IN BRIEF

LANDSCAPE OF CARE WORK IN SOMALIA

UN WOMEN

Photo: UNICEF Somalia/Lisa Hill

Introduction

Care work encompasses a diverse range of paid and unpaid activities dedicated to providing care, support, and assistance to individuals, households and communities. Care work is an essential public good that benefits the society. It is critical for realising human rights for everyone and for strengthening human capabilities. Care work is disproportionately carried out by women and girls within households or in formal employment in Somalia just like it is the case globally. Within the 2030 Agenda for Sustainable Development adopted by world leaders in 2015, Sustainable Development Goal (SDG) 5 aims to achieve Gender Equality. SDG 5.4 specifically addresses the care agenda and underlines the importance of recognising and valuing unpaid care and domestic work, with the target 'through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and family as nationally appropriate.'

Definitions

Care work consists of activities and relations to meet the physical, psychological, and emotional needs of adults and children, old and young, frail and able-bodied.[1] It includes direct caregiving activities related to caring for children, the elderly, people with illnesses, and people with disabilities, as well as indirect or domestic work such as cooking, cleaning and collecting water, food and firewood.[2] It should be noted that feminist analysts have argued that direct and indirect care are fundamentally interconnected because both direct and indirect care work are often performed simultaneously in the global south.[3]

Unpaid care work refers to the services provided by individuals within a household or community without receiving any monetary compensation for the benefits of its members. Most unpaid care work takes place within families. Unpaid care work also occurs at the community level for people outside the home (friends, neighbours, and community members).[4]

Paid care work refers to providing direct care for individuals in a household or institutional setting in exchange for monetary compensation. Paid care is provided in various public and private settings, in both formal and informal economies, including paid domestic work, social care work, healthcare, education and childcare.[5]

Establishing ***comprehensive care systems*** that consider the varied needs of individuals with disabilities, the elderly, people with illnesses, and children while adopting an intersectional approach is crucial. A **comprehensive care system** is defined as "...a set of policies aimed at implementing a new social organisation of care with the purpose of caring for, assisting and supporting people who require it, as well as recognising, reducing, and redistributing care work – which today is performed mainly by women – from a human rights, gender, intersectional, and intercultural perspective, these policies must be implemented based on inter-institutional coordination from a people-centred approach.[6]

Somalia is classified as a fragile state by the World Bank Group due to its protracted history of conflict. As a traditionally patriarchal society, its legal, social and economic systems place significant constraints on women's lives. Entrenched social norms reinforce "women as the caregiver" and "men as the breadwinner" roles. Women in the country face disrupted access to basic social services and infrastructure, displacement, high rates of violence against women and low access to productive assets. Conflict situations also lead to a higher incidence of women-headed households, which are often among the most vulnerable. Women in these households are not only income-poor but also time-poor due to large responsibilities for unpaid care work as well as employment. This significantly impacts the social organisation of care work in the country.

Achieving SDG 5.4 calls for appropriate investments in care infrastructure, social protection systems and public services to promote shared responsibility for this essential work amongst the government, private sector, households, and communities. Policy emphasis on care work is crucial for addressing gender disparities, promoting women's empowerment, and preventing the feminisation of poverty. Further, investments in the care economy can contribute to inclusive growth and human development by addressing the interlinked issues of poverty, health, education, decent work, and gender equality.

The overall purpose of this brief is to present an overview of the existing care services, systems and infrastructure in Somalia. Using this analysis, the study aims to demonstrate gaps in data and policy on care. A mixed methods research approach combining quantitative and qualitative data sources consisting of a desk-review of existing publications and academic records was used. The review did not allow an in-depth exploration of all legislation and policies, especially humanitarian social assistance. To this end, section 2 discusses the historical and contextual backdrop. Section 3 briefly outlines the purpose of the report and the methodology used to conduct the study. Section 4 explores the extent of care work and care needs in the country. Section 5 dives into the relevant legislative, institutional and policy environment and gaps. Finally, Section 6 concludes and provides policy recommendations.

Country background

Somalia is a low-income country in the Horn of Africa, with a population of 17.6 million in 2022.[7] Gross Domestic Product grew by 1.7 per cent in 2022 after 2.9 per cent growth in 2021 due to inflation, drought and insecurity.[8] About 53 per cent of the population lived in rural areas in 2022[9] as nomadic and semi-nomadic pastoralists, about 70 per cent of the population live below the poverty line and 90 per cent live in multidimensional poverty.[10] Somalia is also significantly vulnerable to climate change, with exposure to droughts, floods, cyclones, and dust storms. This has also led to displacement, conflict and worsening of food and water insecurity. As of June 2023, Somalia had approximately 2.6 million internally displaced people (IDP) living in overcrowded IDP sites with limited access to basic services such as clean water. Over 70 per cent of those displaced are women and girls.[11] As of 2024, 6.9 million people are in need of humanitarian aid.[12]

Somalia has experienced political instability, armed conflicts and state collapse in the last few decades. The central government collapsed in 1991, leading to a prolonged period of civil war and the emergence of various regional and clan-based factions. In recent years, efforts have been made to stabilise the country and rebuild its political institutions. The Federal Government of Somalia was established in 2012, and international actors have been supporting state-building and counter-terrorism efforts. Despite these efforts, challenges such as corruption, political infighting, and ongoing security threats persist, making Somalia's political landscape complex and fragile.

Somalia is a traditionally patriarchal Islamic society and gender inequality is a significant concern. Gender inequality is linked to the persistence of discriminatory norms and laws.[13] Women have limited access to resources and participation in public life and decision-making bodies. Conservative attitudes are often exacerbated by insecurity and conflict. Religious extremism remains a destabilising threat, particularly in the South-Central region. Early or underage marriage is common (33 per cent of women aged 25-49 reported getting married before 18 years of age in 2020).[14] While there has been a trend towards the marriage of adolescent girls aged between 15 and 18, underage marriages are becoming less common.[15] Violence against women remains a significant concern, with over a third of urban women reporting intimate partner violence and 17 per cent reporting non-partner

violence.[16] About 98 per cent of women aged 15 to 49 years have undergone female genital mutilation and cutting.[17]

Understanding the extent of care work and care needs

Up-to-date information and data are scarce on indicators that reflect gender issues in Somalia, largely due to weak and inadequate statistical capacity. The over two decades of conflict led to a breakdown of the country's statistical system, constraining statistical operations in the country. In fact, even basic economic, social and demographic statistics are not available regularly.[18] Specifically, data on unpaid care work through time use surveys, violence against women and key labour market indicators like the gender pay gap are systematically lacking and do not seem to be a policy priority. Although indicators like the gender pay gap and data on violence against women are not direct measures of care work, they indirectly showcase the impact of unpaid care work responsibilities on women. For instance, women's responsibilities for unpaid care may contribute to the gender pay gap.[19] Similarly, the unequal distribution of unpaid care work leads to economic dependence and lack of autonomy for women, which exacerbates violence against women. With this caveat in mind, this section presents data from the latest nationally representative surveys, international data sources and studies to present an overview of the extent of care work and care needs in the country.

Care work and contextual factors

Women in sub-Saharan Africa spend 3.5 times more time on unpaid care work daily than men (263 minutes vs 78 minutes). Domestic services, as opposed to direct care for dependents, make up the bigger proportion of time spent on unpaid care work.[20] Unfortunately, no nationally representative data on time-use is available in the country. A World Bank study found that only 18 per cent of economically inactive women are enrolled in school. In addition, girls between the ages of 14 and 17 do not go to school mainly to work or help at home, which further suggests that social and cultural norms prescribe women's roles to the household. Overall, this showcases the large amount of care work undertaken by households and individuals in Somalia, particularly women and girls._

With 47 per cent of the total population below the age of 14 years and 3 per cent above the age of 65 years, the number of dependents with high care needs in the country is substantial.[21] Furthermore, by applying the worldwide average of 15 per cent, it can be estimated that there are approximately 1.2 million individuals with disabilities in the country. However, this figure is likely to be greater due to the impact of conflict.[22] The country has a declining fertility rate, from about 7.6 children/woman in 2001 to 6.3 children/woman in 2021.[23] On the other hand, the estimated life expectancy has increased slightly from 51 years to 55 years in the same period. Overall, the number of dependents is set to decrease in the coming years. This does not mean that care needs in the country are set to decrease with time; conflict, environmental change, changing social structures and urbanisation result in new and demanding care challenges. For instance, rapid urbanisation (4.2 per cent urban growth rate between 2015 and 2020)[24] and changes in family structure have been exacerbated in recent years due to the political and economic situation in the country. This has led to difficulties in meeting the care needs of the elderly, especially in rural areas. Returns from neighbouring countries of displaced persons have also been putting pressure on urban centres.

47%

of the population under 14 years

3%

of the population are 65 years and above

1.2 million

is the approximate number of individuals with disabilities in the country.

Somalia is a significant country of origin for mixed migration. Emigrants move due to conflict, insecurity, drought and poverty and work in various jobs. They often work as domestic workers in the Intergovernmental Authority on Development (IGAD) region,[25] the Middle East, Yemen, and the Gulf countries.[26] Labour migration to Somalia is limited due to insecurity. Most of these immigrants come from the IGAD region and the Middle East and work in low-paying and informal care jobs such as domestic work.[27]

Limited social protection systems combined with high incidences of trauma, injuries and psycho-social trauma[28] that are common in conflict and post-conflict states have led to individual women and households bearing increased responsibilities for unpaid care work. Amongst displaced populations, women usually strive to meet the needs of children, the elderly and other vulnerable family members in unfamiliar and challenging environments.[29] Somalia also grapples with land degradation, rising temperatures, recurring droughts and water scarcity, unpredictable rainfall patterns and rising sea levels. These environmental challenges have led to a decline in agricultural productivity, hindered GDP growth, driven migration and adversely impacted livelihoods. This increases the burden of unpaid care work, such as coping with water stress. Global research shows that this disproportionately increases women's and girls' responsibilities for providing care work.[30]

Labour force participation and gendered segregation

A World Bank study[31] found that Somali women most often remain outside the labour force due to their unpaid care work responsibilities. Among the economically inactive women, 58 per cent care for family and households, which is twice the rate of corresponding men. Thus, understanding labour force participation trends indicates women's care work responsibilities. Women's labour force participation rate in Somalia is much lower than men's (21 per cent vs 47 per cent in 2022).[32] While there are many reasons for this reduced labour force participation, women's increased responsibilities for unpaid care work in conflict and post-conflict situations are important contributors.

47% 21%

Labour force participation rate in Somalia in 2022

Somalia Labour Force Survey 2019[33] showed that among the employed,

19.2%

Worked in agriculture and allied activities

18.4%

Worked in other services

making them the two biggest employers in the country.

The care sectors

5.7%

Education

5.6%

Health

3.3%

Domestic Work

make up a significant proportion of the labour force. Unfortunately, gender-disaggregated data on employment in the care sector is unavailable. However, a 2023 UN Women study[34] found significant horizontal segregation in the labour force across East and Southern Africa, with women overrepresented in care sectors. Global research finds that women are concentrated in low-status and low-paying jobs in the care sectors, such as domestic workers and nurses.[35]

Legislative, institutional and policy environment and gaps

Public policies play a crucial role in shaping the dynamics of care work. They can reinforce or alleviate the care responsibilities of individuals, particularly women and households. Transformative care policies that are conflict-sensitive contribute to gender equality, economic productivity and the overall well-being of communities. They are essential in addressing inequalities in unpaid care work and inequalities in the labour force, including paid care sectors. In this context, this section examines legislation, institutions and policies on care in the country against the four pillars of the purple economy: universal social infrastructure, labour market regulations, physical infrastructure and enabling macroeconomic environment.[36]

Universal Social Care Infrastructure

Collectively, socialised childcare, elderly care and care for people living with disabilities are called social care infrastructure and are the principal source of care when unpaid care is insufficient to meet a society's care demands. Adequately financed social care infrastructure that pays living wages to its workers is important for valuing, rewarding and redistributing care work. There is a lack of socialised care infrastructure in Somalia and sparse regulation of privately provided care services. Somalia's history of conflict and fragility has severely affected basic care service provision with critical infrastructure being rebuilt since 2012.

Healthcare

The healthcare system broke down after the state collapse in 1991 and sustained conflict between 1991 and 2012 worsened the dire situation of the healthcare system. The healthcare system remains fragmented and under-resourced. A large private sector has emerged, which delivers about 60 per cent of all health services in urban areas.[37] About half of all households finance health expenses using out-of-pocket payments/their income. Thus, poverty affects access to healthcare services for most of the population. Almost two-thirds (65 per cent of women) between the ages of 15-49 reported cost as the greatest obstacle to seeking healthcare.[38] As is true in countries with fragile health systems, seeking help from traditional and spiritual healers is common across the country.

There is a strong institutional commitment to strengthen the healthcare systems in Somalia, with a particular focus on maternal health, improving service delivery, and promoting access for vulnerable groups. The Ministry of Health and Human Services is responsible for overseeing the management of the healthcare system, and the joint Somalia Health Policy (2014) is considered the major policy aimed at cross-regional collaboration and improved health delivery. The country is working towards the National Health Sector Strategic Plan 2022-2026 (HSSPIII).[39] The Essential Package of Health Services (EPHS), designed in 2009 and updated in 2020, is the main framework for provisions of essential healthcare services, especially for reducing maternal and child mortality. It comprises primary health units, health centres, referral health centres and hospitals. Shortage of adequately skilled healthcare workers is also a problem. For instance, only 9 per cent of births were attended by skilled health personnel.[40]

Childcare

The Ministry of Education, Culture and Higher Education leads work on education in Somalia and is working towards the 2022-2026 Somalia Education Sector Strategic Plan (ESSP).[41] The policy highlights issues with access for girls and vulnerable groups, including IDPs and children from pastoralist communities. The Education Act laid out a plan for a unified education system. Somalia has made significant progress towards developing a harmonised curriculum at primary and secondary levels and institutionalising key responsibilities. Yet, Somalia is far from achieving universal access to education. As of 2020, about 80 per cent of school-aged children remained out of school.[42] In addition, three out of four IDP girls remained out of school.[43] Teacher supply and qualifications are also low. Women comprise only 15 per cent of primary-level teachers and 4 per cent of the country's secondary-level teachers.[44] The pupil-to-teacher ratio ranged from 32:1 to 60:1 across sub-sectors,[45] much lower than the World Health Organization recommendations. Only 36 per cent of primary school public teachers and 15 per cent of secondary school public teachers are appropriately qualified.[46] Early childhood education (ECE) is a small sub-sector in Somalia with no governmental support for ECE. This leads to significant responsibilities for care work transferred to the household since this is a care-intensive period in a child's life.

Care for the Elderly and Persons with Disability

Persons with disability and elderly people face limited access to basic needs like food and safe water, as well as additional burdens such as difficulty in accessing healthcare services and medication, particularly in displaced settings. They must often rely on informal social support systems and social capital for support. The elderly are susceptible to chronic illnesses and growing frailty reduces their ability to work.[47] Persons with disability also often face stigma and intellectual disabilities and are considered especially taboo.[48] Children with disabilities have limited access to educational opportunities and girls with disabilities are further disadvantaged due to intersectional vulnerabilities. The 2023 Multi-Needs Sectoral Assessment highlighted that girls from minority clans with disability have less access to education and health and are further discriminated against.[49] Infrastructure for persons with disability is limited, leading to barriers to equal participation in society. In 2011, only 25 per cent of public buildings had wheelchair access.[50]

Policy and legislative support for the elderly and persons with disability is lacking in Somalia. The study could not trace any national legal or policy framework that specifically promotes and protects persons with disability or the elderly. Somalia has yet to ratify the UN Convention on the Rights of Persons with Disabilities, leading to adverse effects on the recognition of the rights of individuals with disabilities within the country. The constitution provides for equal rights for persons with disability and prohibits discrimination against persons with disability by the state. However, the United States Department of State 2016 Human Rights Report[51] for Somalia noted that authorities do not enforce these provisions. A National Council on Disability was established in 2012 to help mainstream disability inclusion into policies, but it is not included in the federal budget. The Federal Member States, Somaliland and Puntland, have made modest advancements in independently recognising and safeguarding the rights of persons with disabilities, for instance, by introducing the Somaliland National Policy on Disability in 2012.

Labour Market Regulation

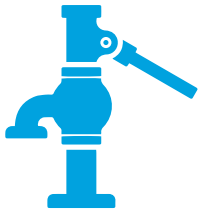
Labour market regulations can promote work-life balance so that women and men can balance their paid employment and care work responsibilities. Furthermore, policies that discourage gender-based discrimination and encourage women's labour force participation can shift social norms and lead to redistribution of care work. It should be noted that such labour market regulations are less effective in addressing women's unpaid care needs in low-income countries like Somalia, where a small percentage of the population is employed in the formal sector as wage employees. The Private Sector Employees Law of Somaliland and Puntland recognises the principle of equal pay for equal work and the Provisional Constitution prevents women from discrimination in employment. However, the Labour Code of 1972 prevents women from being employed in night work at factories, commercial enterprises and farms. Somalia has not ratified the ILO Convention 189 on 'Decent work for domestic workers' and the Labour Act does not cover domestic workers. No national policies that specifically addressed domestic workers could be found.

Somalia has not signed ILO Convention 183 on 'Maternity Protection.' However, its legislation guarantees women workers four months of paid maternity leave with cash benefits equivalent to 100 per cent of the salaries before the leave. Further, a two-hour break for breastfeeding is allowed for 12 months after maternity break. In Somaliland and Puntland, women are entitled to 16 weeks of maternity leave and nursing breaks.[52] Unfortunately, the legislation does not extend full benefits to women who give birth to a stillborn infant. Given the high rate of stillbirths in Somalia, 29.9 stillbirths per 1,000 total births, as compared to the global average of 13.9 stillbirths per 1,000 total births in 2019,[53] such maternity cover is crucial. Somalia also grants two weeks of paid paternity leave.

Enabling Macroeconomic Environment

Although macroeconomic policies are a large area of concern when it comes to care work, this sub-section focuses on social protection systems. Social protection measures can be a powerful tool to redress women's socio-economic disadvantage resulting from unpaid care responsibilities and related unequal employment opportunities. There is no formal and institutionalised social protection system in the country. However, in 2019, Somalia took an important first step by launching the Somalia Social Protection Policy.[54] It takes a multi-sectoral approach to reducing poverty and vulnerability, developing human capital, ensuring equality and building resilience. Climate change mitigation and adaptation are part of the policy's stated goals. Unfortunately, no direct mention of care work could be found in this policy. Phase I (2019-2023)[55] has been focusing on system and capacity strengthening of the government of Somalia and other stakeholders to deliver immediate priorities considered feasible in the short to medium term. The first national social safety programme, called *Baxnaano,* was launched in 2019.[56] It delivers a nutrition-linked cash transfer of USD 20 a month per beneficiary, supports a social safety net delivery mechanism and builds institutional capacity. It reached 200,000 poor and vulnerable households with the cash transfer and 100,000 households received livelihoods protection in the first two years of implementation.[57] The selection criterion has been rural households from selected areas with at least one child less than five years old.

Physical Infrastructure



Caregivers, particularly women, have substantial domestic work responsibilities in Somalia due to a lack of essential care-supportive infrastructure. For instance, traditional cooking methods often have negative health and environmental impacts and are time-consuming and physically demanding. Similarly, collecting water from distant points involves significant time, physical labour and hardship. Improving water and energy infrastructure is crucial for redistributing the burden of unpaid care work, as evidenced by the stark disparities in access to clean fuel, cooking technology, and basic drinking water services in Somalia, with only 0.4 per cent of rural and 6.4 per cent of urban areas having access to clean cooking facilities, and 39 per cent of rural and 80 per cent of urban areas having access to basic drinking water services by 2022.[58] The humanitarian crisis and climate change further challenge access to basic water, sanitation and hygiene (WASH) services. Complimentary to health policies, Somaliland and Puntland have developed water policies to improve water access.

Mobile phones and the internet can also reduce domestic care work responsibilities, offering various communication, information and organisational benefits that can help caregivers and care receivers. For example, access to e-commerce platforms in urban areas and access to healthcare information. Although internet uptake is on the rise, the internet penetration rate was only 13.7 per cent in 2022. Caregivers, especially women, could save time and energy spent on care work if basic physical infrastructure such as clean energy, clean water, sanitation facilities and time and labour-saving technologies such as washing-related equipment, roads and transportation, digital technology and the internet were available.

Conclusion and recommendations

In conclusion, this snapshot of care systems in Somalia reveals a complex landscape shaped by various factors, including economic challenges, resource constraints and climate change. Households meet a vast majority of the country's care demands. In crisis situations such as those in Somalia, where care demands rise and public and private systems lack adequate funding and support, women and girls in households shoulder the majority of care responsibilities. This is worsened by the country's poor performance in gender equality. However, care work and supporting care workers is not a policy priority. As Somalia slowly rebuilds its institutions and shifts from humanitarian aid to development approaches, there are opportunities to advance care provision and better the lives of caregivers and receivers.

A few policy recommendations that emerge from this analysis are as follows:

Overall, data production in the country has been inconsistent and irregular. Thus, there are significant gaps in reliable data. Data on gender issues in household surveys and time-use surveys need to be conducted regularly to measure and monitor the social organisation of care work and the impacts of care work on individuals and the economy.

Ensure that equity, inclusion and rights of persons with disability and older people are mainstreamed across policies and programmes, especially in humanitarian settings. In the long run, a national framework to protect and promote the rights of these two vulnerable groups and their inclusion in social protection programmes is required to ensure equal access to opportunities and a healthy life.

Investment in affordable, accessible and efficient public transportation infrastructure can support the care demands of low-income and vulnerable individuals.

Legislation to support the participation of caregivers in the labour force could be introduced. This includes longer maternity leave, including for women with women giving birth to stillborn babies and longer paternity leave. Care-friendly leave policies and working arrangements may also be encouraged across the public and private sectors.

Not only are women and girls more vulnerable to the effects of climate change, but the social organisation of care work and their responsibilities towards unpaid care activities are significantly affected by climate change and mitigation and adaptation strategies. Thus, investments to combat climate change should consider women's and girls' needs.

The government may consider gender-sensitive investment in adequate infrastructure for electricity, fuel and WASH facilities. Such care-supportive infrastructure reduces household responsibilities for unpaid domestic work.

Efforts to fund women's organisations in Somalia would be beneficial in addressing and representing women's caregiving and care-receiving needs. This would ideally include concrete and practical steps to increase collaboration with NGOs and WROs to ensure robust implementation of gendered policies and strategies.

Given the country's economic challenges and resource constraints, investment in community care structures such as community-based health can be particularly effective. This could include capacity development of community health workers and teachers.

References

1 Feminist scholars have argued that care for the environment, including women's care for animals, plants and shared spaces, should also be considered care work. For further reading, refer to Oxfam Policy & Practice. 'Caring in a Changing Climate: Centering Care Work in Climate Action'. Accessed: 27 March 2024. https://policy-practice.oxfam.org/resources/caring-in-a-changing-climate-centering-care-work-in-climate-action-621353/ .

This paper recognises that the boundaries between paid labour contributing to household income and unpaid caregiving tasks within households are porous. For instance, caring for animals and selling animal products from these animals in the marketplace could be called subsistence work as well as care work. In the interest of harmony with international standards, this paper does not include such activities in its definition of care work.

2 UN System Policy Paper on Care – Forthcoming, 2023, UN Women, UNDP, ILO, ECLAC, OHCHR

3 FEMNET (2022). *The Africa Care Economy Index.* Accessed: 9 May 2024. https://www.undp.org/sites/g/files/zskgke326/files/2022-09/The%20Africa%20Care%20Index%202022_E-version_14%20Sept%202022.pdf

4 UN System Policy Paper on Care – Forthcoming, 2023, UN Women, UNDP, ILO, ECLAC, OHCHR

5 Ibid.

6 UN Women and ECLAC 2021. "Towards the Construction of Comprehensive Care Systems in Latin America and the Caribbean: Elements for Implementation pp 22." Accessed: 27 March 2024. https://lac.unwomen.org/sites/default/files/Field%20Office%20Americas/Documentos/Publicaciones/2021/11/TowardsConstructionCareSystems_Nov15-21%20v04.pdf

7 World Bank. "World Development Indicators."

8 African Development Bank. 'African Economic Outlook 2023.' Text. African Development Bank Group. African Development Bank Group, 15 May 2023. https://www.afdb.org/en/knowledge/publications/african-economic-outlook.

9 World Bank. "World Development Indicators." Rural population (% of total population) - Somalia | Data. Accessed: 27 March 2024. https://data.worldbank.org/indicator/SP.RUR.TOTL.ZS?locations=SO

10 World Bank. *Somalia Economic Update - Investing in Social Protection to Boost Resilience for Economic Growth (English).* Washington, D.C. World Bank Group. Accessed: 27 March 2024. http://documents.worldbank.org/curated/en/099645010242215445/P1702402429f50e708a6408e3872dbb193

11 Cluster Camp Coordination and Camp Management (CCCM) IM, new arrivals. January-October 2023. Accessed: 27 March 2024 https://www.cccmcluster.org/sites/default/files/2023-02/CCCM%20Cluster%20Somalia%20Strategy%202023.pdf

12 'Somalia 2024 Humanitarian Needs and Response Plan (HNRP) - Summary - Somalia | ReliefWeb,' 27 December 2023. https://reliefweb.int/report/somalia/somalia-2024-humanitarian-needs-and-response-plan-hnrp-summary .

13 UN Women – Africa. 'COUNTRY GENDER PROFILE: SOMALIA'. Accessed: 6 April 2024. https://africa.unwomen.org/en/digital-library/publications/2023/11/country-gender-profile-somalia.

14 'Somalia - Somali Health and Demographic Survey 2020.' Accessed: 6 April 2024. https://microdata.nbs.gov.so/index.php/catalog/50.

15 UN Women – Africa. 'COUNTRY GENDER PROFILE: SOMALIA'. Accessed: 6 April 2024. https://africa.unwomen.org/en/digital-library/publications/2023/11/country-gender-profile-somalia.

16 World Bank 2017. "Somali Poverty Profile 2016 Findings from Wave 1 of the Somali High Frequency Survey." Washington DC. World Bank.

17 UNICEF 2013. "Female Genital Mutilation/Cutting: A statistical overview and exploration of the dynamics of change." UNICEF, New York

18 African Development Bank 2016. Accessed: 6 April 2024. https://www.afdb.org/sites/default/files/documents/projects-and-operations/somalia_p-so-kf0-010_national_statistical_capacity_building-_par-30_september_2016_f_.pdf

19 Ferrant, G., Pesando, L. M., & Nowacka, K., 2014. "Unpaid Care Work: The missing link in the analysis of gender gaps in labour outcomes." Boulogne Billancourt: OECD Development Center.

20 Addati, Laura, Umberto Cattaneo, Valeria Esquivel, and Isabel Valarino, 2018. "Care Work and Care Jobs for the Future of Decent Work." Geneva: International Labour Organization.

21 United Nations World Population Prospects

22 National Disability Agency 2023. "Dignity Disrespected. The Perceptions and Priorities of Persons with Disabilities in Somalia." December 2023.

23 United Nations World Population Prospects

24 'Urbanization in Somalia: Building Inclusive & Sustainable Cities.' Accessed: 6 April 2024. https://unhabitat.org/somalia .

25 Djibouti, Eritrea, Ethiopia, Kenya, Somalia, South Sudan, Sudan and Uganda

26 Avis, W., & Herbert, S. 2016. "Rapid fragility and migration assessment for Somalia." Birmingham: GSDRC University of Birmingham.

27 ILO 2020. "An assessment of labour migration and mobility governance in the IGAD region: Regional Report."

28 Ibrahim, M., Rizwan, H., Afzal, M., & Malik, M. R. 2022. "Mental health crisis in Somalia: a review and a way forward." International Journal of Mental Health Systems, 16(1), p. 1-12.

29 Rai, Shirin M., True, Jacqui and Tanyag, Maria 2019. "From depletion to regeneration: addressing structural and physical violence in post-conflict economies." Social Politics: International Studies in Gender, State & Society, 26 (4). pp. 561-585. doi:10.1093/sp/jxz034 ISSN 1468-2893.

30 UN Women 2023. "The climate–care nexus: Addressing the linkages between climate change and women's and girls' unpaid care, domestic, and communal work."

31 Karamba, W. 2021. "Improving access to jobs for the poor and vulnerable in Somalia."

32 United Nations World Population Prospects

33 Somalia National Bureau of Statistics, Federal Government of Somalia, Somali Labour Force Survey

34 Alarakhia, M., Petreski, M., Ahmed, Z. S., &; Tanima, T. 2023. "Why Women Earn Less: Gender Pay Gap and Labour Market Inequalities in East and Southern Africa." UN Women.

35 Addati, Laura, Umberto Cattaneo, Valeria Esquivel, and Isabel Valarino 2018. "Care Work and Care Jobs for the Future of Decent Work." Geneva: International Labour Organization.

36 "The purple economy refers to an economic order organized around sustainability of caring labour through a redistributive internalization of the costs of care into the workings of the system" İlkkaracan, İ. 2016. The Purple Economy Complimenting [sic] the Green: Towards Sustainable Economies, Caring Societies. Gender and Macroeconomics: Current State of Research and Future Directions. 9 March 2016. Levy Economics Institute and Hewlett Foundation, New York. Pg. 1.

37 Ministry of Health and Human Services, Federal Government of Somalia 2021. "Somalia Health Sector Strategic Plan 2022–2026 (HSSP III)." Accessed: 27 March 2024. https://moh.gov.so/so/wp-content/uploads/2022/11/Health-Sector-Strategy-Plan-III.pdf

38 UN Women – Africa. 'COUNTRY GENDER PROFILE: SOMALIA'. Accessed: 6 April 2024. https://africa.unwomen.org/en/digital-library/publications/2023/11/country-gender-profile-somalia .

39 Ministry of Health and Human Services, Federal Government of Somalia 2021. "Somalia Health Sector Strategic Plan 2022–2026 (HSSP III)." Accessed: 27 March 2024. https://moh.gov.so/so/wp-content/uploads/2022/11/Health-Sector-Strategy-Plan-III.pdf

40 World Life Expectancy. 'World Life Expectancy.' Accessed: 6 April 2024. https://www.worldlifeexpectancy.com/ .

41 Ministry of Education, Culture and Higher Education, Federal Government of Somalia 2022. "National Education Sector Strategic Plan, 2022-2026." Accessed: 6 April 2024. https://moe.gov.so/wp-content/uploads/2022/07/ESSP-2022-2026.pdf

42 Ministry of Education, Culture and Higher Education, Federal Government of Somalia 2022. "National Education Sector Strategic Plan, 2022-2026." Accessed: 6 April 2024. https://moe.gov.so/wp-content/uploads/2022/07/ESSP-2022-2026.pdf

43 OCHA 2018. Humanitarian Needs Overview 2019, UN OCHA.

44 Creative -. 'Female Teachers Create Opportunity for Girls – Creative,' 7 March 2022. https://www.creativeassociatesinternational.com/stories/female-teachers-create-opportunity-for-girls/.

45 Ministry of Education, Culture and Higher Education, Federal Government of Somalia 2022. "National Education Sector Strategic Plan, 2022-2026." Accessed: 6 April 2024. https://moe.gov.so/wp-content/uploads/2022/07/ESSP-2022-2026.pdf

46 Ibid.

47 Ministry of Labour and Social Affairs, Federal Government of Somalia 2019. Somalia Social Protection Policy. Accessed: 6 April 2024. https://faolex.fao.org/docs/pdf/som203954.pdf

48 Brigitte Rohwerder 2018. "Disability in Somalia." Institute of Development Studies. UK Department for International Development, 19 January 2018. Accessed 6 April 2024. https://assets.publishing.service.gov.uk/media/5a744dbded915d0e8bf188ec/Disability_in_Somalia.pdf

49 OCHA 2023. Somalia Multi-Needs Sectoral Assessment – Qualitative component 2023.

50 Ministry of Labour and Social Affairs (MOLSA) 2012. "The National Disability Policy." Republic of Somaliland.

51 United States Department of State (USDOS). 2017. "Somalia 2016 Human Rights Report (Country Reports on Human Rights Practices for 2016)." Bureau of Democracy, Human Rights and Labour, USDOS. Accessed: 6 April 2024. https://www.state.gov/documents/organization/265512.pdf

52 UNDP 2019. Gender Justice & The Law: Somalia.

53 Hug, L., Mishra, A., Lee, S., You, D., Moran, A., Strong, K.L. and Cao, B., 2020. "A neglected tragedy; The global burden of stillbirths: report of the UN inter-agency group for child mortality estimation." 2020.

54 Ministry of Labour and Social Affairs 2019. Somalia Social Protection Policy. Accessed: 6 April 2024. https://faolex.fao.org/docs/pdf/som203954.pdf

55 Ministry of Labour and Social Affairs, Federal Government of Somalia 2019. Somalia Social Protection Policy. Accessed: 6 April 2024. https://faolex.fao.org/docs/pdf/som203954.pdf

56 World Bank. 'Somalia Economic Update: Investing in Social Protection to Boost Resilience for Economic Growth.' Accessed: 6 April 2024. https://www.worldbank.org/en/news/feature/2022/11/29/somalia-economic-update-investing-in-social-protection-to-boost-resilience-for-economic-growth .

57 World Bank. 'Developing a State-Led Social Safety Net System to Boost Human Capital and Build Resilience in Somalia: The Baxnaano Program.' Accessed: 6 April 2024. https://projects.worldbank.org/en/results/2022/10/10/developing-a-state-led-social-safety-net-system-to-boost-human-capital-and-build-resilience-in-somalia-the-baxnaano-prog .

58 World Bank. "World Development Indicators."

East and Southern Africa Regional Office
UN Gigiri Complex, UN Avenue;
Block M, Ground Floor
P.O. Box 30218- 00100 Nairobi, Kenya
Tel: +254 20 762 4778

africa.unwomen.org
Email: esaro.publications@unwomen.org
unwomenafrica
unwomenafrica
unwomen
unwomenafrica