

## Women Needs in Somalia after Civil War

*(No 3 in a series of essays addressing current issues in Somalia)*

Twenty years of war and widespread displacement have left virtually the entire population of Somali Women impoverished. Social networks that traditionally cared for the most vulnerable in this region are greatly disappeared for all. Those marginalized from kin and their communities are at risk, both economically and socially. Young women and girls in particular have suffered economically and educationally from the war.

World G18 Somalia (WG18S) aims to help women overcome violence and poverty and give them a voice in the future of their own country. As the humanitarian crisis in Somalia worsens by the day, we are appealing to the international community to remember that no amount of emergency humanitarian aid will compensate for lack of long term peace.

Once again we see how women and children pay the true cost of conflict as they flee the fighting in their thousands to seek refuge under stress with little or no food and water. Aid agencies have been warning of large scale human catastrophe and they are doing their best to deal with it but alongside this we must work to resolving the conflict or else innocent Somalians will face the same crisis over and over again.

### THE VOICE OF SOMALI WOMEN



### Today's problems and displaced Somali Mother on the run.

The women of Somalia, recently named one of the five worst places to be female, face multi-layered issues: The civil war devalues women, with rigid structures of inequality including near universal female genital mutilation, domestic violence and economic dependence. Add to that the chaos of conflict, forcing women to pack up and run from here to there and back again to avoid flying bullets, daily struggles to keep their children alive amid food shortages, no access to health care, soaring maternal mortality rates, and total breakdown of access to livelihoods and coping mechanisms; all in the face of rampant rape and sexual abuses.

Enterprise for Poor Women in Somalia: It will take many years for households to build up assets and livestock and achieve pre-war levels of productivity and income. A major worry is that the most vulnerable households will not be able to develop and maintain livelihoods and income without assistance that targets their specific needs, including provision of skills, capital, and social networks. Therefore, women in Somalia desperately need an innovative intervention programme aimed at transitioning between humanitarian and development assistance in the post-conflict environment. This much needed practical support will include business skill training (BST), women's group organisation and dynamics training, individual start-up grants such as *Small Scale Microfinance* plus regular follow-up and support to develop their economical and social circumstances. World G18 Somalia would like to see women's issues taken as a prerequisite in peace, security and development programmes.

This would serve to:

- Consolidate the vision of Women role in the society and their voice to be heard
- Maximise their full participation and empower Women in rebuilding their country
- Address culture and gender affects on Women in conflict country
- Tackle the affects of War on Women, i.e. separation, loss of partners and family, relationships, physical and economical insecurity,
- Address risks of sexual assaults on Women such as rape, detention, deprivation, mental health and death.
- Address female genital Mutilation, gender equalities, and other areas of priority needs.
- Provide motivation and encouragement in political, economical, social aspects.

The contribution of women should be considered as a backbone of society in reconciliation and conflict prevention.

### **Women's Development and Gender Equality**

World G18 Somalia aims to help women overcome violence and poverty and give them a voice in the future of their own country. Somali women have been sidelined from peace talks and efforts to rebuild their country. They need programmes to strengthen and build capacity, protect their human rights and promote gender equality, supporting them in facing conflict, violence, poverty, HIV and AIDS.

### **Health Problems & Child Motility Rate in Somalia**

In Somalia, the child mortality rate is high: *Child deaths under 5*: 200 per 1000 **with life expectancy** of only 47 years. This will not improve unless concerted action is taken. Over 250,000 children under five die each year through illnesses we know how to treat or prevent such as diarrhoea and pneumonia. It's our duty to save these lives. We must advocate their rights to help them survive and fulfil their potential. We are urging the International community and world leaders to do more and better. In countries such as Somalia, parents do not have any accessible health care, so vaccines are essential to prevent two of the biggest child killers, pneumonia and diarrhoea. At the moment, these are not reaching children who need them most. The contraceptive usage in 2005-2009 was only 15%. The number of malnourished children in Somalia has also increased from 476,000 to 554,500 in the first half of 2011 and this is expected to increase further.

But if enough of us are passionate enough, we can ensure this outrage reaches the ears of world leaders and International organisations who are in a better position and able to support World G18 Somalia help young children dying in Somalia. Without this, we argue the needs for emergency health services will never be met in Somalia. And thousands of children and mothers will continue to die needlessly.

**Conclusion: *Did you know?***

- \* If you live in a crisis country, you are 13 times more likely to die from malaria than elsewhere in the developing world.
- \* More than a third of mothers who die in childbirth live in a country that's either mired in or emerging from conflict.
- \* Half of all children who die before their fifth birthday are born in countries suffering chronic poverty.

**Recommendations for Action:**

Ending needless deaths of children and mothers in Somalia should start with training health workers,  
Somalia desperately needs integrated prevention, treatment and emergency primary health care,  
Build community based clinical centres in the towns and villages where most of the vulnerable population lives,  
Prevention of killer diseases like HIV/AIDs, TB, and malaria,  
Treatment for waterborn diseases like diarrhoea and pneumonia,  
Emergency health and nutrition assistance for children, the vulnerable elderly and ill people,  
Programmes for Immunisation, campaigns and ante and post-natal care to address poor maternal and child health,  
Training women to become trainers and teachers to occupy and empower them into the health sector,  
Studies in life skills (including HIV/AIDS and sexually transmitted infections),  
Educational activities to encourage better water, sanitation and hygiene practices,  
Latrine building programmes to improve sanitation and hygiene,  
Programmes to train nurses, nutritionist, midwives, and care providers,  
To improve partnership in health advocacy and closely work with local administration at the national level and work with International organisations to include UN agencies (WHO, UNICEF) and academic Institutions.