, meaning households were using more severe coping mechanisms compared to other areas, distantly followed by Banadir with a mean of 19.4879 while the lowest mean was recorded in Somaliland at 10.9850. Comparison of mean scores by gender of households heads showed females with a higher mean of 16.3538 compared to male headed households (mean of 15.8112). Findings also showed rural households with a fairly high mean score of 20.8248 and median of 13 compared to urban households (mean of 14.1665) and a median of 11. Furthermore, information showed that female respondents, people residing in IDPs and Af Maay speakers had low mean scores compared to male respondents, host community households and Af Mahatir speakers. Clearly, the above information shows that Galmudug and Banadir, female headed households, people in host communities, households located in rural areas and Af Mahatir speakers were employing more severe coping mechanisms compared to others within similar sub-groups. Details are in the table below.

**Table 20: Computed Mean Scores on Coping Strategy Indices**

State					
Group	Mean	N	Std. Deviation	Median	Grouped Median
Banadir	19.4879	453	6.93797	18.0000	18.5395
Galmudug	30.5300	400	15.18158	33.5000	33.8333
South West	11.0627	303	4.24725	10.0000	10.2338
Puntland	12.1206	746	7.85960	10.0000	9.9748
Somaliland	10.9850	535	11.40092	8.0000	8.2115
Gender of Household Head					
Male	15.8112	1001	12.17478	12.0000	11.9565
Female	16.3538	1436	12.04476	12.0000	11.9953
Residential Status					
Host Community	16.5840	1322	13.99414	11.0000	11.1413
IDPs	15.5278	1099	9.35974	14.0000	13.8000
Location of Household					
Rural Area	20.8248	719	15.20903	13.0000	13.2979
Urban Area	14.1665	1718	9.89250	11.0000	11.5588
Gender of the Respondent					
Male	16.9073	669	14.12817	11.0000	11.5610
Female	15.8371	1768	11.22621	12.0000	12.2308
Primary language (mother tongue)					
Af Mahatir	17.6879	1916	12.63733	13.0000	12.7237
Af Maay	13.3020	404	5.76486	12.0000	11.9535
Total	16.1309	2437	12.09879	12.0000	11.9816

Further discussions with communities through FGDs and KIIs revealed that coping mechanisms to shocks and income stresses including selling off assets like animals, sending children to work as casual labourers, migrating to urban locations in expectation of assistance, accepting to eat less preferred food together with reducing the number of meals were being employed amidst the several shocks. It was equally highlighted that unlike men with the ability to move and search for food, women and children are always exposed to severe stresses which have at times resulted in malnutrition of children and death.

## Safe Access to Health Facilities

Safe and accessible health care is a key tenet and basic need for every community member and given the protracted nature of the crisis in Somalia, equitable and safe access to such services is yet to be realised. During the assessment, 40% of the respondents indicated limited safe access to health facilities. Comparison by the state showed Galmudug with the highest percentage of people (88.7%) with access issues, potentially due to the highest proportion of rural respondents compared to other areas, followed by Puntland with 31.8% while Banadir had the least (16.8%). People residing in urban areas have better access to health facilities (66.5%) compared to rural counterparts (45.2%). More women reported safe access to health facilities (62.4%) compared to their male counterparts (54.3%), similarly, more female headed households (61.6%) reported safe access to health facilities than male headed households (58.1%). It is only in host communities where we see more male headed households with better access to health facilities than female (56.3% for male headed compared to 55.2% for female headed). Further data analysis, indicated that primary language, residential status (IDP and host community) and state are significantly related to safe access to health services, with all having p-values less than 0.05. This means, primary language, staying in IDP/host community and geographical location influence the safe access to health facilities. It was also discovered that gender of the household head together with conflict intensity do not predict access to safe health facilities as both were found with p-values more than 0.05 hence no significant relationship. See table 44<sup>xvi</sup> for details.

Furthermore, the assessment gathered information on safe access to maternal health with results showing that 54.1% of the respondents had access while 45.9% did not have access to maternal health services. Comparison by geography had South West leading in access to maternal health services (83.2%), followed by Banadir (71.5%), then Somaliland (62.4%), Puntland posted 53.5% whereas, Galmudug had the least percentage (2.5%). Comparison of safe access to maternal health by gender of household heads, showed more male headed households with better access (57.3%) compared to female heads (51.9%), comparison by location, showed more urban dwellers (62.3%) able to access maternal health services than rural households (34.5%). Additionally, non-pastoral households had better access to maternal health (66.6%) than households engaged in pastoralism. There is also better access among households speaking Af Maay (77.8%) compared to those speaking Af Mahatir (49.5%) while IDP households reported better access (63.6%) than host communities (45.8%). The key reasons given for limited access to health care services were:

- Lack of financial resources necessary to access maternal health services, including transport and actual treatment costs. This challenge was common among rural and host communities, pastoral households, Af Mahatir speakers and male headed households. Geographically we see it prominent in Puntland and Galmudug when compared to other locations.
- Lack of functioning health facilities offering maternal health services and was common in Galmudug, Somaliland and Puntland. This is attributed to a bigger representation of rural households for Galmudug (60.3%) and a sizeable number for Puntland (35.5%) and Somaliland (24.7%) compared to other locations. Also commonly reported among rural households, host communities, pastoralists and male headed households.
- Unsafe to travel to the available health facility due to insecurity and this was equally common in Galmudug and Puntland and especially in rural settings, pastoral communities, host communities and among female headed households.
- Absence of female staff at the health facility to manage women issues. It was stated that some women would not feel comfortable being attended to by male health staff, especially on reproductive health issues like antenatal care and childbirth. This was common among rural pastoralists in Galmudug and Puntland, host communities and female headed households

## Access to Water, Sanitation and Hygiene

During humanitarian crises, access to water, sanitation and hygiene facilities is always key. Usually, in Somali communities, the role of fetching water for household needs is loaded on women and girls,

which may expose them to physical and sexual violence in the long commutes and long lines to access water. Assessment results indicated that only 38% of the women commuted less than 30 minutes for water. This means that most water sources are distant, which puts disproportionate pressure on women and girls. Comparison by the state showed Somaliland with more households accessing water in less than 30 minutes (57.2%), followed by Puntland (46.2%) while South West posted the least in this category (9.2%), important to note that Somaliland and Puntland had a higher proportion of urban dwellers engaged for this assessment compared to other areas. Households taking more than 60 minutes to collect water, South West recorded 38.6%, followed by Galmudug with 31.5% while Somaliland had 24.5% in this category. Comparison by rural and urban households showed more urban households taking less than 30 minutes to collect water (40%) compared to rural households (32%). Results also showed more rural households taking more than 60 minutes (28.1%) to collect water than 19.2% from urban households that take the same time. Details are in the table below.

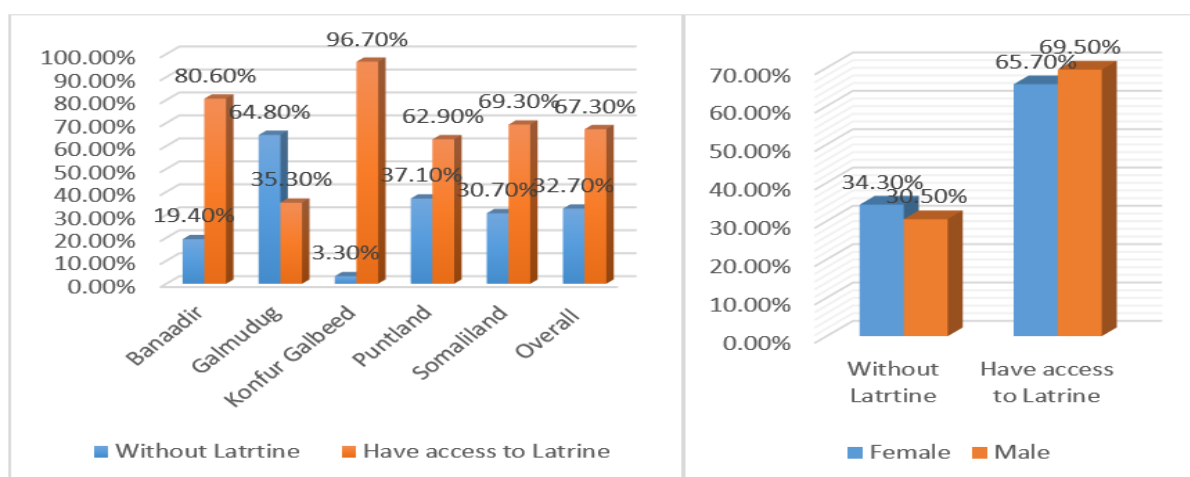
**Table 21: Showing Estimated Time Households Spend to Access Water.**

Time	Less than 30 min	Between 30 and 60 min	More than 60 min	Don't know
Banadir (453)	33.30%	46.10%	7.90%	12.60%
Galmudug (400)	23.80%	43.50%	31.50%	1.30%
South West (303)	9.20%	51.80%	38.60%	0.30%
Puntland (746)	46.20%	28.20%	16.40%	9.20%
Somaliland (535)	57.20%	17.80%	24.50%	0.60%
Rural Area (719)	32.0%	33.9%	28.1%	6.0%
Urban Area (1718)	40.5%	35.0%	19.2%	5.4%
Overall (2437)	38.00%	34.70%	21.80%	5.50%

Safety concerns around accessing water sources are key especially for women and girls, overall 22.4% of the respondents perceived the water points were not safe. This disaggregated by gender indicates that slightly more women (23.1%) felt the location for water wasn't safe than male (20.3%). Safety by region in Galmudug 48.3% believed the location was not safe, Puntland followed with 28.2%, Somaliland with 15.6%, South West with 8.6%, and Banadir with 6.8%. In addition, 30.5% in rural areas felt the location of the water point was not safe compared to 19% from urban areas. To ensure safety for girls and women, communities have come up with several coping mechanisms like females going to water points in groups, getting trusted male family members to escort them and opting to go to safer points irrespective of the distance and water quality.

**Access to safe latrine facilities:** Access to safe latrine facilities is key for the proper sanitation of both male and female, however, assessment results showed that 32.7% of the communities do not have access to safe latrine facilities; with more female respondents (34.3%) without access to safe latrines compared to males (30.5%). Comparison for rural and urban households showed that 41% of rural households did not have access to safe latrine facilities compared to 29.3% in urban areas reporting the same. In addition, 31.9% of households in IDP settlements did not have safe access to latrine services compared to 33.8% of households in host communities. State-level information had Galmudug with the highest number of people without access to safe latrine facilities (64.8%), potentially due to the high proportion of rural respondents, followed by Puntland with 37.1% of people in the same category, followed by Somaliland with 30.7%, while South West had posted 3.3%. Details are clear in the below table.

**Table 22: Showing latrine access by state and gender**



A regression analysis conducted indicated that gender of household heads is significantly related to accessing safe latrine facilities with a t-value of -3.075 and the level of significance (p-value) of 0.002, this shows there is a significant negative relationship between gender of household heads and access to safe latrine services. Similarly, there was a negative relationship between the primary language of households and access to safe latrine facilities with a t-value of -5.368 and the level of significance (and p-value) of 0.000. Location of households and pastoral status both had a significant relationship with access to safe latrine facilities with the former recording a p-value of 0.000 while the latter recording a p-value of 0.006, however, the relationship for the latter was negative. There was no observed significant relationship between state and conflict sensitivity with latrine access. Details are in table 45<sup>xvii</sup>

**Reasons for lack of safe and accessible latrines facilities:** Out of all people that indicated lack of safe latrine facilities, 52% do not have any latrine facilities in their homes, others found the latrines to be insecure at night, or located in unsafe locations, with some lacking doors and locks, while in some locations there were no separate toilets for males and females, as shown in the table below. To cope with the lack of safe latrine facilities, some people were practising open defecation in nearby locations, going to the latrine in groups of single-sex for safety, being accompanied by family members irrespective of the sex while others indicated no action as they perceive the challenge to be beyond their capacity. Open defecation was largely reported in Galmudug, South West and Somaliland compared to other areas.

**Table 23: Reasons for Lack of Safety and Accessibility to Latrine Facilities.**

Reason	Banadir (88)	Galmudug (259)	SWS (10)	Puntland (277)	Somaliland (164)	Overall (798)
No latrine at all	10.2%	60.2%	50.0%	39.4%	81.7%	51.8%
Not secure at night	43.2%	31.7%	20.0%	40.4%	3.7%	30.1%
Latrine is in an unsafe place	26.1%	8.1%	20.0%	32.1%	3.0%	17.5%
There are no locks on the door	64.8%	3.9%	20.0%	28.2%	11.0%	20.7%
No separate toilets for males and females	67.0%	3.1%	0.0%	24.9%	7.3%	18.5%

**Hygiene and Women/Girls menstrual Hygiene Needs:** Overall, the majority of the communities indicated that their hygiene needs were not being met (55.2%), there were more females with unmet hygiene needs (58%) compared to males (47.8%). State-level analysis showed that over half of the respondents had unmet menstrual hygiene needs apart from Banadir were 51.3% of the respondents reported that their menstrual hygiene needs were being met. A majority of female respondents reported access to reusable sanitary materials (51.4%) as their priority menstrual hygiene need, closely followed by access to washing and disposal facilities for menstrual pads (50.5%). Other needs mentioned included being supported with reusable sanitary materials for their menstrual hygiene. Key informant interviews and FGDs strongly highlighted the plight of women and girls of adolescent age

given they lack basic menstrual facilities both in homes and schools, which results in school drop-outs and distresses girls. The table below shows the menstrual hygiene needs of women and girls.

**Table 24: Menstrual Hygiene Needs for Girls and Women.**

Reason	Banadir (114)	Galmudug (238)	SWS (54)	Puntland (302)	Somaliland (166)	Overall (874)
Disposable pads	32.4%	42.1%	61.4%	64.2%	41.6%	49.0%
Reusable sanitary materials	49.3%	70.3%	64.9%	50.4%	35.5%	51.4%
Washing and disposal facilities	49.5%	48.5%	72.8%	53.6%	33.1%	50.5%
Tradition clothes	0.0%	1.0%	0.0%	5.0%	14.2%	4.5%

## Safety and protection

**Mobility/freedom of movement:** There is a constant trend across all the five states, that males have more freedom of movement as compared to females. Noticeably, Somaliland leads with the most freedom of movement while South West and Galmudug have the least. On specific aspects under freedom of movement, females are more likely to be comfortable visiting a neighbour or relative within the same neighbourhood, going to the markets and accessing health care. Female mobility tends to shrink when they try to move to the nearest town or visit family and friends in distant locations. The focus group discussions indicated that females (women and girls) risk sexual violence and physical attacks when travelling outside of main and distant from their communities. In some instances, women were reported to risk domestic violence in case they tried to demand their rights. Key factors that limit freedom of movement included the cost of transportation, insecurity and caregiving responsibilities of women and girls in homes. Cost of transportation was more pronounced among IDPs (71.5%) than hosts communities (58.9%), then more male headed (67.7%) than female headed households (62.4%) whereas the slightly higher proportion in rural areas (65.5%) compared to urban areas (64.2%) were observed. On the same issue, we had slightly fewer households in pastoralism (62.6%) compared to 66.3% non-pastoral communities, then more Af Mahatir (65.6%) than Af Maay (60%) speakers. On the security challenges, we had IDPs with a bigger proportion (56.7%) compared to the host community (43.3%), then more male headed households (50.6%) compared to female headed ones (48.7%). On the same issue, we had more rural (54.5%) compared to urban households (47.4). For households engaged in pastoralism, 50.6% reported being faced with security challenges compared to non-pastoral communities (48.6%), whereas Af Maay speakers recorded a bigger proportion (77.3%) compared to Af Mahatir (44.1%).

## Gender-Based Violence

It should be noted that disasters and shocks can intensify GBV risks: at the height of the 2017 drought, GBV increased by 9%, particularly physical and sexual assault and child sexual abuse. Of these cases, over 75% of survivors were IDPs, with incidences linked to congestion, poor security conditions in camps and distances between WASH facilities<sup>26</sup>. From those that participated in the assessment, women from all settlements reported sexual violence/abuse (33.9%) as the biggest concern followed by inability to access services and resources (27.3%) and violence in homes (25.7%) and the third biggest. Trafficking (2.5%) was the least reported security concern. There was a shared acknowledgement that the lack of safe space and awareness of resources further perpetuated their vulnerability to gender-based violence. Girl respondents echo these sentiments and additionally flagged fears around violence in the home (27.3%), parental pressure to early marriage (19.9%) and being entangled in community conflicts. Other prominent concerns for women and girls were lack of safe places in their communities, lack of privacy in homes, insecure dwellings with no locks, poor lighting in communities while trafficking (2.5%)

<sup>26</sup> World Bank Group (2018). "Federal Republic of Somalia: Systematic Country Diagnostic." World Bank

was the least reported concern. Concerns disaggregated by state and other details can be seen in table 46<sup>xviii</sup>.

Specific girl and women vulnerabilities that were common in all geographical locations included early marriage, some parents not prioritizing girls' education and girls enduring FGM. Other serious issues reported across all states by key informants were sexual assault and rape of girls and women. Poor lighting in their settlements, distant facilities like water and latrines, and the absence of punishments for perpetrators were reported as contributing to the sexual violence. KII data showed that, safe shelters are limited and as a coping mechanism people go to mosque and Quranic schools for assistance. Others may go to the police while others may opt for community elders in the village to solve their problem. Regarding early marriages, the assessment established that this practice is largely driven by male parents though women generally play a supportive role to their spouses when marrying off their minor daughters.

### Increased insecurity concerns facing women and girls due to current shocks

Since the beginning of the COVID-19 outbreak, drought and displacement, 44.2% of the respondents reported increased security concerns facing women and girls. Banadir, SWS and Puntland had over half of the respondents confirming while Galmudug and Somaliland had the least number of respondents pointing to the increased security concerns with 23.5% and 28.6% respectively. Furthermore, communities were asked where they go for help in case they experienced some form of violence and a majority indicated community leaders/elders would be their contact for assistance (48.8%), rather than going to the police or reporting to an NGO protection staff. Also, it was reported that in communities there are limited services for psychosocial counselling for survivors of abuse and support systems did not seem clear or trusted by everyone in the community. Comparison of rural and urban households showed more rural households seeking help from community leaders (67.9%) compared to urban households that go to the same support stream (40.9%). For gender of household heads, we see more male headed going to a community leader for help (52.1%) compared to female headed households (46.5%). Results also show more pastoralists seeking help from community leaders (62.7%) compared to non-pastoralists (36.8%). For other groups seeking help from police, results indicated more urban dwellers (28.1%) than rural households (6.8%), more Af-Maay speakers (42.2%) compared to Af Mahatir speakers (17.7%) and more non-pastoralists (33.4% compared to pastoralists (8.4%). Details can be seen below.

**Table 25: Community Service Points for Victims of Abuse**

Groups	Community leader	Family member	Friend / NGO	Religious leaders	Police	Don't know	Valid cases
Banadir	30.9%	50.6%	0.0%	0.0%	17.2%	1.3%	453
Galmudug	89.0%	6.0%	2.0%	0.0%	0.8%	2.3%	400
South West	28.4%	21.8%	0.0%	0.0%	49.8%	0.0%	303
Puntland	39.5%	29.8%	4.2%	0.7%	19.3%	6.6%	746
Somaliland	58.5%	7.9%	0.2%	2.6%	29.2%	1.7%	535
Rural	67.9%	19.6%	1.0%	0.8%	6.8%	3.9%	719
Urban	40.9%	25.7%	1.9%	0.8%	28.1%	2.6%	1718
Male HoH	52.1%	19.8%	0.8%	0.4%	24.0%	2.9%	1001
Female HoH	46.5%	26.8%	2.2%	1.0%	20.3%	3.1%	1436
IDPs	35.2%	27.8%	1.4%	1.2%	31.3%	3.1%	1099
Host Community	60.4%	20.5%	1.8%	0.5%	14.0%	2.9%	1322
Af Maay	25.2%	30.4%	0.7%	0.0%	42.2%	1.5%	405
Af Mahatir	53.6%	22.6%	1.8%	0.9%	17.7%	3.3%	2025
Pastoralists	62.7%	23.0%	2.0%	0.7%	8.4%	3.1%	1130
None Pastoralists	36.8%	24.7%	1.3%	0.8%	33.4%	2.9%	1307
Male Respondents	63.8%	15.7%	1.0%	0.4%	17.8%	1.2%	669
Female Respondents	43.2%	27.0%	1.9%	0.9%	23.4%	3.7%	1768
Overall	48.8%	23.9%	1.6%	0.8%	21.8%	3.0%	2437



## Humanitarian assistance

As a result of recurrent climate-related and ongoing conflicts experienced in Somalia, some communities have been receiving humanitarian assistance in form of cash, food-in-kind, NFIs and several resilience-building programs including education, health, nutrition, protection and WASH. During the assessment, communities especially IDPs indicated that they largely depend on humanitarian assistance though some went ahead to report that they had not received assistance in a period over a month. The Assessment established that majority of the households had not accessed humanitarian assistance (74.4%) in over 30 days before the assessment, however, those that were receiving the assistance majority were female headed (65.1%) compared to males. Comparison of information by other groups (rural or urban, IDP or host community, the primary language of the respondent and pastoral status) showed no major difference in accessing humanitarian assistance.

For those households reporting to had received assistance within the 30 days preceding the assessment, it was reported that assistance is largely collected by women (80.3%) compared to men (16%) and children (4%). Discussions indicated that women are always preferred by humanitarian actors given that women are typically responsible for basic household needs like food, water, health care and clothing and are also likely to invest the assistance in the best interest of the family. However, considering the low level of participation of women in decision-making, men could still influence how such assistance is utilized. Comparison is done for different sub-groups still showed that women were the ones mostly receiving assistance irrespective of the location, gender of household head, IDP or host community, Af Maay speaker or Af Mahatir and pastoral status. Details can be seen in the table below.

**Table 26: Household Members that Collected Humanitarian Assistance**

Group	Boy	Girl	Man	Woman	Valid cases
Rural	0.6%	1.3%	18.8%	79.4%	160
Urban	1.7%	2.2%	15.5%	80.6%	465
Male	1.4%	0.9%	26.1%	71.6%	218
Female	1.5%	2.5%	11.1%	85.0%	407
IDP	1.7%	0.7%	12.1%	85.6%	298
Host Community	1.2%	3.1%	20.0%	75.7%	325
Af Maay	0.8%	3.4%	13.4%	82.4%	119
Af Mahatir	1.6%	1.6%	16.7%	80.1%	503
Pastoralists	2.0%	2.0%	18.2%	77.8%	351
No Pastoralist	0.7%	1.8%	13.9%	83.6%	274
Male	1.5%	0.0%	34.8%	63.7%	135
Female	1.4%	2.4%	11.2%	84.9%	490

With the above findings showing that close to three-quarters of the respondents (74.4%) had not received assistance in over 30days to the assessment, it was further reported that not everyone in the community can access assistance. There is some level of prioritization that usually looks at vulnerable groups like women, children, persons with special needs, and IDPs rather than blanket assistance. Some community members expressed their dissatisfaction with selection procedures for assistance pointing to some inclusion and exclusion issues like elders and local leaders favouring their people hence leaving out some vulnerable groups. Some community members also felt that usually humanitarian assistance delivery is dominated by male staff and this may partly deny some females an opportunity to fully participate and voice their concerns. Further analysis showed that households that had not received humanitarian assistance in the 30 days before the assessment recorded a higher rCSI mean score (17.5866) compared to those that had received assistance in the same period (14.9284). While testing the statistical linkage between access to humanitarian assistance and severity of coping mechanisms, results showed a strong relationship between these variables with a p-value of 0.000, meaning that access to assistance is likely to lead to better and less severe coping strategies whereas inability to receive assistance is likely to lead to more severe coping mechanisms. See table 47 for details<sup>xix</sup>:

Another key issue highlighted was inadequate consultation of communities about needs. The quantitative assessment showed that only 33.8% of the entire community were consulted including 34% among the female and 33.4% among the male. Consultations were least in Puntland at 21%, whereas Banadir, South West and Somaliland had the best score of 41% for each.

**Table 27: Level of Consultation About Humanitarian Needs**

Group	Not consulted	Consulted	Valid Cases
Banadir	58.7%	41.3%	453
Galmudug	65.8%	34.3%	400
South West State	59.1%	40.9%	303
Puntland	79.1%	20.9%	746
Somaliland	58.9%	41.1%	535
Rural	64.7%	35.3%	719
Urban	66.8%	33.2%	1718
Male HoH	66.0%	34.0%	1001
Female HoH	66.3%	33.7%	1436
IDP	66.6%	33.4%	1099
Host Community	65.7%	34.3%	1322
Af Maay	61.5%	38.5%	405
Af Mahatir	67.2%	32.8%	2025
Pastoralists	56.8%	43.2%	1130
No pastoralist	74.3%	25.7%	1307
Male Respondent	66.7%	33.3%	669
Female Respondent	66.0%	34.0%	1768
Overall	66.2%	33.8%	2437

### Community Top priority needs

During the assessment, communities were requested to freely rank their top three priority needs and from this engagement, the following priorities were drawn:

- **Priority 1:** Highly ranked number one priority needs include food (87%), water (84%), health care (55%) and shelter together with household items (54.7%), in that order.
- **Priority 2:** Asked about their second priority needs, most people considered education (56%), livelihoods (40.1%) and sanitation and hygiene (34.6%), in that order.
- **Priority 3:** Protection was ranked as the highest 3<sup>rd</sup> need by assessment respondents.

During qualitative interviews with women, it was highlighted that their priority needs included food, clean water, health care including vaccines (such as for COVID-19), shelter, education for girls, and clothing. A few also mentioned a need to ensure women and girls can access reproductive health information and support, are protected from violence and also build their skills for self-employment and livelihoods. Notably, needs for girls and women were common across all states. Other needs include facilitation with equipment for their work, being provided space to participate in the decision-making processes within the community, security, and access to a conducive environment for job opportunities. Specific needs for men and boys included restocking, supporting them to acquire marketable skills (vocational skills) for jobs and business encouraging and enabling boys to attend school.

“Like 30 years ago, women were responsible in their families (herding, handcrafts, tea shops, homework) but due to the recurrent crisis and poor education most of these are no longer possible, organizations should support women to gain skills and secure employment” indicated a woman in Puntland.

### Conclusions

While conditions in Somalia are challenging for a large percentage of the population, women and girls are particularly impacted due to the pervasive gender inequality. CARE’s RGA findings indicate a prevalent view in society that women cannot perform many of the roles traditionally associated with men, even as women have increasingly taken on new responsibilities, including as heads of households. Many women engage in livelihoods to support families while also taking care of domestic needs,

nevertheless, they have limited involvement in decision-making on key social and economic aspects of the household. Their involvement in decision-making in public spheres is even more restricted, as decisions on community matters are made by elders, community and religious leaders, who are predominantly male.

In 2020-2021, the drought, floods, covid-19, locust infestation, armed conflict and insecurity have led to new displacements, disease and death, unemployment and depletion of livelihood options, and erosion of communities' traditional coping mechanisms. These concurrent shocks have worsened the already precarious situation for women and girls and exposed them to new threats. Although more female-headed households are receiving humanitarian assistance in response to the shocks, the majority of those surveyed for the RGA report that they are receiving no assistance and they require access to food, water, healthcare, shelter and NFIs (including for sanitation and hygiene), education and livelihoods. Respondents also report limited consultations by humanitarian organizations about the needs of women and girls and other vulnerable groups.






Protection remains a concern, particularly for women and girls who are at increased risk of gender-based violence during times of crises and instability. The RGA findings reveal that women and girls risk sexual violence if they travel to areas outside of town and distant from their communities and consequently their freedom of movement is limited. Women and girls in IDP settlements report sexual violence as their biggest concern due to poor security conditions, domestic violence is also reported as a concern. Other concerns include the lack of access to safe healthcare facilities and sexual and reproductive health services, lack of access to safe WASH facilities, and inadequate menstrual hygiene materials. Both displaced and non-displaced girls face specific vulnerabilities such as early marriage, lack of access to education, and high risk of FGM.

In addition to women and girls, the RGA shows that the elderly, disabled, minority groups, displaced persons and agro-pastoral communities are among the groups particularly affected by the ongoing shocks in Somalia. Some men and boys have also become more vulnerable during the shocks, with boys dropping out of schools to engage in labour to support families, and youth and men being unemployed and at greater risk of recruitment by armed groups.

Disability remains largely neglected in Somalia according to the RGA findings and female heads of households report having more family members with physical and mental disabilities. This is attributed to reasons such as limited access to health facilities and stresses resulting from hardships. Levels of anxiety and nervousness are also higher among female respondents.

As the fragile situation in Somalia deteriorates further due to multiple shocks, more action is required with increased humanitarian interventions targeting the most vulnerable, such as women and girls, and responding to their immediate needs; and more innovative longer-term programs aimed at changing deeply entrenched norms and perceptions around gender inequality.

## Annexes

<b>Annex 1: Gender in Brief</b>	 Revised and final GiB Final.docx
<b>Annex 2: RGA Schedule</b>	 Updated Plan for CSOM Rapid Gender ,
<b>Annex 3: Tools and Resources Used</b>	 RGA Household Questionnaire.docx  RGA Focus Group Discussion (FGD) Guid  RGA Key Informant Interview (KII) Tool.do

## Annex 4: List of Enumerators

**Table 28: List of Enumerators and Their Gender**

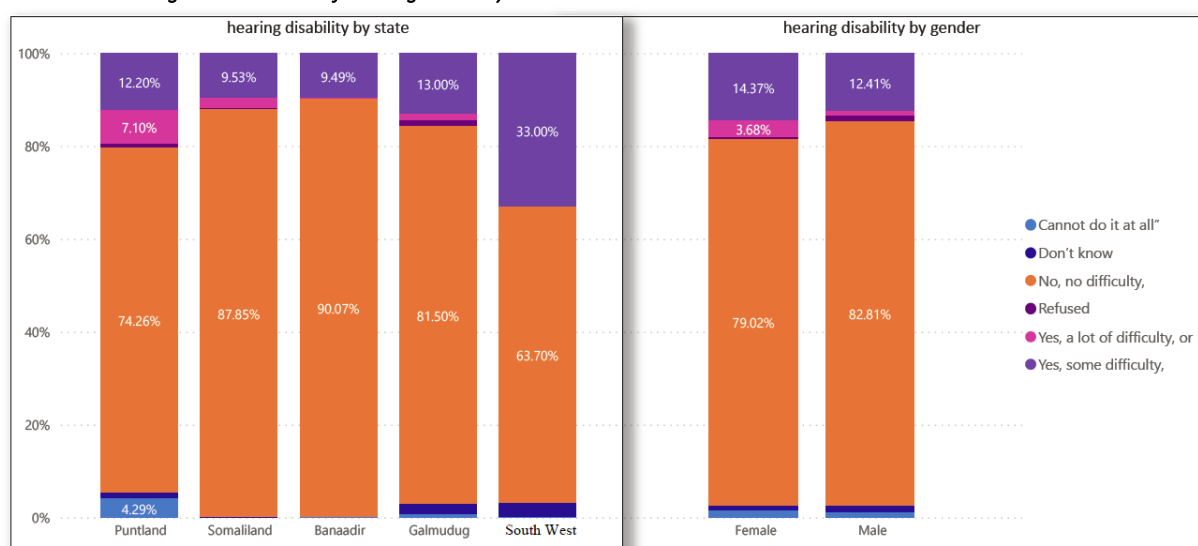
Name	Male/Female
1. Abdifatah Ali	Male
2. Abdihaifiid Muuse Omar	Male
3. Abdiijabaar Mawliid Farah	Male
4. Abdullahi Muse Jama	Male
5. Abshir Ahmed Mohamud	Male
6. Anwar Mohamed H.Khaliif	Male
7. Asma Abdalle Omar	Female
8. Bashiir Farah Yusuf	Male
9. Bashir Yusuf Mohamud	Male
10. Fadumo Ahmed Mohamed	Female
11. Fardows Ashkir	Female
12. Farhia Sacid Warsame	Female
13. Fartuun Abdullahi Ahmed	Female
14. Fartuun Abdullahi Mohamud	Female
15. Hana Fahmi Ahmed Nour	Female
16. Hasan	Male
17. Hibo Faarax Jama	Female
18. Khadija Abdullahi Mohamed	Female
19. Liban Mohamed Ma'alim	Male
20. Mohamed Abdi Awil	Male
21. Mohamed Abdifitah Ahmed	Male
22. Mohamed Abdinur Ahmed	Male
23. Mohamed Ali Abdullahi	Male
24. Mohamed Isse Isma'il	Male
25. Mohamed Kulane	Male
26. Mohamed Sulaiman Hussain	Male
27. Mohamed Yusuf	Male
28. Muno Ibrahim Jama	Female
29. Muno Mohamed Yacquub	Female
30. Najah Faysal Ahmed	Female
31. Najma Hassan Hussein	Female
32. Najma Mohamed Bashir	Female
33. Nasteho Abdirisaaq Abshir	Female
34. Sahra Ahmed Yusuf	Female
35. Sayid Ali Abshir	Male
36. Yahye Mohamed Ahmed	Male

## Annex 5: Extra Tables

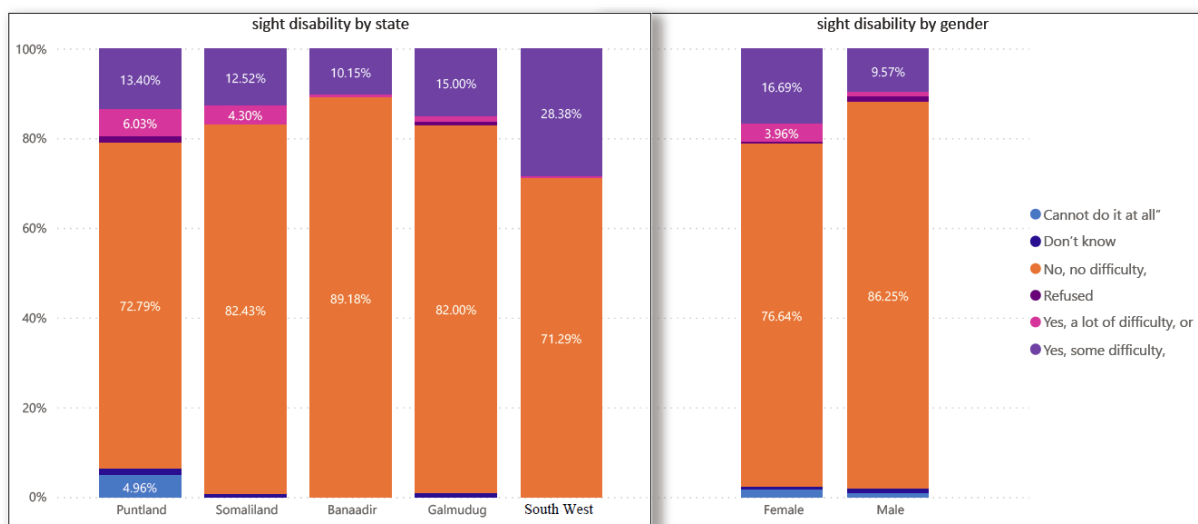
<sup>i</sup> Table 29: Age of Household Heads by State, Gender of HoH and Location.

State	Child (<18) headed household	Adult (18-60) headed of household	Elder (>60) headed household	Valid Cases
Banadir	16.1%	72.6%	11.3%	453
Galmudug	1.3%	87.8%	11.0%	400
South West	0.0%	61.1%	38.9%	303
Puntland	2.3%	79.8%	18.0%	746
Somaliland	0.4%	86.4%	13.3%	535
Male	79.9%	1.8%	18.3%	1001
Female	78.1%	5.5%	16.4%	1436
Rural Area	86.9%	0.6%	12.5%	719
Urban Area	75.5%	5.4%	19.1%	1718
Overall	4.0%	78.9%	17.2%	2437

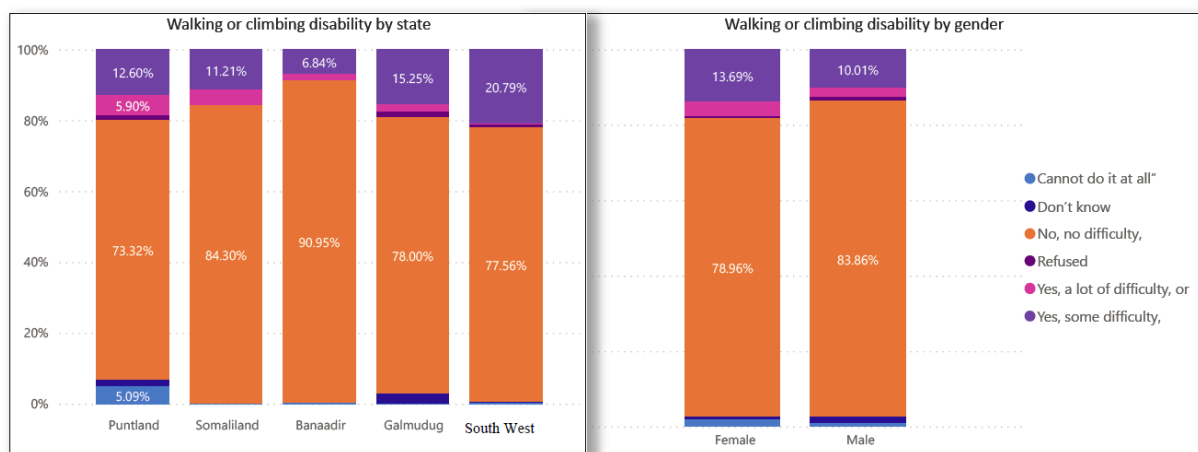
ii Table 30: Showing the Prevalence of Hearing Disability



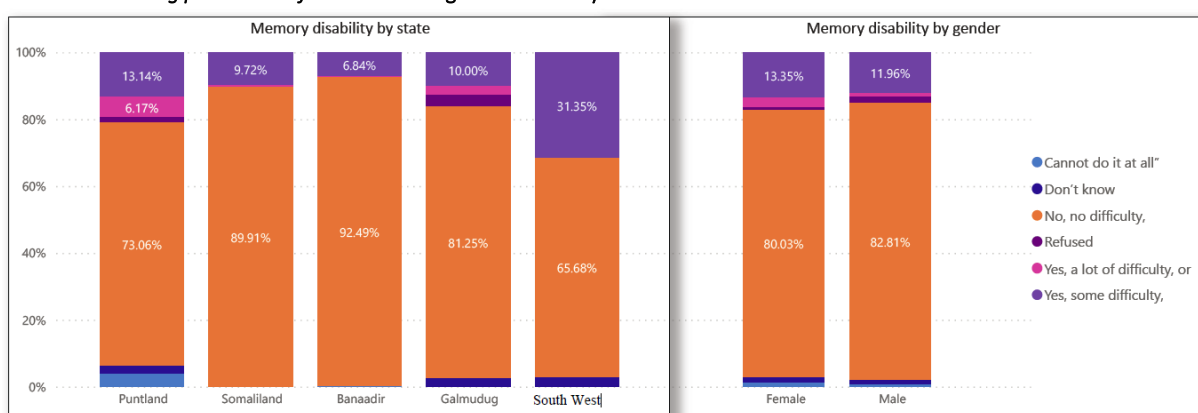
iii Table 31: Showing prevalence of sight Disability



iv Table 32: Showing Prevalence of Walking and Climbing Disability



v Table 33: Showing prevalence of Mental and Cognitive Disability



vi Table 34: Regression for Mental and Cognitive Disability and Food Coping Mechanisms

Coefficients <sup>a</sup>						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	10.631	.163		65.043	.000
	Presence of memory related disability	-1.474	.276	-.109	-5.347	.000

a. Dependent Variable: Food Coping Mechanisms

vii Table 35: Regression Analysis for Conflict Intensity and Nervousness and Anxiety

Coefficients <sup>a</sup>						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	.526	.068		7.686	.000
	Conflict intensity	.524	.040	.254	12.970	.000

a. Dependent Variable: 3.2.9 How often do you feel worried, nervous or anxious?

viii Table 36: Showing Household Decision Making by Gender of Household Head

Area	Gender	Changed since crisis began	Consulted	Decision maker	Joint decision	No involvement	N=
Working to earn money yourself	Male	5.7%	9.6%	52.4%	18.4%	13.9%	1001
	Female	4.1%	16.3%	37.6%	20.3%	21.7%	1436
	Count	4.8%	13.5%	43.7%	19.5%	18.5%	2437
Buying or selling assets	Male	4.2%	20.8%	34.2%	33.6%	7.3%	1001
	Female	2.0%	29.0%	29.9%	28.0%	11.1%	1436



	Count	2.9%	25.6%	31.7%	30.3%	9.5%	2437
Visiting your birth relatives	Male	4.2%	22.4%	36.4%	30.0%	7.1%	1001
	Female	3.8%	21.9%	33.5%	29.8%	11.1%	1436
	Total	3.9%	22.1%	34.7%	29.9%	9.4%	2437
Migration/displacement	Male	11.2%	15.6%	24.9%	28.1%	20.3%	1001
	Female	7.7%	20.3%	21.8%	26.0%	24.2%	1436
	Total	9.2%	18.4%	23.1%	26.8%	22.6%	2437
Accessing health care for yourself	Male	6.5%	20.3%	38.9%	29.3%	5.1%	1001
	Female	6.8%	21.3%	32.7%	27.3%	11.9%	1436
	Total	6.6%	20.9%	35.2%	28.1%	9.1%	2437
Accessing health care for children	Male	3.5%	20.9%	29.8%	41.8%	4.1%	1001
	Female	3.0%	24.9%	26.5%	32.5%	13.1%	1436
	Total	3.2%	23.2%	27.9%	36.3%	9.4%	2437
Whether to have another child	Male	4.6%	15.8%	19.8%	39.8%	20.1%	1001
	Female	4.7%	20.7%	21.0%	31.6%	22.1%	1436
	Total	4.6%	18.7%	20.5%	35.0%	21.3%	2437
Whether children attend school	Male	7.0%	23.2%	25.7%	37.0%	7.1%	855
	Female	6.9%	21.4%	24.1%	31.0%	16.7%	1278
	Total	6.9%	22.1%	24.8%	33.4%	12.8%	2133

<sup>ix</sup> **Table 37: Gender Equality Perception, Household Decision Making and Gender by Conflict**

Report							
Mean							
Gender by Conflict			Gender Equality Perception		Household Decision Making Index		
Female in non-conflict areas			1.23		2.54		
Female in conflict affected areas			1.20		1.90		
Male in non-conflict areas			1.32		2.88		
Male in conflict areas			1.05		2.71		
Total			1.22		2.42		
Measures of Association							
			Eta		Eta Squared		
Gender Equality Perception * Gender by Conflict			.087		.008		
Household Decision Making Index * Gender by Conflict			.146		.021		
ANOVA Table							
			Sum of Squares	df	Mean Square	F	Sig.
Gender Equality Perception * Gender by Conflict	Between Groups	(Combined)	11.773	3	3.924	6.184	.000
	Within Groups		1543.831	2433	.635		
	Total		1555.604	2436			
Household Decision Making Index * Gender by Conflict	Between Groups	(Combined)	333.170	3	111.057	17.748	.000
	Within Groups		15224.582	2433	6.258		
	Total		15557.752	2436			

<sup>x</sup> **Table 38: Household with Children Attending School Before and During Shocks/Crises**

Group	Not Attending School		Attending School		Valid Sample
	Before Shocks	During shocks	Before Shocks	During shocks	
Banadir	49.40%	54.0%	50.60%	46.0%	415
Galmudug	47.40%	68.3%	52.60%	31.7%	344
SWS	7.70%	16.7%	92.30%	83.2%	287
Puntland	27.90%	33.6%	72.00%	66.5%	620
Somaliland	15.70%	17.1%	84.30%	82.9%	467
Male HoH	27.10%	37.6%	72.80%	62.5%	855
Female HoH	31.60%	37.1%	68.40%	62.9%	1278
IDP	35.90%	42.8%	64.20%	57.3%	985
Host Community	24.40%	32.0%	75.70%	67.9%	1132
Rural	31.90%	44.7%	68.10%	55.3%	615
Urban	29.00%	34.3%	71.10%	65.7%	1518
Non-pastoralist	28.30%	34.3%	71.80%	65.7%	1129
Pastoralist	31.60%	40.7%	68.50%	59.4%	1004
Af Maay	21.30%	30.7%	78.80%	69.2%	381
Af Mahatir	31.70%	38.8%	68.30%	61.2%	1746
Male	23.50%	32.7%	76.50%	67.3%	548
Female	32.00%	38.9%	68.10%	61.1%	1585

Overall	29.80%	37.3%	70.20%	62.7%	2133
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<sup>xi</sup> **Table 39: Testing Impact of Shocks on Education Enrolment**

Coefficients <sup>a</sup>						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
	(Constant)	1.684	.278		6.064	.000
	COVID-19	-.028	.071	-.009	-.392	.695
	Drought	.384	.077	.112	4.987	.000
	Displacement	-.229	.066	-.080	-3.465	.001
	Clan conflict	-.325	.094	-.090	-3.449	.001
	General insecurity	.026	.078	.008	.330	.741
	Floods	-.100	.090	-.024	-1.121	.262
	Locusts	-.782	.074	-.270	-10.545	.000
	Gender of Household Head	-.013	.062	-.004	-.203	.839
	IDP/Host	.335	.064	.124	5.201	.000
	Rural /Urban	.146	.073	.047	1.999	.046
	Conflict intensity	-.153	.050	-.080	-3.028	.002
	Pastoralism Status	.016	.069	.006	.237	.813
	Primary language	-.149	.088	-.042	-1.689	.091

a. Dependent Variable: 2.1.2. Since the beginning of Shocks/Crises, do your children attend school?

<sup>xii</sup> **Table 40: showing reasons for girls and boys not attending school**

Group	School are not functional	Not enough money to send	Not safe / acceptable for girls to go to school	Helping with domestic work/paid labour	Valid cases
Banadir	0.0%	96.4%	0.5%	3.2%	193
Galmudug	1.9%	44.7%	11.2%	42.3%	215
South West	2.3%	97.7%	0.0%	0.0%	44
Puntland	0.6%	92.8%	2.2%	4.4%	181
Somaliland	0.0%	81.6%	0.0%	18.4%	38
Male HoH	0.7%	76.8%	2.2%	20.3%	276
Female HoH	1.0%	79.0%	5.8%	14.2%	395
Host Community	1.3%	57.0%	7.7%	33.9%	298
IDPs	0.6%	94.8%	1.7%	3.0%	362
Rural Area	1.3%	53.1%	7.9%	37.7%	228
Urban Area	0.7%	91.0%	2.5%	5.9%	443
Non-Pastoralists	0.7%	93.3%	1.3%	4.6%	299
Pastoralist	1.1%	65.9%	6.7%	26.3%	372
Af Mahatir	0.9%	75.0%	4.9%	19.1%	569
Afmaay	1.0%	95.0%	1.0%	3.0%	101
Overall	0.9%	78.1%	4.3%	16.7%	671

<sup>xiii</sup> **Table 41: Showing Engagement in Household Tasks**

Tasks	Fully			Partially			Not involved			# of hours		
	Gender of Respondent											
	General	Female	Male	General	Female	Male	General	Female	Male	General	Female	Male
Farming	22.4%	20.4%	27.5%	12.4%	11.0%	15.7%	65.2%	68.5%	56.8%	3.13	3.27	2.87
Children care	53.1%	61.3%	29.8%	32.0%	28.7%	41.3%	14.9%	10.0%	28.9%	3.38	3.56	2.75
Collecting water	40.1%	43.9%	29.7%	39.0%	37.1%	44.2%	20.9%	19.0%	26.1%	1.65	1.55	1.95
Collecting firewood	39.2%	44.3%	25.9%	36.1%	35.2%	38.5%	24.6%	20.4%	35.6%	1.96	1.99	1.85
House work / cleaning	48.1%	58.3%	19.7%	32.0%	30.8%	35.0%	20.0%	10.8%	45.3%	1.72	1.73	1.66
Cooking	53.3%	63.6%	24.6%	28.1%	26.8%	31.8%	18.6%	9.6%	43.6%	1.79	1.81	1.70
Livestock	26.1%	24.6%	29.2%	40.2%	38.6%	43.6%	33.7%	36.8%	27.2%	2.59	2.40	2.96
Food purchase	33.7%	35.7%	28.2%	39.9%	39.3%	41.7%	26.4%	25.0%	30.1%	1.55	1.52	1.64
Health care of relatives	22.5%	23.8%	19.1%	41.8%	40.5%	45.0%	35.7%	35.7%	35.8%	1.88	1.95	1.71

Gender of Head of Household												
	General	Female	Male	General	Female	Male	General	Female	Male	General	Female	Male
Farming	22.4%	23.0%	21.7%	12.4%	8.7%	16.9%	65.2%	68.3%	61.4%	3.13	2.77	3.51
Children care	53.1%	56.0%	49.0%	32.0%	32.1%	31.9%	14.9%	12.0%	19.1%	3.38	3.48	3.22
Collecting water	40.1%	42.6%	36.3%	39.0%	37.1%	41.8%	20.9%	20.3%	21.9%	1.65	1.57	1.76
Collecting firewood	39.2%	44.6%	31.6%	36.1%	36.8%	35.2%	24.6%	18.6%	33.1%	1.96	1.79	2.24
House work / cleaning	48.1%	55.1%	37.9%	32.0%	32.5%	31.1%	20.0%	12.4%	30.9%	1.72	1.71	1.74
Cooking	53.3%	59.6%	44.1%	28.1%	29.3%	26.4%	18.6%	11.1%	29.5%	1.79	1.80	1.77
Livestock	26.1%	27.8%	23.7%	40.2%	41.1%	38.9%	33.7%	31.0%	37.3%	2.59	2.32	2.98
Food purchase	33.7%	36.2%	30.1%	39.9%	38.8%	41.5%	26.4%	25.1%	28.3%	1.55	1.52	1.59
Health care of relatives	22.5%	25.7%	18.1%	41.8%	43.4%	39.5%	35.7%	30.9%	42.3%	1.88	1.87	1.91

xiv **Table 42: Challenges Faced by IDPs by Gender and Location**

Issues	Gender of HoH		Location	
	Male	Female	Rural	Urban
Personal security where you live	24.3%	31.0%	25.0%	29.6%
Separated families	27.1%	28.5%	37.3%	24.0%
Difficulty in acquiring basic services	16.6%	15.9%	16.4%	16.1%
Lack of information pertaining to assistance	30.0%	28.3%	42.6%	23.3%
Family contact	12.6%	11.8%	13.4%	11.6%
Inability to move around safely	16.4%	15.0%	13.9%	16.2%
Inability to move back and forth across the line of confrontation	13.5%	9.9%	11.0%	11.5%
Difficulties with employment	43.0%	31.7%	40.1%	34.7%
Harassment	16.8%	14.0%	8.3%	18.0%
No problems	11.9%	19.2%	13.4%	17.4%
Other Issues	6.3%	1.5%	2.6%	3.8%

xv **Table 43: Testing Reliability of the Reduced Coping Strategy (rCSI) Index**

Cronbach's Alpha		N of Items
Cronbach's Alpha	Based on Standardized Items	
.809	.882	5

Item-Total Statistics					
	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Squared Multiple Correlation	Cronbach's Alpha if Item Deleted
Eating Less preferred food	13.5158	116.204	.569	.337	.792
Borrowing Food	12.3689	92.899	.665	.462	.751
Limiting Portion	14.1838	114.281	.815	.683	.764
Limiting Intake	10.2355	53.055	.789	.682	.795
Reduce Intake	14.2195	114.291	.757	.623	.769

xvi **Table 44: Predictability of Health Access by Sub-Groups**

Coefficients <sup>a</sup>						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	.762	.087		8.733	.000
	State	.026	.007	.076	3.458	.001
	Gender of Household Head	.009	.026	.009	.346	.730
	IDP/Host Community	-.057	.020	-.060	-2.817	.005
	Primary language (mother tongue)	-.142	.028	-.109	-5.002	.000
	Conflict intensity	-.008	.015	-.011	-.503	.615
a. Dependent Variable: 2.2.1 Do you have safe access to health facilities?						

xvii **Table 45: Testing Predictability of Safe access to Latrine Facilities by Specific Subgroups**

Coefficients <sup>a</sup>				
Model	Unstandardized Coefficients	Standardized Coefficients	t	Sig.

		B	Std. Error	Beta		
1	(Constant)	.880	.084		10.494	.000
	State/Sub-National	.003	.007	.008	.388	.698
	Gender of Household Head	-.078	.025	-.082	-3.075	.002
	What is the gender of the respondent	.095	.029	.090	3.315	.001
	Restructured Residence (for analysis only)	.027	.020	.030	1.393	.164
	Primary language (mother tongue)	-.147	.027	-.118	-5.368	.000
	Conflict intensity	-.019	.015	-.028	-1.250	.211
	The household is living in Rural or Urban?	.094	.022	.092	4.218	.000
	Is this household engaged in any form of pastoralism?	-.057	.020	-.060	-2.774	.006

a. Dependent Variable: Access to safe latrine facilities

xviii **Table 46: Security Concerns Faced by Women**

Reason		Banadir (453)	Galmudug (400)	SWS (303)	Puntland (746)	Somaliland (535)	Overall (1437)
No safe place in the community	Women	49.0%	26.3%	25.7%	9.5%	2.6%	20.1%
	Girls	47.7%	23.3%	27.1%	12.5%	3.0%	20.5%
Sexual violence/abuse	Women	50.6%	59.8%	23.8%	34.7%	5.2%	33.9%
	Girls	49.4%	59.0%	23.1%	41.0%	6.2%	35.7%
Violence in the home	Women	43.3%	40.0%	14.2%	25.7%	6.7%	25.7%
	Girls	43.9%	40.8%	15.5%	28.7%	7.9%	27.3%
Risk of attack when traveling outside the community	Women	22.1%	24.3%	15.2%	24.5%	8.4%	19.3%
	Girls	23.6%	27.8%	10.2%	23.2%	12.3%	20.0%
Risk of attack when moving within the community	Women	17.0%	20.5%	37.6%	31.1%	6.2%	22.1%
	Girls	18.5%	25.0%	38.0%	30.3%	6.7%	23.0%
Being asked to marry by their families	Girls	20.1%	10.3%	25.4%	32.8%	6.0%	19.9%
Trafficking	Women	0.7%	0.8%	4.3%	3.5%	3.2%	2.5%
	Girls	2.2%	0.8%	2.0%	8.7%	3.6%	4.2%
Unable to access services and resources	Women	16.1%	30.3%	41.6%	38.1%	11.4%	27.3%
	Girls	17.4%	28.5%	41.9%	32.7%	12.3%	25.9%
Not enough privacy at home	Women	17.7%	24.3%	22.8%	16.8%	14.0%	18.3%
	Girls	19.2%	23.3%	42.2%	23.2%	13.6%	22.7%
House or dwelling is insecure/has no locks	Women	14.1%	1.0%	15.8%	14.9%	10.7%	11.7%
	Girls	18.5%	1.0%	15.2%	18.5%	11.6%	13.7%
Poor lighting in communities	Women	0.0%	0.5%	1.0%	1.3%	56.3%	13.0%
	Girls	0.0%	0.5%	1.7%	0.7%	54.2%	12.4%

xix **Table 47: Linkage between Coping Strategies and Humanitarian assistance**

Report							
Received Humanitarian assistance in the preceding 30 days.		Mean	N	Std. Deviation	Median	Grouped Median	
No Assistance		17.5866	1737	12.64968	13.0000	12.8710	
Receive Assistance		14.9284	587	8.74994	12.0000	11.9925	
Total		16.9152	2324	11.84180	13.0000	12.5632	
ANOVA Table							
			Sum of Squares	df	Mean Square	F	Sig.
rCSI * Accessing humanitarian assistance in the last 30 days	Between Groups	(Combined)	3100.096	1	3100.096	22.310	.000
	Within Groups		322650.205	2322	138.954		
	Total		325750.301	2323			