**Input from:** Maat for Peace, Development and Human Rights (NGO with special consultative status since 2016)

**Represented to:** The UN Working Group on discrimination against women and girls

**Purpose:** Ngo contribution to a thematic report on women’s and girls’ sexual and reproductive health and rights (SRHR) in situations of crisis to the 47th session of the Human Rights Council in June 2021

**Case study:** The Federal Republic of Somalia

**Concept/definition of crisis**

1. **Please provide information on the legal and policy framework used by your State to manage situations of crisis and on how the concept of “crisis” has been defined or framed.**

* Somalia in the past three decades has endured armed conflicts, insecurity, poor state protection of civilians, and recurring humanitarian crises which have had devastating impacts on the country[[1]](#footnote-1). Past and present discourse and analysis frame the concept of crisis within Somalia as one of the longest and most complicated crisis in the world due to a dangerous combination of both protracted armed conflict and worsening of climatic shocks across different areas of the country which has resulted in massive displacement of Somalis within the country and across its borders[[2]](#footnote-2). The concept of crisis has also been framed to mean the interactions and entanglements between local actors and foreign elites to account for the continuous political disorder and humanitarian crisis that has been occurring 1991[[3]](#footnote-3).

**Some of the legal and policy frameworks that are being used by the State to manage the situations of crisis include:**

* The Federal Government of Somalia has finalized the ninth Somalia National Development Plan (NDP-9), running from 2020 through 2024, which is intended to build on the achievements of the NDP-8 and provide the country with a clearer path that will lead to significant economic development and poverty reduction within the next five years. The NDP-9 places heavy emphasis on poverty reduction through inclusivity. It will strive towards the simplification and consolidation of existing frameworks and mechanisms, including the Recovery and Resilience Framework (RRF), roadmaps, aid policy and architecture and the National Reconciliation Framework. The NDP-9 will also inform the discussions on Somalia’s new UN Sustainable Development Cooperation Framework (Cooperation Framework). Furthermore, at the end of 2017, humanitarian and development partners proposed four Collective Outcomes (COs) to ensure alignment and complementarity between the RRF, UN Strategic Framework (UNSF), NDP and the HRP and represent key areas that require combined humanitarian and development focus; as well as to reduce needs, risks and vulnerabilities and increase resilience by 2022[[4]](#footnote-4).

1. **Please list the type of situations that would fit the concept of “crisis” in your State and indicate what situations are excluded.**

* Armed conflict
* Drought
* Disease Outbreaks
* Human Rights abuses
* Sexual Violence and Abuses against women and children (including rape, child/forced marriages, female genital mutilation and discrimination)
* Forced displacements, exploitation and access to assistance

1. **What institutional mechanisms are in place for managing a crisis and how are priorities determined?**

* The Ministry of Humanitarian Affairs and Disaster Management (MoHADM) established in 2016 is leading the development of a National Humanitarian Strategy and the implementation of the National Disaster Management Policy (NDMP), together with the National Emergency Operations Center (NEOC) led by an inter-ministerial Committee of the Office of the Prime Minister (OPM) and MoHADM also required to perform emergency operations. There has been slow progress, as these emerging formal public institutions are affected by limited human capacity, overlapping mandates, and inadequate and often contested financial resourcing. While the institutional landscape evolving it is complex and often characterized by fragmentation of mandates and divergence across relevant FGS and FMS institutions. Ministries and agencies also compete for a broader interpretation of their roles and responsibilities.
* Despite recurrent climate-related crises, the Government typically deals with issues on an ad hoc and singular basis, rather than a comprehensive and long-term approach to disaster risk management and resilience building.

**Challenges and good practices**

1. **Please highlight any challenges faced in the provision of SRH services and good practices in ensuring women’s and girls’ SRHR in situations of crisis, including, for example, measures concerning timely access to the following types of services and aspects of care:**

* Limited Knowledge and Misinformation regarding the use of Contraception

Somali societies are organized along patriarchal lines; therefore, women cannot use any form of family planning or contraception without consulting their husbands and also risk stigmatization from the community[[5]](#footnote-5). In addition, awareness-raising campaigns regarding matters such as contraception targets women than men which further excludes them from the process and leads to dire consequences, as the lack of knowledge prevents the use of any form of contraception. Between 2006 and 2010, the reported was 1,000 per 100,000 births, which is compounded by high fertility rates (6.4%) and low number of institutional deliveries (9%); prevalence of contraceptives is 1%.

* Women still engage in a variety of unsafe and/or ineffective abortion practice:

Abortion is both legally and socio-culturally forbidden in Somalia. However, consistent with other settings where abortion is severely legally restricted, women still indulge in self-induction practices, particularly with Aspirin, anti-malarials and allergy medications, to abort unwanted pregnancies. Services of the local of xaqitaan, or “sweepers”, who provide abortion services for women in cities are also employed regardless of the associated with this unregulated, illicit practice.

* Mistrust of providers is common and influences care-seeking behaviors

Doctors are often described as “fakes”, whose financial motivations supersede the health of the women they were caring for. Therefore, given this overarching context, many women rarely interact with health care providers and generally seek care from women in their communities. Although the women are generally aware of the risks associated with delivering outside of a health facility, they make their decisions to give birth in environments that they were comfortable with and with attendants that they trust.

* Cost of Healthcare

Costs is a major barrier to accessing existing reproductive health services in Somalia. In cities such as Mogadishu, majority of hospitals and clinics are privately owned and operated and the fees attached to services could be prohibitive and further undermine trust in health service professionals.

* Other issues include the limited presence and capacities of government institutions; insecurity due to armed clashes between clans and other armed groups, including Al Shabab, particularly in the south and central parts of Somalia; limited access by humanitarian and development actors; limited livelihood opportunities; lack of basic services; and poor infrastructure, especially with regard to housing.

**Experiences of crisis**

1. **Please list the situations of crisis experienced by your State in the last five years.**

* Drought and Floods
* Armed Conflicts (Al Shabab)
* Diseases Outbreaks
* Human Rights Violations by Government, Allied Forces and Foreign Forces
* Displacements and poor access to humanitarian aid
* International intervention by foreign governments such as Qatar and Turkey

1. **What was the impact of those crises on women and girls? Please provide information in particular on the following aspects:**
2. **Which groups of women and girls were most affected and how, taking into account different factors, such as age, geographic location (including urban and rural areas), ethnic and social origin, disability, marital status, migratory status, citizenship status or other status?**

* UNOCHA reports that 83 percent of reported GBV incidents were against IDP women and girls, compared to 15 percent of members of host communities in Mogadishu (UN 3 Jan. 2019, 28)[[6]](#footnote-6). Internally Displaced Women and girls especially those from minority clans, female-headed households, and female elderly persons[[7]](#footnote-7) are at greater risk, this is due to limited security in the IDP settlements, general poor living conditions, the requirement to undertake risky livelihood practices to survive, and limited clan protection. Particularly women with disabilities face higher rates of sexual violence than women without disabilities, due to both their vulnerability and to cultural factors such as forced early marriage and stigmata around disability further fuels the impunity of the perpetrators[[8]](#footnote-8) . Internally Displaced settlements within and outside Mogadishu particularly in the city districts of Hodan and Deyniile remain extremely vulnerable to violence and sexual violence, as well as other human rights abuses in forms of forced abortions, molestation, taunting and groping. According to records kept by the Baahi-Koob Centre, a sexual assault referral office at Hargeisa General Hospital, as many as 180 Somaliland women and minors were raped between January and August 18th, 2013. The general hospital receives almost one case of rape every day[[9]](#footnote-9). Between January and August 2015, 84.2% reported GBVIMS cases involved rape, physical assault and sexual assault while rape alone accounted for 18.2% and physical assault 51%. 75% of the survivors are IDPs while 93% of the survivors are female[[10]](#footnote-10). In addition, Sources state that due to the lack of livelihoods, displaced women engaged in forced prostitution; trafficking; child marriage or forced marriage; or are forced to take work that subjects them to the risk of sexual violence. Furthermore, working outside the home typically caused female breadwinners to be at higher risk of sexual and gender- based violence, including harassment, threats, and verbal, sexual, and physical violence from men in the community or clans[[11]](#footnote-11).

1. **What was the impact on their SRHR? Were any specific risk factors and needs identified? Do you have data and/or qualitative information disaggregated by the factors listed under question 6(a)? If not, please explain why.**

* The health sector focuses mainly on emergency responses to recurrent crises, hence specialized services such as sexual reproductive health care are poor. In August 2019, 19,832of GBV gender-based violence survivors were reported to be receiving clinical care, case management, psychosocial support, legal assistance, and safe house support[[12]](#footnote-12). According to the United Nations, an estimated 1.5 per cent of girls and women between the ages of 15 and 49 had access to a modern method of contraception. Coverage of antiretroviral therapy (ART) is low, with 6% of adults receiving ART as a percentage of the total HIV population. Stigma and discrimination is prevalent and impedes access to and utilization of HIV and AIDS services, particularly for those in rural areas and key affected populations.

1. **What were the main obstacles encountered by the State, if any, in identifying and addressing the impact of the crisis on women’s and girls’ SRHR?**
   * limited presence and capacities of government institutions;
   * Continuous insecurity due to armed clashes between clans and other armed groups, including Al Shabab particularly in the south and central parts of Somalia;
   * limited access by humanitarian and development actors;
   * limited livelihood opportunities; lack of basic services; and poor infrastructure, especially with regard to housing in IDP settlements.
2. **What measures were adopted during and after the crisis to ensure women and girls’ access to sexual and reproductive health services? Please indicate which SRHR services are recognized as essential services in the health policy or laws of your State and are funded through the health system. What steps were taken to ensure the continuity of services and access during the crisis?**
   * According to reports, there are no structured or formal government social protection programs in Somalia. Support for "vulnerable women" such as minorities and IDPs comes from humanitarian assistance provided by international organizations, NGOs, the international community and diaspora resources; however, support services provided by NGOs are more centered in Mogadishu than in other urban centres and rural areas[[13]](#footnote-13).
   * Since NGOs and health care agencies tend to be sited in accessible urban areas, rural areas and conflict-affected areas remain under-served, and knowledge of the health status and health care needs of people living in such settings is also limited.
   * Maternal and Child Health are under the basic health provisions of the government. This includes family planning, contraceptives and vaccination.
3. **What other protocols or systems were put in place to prevent adverse reproductive and sexual health outcomes due to the common risks triggered by crisis including, for example, gender-based violence and child marriage? Were any special measures adopted for specific groups of women and girls?**

Albeit weak, the FGS has put in place the following measures

* + Issuing through the respective chains of command of the Army and Police, command orders prohibiting sexual violence, and reinforcing the commitment for zero-tolerance of such violations in Army and Police Codes of Conduct.
  + Implementing procedures/protocols to ensure the protection of victims, witnesses, journalists and others who report on sexual violence. Strengthening the protection of internally displaced camps and establishing measures to protect women and girls in the camps from sexual violence.
  + In line with the National Security and Stabilization Plan, establish and professionalize the unit of the Somali Police Force tasked to address the needs of women, ensure training for Somali Security forces on prevention of sexual violence, recruit and train female officers, and undertake efforts to vet all elements being integrated into the national security forces and institutions to ensure that those who have committed grave human rights violations, including sexual violence, are excluded from positions of leadership and responsibility. Strengthening the legal framework on sexual violence through enactment, review or harmonization of relevant legislation.

1. **Were women’s rights organizations involved in the needs and impact assessments and the recovery policies? If not, please indicate why.** 
   * **No accurate information available**
2. **Which actors or institutions played a role in the provision of emergency responses? Please describe their role and explain what roles were played, if any, by national women’s rights or human rights mechanisms, or other similar bodies as well as civil society organisations.**

* National Somali NGOs continue to be large in numbers and one of the most important vehicles for delivery of humanitarian assistance in the country, both as implementers for UN agencies and international NGOs. Given the significant humanitarian access challenges, the role of the local and national responders has been fundamental to ensure humanitarian assistance and service delivery to the people most in need, in particular in difficult to reach areas.

1. **How were the emergency responses funded and to what extent did they rely on foreign aid or assistance, if any? Please also indicate how in your State adequate financing of women’s sexual and reproductive health is ensured more generally on an ongoing basis.**
   * Emergency responses receive large-scale bilateral funding from international donors.
2. **What obstacles have civil society organisations encountered in their efforts to deliver sexual and reproductive services?**
   * Most local CSOs in Somalia rely on funding from international NGOs and Somali diaspora to implement their objectives. The ad hoc and short term nature of funding presents limitations around the capacity, responsiveness, and sustainability of their response efforts, including the strengthening of health systems.
   * Lack of coordination among CSOs in Somalia limits their visibility and potential to meaningfully contribute to health systems strengthening, including emergency response.[[14]](#footnote-14)
3. **Could you identify any lessons learned? Please indicate if and how these lessons have been applied in preparedness strategies or in subsequent situations of crisis.**

* It is important to incorporate a local perspective into policy and planning. Governmental, intergovernmental and nongovernmental agencies need to develop ways of thinking that embraces the possibility for genuine two- way dialogue with the community as an essential pre-requisite for any successful intervention.
* Adequate research on health and health care needs of those displaced within Somalia. It is important to have adequate knowledge about the health and health care needs of those who have been displaced by drought within Somalia.
* Integration between sectors. Coherent multi-sectoral collaboration and coordination is needed for efficient and effective utilization of knowledge. the knowledge that is available is to be utilized efficiently and effectively.
* It is important to raise community awareness about healthcare. Conducting reliable, community-based needs assessments and evaluations is key to ensuring that local knowledge is used, and that any interventions are feasible, acceptable, and sustainable

1. **If your State has humanitarian aid programmes, please indicate whether SRHR are explicitly covered in the humanitarian aid strategy and how priorities on SRHR are set.** 
   * + Women and girl IDPs living in established camps reportedly have full and free access to basic public health services such as Maternal and Child Health. This is likely to include family planning and contraceptive services. However, they are required to pay for surgical issues and non-emergency examinations and procedures, which are provided largely by the private sector.
2. **Please indicate the main challenges, if any, encountered by women and girls to access justice and obtain reparations for violations of their SRHR, including any procedural barriers, and the types of assistance available to access legal and other remedies. Please also indicate the groups of women and girls most affected. Where applicable, please indicate the role played by a national truth and reconciliation commission (or a similar body) in ensuring the recognition of human rights violations in relation to women’s and girls’ SRHR and reparations.**
   * Survivors of sexual and gender-based violence deal with fear of reprisals, stigma, and difficulties accessing services or fear reporting incidents to authorities due to stigma, high legal fees, and use of traditional systems of justice, especially for minority victims. Sexual violence against women is typically handled under the traditional clan-based justice system, which provides "little protection" for minority women in particular. The system "seems to prioritize maintaining relations within and between clans rather than justice for the individual survivors". Furthermore, the "weak legislative framework and the role of religion in the interpretation of women's rights" pose "grave challenges" and in addition, the role of traditional elders' in adjudicating rape and sexual violence cases "leaves victims without a remedy," even though family honour may be restored through payment of compensation
   * Despite limited capacity, the Attorney General's office established a sexual and gender-based violence unit, which has "made some progress. However, according to reports, female victims of sexual violence were not effectively supported by police as authorities "rarely" engaged formal mechanisms to address rape.
   * Furthermore, there are no government-supported shelters safe houses exist in urban centers that are run with the support of the international community or through charity, and a woman has a "reasonable likelihood" to be referred to such services; however, service and outreach capacity is limited[[15]](#footnote-15)

**Preparedness, recovery and resilience**

1. **Is there any preparedness or risk management strategy/plan/policy in your State? If so, please provide information on the following aspects:**

* **To what crisis does it apply? What situations are excluded?**

In Somalia, the drought exacerbates conflict by increasing competition for resources. Al-Shabaab feeds off these tensions and exploits vulnerabilities. Conflict worsens the impact of the drought by depleting family assets, disrupting traditional coping mechanisms, including migration and impeding humanitarian access. Conflict and drought force internal displacement, which the National Development Plan (NDP) 2017-2019 recognizes as a cause of poverty (88 per cent of those living in IDP sites are poor), which further erodes resilience. Significantly reducing poverty, and strengthening the resilience of vulnerable households, communities and institutions are therefore the main objectives of the NDP 2020-2024.

* **Does it contain a definition of crisis? If so, please indicate the definition used.**
* No
* **Does it include measures concerning women and girls’ SRHR? If so, please describe the measures included and any special measures envisaged and/or adopted for specific groups of women and girls concerning both preparedness and recovery.**
* As afore mentioned, there are no structured social welfare systems (UN 1 Mar. 2019) or formal government social protection programs provided by the Federal Government of Somalia.
* **How were the risks related to women and girls’ sexual and reproductive health and rights, in urban and rural areas, identified and assessed?**
* No accurate information available
* **Were women’s rights organizations involved in: i) the development of the strategy/plan/policy; ii) assessment of the risks concerning SRHR; iii) the design of the measures implemented; and iv) the monitoring of the strategy/plan/policy? Please indicate the steps taken to ensure their participation and to include a gender-perspective in crisis preparedness, management and recovery.**
* No accurate information available
* **Please indicate if the strategy/plan/policy has undergone any assessments to date. If so, what were the main findings and recommendations concerning women’s and girls’ SRHR?**
  + No accurate information available

1. **If your State does not have a plan that can immediately go into effect in a time of crisis, please explain why it is so.**

* No accurate information available

1. **Are there specific ways in which international human rights mechanisms can support States in their efforts to address a crisis?**

* The commitment to human rights in situations of crisis, calls for the need to the limitations of various frameworks and strategies through which human rights are articulated and applied, and invested in exploring examples of good practice at the legal, policy and programmatic levels so that the continuing challenges and dilemmas can be navigated in the most effective way to benefit not only the States but most importantly the victims of these crisis.

1. https://www.nrc.no/news/2019/november/seven-things-you-should-know-about-the-crisis-in-somalia/ [↑](#footnote-ref-1)
2. Ibid. [↑](#footnote-ref-2)
3. https://www.refworld.org/pdfid/5747e53d4.pdf [↑](#footnote-ref-3)
4. https://reliefweb.int/sites/reliefweb.int/files/resources/2020%20Somalia%20Humanitarian%20Needs%20Overview.pdf [↑](#footnote-ref-4)
5. [↑](#footnote-ref-5)
6. https://www.justice.gov/file/1159156/download [↑](#footnote-ref-6)
7. https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/GBV%20WG%20Strategy%20final%20Jan%2029%202014\_new.pdf [↑](#footnote-ref-7)
8. https://reliefweb.int/sites/reliefweb.int/files/resources/2020%20Somalia%20Humanitarian%20Needs%20Overview.pdf [↑](#footnote-ref-8)
9. https://reliefweb.int/sites/reliefweb.int/files/resources/Gender%20in%20Somalia%20Brief%202.pdf [↑](#footnote-ref-9)
10. https://somalia.unfpa.org/sites/default/files/pub-pdf/GBVSubClusterBulletin\_1Finalnewupdated.pdf [↑](#footnote-ref-10)
11. https://www.justice.gov/file/1159156/download [↑](#footnote-ref-11)
12. https://reliefweb.int/report/somalia/somalia-protection-cluster-2019-response-overview-august-2019 [↑](#footnote-ref-12)
13. https://www.justice.gov/file/1159156/download [↑](#footnote-ref-13)
14. https://www.futurelearn.com/courses/health-crises/0/steps/22921 [↑](#footnote-ref-14)
15. https://www.justice.gov/file/1159156/download [↑](#footnote-ref-15)