



ROAD BUILT ON HOPE

A GENDER ANALYSIS OF THE IMPACT OF
MULTIPLE DISASTERS IN SOMALILAND
AND PUNTLAND



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Novib

INDEX

INDEX	2
ACKNOWLEDGMENTS	3
1 ACRONYMS	4
2 EXECUTIVE SUMMARY	5
Key Findings	5
3 BACKGROUND	9
3.1 SOMALILAND	9
3.2 PUNTLAND.....	9
3.3 BACKGROUND TO THIS REPORT	10
3.3.1 Oxfam in Somalia	10
3.3.2 Objectives	10
3.3.3 Methodology.....	11
3.3.4 Challenges and limitations.....	13
4 DEMOGRAPHIC INFORMATION	14
5 FINDINGS	15
5.1 ROLES, RESPONSIBILITIES, NEEDS & VULNERABILITIES.....	15
5.1.1 Women And Girls’ Roles.....	15
5.1.2 Men And Boys’ Roles	16
5.1.3 Gendered Needs And Vulnerabilities	17
5.2 COPING STRATEGIES.....	18
5.3 DECISION MAKING AND LEADERSHIP	20
5.3.1 Household Decision Making.....	20
5.3.2 Community Decision Making	23
5.4 ACCESS TO INFORMATION AND SERVICES	24
5.5 WATER, SANITATION AND HYGIENE.....	28
5.5.1 Menstrual Hygiene Management.....	33
5.6 ECONOMIC FOOD SECURITY AND VULNERABLE LIVELIHOODS	35
5.7 SEXUAL AND REPRODUCTIVE HEALTH RIGHTS	39
5.8 GENDER BASED VIOLENCE	40
6 RECOMMENDATIONS	44
6.1 Water, Sanitation and Hygiene	44
6.2 economic, food security and vulnerable livelihoods.....	44
6.3 PROTECTION	45
6.4 GENDER.....	45
6.5 SAFEGUARDING AND SAFE PROGRAMMING	45

ACKNOWLEDGMENTS

Oxfam wishes to express profound gratitude to the women, men, girls and boys who dedicated their time, even in the face of extremely difficult circumstances, to share their stories and contribute to this research. Moreover, the collective participation of leaders and stakeholders at community level in Dha-naano, Dhudhub Dhiilo, Mashruuca, Guumays, Dharkayn, Sin U Jiif, Dhiganle, Geri Hel and district level in Ainabo, Las Anood, Garowe and Garadag cannot be emphasized enough.

Special thanks goes to Mr. Ibrahim Abdulrazak for his tireless effort in data collection, cleaning, and analysis as well the research assistants in Somaliland (Mumtaz Yonis Ducale, Sacad Ahmed Adan, Cawil Cali Maxamed, Ridwan Abdikariim Axmed, Sayid Caamir, Maryan Maxamed Abdille, Rahma Ibrahim Abdillahi, Hassan Yusuf, Xanan Nasir Abdi) and Puntland (Mustafe Mohamed Aden, Sihaam Abdirahman Yusuf, Maryama Abdirisak Warsame, Farhiya Faisal Mohamed, Mohamoud Ali Osman, Bashir Aden Mohamed, Khadar Mohamoud Abdillahi, Ahmed Abdihakim Mohamed, Ladan Abdi Farah) for capturing data from households, group discussions and interviews across the 8 villages.

KAALO's continued support and their role in supporting data collection at community and district level in Puntland is deeply appreciated. Special recognition is given to Oxfam colleagues Abdirisak Abdi (Protection Officer, Burao), Ahmed Yusuf (Field Manager) and Mohamed Ibrahim (MEAL Officer) for coordinating logistics and facilitating data collection.

For their excellent leadership in the design and implementation of the research, as well as their meticulous review of this report, we acknowledge Mr. Ayaanle Abdillahi (Gender and Protection Coordinator), Ms. Anisa Osman (Gender Advisor) and Ms. Hodho Farah (Youth and Gender Advisor). We recognize and thank all other Oxfam colleagues in Burao, Garowe and Hargeisa who participated in peer reviews, provided feedback to the report and/or contributed to the development of this report in any other way.

We acknowledge Ms. Edith Muluhya (Interim Gender Lead, Global Humanitarian Team) for her role in the analysis and writing the report.

1 ACRONYMS

CEDAW	Convention on Elimination of all Forms of Discrimination Against Women
CSO	Civil Society Organization
EFSVL	Economic Food Security and Vulnerable Livelihoods
FGD	Focus Group Discussion
FGM	Female Genital Mutilation
GFFO	German Federal Foreign Office
HH	Household Survey
IDP	Internally Displaced Person
KAALO	Kaal Aid and Development
KII	Key Informant Interview
NFI	Non-Food Items
NGO	Non-Governmental Organization
SEA	Sexual Exploitation and Abuse
SGBV/GBV	Sexual and Gender Based Violence
SRH	Sexual and Reproductive Health
WASH	Water Sanitation and Hygiene
WRO	Women's Rights Organization

2 EXECUTIVE SUMMARY

Humanitarian emergencies affect women, girls, boys, men, in all their diversity and intersecting identities, differently due to their societal roles and responsibilities. Pre-existing gender inequalities tend to be exacerbated during humanitarian crises and may result in increased burden of care; increased poverty levels; negative coping mechanisms; increased protection risks, including sexual and gender-based violence; inadequate access to information and services etc. As a result, their needs, capacities, coping strategies and vulnerabilities during and after humanitarian crises inevitably vary. Conversely, humanitarian crises and emergencies also present opportunities for positive change in the balance of power between men and women at all levels leading towards greater gender justice.

Somali society is traditionally patriarchal and organised around nomadic pastoral and sedentary agropastoral livelihoods, with strong Islamic influences originally from Sufism but recently, and increasingly, the Sunni faith.

The humanitarian situation in Puntland and Somaliland has become increasingly fragile following consecutive failed or below normal rainy seasons. This has occasioned recurring and worsening drought conditions leading to massive crop failures, widespread shortages of water and pasture and reduced livelihood opportunities. Food access is rapidly diminishing, especially among poor households as staple food prices continue to rise sharply and livestock prices decrease significantly. Moreover, conflict (over land and resources) and insecurity due to clan-based violence and fighting between government and non-state armed groups, continue to endanger the safety of people in need. Furthermore, the COVID 19 pandemic, locust crisis and flooding all continue to affect the lives of Somali people in many parts of the country.

The impact of these multiple crises has led to a wave of displacement which presents a challenge, especially for women and girls. Women and girls who are internally displaced, migrants, poor rural pastoralists, young, pregnant, from minority clans are severely impacted as are children, the elderly, people with disabilities and those with chronic illnesses. These crises exacerbate existing vulnerabilities, worsen the position of already marginalized and vulnerable groups, and deepen inequality.

This gender analysis is done as part of the German Federal Foreign Office (GFFO) funded project to understand the compounded gendered impact of the multiple crises of drought, flooding, conflict, locusts and the COVID 19 pandemic on women, men, girls, and boys in the target communities. It seeks to inform Oxfam programming and advocacy broadly, and specifically in the emergency drought response in 8 villages in Sool and Sanaag in Somaliland and Nugaal and Barri regions in Puntland by identifying gendered needs, priorities, and practical recommendations.

KEY FINDINGS

GENDER ROLES AND RESPONSIBILITIES

- The impact of the multiple crises has resulted in an amplification of women's triple role and increased burden of care. There is a significant increase in domestic and care work due to the drought and water scarcity which has resulted in women and girls having to work longer distances to collect water and firewood
- Despite acknowledgement of increased care burden by all, men are generally unwilling to participate in care work. However, in FGDs in Sin-u-Jif, Dhiganle men indicated a willingness to support women in carrying out domestic chores.
- Due to the drought crises, men in all 8 villages are no longer doing livestock farming to scale, resulting in loss of livelihood. Those who were in employment reported having fewer opportunities due to the global increase in cost of living which has impacted the construction and other industries. This has caused an identity crisis and loss of social status among most men who feel their role as providers has been erased.
- As a result of men's reduced access to economic opportunities, more women are finding themselves in productive roles as they search for income generating activities to support their families

- Women's increased participation in productive and community roles since the crisis signifies changing gender roles. Although their representation and participation are still low, more women are reported to be involved in community decision making, community activities and jobs
- Girls reportedly drop out of school as preference is given to education for boys and are forced to stay home and support with domestic work or migrate to bigger towns and cities in search of jobs or to live with relatives

COPING STRATEGIES

- Coping mechanisms reported across the board for women, men, boys, and girls were reduction food portions and frequency of meals, and migration in search of livelihood opportunities
- Substance abuse and addiction to khat and tobacco were widely reported as being a negative coping strategy for men and boys
- Early and child marriages was said to particularly affect young girls
- 41% of respondents at household level reported being aware of an adult woman or girl who had engaged in survival sex due to the crisis while 23% of all respondents said they know or have heard of an adult woman or girl who engages in illegal activities for money or assistance.
- Positive coping mechanisms include reliance on social support systems, formation of community groups and rotating savings and credit associations, reliance on social support systems and spiritual nourishment

DECISION MAKING

- Women have decision-making power on specific decisions to do with household chores, childcare, general family wellbeing and day to day running of the home. Decisions on children's marriage are mostly done by men or jointly between women and men whilst decisions on children's schooling and how money is spent are made jointly.
- 41% of all respondents indicated that decision making has changed since the latest crisis and that this change related to decisions around buying and selling items and those relating to livelihoods and their economic situation
- Relationships after the crisis are reported to have become strained with a lot of tension between couples over how money is spent. Moreover, women's autonomy and decision-making power over specific household issues is diminishing as men increasingly involve themselves with how women are spending money at household level.
- There is minimal representation of women in community decision making structures and where they are represented, they are unable to participate meaningfully to articulate issues in male dominated spaces.
- Despite low representation of women in community decision making structures, women's rights organizations and informal groups were widely reported and were said to provide women with opportunities to access loans and business capital; psycho-social support; awareness raising and advocacy on gender justice and women's rights; and training on peace advocacy.

ACCESS TO INFORMATION

- All officials stated that whilst there are no specific channels for dissemination of information to women, ensuring information is communicated in Somali language and targets specific groups such as pregnant and lactating women are ways used to tailor information to suit needs
- Suggestions on how information can be disseminated to women and girls included through home visits, large scale awareness and dissemination, involving them in development of and dissemination of messaging and ensuring their participation in village committees
- Access to information on services including GBV referral services was said to be low
- More men (73% male respondents) than women (49% female respondents) reported having access to information humanitarian assistances
- More men (58% male respondents) than women (38% female respondents) reported being consulted by aid organizations
- More women (70% female respondents) than men (50% female respondents) have provided feedback to humanitarian organizations.

WATER, SANITATION AND HYGIENE

- Due to the drought crisis, women and girls have to go to water points that are farther to access water- 59% of respondents said that it took between 1 and 5 hours to fetch water.
- In some areas, water is billed and poor households, especially, rural, women-headed and child headed households, cannot always afford it.
- Water from boreholes and well has become too salty and is no longer safe for consumption. Those with mobility issues and those with special needs such as sick people, pregnant women, people with disabilities and elderly people are most affected by lack of access to water.
- Challenges in accessing bathing and latrine facilities include- a lack of separate facilities for bathing and defecation and lack of sufficient lighting, roofs, doors and door locks on bathing and latrine facilities. Both these challenges were said to result in heightened GBV risks and health issues for women and girls, especially those who are elderly, disabled, sick, from poor households or IDPs

Menstrual Hygiene Management

- 21% of women reported having no access to menstrual hygiene products whilst 49% reported having insufficient access to menstrual hygiene products
- Pre crisis, disposal sanitary pads were most preferred but post crisis more women are using reusable menstrual cloths because they have less money to buy disposable pads
- Most women and girls access menstrual hygiene products by purchasing them or through humanitarian agencies
- Challenges faced by women and girls include lack of pain management drugs for menstrual cramps, insufficient water for hygiene, lack of disposal facilities, lack of clothing to make reusable menstrual cloths

ECONOMIC FOOD SECURITY AND VULNERABLE LIVELIHOODS

- There is widespread food insecurity due to the drought crisis resulting in malnutrition especially for infants, pregnant and lactating women, the sick, elderly and people with disabilities
- Women are mostly responsible for receiving food assistance (either in cash or in kind) and making decisions on use of food assistance
- Over 75% of respondents said the timing, location and method of food distribution was safe
- Men are still more engaged in income generating activities than women with only 27% of women reporting an independent source of income. Women are mostly involved in small scale trade and business, and selling charcoal and firewood
- Livelihood support that women would like to receive include livestock restocking, multipurpose cash transfers, business capital and employment support.
- Barriers to women's participation in livelihood activities were outlined as burden of care work, lack of skills and experience, workplace harassment and lack of menstrual hygiene products

PROTECTION

- Women and girls are reported to have faced the following forms of GBV during the crisis: domestic violence (most cited as being highest in prevalence since the crisis), rape, forced marriage, sexual assault, sexual exploitation and abuse, emotional abuse, FGM, early marriage, attempted rape.
- Men and boys are generally not believed to experience any GBV although in some locations there were isolated reports of child marriage, emotional abuse, and rape.
- As far as child marriage is concerned, rates for girls/ youth girls were reported as being significantly high. On average, respondents indicated that 18% of girls are married before the age of 15 whilst 39% are married between the age of 15 and 18. In comparison, respondents reported that 11% of boys are married before the age of 15 whilst 30% are married between the age of 15 and 18
- 70% of women surveyed reported not knowing where to report violence or get information on GBV services.

- In terms of support for GBV survivors, most discussions indicated that it is the traditional/ clan leaders who handle these cases and that most times, GBV cases are handled by men who impose fines on perpetrators with little support given to survivors.
- 70% of women and men surveyed said they were not aware of any hotlines in their area. Key informants confirmed the existence of hotlines in Dhiganle, Las Anod, Qardo and Garowe. Girls and community leaders in Geri Hel and Sin-U-jif indicated that KAALO has a hotline number which survivors can use and that KAALO provides information on GBV referral pathways.
- 68% of women and 58% men surveyed do not think women would use a confidential hotline if available.

SAFEGUARDING

- 64% of women and 62% of men surveyed reported that they were not aware the safeguarding complaint mechanism and how to submit complaint against sexual exploitation and abuse by Oxfam staff
- 71% of women and men surveyed reported not knowing the reporting mechanism for improper conduct.
- In locations near the Somaliland-Puntland border people cannot access or give feedback through the Oxfam hotline 2041 because it does not work on the Golis mobile phone network

3 BACKGROUND

3.1 SOMALILAND

According to the Somaliland Health and Demographic Survey, Somaliland's population is estimated to be 4.2 million¹ with women making up 60% of the population. 53% of the total population resides in urban areas.² Whereas there is a general unavailability of up-to-date secondary data on the situation of women and girls in Somaliland, available data indicates a gender gap of 0.45; indicating that women are severely disadvantaged in political empowerment, educational attainment, economic opportunities and economic participation.³

The 2021 elections saw an unprecedented first in Somaliland: no woman was elected to the House of Representatives meaning that women currently hold zero seats in both the 82 member House of Representative and the 82 member House of Elders (Guurti). Amongst the other political and executive positions, women secured 2 out of 30 cabinet seats; 3 out of 22 director general positions; 1 out of 23 party leadership positions; 3 local council positions; and 2 foreign office representative seats. There are no women amongst the governors and their deputies; security commanders and their deputies; political parties; and speakers of parliament.⁴ This is in spite of Article 22 of the National Constitution which provides for equal rights for women to vote, be elected and participate in political affairs; and Article 36(2) which requires that the government encourage and legislate for the right of women to be free of practices which are contrary to Shariah and which are injurious to the to their person and dignity.⁵ Despite several attempts by civil society to advocate for a quota for women; and a 2019 proposal by the President, through cabinet, to institute a quota, the House of Representatives have rejected such proposals and there still remains no legislation for a quota to support women's representation.⁶ Other barriers to women's representation and political participation have been reported to be: clan politics, financial factors, institutional and structural dynamics in political parties, and insufficient vote engagement.⁷

Somaliland's economy is largely informal and relies heavily on remittances from the diaspora and livestock exports to Gulf States.⁸ Much of the population relies on livestock and livestock products for their livelihood with communities in the west and southwestern part of the country relying on agriculture.⁹ Traditionally, livestock has represented family wealth and as is characteristic of strongly patriarchal societies, has traditionally been the property of men. Ownership of land and livelihood assets is governed by secular¹⁰, customary (Xeer) and Islamic law. The 2019 Gender Gap Assessment by NAAGAD indicates that Xeer has been known to deny women their inheritance and property rights to protect the property of the patriarchal family.¹¹ The Somaliland private sector is dominated by Micro, Small and Medium Enterprises (MSMEs) and women are the main drivers of the micro sector especially. That being said, women in the small-scale businesses have limited access to credit largely due to fixed assets to act as collateral and unfavourable loan terms.¹²

Structural barriers limit women's participation including high levels of illiteracy; low levels of education; lack of energy/time outside of economic activities; and high rates of violence against women and girls. Despite the lack of comprehensive and accurate data on the prevalence of GBV in Somaliland, rape, domestic violence and early and forced marriage continue to be a significant threat to their health and safety. The Somaliland Health and Demographic Survey found that Female Genital Mutilation/Cutting (FGM/C) remains prevalent among 98% of women in their reproductive age. The prevalence of child marriages in Somaliland is high, with 45% of women aged 20 to 24 married before the age of 18.¹³

3.2 PUNTLAND

Puntland State is a self-declared autonomous entity that remains under the federal authority of Somalia in the north-eastern part of Somalia bordering Gulf of Aden to the north, Indian Ocean to the east, central regions to the south, Ethiopia to the southwest and Somaliland to the northwest. Puntland's population is estimated to be 4.3 million.

Secondary data on gender equality in Puntland is scarce. As far as women's political participation is concerned, Puntland has only 2 women Members of Parliament (MPs) out of 66 MPs in the parliament and 6 women ministers out of 54 in the cabinet. This is despite intense lobbying and advocacy for the introduction of a quota to promote representation of women in politics. The 2020 Puntland Health and Demographic Survey highlights the following high-level snapshot on the situation of women and girls:

- 31% of household heads are women
- 33% of women and girls aged 6 and above have never been to school
- 88% of women aged 15–49 have no access to newspapers, radio, or television at least once a week; • 74% of women aged 15–49 have never attended school
- 11% of women aged 15–19 have either given birth or are pregnant with their first child
- 72% of women aged 15–49 have had at least one issue accessing healthcare.
- 32% of children under 6 months old are exclusively breastfed
- 65% of women aged 15–49 have heard of HIV and AIDS;
- 15% of women aged 15–49 have experienced physical violence since the age of 12
- 67% of women aged 15–49 believe that most violent acts against women take place in the home
- 15% of ever-married women aged 15–49 who had experienced physical or sexual violence had sought help
- 75% of women aged 15–49 believe that FGM/C is a religious requirement
- 79% of women aged 15–49 want the practice of FGM/C to continue
- 5% of household members suffer from at least one chronic disease; this proportion increases with age.

3.3 BACKGROUND TO THIS REPORT

3.3.1 OXFAM IN SOMALIA

Oxfam has worked in Somalia/Somaliland for more than 40 years and has extensive experience in collaborative design and management of both emergency responses' programs and development and resilience-oriented programming. Currently Oxfam is directly executing emergency drought response interventions in the two regions of Sool and Sanaag in Somaliland. In Nugaal and Barri regions in Puntland, Oxfam has partnered with KAALO Aid and Development Organization to implement the GFFO project. The interventions are focussing on thematic areas of WASH, EFSVL and Protection with a commitment to mainstream gender in the program cycle.

KAALO Aid and Development is a community based, non-profit humanitarian and development organization. With its headquarters in Garowe, Puntland, KAALO was established in October 1991 following the collapse of the Somali central government. It has a successful track record of implementing emergency and development programmes in 9 of Puntland's regions. KAALO's niche is in livelihoods and the productive sectors, health, education, the promotion of human rights and democracy, WASH and environmental protection. Furthermore, KAALO implements projects that seek to promote women's economic empowerment by supporting village and saving loans associations and providing training on entrepreneurship and business skills. It also implements projects that promote women's decision making at community and national levels through the establishment of women's forums; and advocates for the implementation of laws that guarantee access to justice and the elimination of sexual violence.

3.3.2 OBJECTIVES

This gender analysis is done as part of the German Federal Foreign Office (GFFO) funded project to understand the compounded gendered impact of the multiple crises of drought, flooding, conflict, locusts and the COVID 19 pandemic on women, men, girls, and boys in the target communities. It seeks to inform Oxfam programming and advocacy broadly, and specifically in the emergency drought response in Sool and Sanaag in Somaliland and Nugaal and Barri regions in Puntland; by identifying gendered needs, priorities, and practical recommendations. The specific objectives of the analysis were outlined as to:

- Understand the gender-differences (needs, interest, capacities, roles, relations, risk, vulnerabilities) of women and men, girls, and boys and how they are affected by multiple crises of drought, flooding, locust conflict, and COVID 19 pandemic
- Understand the context and identify opportunities for increasing voice and participation of different gender groups
- Understand gender and power dynamics and decision-making process, access to resources and propose practical recommendations for the way forward
- Provide practical recommendations that focus Oxfam response in different thematic areas of WASH, EFSVL and protection
- Identify capacities of duty bearers (government, international organizations and UN agencies, international and national NGOs and grass-root CSOs) in responding to the needs of the affected women, girls, boys and men and in providing humanitarian service

3.3.3 METHODOLOGY

The methodological framework used for this research was a mixed methods approach comprising of both primary and secondary data collection. Secondary data collection included an in-depth desk review of existing literature on the gendered realities of the multiple crises in Somaliland and Puntland including normative frameworks, research reports and previous Oxfam gender assessments and project documents. Primary data collection was done through household surveys, focus group discussions and key informant interviews. Participants were briefed on the objective of the research and informed of their right to decline and withdraw from the exercise at any point.

Primary Data Collection

Household Survey (HH)

Household surveys sought to analyse general population trends on gender vis a vis roles, responsibilities, needs and vulnerabilities; decision making; coping strategies; access to information and services; WASH, EFSVL and protection. They were administered in person using the KoBo mobile data collection platform to a sample of 160 randomly selected households in 8 villages. Data was collected based on gender, age, marital status, location, educational attainment, and household status.

Focus Group Discussions

Focus groups discussions provided an opportunity to dive deeper and seek more information on experiences and perceptions on the gendered impacts of the multiple crises. For purposes of this research, 4 FGDs, disaggregated by gender and age, were carried in each of the 8 villages (Dhanaano, Dhudhub Dhiilo, Mashruuca, Guumays, Dharkayn, Sin U Jiif, Dhiganle, Geri Hel) as follows:

- 1 FGD targeting men (18 years and above)
- 1 FGD targeting women (18 Years and above)
- 1 FGD targeting youth girls (14 - 17.9 years)
- 1 FGD targeting youth boys (14 - 17.9 years)

There were at least 7 respondents participating in each session which typically lasted between 75 minutes to 95 minutes. Each FGD was conducted by a facilitator and notetaker of the same sex as the group to ensure that respondents felt safe to contribute.

REGION	VILLAGE	FGD WOMEN	FGD MEN	FGD YOUTH GIRLS	FGD YOUTH BOYS	NO. OF PARTICIPANTS	NO. OF GROUPS
SOOL	Dhanaano	14	13	9	9	45	4
	Dhudhub Dhiilo	10	10	9	9	38	4
	Mashruuca	17	13	12	13	55	4
	Guumays	13	12	9	7	41	4
SA-NAAG	Dharkayn	12	8	9	9	38	4

NUGAAL	Sin U jiif	12	9	7	11	39	4
	Dhiganle	14	12	9	13	48	4
BARI	Geri Hel	13	11	11	7	42	4
TOTAL		105	88	75	78	346	32

Table 1: FGD breakdown by gender and location

Key Informant Interviews

Key informant interviews were used to collect more information from people in positions of influence such as community leaders and elders; women’s rights organizations; civil society organizations; and government representatives. For this analysis, a total of 29 (13F, 14M) KIs were carried out at both district and community level.

REGION	LOCATION	LEVEL	DESIGNATION	GENDER
SOOL	Lasonad	District	Head of IDP	M
			Regional Health Coordinator	M
			INGO Staff	M
			Local WRO	F
	Ainabo	District	GBV Caseworker	F
			District Health Officer	M
			Deputy Mayor	M
	Mashruuca	Community	Community Protection Volunteer	M
			Head of Village	M
	Dhudhub Dhilo	Community	Head of Village	M
			Head of Women’s Forum	F
	Dhaanano	Community	Community Protection Volunteer	F
Community Committee Member			M	
SANAAG	Lasqoray	District	Member of Women’s Forum	F
	Garadag	District	Head of Women’s Forum	F
			Regional Coordinator, Ministry of Social Affairs	F
			Local Council Member	M
Dharkayn	Community	Head of Village	M	
NUGAAL	Garowe	District	Programme Officer	F
			Protection Officer	M
	Dhigahanle	Community	Head of Village Committee	M
			Community Mobilizer	F
	Sin U jiif	Community	Health Worker	F
Deputy Head of Community			M	
BARI	Qardho	District	Chairperson of Women’s Association	F
			Focal Point, Ministry of Women	F
			IDP Camp Leader	M
	Geri Hel	Community	Head of Community	M
			Community Committee Member	F

Table 2: KI breakdown by location, designation and gender

Quality Assurance

To ensure quality, several strategies were employed including selecting qualified enumerators, extensive training, constant feedback, peer review and validation forums. Enumerators were recruited from Oxfam database of researchers. For Somaliland there were a total of 8 enumerators (4 female and 4 male) plus 1 team leader. For Puntland, there were 7 enumerators (3 female and 4 male) and 1 team leader. Enumerators for reach underwent a 2-day training which gave a background of the project, research objectives, data collection, basics on gender and gender analysis, and tool pretesting. One

Protection Officer accompanied the research team during data collection. Daily physical and virtual debriefings enabled the research team to address any issues and keep Oxfam Staff apprised progress. Peer reviews and validation with colleagues from different sectors was done to promote validity and credibility.

3.3.4 CHALLENGES AND LIMITATIONS

Challenges

The research team experienced access challenges in some of the locations due to unrest and insecurity. In Sanaag, there was a government sanctioned security operation in Ceeryaan village (around 45km East of Ceel-Aafweyn) which resulted in police shooting an armed gun man. This led to demonstrations and heightened tension in the area. Additionally, there were attacks between clan militia in the area between Ceeryaan and Godcaanood. Moreover, in Puntland, the study team did not visit Badhan and Qardo but instead did the KIIs in Garadag. Another major challenge was that given the dire situation that communities are in due to the impact of the drought crisis, most respondents for the HH survey were not available to dedicate time to the survey because of conflicting priorities.

Limitations

Overrepresentation

The data collected shows an overrepresentation of female respondents in the HH survey and an overrepresentation of men in KIIs. As for the former, this is because men are typically not home during the day when the HH surveys were being administered. Overrepresentation of men in KIIs is attributable to the fact that most positions of leadership are held by men.

Self-Selection Bias

Self-selection bias was a potential limitation because participation in the survey was voluntary, and participation may have been influenced by the belief that they may profit personally. This was mitigated against by ensuring that the enumerators informed all respondents about the purpose of the research and that participation would not result in any immediate results or benefits.

Social- Desirability Bias

Moreover, social desirability bias due to the sensitive nature of some of the questions and the fact that respondents may feel compelled to answer these in a certain way to appear as good citizens was also potentially limiting.

4 DEMOGRAPHIC INFORMATION

This section presents the demographic characteristics of the respondents. Information was collected based on gender, age, location, educational attainment, marital status, residence status (host, IDP, refugee), head of household status, and household size. Data was collected from 4 regions: Bari, Nugaal, Sanaag and Sool with 4 villages were in Sool, 2 in Nugaal, 1 in Bari and 1 in Sanaag.

Although the target was 50-50 representation of male and female respondents, random sampling and targeting meant that due to the impact of the crises (e.g., more men were reportedly away seeking economic opportunities or socializing over khat) and changing gender roles and responsibilities, many of the respondents that were available during data collection times were female (84%) with male respondents having a representation of 16%.

As far as age is concerned, majority of the respondents were aged between 25 and 40. 51% of all respondents were women aged between 25-40 years whilst men made up 6% of all respondents in that age group. In the 41-59 age group, 19% of all respondents were men whilst 6% were women. 7% of all respondents were 60 year and above of which 4% were female and the 3% were male. In terms of marital status, majority of all respondents reported being married. There were more women (72%) reporting being in monogamous marriages than men (46%). Conversely, more men than women recorded being in polygamous marriages with 31% of men reporting they were in polygamous marriages compared to 14% of women. Only 4% of women reported never being married compared to 15% of men.

With regard to residence status, most survey respondents were from the host community. 53% of respondents were women from the host communities whilst host community men constituted 9%. 29% of female respondents were IDPs while 6% of male respondents identified as IDPs. Only 2% of women reporting they were refugees.

Data on educational attainment indicates that 50% of men and 36% of women surveyed said they did not receive any education. Only 4% of male respondents indicated having reached university while no women reported having been to university. More women (12%) than men (8%) reported having done non formal education. 20% of women reported having gone to primary school but this number dropped drastically to 1% at secondary level. The number of women and men who reported having received Quranic studies was same.

Concerning household status, 68% of all households targeted were in rural areas whilst 32% were in semi urban areas. Additionally, 54% of the respondents reported that theirs is a woman-headed household while 46% reported that the head of their household was a man. Generally, the household size ranged from 1 to 15 persons with an average of 6 people in each household most of whom were women and girls.

5 FINDINGS

This section seeks to highlight trends and observations on roles, responsibilities needs and vulnerabilities; decision making; coping strategies; access to information and services; water, sanitation, and hygiene; economic food security and vulnerable livelihoods; sexual and reproductive health rights; and protection.

5.1 ROLES, RESPONSIBILITIES, NEEDS & VULNERABILITIES

Gender roles and responsibilities refer to the behaviours, attitudes and actions that are deemed acceptable based on assigned sex. Gender roles can be classified as reproductive (pertaining to procreating and sustaining humanity); productive (undertaken to get paid in cash or kind); community (for community welfare).¹⁴ Participants in all 8 locations were asked questions to determine their views and observations on gender roles, responsibilities, needs and vulnerabilities and how these have changed with the multiple crises that have afflicted their communities.

5.1.1 WOMEN AND GIRLS' ROLES

Data collected highlighted women's fundamental role in society. In several FGDs, women were referred to as critical "pillars" and the "foundation" of Somali homes and said to be responsible for domestic chores such as cleaning, food preparation, caring for children and/ or ill people, and water and firewood collection. Women's triple role and increased burden of care work, especially considering the impact of multiple crises in the targeted locations, was amplified.

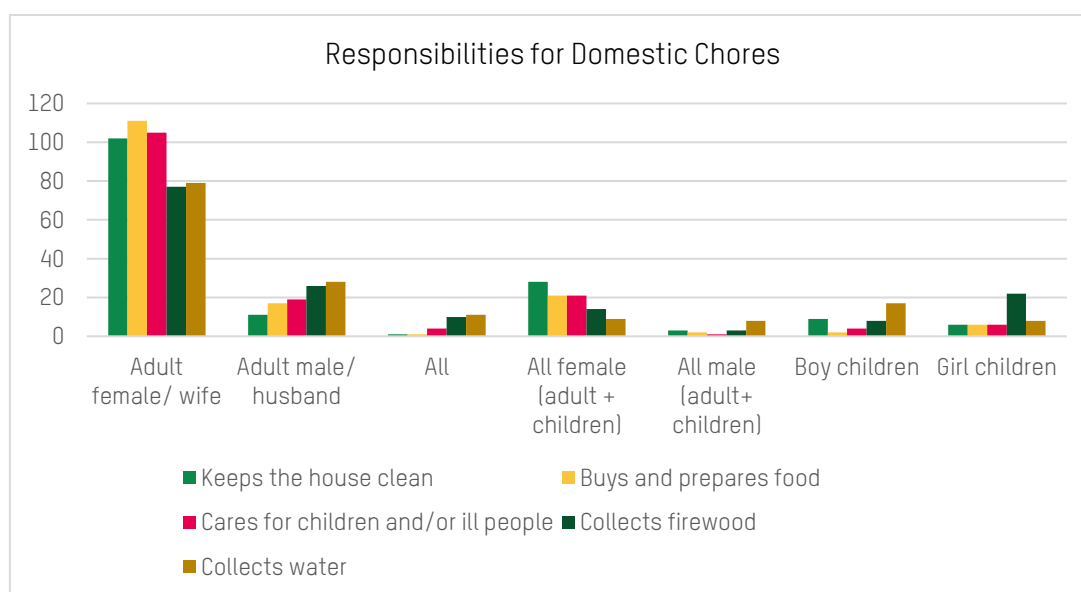


Chart 1: Responsibilities for domestic chores

Prior to the crisis, women were involved in reproductive and community roles such as collecting water and firewood; cleaning; childcare; food preparation; laundry; grazing livestock; house construction; animal rearing; making manure; disposing waste. Additionally, they were involved in small scale productive roles such as selling milk, butter and other animal products and operating small business and cafes.

Household and FGD discussions across the board revealed that domestic and care work has increased significantly since the crisis. One reason given for this was that women and girls walk longer distances to collect water and firewood. A further reason given was that in some instances, there are more people staying in each household and spending more time at home for example, where men do not have much to do because of the drought crisis. Tasks that were reported as being most time consuming are collecting firewood, fetching water, and preparing meals. Notably, women have less time to carry out domestic and care responsibilities following the crises because they too, must go out in search for

income generating activities either because they are household heads or because their spouses have no access to income.

Nevertheless, the crisis has resulted in changing gender roles in the form of women's increased participation in productive and community roles. Women were reported to be more involved in community decision making, community activities and jobs. Community roles that women were reported to be part of include representatives in community leadership structures such as water committees, village committees, GBV committees, and participation as members of women's formal and informal (self-help) groups and organizations. It is important to note however, that most FGD discussions acknowledged that representation of women in community leadership structures is still low. Significantly, women's domestic roles have also expanded somewhat to include managing finances for their families and receiving humanitarian aid directly.

Girls were described as women's 'small hand' referring to their role as their mother's helpers. Prior to the crisis, women were involved in domestic chores such as cleaning; collecting firewood and water; cooking; laundry; and taking care of own families (teenage mothers). They also went to school and occasionally helped with grazing and animal rearing.

Girls are a pillar [without which] there is no further living. In our context girls do all the home work
Female FGD Participant, Dhiganle

Like women, girls bear the burden of increased domestic and care work because of having to walk longer distances for water and firewood since the crisis FGDs revealed that more girls than boys are forced to drop out of school since priority is given to boys' education. Girls are either sent off to bigger towns to search for work or to assist relatives or are married off.

5.1.2 MEN AND BOYS' ROLES

As mentioned in the preceding section, women bear the brunt of domestic work with very few men participating in any household chores. Most men in the FGDs felt that it is the role of the woman to do the basic house chores. This is despite most men (73%) acknowledging that the time spent on care work and domestic chores has increased since the crisis. Where men do what would be considered domestic chores, these are limited to water and firewood collection, preparing animal food and cooking or cleaning while away grazing animals.

It is shameful for me to do house chores. This is the work of women.
Male FGD respondent, Guumays

Before the crisis, men reported being involved in providing money for household food and household management; purchasing food; animal rearing (especially milking camels); construction of houses and fences; grazing livestock; and fishing. They were also involved in productive roles such as sale of livestock and assets; and running business. Community roles included mediating of family and community disputes and leadership roles. As one FGD participant in Sin-U-Jif put it, "the animals were good, and they got money. Life was beautiful."

The loss of livestock because of the drought has forced men to migrate to other towns and cities to search for economic opportunities. The economic impact of the multiple crisis and rising cost of oil has also impacted the construction and other industries resulting in loss of jobs. Men reported that there are fewer opportunities for income generating activities and less time for community roles. Most men migrated to bigger towns and cities in search for work in construction and in other roles such as driving and porting. They are also involved in small scale businesses including selling khat and firewood.

We have scarce resources, and we spend most of the day idle
Male FGD, Mashruuca

Additionally, the migration of men to other towns and cities has led to women doing roles that were traditionally considered male roles such as grazing livestock, searching for work and income

generating activities, and looking for water and fodder for animals. Nonetheless, men intimated during FGDs that despite not having livestock to graze, they would still not do any housework and chores.

Data suggests that considering the decrease in opportunities for economic participation, most men in the targeted locations may be experiencing identity crisis, loss of social status and feelings of disempowerment. This is due to their traditional roles dissipating faster than socialization and thinking around traditionally gender roles, and responsibilities,

Men stay at home more. They have no role.
Male FGD Participant, Mashruuca

Boys’ roles before the crisis were mainly going to school and in some instances collecting firewood; assisting their fathers with animal rearing; and grazing. Most FGDs acknowledged boys’ role before the crisis as involving very little or ‘easy’ chores. Some boys are also reported to have been involved in ‘freelance’ or casual jobs. After the crisis, most boys go to school and collect firewood. A few boys support with household chores and livestock grazing and animal rearing. Notably, some boys have also moved to other towns and cities in search of livelihood opportunities to support their families.

5.1.3 GENDERED NEEDS AND VULNERABILITIES

In terms of specific needs that women, girls, men and boys currently have, the following were highlighted in FGD and KII discussions:

Women	<ul style="list-style-type: none"> ● Menstrual hygiene management products ● Ante and post-natal health services ● Sexual and reproductive health services ● Nutritious food ● Access to income and livelihood opportunities ● Participation in decision making ● Access to WASH facilities ● Water ● Firewood ● GBV Services
Men	<ul style="list-style-type: none"> ● Skills training ● Access to income ● Nutritious ● Water
Youth Girls	<ul style="list-style-type: none"> ● Menstrual hygiene management products ● Access to GBV services ● Nutritious food ● Water ● Eradication of FGM ● Education
Youth Boys	<ul style="list-style-type: none"> ● Education ● Skills training ● Nutritious food ● Water ● Recreational activities

Table 3: Gendered Needs

In addition to the needs highlighted above, discussions across the board suggested that women and girls need support to reduce the burden of care work. The most recommended action was to ensure water points are closer to the communities and homesteads and that firewood and renewable energy are easily accessible. FGDs with boys in most locations indicated that boys are able to support women and girls to lessen the burden whilst an FGD with girls in Sin-u-Jif reported that girls believe behaviour change activities are necessary to alleviate stereotypes related to gender roles and responsibilities which contribute to women’s care burden. Buttressing this, were FGDs with men in Sin-u-Jif, Dhiganle and Geri hel where they indicated a willingness to support women in carrying out domestic/

reproductive roles. On the other hand, an FGD with men in Dhaanano reported that roles and responsibilities should revert to those traditionally responsible for them.

In terms of risks and needs, all FGDs conducted with men, women, youth girls and youth boys revealed that women and children are the most at risk. This was attributed to reduced protection in the face of men having to migrate to look for work. Additionally, it was noted that the increased walking distances to fetch water and access WASH facilities and lack of adequate lighting at night increased the vulnerability of women and girls to GBV risks. Moreover, it was noted that children face the risk of malnutrition from lack of nutritious food. Youth boys were identified as being at heightened risk of addiction and gang membership.

5.2 COPING STRATEGIES

Due to the nature of humanitarian crises and emergencies, affected communities develop both negative and positive coping mechanisms. These may range from substance abuse, illegal activity, and survival sex work on the negative end to helping and talking to others on the positive end. This section of the report discusses the findings in terms of coping strategies. FGD discussions indicated the following coping strategies, which were thought to be negative:

Women	<ul style="list-style-type: none"> • Reduce the frequency of own meals and food portions • Rationing food for the family • Feeding infants formula • Request for support from relatives • Migrate in search of livelihood activities
Men	<ul style="list-style-type: none"> • Migrate in search of livelihood activities • Take loans • Substance abuse: khat and smoking • Join military
Girls	<ul style="list-style-type: none"> • Migrate in search of livelihood activities • Early and child marriages • Drop out of school • Move to stay with relatives in bigger cities
Boys	<ul style="list-style-type: none"> • Migrate in search of livelihood activities especially menial jobs • Substance abuse: khat and smoking • Drop out of school
Pregnant and lactating women	<ul style="list-style-type: none"> • Reduce the frequency of own meals and food portions
Elderly Women and Men	<ul style="list-style-type: none"> • Reduce the frequency of own meals and food portions

Table 4: Coping Strategies

41% of all respondents indicated that they were aware of an adult woman or girl who has had to engage in survival sex for money or assistance. No respondents reported knowing any adult man or boy engaging in survival sex for money or assistance. 23% of all respondents said they know or have heard of an adult woman or girl who engages in illegal activities (theft, chewing khat etc.) as a coping mechanism. In comparison, 14% of all respondents said they know an adult male who engages in illegal activities ((theft, chewing khat, gang activity etc.) as a coping mechanism. A majority (63%) of all respondents said they did not know anyone engaging in illegal activities as a copying mechanism.

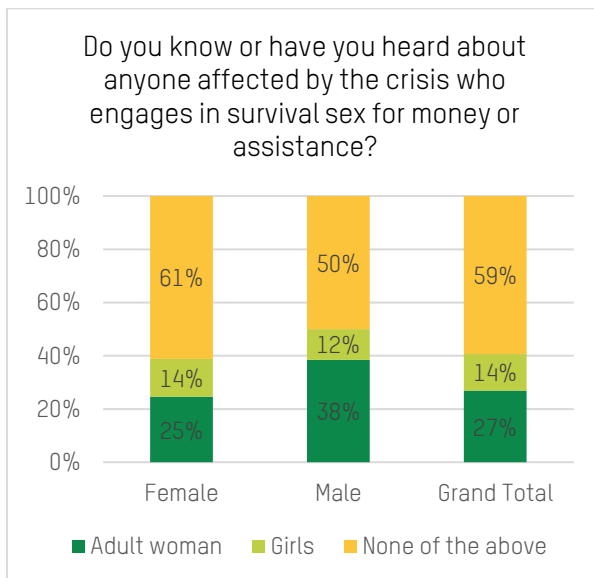


Chart 2: Survival Sex

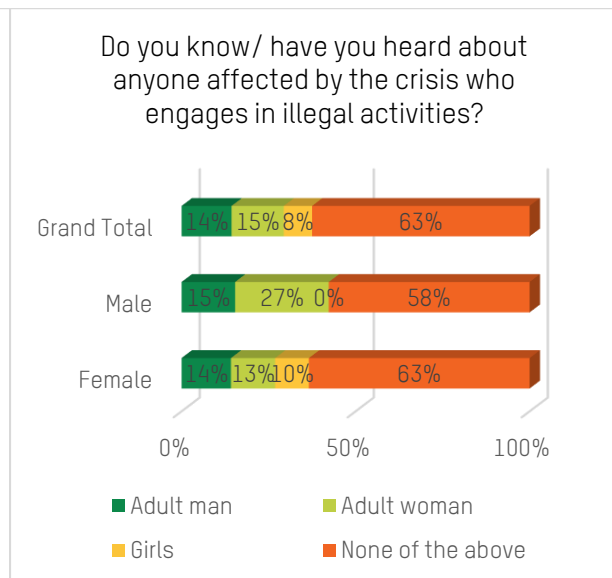


Chart 3: Illegal Activities

Positive coping strategies that were identified across the board include prayer and spiritual nourishment. In Dhudhub Dhiilo, it was reported that girls request boys who are still in school to teach them while in Geri-hel girls were said to do henna art as a coping mechanism. In Sin-u-jif, women have set up rotating savings and credit associations and community groups to help cushion them from the impact of the crisis. Women in general were reported to rely on friends and family as support systems.

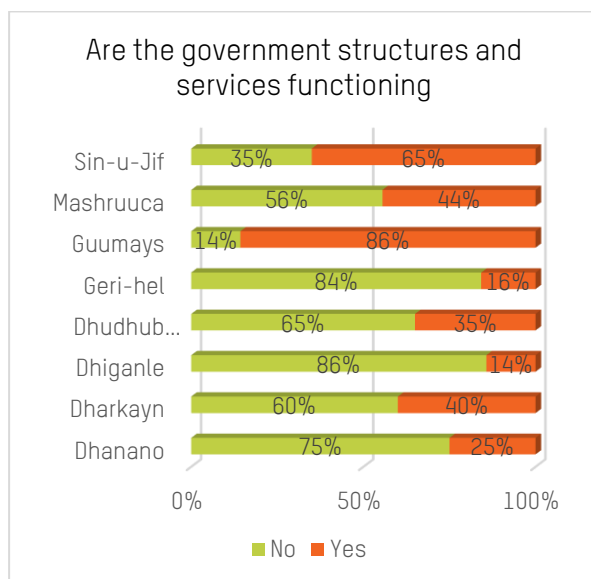


Chart 4: Functioning government structures/ services

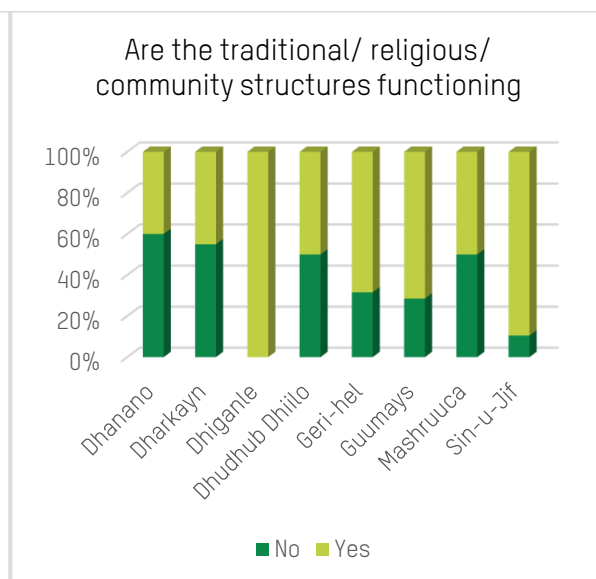


Chart 5: Traditional, community, religious structures

On whether government, community or traditional structures are functioning, the results differed according to location. For example, in Guumays near Ainabo, the district capital, 86% of respondents said there are functioning government structures and services. In Dhiganle, 85% of respondents said there is no government structure, but all respondents reported that there are functioning traditional, community and religious structures. Likewise, in Dhiganle, 86% of respondents said there are no functioning government structures with 95% reporting that additional actors like UN, INGOs are making decisions on how to respond to crisis. There is a trend that can be seen in areas where government structures are not functioning as traditional/ community structures and additional actors are reported to be very functional.

5.3 DECISION MAKING AND LEADERSHIP

5.3.1 HOUSEHOLD DECISION MAKING

Generally, data collected indicates that women have decision-making power on specific decisions to do with household chores, childcare, general family wellbeing and day to day running of the home. Decisions on children’s marriage are mostly done by men or jointly between women and men whilst decisions on children’s schooling and how money is spent are made jointly.

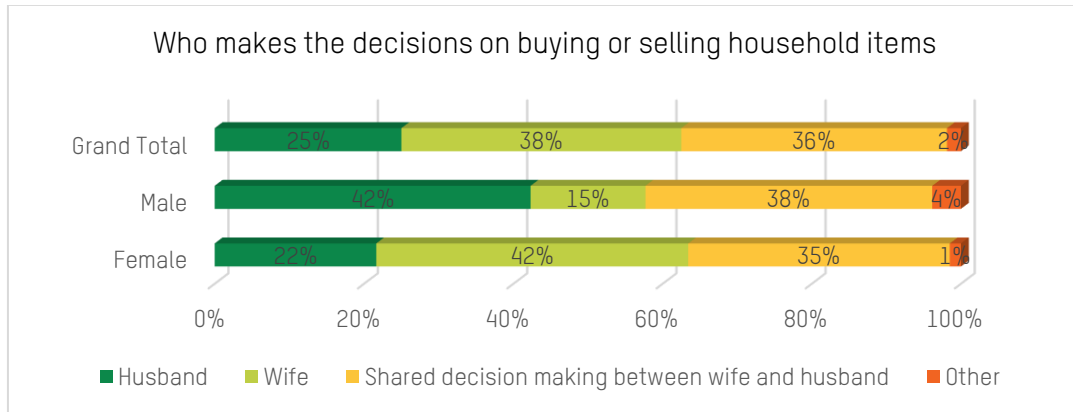


Chart 6: Decision making: buying/ selling HH items

Based on the household survey, 38% of all respondents indicated that decisions on buying and selling household items are made by the wife/ woman. 38% of women and 35% of men indicated that decision making on buying and selling household items is done jointly.

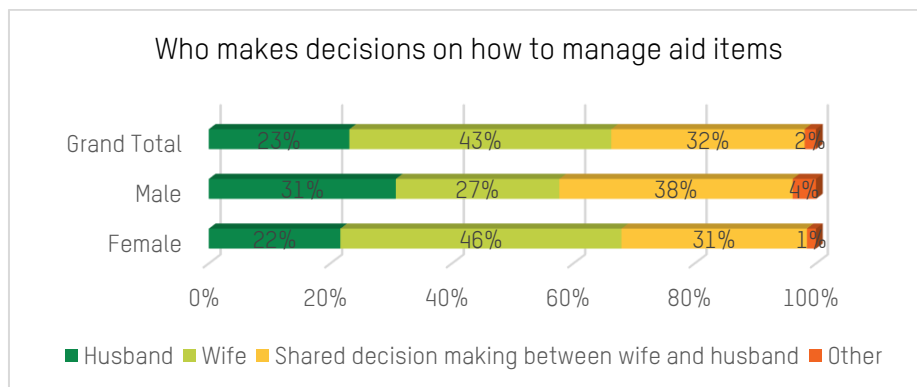


Chart 7: Decision making: Managing aid items

Regarding decisions on how to manage aid, 43% of all respondents said that wives/ women lead on making these decisions. 31% of the female respondents and 38% of the male respondents reported that decision making on how to manage aid items was done jointly by both the husband and wife.

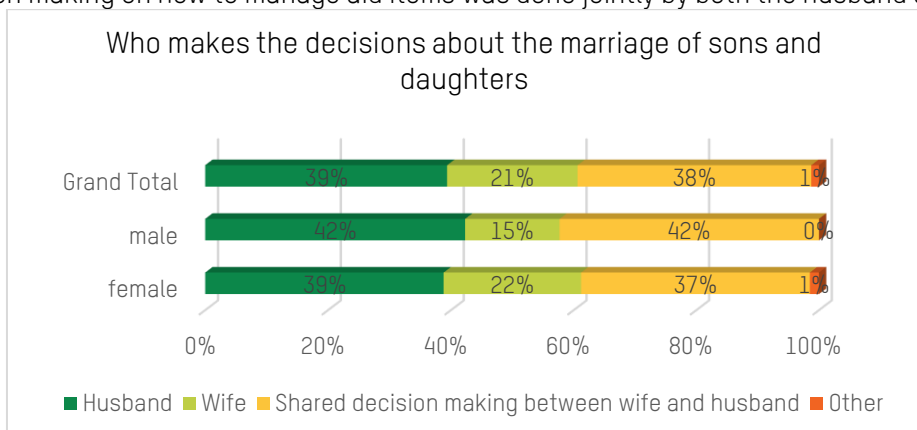


Chart 8: Decision Making: Children’s Marriage

Regarding marriage of sons and daughters, 39% of respondents reported that men lead on making these decisions. This was substantiated in most of the FGD discussions which stated that men have the ultimate decision making on issues to do with marriage of sons and daughters. 37% of female respondents and 42% of the male respondents stated that the decision of marriage of sons or daughters was done jointly by both the husband and wife.

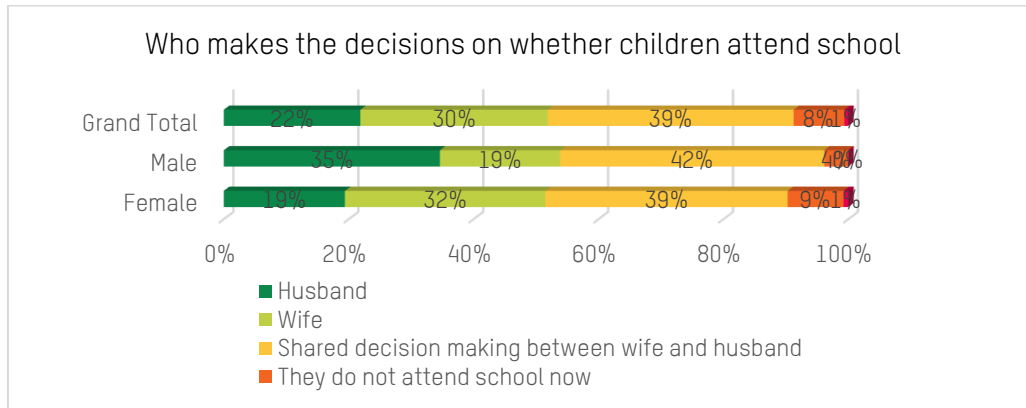


Chart 9: Decision Making: Children's school attendance

39% of respondents said the decision on whether children attend school is done jointly by both the husband and wife. 32% of female respondents compared to 19% of male respondents said decision making on whether children attend school is made by women. These kinds of decisions are considered 'minor' in FGD discussions and thus within the purview of women's decision making since they are primarily responsible for childcare and child wellbeing.

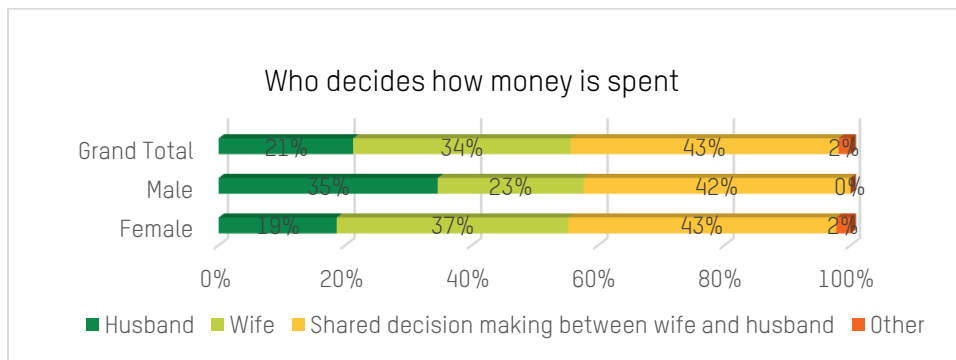


Chart 10: Decision Making: How money is spent

43% of the female respondents and 42% of the male respondents agreed that the decision of how money is spent is done jointly by the husband and wife. 34% of the male respondents and 27% of female respondents said it was the husband's decision on how to spend the money. In most of the KIs and FGDs, men and women agreed that decisions on how money is spent at household level are for women to make. This was explained further in the FGDs with men where they intimated that their duty is to look for income and give money to women to budget for the household.

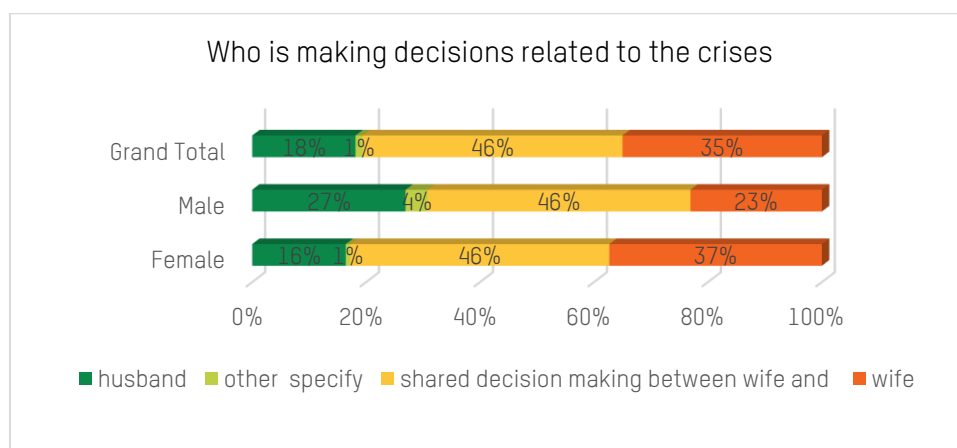


Chart 11: Decision making: Related to crises

Decisions relating to the crises (drought, Covid 19, locust etc.) were reported to be made jointly by both husbands and wives by 46% of all survey respondents. 35% of all respondents indicated that women/wives make decisions related to the crises. This may be explained by the high number of women headed households.

FGD discussions indicated that men believe decision making is their responsibility overall and do not perceive women as being capable of decision making. In one FGD discussion with men in Mashruuca, it was stated that women should not make decisions because “women are not full of intelligence and our religion give us the responsibility. So, there is no reason why women should make more decision than us.”

Women are less intelligent than men and so we help them to decide on big matters
Male FGD participant

Several discussions asserted that men should retain decision making authority at household level because men are responsible for financial provision so they may give women money for household management whilst retaining decision making power. In FGDs in Sin-U-jif and Dhiganle it was said that men should have overall decision-making responsibility at household level to avoid family breakdown but that ‘minor’ decisions such as those concerning schooling and seeking healthcare of children should be made by women. Women in Sin-U-jif also explained that women can discuss with men about their children’s marriage, but they cannot make the final decision which has to be made by a man.

FGDs with women and girls in Dhiganle indicated that women should have more decision-making power at household level but acknowledged that in instances where this has happened, it has led created tensions leading to separation and divorce. Other FGDs with women and girls revealed that women can and should participate in making all decisions at household level. In an FGDs with boys in Guumays and Sin-u-jif, it was stated that women have more decision-making power at household level now because following the crisis, men do not have jobs or access to any income. FGDs with girls with Dhaanano reported that women also have greater decision making because men have ‘neglected’ their role at household level.

Women should be involved in these decisions because they have more ability than men.
FGD with Girls, Dhuudhub Dhiilo

In terms of whether decision making has changed since the crises, 41% of all respondents indicated that decision making has changed since the latest crisis. Notably, 73% of all male respondents indicated that decision making had changed since the latest crisis, compared to only 34% of female respondents. For both women and men who indicated that there has been a change in decision making, most reported that the changes were in decisions regarding buying and selling items and those relating to livelihoods and their economic situation.

Several FGD discussions with women, men, boys, and girls reported that relationships now (after the crisis) have become strained and there is a lot of tension between couples over how money is spent.

Others explained that since money is scarce, women’s autonomy in household decision making is decreasing as men increasingly involve themselves with how women are spending money at household level. Women complained of having to ask their husbands for money and only being able to use it on what their husbands approve. Women reported that they only spend money on food or essential household items, but husbands/ men want to have decision making over all other financial decisions. This they felt, is despite, them knowing about family matters such as if a child is sick, needs to go to school, if something needs to be sold, or is required in the house. They explained that women are forced to first inform their husband and either request his approval or wait until he makes the payment.

Nonetheless, some participants reported having stronger relationships now. One example given was of positive joint financial decision making: before the crises, the man would sell livestock, bring money home and leave the woman to handle the money while he was away. But now that things are tough, the man now sits with the wife and together they work on a budget which details how they will spend the little they have.

5.3.2 COMMUNITY DECISION MAKING

They [women] are not part of these forums because they are not born as leaders.
 FGD Participant, Sin-u-Jif

Most respondents (72% female and 58% male) reported that decisions are made by community leaders since the crisis. This was followed by religious leaders and tribal chiefs. In FGDs, it emerged that community committees play an essential role in decision making. However, it was reiterated severally that despite increased participation of women in community decision making, the representation of women in these committees is minimal. Where women are represented, they are reportedly unable to participate meaningfully to articulate issues or voice concerns in the male dominated spaces. Girls in FGDs in Mashruuca and Dharkayn said this is because they know men believe they cannot be leaders, and this affects their confidence levels. In some instances, it was said that women are community leaders, but their role is ‘unclear.’ In FGD with boys in Mashruuca it was explained that “the community committee has 8 people-2 women, and 6 men- [but] most of the power belongs to men, the women agree with decisions.” In Dharkyn, boys in FGDs restated that decision makers are mostly men, even where community structures include women.

...They are all men. Women are weak decision-makers so cannot solve clan issues and conflicts
 FGD with boys, Dhanano

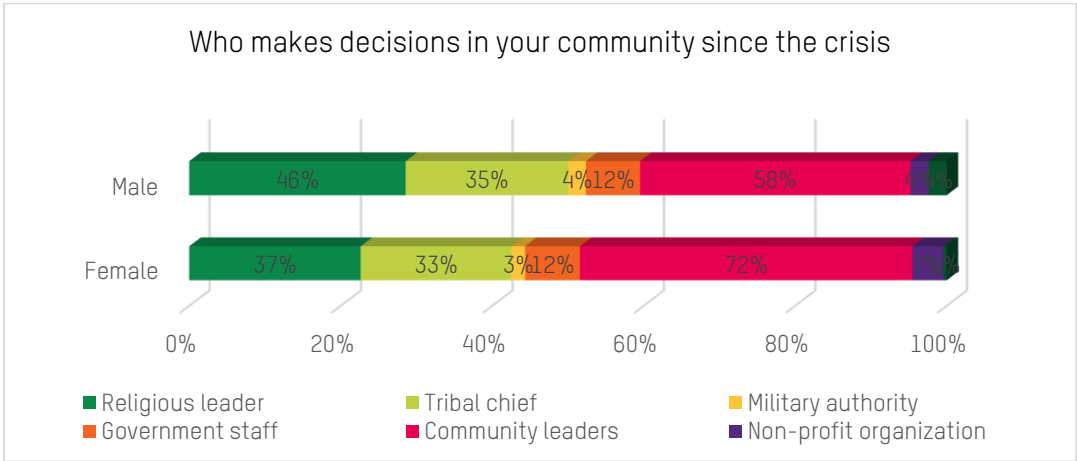


Chart 12: Who makes community decisions since crisis

61% of the female respondents and 31% of male respondents said they have not been involved in any decision-making process at community level. When asked why, most respondents said it is because they are too busy trying to get by and survive or have not been asked to participate. Some women also indicated that they are not interested in decision making, perhaps due to socialization. In FGDs most groups agreed that women are mostly involved in decisions to do with their health or livelihood activities.

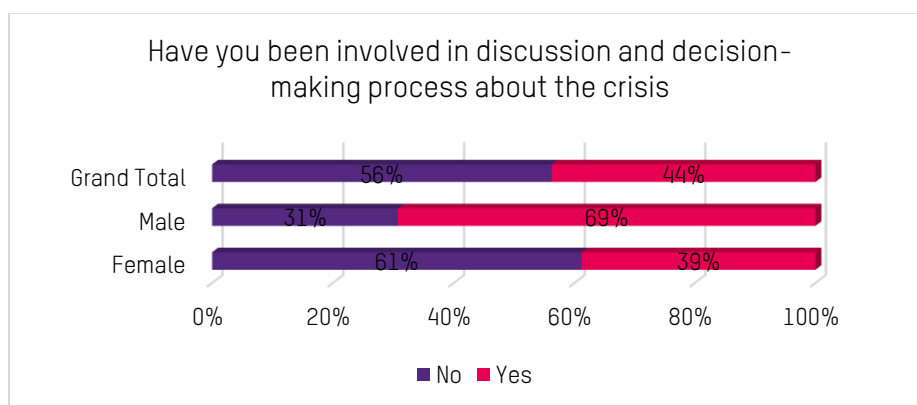


Chart 13: Involvement in discussion and decision making about crisis

Despite low representation in community leadership structures for women, most FGDs and KIs in the 8 villages reported the existence of women’s rights organizations and informal groups such as table banking and self-help groups. These were said to provide women with opportunities to access: loans and business capital; psycho-social support; awareness raising and advocacy on gender justice and women’s rights; training on peace advocacy.

KIs reported that WROs are involved in the design of the humanitarian response and are engaged to support: awareness raising on GBV, hygiene promotion and gender justice; consultations with women and girls; and distribution of cash, NFIs and food.

5.4 ACCESS TO INFORMATION AND SERVICES

As far as sources of information are concerned, majority of women and men indicated that they receive information primarily through radio, neighbours, their spouse, and other family members. Notably a significantly higher number of men than women reported messages from telecommunication companies as their main source of information. This could be attributed to the digital gender divide, although there are no up-to-date statics for Somaliland and Puntland. Indeed, messages from telecommunication companies and social media were the least accessed source of communication by women.

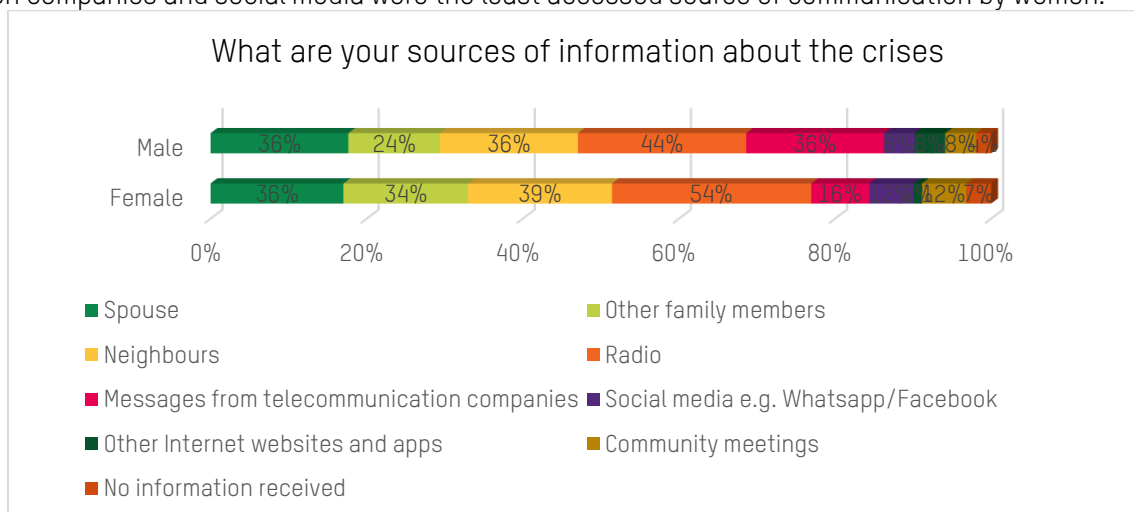


Chart 14: Sources of information about crisis

KIs revealed that officials believe men and women at community level have equal access to communication. Furthermore, they indicated that communication channels for information on the crisis include door to door campaigns (Dhiganle); hotlines (Guumays); dissemination through government teams; humanitarian workers; messages from telecommunications companies; social media and radios. They indicated that there are no specific channels for women. In terms of preferred methods of accessing information, majority of female respondents indicated they would prefer to receive information via radio, followed by neighbours, other family members, mobile phone and lastly their spouse.

Majority of male respondents expressed preference for radio, followed by mobile phones, other family members, their spouses and lastly neighbours. In terms of how messaging can be tailored to meet needs, the KIIs suggested having information in Somali language and ensuring awareness of needs and vulnerabilities. Information was said to be tailored to pregnant and lactating women especially. In terms of how information can be best disseminated to women and girls, they recommended: home visits; large scale awareness and sensitization; developing and disseminating messaging with them; and through ensuring their participation in village committees.

Generally, access to information on services, including GBV referral services is reportedly low. On average, 64% of all respondents said they do not have access to information and services including GBV referral services. Only 31% female respondents and 62% of the male respondents said they have access to information regarding available services including GBV referral services.

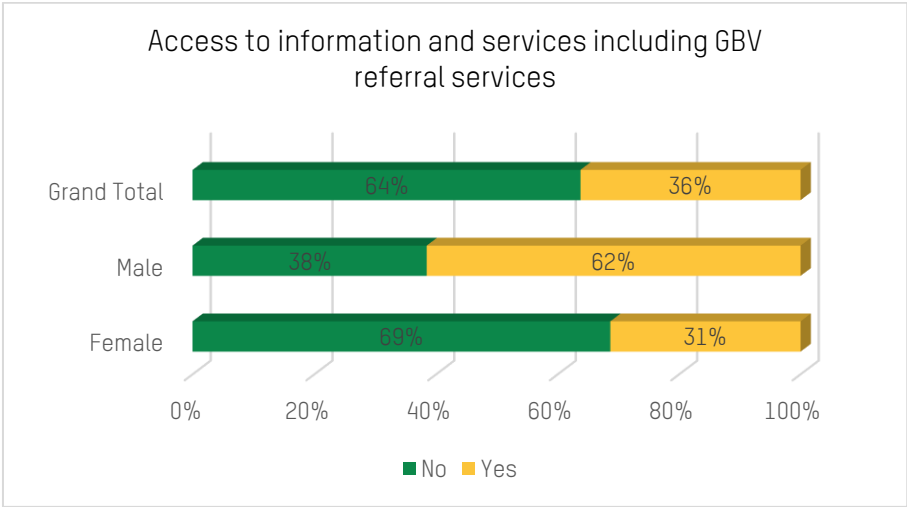


Chart 3: Access to information and services inc GBV referral services

In all but one village, over 50% of all respondents reported not having access to information regarding available services including GBV referral services. Lack of access to information was particularly low in Dhiganle and Dhanano where 86% and 70% of all respondents respectively recorded not having information on available services including GBV referral services.

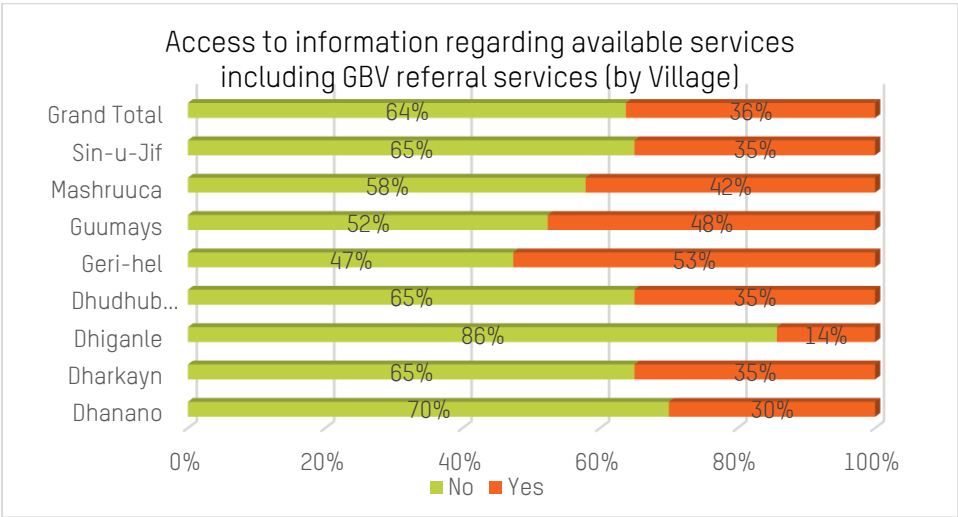


Chart 4: Access to information and services inc GBV referral services (by village)

Likewise, in terms of access to information on humanitarian assistance, data indicates that men are more informed than women. 73% of the male respondents had information on humanitarian assistance compared to 49% female respondents.

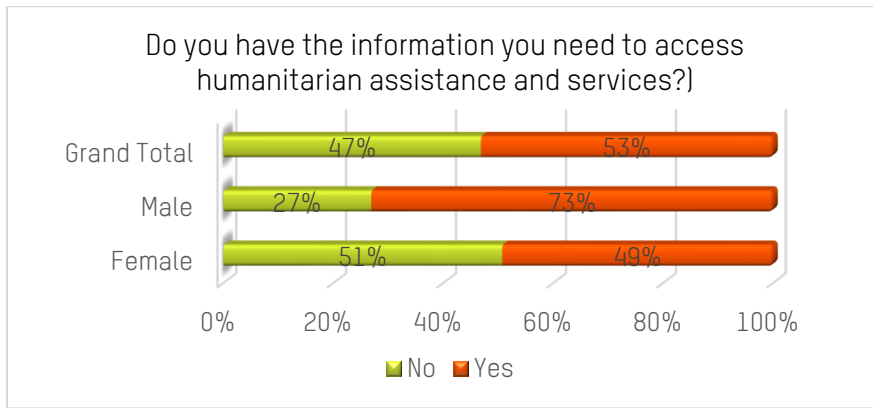


Chart 5: Information to access humanitarian assistance and services

In terms of target locations, Dhiganle was least and had the highest percentage of men and women who had no access to information on humanitarian assistance at 86% followed by Sin-u-Jif at 60% and Mashruuca at 58%.

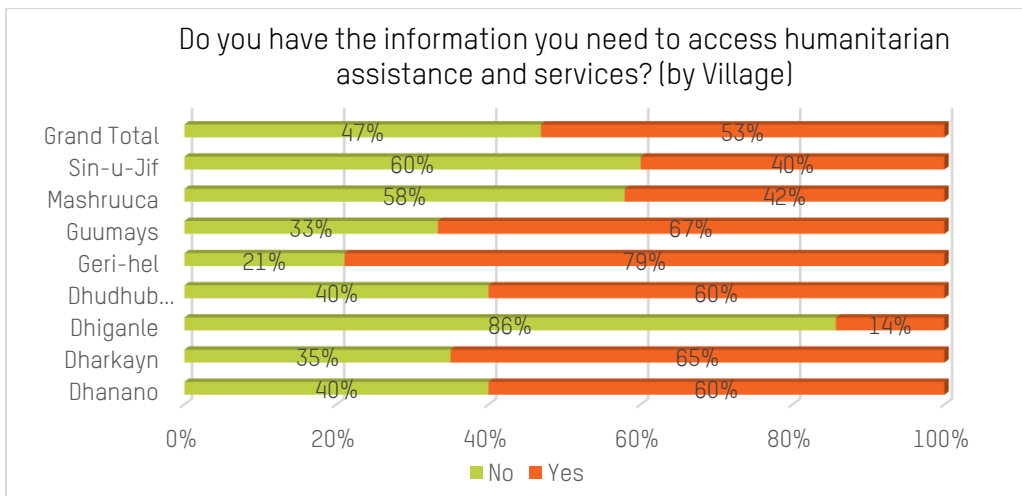


Chart 6: Information to access humanitarian assistance and services

In FGDs, all groups except FGD boys in Sin-u-jif indicated that they are aware of organizations that provide humanitarian assistance and the services that they provide. All groups apart from FGD girls in Dhiganle reported having no challenges accessing information on their services.

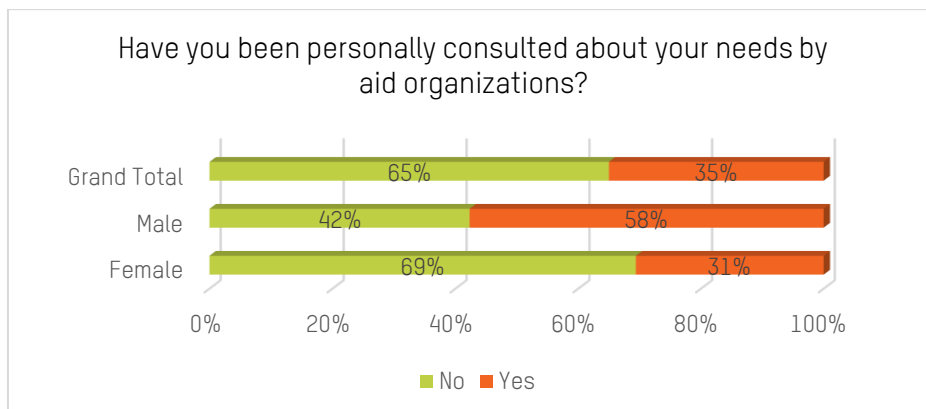


Chart 7: Consultation on needs (gender)

In terms of consultation on needs by the humanitarian aid organizations, data across the board indicates that men are consulted more by aid organizations than women. 58% of the male respondents reported being consulted by aid organizations compared to 30% of the female respondents.

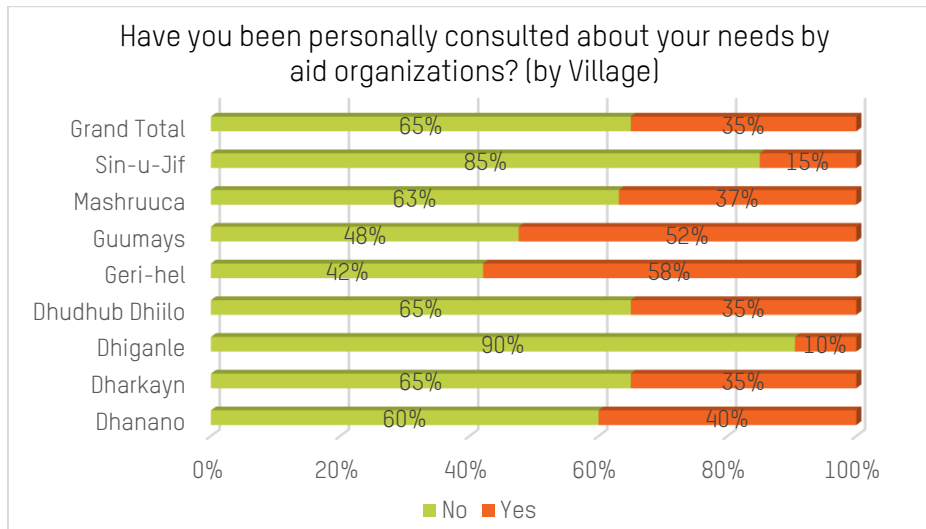


Chart 8: Consultation on needs (village)

Again, in terms of consultation by aid organizations, Dhiganle was the least consulted with 90% of the respondents stating they had not been consulted followed by Sin-U-Jif (85%), Dhudhub Dhiilo (65%) and Dharkayn (65%). Those who were not consulted were asked why. Majority of the female respondents said it is because decisions are made by formal leaders and that women are not invited to decision meetings.

More women than men have provided feedback to organizations. 50% of male respondents said they provided their feedback to humanitarian organizations while 70% of the female respondents said they provided feedback to humanitarian organization.

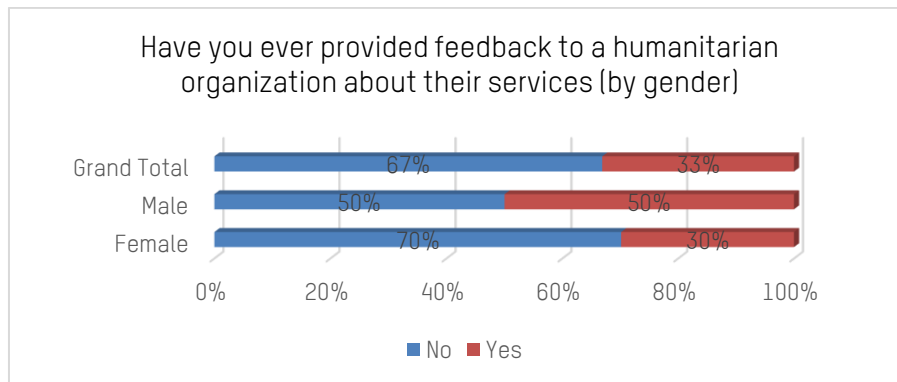


Chart 9: Feedback to humanitarian organization (gender)

In terms of location, Dhiganle (10%), Geri-hel (11%) and Sin-u-jif had the least number of respondents who said they provided feedback to the humanitarian organization. According to the FGD findings, all locations across or near the Somaliland-Puntland border, could not access or give feedback to Oxfam as the hotline number 2041 did not work with the different communications network in those locations.

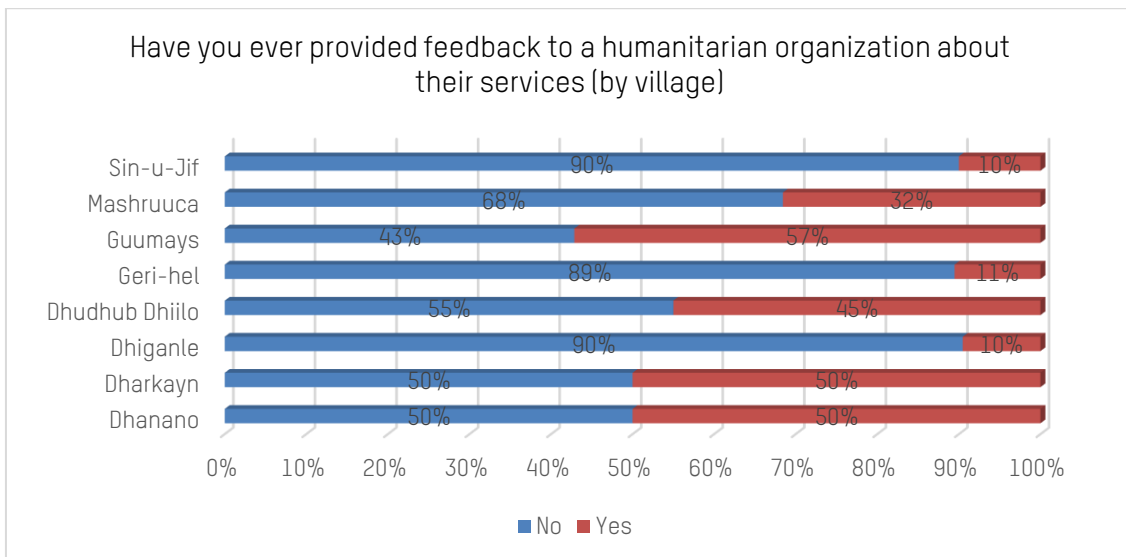


Chart 10: Feedback to humanitarian organization (by village)

77% of the male respondents and 76% of the female respondents who have ever given feedback said they felt their feedback was considered.

5.5 WATER, SANITATION AND HYGIENE

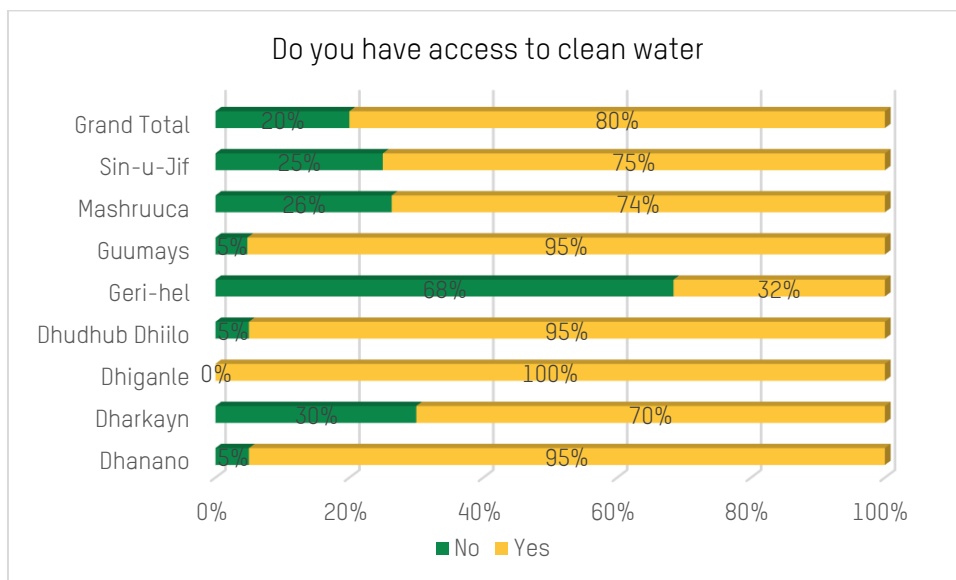


Chart 11: Access to clean water

Over 75% of the respondents said they have access to clean water. In Geri-hel 68% of the respondents respectively said they did not have access to clean water. Majority of those who reported having access to clean water, described the availability as regular as represented below.

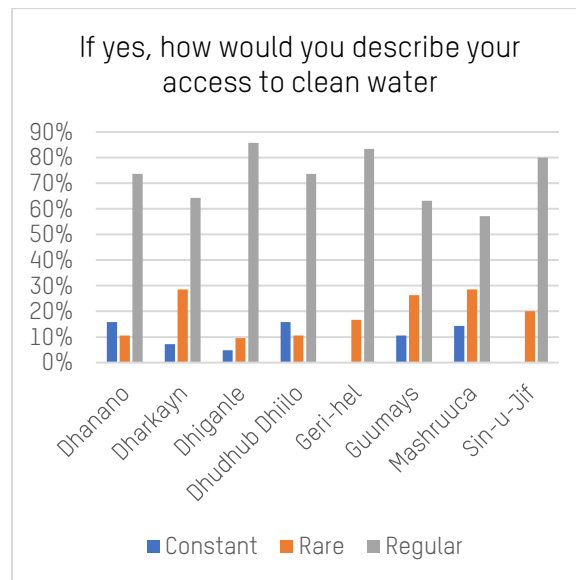


Chart 12: Access to clean water

FGD discussions across the board indicate that whilst most villages and households had access to water (borehole and tapped water), water levels have been impacted by the drought crisis. This means that women and girls need to go to water points that are farther to access water. They also indicated that water is paid for and that poor households, especially, rural, women-headed and child headed households, cannot always afford it. Due to increase in the cost of oil, it is more expensive to operate generators that pump borehole water. Besides, FGDs also highlighted that water from boreholes and well has become too salty and is no longer safe for consumption. Discussions revealed that those with mobility issues and those with special needs such as sick people, pregnant women, people with disabilities and elderly people are most affected by lack of access to water.

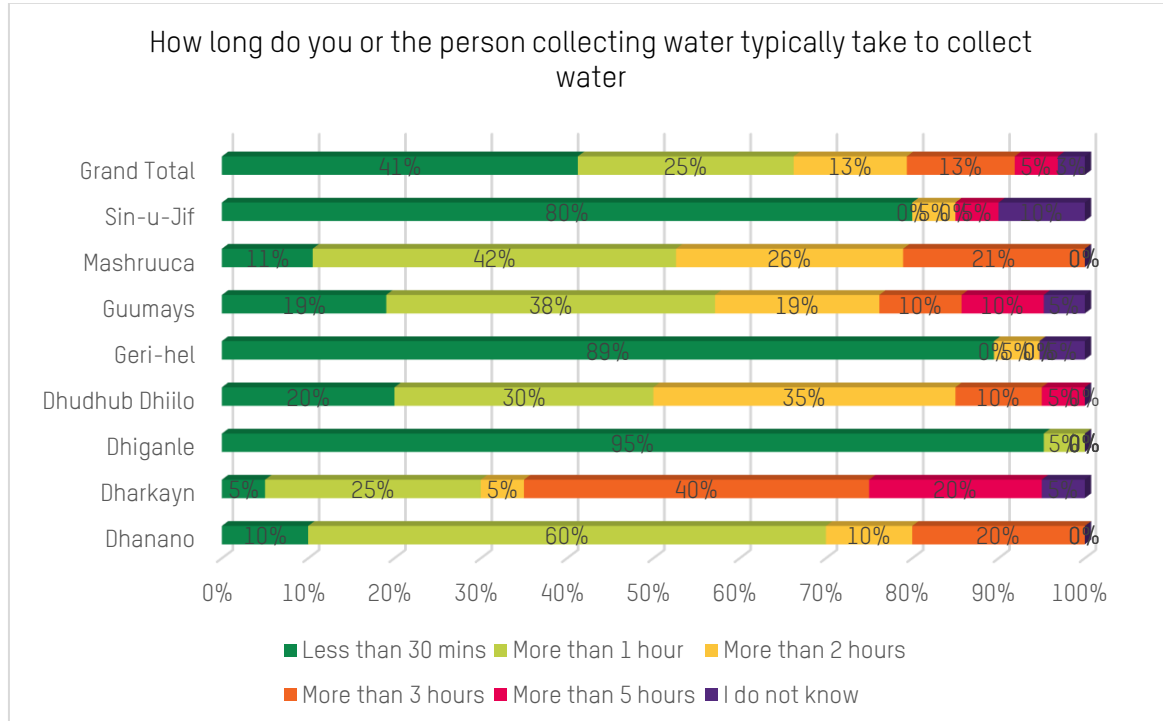


Chart 13: Time taken to collect water

41% of respondents indicated that it took less than 30 minutes to fetch water. Indeed, In Dhiganle, Geri-hel, Sin-u-Jif, majority of respondents reported taking less 30 minutes to collect water. However, 59% of respondents said that it took between 1 and 5 hours to fetch water. Most respondents in Dhanano, Guumays and Dhudhub Dhiilo stated it took them more than 1 hour but less than 2 hours to

collect water. In Dharkayn, most respondents indicated that it took them more than 3 hours but less than 5 hours to collect water with 20% of respondents stating they take more than 5 hours to collect water.

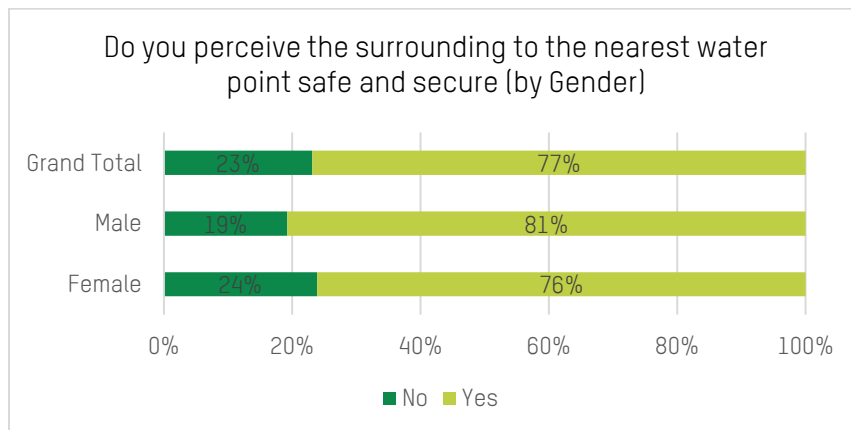


Chart 14: Perceptions on water point safety

Over 30% of respondents in Dhanano, Dharkayn, Geri-hel and Mashruuca reported that the nearest water point was not safe or secure.

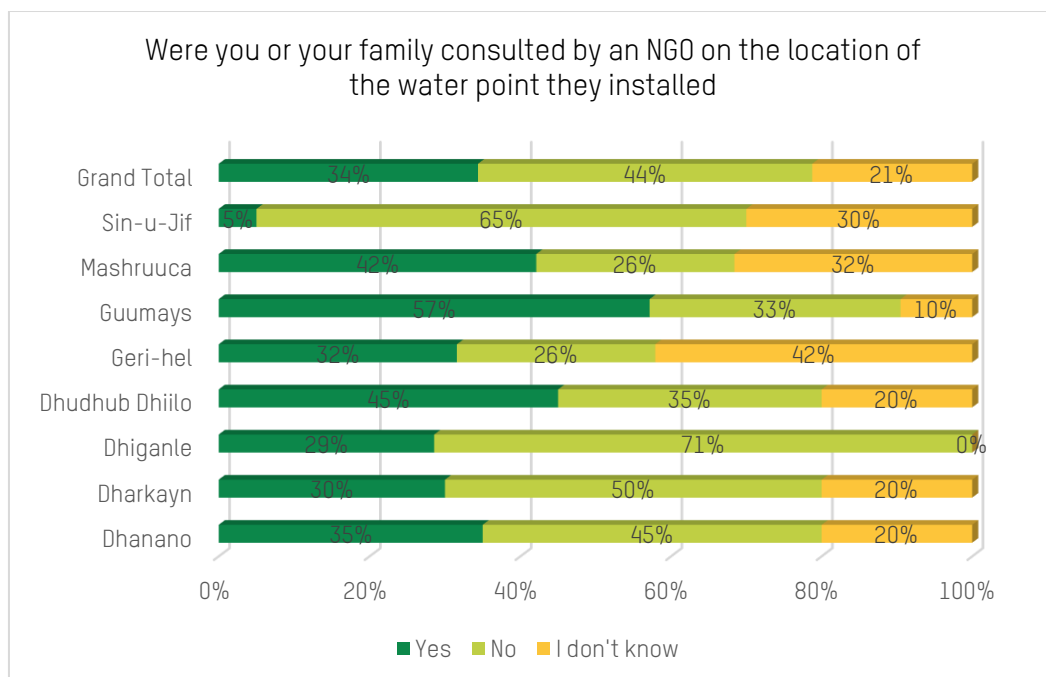


Chart 15: Consultation by NGO on water point location

Overall, 44% of respondents indicated that they were not consulted and 21% reported not knowing whether they were consulted on the location of the water point. Majority of respondents in Dhanano, Dharkayn, Dhiganle and Sin-u-jif stated that they were not consulted by the NGO on the location of the water point.

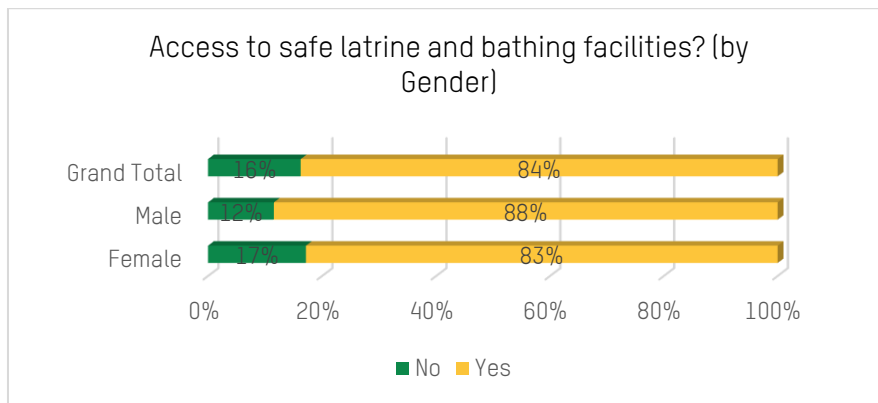


Chart 16: Access to safe latrine and bathing facilities (by gender)

On whether they have access to safe latrine and bathing facilities, 84% of HH survey respondents answered in the affirmative.

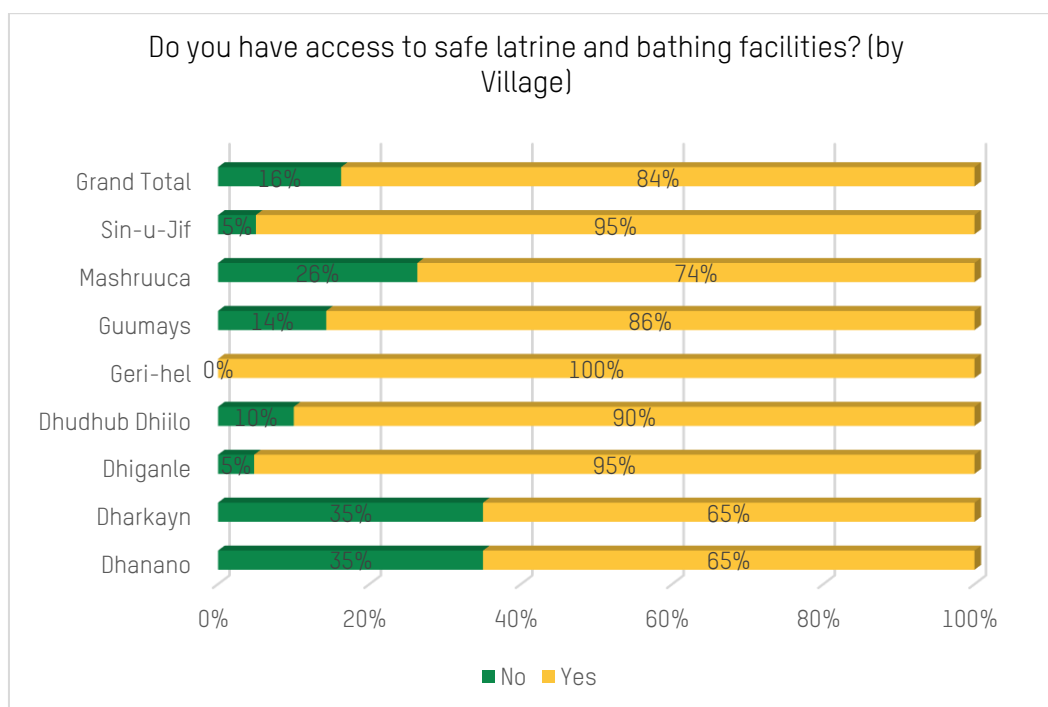


Chart 17: Access to safe latrine and bathing facilities

Looking at data disaggregated by village, over 20% of respondents in Dhanano, Dharkayn and Mashruuca reported that they do not have access to safe latrines and bathing facilities. In FGDs with women and girls, the following challenges in accessing bathing and latrine facilities were raised. First, there is a lack of separate facilities, so bathing is either done in the open which means there is less privacy and safety; or in latrines where hygiene conditions are poor. Likewise, due to a lack of separate facilities there is open defecation. Participants across the board agreed that it is women and girls, especially those who are elderly, disabled, sick, from poor households or IDPs, who suffer the most because of lack of separate facilities as their risk to GBV increases and are more likely to develop health issues because of poor hygiene.

I heard many women and girls are being abused by men. Women have to travel a long distance to find private open places. They make a lot of sacrifices to travel long distances just to defecate
FGD Participant (Girl), Dhiganle

Second, there is lack of privacy or safety due to lack of lighting, roofs, doors, and door locks on bathing and latrine facilities which increases women and girls' risk and vulnerability to GBV, especially at night. Men and boys also highlighted that the facilities are in unsafe places and that there are no separate facilities for men and women. They also explained that poorer households cannot afford to have their own facilities and thus must share communal facilities which sometimes results in conflict. Long queues for communal facilities and lack of latrines were mentioned in Guumays, Mashruuca, Dhudhub Dhiilo and Dhaanano.

Overall, 43% of respondents reported not being consulted in the location of bathing and latrine facilities. In Dhanano, Dharkayn, Dhiganle and Sin-u-jif over 55% of respondents reported not being consulted on the location of bathing and latrine facilities. On whether women and girls are consulted in the design of bathing and latrine facilities, all women and girls in FGDs said that they are not because such decisions are made by men. As one FGD participant explained, "as girls we don't have a big role to play in discussing building and designing of latrines." To design facilities so that they support and enable women and girls: the following were suggested:

- Separate bathing and latrine facilities for better hygiene
- Segregated facilities for women and men for more privacy
- Enough water for better hygiene especially menstrual hygiene management
- Locks, doors, roofs, and good lighting all through the night for privacy and safety

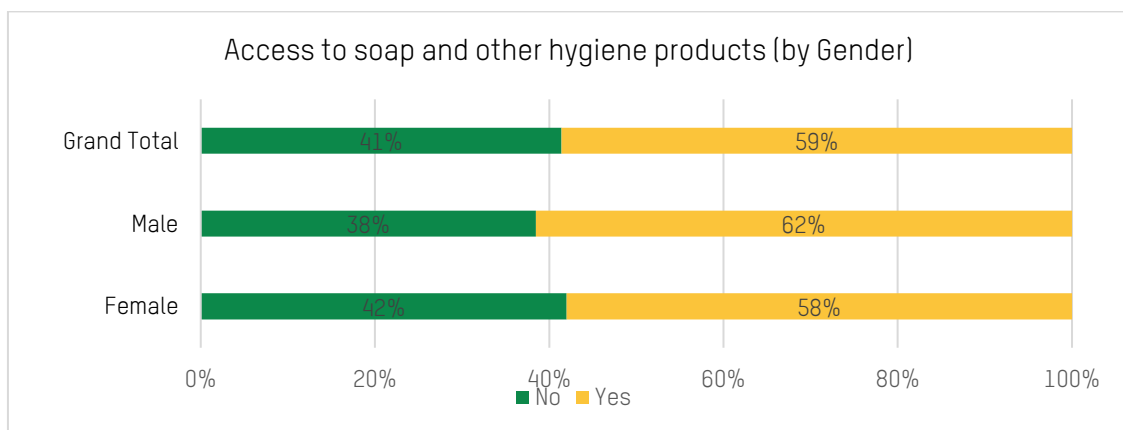


Chart 18: Access to soap and hygiene products (by gender)

41% of respondents reported not having access to soap and hygiene products. Geri-hel and Sin-u-jif had most respondents said they did not have access to soap and other hygiene products.

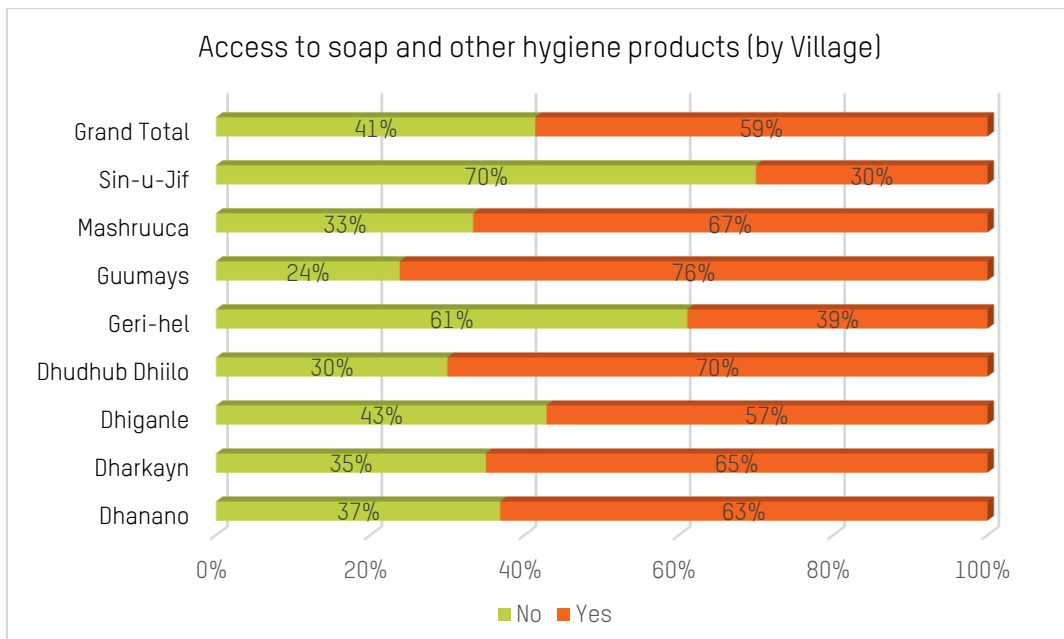


Chart 19: Access to soap and hygiene products (by village)

A KII discussion in Garowe indicated that poor garbage disposal and dumping in dry rivers/ valleys has resulted in infectious/ communicable diseases. Other FGD and KII discussions revealed that the most urgent WASH needs are:

- Regular access to clean water (especially in IDP sites) through digging of more wells and boreholes, rehabilitation of existing infrastructure and desalination
- Adequate safe and secure latrines and bathing facilities
- Adequate waste disposal facilities and garbage collection mechanisms
- Adequate WASH equipment/ other equipment required for maintenance of WASH facilities (such as boreholes) e.g. gloves, shovels, wheelbarrows, sanitation equipment, and garbage collection trucks.
- Funding for WASH
- Technical capacity and human resources on WASH
- Awareness creation around WASH and public hygiene promotion
- Water purifying equipment
- Constant supply of MHM kits

5.5.1 MENSTRUAL HYGIENE MANAGEMENT

Due to the cultural sensitivities surrounding this topic, questions around MHM were asked only to female respondents in both the HH survey and FGDs.

On average, 21% of women surveyed in all villages reported that they did not have any access to menstrual hygiene products. 49% said they have access to MHM products but that these are insufficient, while 31% recorded having sufficient menstrual hygiene products. The villages with the highest number of women reporting that they do not have any access to MHM products were Sin-u-Jif (35%), Guumays (33%), Dharkayn (33%) and Geri-hel (31%).

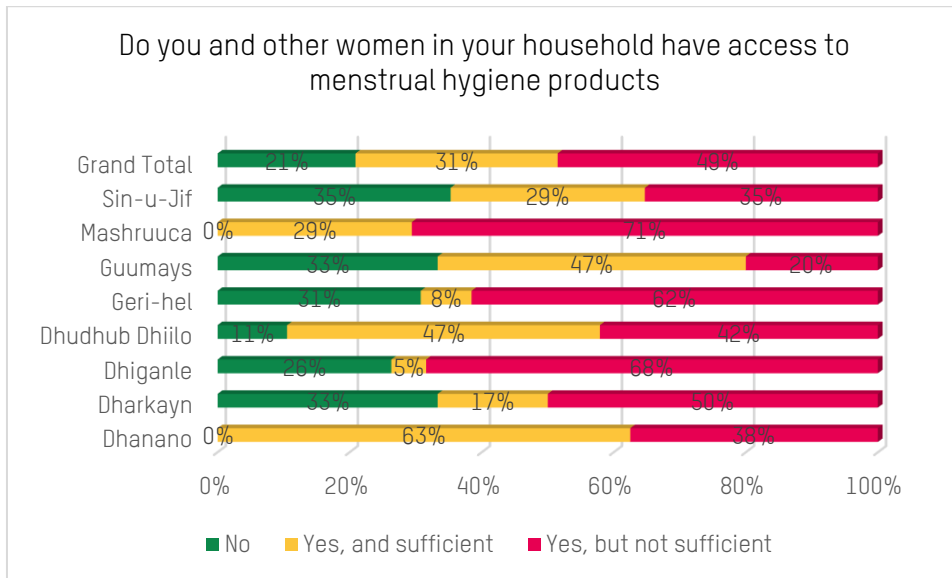


Chart 20: Access to menstrual hygiene products

In terms of MHM practice, the most preferred practice prior to the crisis was disposable sanitary pads. Indeed, over 50% of the women surveyed in all villages except Dhanano, Dharkayn and Dhudhub Dhiilo indicated that disposable sanitary pads were their most preferred practice for menstrual hygiene prior to the crisis. However, a significant shift in preference is noted post crisis. In all but three villages (Sin-u-jif, Mashruuca and Dhiganle) women surveyed indicated that their most preferred hygiene practices now are reusable menstrual cloths.

Data from FGDs with women and girls explains this shift. Despite women preferring to use disposable sanitary pads because these give them better protection and thus more confidence, they say that post crisis, they have less money and are unable to afford disposable sanitary pads. Challenges cited by women and girls in management of their menstrual hygiene include lack of painkillers for management of menstrual cramps; insufficient water for hygiene; insufficient clothes to make reusable menstrual cloths; menstrual cloths not drying in time; lack of proper facilities for disposal of disposable sanitary pads.

Majority of women surveyed reported that they access MHM products through purchasing them or distribution from humanitarian agencies. Indeed, girls in FGDs in Sin-u-jif and Dhiganle explained that they are able to access disposable sanitary pads through MHM kit distributions done by NGOs such as Y-Peer and Care International. However, a considerable number (24%), especially those Dharkayn, Guumays and Geri Hel and Dhudhub Dhiilo reported having no access to MHM materials now.

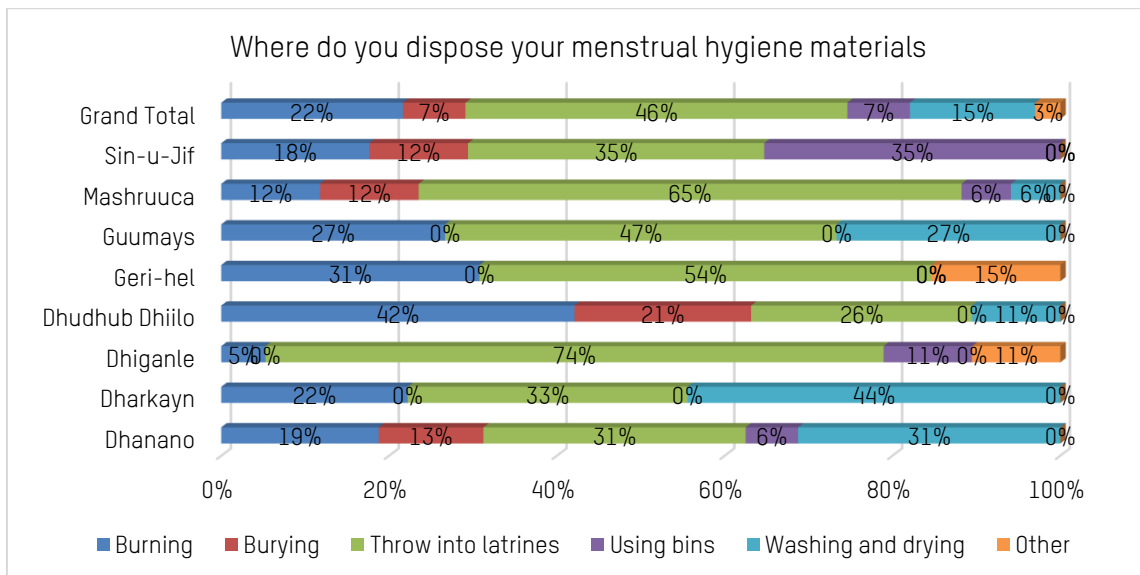


Chart 21: Disposal of menstrual hygiene materials

Most women surveyed dispose their menstrual hygiene materials by throwing in the latrines (46%), burning (22%), or washing and drying (reusable products). A few said they bury them or use the bins.

In terms of religious and cultural beliefs surrounding menstruation, FGD discussions revealed that women who are menstruating are not allowed to pray; attend public places including the mosque and Quranic school; or touch the Quran. Furthermore, discussions revealed that it is a taboo to talk about menstruation generally.

5.6 ECONOMIC FOOD SECURITY AND VULNERABLE LIVELIHOODS

In all FGDs and KIs, participants consistently referred to food insecurity as a serious impact of the crisis; and malnutrition as one of the risks especially amongst infants, pregnant and lactating women, the sick and elderly. Participants referred to the drought, Covid 19, flooding and global economic crisis as the reason for food insecurity. Most women said their children are facing severe malnutrition and in one of the KIs in Qardho, the official mentioned that children have died in the past 3 months due to starvation and malnutrition.

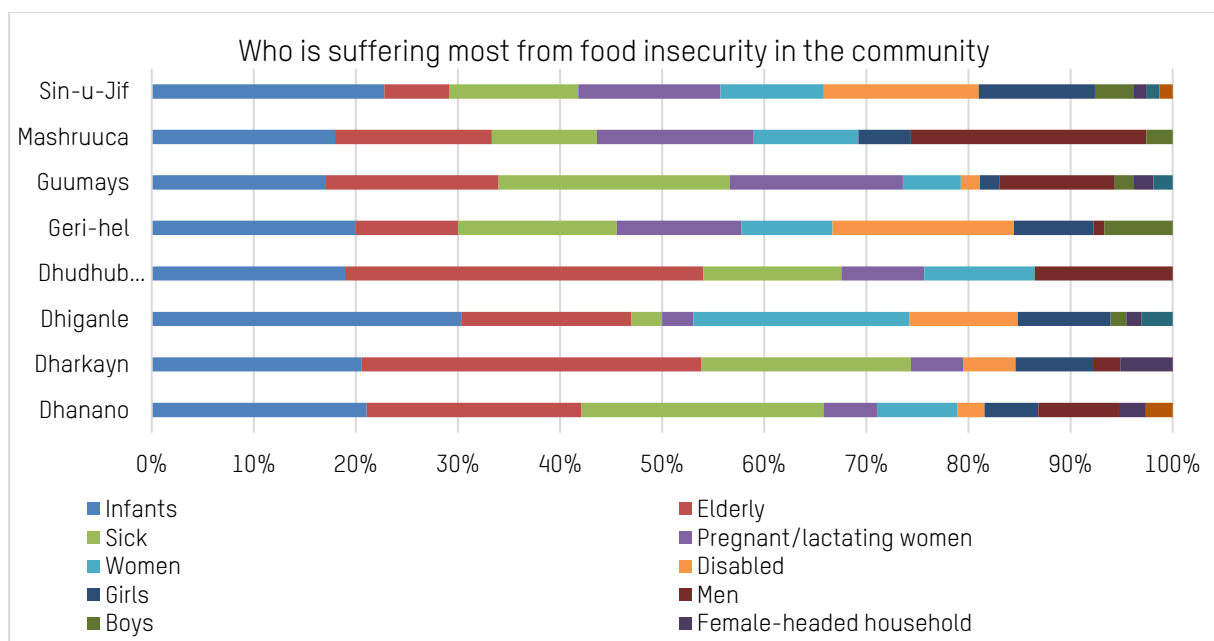


Chart 34: Who is suffering most from food insecurity?

HH survey data indicates that those most affected by food insecurity were reported to be infants, the elderly, sick people pregnant women, women, and people with disabilities.

In terms of access to food assistance, most respondents, except those in Geri-hel and Sin-u-Jif, reported having access to food assistance. 58% of women and men surveyed reported having access to food assistance whilst 42% reported having no access to food assistance. Women are the mostly responsible for getting food assistance. In Mashruuca, more men and girls are responsible for receiving the assistance on behalf of the household whilst in Dharkayn both women and girls were reported to be equally responsible for receiving food assistance. Food assistance was either received in cash or in kind. Respondents in Dharkayn, Dhudhub Dhiilo, Guumays and Sin-u-Jif reported receiving assistance mostly in cash whereas in Dhiganle and Geri-hel it was mostly received in kind. Respondents in Mashruuca and Dhanano reported receiving assistance in both cash and in-kind.

Of those who collect 75% reported that the timing of food aid distribution was safe, 78% said the location of food distribution was safe and over 92% said the method of food aid distribution was safe.

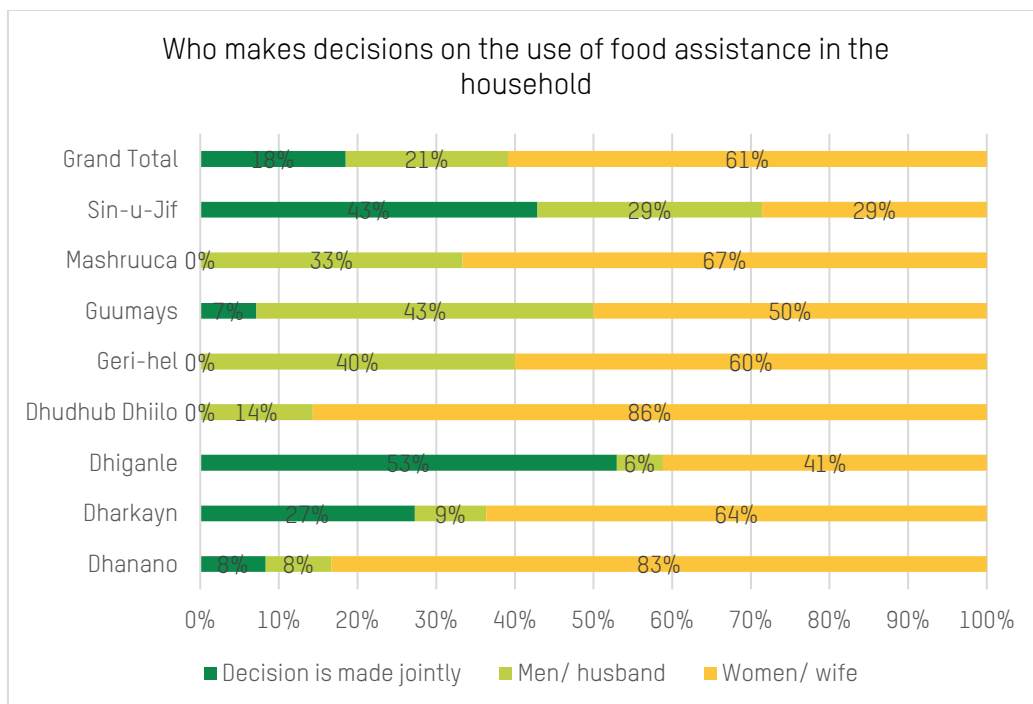


Chart 35: Who decides on use of food assistance in household

Women/ wives make decisions on use of food assistance in the household. This substantiates the findings on household decision making which indicated that most decisions on household management are made by women. In terms of prioritization of food intake and who eats first, in all locations, respondents indicated that infants, children, the elderly, women and pregnant/lactating women are prioritized/eat first.

69% of respondents reported that they do not have any regular source of income. It is only in Mashruuca and Guumays where a close to half of the households were reported to have a regular source of income.

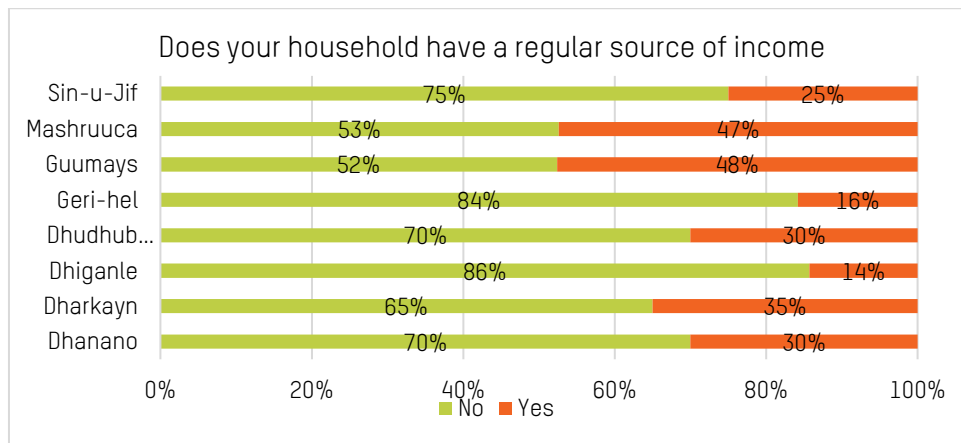


Chart 3622: Does your household have a regular source of income

Out of the households that have a regular source of income, men are the most involved in income generating activities in Sin-u-jif, Dhiganle, Guumays, Mashruuca and Dhudhub Dhiilo. Conversely, women are most involved in income generating activities in Geri hel, Dharkayn, Mashruuca and Guumays, Dhudhub Dhilo and Dhanano. Elderly women and girls less than 16 years old are involved in income generating activities in Geri hel and Dhadhano while boys and elderly men are involved in IGAs in Geri hel, Dharkayn and Dhanano.

FGD discussions revealed that before the crisis, the main source of livelihood was livestock farming. Women were selling animal products, operating small businesses, farming, working on construction sites or doing domestic work. In Guumays, Mashruuca and Dhanano, women are said to have owned assets such as sheep and goats themselves. In addition to livestock farming, men were also farming, operating small businesses, fishing (Dhiganle) working as casual labourers, and doing construction.

All FGDs recognised that there are very limited economic opportunities and income generating activities post crisis. Women are mostly involved in small scale trade and businesses (shops), selling charcoal and firewood, dependent on their husbands or humanitarian assistance. Men on the other hand are depending on humanitarian assistance, international remittances and migrating to do manual/ menial jobs. A KII discussion with an official in Qardo revealed that Bossaso port is not as active as it once was so men who did business there have fewer economic opportunities.

Indeed, in the HH survey, the top three main sources of income reported by respondents were spouses' wages, livestock selling and INGO assistance. As for those households that indicated not having a source of income, they top three reasons were lack of available jobs, lack of skills and increased competition. In Mashruuca and Guumays, distance from workplaces were cited as reasons for not having a source of income whereas lack of documents was one of the main causes in Geri hel. Lack of safety and discrimination on gender were reported in Geri-hel and Dhanano. A majority of respondents recorded that they receive their income on a monthly basis. Others reported receiving a daily income while few mentioned receiving an income 2 to 4 days a week.

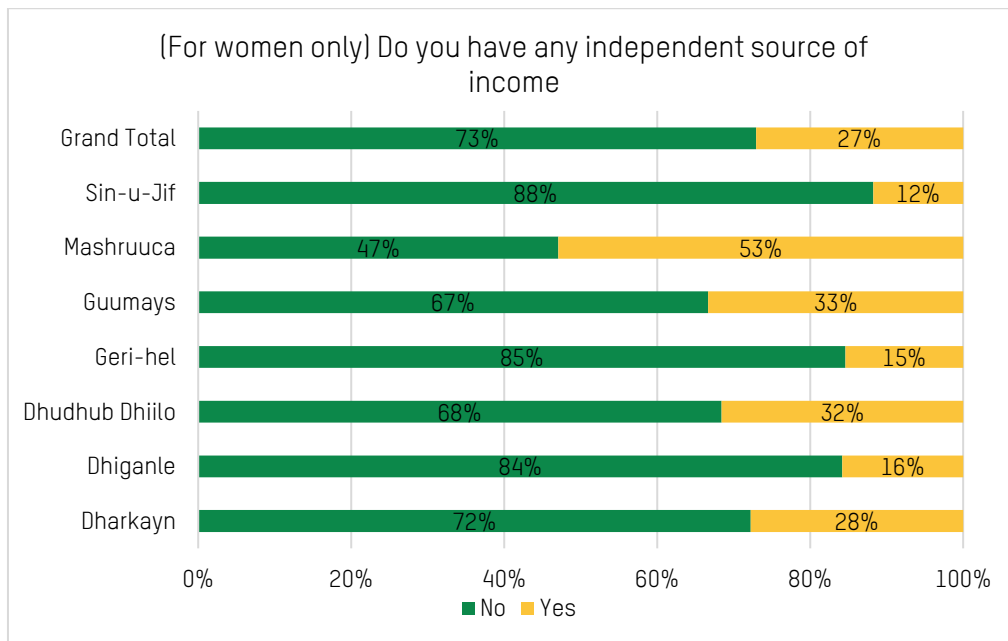


Chart 37: (Women) Do you have any independent source of income

On average, only 27% of women reported having an independent source of income. In Mashruuca, however 53% of women indicated that they have an independent source of income. Most (57%) of women who earn an income reported that they decide how to spend their income themselves. In Geri-hel, all women indicated that decisions on how to spend their money is made mostly by elderly members of their family or by their husband.

In terms of the livelihood support received by the target locations, respondents indicated that it is mainly in the form of livestock restocking, multipurpose cash transfers, business capital, employment support and tools for agriculture.

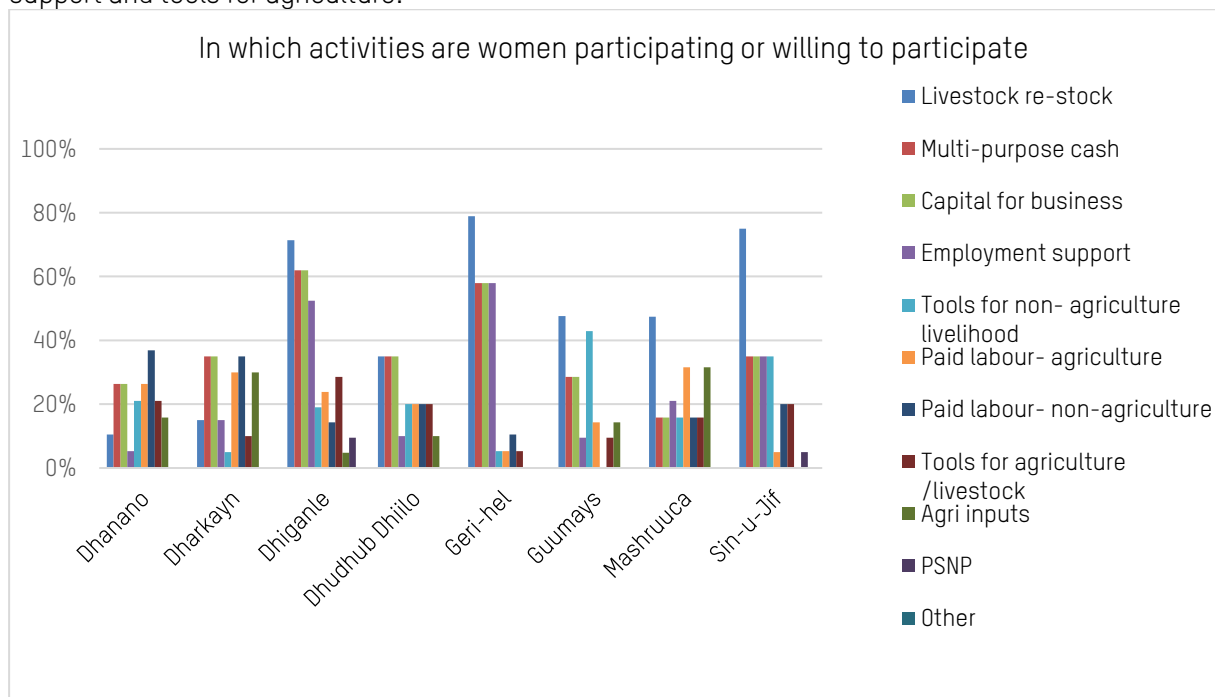


Chart 38: Livelihood activities women are willing to participate in

Most women are participating or willing to participate in livestock restocking, receiving multi-purpose cash transfers, business, employment support and tools for agriculture. Barriers to women's participation in livelihood activities were identified as the burden of care work, lack of skills and experience, harassment at work, lack of menstrual hygiene products, and poor nutrition.

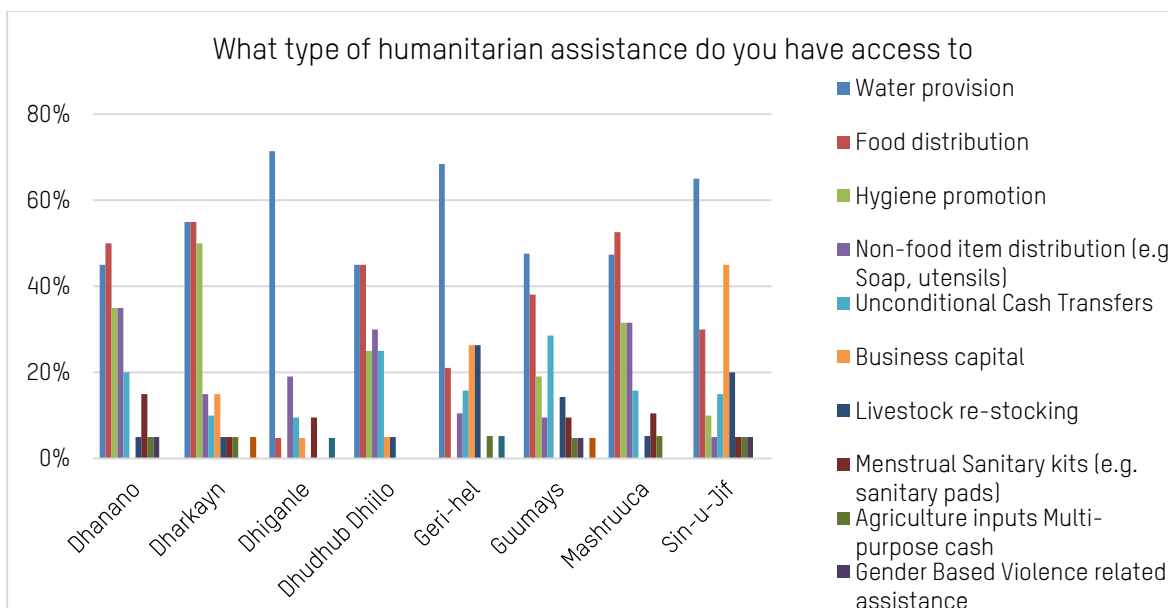


Chart 39: Type of humanitarian assistance received

Over 40% respondents in each target location said they received some kind of humanitarian assistance in the last 3 months (June, July and August 2022). 59% of female respondents said they received humanitarian assistance in the last 3 months compared to 81% of the male respondents who said they had received humanitarian assistance in the last 3 months. 85% of those who received some sort of humanitarian assistance said it was from NGOs while 7% said it was from government and a further 7% said they received assistance from the UN. The most reported type of humanitarian assistance received was water provision, food distribution, hygiene promotion, non food items, unconditional cash transfers and and business capital.

5.7 SEXUAL AND REPRODUCTIVE HEALTH RIGHTS

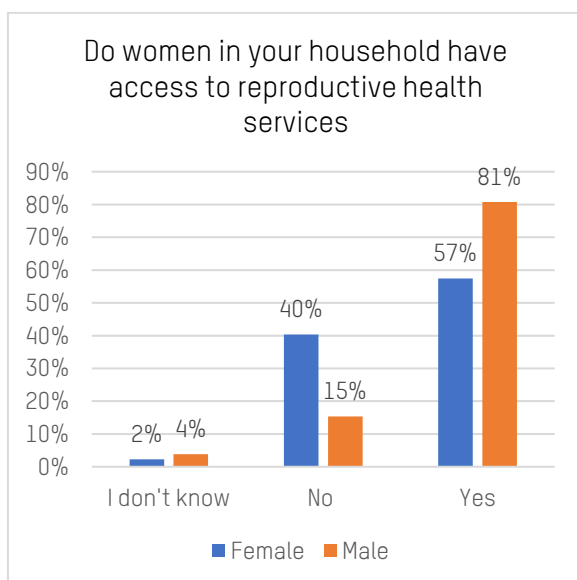


Chart 40: Women's access to SRH services

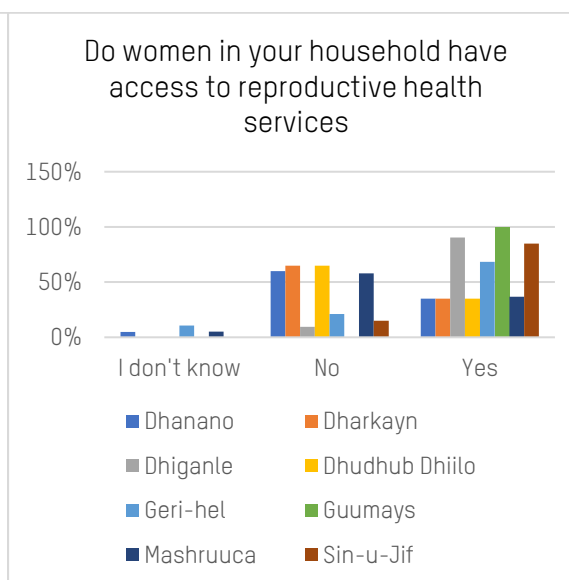


Chart 41: Women's access to SRH services (by village)

57% of women said women in their households have access to reproductive services compared to 81% of men. Most women in Dhudhub Dhiilo, Dharkayan and Dhanano indicated that they do not have access to SRH services. Majority of respondents indicated that SRH services are provided by the government health post or nearby health centre. Others said the services were provided by NGO supported health institutions. In Geri hel, respondents indicated that all SRH services are provided by NGO supported

health institutions. Respondents who indicated that women in their households have no access to SRH attributed this to a lack of health facilities nearby, non-functional health facilities and lack of money to access health services.

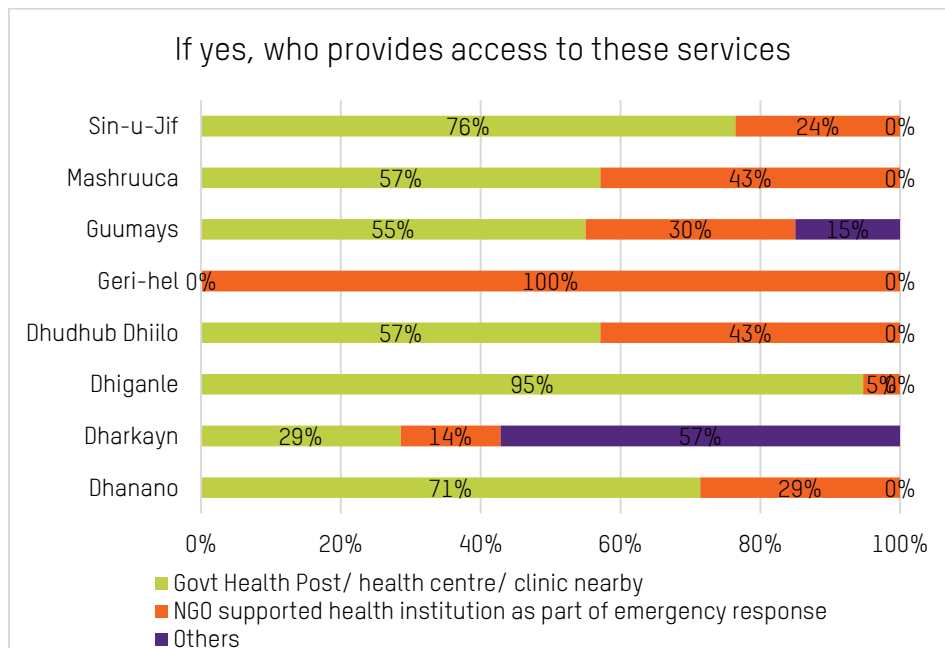


Chart 42: Provision of SRH services (by village)

49% of respondents, especially those in locations with government facilities, indicated that there are health extension workers present in their respective communities whilst 34% said there are none.

5.8 GENDER BASED VIOLENCE

Yes, its common knowledge that in disastrous times, rights of the people are often violated, people become more emotional and the risk of exposure to all types of violence to vulnerable groups increases especially for the women and the youth girls.

KII Respondent, Dhigante

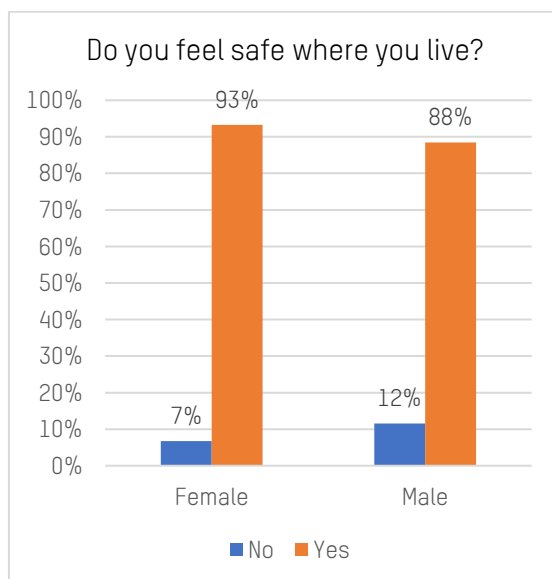


Chart 23: Do you feel safe where you live

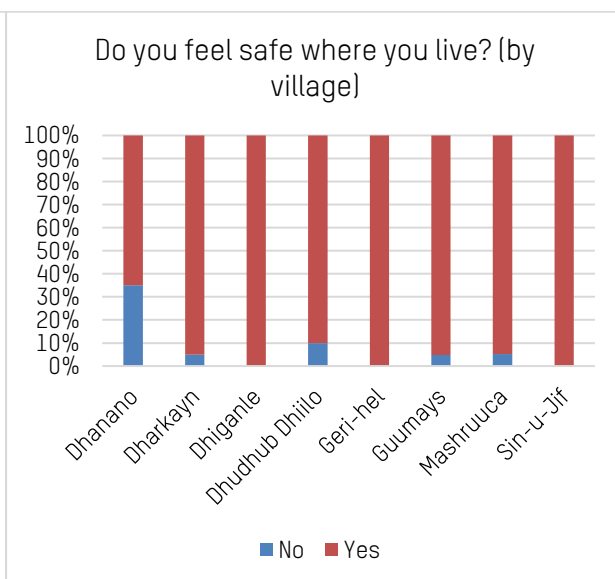


Chart 44: Do you feel safe where you live (by village)

93% of women reported feeling safe where they live compared to 88% of men. It was only in Dhanano where close to 30% of respondents reported not feeling safe where they lived.

No, we feel safe, there is no tension of protection risk in this community. Sometimes the rape may happen in the rural area, though it is very rare. No conflict occurred in this village (Dhiganle), except small conflict which occur between school children and families that are solved by the household themselves.
 KII Respondent, Dhiganle

66% of women and 50% of men reported that they do not believe there are increased protection risks as a result of the crisis. In Geri hel, all respondents reported that there are no increased protection risks due to the crisis. However, KIIs with officials and leaders in Qarrdo, Garowe, Ainabo, Las Anod, Garadag and Gummays point to an increased risk of GBV, especially for women and girls, due to the crisis. They indicate that women and girls have an increased risk to sexual violence when collecting water and firewood and accessing bathing and latrine facilities. They also intimated that the general state of insecurity may increase conflict related sexual violence. In addition, domestic violence was also highlighted as a risk due to tensions over limited income, food and livelihood as a result of the crisis. Perceived risks highlighted in FGDs and the HH survey include domestic violence, rape, physical assault, forced marriage and sexual abuse/exploitation by NGOs.

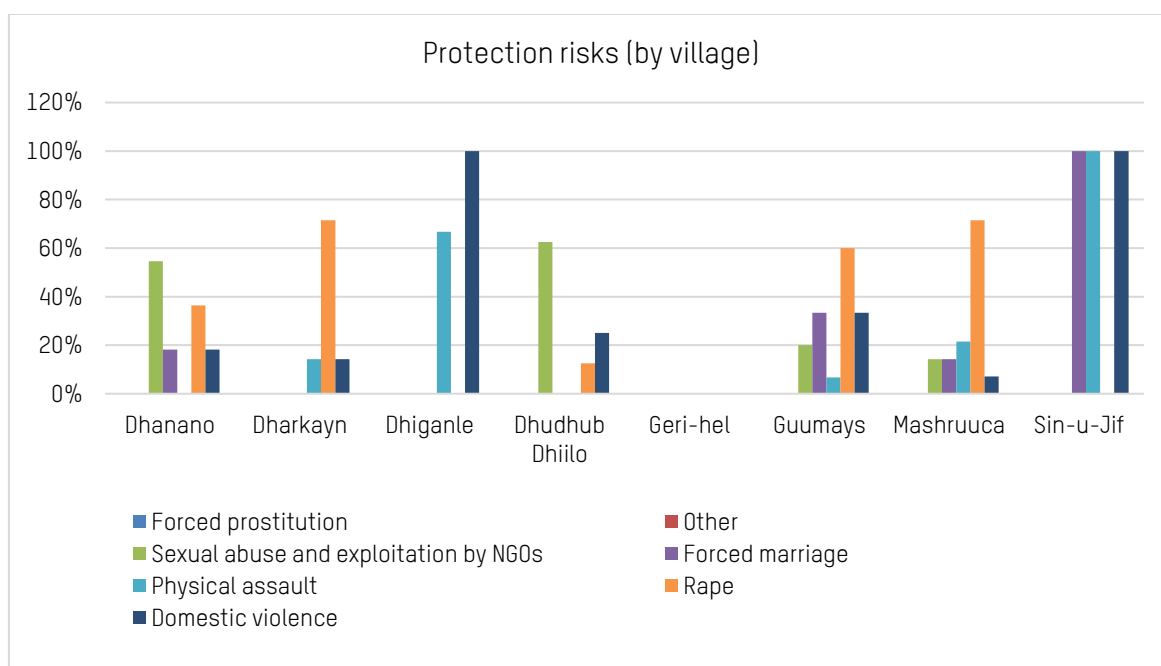


Chart 45: Protection risks

As far as child marriage is concerned, rates for girls/ youth girls were reported as being significantly high. On average, respondents indicated that 18% of girls are married before the age of 15 whilst 39% are married between the age of 15 and 18. In comparison, respondents reported that 11% of boys are married before the age of 15 whilst 30% are married between the age of 15 and 18. There were no reports of child marriages of boys/youth boys in Dhiganle and Geri-hel; and also no reports of child marriages of boys/ youth girls in Geri-hel.

FGD discussions outlined that women and girls have faced the following forms of GBV during the crisis: domestic violence (most cited as being highest in prevalence since the crisis), rape, forced marriage, sexual assault, sexual exploitation and abuse, emotional abuse, FGM, early marriage, attempted rape. For men and boys, most discussions said they do not experience any GBV but there were some which child marriage, emotional abuse and rape were highlighted. In FGD with women and girls, it was asserted that men and boys do not experience GBV because they are the perpetrators.

70% of women surveyed reported not knowing where to report violence or get information on GBV services. Over 60% of respondents Dhanano, Dharkayn, Dhiganle, Dhudhub Dhiilo, Geri-hel and Sin-u-Jif did not know where to report violence or get information on services for GBV. In terms of support for GBV survivors, most FGDs with women and girls in Dhanaano, Dhudhub Dhiilo, Mashruuca and Dharkayn

indicated that it is the traditional/ clan leaders who handle these cases. They explained that most times, GBV cases are handled by men through fines with little support given to survivors.

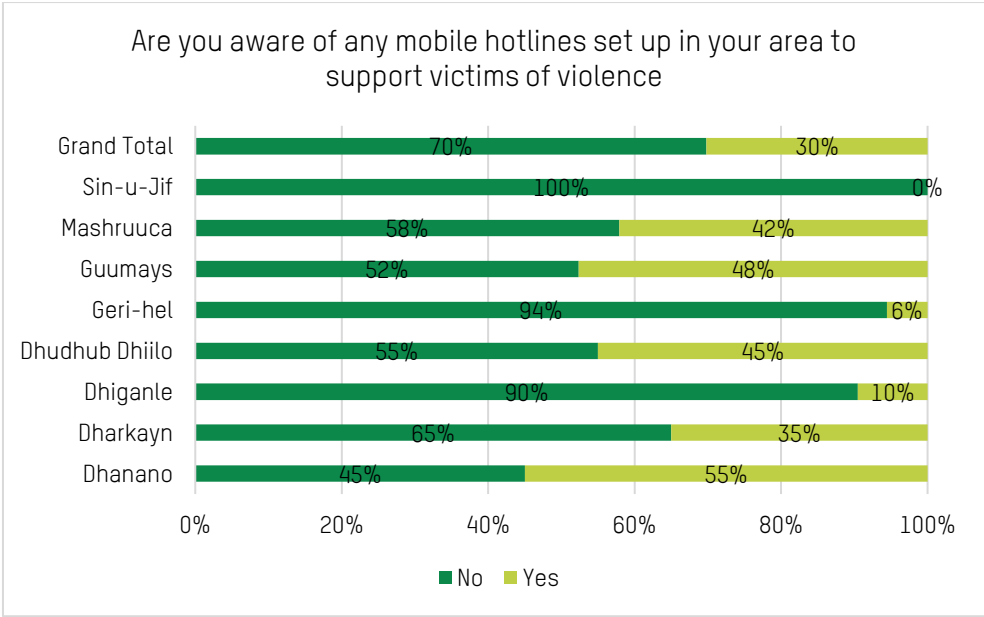


Chart 24: Awareness of hotlines

Regarding hotlines, 70% of women and men surveyed said they were not aware of any hotlines in their area. In Sin-u-jif, all survey respondents indicated that they were not aware of any hotlines in their area. 68% of women and 58% men surveyed do not think women would use a confidential hotline if available

FGDs with girls and KIs with community leaders in Geri Hel and Sin-U-jif however indicated that KAALO has a hotline number which survivors can use and that it also provides information on GBV referral pathways. FGDs with men and boys in Geri hel demonstrated awareness on NGOs that support GBV. Moreover, key informants confirmed the existence of hotlines in Dhiganle, Las Anod, Qardo and Garowe.

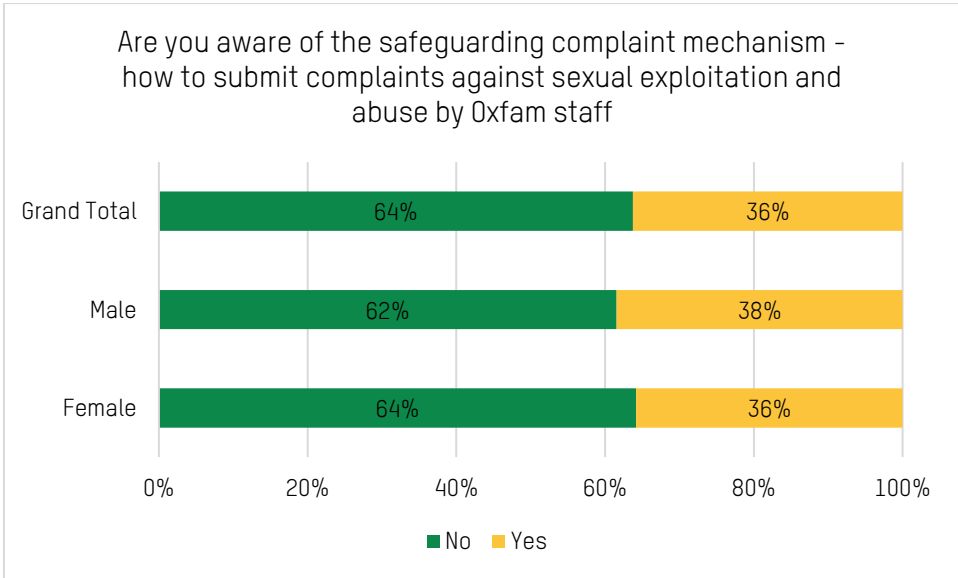


Chart 47: Awareness of safeguarding complaint mechanism

Concerning safeguarding, most men, women, boys, and girls have very low awareness levels of sexual exploration and abuse. 64% of women surveyed and 62% of men surveyed reported that they were not aware the safeguarding complaint mechanism and how to submit complaint against sexual exploitation and abuse by Oxfam staff.

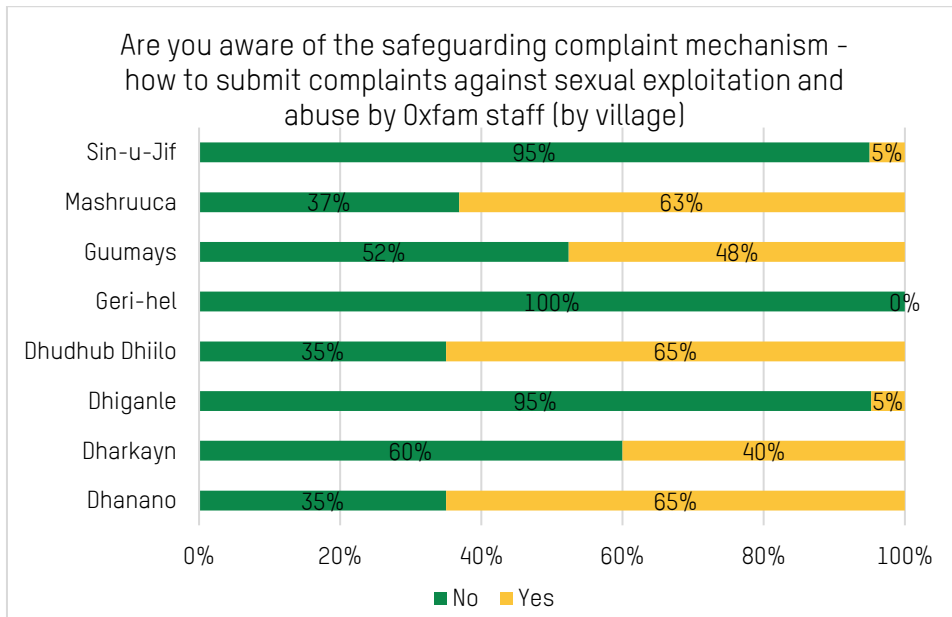


Chart 48: Awareness of safeguarding mechanism (by village)

Awareness on the safeguarding complaint mechanisms was lowest in Dharkayn, Dhiganle, Geri-hel and Sin-u-Jif with over 60% respondents stating they were unaware of the safeguarding complaint mechanism. On the contrary, Dhanano, Dhudhub Dhiilo, and Mashruuca had over 60% of respondents reporting that they were aware of the safeguarding complaint mechanism. Furthermore, FGD discussions revealed in locations near the Somaliland-Puntland border cannot access or give feedback through the Oxfam hotline 2041 because it cannot work on the Golis mobile phone network.

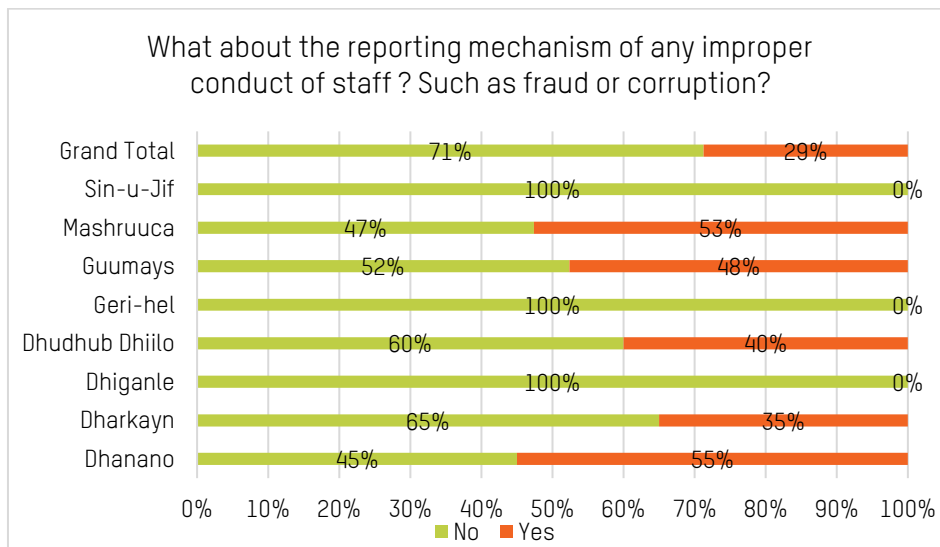


Chart 49: Awareness of reporting mechanism for improper conduct

71% of women and men surveyed reported not knowing the reporting mechanism for improper conduct. In Dharkayn, Dhiganle, Geri-hel and Sin-u-Jif over 65% of respondents said they are not aware of the reporting mechanism. It is only in Dhanano and Mashruuca where respondents indicated that they were aware of the reporting mechanism for improper conduct of staff or fraud or corruption.

6 RECOMMENDATIONS

6.1 WATER, SANITATION AND HYGIENE

- Prioritize rehabilitation of boreholes and existing infrastructure, water desalination and training on cleaning and maintenance of water points in consultation with women and girls
- Conduct mapping of water points, especially in IDP villages, and construct more wells and boreholes based on recommended distances to reduce time spent on water collection.
- Where water is charged, consider subsidies most vulnerable groups
- Provide WASH equipment required for water storage maintenance of WASH facilities e.g., jerry cans, gloves, shovels, wheelbarrows for fetching water, storage tanks, water purification equipment
- Set up adequate garbage disposal management system consultation with communities and ensuring women and girls participate meaningfully. Where possible support existing arrangements such as weekly garbage collection initiatives
- Ensure gender responsive programming based on Sani tweaks and implement the following in all project locations:
 - Construction of segregated latrine and bathing facilities with doors, locks, roofs, adequate lighting (solar light lamps) and proximity to households
 - Construction of separate bathing and latrine facilities
- Establish and broker partnerships with development partners, government, and other organizations to secure additional funding for WASH
- Build technical capacities on WASH at local, district and national level
- Implement community engagement plan (including using Community Perceptions Tracker) to support consultation with women and girls on design and of WASH facilities and programmes
- Prioritize hygiene kit distribution with sufficient reusable sanitary pads and soap for women
- Conduct sensitization on general and menstrual hygiene with due regard to cultural sensitivities

6.2 ECONOMIC, FOOD SECURITY AND VULNERABLE LIVELIHOODS

- Conduct risk mapping (including for GBV risk mitigation) in consultation with communities to inform all cash and livelihoods interventions
- Considering the dire economic situation and loss of livelihoods, implement cash transfer (unconditional, multi-purpose and conditional) with solid interventions for GBV risk mitigation, especially to prevent domestic violence at household level
- Specifically target those most in need such as pregnant women, women from minority groups, IDPs, elderly, people with disabilities and those with chronic illness for unconditional cash transfers and cash relief.
- Provide vocational skills training to suit needs for men, women, boys, and girls with support for those who want to venture into acquire non-traditional skills
- Support existing village savings and loans association in Puntland villages and creating similar ones if interest is there in villages in Somaliland based on lessons from Puntland. Consult with men and identify whether have similar interventions that can be supported
- Prioritize food distribution especially for women and child headed households and those with people with disabilities, older people, pregnant and lactating women, and those with chronic illness. As women were reported to be the ones who collect humanitarian aid, consult regularly to ensure distribution times are convenient and take into consideration other care responsibilities. Ensure distribution sites are accessible and friendly to women who may need to come with small children.
- Work together with protection team to develop IEC materials that can be affixed at distribution sites and to ensure GBV risk mitigation in food distribution
- Provide conditional grants/ loans for small businesses and entrepreneurships
- Explore support for women who are participating in income generating activities by providing stipend for childcare/ other care responsibilities.
- In consultation with women and men, develop cash for work programme and alternative livelihoods to support transition from livestock farming

- Explore provision of fodder and renewable energy for cooking to reduce amount of time women and girls spend on collecting firewood.
- Identify strategies and programmes that can address substance abuse (khat)

6.3 PROTECTION

- Work with WROs, GBV committees and women leaders to raise awareness on GBV (risk, types, causes, consequences etc) GBV services (including hotlines) and GBV referral pathways in communities with a special focus on women and girls as well as men and boys.
 - Work with opinion shapers such as religious, community and tribal leaders/ elders to sensitize on GBV and why alternative dispute resolution (ADR) should not be applied for GBV cases
 - Built capacity of others with influential positions in community such as teachers and community health workers to raise awareness on GBV and support survivors
- Support GBV sensitization around child marriage and FGM
- Support WROs to advocate and lobby for end of mediation/ ADR in GBV cases
- Work with WROs to raise awareness of GBV service providers in health, security, legal sectors on GBV, GBV referral pathways and survivor centred GBV response
- Together with gender team, support other ESFVL and WASH sectors to incorporate GBV risk mitigation into programming
- Support development of IEC materials to raise awareness on GBV
- Coordinate with other protection actors to identify protection risks and come up with community-based protection solutions especially to clan conflict and insecurity
- Support community cohesion programmes to reduce tensions around armed groups and tribal conflicts in the IDP settlements.

6.4 GENDER

- Support awareness raising on gender to address harmful gender norms and root causes of gender inequality and discriminatory practices through context specific targeted interventions or standalone gender responsive programming
- Advocate for support of women and girls considering increased care burden and support other sectors to integrate specific interventions in their programming that reduce care burden
- Engage men and boys on masculinities and gender stereotypes, roles/cultural norms and provide culturally relevant and sensitive spaces for support
- Work with WROs and other actors to advocate for and support women's leadership and participation in community decision making
- Work to identify ways to mitigate backlash considering shifting gender roles at household level and increased tensions as result of the crisis
- Support for women's leadership at community level- basic leadership, confidence building
- Monitor and advise other sectors on increasing access to information for women and girls by tailoring messaging on the crisis to meet their needs and disseminating through channels that best reach them in language and format they can understand

6.5 SAFEGUARDING AND SAFE PROGRAMMING

- Ensure all safeguarding and safe programming steps (especially awareness on complaints mechanism) must be taken before any intervention to ensure that all programme beneficiaries have equitable and safe access to the projects.
- Conduct risk analysis and continuously monitor data to identify any potentially harmful impact and adapt the response accordingly.
- Work with protection teams and safeguarding focal points to establish confidential referral information within the project teams and within the communities.
- Ensure that only female staff work with women's groups, and male staff with men groups.

NOTES

¹ This is projected population based on the 2014 estimate of 3.6 million using the growth rate of 2.93 percent

² UNFPA (2014). Population Estimation Survey (PESS).

³ NAGAAD (2019). Gender Assessment Report

⁴ Centre for Policy Analysis (2021). Somaliland: a Lighthouse of African Democracy with Limited Women Representation: A Paper On The 2021 Elections and the Challenges of Women's Political Participation.

⁵ Constitution of the Autonomous Region of Somaliland- Dastuurka Jamhuuriyadda Somaliland (2001)

⁶ NAGAAD has been at the forefront of advocating for a quota to increase women's political participation and representation. In 2017 a Quota Taskforce was established which supported the three political parties to establish a 30% voluntary quota in each of their parties. This was however not honoured. NAGAAD (2019) pp36

⁷ Centre for Policy Analysis (2021). Somaliland: a Lighthouse of African Democracy with Limited Women Representation: A Paper On The 2021 Elections and the Challenges of Women's Political Participation

⁸ Central Statistics Department, Ministry of Planning and National Development, Somaliland Government. The Somaliland Health and Demographic Survey 2020 p 3

⁹ Central Statistics Department, Ministry of Planning and National Development, Somaliland Government. The Somaliland Health and Demographic Survey 2020 p 5

¹⁰ See the National Constitution; Urban Land management Law No. 17/2001 (amended in 2008); Agricultural Land Ownership Law No. 08/1999

¹¹ NAGAAD (2019). Gender Assessment Report p 19

¹² NAGAAD (2019). Gender Assessment Report p 26

¹³ United Nations Development Programme (2012). Somalia Human Development Report 2012: Empowering Youth for Peace and Development, p.xviii

¹⁴ Moser, Caroline (1989) Gender planning in the third world: Meeting practical and strategic gender needs, World Development Volume 17, Issue 11, November 1989, Pages 1799-1825

