



CASE STUDY: SOMALIA

FUNDING FOR GENDER EQUALITY AND THE EMPOWERMENT OF WOMEN AND GIRLS IN HUMANITARIAN PROGRAMMING



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Cover photo: Participants in the Pastoral Community Development Programme (PCDP III), like this woman in Ethiopia’s Somali Region, are improving their livelihoods. © FAO/IFAD/WFP/Michael Tewelde, 2017.

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ACRONYMS

CBPF	Country-based pooled funds
CERF	Central Emergency Response Fund
CHD	Child Health Days
CTFMR	Country Task Force on Monitoring and Reporting
DAC	Development Assistance Committee
DTP	Diphtheria- tetanus-pertussis
EGEP	Educate Girls, End Poverty (Relief International programme)
EmONC	Emergency obstetric and newborn care (BEmONC = Basic; CEmONC = Comprehensive)
FGM	Female genital mutilation
FTS	Financial Tracking Service
GAM	Gender with Age Marker
GBV	Gender-based violence
GEEWG	Gender Equality and Empowerment of Women and Girls
GEM	Gender Equality Marker
GII	Gender Inequality Index
GTG	Gender Theme Group
HRP	Humanitarian Response Plan
IASC	Inter-Agency Standing Committee
IDP	Internally displaced person

IOM	International Organization for Migration
IPV	Intimate partner violence
NFI	Non-food item
MCH	Maternal and Child Health
MUAC	Mid upper-arm circumference
MAM	Moderate Acute Malnutrition
NGO	Non-governmental organization
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
OECD	Organisation for Economic Co-operation and Development
OPV	Oral polio vaccine
ORS	Oral rehydration salts
PLW	Pregnant and Lactating Women
PSEA	Prevention of Sexual Exploitation and Abuse
SomReP	Somalia Resilience Programme United Nations
SRH	Sexual and reproductive health
TT	Tetanus-toxoid
UNHCR	United Nations High Commissioner for Refugees
VSLA	Village Savings and Loan Association
WASH	Water, sanitation and hygiene



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Photo: A Somali woman drawing water from one of the many man-made ponds dug through a UNDP-supported initiative to bring water to drought-affected communities. © UNDP Somalia.

SUMMARY

Overview of the case study

For decades, conflict, insecurity and natural disasters such as droughts, cyclones and floods have made Somalia a difficult and volatile humanitarian crisis. It has one of the largest populations of internally displaced persons (IDPs) in the world, with displacement driven by the conflict with al-Shabab, fear of violence, drought, lack of livelihood opportunities and evictions.

Life for women and girls in Somalia is challenging. Somalia ranks fourth-lowest for gender equality globally, maternal and infant mortality rates are some of the highest in the world, and early marriage is prevalent. An estimated 91 per cent of women aged 15 to 19 have undergone female genital mutilation (FGM)¹, which has both short-term and long-term physiological, sexual and psychological repercussions. Gender-based violence (GBV) is pervasive, dominated by physical assault and intimate partner violence (IPV). Three out of five children are out of school and boys are often favoured over girls.

¹ UNFPA. "Somali Demographic Health Survey (SDHS)." Unpublished.

Approach to analysis

The analysis is unique because it not only distinguishes between the amount of funding requested and the amount of funding received to ascertain the funding gap, but it also audits and recodes project gender markers to specifically determine the amount of tailored and targeted funding that is actually available for women and girls.

One of the first steps undertaken was to audit the data, available through the FTS, for the project documents that support the Somalia Humanitarian Response Plan (HRP). This analysis was undertaken for both 2017 and 2019. The Inter-Agency Standing Committee (IASC) introduced a revised version of the 2011 Gender Marker in 2018, now the 2019 Gender with Age Marker ((GAM). Due to significant changes in the way that this marker was applied, the 2019 analysis was used to audit how accurately it reflects data on funding flows to women and girls.

Illiteracy rates among women in IDP communities is 76 per cent and 59 per cent for the non-displaced, compared with 60 per cent for IDP men and 39 per cent for non-displaced men.

This case study reviews the current context for funding for Gender Equality and Empowerment of Women and Girls (GEEWG) in Somalia, including the levels of funding requested, funding received, and the consequences of the funding gap. The study relies on funding reported to: 1) the Financial Tracking Service (FTS) of the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), which includes the Inter-Agency Standing Committee (IASC) Gender with Age Marker (GAM) and its earlier Gender Marker, and 2) data on funding flows from the Organisation for Economic Co-operation and Development (OECD) using their Gender Equality Marker (GEM). The study specifically focuses on funding for women and girls, though the findings are very applicable for GEEWG writ large, as the research found little programming that explicitly targeted gender equality more broadly.

Data was audited and recoded to identify projects as follows:

- **PROJECTS THAT "TAILOR" THEIR ACTIVITIES TO WOMEN AND GIRLS.** In this category, the project aims to contribute significantly to outcomes for women and girls. Projects that received a tailored code had to indicate that they not only assessed the specific needs of women and girls, but tailored activities towards those needs, for example by modifying the design of WASH facilities, ensuring that health programmes had tailored activities to meet the health needs of women and girls, or by investing in GBV programmes that tailored activities differently for boys and girls affected by violence.
- **PROJECTS THAT "TARGET" THEIR ACTIVITIES TO WOMEN AND GIRLS.** In this category, the principal purpose of the project is to primarily and

explicitly target women and girls with relevant activities. Projects with this code were most often GBV or sexual and reproductive health projects that explicitly targeted women and girls in their entirety (men and boys could be part of the programme, for example in the case of GBV programmes that engage men and boys for social norms change). They also included, for example, projects with livelihood activities targeted entirely at the needs of women and girls.

Importantly, these two categories should not be seen as exclusive of each other. For example, a targeted sexual and reproductive health programme could be integrated into a wider health programme, in which case it would receive a code of “tailored”.

Funding for women and girls

The 2017 Humanitarian Response Plan (had a total requested amount of \$1.508 billion (note that this is the revised amount, as the was increased in light of the drought that year). Of this, 69 per cent, or \$1.038 billion, was received.

The recoding exercise indicates that existing data reported against the gender marker significantly overstates the number of projects, amount of funding requested, and amount of funding received

The intention was to adhere to the language and guidance around the existing IASC gender coding, by differentiating between programmes whose principle purpose is to primarily and explicitly target women and girls, and programmes that aim to contribute significantly to outcomes for women and girls within a broader set of activities by tailoring activities for women and girls.

Further, projects that do not receive a tailored or targeted code are still benefiting women and girls. They are differentiated in that they deliver services to men, women, boys and girls but with no indication of tailoring or targeting their services to these different groups.

for programmes for women and girls (Figure E1).

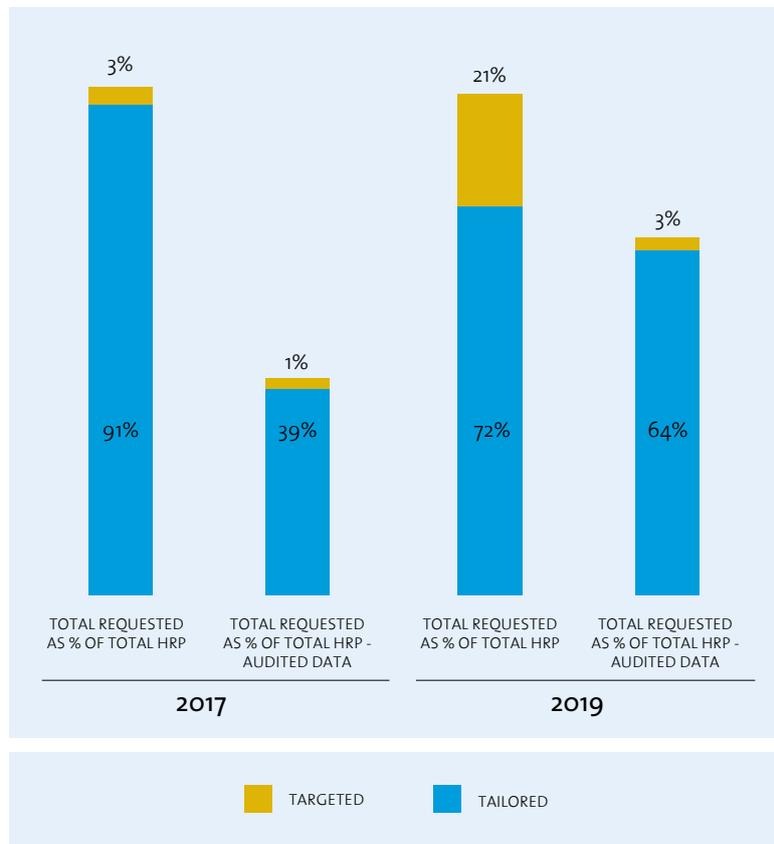
The audit of data reported to the FTS reveals that there is a large discrepancy between projects that report a GAM score in FTS, and projects that actually completed the GAM online assessment. Further, whereas self-reported GAM data in 2019 indicated \$994 million requested for projects with a targeted or tailored focus on women and girls, the reclassification reduced this figure to \$719 million requested for women and girls.

Photo: © UNDP Somalia.



FIGURE E1:

Data audit: Total funding requested for programmes for women and girls as a percentage of the total HRP, 2017 and 2019



While the amount of funding requested for women and girls has increased, it still falls short of the overall response (Figure E2). In 2017, 40 per cent of funding requests had either a targeted or tailored focus on women and girls. Of those requests, 39 per

cent were tailored within broader activities while only 1.4 per cent explicitly targeted women and girls. In 2019, the percentage of funding requests increased to 67 per cent and 64 per cent were tailored while 3 per cent targeted women and girls.

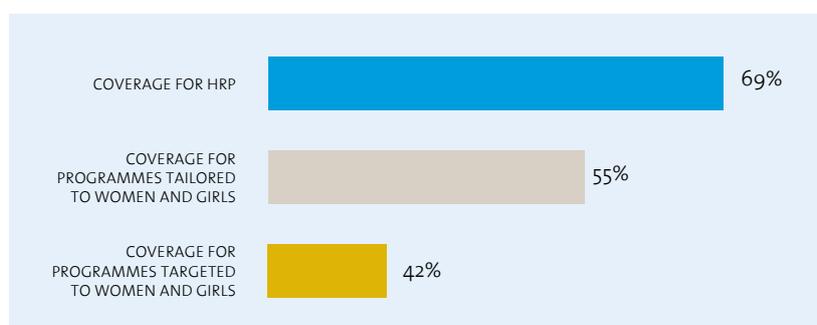
FIGURE E2:
Funding requested, as percentage of total HRP amount requested, 2017 and 2019



Further to this, a comparison of the amount of funding received indicates that **coverage for programmes focused on women and girls may be disproportionately underfunded compared with the overall response, though the data is mixed (Figure E3)**. The overall response was 69 per cent funded, and funding coverage for programmes

with a tailored or targeted focus on women and girls also tracked at 69 per cent funded according to FTS. However, funding for programmes targeting women and girls has the least coverage, with only 26 per cent of funding requested reported as funded, compared with coverage for tailored programmes estimated at 70 per cent.

FIGURE E3:
Comparison of funding coverage, 2017

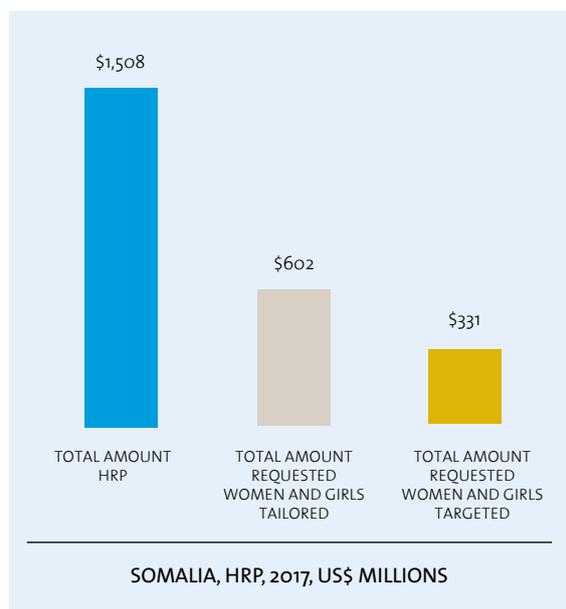


The combined effect of low levels of funding requested and received signifies a double threat for programming for women and girls – programming that is often life-saving and yet not

receiving adequate support (Figure E4). Not only is the amount of funding requested for women and girls falling significantly short of the overall request, but it is then disproportionately underfunded.

FIGURE E4:

Funding requested and received for tailored/targeted programming for women and girls, as compared with the overall response, 2017



The majority of funding requested in both 2017 and 2019 with a tailored focus on programming for women and girls was for nutrition, livelihoods, WASH and sexual and reproductive health. In 2017, projects with a targeted focus on women and girls were dominated by GBV, and in 2019, the focus was on GBV and sexual and reproductive health. The amount of funding received in 2017 was highest for education, WASH and sexual and reproductive health.

The benefits of action

Studies on the benefits of action are limited. However, a number of compelling studies indicate that the benefits of action can be significant, thereby pointing to the consequences of funding gaps. The studies point to several key factors that are determinants of positive outcomes for women and girls. Several studies highlight the key role that social capacities play in positive outcomes – including social capital, self-esteem and empowerment, collective action, education of women, and social

norms change. Awareness raising and bursaries are shown to have a strong impact on education of marginalized girls; provision of sanitary kits, solar lamps, construction of girls' latrines, and girls' clubs are all shown to have a positive correlation with school attendance and performance. And a study that evaluated a package of interventions to address child health found that the intervention was highly cost effective at \$34 per life year saved.

Discussion of findings

Tracking funding to gender by overall funding categories under the HRP is very useful for providing an overview, but does not reveal the specific types of gender-focused programmes that are receiving funding, as well as the more specific gaps. Despite evidence that the benefits of action far outweigh the costs, significant gaps in funding and hence programming continue to persist.

- The Somalia crisis is perceived by the international community as a food security crisis rather than a protection crisis, and this may help

explain the lack of funding for women and girls. The amount of funding received for programmes with a significant or principal focus on women and girls was highest for education, WASH and sexual and reproductive health. Of concern, out of these projects with a significant or principal focus on women and girls, no projects reported receiving funding within the FTS under the following categories: protection, child protection, health and life skills.

- Feedback during consultation highlighted the following notable gaps in funding for women and girls especially on long-term needs for durable solutions and bridging the gap between humanitarian and development activities: pursuing legal action for GBV, FGM prevention and treatment, longer-term programmes for women including education and political participation/civic engagement, a lack of health services and facilities, mental health support, social norms and behaviour change, and programmes for adolescent girls and youth.
- A variety of contextual factors were described as limiting funding for women and girls: the

Somalia response is still heavily focused on humanitarian response and therefore longer-term funding for programmes for women and girls is limited. Somalia is a challenging and volatile context to work in, which can hinder progress on programmes for women and girls. Capacity building was frequently mentioned as a key constraint to funding flows, both for local organizations to engage with communities as well as at the government level, thus limiting full engagement on issues related to women and girls.

Recommendations

- **Increase investment to close the funding gap on programming for women and girls.** The data presented clearly indicates a funding gap for tailored and targeted programmes for women and girls. The consequence is insufficient services, including life-saving services, to meet the needs of women and girls. The under-financing of interventions for women and girls is a barrier for GEEWG in humanitarian crises.
- **Expand the types of programming for women and girls that fit under a humanitarian mandate.** This expansion is critical to build durable solutions as part of the Humanitarian Reform Agenda, and should include greater investment in: **(1) gender transformative programming around social norms and behaviour change; (2) programming that intentionally targets women and girls in the design or decision making around humanitarian response; and (3) local women's organizations as lead actors in the response.**
- **Strengthen the GAM and use audited data for programming, advocacy and transparency.**
- The IASC GAM has been developed, reiterated, and is gaining ground in its consistent use across humanitarian appeals. However, there is significant confusion around what the GAM score indicates, and ongoing auditing of GAM scores will be essential to have a more accurate picture of funding flows to women and girls, alongside continued strengthening and capacity building for organizations to use the tool effectively.
- **Track funding alongside impact.** As highlighted throughout this report, increased levels of funding need to be tracked alongside improved outcomes for women and girls. Tracking the effectiveness of programming will depend on a gender equality results chain that includes a robust gender analysis, planning, identification of outcomes and indicators, and budget allocation, and will be key for successful interventions.



Photo: Somalia suffers from worst drought in century: Women rush to a feeding centre after the soldiers of the Transitional Federal Government (TFG) cannot contain the crowd in Baddado, a camp for Internally Displaced Persons (IPDs). ©UN Photo / Stuart Price.

INTRODUCTION

Aim of this report

This case study reviews the current context for funding for Gender Equality and Empowerment of Women and Girls (GEEWG) in Somalia. This report complements a global evidence review, as well as three other country case studies – Bangladesh, Jordan and Nigeria. The overall aim of this case study is to track funding for programming for women and girls in Somalia, within the context of the specific opportunities and constraints to the overall humanitarian response. The research team conducted a detailed review of literature, analysis of the Financial Tracking Service (FTS) of the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), analysis of data on funding for GEEWG from the Organisation for Economic Co-Operation and Development (OECD), extensive consultations and a one-week field visit to both Mogadishu and Nairobi.

The report is structured as follows:

- **Section 1** provides an overview of the humanitarian context in Somalia, particularly as it relates to GEEWG, including an overview of the crisis, population in need, and the coordination of the response.
- **Section 2** describes the approach to the analysis.
- **Section 3** presents the main findings.
- **Section 4** summarizes conclusions and recommendations based on consultation and the overall analysis.

CONTEXT

1.1

Overview of the crisis

For decades, conflict, insecurity and natural disasters such as droughts, cyclones and floods have made Somalia a difficult and volatile humanitarian crisis. It has one of the largest populations of internally displaced persons (IDPs) in the world, with displacement driven by the conflict with al-Shabab, fear of violence, drought, lack of livelihood opportunities and evictions. Increased population in urban centers has intensified pressure on limited services, such as health, education and housing.² The most vulnerable groups include women, children, the elderly, child- and female-headed households, the physically and mentally disabled, people living in conflict zones and marginalized clans.

Life for women and girls in Somalia is challenging. The country's Gender Inequality Index (GII) is 0.776 (2012), ranking it the fourth lowest globally.³ The life expectancy at birth for women is 58.4 years.⁴ Maternal and infant mortality rates are some of the highest in the world: one in seven Somali children dies before the age of five⁵, and the maternal mortality rate is estimated at 732 per 100,000 live births, with one in 12 women dying due to pregnancy-related causes.⁶ Early marriage is high with 45 per cent of women aged 20 to 24 married by the age of 18, and the adolescent birth rate is 100.1 births per 1,000 women aged 15 to 19.⁷ An estimated 91 per cent of women aged 15 to 49 have undergone female genital mutilation (FGM)⁸, which has both short-term and long-term physiological,

sexual and psychological repercussions.⁹ Gender based violence (GBV) is pervasive. Physical assault and intimate partner violence (IPV) are the most commonly experienced GBV incidents (59 per cent), followed by sexual assault and rape (11 per cent).¹⁰ There is 76 per cent support for and/or justification of wife-beating among females in Somalia.¹¹

Formal labour force participation in 2019 is 18.6 per cent among women as compared with 74.3 per cent among men.¹² Three out of five children are out of school¹³ and boys are often favoured over girls for schooling. Illiteracy rates among women in IDP communities are 76 per cent and 59 per cent for the non-displaced. In comparison, it is 60 per cent for IDP men and 39 per cent for non-displaced men.¹⁴

Since the 2016/2017 parliamentary elections, women now hold 24 per cent of the seats in the Lower House and 23 per cent in the Upper House,¹⁵ which is an important step in the right direction, though this needs to be further institutionalized and strengthened if women in politics are to be truly transformative.

2 "Somalia Humanitarian Response Plan: January-December 2019."

3 Federal Government of Somalia (2017). "Somalia Drought Impact and Needs Assessment." Volume I, Synthesis Report.

4 UNDP (2019). "Somalia Human Development Indicators, 2019." <http://hdr.undp.org/en/countries/profiles/SOM>

5 OCHA (2019).

6 Federal Government of Somalia (2017).

7 UNDP (2019).

8 UNFPA. "Somali Demographic Health Survey (SDHS)." Unpublished.

9 UNICEF (2004). "Eradication of Female Genital Mutilation in Somalia." https://www.unicef.org/somalia/SOM_FGM_Advocacy_Paper.pdf

10 OCHA (2018). "Humanitarian Needs Overview."

11 UNICEF (2016). "Multi-Country Real Time Evaluation of UNICEF Gender-Based Violence in Emergencies Programme: Somalia Country Report." Child Protection Sector, Evaluation Report

12 UNDP (2019).

13 OCHA (2018).

14 Federal Government of Somalia (2017).

15 AGCI (2018). "Somalia: Women fearing gender-based violence." *IAGCI Country Policy and Information Note*

1.2

Population in need

According to the 2019 Humanitarian Response Plan (HRP) about one third of the total population of Somalia is in need of humanitarian assistance. Of those 4.2 million people, 3.4 million will be targeted in 2019. The 2018 Humanitarian Needs Overview

states that a total of 1.25 million girls and 850,000 women are in need of humanitarian assistance. By sector, the number of women and girls targeted breaks down as shown in Table 1.

TABLE 1:
HRP female target population, 2019

Sector	Total Female Target Population
Camp Coordination and Camp Management	918,000
Education	168,500
Enabling Programmes	—
Food Security	1.3 million
Health	1.2 million
Nutrition	550,000
Protection	714,000
Shelter/NFIs	816,000
Water, Sanitation and Hygiene (WASH)	1.3 million
Multi Sectoral Assistance	—
Refugee Response	40,500

Source: OCHA (2019). "Somalia Humanitarian Response Plan: January-December 2019."

1.3

Coordination of the response

OCHA is coordinating the humanitarian response in Somalia, prioritizing civil-military and inter-cluster coordination, information management, preparedness and contingency planning, resource mobilization and advocacy. A total of 328 partners are delivering assistance within the scope of the 2019 HRP. While the HRP has more tightly concentrated its focus on core life-saving activities and protection, it also proactively seeks to facilitate collaboration with development and stability actors on durable and longer-term solutions. To facilitate this, all projects within the HRP this year have applied a “Resilience/Durable Solution filter” that shows if and how they could link into resilience building or durable solutions processes. Of the 352 projects under the HRP, 82 per cent of projects self-identified as somehow relevant to these longer-term goals, and they accounted for over 50 per cent of the HRP’s value.¹⁶

Relevant coordinating bodies addressing gender equality and women’s empowerment in the crisis include the Protection Cluster, the GBV sub-cluster/Working Group, the Gender Theme Group (GTG), the Reproductive Health Working Group and the Prevention of Sexual Exploitation and Abuse (PSEA) Task Force Steering Committee.

The Protection Cluster led by UNHCR has the following sub-clusters: Child Protection, GBV, Housing, Land and Property, and Explosive Hazards. In 2019, it focused on expanding geographical reach and improving service provision. The GBV Working Group prioritized case management, psychosocial first aid, referral services, livelihood training opportunities, GBV mobile response and working with men and boys to mobilize them against GBV.¹⁷ Established in 2007, the GBV Working Group serves as the primary body for coordination, policy development, technical advice and oversight of prevention and response to GBV in Somalia. The GTG is mandated to institute a coordinated and coherent approach to gender mainstreaming and is a think tank on gender equality and women’s empowerment. The PSEA Task Force Steering Committee supports and establishes policies and tools around.

Photo: Batula Sheikh Ahmed Gaballe, Deputy Chairperson of Goodwill Ambassadors Committee, speaks during a national conference on Somali women and the electoral process in Mogadishu in September 2016. @UN/Ilyas Ahmed.



¹⁶ OCHA (2019).

¹⁷ OCHA (2019).

APPROACH TO DATA ANALYSIS

2.1

Objective of the research

The aim of this work is to gather evidence and undertake research regarding funding for GEEWG in humanitarian action. The study specifically focuses on funding for women and girls, though the findings are very applicable for GEEWG writ large, as the research found little to no programming that explicitly targeted gender equality more broadly.

Specifically, this research aims to answer the following four questions:

- **Funding required:** What is the level of funding required to ensure delivery of the global and inter-agency commitments made to GEEWG – and specifically women and girls – in humanitarian action?
- **Current funding:** What is the current level of funding across all major humanitarian funding sources notably Humanitarian Response Plans and the Central Emergency Response Fund (CERF), country-based pooled funds (CBPF) and other humanitarian pooled funds that can be designated as supporting women and girls?
- **Funding gap:** Where are the gaps when comparing the funding support that exists against what is needed?
- **Consequences of the funding gap:** What are the consequences of those gaps for humanitarian outcomes for women and girls, their dependents and their wider communities?

2.2

Approach

The approach to this research used three components:

- Field visit and consultation
- Literature review
- Data analysis

Field visit and consultation

In October 2019, the research team met with key stakeholders in Mogadishu and Nairobi over the course of a week and spoke with 40 people representing 26 different agencies/organizations. Among others, there was representation from the Protection, Health and Nutrition Clusters, the GTG, the Reproductive Health Working Group, OCHA, the Peace Building Fund, INGOs, the Federal Government of Somalia, local organizations that do gender programming, and donors. Annex A contains a full list of those people and organizations met during consultation.

The objective of the field visit was not to evaluate in any way the response to gender within the crisis. Rather the intention was to gather enough information to contextualize the overall analysis of funding for gender in the crisis – the gaps, and the implications of those gaps. This section will summarize those findings. It should be noted that there was significant flooding in Somalia during the week the team was in country, which impacted the availability of certain key stakeholders for consultation.

Literature review

A thorough review of the literature was used to build an understanding of the local context, as well as identify evidence related to the amount of funding required for gender programming, as well as the cost of inaction and/or the benefits of action. All relevant humanitarian response plans and needs

Data analysis

An audit of the individual project documents reported to OCHA's FTS and their associated scores for the IASC Gender Marker or Gender Marker with Age was undertaken to analyse the amount of funding requested and the amount of funding received for gender programming. The intention was twofold: 1) to verify the applicability of projects to programming for women and girls, highlighting any discrepancies in what is reported by project implementers, and 2) to facilitate a more detailed and accurate assessment of the amount of funding requested for programming for women and girls.

The HRP is used as the most comprehensive estimate of funding required. Clearly, the HRP represents the amount requested for humanitarian response each year and is bound by limits to sector budgets. It is likely, therefore, to underestimate the total funding required for women and girls. However, it is the best and most comprehensive estimate available of funding requirements. Further, all project documents that support the HRP are reported on in the FTS, with the Gender Marker score, data on the amount of funding requested, as well as the amount of funding received, and hence offers one of the more comprehensive ways to assess funding flows to programming for women and girls.

The data, however, is not fully comprehensive or accurate:

- The FTS is voluntary; while all projects under the HRP are listed on FTS, the data on funding received requires that projects are updated and therefore much of this data may be missing or incomplete.
- The FTS only covers projects under the HRP and does not represent any private or other funding flows outside of the HRP. This can be substantial, as there are many independent bilateral aid flows that may not be captured under the FTS.

assessments, as well as any updates pertaining to gender, were reviewed. The snowball protocol outlined in Annex D of the main report was used for the country studies to identify as many studies as possible, using a systematic process, that related to costs and benefits of gender action.

- Further, during the course of consultation, it became clear that the Gender Marker is being applied fairly subjectively, with inconsistencies in the data.

With this context in mind, the data was analysed for funding flows to women and girls as follows:

- FTS data was audited for both 2017 and 2019.
- Both years contain data on each of the projects under the HRP, their IASC Gender Marker score, and the amount of funding requested.
- 2017 data is more complete. Project reports have had the opportunity to complete any data on funding received, to the extent that they have made the effort to enter this data into the FTS. Further, 2017 is the latest year for which data on funding requested and funding received under the OECD DAC is available. Given that the FTS data is reported voluntarily, and therefore there are concerns that the data on funding received may not be complete and accurate, the OECD DAC is used to triangulate the findings on coverage from the FTS data.
- 2019 data is still being uploaded as the year is not yet finished, and therefore 2019 data can only be assessed for funding requested, not funding received.
- 2017 data uses the Gender Marker, while 2019 uses the new GAM, and hence the two years offer different perspectives on the usefulness of the IASC marker for tracking funding flows to women and girls.

Each of these data sets uses different classifications for gender programming. To standardize the language across data sets, the research team reclassified data according to whether it "targeted" or "tailored" programming to women and girls.

Data was audited and recoded to identify projects as follows:

- **PROJECTS THAT “TAILOR” THEIR ACTIVITIES TO WOMEN AND GIRLS.** In this category, the project aims to contribute significantly to outcomes for women and girls. Projects that received a tailored code had to indicate that they not only assessed the specific needs of women and girls, but tailored activities towards those needs, for example by modifying the design of WASH facilities, ensuring that health programmes had tailored activities to meet the health needs of women and girls, or by investing in GBV programmes that tailored activities differently for boys and girls affected by violence.
- **PROJECTS THAT “TARGET” THEIR ACTIVITIES TO WOMEN AND GIRLS.** In this category, the principal purpose of the project is to primarily and explicitly target women and girls with relevant activities. Projects with this code were most often GBV or sexual and reproductive health projects that explicitly targeted women and girls in their entirety (men and boys could be part of the programme, for example in the case of GBV programmes that engage men and boys for social norms change). They also included, for example, projects with

livelihood activities targeted entirely at the needs of women and girls.

Importantly, these two categories should not be seen as exclusive of each other. For example, a targeted sexual and reproductive health programme could be integrated into a wider health programme, in which case it would receive a code of “tailored”. The intention was to adhere to the language and guidance around the existing IASC gender coding, by differentiating between programmes whose principle purpose is to primarily and explicitly target women and girls, and programmes that aim to contribute significantly to outcomes for women and girls within a broader set of activities by tailoring activities for women and girls.

Further, projects that do not receive a tailored or targeted code are still benefiting women and girls. They are differentiated in that they deliver services to women, men, girls and boys but with no indication of tailoring or targeting their services to these different groups.

The corresponding classification across each dataset is presented in Table 2.

TABLE 2:
Summary of classifications for each dataset

FTS Classification – 2017	FTS Classification – 2019	OECD DAC Classification	Re-Classification
2a – Principal	4T/3T	Primarily Focused	Targeted
2b - Significant	4M/3M	Significant	Tailored

2017 data analysis

The Gender Marker used in 2017 scores projects according to the following scale:

- 2b: the principal purpose of the project is to advance gender equality.
- 2a: the project has the potential to contribute significantly to gender equality.
- 1: the project has the potential to contribute in some limited way to gender equality.
- 0: no visible potential to contribute to gender equality.

Because this research is specifically focused on funding for women and girls, the research team re-coded projects based on a review of the projectised report provided on the FTS database. It is important to note that there was not the scope to investigate the detailed project reports for each project, and hence it is possible that details that would further support a Gender Marker score were not incorporated into the analysis.

Projects that were scored as either a 2a or 2b were reviewed and reclassified according to the following criteria:

- 2b: the project **targets** activities specifically to women and girls. In other words, the principal purpose of the project is to primarily and explicitly target women and girls with relevant activities.
- 2a: the project explicitly tailors activities to women and girls. In other words, the project

aims to contribute significantly to outcomes for women and girls. Projects that indicated tailored or adapted activities for women and girls were included here. Projects that indicated that they will deliver activities to both men and women, but with no indication of tailoring or adapting activities, did not receive this score.

2019 data analysis

In 2018, the IASC Gender Marker was revised to become the GAM. The revised tool assesses projects based on 12 elements called the Gender Equality Measures.¹⁸ Importantly, the GAM is a process tool – it is intended to ensure that implementing partners consider gender and age throughout the project design and implementation. It does not provide an indication of whether a project is focused on gender equality or empowerment of women and girls.

The GAM scores projects on a 0 to 4 scale, with further coding to indicate whether the project is mainstreamed (“M”) or targeted (“T”).

- 4 indicates that the project is likely to contribute to gender equality, including across age groups.
- 3 indicates that the project is likely to contribute to gender equality, but without attention to age groups.
- 2/1 indicates that the project is unlikely to contribute to gender equality.
- A gender mainstreamed project (M) indicates that the project targets everyone, whereas a gender targeted project (T) considers that it is responds to “social gendered discrimination and barriers”.

Projects were reviewed and re-classified according to the following criteria:

- Projects that primarily and explicitly **target** women and girls with activities (equivalent to a 2b score in the 2017 analysis).
- Projects that indicate **tailored** or adapted activities for women and girls (equivalent to a 2a score in the 2017 analysis).
- Projects that **CONSIDER** women, girls, men and boys. These are projects that consider sex disaggregated data in their project design but do not specifically indicate tailored or adapted activities.
- Projects that do not consider gender.

Further to this, the FTS GAM score and the IASC GAM database were compared to look at the fidelity of GAM scores being reported. The online GAM tool records data for the 12 different components that make up the GAM score. Once an organization has completed the GAM tool, they are given a GAM score, and a GAM reference number. The implementing organization then manually transfer these two pieces of information to the FTS.

¹⁸ There are three elements considered during the design phase: gender analysis, tailored activities and benefits for beneficiaries and beneficiary influence on project decisions. In the monitoring phase, the remaining elements are: collection and analysis of sex- and age-disaggregated data (SADD), appropriate targeting, protection from GBV, coordination with other sector members and sectors, appropriate feedback channels, transparency, beneficiary satisfaction and an awareness of project shortfalls.

3

DATA ANALYSIS

3.1

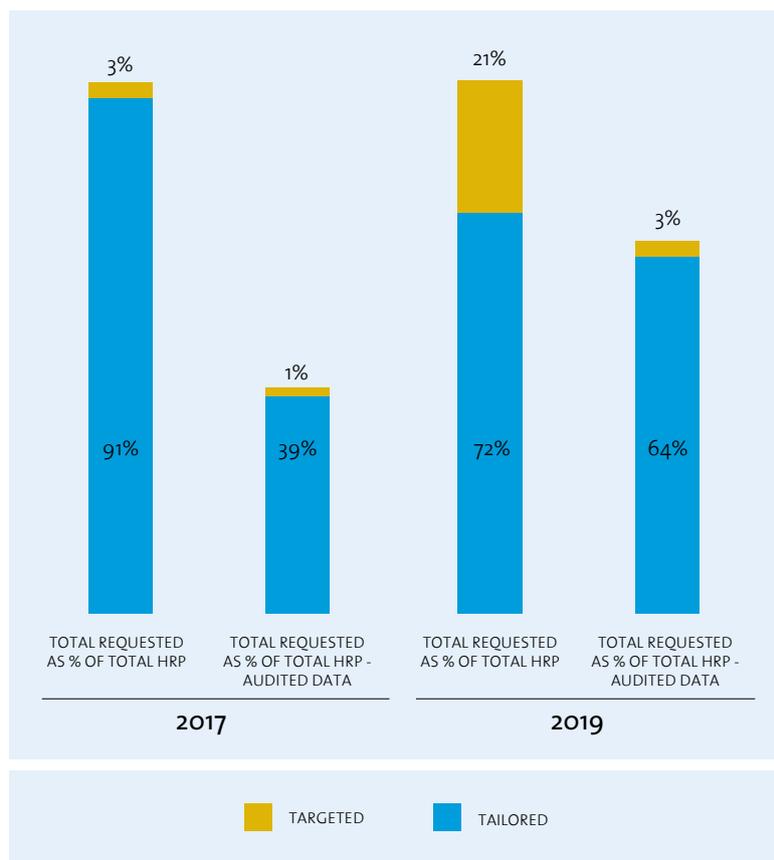
Data audit

As a result of the data audit described in the methodology section, much of the data was audited and recoded. **The recoding exercise indicates that existing data reported against the gender marker significantly overstates the number of projects, amount of funding requested, and amount of funding received for programmes for women and girls** (Figure 1).

The reclassification also reveals that there is a large discrepancy between projects that report a GAM score in FTS, and projects that actually completed the GAM online assessment. The 2019 HRP had 353 projects, only 145 of which appear to have a valid GAM reference.

FIGURE 1:

Data audit: Total funding requested for programmes for women and girls as a percentage of the total HRP, 2017 and 2019



3.2

Funding flows

Summary of funding for women and girls

This section provides a short summary of the main findings from the analysis of funding for women and girls; the detailed analysis that underpins these figures is presented in the sections that follow.

The 2017 HRP had a total requested amount of \$1,508 million (note that this is the revised amount – the HRP was increased in light of the drought that year), of which 69 per cent, or \$1,038 million, was received. The 2019 HRP had a total requested amount of \$1,077 million (data on coverage is not yet complete).

- **Of the total amount of funding requested in 2017, 40 per cent had a tailored (significant) (39 per cent) or targeted (principal) (1.4 per cent) focus on women and girls.** In 2019, the figure increased, with 67 per cent of funding requested having a tailored (64 per cent) or targeted (3 per cent) focus on women and girls (see Figure 2).
- Further to this, a comparison of the amount of funding received indicates that coverage for programmes focused on women and girls may

be disproportionately underfunded compared to the overall response, though the data is mixed. The overall response was 69 per cent funded, and funding coverage for programmes with a tailored or targeted focus on women and girls also tracked at 69 per cent funded according to FTS. However, funding for programmes targeting women and girls has the least coverage, with only 26 per cent of funding requested reported as funded, compared with coverage for tailored programmes estimated at 70 per cent.

The majority of funding requested in both 2017 and 2019 with a tailored focus on programming for women and girls was for nutrition, livelihoods, WASH and sexual and reproductive health. In 2017, projects with a targeted focus on women and girls were dominated by GBV, and in 2019, the focus was on GBV and sexual and reproductive health. The amount of funding received in 2017 was highest for education, WASH and sexual and reproductive health.

Funding requested

2017 data analysis

The Somalia HRP for 2017 included 456 project documents, reflecting the HRP requirements of \$1,508 million. Table 4 summarizes the number/value of projects that classified as either significant or principal as reported to the FTS, and then the number/value of projects reclassified as either tailored or targeted according to the above criteria.



Photo: ©UNSOm Somalia.

TABLE 4:**Summary of findings: Audit and reclassification of 2017 HRP gender marker codes**

	# Projects	Total Requested (US\$ millions)	% of Total HRP	Audited Data # Projects	Audited Data Total Requested (US\$ millions)	
Significant or Tailored	355	\$1,371	91%	252	\$581	39%
Principal or Targeted	35	\$48	3.2%	15	\$22	1.4%
TOTAL	390	\$1,419	94%	267	\$602	40%

Note: Numbers have been rounded

The audit indicates that the 2017 funding data significantly overstates the amount of funding targeted to programmes for women and girls. Whereas the self-reported figures suggest that 94 per cent of projects had a strong gender focus, accounting for \$1.4 billion in requested funding (out of a total amount requested of \$1.5 billion), the reclassification indicates that this figure is much smaller, with 40 per cent of projects having a significant or principal focus on women and girls, representing \$602 million in funding requested.

Of the total amount of funding requested for tailored and targeted programming, which represented 40 per cent of the total HRP:

- 32 per cent was requested for nutrition;
- 20 per cent was requested for livelihoods;
- 13 per cent was requested for WASH;
- 13 per cent was requested for sexual and reproductive health;
- Less than 10 per cent of funding requested with a significant focus on women and girls went to programmes for protection, child protection, health, education, GBV, life skills, as well as integration within shelter and food security programming.

Of the funding for targeted programming alone, which only represented 1.4 per cent of the HRP, 94 per cent related to GBV programmes, 5 per cent nutrition, and 2 per cent child protection.

2019 data analysis

The Somalia HRP for 2019 included 353 project documents, reflecting the HRP requirements of \$1,078 million. Table 5 summarizes the number/value of

projects that classified as either targeted or tailored as reported to the FTS, and then the number/value of projects reclassified according to the above criteria.

TABLE 5:**Findings: Audit and reclassification of 2019 HRP gender marker codes**

	# Projects	Total Requested (US\$ millions)	% of Total HRP	Audited Data # Projects	Audited Data Total Requested (US\$ millions)	% of Total HRP
Tailored	257	\$771	72%	243	\$690	64%
Targeted	70	\$223	21%	26	\$29	3%
TOTAL	327	\$994	92%	269	\$719	67%

Note: Numbers have been rounded

The recoding indicates that the 2019 funding data also significantly overstates the amount of funding targeted to programmes for women and girls. Whereas the self-reported figures suggest that 92 per cent of projects had a strong gender focus, accounting for \$994 million in requested funding (out of a total amount requested of \$1,078 million), the reclassification indicates that this figure is much smaller, with 67 per cent of funding having a targeted or tailored focus on women and girls, representing \$719 million in funding requested.

Of the total amount of funding requested for both tailored and targeted funding, which represented 67 per cent of total funding requested under the HRP:

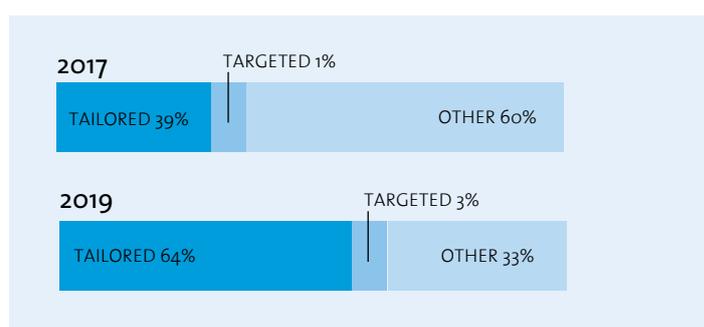
- 2 per cent was requested for nutrition;
- 16 per cent was requested for livelihoods; and
- 15 per cent was requested for WASH.

Of the funding for targeted programming alone, which only represented 3 per cent of the funding requested under the HRP, 81 per cent related to GBV, and 18 per cent sexual and reproductive health.

TABLE 3:
Summary of data analysis, funding requested, 2017 and 2019

	Amount of Funding Requested (US\$ millions)	Funding Requested, % of Total HRP	Amount of Funding Requested (US\$ millions)	Funding Requested, % of Total HRP
	2017		2019	
Tailored	\$581	39%	\$690	64%
Targeted	\$22	1%	\$29	3%
TOTAL	\$602	40%	\$719	67%

FIGURE 2:
Funding requested, as percentage of total HRP amount requested, 2017 and 2019



Funding received and the funding gap

FTS data

Funding flows are reported here for 2017 only, as 2019 is still ongoing and hence total amounts of funding for the year are not yet complete. The 2017 HRP requested \$1,508 million, and was 69 per cent

funded, with \$1,038 million being received. Overall, the HRP reports on the coverage (funding received) by cluster, as described in Table 6.

TABLE 6:
2017 HRP, funding coverage by sector

Sectors	Coverage (%)
Camp Coordination and Camp Management	41.9
Education	77.9
Enabling Programmes	71.6
Food Security	61.5
Health	58.2
Logistics	52.1
Nutrition	52
Protection	26.2
Shelter and Non-Food Items (NFIs)	15.7
Water, Sanitation and Hygiene (WASH)	54.4

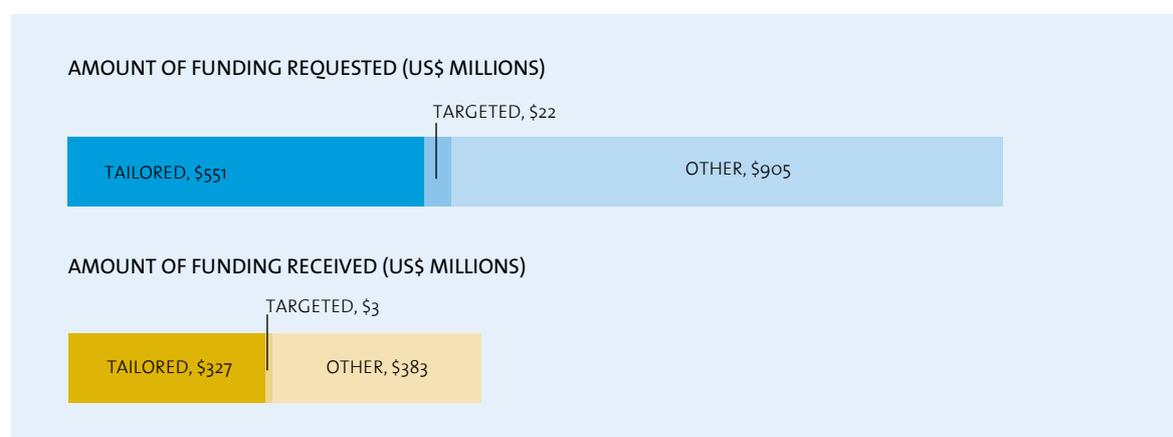
In order to look at funding to programming targeted to women and girls more specifically, the FTS data on funding coverage was calculated for the specific sectors relevant to GEEWG included in this study, using the data reclassification described above.

According to the FTS data, and as reported above, \$602 million was requested under the 2017 HRP for projects with either a targeted or tailored focus on women and girls (based on the audited data). Of

this amount, \$331 million was received, equivalent to 55 per cent of funding requested. Of this total:

- \$581 million was requested for projects with a tailored focus on gender, and 56 per cent of this (\$327 million) was reported as funded; and
- \$22 million was requested for projects with a targeted focus on gender, and 16 per cent of this (\$3.4 million) was reported as funded.

FIGURE 3:
Funding requested and funding received, 2017



As mentioned previously, there is a risk that these figures are overstating the gap in funding, due a lack of reporting. In other words, many projects do not report on the amount of funding received, and this may make the gap appear larger than it is.

In order to address this bias, the figures were re-evaluated, eliminating all projects that only reported funding requested, and did not report funding received. Coverage was therefore calculated only for projects that reported both funding requested and funding received. The expectation was that this would result in a much higher percentage of funding received by removing all of those projects that did not report funding received.

Interestingly, while the number of projects that report both figures is only 45 per cent of the total number of projects reported into the FTS that have

a tailored or targeted focus on women and girls, they represent 80 per cent of the total funding requested, indicating that the data for coverage is relatively complete. When the data is reanalysed for only those projects that reported both funding requested and funding received, to allow for a more accurate analysis on coverage, the proportion of funding received is significantly higher.

Projects with a targeted gender focus were 70 per cent funded (up from 56 per cent above), and projects with a tailored focus were 26 per cent funded (up from 16 per cent above). This data indicates that coverage for programmes that are tailored to women and girls is similar to coverage for the overall response, whereas projects that target women and girls are disproportionately underfunded compared to the overall response (Figure 4).

FIGURE 4:
Comparison of funding coverage, 2017

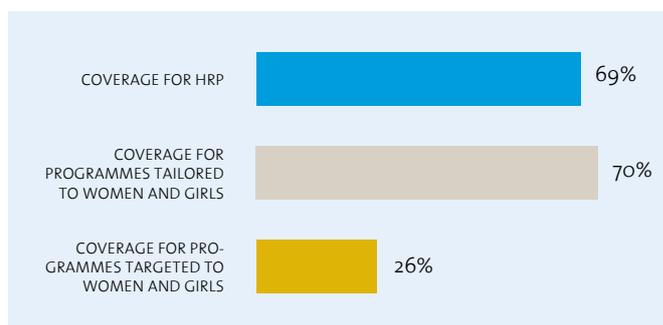
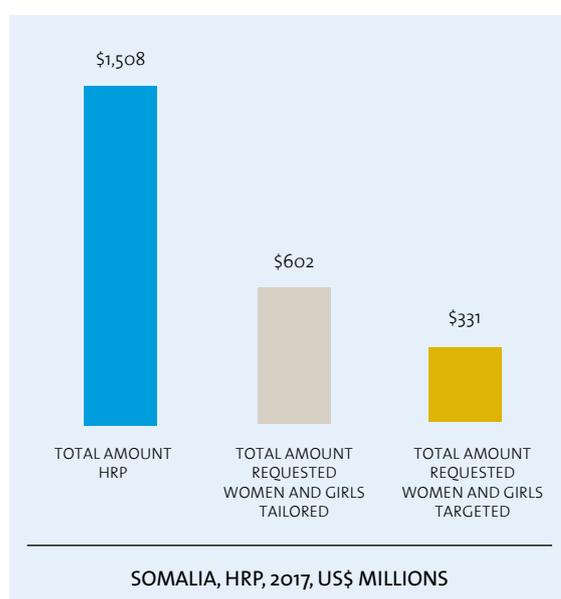


FIGURE 5:
Funding requested and received for tailored/targeted programming for women and girls, as compared with the overall response, 2017



It is also possible to look at the gap in funding for specific sectors – though this data should be viewed with some caution as it is sometimes representative of only one or two projects. For the main types of projects funded, coverage rates were reported as follows:

- 29 WASH projects were funded at 73 per cent.
- 23 SRH projects were funded at 84 per cent.
- 21 nutrition projects were funded at 49 per cent.
- 15 GBV projects were funded at 28 per cent.

Of concern, out of these projects with a significant or principal focus on women and girls, no projects reported receiving funding within the FTS under the following categories: protection, child protection, health and life skills.

OECD DAC data

OECD DAC also provides data on the amount of funding received. While this data is for OECD DAC donors, and therefore does not cover the same data as FTS, there is a great deal of overlap. Further OECD DAC is mandatory and therefore the data can be more reliable. The latest OECD DAC data available is for 2017.

Total OECD DAC humanitarian assistance committed to Somalia in 2017 was \$1,044 million; \$434.1 million of this commitment, or 42 per cent, was classified as gender significant (equivalent to “tailored”); and \$770,000, or 0.1 per cent, was classified as focused primarily on gender (equivalent to “targeted”).^{19 20} Total humanitarian assistance disbursed by DAC members to Somalia in 2017 was \$972 million (or 93 per cent of the committed). Of these gross disbursements, \$428 million, or 44 per cent, was classified as gender significant, and \$770,000, or 0.1 per cent, as focused primarily on gender.²¹

Comparing with the FTS data, the FTS data shows a much higher percentage of coverage for both tailored and targeted programming, compared to a much lower coverage for OECD DAC.

19 OECD Stats targeting gender equality and women’s empowerment (CRS). https://stats.oecd.org/Index.aspx?DataSetCode=DV_DCD_GENDER

20 OECD Stats aid data at a glance”. <https://www.oecd.org/dac/stats/gender-related-aid-data.htm>

21 OECD Stats. “Aid projects.”

TABLE 7:
Comparison of OECD 2017 and FTS 2017 disbursements

	OECD Disbursed Gender (US\$ millions)	OECD Gender as a % of Total Aid Disbursed	FTS Funding Received Women and Girls	
Significant or Tailored	\$428	44%	\$327	70%
Primarily or Targeted	\$0.77	0.1%	\$3.4	26%

However, these numbers are representative only for DAC members who are required to report. It should also be noted that OECD uses the Gender Equality

Marker (GEM) which is different from the IASC marker. Further, it was not possible to audit the OECD data as was done with the FTS data.

3.3 Benefits of action

Introduction

When funding falls short of the total amounts required, the impact on women and girls can be significant. In a humanitarian emergency, the initial focus is necessarily on providing access to basic services and durable solutions. However, the consequences of underfunding for gender targeted and gender mainstreamed programming can directly impact the access to and uptake of basic services, as well as wider outcomes for women and girls.

Measuring the human cost of the gap in funding is a complex exercise. The gap in funding is clearly indicative that the full range and depth of services are not being provided. However, the cost of inaction can only be measured by understanding the impact of a gap in services for women and girls. In other words, a programme that is fully funded but does not tailor activities to women and girls may not actually result in positive outcomes for women and girls. Even more so, where funding is only partially

provided, the type of programming undertaken with those funds, and the impact of the gap in activities is critical to measure the cost of inaction.

This section begins by looking at the evidence on the ongoing needs, according to needs assessments and other relevant documents, to complement the previous analysis on the gap in funding overall. The section then presents the available literature on the potential benefit of greater investment in programming for women and girls. The evidence base relating to the impact of different types of programming on women and girls in Somalia is very limited. This was confirmed via the literature review, where very little impact assessment work was uncovered, as well as during consultation. The lack of evidence was attributed to a number of factors, primarily high levels of insecurity that mean that access for data collection is very difficult.

Ongoing needs

GBV

While rates vary across time, about 83 per cent of reported GBV incidents concern IDPs while 15 per cent concern non-displaced communities according to Somalia’s Humanitarian Needs Overview for 2019.

Physical assault and IPV are the most commonly experienced GBV incidents (59 per cent), followed by sexual assault and rape (11 per cent).²² Increasing

²² OCHA (2018). “Humanitarian Needs Overview.”

levels of IPV are due to increased strife within families, usually over scarce resources, as men confront changing power dynamics within households and more women move into breadwinner positions.²³ Since prosecutions and convictions on charges of GBV are rare in Somalia, survivors experience shame and fear in reporting the crimes, often facing greater abuse and stigmatization if they do.²⁴

The separation of many women and girls from community and familial support structures and traditional livelihood activities heightens reliance on marginal, inconsistent, and hazardous livelihood strategies. Shocks can intensify GBV risk: at the height of the 2017 drought, GBV increased 9 per cent, particularly physical and sexual assault and child sexual abuse. Of these cases, over 75 per cent of survivors are IDPs, with incidence linked to congestion, poor security conditions in camps, and distances between WASH facilities.²⁵ One in three women report having to walk more than 30 minutes to reach a water source. 99 per cent of latrines for IDPs and 95 per cent of latrines in host communities lacked two or more of the following: lockable doors, gender separation, lighting at night, disabled access and a handwashing facility.²⁶ These, along with poor shelter conditions such as lack of internal separations and light at night, can leave women and girls more vulnerable to GBV.²⁷

Child protection

Early marriage is high with 45 per cent of women aged 20 to 24 married by the age of 18; the adolescent birth rate is 100.1 births per 1,000 women aged 15 to 19.²⁸ An estimated 91 per cent of women aged 15 to 19 have undergone FGM.²⁹ The few mothers who openly say they had not had their daughters undergo FGM are from communities that have been beneficiaries of anti-FGM activities carried out by local NGOs, but no community has completely abandoned the practice. People acknowledge that decrease is highest in urban areas and amongst a

minority of educated Somalis and the Somali diaspora from Western countries or the Middle East.³⁰

Some 27 per cent of girls and 17 per cent of boys from minority clan households are working outside the house engaging with armed groups.³¹ Though boys are significantly more at risk for recruitment by al-Shabab, a small number of girls (56 out of a total 1,811 children) were recruited between January and September 2018 according to the Country Task Force on Monitoring and Reporting (CTFMR).³²

Maternal health

In Somalia, a woman dies every three hours from pregnancy-related causes,³³ although most maternal deaths are preventable.³⁴ The maternal mortality rate is among the world's highest, estimated at 732 per 100,000 live births.³⁵ Seventy-seven per cent of non-displaced and 65 per cent of IDP households reported access to a healthcare facility. Though there is access to health care, the quality appears to be low: only 40 per cent of households with access reported availability of maternal health services, 31 per cent reported primary care for wounds, 9 per cent reported surgery, 9 per cent reported reproductive health and 7 per cent reported mental health services.³⁶

Studies of Emergency Obstetric & Neonatal Care (EmONC) in each region of Somalia show that not all maternal and child health centres (MCHs) offer delivery services or have qualified midwives, and those that have functioning delivery and EmONC services are usually supported by a UN agency or NGO.³⁷ Few MCHs have both electricity and running water. There is inadequate capacity to respond to emergencies outside MCH open times, which are normally restricted to mornings. Transportation for referrals to an EmONC-equipped facility has to be arranged and paid for by the family of the patient.

23 OCHA (2018).

24 IAGCI (2018).

25 World Bank Group (2018). "Federal Republic of Somalia: Systematic Country Diagnostic." *World Bank*

26 OCHA (2018).

27 REACH (2018). "Somalia: Joint Multi Cluster Needs Assessment." Final Report. September 2018.

28 UNDP (2019).

29 UNFPA. "Somali Demographic Health Survey (SDHS)." Unpublished.

30 IAGCI (2018).

31 REACH (2018).

32 OCHA (2018).

33 REACH (2018).

34 OCHA (2018). "Humanitarian Needs Overview."

35 Federal Government of Somalia (2017). "Somalia Drought Impact and Needs Assessment." Volume I, Synthesis Report.

36 REACH (2018).

37 UNICEF (2011). "EmONC Needs Assessment Selected Facilities Somaliland"; UNICEF (2011). "EmONC Needs Assessment Selected Facilities Puntland"; SCORE (2012). "Facility Assessment Survey South Central Somalia"; WHO/UNFPA (2009). "Situation Analysis of Reproductive Health in Somalia."

As a result, these referral EmONC facilities are often equipped and staffed but underutilized.³⁸

Education

Three out of five school-aged children are out of school in Somalia.³⁹ There is significant disparity between IDPs and the non-displaced and between women and men regarding education. Forty-five per cent of non-displaced and 28 per cent of IDP school-aged children are reportedly attending school.⁴⁰ Illiteracy rates among women in IDP communities is 76 per cent and 59 per cent in non-displaced communities. In comparison, it is 60 per cent for IDP men and 39 per cent for men in non-displaced communities.⁴¹

School fees are the main driver of exclusion. On average, annual school fees are \$99 for primary and \$149 for secondary, with the total cost rising to \$132 and \$197, respectively, when additional costs are included. The major drivers of cost are the lack of public funds to offer free or subsidized education, lack of external funding sources, qualified teachers demanding higher salaries, transport fees for families that do not live near the school and external factors such as drought and conflict that hinder the education system's development and lead to higher costs for parents.⁴²

The large gender gap in student enrolment indicates that there are additional barriers for girls. These can be attributed both to cultural norms and service availability. Social norms generally favor boys and severely restrict girls' mobility.⁴³ The limited number and access to learning facilities, lack of gender-segregated sanitation facilities, lack of female teachers, prohibitive school fees and

household chores and early marriage will keep girls at home.⁴⁴ They are less likely to complete secondary education, which has lifelong consequences on their social, economic and political participation.⁴⁵

Women's economic empowerment

Formal labour force participation in 2019 is 18.6 per cent among women versus 74.3 per cent among men.⁴⁶ Men are generally more involved in formal employment and farm labour, whereas women are active in the informal sector, especially microenterprises, small trade and markets. The extended absence of men due to drought and migration has resulted in a significant rise in the number of female-headed households, as well as households in which women become the primary breadwinners for the family. Since land and family assets are controlled by husbands or male relatives, with limitations on women's inheritance rights as well as limited access to skill training and markets, widows and female-headed households are particularly vulnerable. Somali women have unequal access to agriculture, livestock and fisheries production inputs and technology, even though they are heavily involved in these sectors. Shocks that disrupt these activities severely impact women's livelihoods and food security as well as increase their work burden.⁴⁷

Somali youth, especially young women, face difficulties in securing livelihoods due to the lack of jobs, poorly developed skills, and limited access to credit and capital assets. In a shattered economy, many youth have no options but to remain idle or search for alternatives such as migration or illegal activities. Some extend their education and delay marriage and raising families. A huge cost stems from the economic exclusion of youth.⁴⁸

38 UNICEF (2016). "Situation Analysis of Children in Somalia 2016."

39 OCHA (2018).

40 REACH (2018).

41 Federal Government of Somalia (2017).

42 World Bank (2018). "Study on Understanding the Role of Non-State Education Providers in Somalia." *Altai Consulting*

43 OCHA (2018).

44 Federal Government of Somalia (2017).

45 Federal Government of Somalia (2017).

46 UNDP (2019).

47 Federal Government of Somalia (2017).

48 UNDP (2012). "Somalia Humanitarian Development Report 2012: Empowering Youth for Peace and Development."

Benefits of action

There are a number of studies that have looked more broadly at resilience in Somalia. A 2018 evaluation by the Somalia Resilience Programme (SomReP), used a positive deviant study to try and

better understand why some people or households are more resilient to shocks and stresses than others. The study finds that those people who had better food security and well-being outcomes were

most likely to belong to a Savings Group scheme and to have participated in a Cash for Work scheme. Universally, participants felt that Village Savings and Loan Associations (VSLA) built social capital, self-esteem and empowerment; provided a mechanism or self-help platform for exchanging ideas and expertise; and offered a place where they could share and relieve their psychological stress.

This was followed closely by the next most associated characteristic, which was to have communicated regularly with someone outside of the village – in other words strong levels of social capital and networks.

While the study does not specifically focus on the impact of resilience programming for women, they do find that education of the senior female in the household was consistently associated with improved food security and recovery indicators.⁴⁹

Another study evaluating a VSLA programme by CARE in Puntland, found that the groups are successful at increasing the financial socioeconomic standing of participants, improving social capital and improving participants' ability to cope with shocks, such as severe illnesses and deaths in the family.⁵⁰

A longitudinal study in Mogadishu looked at the Communities Care programme that addresses GBV through facilitated dialogues with community members to catalyze GBV prevention and strengthen response services for survivors. The study found significantly greater improvement in social norms change in the study communities.⁵¹

The Somalia Cash Consortium conducted a gender impact analysis on unconditional cash transfers in south central Somalia in 2012. The study assesses the impact of cash transfers on gender relations within the household, as well as on the wider

community. The findings point very strongly to the success of cash targeted to female beneficiaries, with very little conflict reported. The study found that female beneficiaries spent twice as much of the cash transfer on school fees as males. There was also evidence that some beneficiaries were able to use the cash to invest in long term productive assets and start small businesses. The study posits that the use of cash could be gender transformative, increasing women's bargaining power and access to credit, reducing debts, decreasing the migration of men for work and increasing the time fathers spent with children.⁵²

An endline evaluation of the Educate Girls, End Poverty programme (EGEP) in Somalia found that:

- Households with a caregiver who had seen or heard an awareness-raising message in the past year were associated with having more girls enrolled in school than households with a caregiver who had not heard or witnessed an activity.
- Bursaries were the most influential factor for improving enrolment, attendance, and retention of marginalized girls.
- Though it is notoriously difficult to measure quantitatively, one multiple regression model showed a positive association between sanitary kits and a girl's attendance and math scores; sanitary kits are the second highest driver of variation in attendance.
- Provision of solar lamps to girls living in rural areas and drought-and conflict-affected areas is the second highest driver of variation in reading scores.
- Civil works construction in schools in rural and drought-affected areas and areas with IDPs are significantly associated with higher learning scores. The presence of girls' latrines at a school was the highest driver of variation in reading scores.
- In bivariate regression models, a school with a girls' club was associated with significantly higher average learning scores in rural and drought-affected areas compared to schools in those areas that did not have a girls' clubs.
- Regression findings suggest that as a girl's psychosocial well-being surpasses a high score

49 SomReP (2018). "Positive Deviance in Somalia: Why are some households more resilient than others?" *World Vision Somalia*. Nairobi. September 2018

50 Yusuf, Salwa (2016). "Case Study on Village Savings and Loan Associations (VSLAs) on Improving Resilience." *Forcier Consulting and CARE*

51 Glass N, Perrin N, Marsh M, et al. (2019) "Effectiveness of the Communities Care programme on change in social norms associated with gender-based violence (GBV) with residents in intervention compared with control districts in Mogadishu, Somalia." *BMJ Open* 2019;9:e023819. doi:10.1136/bmjopen-2018-023819.

52 Wasilkowska, K (2012). "Gender Impact Analysis: Unconditional Cash Transfers in South Central Somalia." The Somalia Cash Consortium.



Photo: A woman sits underneath a mosquito net in Baidoa's main hospital in Somalia in March 2017. ©UN/Tobin Jones.

(10/12), the average days of school that she misses in the past two weeks drops substantially.

- In regression models, school feeding programmes were not significantly associated with higher enrollment, attendance, or learning outcomes. Feeding programmes explain more of the variation in reading scores and attendance than any other output intervention.⁵³

A 2011 study estimates the incremental costs, impact, cost-effectiveness, and return on investment of two rounds of Child Health Days (CHDs) that were conducted in Somalia in 2009 and 2010. CHDs are a strategy used to deliver multiple maternal and child health interventions. They are used to extend coverage of a broad package of interventions to areas and populations underserved by routine services and achieve high coverage for selected interventions rapidly. They encompass time-limited activities, and usually last for one to eight weeks. During the two rounds implemented in Somalia, nine interventions were delivered: oral polio vaccine

53 Carmona, A, B Dasgupta, M Duthie, E Gonzales, A Hur, and M Robinson (2017). "Educate Girls, End Poverty Project, Endline Evaluation." Social Impact.

(OPV), measles vaccine, diphtheria- tetanus-pertussis (DTP) vaccine, deworming tablets, oral rehydration salts (ORS), tetanus-toxoid (TT) vaccine, water treatment tablets (Aquatabs), Vitamin A, and measurement of mid upper-arm circumference (MUAC) all targeting children and women of child-bearing age. The study models the impact of the CHDs on child mortality using the Lives Saved Tool, converts these estimates of mortality reduction to life years saved, and derives the cost-effectiveness ratio and the return on investment. The study finds that the average incremental cost per intervention for each targeted beneficiary was \$0.63, with the cost increasing to \$0.77 per accessible beneficiary. The CHDs were estimated to save the lives of at least 10,000, or 500,000 life years for both rounds combined. The CHDs were cost-effective at \$34.00/life year saved. For every \$1 million invested in the strategy, an estimated 615 children's lives, or 29,500 life years, were saved.⁵⁴

54 Vijayaraghavan, Maya, Aaron Wallace, Imran Raza Mirza, Raoul Kamadjeu, Robin Nandy, Elias Durry, and Marthe Everard (2012). "Economic Evaluation of a Child Health Days Strategy to Deliver Multiple Maternal and Child Health Interventions in Somalia." *JID* 205 (Suppl 1).

4

KEY FINDINGS AND RECOMMENDATIONS

4.1

Summary of key findings

The amount of funding requested for women and girls has increased, but still falls short of the overall response. Of the total amount of funding requested under the 2017 HRP, 40 per cent had a tailored (39 per cent) or targeted (1.4 per cent) focus on women and girls; in 2019 this increased to 64 per cent. The majority of funding requested was for nutrition, livelihoods, WASH and sexual and reproductive health projects with a tailored focus on women and girls, while projects with a targeted focus on women and girls were dominated by GBV.

The amount of funding received varies depending on the data assessed. The overall response was 69 per cent funded. By contrast, of the total amount received, the FTS data estimates that between 56 per cent and 70 per cent was funded, and the OECD DAC data reports that 44 per cent was funded, indicating that coverage for programmes – particularly those offering targeted support to women and girls – is disproportionately underfunded compared to the overall response. Of particular concern, the FTS estimates that 26 per cent of programming targeted to women and girls was funded, while the OECD DAC estimates that only 0.1 per cent of funding was received for programmes focused primarily on gender.

The Somalia crisis is considered a food security crisis rather than a protection crisis, and this may help explain the lack of funding for women and girls. This is reflected in funding flows: food security and nutrition are the two best funded sectors (99.7 per cent and 57.8 per cent thus far covered respectively in the 2019 HRP), while shelter and protection are the least covered (9.3 per cent and 20.3 per cent). Based on the project documents submitted to FTS for the 2017 HRP after reclassification, the majority of funding requested was for nutrition, livelihoods, WASH, sexual and reproductive health and GBV projects.

The amount of funding received was highest for education, WASH and sexual and reproductive health. These projects include: counseling pregnant and lactating women (PLW) on maternal nutrition, forming mother to mother support groups, treating mothers for moderate acute malnutrition (MAM), building lockable and gender sensitive latrines, handing out dignity kits and sanitary pads, improving lighting, basic EmONC and training midwives. Projects focused on case management and PSS for GBV survivors as well as awareness building and prevention around GBV, legal services for GBV survivors, training female teachers, raising awareness around the importance of girls' education, forming and working through Girl's Clubs in schools, as well as providing cash transfers, agricultural inputs and trainings to women, focusing on female-headed households.

Through consultation, significant gaps in programming were highlighted as follows:

- There are still numerous protection gaps, particularly for IDPs. It is difficult to know the exact number of people experiencing GBV since many do not report it, but 76 per cent of recorded GBV survivors were from IDP communities.⁵⁵ Funding shortfalls for GBV survivors are of concern. Long-term need with regards to pursuing legal action is also an issue; there are few female justices or policewomen to approach, and there are very few forensic labs in the country.
- FGM was described as the lowest priority in terms of child protection programming, possibly due to its entrenchment in Somali society, as well as the

⁵⁵ Somalia Protection Cluster (2018). "Protection in focus: main trends." Midyear Review 2018 https://reliefweb.int/sites/reliefweb.int/files/resources/mid_year_report_jan_june_2018.pdf

need for longer-term programming more akin to the development space. Most women have undergone FGM and only about third of women think it should be abolished. Social norms and behaviour change programmes are difficult to implement since they usually require a longer timeline and do not show immediate results.

- Programmes to empower women and girls over the longer term such as education (including second chance), life skill development, women's political participation and civic engagement are more constrained/associated with the development space. Early marriage, pregnancy and household chores result in girls being more likely to drop out of school at an early age than boys. If a household cannot afford to send all the children to school because of school fees, boys are more likely to be chosen over girls. Women are then less likely to be employed in the formal sector, lacking the skills and confidence to assert themselves. This exclusion results in a system that is not made by them or for them. Knowledge is power and if women are not present in the rooms where decision-making happens, they will not access the necessary information they need to help Somalia recover in a way that includes the needs of women and girls.
- Health services, particularly SRH, struggle to provide services and address demand issues with the resources available. For example, there are many cases of fistula because of high FGM and early pregnancy rates but there is very little funding, few trained doctors and only one referral hospital in the north to address the issue. Infrastructure and supplies were mentioned as lacking; humanitarian funding is not typically intended for building permanent structures, but if the structure is semi-permanent and potentially unsafe, midwives cannot stay at the clinics overnight and therefore emergencies are left untreated. The funding gap for mobile clinics is of concern and can be restricted in some areas due to security issues. Conservative culture can impede beneficiaries from seeking out the services they need. Though midwives can reduce maternal mortality immensely, there is currently not enough funding to train and support them.
- One in three people is affected or has been affected by mental illness in Somalia, which is higher than other low-income and war-torn

countries. Mental illnesses are stigmatized and people suffering from them are discriminated against and socially isolated.⁵⁶ Programming for mental health was repeatedly mentioned as a priority with a significant lack of funding.

- Somali youth as a whole have not received much targeted attention. The 2017 HRP had very few projects for adolescents.

A variety of contextual factors were described that limit funding for women and girls.

- **The Somalia response is still heavily focused on humanitarian response; the shift to nexus/development is yet to be fully implemented.**

There is a desire to shift to nexus/development programming, but many stressed that this would still be premature. As a result, there is not a strong pipeline in place to make the transition and hand off projects, and the situation is constantly shifting which can hinder long-term planning. Programmes rarely outlive their project funding cycle, more strategic and long term funding is lacking, and can directly impinge on programming for women and girls.

- **Somalia is a challenging and volatile context to work in.** Dynamics between the federal government and federal member states can hinder proposed projects, and clan politics are complex. There is a conservative culture that can impact programme effectiveness. For example, FGM is almost universally practiced, and only 33 per cent of girls and women aged 15 to 49 think the practice should end - the 4 fourth lowest percentage, after Mali, Guinea and Sierra Leone.⁵⁷ A Caesarean section cannot happen in Somalia unless a male family member approves and signs for it. Security is a significant barrier that not only prevents people from accessing services but also hinders aid workers' ability to monitor and deliver on their mandates.
- **Capacity building was frequently mentioned as a key constraint to funding flows, across multiple levels.** Local organizations need support that includes and goes beyond the financial to include training and capacity building so they can more effectively implement and

⁵⁶ OCHA (2018).

⁵⁷ UNICEF (2019). "Female genital mutilation." updated October 2019. <https://data.unicef.org/topic/child-protection/female-genital-mutilation/>

monitor what is happening on the ground. The Somali Government is very young, and hence programming through the government, which is key to longer-term sustainability, requires that significant portions of programme budgets are dedicated to capacity building and systems strengthening, which constrains the level of budget available for direct programming.

Studies on the benefits of action are limited. However, a number of compelling studies indicate that the benefits of action can be significant. The studies point to several key factors that are determinants of positive outcomes for women and girls.

Several studies highlight the key role that social capacities play in positive outcomes – including social capital, self-esteem and empowerment, collective action, education of women, and social norms change. Awareness raising and bursaries are shown to have a strong impact on education of marginalized girls. Provision of sanitary kits, solar lamps, construction of girls' latrines, and girls' clubs are all shown to have a positive correlation with school attendance and performance. And a study that evaluated a package of interventions to address child health found that the intervention was highly cost-effective at \$34 per life year saved.

Photo: Residents of Hirshabelle State of Somalia attend a public outreach event on the constitutional review process in Jowhar in March 2020. © UN Somalia.



4.2

Recommendations

Increase investment to close the funding gap on programming for women and girls. The data presented clearly indicates a funding gap for tailored and targeted programmes for women and girls. The consequence is insufficient services, including life-saving services, to meet the needs of women and girls. The under-financing of interventions for women and girls is a barrier for GEEWG in humanitarian crises.

Expand the types of programming for women and girls that fit under a humanitarian mandate. This expansion is critical to build durable solutions as part of the Humanitarian Reform agenda, and to bridge the humanitarian-development divide. More specifically, programming should be expanded as follows:

- **Gender transformative programming should receive significant investment if basic service delivery is to succeed.** Gender transformative work is fundamentally reliant on transforming the norms and behaviors that maintain gender roles, and yet social norms work is one of the least funded areas. While these types of activities are not seen as “life-saving” and fall well outside a short-term humanitarian remit, a lack of funding in this space is directly affecting the ability of women and girls to access basic services.
- **Programming that intentionally targets women and girls in the design or decision making around humanitarian response should receive significantly more investment.** The data presented above clearly indicate progress in funding towards programming for women and girls. However, there was next to no indication of women and girls being intentionally included in the design or decision-making processes that underpin projects.
- **Invest in local women’s organizations.** Not only are these organizations consistently underfunded, but their role in the response has been seen as one of service delivery. These organizations should

be explicitly leading on programme design and delivery, through the humanitarian response.

Strengthen the GAM and use audited data for programming, advocacy and transparency.

The IASC GAM has been developed, reiterated, and is gaining ground in its consistent use across humanitarian appeals. However, there is significant confusion around what the GAM score indicates. In part, this is because the old Gender Marker focused very much on whether a project had “a significant or principal focus on gender equality”. Hence it was interpreted very much as a gender score. However, the newly redesigned GAM introduced a new mechanism entirely. Its intention is to ensure that any project considers gender and age groups in its design and implementation. This means that a project that is designed entirely for strengthening livelihoods for young males can achieve the highest score.

Ongoing auditing of GAM scores will be essential to have a more accurate picture of funding flows to women and girls, alongside continued strengthening and capacity building for organizations to use the tool effectively.

Track funding alongside impact. As highlighted throughout this report, increased levels of funding need to be tracked alongside improved outcomes for women and girls. The analysis presented here assesses the degree to which programmes target or tailor activities to women and girls. The degree to which implementing organizations are actually able to realize these activities in the field can often fall short of their intended aims, and can also supersede their intentions. Therefore, ensuring that gains for women are actually realized is also key. Tracking the effectiveness of programming will depend on a gender equality results chain that includes a robust gender analysis, planning, identification of outcomes and indicators, and budget allocation, and will be key for successful interventions.

ANNEX A:

CONSULTATIONS

Name	Organization
Osman Ali	UN Women
Ridwaan Abdi	UNFPA
Pusparaj Mohanty	UN Women
Mohamed (Mursal) Abdi	UNFPA
Omar Faruq	Women Empowerment Development Organization (WEDO)
Rahma Aden	Somali Women Development Centre (SWDC)
Amina Hagi Elmi (Mama Amina)	Save Somali Women and Children (SSWC)
Christophe Beau	UNHCR
Deeq S. Yusuf	Ministry of Women and Human Rights Development
Hibo Mohamed	Save the Children
Mohamud Abdi Yanis	IRC
Mohamed Bule Dahir	Action for Relief and Development
Gelle Moulid Ibrahim	Organization for Somali Protection and Development (OSPAD)
Hawa Abdullah Elmi	UNFPA
Ahmed Aweis Ahmed	UNFPA
Walter Mendonça Filho	UNFPA
Anou Borrey	UNDP
Sajida Birhmani	United Nations Support Office in Somalia (UNSOS)
Peter Soneroel	UNDP
Guelnoudji Ndjekoukosse	UNHCR
Mireille Tushimini	United Nations Assistance Mission in Somalia (UNSOM)

Cecilia Muny	Security Sector Reform (SSR)
Ijabo Omar	United Nations Mine Action Service (UNMAS)
Favhan Bashir Hassan	Health Cluster (Save the Children)
Naema Hirad	Nutrition Cluster (World Food Programme)
Peter Nordstrom	Peace Building Fund
Hamdi Khalif Ibrahim	University for Peace (UPEACE); Somali Disaster Resilience Institute (SDRI)
Sucdi Dahir Dirie	Ministry of Energy and Water Resources
Matija Kova	United Nations Office for the Coordination of Humanitarian Affairs (OCHA)
Julius Otim	UN Women
Leo Thomas	United Kingdom Department for International Development (DFID)
Dustin Caniglia	USAID
Emily Dakin	USAID
Eunice Kidero	USAID
Charles St. George	Office of the DSRSG/RC/HC (Deputy Special Representative of the United Nations Secretary-General/ Resident Coordinator/Humanitarian Coordinator)
Hanna Le Treut	International Organization for Migration
Alberto Perucca	United Nations Support Office in Somali (UNSOS)
Hassan Abdi Ali	United Nations Support Office in Somali (UNSOS)
Teresa Benedict	United Nations Support Office in Somali (UNSOS)





Photo: Residents of Somalia's Galmudug State attend a public outreach campaign on the constitutional review process in Dhusamareb in March 2020. ©UN/Illyas Ahmed.



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