Country Background Note
Somalia

Version 1.0
December 2020
Preface

Purpose

This note provides a summary of and links to country of origin information (COI) for use by Home Office decision makers handling particular types of protection and human rights claims. It is not intended to be an exhaustive survey of a particular subject or theme.

It is split into two main sections: (1) general background to the country concerned, including demography and geography; and (2) issues which may be relevant to protection claims. Unlike country policy and information notes, it does not contain an assessment of risk, availability of protection or reasonableness of internal relocation.

Decision makers must, however, still consider all claims on an individual basis, taking into account each case’s specific facts.

Country of origin information

The country information in this note has been carefully selected in accordance with the general principles of COI research as set out in the Common EU [European Union] Guidelines for Processing Country of Origin Information (COI), dated April 2008, and the Austrian Centre for Country of Origin and Asylum Research and Documentation’s (ACCORD), Researching Country Origin Information – Training Manual, 2013. Namely, taking into account the COI’s relevance, reliability, accuracy, balance, currency, transparency and traceability.

The structure and content of the country information section follows a terms of reference which sets out the general and specific topics relevant to this note.

All information included in the note was published or made publicly available on or before the ‘cut-off’ date in the country information section. Any event taking place or report/article published after this date is not included.

All information is publicly accessible or can be made publicly available and is from generally reliable sources. Sources and the information they provide are carefully considered before inclusion.

Factors relevant to the assessment of the reliability of sources and information include:

- the motivation, purpose, knowledge and experience of the source
- how the information was obtained, including specific methodologies used
- the currency and detail of information, and
- whether the COI is consistent with and/or corroborated by other sources.

Multiple sourcing is used to ensure that the information is accurate, balanced and corroborated, so that a comprehensive and up-to-date picture at the time of publication is provided of the issues relevant to this note.

Information is compared and contrasted, whenever possible, to provide a range of views and opinions. The inclusion of a source, however, is not an endorsement of it or any view(s) expressed.
Each piece of information is referenced in a brief footnote; full details of all sources cited and consulted in compiling the note are listed alphabetically in the bibliography.

Feedback
Our goal is to continuously improve our material. Therefore, if you would like to comment on this note, please email the Country Policy and Information Team.

Independent Advisory Group on Country Information
The Independent Advisory Group on Country Information (IAGCI) was set up in March 2009 by the Independent Chief Inspector of Borders and Immigration to support him in reviewing the efficiency, effectiveness and consistency of approach of COI produced by the Home Office.

The IAGCI welcomes feedback on the Home Office’s COI material. It is not the function of the IAGCI to endorse any Home Office material, procedures or policy. The IAGCI may be contacted at:

Independent Advisory Group on Country Information
Independent Chief Inspector of Borders and Immigration
5th Floor
Globe House
89 Eccleston Square
London, SW1V 1PN
Email: chiefinspector@icinspector.gov.uk

Information about the IAGCI’s work and a list of the documents which have been reviewed by the IAGCI can be found on the Independent Chief Inspector’s pages of the gov.uk website.
9.2 Hospital services ................................................................. 28
9.3 Healthcare services in Al-Shabaab-controlled areas ............. 28
9.4 Payment for healthcare services ........................................ 29
9.5 Mental healthcare overview ............................................... 30
9.6 Mental healthcare services in Somaliland ....................... 32
9.7 Mental healthcare services in Puntland ............................. 32
9.8 COVID-19 virus pandemic ............................................. 33
9.9 Treatment of disabled persons and support services ........... 33

**Human rights issues arising in protection claims** ............... 37

10. Human rights – summary .................................................. 37
11. Children ........................................................................... 38
   11.1 Education ................................................................. 38
   11.2 Female genital mutilation (FGM) – the law, practice and prevalence .... 39
   11.3 Children’s social care and support organisations .......... 40
12. Criminal justice system ..................................................... 40
   12.1 Penal code .................................................................. 40
   12.2 Police and security forces ......................................... 40
   12.3 Prison conditions ...................................................... 41
   12.4 Judiciary, courts and legal system .............................. 41
   12.5 Informal systems of justice ....................................... 42
   12.6 Independence of the judiciary .................................... 43
   12.7 Effectiveness of the judiciary ..................................... 44
   12.8 Death penalty ........................................................... 44
   12.9 Double jeopardy ....................................................... 45
13. Freedom of movement ...................................................... 45
   13.1 Internal travel ............................................................ 45
   13.2 Returns of failed asylum seekers ................................. 46
14. Media freedom .................................................................. 47
15. Sexual orientation, gender identity and expression .............. 49
   15.1 Legal rights .............................................................. 49
   15.2 State treatment and protection .................................... 49
   15.3 Treatment by Al-Shabaab in areas under their control .... 49
   15.4 Societal treatment and discrimination ......................... 50
   15.5 Civil society/NGOs ..................................................... 50
16. Women ............................................................................. 50

**Terms of reference** .............................................................. 51
## Country information

**1. History**

1.1.1 For information about key events that have occurred in Somalia, see [BBC Somalia country profile](https://www.bbc.com), [Encyclopaedia Britannica](https://www.britannica.com) and the [US Congressional Research Service ‘In focus – Somalia’](https://www.crs.gov).

**Back to Contents**

**2. Geography and demography**

2.1 Country snapshot

<table>
<thead>
<tr>
<th><strong>Full country name:</strong></th>
<th>Federal Republic of Somalia¹</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Area:</strong></td>
<td>Total: 637,657 sq km</td>
</tr>
<tr>
<td></td>
<td>Land: 627,337 sq km</td>
</tr>
<tr>
<td></td>
<td>Water: 10,320 sq km²</td>
</tr>
<tr>
<td></td>
<td>(for comparison, the UK has a total area of 243,610 sq km³)²</td>
</tr>
<tr>
<td><strong>Border countries:</strong></td>
<td>Somalia has land borders with Djibouti (61 km), Ethiopia (1640 km), and Kenya (684 km)⁴</td>
</tr>
<tr>
<td><strong>Flag:</strong></td>
<td><img src="image" alt="Somalia Flag" /></td>
</tr>
<tr>
<td><strong>Population:</strong></td>
<td>The US Bureau of the Census estimated the population of Somalia to be 11,757,124⁶. The UN estimated it to be 15.9 million⁷</td>
</tr>
<tr>
<td></td>
<td>However, there has been no official census since 1975 while ‘population counting in Somalia is complicated by</td>
</tr>
</tbody>
</table>

---

⁷ UNPFA, [World Population Dashboard](https://www.unfpa.org/somalia), no date
the large number of nomads and by refugee movements in response to famine and clan warfare. The BBC stated that the population of Puntland was 2.4 million in 2019, and also stated that the population of Somaliland was 3.5 million in 2017. The estimated population growth rate in 2020 is 2.21%.

See also Demographic profile, population distribution and density.

| Age structure: | 0-14 years: 42.38% (2020 estimate) |
|               | 15-24 years: 19.81% (2020 estimate) |
|               | 25-54 years: 30.93% (2020 estimate) |
|               | 55-64 years: 4.61% (2020 estimate) |
|               | 65 years and over: 2.27% (2020 estimate) |

| Ethnic groups: | Somali 85%, Bantu and other non-Somali 15% (including 30,000 Arabs) |

| Religious groups: | Sunni Muslim 99%, other religious groups combined - less than 1% (including approximately 1,000 Christians) |

| Urban population: | 46.1% of total population (2020) |

| Capital city (Somalia): | Mogadishu (population: 2.2 million) (2020) |

| Capital city (Somaliland): | Hargeysa (Hargeisa) (population: 989,000) (2020) |

| Capital city (Puntland): | Garowe (population: approximately 100,000 [UNFPA 2014 estimate]) |

| Languages: | See Languages |

| Administrative divisions: | 18 regions - Awdal, Bakool, Banaadir, Bari, Bay, Galguduud, Gedo, Hiiraan, Jubbada Dhaxe (Middle Jubba), Jubbada Hoose (Lower Jubba), Mudug, Nugaal, Sanaag, Shabeellaha Dhexe (Middle Shabeelle), |

---

8 CIA, World Factbook, *Somalia* (People and Society), last updated: 24 November 2020
9 BBC, *Puntland profile*, 11 March 2019
10 BBC, *Somaliland profile*, 14 December 2017
11 CIA, World Factbook, *Somalia* (People and Society), last updated: 24 November 2020
12 CIA, World Factbook, *Somalia* (People and Society), last updated: 24 November 2020
13 CIA, World Factbook, *Somalia* (People and Society), last updated: 24 November 2020
14 USSD, 2019 report on IRF, *Somalia* (Religious Demography), 10 June 2020
15 CIA, World Factbook, *Somalia* (People and Society), last updated: 24 November 2020
16 CIA, World Factbook, *Somalia* (Geography), last updated: 24 November 2020
17 CIA, World Factbook, *Somalia* (People and Society), last updated: 24 November 2020
18 BBC, *Puntland profile*, 11 March 2019
19 United Nations Human Settlement Programme, *Garowe Urban Profile* (page 8), May 2019
2.2 Maps

2.2.1 Political map of Puntland and Somaliland\textsuperscript{21}.

![Political map of Puntland and Somaliland](image)

2.2.2 Political map of Somalia (showing international and regional borders)\textsuperscript{22}.

\textsuperscript{20} CIA, World Factbook, \textit{Somalia} (Government), last updated: 24 November 2020

\textsuperscript{21} University of Texas Libraries, \textit{Map of Puntland and Somaliland}, no date

\textsuperscript{22} United Nations, \textit{Political map of Somalia}, December 2011
2.2.3 For further maps including maps of the security and humanitarian situations, see ecol.net, Reliefweb’s country page on Somalia, UN Food and Agriculture Organisation’s Food Security and Nutrition Analysis Unit - Somalia, and University of Texas Libraries. See also the Somalia country policy and information note: (South and central): Security and humanitarian situation.

Back to Contents
2.3 Somaliland and Puntland

2.3.1 The self-declared Republic of Somaliland includes the administrative regions of Awdal, Woqooyi Galbed, Togdheer, Sanaag, and Sool. The semi-autonomous state of Puntland includes Bari, Nugaal, and northern Mudug. However, 'Puntland disputes its border with Somaliland as it also claims the regions of Sool and Sanaag, and portions of Togdheer'\(^{23}\). Somaliland declared independence from the rest of Somalia in 1991 but its status is not recognised internationally\(^{24, 25}\). Puntland is self-governing but does not aim to be independent from Somalia\(^{26}\).

See also BBC profile of Somaliland and Encyclopaedia Britannica.

Back to Contents

2.4 Demographic profile, population distribution and density

2.4.1 The CIA World Factbook stated that the population density ‘...varies greatly throughout the country; least densely populated areas are in the northeast and central regions, as well as areas along the Kenyan border; most populated areas are in and around the cities of Mogadishu, Marka, Boorama, Hargeysa, and Baidoa.’\(^{27}\). The CIA World Factbook also stated: ‘Despite civil war and famine raising its mortality rate, Somalia's high fertility rate and large proportion of people of reproductive age maintain rapid population growth, with each generation being larger than the prior one. More than 60% of Somalia’s population is younger than 25, and the fertility rate is among the world’s highest at almost 6 children per woman – a rate that has decreased little since the 1970s.’\(^{28}\)

Back to Contents

2.5 Internally displaced persons (IDPs)

2.5.1 The United States State Department (USSD) 2019 Human Rights Report stated:

‘The country was home to more than 2.6 million IDPs. More than 288,000 new displacements were recorded during the year [2019], with 150,000 primarily conflict- or security-related and 120,000 caused by drought. The food security situation remained critical but stable, due to a sustained humanitarian response, despite a poor long rainy season and flooding during the short rainy season. The UN Office for the Coordination of Humanitarian Affairs reported more than 1.2 million Somalis have been acutely food insecure and needed immediate assistance for survival. UNHCR figures indicated residents continued to be displaced, albeit at a pace much lower than in 2017 or 2018. As of September, 5.2 million persons were in need of humanitarian assistance, more than before the onset of the 2016 drought crisis.’\(^{29}\)

\(^{23}\) CIA, World Factbook, Somalia (Introduction), last updated: 24 November 2020  
\(^{24}\) Freedom House, 'Freedom in the World 2020 – Somaliland', no date  
\(^{25}\) CIA, World Factbook, Somalia (Background), last updated: 24 November 2020  
\(^{26}\) CIA, World Factbook, Somalia (Background), last updated: 24 November 2020  
\(^{27}\) CIA, World Factbook, Somalia (People and Society), last updated: 24 November 2020  
\(^{28}\) CIA, World Factbook, Somalia (People and Society), last updated: 24 November 2020  
\(^{29}\) USSD, 2019 Human Rights Report, Somalia (section 2e), 11 March 2020
For further information on the humanitarian situation, see Reliefweb’s [country page on Somalia](https://reliefweb.int/country/Somalia) and UNOCHA’s Humanitarian Response [country page on Somalia](https://www.unocha.org/somalia).

For information and guidance, see the [Somalia country policy and information note: (South and central): Security and humanitarian situation](https://www.unocha.org/somalia/country-policy-and-information-note-south-central).

2.6 Languages

2.6.1 Official languages are Somali and Arabic. Other languages spoken include Italian and English.

2.6.2 The Encyclopaedia Britannica stated:

‘The Somali language belongs to the Cushitic branch of the Afro-Asiatic language family. Despite several regional dialects, it is understood throughout the country and is an official language. The second official language is Arabic, which is spoken chiefly in northern Somalia and in the coastal towns. Owing to Somalia’s colonial past, many people have a good command of English and Italian, which, in addition to Somali, are used at the country’s colleges and universities. Swahili also is spoken in the south. In 1973 Somalia adopted an official orthography based on the Latin alphabet. Until then, Somali had been an unwritten language.’

See the Landinfo report, ‘[Somalia: Language situation and dialects](https://www.landinfo.com/)', July 2011, for further discussion about language.

2.7 Transport links

2.7.1 The Encyclopaedia Britannica stated:

‘Inadequate transport facilities are a considerable impediment to Somalia’s economic development. There are no railways. Only about 1,800 miles (2,900 km) of paved roads are passable year-round, and in the rainy seasons most rural settlements are not accessible by motor vehicle. Buses, trucks, and minibuses are the main means of transport for the population. In rural areas camels, cattle, and donkeys are still used for personal transportation and as pack animals.

‘The state-owned Somali Airlines ceased operations in 1991 after the government collapse. Mogadishu, Berbera, and Kismaayo all have airports with long runways...Several private airlines serve Somaliland.’

2.7.2 The European Asylum Support Office (EASO) South and Central Somalia Country overview report stated:

‘There are only 2 900 km of paved roads and the main means of transport for the population are trucks, buses and minibuses. The principal highway is a 1 200 km two-lane paved road from Kismayo via Mogadishu to Hargeysa.'

---


31 Encyclopaedia Britannica, Somalia, [Languages](https://www.britannica.com/country/Somalia), no date

32 Encyclopaedia Britannica, Somalia, [Transportation](https://www.britannica.com/country/Somalia), no date
In the rainy seasons many rural areas are not accessible by motorised vehicles. As a result, camels, donkeys and cattle are used for transportation. There are no railways in Somalia.

‘Somalia has six airports with paved runways and 55 with unpaved runways. In the north-east (Puntland) there is Bossaso - Bender Qasim International Airport (BSA/MCMF), with one passenger terminal and two runways. The airport is served by Daallo Airlines, Djibouti Air and Jubba Airways. In the south, there is Kismayo Airport (KMU/HCMK), with one runway. Mogadishu International Airport (MGQ/HCMM) has one runway… From Mogadishu, there are flights to Yemen, Djibouti, Somaliland, UAE, Uganda, Puntland, Turkey, Saudi Arabia, Sudan, Kismayo, and Kenya)…

‘The major seaports are Kismayo and Berbera (Somaliland). Mogadishu Seaport was closed for business until 2006. It is now open and more secure and is experiencing a revival of economic activity.’

See the African Development Bank Group report, Somalia, Transport Sector Needs Assessment and Investment Programme, October 2016, for further information on this issue.

2.8 Ethnic groups and the clan system

2.8.1 For details about the clan system, see the Somalia country policy and information note: Majority clans and minority groups.

2.8.2 The Encyclopaedia Britannica stated:

‘The Somali people make up the overwhelming majority of Somalia’s population. They are divided into numerous clans, which are groups that trace their common ancestry back to a single father. These clans, which in turn are subdivided into numerous subclans, combine at a higher level to form clan families…

‘One economically significant minority is the several tens of thousands of Arabs, mainly of Yemenite origin. Another economically important minority is the Bantu population, which is mainly responsible for the profitable irrigation agriculture practiced on the lower and middle reaches of the Jubba and Shabeelle rivers. Many Bantu are the descendants of former slaves, and socially they are regarded as inferior by other groups in Somalia. The result is a strict social distinction between the “noble” Somali of nomadic descent and the Bantu groups. There is also a small Italian population in Somalia.’

2.8.3 The Australian Department of Foreign Affairs and Trade (DFAT) in its Country Information Report of June 2017 stated:

‘Somalia is largely an ethnically homogenous society: 85 per cent of the population is Somali. The remaining 15 per cent of the population are Arab or Bantu (a vast ethnic group that is scattered across subSaharan Africa). Culturally, however, Somali society is hugely diverse as it operates through a clan system, which has greater influence over politics and communal relations than ethnicity. Leadership, security, governance, the justice system

33 EASO, ‘South and Central Somalia Country overview’, (pages 19-20), August 2014
34 Encyclopaedia Britannica, Somalia, Ethnic groups, no date
and access to credit, jobs and resources all revolve around clan affiliations. The clan system is constantly changing and therefore mapping or monitoring the alliances within the clan system is difficult.’

See also a 1999 map of clan families included in a Swedish Migration Board document of 2015.

2.9 Religious demography

2.9.1 The United States State Department (USSD) 2019 Report on International Religious Freedom (IRF) stated:

‘According to the federal Ministry of Religious Affairs, more than 99 percent of the population is Sunni Muslim. According to the World Atlas, members of other religious groups combined constitute less than 1 percent of the population and include a small Christian community of approximately 1,000 individuals, a small Sufi Muslim community, and an unknown number of Shia Muslims, Hindus, Buddhists, Jews, and those not affiliated with any religion. Foreign workers, who are primarily from East African countries, belong mainly to non-Muslim religious groups.

‘The Somali Bantu population largely inhabits the southern and central regions of the country near the Shabelle and Jubba Rivers. The majority of the Somali Bantu population is Muslim but also maintain traditional animist beliefs.’

2.9.2 The DFAT Somalia Country Information Report stated:

‘The official religion is Islam (Sunni), based mostly on the Shafi’i school, although there is a small population that follow Sufism (a mystical form of Islam). There are a small number of Shia Muslims, but no data on exact numbers. There are a small number of Christians who practice secretly and whose numbers include Christians who have converted from Islam (a crime punishable by death in Somalia). A small population practise traditional or animistic faiths.’

3. Political system

3.1 The constitutions of Somalia

3.1.1 The current Somalia provisional constitution was drafted in June 2012 and approved on 1 August 2012.

---

35 DFAT, ‘Country Information Report – Somalia’ (page 4), 13 June 2017
36 USSD, 2019 report on IRF, ‘Somalia’ (Religious Demography), 10 June 2020
37 DFAT, ‘Country Information Report – Somalia’ (page 5), 13 June 2017
38 CIA, World Factbook, ‘Somalia’ (Government), last updated: 24 November 2020
3.1.2 Somaliland, while not internationally recognised as an independent state\textsuperscript{39}, adopted its own \textit{constitution} in April 2000, which was subject to a referendum in May 2001\textsuperscript{40} \textsuperscript{41}.

3.1.3 Puntland ratified its own constitution in 2012\textsuperscript{42}.

3.2 Executive and legislature

3.2.1 Somalia is a federal parliamentary republic\textsuperscript{43}. The Bertelsmann Stiftung Transformation Index (BTI) 2020 Somalia Country Report, covering the period February 2017 to January 2019, stated:

‘Since 2012, the country has had an internationally recognized government [the \textit{Federal Government of Somalia}], albeit with limited capacity to rule…

In the northwest, the Republic of Somaliland declared independence in May 1991 and has gradually rebuilt basic state structures. Although Somaliland has developed a modest capacity to govern and has continued along a path toward democratization, it has not received international recognition. In August 1998, Puntland was established as a semi-autonomous regional state in Somalia’s northeast. Puntland, too, has developed its own governance institutions.’ \textsuperscript{44}

3.2.2 The Freedom House Freedom in the World 2020, report, covering events in 2019, stated regarding Somalia (excluding Somaliland): ‘Under the 2012 provisional constitution, the president is elected by a two-thirds vote in the federal parliament to serve a four-year term.’ \textsuperscript{45}

3.2.3 The constitution net website stated:

‘The [Somalia] Constitution establishes a dual executive consisting of a President and a Prime Minister. The former is elected as Head of State in a joint session of the two houses of the federal Parliament for a four-year term. There is no prohibition against reelection. The President enjoys a range of competences including being commander of the armed forces, granting pardons, promulgating and/vetoing proposed laws, declaring a state of emergency, appointing the chair of the constitutional court and senior members of government (except ministers) including the Prime Minister. Although appointed by parliament, the president is not subject to a political vote of no confidence and may only be removed through an impeachment procedure for treason or other gross violation of the constitution or the laws of Somalia. …..

‘The Prime Minister heads the government and the Council of Ministers, in which the executive power of the federal government is vested. S/he appoints and recommends the dismissal of ministers and deputy prime ministers by the president. The Prime Minister and his/her cabinet must

\textsuperscript{39} CIA, World Factbook, \textit{Somalia} (Background), last updated: 24 November 2020
\textsuperscript{40} Somaliland Law, \textit{Somaliland Constitution}, no date
\textsuperscript{41} Encyclopaedia Britannica, \textit{Somaliland}, updated 31 July 2015
\textsuperscript{42} Interpeace, ‘A historic moment: Puntland’s constitution now ratified’, 20 April 2012
\textsuperscript{43} CIA, World Factbook, \textit{Somalia} (Government), last updated: 24 November 2020
\textsuperscript{44} BTI, ‘Somalia Country Report 2020’, (History and Characteristics), 2020
receive the vote of confidence (50%+1) of the members of the lower house of parliament and can be removed through a no confidence vote…

‘The Federal Parliament is bicameral, comprising an Upper House composed of an equal number of delegates from each member state representing the interests of states and a lower house or House of the People. Parliament has full lawmaking powers, which it also shares with the government, as the latter reserves the exclusive power to initiate money bills. The lower house of parliament can also trigger the dissolution of the government through a vote of no confidence. This effectively gives it oversight powers over government activities, which in turn ensures that the government remains accountable and answerable for its actions before parliament.’ 46

3.2.4 The Freedom House (FH) report on Somalia covering 2019 considered:

‘The government, which is not democratically elected, has little practical ability to implement its laws and policies even in parts of the country it controls. Its basic operations remain heavily dependent on international bodies and donor governments. Relations between the federal government and federal member states remain poor in 2019, more than a year after leaders from all five states formally suspended ties with the government in Mogadishu. Critics accuse President Farmaajo of seeking to centralize power.’ 47

3.2.5 The FH Freedom in the World 2020 report stated regarding Somaliland:

‘The president is directly elected for a maximum of two five-year terms and appoints the cabinet. In 2017, after two years of delay, Somaliland held its third presidential election. Muse Bihi Abdi of the Peace, Unity, and Development Party (Kulmiye) won the contest with 55 percent of the vote, followed by Abdurahman Mohamed Abdullahi of the Waddani party with 40 percent, and Faisal Ali Warabe of the For Justice and Development (UCID) party with 4 percent.’ 48

3.2.6 FH also reported regarding Somaliland:

‘Members of the 82-seat lower legislative chamber, the House of Representatives, are directly elected for five-year terms, while members of the 82-seat upper chamber, the Guurti, are clan elders indirectly elected for six-year terms. The last lower house elections were held in 2005, and new elections due in 2010 have been repeatedly postponed. Local council elections, last held in 2012, have similarly been delayed and are expected to be held concurrently with the lower house polls. Members of the Guurti were chosen for an initial term in 1993, but due to a lack of legal clarity on electing their replacements, their mandates have been repeatedly extended. In November 2019, the Guurti extended the House of Representatives’ mandate to 2022, and its own to 2023.’ 49

46 Constitution Net, ‘Constitutional History of Somalia’, August 2018
3.2.7 The USSD 2019 Human Rights Report observed for the whole of Somalia, including Somaliland, that: ‘Ordinary citizens are largely unable to participate in the political process as voters, and the indirect electoral process in 2016–17 was reportedly distorted by vote buying, intimidation, and violence…’ 50

3.2.8 Al Jazeera reported in September 2020 that: ‘Somali President Mohamed Abdullahi Mohamed has appointed political newcomer Mohamed Hussein Roble as the country’s prime minister, hours after brokering an agreement with regional leaders for elections next year that abandons a promised one-person, one-vote model.’ 51

3.2.9 The National Democratic Institute noted on its undated country page on Somalia that parliamentary elections are scheduled for February 2021. 52 The International Foundation for Electoral Systems reported that elections for the ‘Somali House of the People’ have been postponed to August 2021. 53

3.2.10 For more information about the political system, governance, elections and political parties, see Freedom House’s Freedom in the World 2020 reports for Somalia (Political rights) and Somaliland (Political rights), the USSD 2019 Human Rights Report (section 3) and the BTI Somalia Country Report 2020.

Back to Contents

4. Economy

4.1 Economic snapshot

4.1.1 Economic snapshot table

<table>
<thead>
<tr>
<th>Economic snapshot</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Currency:</strong></td>
<td>Somali shilling (100 senti = 1 shilling) 54</td>
</tr>
<tr>
<td><strong>Exchange rate:</strong></td>
<td>1 GBP = 753 Somali Shillings (SOS) 55 (correct as of 20 August 2020)</td>
</tr>
<tr>
<td><strong>Unemployment rate:</strong></td>
<td>11.4% (2019) 56</td>
</tr>
<tr>
<td><strong>Inflation rate:</strong></td>
<td>1.5% (2017 estimate) 57</td>
</tr>
<tr>
<td><strong>Labour force by sector:</strong></td>
<td>agriculture - 71%, industry and services - 29% 58</td>
</tr>
<tr>
<td><strong>Labour force:</strong></td>
<td>4.1 million (2016 estimate) 59</td>
</tr>
<tr>
<td><strong>GDP growth:</strong></td>
<td>2.3% (2017 estimate) 60</td>
</tr>
</tbody>
</table>

---

51 Al Jazeera, ‘Somalia names new prime minister, unveils plan for elections’, 18 September 2020
52 National Democratic Institute, ‘Somalia’, no date
53 International Foundation for Electoral Systems, ‘Somalia’, no date
54 Investopedia, ‘Somali Shilling Definition’, 21 July 2019
55 XE currency converter, GBP/SOS, 20 August 2020
56 World Bank, Data – Unemployment, Somalia, data obtained on 21 June 2019
57 CIA, World Factbook, Somalia (The Economy), last updated: 24 November 2020
58 CIA, World Factbook, Somalia (The Economy), last updated: 24 November 2020
59 CIA, World Factbook, Somalia (The Economy), last updated: 24 November 2020
60 Trading Economics, ‘Somalia GDP per capita’, no date
4.2 The informal economy

4.2.1 The CIA World Factbook, updated in November 2020, stated:

‘Despite the lack of effective national governance, Somalia maintains an informal economy largely based on livestock, remittance/money transfer companies, and telecommunications. Somalia’s government lacks the ability to collect domestic revenue and external debt – mostly in arrears – was estimated at about 77% of GDP in 2017.

‘Agriculture is the most important sector, with livestock normally accounting for about 40% of GDP and more than 50% of export earnings. Nomads and semi-pastoralists, who are dependent upon livestock for their livelihood, make up a large portion of the population…Somalia’s small industrial sector, based on the processing of agricultural products, has largely been looted and the machinery sold as scrap metal.’

4.3 Government policies and economic trends

4.3.1 The Somali government (FGS)/UN Population Fund (UNPFA) Somali Health and Demographic Survey 2020 observed: ‘Since the end of the tenure of the Transitional Federal Government (TFG) in 2012, Somalia’s economy has made remarkable progress after more than two decades of political unrest. However, Somalia still remains one of the poorest and least developed countries in Africa, with the Gross Domestic Product (GDP) of 4.7 million US dollars in 2018 (FGS 2020) and per capita estimated at approximately $315 in 2018 (World Bank 2018).’

4.3.2 The Brookings Institute, a US non-profit public policy organisation noted in October 2019:

‘…for the first time in decades, the new administration has been able to pay government salaries in full. Meanwhile, government revenues have doubled and bank deposits have more than doubled since 2014, facilitating a greater amount of loans and investments than at any time over the previous two decades—although Somalia remains one of the most under-banked nations in the world.

‘There have also been several encouraging signs of stronger political will to implement reforms that: (1) boost domestic resource mobilization; (2) use increased (domestic and external) resource flows judiciously, rather than simply turn the public sector into an employer of last resort…and (3) address high, persistent unemployment through targeted investments in infrastructure, environment, fisheries, and finance, while attracting foreign investment and private flows from Somalia’s global diaspora.’

61 Trading Economics, ‘Somalia GDP per capita’, no date
62 CIA, World Factbook, Somalia (The Economy), last updated: 24 November 2020
63 FGS/UNPFA, The Somali Health and Demographic Survey 2020 (page 3), April 2020
64 Brookings ‘Somalia’s path to stability’ , 2 October 2019
4.3.3 The World Bank stated Somalia cleared its arrears to the World Bank Group in March 2020, and noted:

‘With this clearance, Somalia has fully re-established its access to new resources from IDA [International Development Association] and paved the way to receive debt relief under the Heavily Indebted Poor Country (HIPC) and Multilateral Debt Relief Initiative (MDRI) to promote growth and recovery over the coming years.

“I congratulate the Federal Government on reaching this critical milestone that will allow Somalia to access the strongest possible support from the World Bank Group to improve peoples’ lives,” said Axel van Trotsenburg, World Bank Managing Director of Operations.’

4.3.4 The UN Somalia Common Country Analysis 2020 report, based on a range of sources, noted:

‘Multiple concurrent crises – COVID-19, locusts, flooding, droughts – have disrupted Somalia’s economic recovery trajectory. As the direct impact of COVID-19 on the health of the Somali people becomes clearer, so will the secondary consequences and the required mitigating and response measures…Even without the current crises, Somalia’s economic growth would have remained too low to improve the lives of most Somalis and help alleviate poverty. Pre-COVID-19 macroeconomic projections indicated that growth in agricultural production and expansion in transport, construction and telecommunications would continue to boost investment spending and create job opportunities…

‘According to the latest World Bank estimates, GDP is projected to decline by 2.5 per cent in 2020 to US$ 4.6 billion, compared with a pre-crisis forecast of 3.2 per cent growth…Somalia remains highly dependent on aid and remittances. The country received about US$ 1.9 billion in official development assistance (ODA) in 2019…Somalia’s large diaspora community sends home approximately US$ 1.4 billion per year.’

Back to Contents

4.4 Poverty

4.4.1 The UN Somalia Common Country Analysis 2020 report noted: ‘It is estimated that nearly seven out of ten Somalis live in poverty, making Somalia one of the poorest countries in sub-Saharan Africa, and this rate is higher among children below 14 years of age, at 73 per cent…About 69 per cent of the population live on under US$ 1.90 a day…, and per capita GDP is estimated at US$ 314.5…Around one-fifth of Somali households depend on overseas remittances…’

Back to Contents

4.5 Public welfare system

4.5.1 The BTI 2020 Somalia Country Report stated:

65 World Bank, ‘Somalia Clears Arrears to World Bank Group’, 5 March 2020
66 UN Somalia, ‘UN Common Country Analysis: Somalia 2020’ (page 15), September 2020
‘No public welfare system exists in Somalia. Welfare is either provided by Islamic charities, through clan membership or through the work of NGOs. With the collapse of state-run social services, services including health care, housing, employment or poverty alleviation became “privatized.” The main social safety nets that exist are offered by extended families and clans. Remittances from Somalis abroad account for a large part of this safety net; according to World Bank estimates, these remittances provide up to 40% of household income. However, this money is seldom enough and is unequally spread across the population. The majority of the population survives at a basic subsistence level, and such funds are not able to compensate for the enormous destruction caused during each new phase of the war or during recurrent droughts. Among the most vulnerable population groups are minorities and internally displaced people who often have no access to basic services and live in dire poverty.’

4.5.2 The UN Somalia Common Country Analysis 2020 report noted: ‘For the past three decades, social protection systems have been effectively non-existent in Somalia, meaning that those impacted by the multitude of shocks have had no government-led social support mechanisms. While the FGS over the past few years has put in place core policies and strategies to start tackling poverty, eradicating poverty will take the best of the upcoming decade in the most positive scenario.’

For more information including socio-economic datasets, see the World Bank in Somalia, the CIA World Factbook – Economy, the FGS/UNPFA, The Somali Health and Demographic Survey 2020 and UN data – Somalia.

See also the Somalia country policy and information note: (South and central): Security and humanitarian situation.

Back to Contents

Section 5 updated: 28 October 2020

5. Media, telecommunications, and access to the internet

5.1.1 The BBC Media Profile stated:

‘The TV and press sectors are weak and radio is the dominant medium. There are around 20 radio stations, but no national, domestic broadcaster.

‘Many listeners tune to Somali-language media based abroad, in particular the BBC Somali service. Somali satellite channels are a significant part of the TV scene. Most of these are based in the UK.

‘Somalis abroad are active online but domestic web access is held back by poor infrastructure. There were 1.2 million internet users by the end of 2017 (InternetWorldStats.com) - around 8% of the population.

‘Twitter and Facebook are popular online resources. Islamists use social media for self-promotion while their opponents mount strong rebuttals.

---

69 UN Somalia, ‘UN Common Country Analysis: Somalia 2020’ (page 21), September 2020
‘In secessionist Somaliland and Puntland the authorities maintain a tight hold on broadcasting.’

5.1.2 The BTI 2020 Somalia Country Report stated:

‘Some media houses have clear factional links and are partisan, while others appear more independent. Media associations lobby for media rights, freedom of expression, and the improvement of journalism. However, the reporting period saw the approval of control-oriented media laws that hamper the independence of media, as the ministry of information was granted oversight of registration and licensing. A new independent press commission will operate under the control of the ministry. Journalists in Somalia must generally operate in a hostile environment, where intimidation and arbitrary arrests are common…In areas under Al-Shabaab control, independent media and journalism are prohibited. Al-Shabaab runs its own radio stations that broadcast a mixture of political propaganda and religious sermons. The Islamist militia also targets media workers in areas outside its control and has threatened and harassed them throughout the country.’

5.1.3 Media snapshot:

| Radio: | Radio Mogadishu - operated by the transitional government, coverage limited to Mogadishu |
|       | Radio Shabelle - leading private network; Mogadishu, Marka |
|       | Radio Banaadir - private, Mogadishu |
|       | Radio Simba - private, Mogadishu |
|       | Radio Kulmiye - private, Mogadishu |
|       | Radio Andalus - franchise operated by Al-Shabaab Islamist militants (no website) |
|       | Radio Hargeisa - owned by Somaliland government |
|       | Radio Gaalkacyo - affiliated to Puntland authorities (no website) |

| Television: | Somaliland National TV (SLNTV) - owned by Somaliland government (website access blocked) |
|             | Somali Broadcasting Corporation (SBC) - private, Puntland |
|             | Somali National Television - state-run, from Mogadishu |
|             | Universal TV - London-based satellite station |

---

70 BBC, ‘Somalia profile – Media’, 15 August 2017
71 BTI, ‘Somalia Country Report 2020’ (Political Participation), 2020
72 BBC, ‘Somalia profile – Media’, 15 August 2017
73 BBC, ‘Somalia profile – Media’, 15 August 2017
### 6. Citizenship and nationality

#### 6.1 Somali citizenship

**6.1.1** The BTI Somalia country report 2020 noted: ‘The provisional constitution of 2012 does not define who qualifies as Somali citizen. Prior to 1991, citizenship was based on patrilineal descent; a person with a Somali father was considered Somali, regardless of where they lived. A Somali is defined as a person who by origin, language and tradition belongs to the Somali nation.’

**6.1.2** The USSD 2019 Human Rights Report stated: ‘...Nationality is derived at birth from a Somali national father, but not from the mother, nor from birth in the country's territory. Children of Somali mothers can acquire Somali nationality after two years. The provisional federal constitution provides that there is only one Somali citizenship and calls for a special law defining how to obtain, suspend, or lose it. As of year's end, parliament had not passed such a law.’

#### 6.2 Somaliland citizenship

**6.2.1** The editor of the Somaliland Law website, in an introductory comment to the English version of the 1962 Somali citizenship law, opined:

---

**Notes:**

74 BBC, ‘Somalia profile – Media’, 15 August 2017

75 Country Code, ‘Somalia country code’, no date

76 Country Code, ‘Somalia country code’, no date

77 101domain, ‘Somalian Domains’ no date

78 BTI, ‘Somalia Country Report 2020’ (Stateness), 2020

‘As from May 1991, Somaliland Citizenship has been governed by the re-assertion of Somaliland sovereignty declaration, the 1993 Charter and the Constitutions (interim -1997- and final - 2001) and by the 2002 Somaliland Citizenship Law available in this webpage...As far we are aware, Somalia did not pass any new citizenship law since 1991, but all the provisions of this 1962 Law and the 1963 Regulations in respect of loss of Somali citizenship on acquisition of a foreign citizenship were amended in Somalia by Article 10(4) of the 2004 Somalian Transitional Federal Charter which stated that “Every Citizen of the Somali Republic shall be entitled to retain their citizenship notwithstanding the acquisition of the citizenship of any other country”. This has since been repeated in Article 8(3) of the 2012 Somalian Provisional Constitution - “a person who is a Somali citizen cannot be deprived of Somali citizenship, even if they become a citizen of another country”. The texts of the 1962 Law (and the 1963 Regulations) should therefore be read with this amendment.

‘Neither the Transitional Charter nor the Provisional Constitution apply to Somaliland, and dual nationality was introduced in Somaliland in 2002 under Article 2(1) of the Somaliland Citizenship Law which states that “a Somaliland citizen by birth may acquire the citizenship of another country (dual nationality) without losing his Somaliland citizenship.”’

6.2.2 The BTI Somalia Country Report 2020 noted: ‘In the Somaliland Citizenship Law of 2002, patrilineal descent from the clans or people living in Somaliland was reaffirmed as the basis of citizenship. A similar principle of descent from the regionally dominant groups also underpins citizenship in Puntland.’

7. **Official documents**

7.1 **Registration and issuance of documents**

7.1.1 The USSD Reciprocity Schedule for Somalia, undated, observed that: ‘…there continues to be no recognized competent civil authority to issue civil documents. The Government of Somalia ceased to exist in December of 1990, and the country underwent a destructive and brutal civil war, in the course of which most records were destroyed. Those few records not destroyed are in the hands of private individuals or are otherwise not retrievable.’

7.1.2 The USSD Reciprocity Schedule for Somalia, however, noted: ‘The autonomous region of Somalia known as Somaliland has a better system of record keeping.’

---

80 Somaliland Law, ‘Law No. 28 of 22 December 1962 – Somali Citizenship’, no date
81 BTI, ‘Somalia Country Report 2020’ (Stateness), 2020
82 USSD, ‘Somalia – Reciprocity Schedule’, no date
83 USSD, ‘Somalia – Reciprocity Schedule’, no date
7.2 Birth registration

7.2.1 UNICEF noted that the legal framework for the registering of births is contained in the provisions of the Child Act 2010 and the Civil Registry Act 2011. It is a legal requirement for all births to be registered 15-20 days after the birth. Birth certificates are issued free of charge. Nominal fees are charges after the first year of birth\textsuperscript{84}.

7.2.2 The USSD 2019 Human Rights Report stated: ‘According to UNICEF data from 2010 to 2015, authorities registered 3 percent of births in the country. Authorities in Puntland and in the southern and central regions did not register births. Birth registration occurred in Somaliland, but numerous births in the region were unregistered. Failure to register births did not result in denial of public services, such as education.’\textsuperscript{85}

7.2.3 UNICEF’s 2018 Child Notice on Somalia, based on a range of sources noted:

‘According to the UNHCR in Somalia, there is no official birth registration system. Many babies are born at home. United Nations Assistance Mission in Somalia indicated that, owing to the lack of a birth registration system, children were not able to prove their age and access protections provided by law. Children were regularly charged with criminal offences as adults and incarcerated together with adults…

‘A Somalia Multiple Indicator Cluster Survey (MICS) 2011 by UNICEF reported that birth registration could not be measured, while a 2016 UNICEF report suggested that only three per cent of children in Somalia are registered at birth – one of the world’s lowest rates…’\textsuperscript{86}

7.2.4 UNICEF also noted that a low birth registration rate is found among ethnic minorities, people living in remote areas, displaced persons and children living in refugee camps or conflict zones. A pilot project commenced in 2014 in the Somaliland region of Somalia enabling the first government civil registration activity in Somalia in over 22 years\textsuperscript{87}.

7.3 Death and marriage registration

7.3.1 Under the terms of the Muslim Personal Law Act 1991, all marriages have to be registered. Marriage certificates are issued. No fees are charged for registering marriages or for the issuing of marriage certificates\textsuperscript{88}.

7.3.2 Under the terms of the Civil Registry Act 2011, all deaths have to be registered within 7 days of the death. No fees are charged for registering deaths or for the issuing of death certificates\textsuperscript{89}.

Back to Contents

\textsuperscript{84} UNICEF, ‘Somalia – Birth Registration’, no date
\textsuperscript{85} USSD, 2019 Human Rights Report, ‘Somalia’ (Children), 11 March 2020
\textsuperscript{86} UNICEF, Child Notice Somalia, 2018
\textsuperscript{87} UNICEF, Child Notice Somalia, 2018
\textsuperscript{88} UNICEF, ‘Somalia – Marriage Registration’, no date
\textsuperscript{89} UNICEF, ‘Somalia – Death Registration’, no date
7.4 National identity documents and passports

7.4.1 In 2014, the Somali government launched two citizenship ID programmes – a new national ID card and a new e-passport. The new electronic passport is compliant with International Civil Aviation Organization (ICAO) standards, ensuring that Somali citizens who carry identity travel documents comply with international standards. However, the USSD 2019 Human Rights Report noted: ‘Few citizens had the means to obtain passports. In view of widespread passport fraud, many foreign governments did not recognize Somali passports as valid travel documents.’ The USSD Reciprocity Schedule on Somalia noted: ‘The [United States State] Department has determined that Somali passports are not valid for visa-issuance purposes.’

7.4.2 An example of a Somali passport is available on the European Council’s Public Register of Authentic travel and identity Documents Online website.

7.4.3 For more information about the issuance and reliability of different types of documents, see various responses to information requests in the Canadian Immigration and Refuge Board’s ‘National Documentation Package – Somalia’ (Identification Documents and Citizenship), and Landinfo’s query response, ‘Somalia: Passport application at the Somali Embassy in Brussels’, 21 May 2019.

7.5 Fraudulent documents

7.5.1 The DFAT Somalia Country Information Report stated:

‘DFAT assesses that document fraud is highly prevalent in Somalia and there are no verifiable Somali identity documents. There is no systematic birth and death registration in Somalia: UNICEF reported that only 3 per cent of births between 2005 and 2012 were registered. Most Somalis do not have valid identity documentation due to a lack of government capacity to issue documents and access restrictions for rural communities who are isolated from government offices or cannot afford travel to main cities to register. Verifying documents is impossible as there are no reliable government-held registries to compare against. Fraudulent documentation can take the form of fake documents, or genuine documents that have been obtained on the basis of fraudulent information.’

8. Corruption

8.1.1 The USSD 2019 Human Rights Report stated:

‘The law provides for criminal penalties for corruption by officials, but the government did not implement the law effectively. Government officials reportedly engaged in corrupt practices with impunity. During the year there were numerous reports of government corruption. President Farmajo was

90 Hi-Tech Security Solutions, ‘Somalia introduces new secure national ID and e-passport’, June 2014
92 USSD, ‘Somalia – Reciprocity Schedule’, no date
93 DFAT, ‘Country Information Report – Somalia’ (page 24), 13 June 2017
elected on an anticorruption agenda and initially took a few steps to address corruption.…
‘Somaliland had a national auditor and a presidentially appointed governance and anticorruption commission, but they did not prosecute any Somaliland officials for corruption.’

8.1.2 Freedom House in its Freedom in the World 2020 report observed:
‘Corruption is rampant in Somalia and state agencies tasked with combating it do not function effectively. Impunity is the norm for public officials accused of malfeasance.’
While it noted for Somaliland that it ‘…has few institutional safeguards against corruption and nepotism. Former president Ahmed Mohamed Mohamoud “Silanyo” took some measures to combat corruption, but the anticorruption commission he created in 2010 has been ineffective. Prosecutions of officials for malfeasance are rare.’

8.1.3 The Transparency International Corruption Perceptions Index (CPI) 2019 stated that Somalia had a score of 9. The CPI ranks 180 countries and territories by their perceived levels of public sector corruption. It uses a scale of zero to 100, where zero is highly corrupt and 100 is “very clean”.

9. Healthcare
9.1 Healthcare system
9.1.1 The Australian Department of Foreign Affairs and Trade (DFAT) Somalia Country Information Report stated:
‘The Provisional Constitution grants the right to access healthcare and clean potable water. In practice, there is no functioning national health system and access to healthcare services is severely limited. According to UNICEF, only 45 per cent of the population has access to clean water, and only 25 per cent has access to adequate sanitation. The International Committee of the Red Cross (ICRC) provides the majority of the health services in south-central Somalia, including in al-Shabaab-controlled areas.’

9.1.2 The World Health Organisation (WHO) Country Cooperation Strategy report, updated in May 2017, stated: ‘[The] Somali Health System is weak and is not capable to respond to the huge health needs. The government funding to the health sector is very poor and heath expenditures still depends on out of pocket money and support from donors and international organizations….WHO’s minimum threshold for health worker-to-population ratio indicates that around 30,000 skilled health workers are required in the country.’

9.1.3 WHO reported in June 2020 that ‘Somalia ranks 194th out of 195 on the Global Health Security Index (behind North Korea and in front of Equatorial…

98 DFAT, ‘Country Information Report – Somalia’ (page 5), 13 June 2017
Guinea), its health systems decimated by decades of civil war. While the global standard for health care workers is 25 per 100,000 people, Somalia only has 2 health care workers per 100,000 people. With only 15 ICU beds for a population of more than 15 million, it is listed among the least prepared countries in the world to detect and report epidemics, or to execute a rapid response that might mitigate further spread of disease.’  

9.1.4 The Danish Immigration Service (DIS) report, Somalia Health system, published in November 2020, stated:

‘Somalia consists of three different zones: South Central Somalia, Somaliland and Puntland. Each zone has its own administrative health system structure, thus health service delivery and the underlying support system differ between the three zones. An effect of a state fragility is that the government cannot ensure a uniform supply of health service delivery across the country; whereas primary healthcare has improved in Somaliland and Puntland, the situation in South Central Somalia has not, according to a baseline study on Somalia’s healthcare system. In the absence of strong national governance, healthcare services are being offered by multiple actors including the federal state, local authorities, private for-profit entrepreneurs, international development partners and international NGOs. According to findings from a qualitative study in Mogadishu, the private sector has become the dominant healthcare provider, an observation which was shared by UNFPA.’  

9.1.5 The DIS report, Somalia Health system, also stated:

‘There are four different levels of public health facilities in Somalia:

- Primary Health Units (PHUs): located in the rural areas and the most frequent infrastructure
- Health Centers (HCs): at the sub-district level
- Referral Health Centers (RFCs): at the district level
- Regional Hospitals (RHs): located in the regional capitals

‘In addition to these levels, the public health care sector comprises specialised facilities: Tuberculosis Centers (TBCs), Computed Tomography/Antiretroviral Therapy (CT/ART) facilities and Mental Health Centers (MHCs).

‘According to the HIPS & City University of Mogadishu there were in 2019 a total of 661 operational public health facilities across the federal states of Somalia: 305 in Puntland, 92 in Galmudug, 93 in Jubbaland, 81 in Hirshabelle, 61 in Banadir and 29 in the Southwest...Health infrastructure, private as well as public, is concentrated in the capital and in major towns where security is better compared to rural areas which may be under mixed control or al-Shabaab control.’  

100 WHO, COVID-19, locusts, flooding: WHO and triple threat in Somalia, 23 June 2020
101 Danish Immigration Service, Somalia Health system (page 14), November 2020
102 Danish Immigration Service, Somalia Health system (pages 21-22), November 2020

Back to Contents
9.2 Hospital services

9.2.1 The UK Foreign, Commonwealth and Development Office’s travel advice for British citizens going to Somalia (6 November 2020) observed: ‘There are basic hospital facilities in Hargeisa. Elsewhere medical facilities are extremely limited or non-existent.’

9.2.2 The DIS report, Somalia Health system, stated:

‘The majority of health facilities in Somalia are located in the capital and greater cities; the number outside of urban areas is limited. According to a UNHCR representative interviewed in Mogadishu by a Finish delegation in March 2020, there are a total of 61 hospitals in Somalia, and 11 of these are public facilities. Hospitals may be run by the Somali health authorities, international NGOs, UN or in collaboration with other national governments (e.g. Turkey) according to the findings in the sub-studies produced by the consultancy company.

‘None of the researched hospitals in the sample for this report provide the full range of secondary or tertiary (higher-level) care. According to another study “the majority” of the hospitals do not provide all secondary or tertiary services and are only functional for a limited range of services.

‘Banadir hospital in Mogadishu is a university hospital and one of the largest hospitals in Somalia. According to the director of the Banadir Hospital, who was interviewed in 2018 by the Finnish Immigration Service during their fact-finding mission to Mogadishu, the hospital is well equipped. However, it only undertakes basic operations and no advanced treatments such as cancer treatment.

‘The Somali Turkish Recep Tayyip Erdogan Training and Research Hospital (also referred to as either the Turkish Hospital or the Erdogan Hospital) in Mogadishu is considered by a UN source as the leading hospital in the country in terms of capacity. FMoH [Federal Ministry of Health and Human Resources] emphasises that this hospital holds a special position in the health sector and considers it as a public hospital. It was built and funded by the Turkish government in the 1960s and reopened and refurbished in 2015, in a time where Turkey is investing considerably in Somalia. It is partially staffed by Turkish health personnel but has a training component for Somali doctors. It is co-managed by the Somali and the Turkish authorities.

‘Hospitals outside of the capital have less well-functioning infrastructure.’

9.3 Healthcare services in Al-Shabaab-controlled areas

9.3.1 The DIS report, Somalia Health system, stated:

‘The level of health care in those areas of South Central Somalia which are not under government control, is very low according to the FMoH and the UNFPA representative; no development partners can freely support health service delivery there and looting of medical depots may occur. Al-Shabaab does not allow for international NGOs to operate freely on the land they have

103 UK FCDO, ‘Foreign Travel Advice – Somalia’ (Health), last updated: 6 November 2020

104 Danish Immigration Service, ‘Somalia Health system’ (page 24), November 2020
captured, but some NGOs have been able to sneak through al-Shabaab and to carry on with their activities and provide basic social services. According to a Dutch COI report published in 2019, organisations which offer medical assistance are particularly affected by al-Shabaab violence: in Middle Juba vaccination campaigns have been stopped in 2018 because al-Shabaab suspected that the medicines were non-Islamic and stocks of medical supplies have been plundered from local health facilities. Al-Shabaab troops attack aid workers, and in a recent event which took place in May 2020 seven health workers and one civilian were abducted and killed at a healthcare centre run by Zamzam Foundation, in Gololey village, South Somalia. Al-Shabaab sought out the health workers and went to their houses or workplaces in rural and outreach locations, abducted them and killed them or demanded very high ransoms.

“In areas where al-Shabaab exercises some level of control, the only available health services are those which the organisation approves of. In some places, NGOs, ICRC or the UN run health facilities, but the services then depend on their funding capacities. The interviewed WHO representative explained that alShabaab does not have problems with people accessing healthcare, but the organisation will not allow federal government officials or NGOs in areas controlled by them. In these places, some healthcare services such as routine immunisation for children or mass immunisation campaigns for measles or polio may not be accessible in these areas because of insecurity. Another UN source explained that the level of care in the al-Shabaab captured areas is very low, it would for example not be possible to obtain treatment for diabetes and unlikely to have a caesarean section in a maternity ward.”

9.3.2 The UNOCHA 2020 Somalia Humanitarian Needs Overview, published in December 2019, contains further details about the healthcare needs of Somali citizens.

9.3.3 The DIS report, Somalia Health system, contains detailed information about the treatment for various diseases and medical conditions available in south central Somalia. The report also has detailed information about the drugs available at specific hospitals in south central Somalia.

9.4 Payment for healthcare services

9.4.1 The DIS report, Somalia Health system, stated:

‘According to the Demographic and Health Survey from 2020, 48 percent of households reported that they pay for their health expenses from their own income; 25 percent answer that their family or friends paid, 14 percent had to borrow money and 11 percent were obliged to sell their assets to cover health expenditures. Only two percent of the interviewed households reported that they could draw on a health insurance to pay for health expenses. Therefore, out-of-pocket expenditure is very high, and most people rely on services provided free of charge at public or not-for-profit private health facilities…

105 Danish Immigration Service, ‘Somalia Health system’ (page 28), November 2020
'There is no national health insurance scheme available for people in Somalia. People may either seek health services which are provided free of charge at a government-run health facility or an NGO-run facility or pay out of pocket at a private health facility.

‘People who are employed with an international organisation, an NGO or a UN agency may have access to insurance through their workplace…

‘Treatment prices are not fixed in South Central Somalia. In principle, there is no fee charged for a consultation at the public or NGO run hospitals. Findings from the four sub-studies conducted in the field confirmed that services at the public hospitals or NGO run are provided free of charge. Private hospitals and practitioners are free to set their own prices. Most of services provided in the public health sector are offered free of charge but a nominal fee of 5 USD may be charged according to findings by the consultant teams. It should be noted that most of those services provided within the public health care sector are primary health care services and maternal and child health. Patients in need of specialised medical treatment for chronic diseases and who may need additional follow-up and monitoring of their conditions will try to get treatment in the private sector.

‘Some hospitals differentiate between the worst-off and the more wealthy patients so that the hospital management will assess the situation of the patient and his/her extended family and decide whether they will be able to pay or should be treated free of charge. This is the case in Wardi Hospital, a community run local hospital supported by an NGO, the Forlanini Hospital and the Ladnan Hospital, which is a private facility, and Hoosh Pharmacy in Bardeere which gives discounts to poor clients.’

9.5 Mental healthcare overview

9.5.1 A Borgen magazine report, Addressing Effects of Mental Health in Somalia, dated 14 December 2018, stated:

‘Mental health in Somalia is incredibly stigmatized. Many patients suffer neglect and abuse from caretakers at home and in hospitals. The mentally ill are traditionally chained or imprisoned: a form of treatment the Somalis believe will fix an individual with mental health problems. This is due to the lack of awareness and lack of therapy/treatment. As a result, many who need help will feel less inclined to reach out for help fearing being chained and/or taken away from their families…

‘Presently only five mental health centers situated in Berbera, Bossano, Garowe, Hargeisa, and Mogadishu are treating patients with basic care. Many who suffer from mental illnesses, such as post traumatic stress disorder (PTSD), depression, anxiety, and others as a result of ongoing conflict and instability in the country, do not receive necessary medical care that could improve their mental health or mentally ill people.

‘The WHO estimates that at least 90 percent of those who eventually seek help may have been chained at least once in their lifetime. The current

106 Danish Immigration Service, ‘Somalia Health system’ (pages 44-45), November 2020
resources that are being allocated to larger hospitals are often out of reach to those in low-income families…

‘Dr. Abdirahman Ali Awale, known popularly as Dr. Habeeb, is a well-known advocate for mental health awareness. He is also one of the few psychiatrists with multiple practices in Somalia. With facilities that provide outpatient consultations and treatment for those suffering from illnesses such as schizophrenia, PTSD, substance abuse and depression, Dr. Habeeb is battling mental illness along with his many colleagues. They believe mental illness needs to be officially addressed in the country.’  

9.5.2 A New Humanitarian article, Inside Somalia’s mental health emergency, dated 26 June 2019, stated:

‘Despite high rates of mental illness in Somalia, the country is unable to provide the most basic of care to those in need – many of whom are isolated, chained to hospital beds, or even jailed…

‘Despite these trauma-inducing conditions, Somalia has only five WHO-recognised mental health centres – basic at best – and just three psychiatrists for the entire country…

‘Government support is minimal and public hospitals rely almost entirely on private charity…Chaining patients is a widespread practice both in hospitals and in private homes which is “socially and medically accepted,” according to a WHO report.’

9.5.3 The DIS report, Somalia Health system, stated:

‘Several of the interviewed health sector actors stated that there are no available specialised treatments for mental diseases which meet international standards, nor any hospital with a specialisation in mental health problems. One source mentioned that if any treatment was to be found it would be in the private sector.

‘By contrast, the interviewed FMoH official mentioned that the Forlanini Hospital in Mogadishu offers specialised treatment to mentally ill patients. The consultant team found that this public hospital has a ward for mental health patients; however, this ward does not admit women as patients. Women are only treated at the outpatient department. The staff working at this ward comprises one psychiatrist, one psychologist, one general practitioner and four nurses out of whom two are qualified. The hospital receives its medicines from WHO. Regarding treatment, the interviewed representative of the hospital advised that the staff use sedatives and medicines to treat patients, not “rough treatment” (such as physical force). The hospital has no written guidelines on the use of physical force in the interaction between health workers and patients.

‘People suffering from mental health diseases are being stigmatised and looked down upon and therefore belong to the most vulnerable of patient groups according to the interviewed FMoH consultant and according to a report by ACCORD. Previously people with mental illnesses have been subjected to rough treatment in Somalia, e.g. chained to a tree, but

107 Borgen, ‘Addressing Effects of Mental Health in Somalia’, 14 December 2018
according to a Finnish fact finding report this kind of mistreatment has diminished. An interviewed UN source stated that this kind of abuse still exists and cited the example of patients who experience a psychotic episode may be chained to prevent them from harming themselves or others. Traditional forms of treatment, such as reciting the Quran at home or beating still exist.’ 109

9.5.4 See also the World Health Organisation Mental Health Atlas 2017 and the UNOCHA 2020 Somalia Humanitarian Needs Overview, published in December 2019, which contains further details about the mental health needs of Somali citizens.

9.6 Mental healthcare services in Somaliland

9.6.1 An academic paper, published in February 2020 on the Cambridge Core website about mental healthcare in Somaliland, stated:

‘The Somali perception of mental health is binary; one is mad (waali) or not mad. The concept of a spectrum of mental illness and health simply does not exist...As a result, stigma is deeply rooted and all pervasive. Patients and their families face negative attitudes and physical harm from society, leaving many socially isolated and vulnerable.

‘The Somaliland Ministry of Health is responsible for five mental health departments (all within general hospitals) located in principal towns, namely Hargeisa, Berbera, Borame, Gabiley and Burao. In-patient capacity ranges from 100 beds at Hargeisa Group Hospital to just 13 beds in Burao Mandhey Hospital. All public psychiatric care is free of charge, and all departments offer limited in-patient (approximately 250 beds nationally) and out-patient services...Accessing and maintaining contact with services is far more difficult for rural or remote communities...

‘By far the most common route into mental health services involves the network of informal, unregulated, private mental health in-patient facilities available throughout the country. These are known as “Ilaaj”, which is an Arabic word meaning “cure or treatment”. Any citizen can open an ‘Ilaaj’. Some centres are run by traditional or faith healers, but the vast majority do not provide any level of clinical expertise to patients. Just seven of the private ‘Ilaajs’ are government-authorised facilities that provide clinic care from a psychiatrist.’ 110

9.6.2 The DIS report, Somalia Health system, did not contain information about mental healthcare services in Somaliland.

9.7 Mental healthcare services in Puntland

9.7.1 The DIS report, Somalia Health system, did not contain information about mental healthcare services in Puntland.

109 Danish Immigration Service, ‘Somalia Health system’ (page 36), November 2020

110 Cambridge Core, Mental Health in Somaliland: a critical situation, 2019
9.8 COVID-19 virus pandemic

9.8.1 The UNPFA situation report of 29 September 2020 noted: ‘Confirmed daily COVID-19 cases continue to decline in Somalia. According to the Federal Ministry of Health and WHO Somalia, the cumulative positive testing rate has declined gradually. A total of 3,442 COVID-19 cases were confirmed in Somalia as of 20 September, with 2,877 recoveries and 98 fatalities.’

9.8.2 The DIS report, Somalia Health system, stated:

‘The first cases of Covid-19 infection in Somalia were reported on 16 March 2020. By August 2020, at the time of data collection for the present report, the numbers had surged to 3,310 confirmed cases. However, the number of daily confirmed cases continued, as of August 2020, to decline.

‘The majority of cases were concentrated in the Mogadishu/the Banadir region. By July 2020, the number of patients who had recovered was 1,562 and the number of deaths was 93. According to the assessment of the interviewed official of the FMoH, Somalia had been spared (by August 2020) the worst impacts of this pandemic outbreak compared to other countries…

‘In response to the pandemic outbreak, the Government adopted a stepwise approach consisting of a population component and a health system component. The first component was general population awareness campaigns about transmission routes and prevention, so that the population was well informed on how to react to clinical symptoms…The health system component included the preparation of one hospital with quarantine facilities (the De Martino Hospital),64 training of the health workforce (nurses and doctors) in case management, enhanced disease surveillance and increased laboratory capacity. Later on, the Banadir Hospital in Mogadishu has dedicated one wing to the Covid-19 response including a quarantine facility with 87 rooms and 300 beds.

‘The first global mapping of intensive care unit (ICU) beds, which was published in the beginning of the Covid-19 epidemic, found that Somalia, as other Sub-Saharan African countries with the exception of South Africa, has very limited capacity to intubate and ventilate patients. Another study which also addresses the critical care capacity during the Covid-19 situation notes that there is no proper oxygen generation plant; there are few laboratory machines; there is a shortage of testing equipment and medical supplies; and a severe shortage of personal protective equipment (PPE) across all hospitals.’

See WHO Covid-19 tracker and UNPFA humanitarian updates for more information.

9.9 Treatment of disabled persons and support services

9.9.1 The USSD 2019 Human Rights Report stated:

‘The law provides equal rights before the law for persons with disabilities and prohibits the state from discriminating against them. Authorities did not
enforce these provisions. The law does not discuss discrimination by nongovernmental actors.

‘The needs of most persons with disabilities were not addressed. According to Amnesty International, persons with disabilities faced daily human rights abuses, such as unlawful killings, violence including rape and other forms of sexual violence, forced evictions, and lack of access to health care, education, or an adequate standard of living. Children and adults with all types of disabilities were often not included in programs aimed at supporting persons in the country, including humanitarian assistance. IDPs with disabilities were often victims of multiple forced evictions. Domestic violence and forced marriage were prevalent practices affecting persons with disabilities. Women and girls with disabilities faced an increased risk of rape and other forms of sexual violence, often with impunity, due to perceptions that their disabilities were a burden to the family or that such persons were of less value and could be abused…

‘Without a public health infrastructure, few services existed to provide support or education for persons with mental disabilities. It was common for such persons to be chained to a tree or restrained within their homes.

‘Local organizations advocated for the rights of persons with disabilities with negligible support from local authorities.’

9.9.2 The Institute of Development Studies report, Disability in Somalia, stated:

‘People with disabilities have been identified as a particularly marginalised and at risk group within Somali society as a result of the numerous attitudinal, environmental, and institutional barriers they face, and the lack of concerted efforts to include them…There is ample anecdotal evidence and acknowledgements that the negative experiences of people with disabilities is a pressing issue across Somalia, as well as a very small number of research reports looking at disability in Somalia…

‘The main findings [of the Disability in Somalia report] include:

• Statistics or comprehensive information on the number and situation of people with disabilities in Somalia is lacking. However most estimates suggest that it is likely to be higher than the global estimate of 15% as a result of the long period of conflict, poverty, and lack of access to health care. One study in Somaliland found figures as high as 42% of households having at least one member with a disability…

• Lack of data on disability in Somalia has contributed to limited awareness of disability issues among policy makers, planners, community leaders, services providers and the general public.

• There is no specific national legal or policy framework regarding persons with disabilities and Somalia has not ratified the UN Convention on the Rights of Persons with Disabilities which has negative consequences for recognition of the rights of persons with disabilities in Somalia. Somaliland and Puntland have progressed a

little further in their own efforts to recognise the rights of persons with disabilities.

• The provisional federal constitution provides equal rights before the law for persons with disabilities and prohibits the state from discriminating against them, although authorities have not enforced these provisions.

• People with disabilities experience stigma in Somali society and disability is considered a very shameful and sensitive topic. Disability is generally associated with physical impairments rather than other types of disabilities, and intellectual disabilities are especially taboo.

• Adults and children with disabilities in Somalia have been found to be subject to various forms of verbal, physical and sexual abuse at higher levels than their non-disabled peers. Women and girls with disabilities faced an increased risk of sexual violence, often with impunity.

• Children with disabilities are invisible in Somali society and face many barriers to inclusion including the inaccessible physical environment, lack of awareness in the communities, insufficient teaching skills, negative attitudes and stigma, poverty, and a severe shortage of assistive devices and mobility aids.

• Girls with disabilities are particularly vulnerable, as boys with disabilities tend to get what few opportunities there are available to children with disabilities.

• Children with disabilities have very limited access to any educational opportunities and face widespread discrimination in the education sector, both from teachers and other students.

• Limited resources, limited teacher skills and capacity, insufficient funding, and environmental and attitudinal barriers make inclusive and special needs education a challenge.

• Few public and private buildings, communications, and transport options are accessible to persons with disabilities.

• There is no specific healthcare or financial support system for disabled people in Somalia, increasing their dependence on others and making independent life difficult.

• There are significant barriers to the political participation of people with disabilities.

• People with psychosocial disabilities, or mental health conditions, often face arbitrary detention, chaining, verbal and physical abuse, involuntary medication, overcrowding and poor conditions in institutions; or chaining at home, due to lack of appropriate government supported community based services.

• Children and adults with all types of disabilities have often not been included in programmes aimed at supporting people in Somalia, including humanitarian assistance. Internally displaced persons (IDPs) with disabilities have been victim to multiple forced evictions which
makes it harder for them to maintain their livelihoods, amongst other things.

• Some IDPs with disabilities have banded together for security and mutual assistance.

• There is an active disability movement in Somalia which has advocated for the rights of persons with disabilities.

• Other local NGOs provide services for people with disabilities such as disability centres, schools for children with hearing and visual impairments, and assistive devices. They have received negligible support from local and national authorities, as well as the international community.’ 114

114 Institute of Development Studies, ‘Disability in Somalia’ (pages 2-3), 19 January 2018
Human rights issues arising in protection claims

10. Human rights – summary

10.1.1 The USSD in its Human Rights Report for 2019 noted:

‘Significant human rights issues included: unlawful or arbitrary killing, including extrajudicial killings, of civilians by federal government forces, clan militias, al-Shabaab, and unknown assailants; forced disappearances by al-Shabaab; torture and other cruel, inhuman, or degrading treatment or punishment by federal government forces, clan militias, al-Shabaab, and unknown assailants; arbitrary and politically motivated arrest and detentions, including of journalists by federal government forces and regional government forces; harsh and life-threatening prison conditions; political prisoners; arbitrary or unlawful interference with privacy; serious problems with the independence of the judiciary; the worst forms of restrictions on free expression, the press, and internet, including violence, threats of violence, and unjustified arrests and prosecutions of journalists, censorship, site blocking, and the existence of criminal libel laws; numerous acts of corruption; restrictions on political participation; unlawful recruitment or use of child soldiers by federal government forces, clan militias, Ahlu Sunna Wal Jama (ASWJ), and al-Shabaab; the existence or use of laws criminalizing consensual same-sex sexual conduct between adults; violence against women and girls, partly caused by government inaction; forced labor; and the worst forms of child labor.

‘Impunity generally remained the norm. Government authorities took minimal steps to prosecute and punish officials who committed abuses, particularly military and police personnel.’

10.1.2 Human Rights Watch (HRW) in their annual report covering events in 2019 observed:

‘Ongoing armed conflict, insecurity, lack of state protection, and recurring humanitarian crises exposed Somali civilians to serious abuse. There are an estimated 2.6 million internally displaced people (IDPs), many living unassisted and vulnerable to abuse.

‘Federal and regional authorities, particularly in Somaliland, continued to restrict free expression and media freedoms, including by harassing and arbitrarily detaining journalists and perceived critics, and temporarily shutting down media outlets.

‘Relations between the federal government and the federal member states deteriorated, diverting attention from needed reforms and on occasion resulting in abuses.’

116 HRW, ‘World Report 2020’ (Somalia), January 2020
For information about the human rights situation in areas controlled by al-Shabaab, see the Somalia country policy and information note: al-Shabaab.

Section 11 updated: 14 December 2020

11. Children

11.1 Education

11.1.1 The DFAT country information report of June 2017 assessed:

‘… that legislation designed to protect children is not properly enforced by the Government. This, coupled with the recruitment of children by the Somali National Army and non-state actors such as al-Shabaab and armed militias, means that children face the risk of harm. Overall, DFAT assesses that children throughout Somalia are vulnerable and face a moderate risk of official or societal discrimination and violence, which increases to a high risk for children in south-central and those living in areas controlled by al-Shabaab.’

11.1.2 The Somali government’s Somalia Social Protection Policy report, March 2019, commenting on the position of children based on a range of sources, stated:

‘… Somalia has a very young population, with approximately 50 percent below the age of 15 years. This population group is one of the poorest and the most vulnerable, based on several indicators. Children under 5 years and those between 5 and 15 years are most likely to be poor, with poverty rates of 56 percent and 59 percent, respectively…Children are vulnerable because they depend on others for their basic needs, are disproportionately exposed to health-related shocks, and face difficulties in accessing their rights to education. Almost 47 percent of children from 6 to 17 years old are not enrolled in school, a critical issue for intergenerational transmission of poverty given that incidence of poverty is significantly higher among households whose heads have no education. Low school enrolment rates are apparent throughout the country, and girls’ enrolment rates are significantly lower:

- Girls’ participation in education is consistently lower than that of boys. According to the 2017 UNICEF Somalia Education Baseline Survey, 43 percent of children in primary schools [sic] were girls, while [boys] made up 56 percent…

- Boys are at risk of recruitment by armed groups. Since mid-2017, child recruitment has become more aggressive, with elders, teachers in Islamic religious schools, and communities in rural areas ordered to provide thousands of children as young as 8 years old or face attack…

‘These data demonstrate how vulnerability can compound across the lifecycle: Unaddressed vulnerabilities early in life can exacerbate vulnerabilities faced later in life. Children are also some of the most vulnerable to waterborne diseases, measles, and malaria…Of children,

\[117\] DFAT, ‘Country Information Report – Somalia’ (page 16), 13 June 2017
orphans and street children are known to be amongst the poorest and most vulnerable. Failure to ensure minimum income security for households with children, particularly in contexts such as Somalia, has irreversible consequences for their cognitive development, resulting in decreased capacity of the future labour force and, therefore, reduced opportunities for Somalia to benefit from the 21st century globalised economy. Therefore, it is important that all social protection schemes be child-sensitive..." 118

11.1.3 The UN Somalia Common Country Analysis 2020 report noted:

‘Almost half of Somali children and adults have never received formal education. Among boys and men, 45 per cent have never joined formal schooling, while among girls and women the figure is 48 per cent. Among nomadic populations, the figures are as high as 78 per cent among boys and men and 84 per cent among girls and women. Even among those who have had an opportunity to attend school, few were successful in completing primary school: only 4 per cent of boys and men and 5 per cent of girls and women. The figures are again lower among rural and nomadic populations, with less than 1 per cent of the latter group having completed primary school.

‘Approximately 3 million out of 5 million children aged 6–18 years are out of school in Somalia. The country has one of the world’s lowest overall enrolment rates for primary school-aged children. Only 30 per cent of children at the primary education level (for children aged 6–13 years) and 26 per cent at the secondary education level (for children aged 14–17 years) are enrolled in school...

‘Early childhood education and pre-school learning are neglected sectors across the education systems in Somalia. While many young children attend Koranic schools, learning in these institutions typically focuses on religious teaching. Despite an increasing number of students going to school in the last ten years, a fraction of youth ever attend university, estimated at 8 per cent among men and 4 per cent among women. Females represent only 34 per cent of all higher education students. Furthermore, the decades-long conflict in Somalia has affected opportunities for educational exchanges and scholarships.

‘Only 45 per cent of youth can read and write (49 per cent male, 41 per cent female), while the overall adult literacy rate is 40 per cent. A recent study found that the percentage of women aged 15 to 24 who are literate has increased significantly, from only 25 per cent in 2006 to 44.4 per cent today. Younger girls and women are on average more literate than their older peers.’ 119

---

11.2 Female genital mutilation (FGM) – the law, practice and prevalence

11.2.1 For information about the law and FGM, and the practice and prevalence of FGM in Somalia, see the Somalia country policy and information note:

118 FGS, ‘Somalia Social Protection Policy’ (pages 7-8), March 2019
11.3 Children’s social care and support organisations

11.3.1 For information about children’s social care and support organisations, see the UNICEF Child Notice Somalia (page 25)\(^\text{120}\).

11.3.2 For information about child labour, child marriage, human rights violations - such as forced recruitment into government armed forces, and non-state armed group forces, see the USSD 2019 Human Rights Report on Somalia, the DFAT Country Information Report – Somalia, June 2017, the BTI, ‘Somalia Country Report 2020’, and the UNICEF Child Notice Somalia.

12. Criminal justice system

12.1 Penal code

12.1.1 In an undated preface to a ‘semi-official translation’ of the penal code which was published in Italian, the editor of the Somaliland Law website observed that the penal code - legislative decree number 5 of 16 December 1962 is ‘still applied in the Republic [of] Somalia and in the northern region of Puntland. It is still current in South and Central Somalia.’ However, the editor also explained that the ‘American lawyer, Martin R. Ganzglass, described this translation as being “confusing, ungrammatical [sic], and often incorrect”’\(^\text{121}\).

12.1.2 The Somaliland Law editor, regarding the penal code, also noted:

‘So far as the Somaliland is concerned, under Article 130 of the Somaliland Constitution any provisions of this Code which are contrary to the fundamental rights and freedoms of the individual and to Islamic Sharia shall be disapplied. All provisions [sic] which are in effect repealed by the Somaliland Constitution are also [sic] null and void. All references therefore to the “the Somali Republic” or to the constitution, territory and institutions of that state should be read as referring to “the Republic of Somaliland” or its territory or institutions. The fines set out in the Code have been revised and Somaliland courts use updated scales in Somaliland Shillings.’ \(^\text{122}\)

12.2 Police and security forces

12.2.1 For information about the police and security forces, see the Somalia country policy and information note: (South and Central): Security and humanitarian situation.

\(^{120}\) UNICEF, ‘Child Notice Somalia’ (page 25), 2018
\(^{121}\) Somaliland Law, ‘Somalia Penal Code 1962’, no date
\(^{122}\) Somaliland Law, ‘Somalia Penal Code 1962’, no date
12.3 Prison conditions

12.3.1 The DFAT Somalia Country Information Report stated:

‘Prison conditions in Somalia are harsh, including poor sanitation, overcrowding, inadequate food, water and ventilation and widespread disease, made worse by a lack of medical facilities. Prisoners rely on family or their clan for food and any costs associated with detention. Men and women are segregated in detention, but juveniles are often housed with adults...Mogadishu has one modern prison which meets international standards and was funded by the international community primarily for the detention of prisoners convicted of piracy and related offences.’

See also USSD 2019 Human Rights Report on Somalia for further information about prison conditions and the treatment of prisoners.

12.4 Judiciary, courts and legal system

12.4.1 The DFAT Somalia Country Information Report of June 2017 stated:

‘Having been largely dismantled or co-opted by the Barre regime, the judiciary in Somalia remains basically non-functional despite efforts to rebuild it since 1991. There remains a serious shortage of trained legal professionals and a lack of court documentation to demonstrate judicial precedents.

‘Laws in Somalia can be divided into three types; Xeer (or customary law), formal law and Sharia:

- Xeer: based on oral agreements passed down through generations and designed to manage day-to-day issues within a clan.

- Formal Law: largely based on the Penal Code which has not been updated since the fall of the Barre regime and tends to be applied in an ad-hoc way, particularly where it is deemed inconsistent with Sharia law. The Provisional Constitution is also a source of formal law.

- Sharia: Sharia courts have existed in Somalia for many years but rose to prominence when the Islamic Courts Union (ICU) temporarily took control of most of south-central Somalia in 2006. A strict interpretation of Sharia is applied by al-Shabaab in areas under its control.

‘The court system does not operate holistically. Somaliland and Puntland operate their own courts, and the Federal Government’s court system in Mogadishu does not operate in cooperation with the courts across south-central Somalia, which are generally run by the respective regional governments. In al-Shabaab controlled areas there is no formal judicial system and defendants in al-Shabaab’s sharia courts do not generally have legal representation. Where the judicial system does operate, due process and trial procedures are not routinely followed. In general, access to judicial mechanisms is variable.’

123 DFAT, ‘Country Information Report – Somalia’ (page 19), 13 June 2017
124 DFAT, ‘Country Information Report – Somalia’ (page 22), 13 June 2017
12.4.2 The BTI 2020 Somalia Country Report, covering the period February 2017 to January 2019, stated:

‘The formal court system remains weak, and courts are only available in larger cities. Therefore, Shariah and Xeer are in varying combinations simultaneously practiced across the country. Religious norms exert a strong influence on political, economic and social practices in the country.

‘In areas governed by al-Shabaab, politics and everyday administration are strictly guided by religious dogma.

‘Somaliland’s constitution allows for legal pluralism and three legal systems, based on Shariah (Islamic law), civil law and customary law, which are applied in various combinations. Islamic courts primarily regulate family issues but have increasingly gained prominence among the business community, whose members appreciate the speedy judgments. Although secular legal codes, including the old Somali penal code, have been applied across the country, they remain subordinate to traditional law, as the courts’ institutional capacity is limited, and judges and attorneys lack training and expertise in secular legal codes. However, as in Somalia, religious norms in Somaliland are deeply intertwined with traditional law and shape everyday political as well as social life.’ 125

12.4.3 The BTI 2020 Somalia Country Report also stated:

‘There is no effective judiciary and the legislative functions of the parliament remain weak…There is no countrywide rule of law and secular legal institutions are in a nascent stage, understaffed and regularly accused of corruption. Additionally, there is no countrywide agreement over the basic framework, institutional structure and composition of a legal system. Somalia is characterized by legal pluralism, and the formal courts run parallel to two other legal systems: a customary law (xeer) that is negotiated on a case-by-case basis and implemented by elders; and the Islamic Shariah law, which is interpreted differently in different courts and locations. Different versions of Shariah thus exist and there are tensions over the interpretation of the Islamic law. The FGS has put little effort into designing, debating or implementing a legal framework or into providing legal services to its citizens. Court rulings are often not respected, neither by lawmakers nor citizens.’ 126

12.5 Informal systems of justice

12.5.1 The USSD 2019 Human Rights Report stated:

‘In Puntland clan elders resolved the majority of cases using customary law. The administration’s more formalized judicial system addressed cases of those with no clan representation. Defendants generally enjoyed a presumption of innocence, the right to a public trial, the right to be present and consult an attorney at all stages of criminal proceedings, and the right to appeal. Authorities did not always inform defendants promptly and in detail of the charges against them. Defendants had the right to present their own witnesses and evidence. Authorities did not provide defendants with

125 BTI, ‘Somalia Country Report 2020’ (Political Transformation), 2020
126 BTI, ‘Somalia Country Report 2020’ (Rule of Law), 2020
dedicated facilities to prepare a defense but generally provided adequate
time to prepare. Puntland authorities provided defendants with free
interpretation services when needed. The government often delayed court
proceedings for an unreasonable period.

‘There was no functioning formal judicial system in al-Shabaab-controlled
areas. In sharia courts, defendants generally did not defend themselves,
present witnesses, or have an attorney represent them.’ 127

12.5.2 The USSD 2019 International Religious Freedom (IRF) Report stated:
‘The judiciary in most areas relies on xeer (traditional and customary law),
sharia, and the penal code. Xeer is believed to predate Islamic and colonial
traditions, and in many areas, elders will look to local precedents of xeer
before examining relevant sharia references…In areas controlled by
al-Shabaab, sharia is the only formally recognized legal system, although
reports indicate that xeer is applied in some cases.’ 128

Further details can also be found in the Asylum Research Centre (ARC),

12.6 Independence of the judiciary
12.6.1 The USSD 2019 Human Rights Report stated:

‘The law provides for an independent judiciary, but the government did not
always respect judicial independence and impartiality. The civilian judicial
system, however, remained largely nonfunctional across the country. Some
regions established local courts that depended on the dominant local clan
and associated factions for their authority. The judiciary in most areas relied
on a combination of traditional and customary law, sharia (Islamic law), and
formal law. The judiciary was subject to influence and corruption and was
strongly influenced by clan-based politics. Authorities often did not respect
court orders. Civilian judges often feared trying cases, leaving military courts
to try the majority of civilian cases.

‘In Somaliland functional courts existed, although there was a serious
shortage of trained judges, limited legal documentation upon which to build
judicial precedent, and widespread allegations of corruption. Somaliland’s
hybrid judicial system incorporates sharia, customary law, and formal law,
but they were not well integrated. There was widespread interference in the
judicial process, and government officials regularly intervened to influence
cases, particularly those involving journalists. International NGOs reported
local officials interfered in legal matters and invoked the public order law to
detain and incarcerate persons without trial.

‘Puntland courts, while functional, lacked the capacity to provide equal
protection under the law and faced similar challenges and limitations as
courts inSomaliland.’ 129

127 USSD, 2019 Human Rights Report, ‘Somalia’ (section 1e), 11 March 2020
128 USSD, 2019 Report on IRF, ‘Somalia’ (Legal Framework), 10 June 2020
129 USSD, 2019 Human Rights Report, ‘Somalia’ (section 1e), 11 March 2020
12.7 Effectiveness of the judiciary

12.7.1 The DFAT Somalia Country Information Report stated:

‘The judicial system is overburdened and there can be long delays before a case is heard due to the large number of detainees and a limited number of prosecutors and judges. According to the September 2016 UN Secretary-General Report on Somalia, judges are regularly not paid due to insufficient budgeting. Credible sources told DFAT that justice can be ‘purchased’ for the right price. Similarly, the US Department of State reported that government officials are known to influence the outcomes of cases. Military courts, which are comparatively well-resourced, regularly process civilian cases despite not having the jurisdiction to do so.’ 130

12.7.2 The Freedom House Freedom in the World 2020 report stated:

‘The judicial system in Somalia is fractured, understaffed, and rife with corruption. Its authority is not widely respected, with state officials ignoring court rulings and citizens often turning to Islamic or customary law as alternatives. In October 2019, opposition leader Abdullah Ahmed Ibrahim “Afwaranle” wrote to international donors seeking support for the establishment of independent courts. Afwaranle called for this support after his effort to appeal Ahmed Madobe’s victory of the Jubaland presidency was hampered due to a lack of court capacity; he is instead seeking to file the petition with the regional East African Court of Justice.’ 131

12.8 Death penalty

12.8.1 For information about the offences punishable by the death penalty in Somalia, see Cornell Centre Death Penalty Worldwide132, and also the Somalia Penal Code133.

12.8.2 The DFAT Somalia Country Information Report stated:

‘After a nine-year moratorium and despite supporting the UN General Assembly resolution on the moratorium of the death penalty in 2014, the Federal Government of Somalia announced in February 2015 that it would resume the implementation of the death penalty. There are several offences under the Penal Code that carry the death penalty, including murder and treason. Under Sharia law, as applied throughout Somalia, apostasy from Islam is also punishable by death. In practice, the absence of a functioning judiciary and clear sentencing guidelines means that the death penalty is applied in various circumstances: according to anecdotal reports, executions are viewed as a neat resolution in criminal matters and are usually performed quickly after sentencing. There are no reliable figures on the current number of prisoners on death row. The method of execution in Somalia is firing squad.’ 134

130 DFAT, ‘Country Information Report – Somalia’ (page 22), 13 June 2017
132 Cornell Law School, Death Penalty Worldwide Database, Somalia, 1 January 2010
133 Somaliiland Law, Somalia Penal Code 1962, no date
134 DFAT, ‘Country Information Report – Somalia’ (page 18), 13 June 2017
12.8.3 The Amnesty International Death Sentences and Executions 2019 report, published on 21 April 2020, stated that at least 12 executions were carried out in 2019 in Somalia. In addition to this, the report stated that at least 24 death sentences were recorded in 2019. The report also stated that Somalia was one of the ‘Countries that retain the death penalty for ordinary crimes.’

12.9 Double jeopardy

12.9.1 The DFAT Somalia Country Information Report stated:

‘Generally the Penal Code forbids re-prosecution where a person has been convicted of a crime and served their sentence overseas. However, article 7 of the Penal Code lists five crimes that would attract retrial, regardless of a person either having completed their sentence abroad or been acquitted abroad: these offences are mostly related to crimes against the state of Somalia and may attract the death penalty. Article 8 of the Penal Code allows re-prosecution of some crimes ‘under certain conditions’, an ambiguity which is exacerbated by the overall lack of judicial capacity and ad-hoc application of laws in Somalia.’

13. Freedom of movement

13.1 Internal travel

13.1.1 The Organisation for Economic Cooperation and Development (OECD) Social Institutions and Gender Index (SIGI) 2019 stated: ‘The Constitution of Somalia grants every person lawfully residing within the territory of the Federal Republic of Somalia the right to freedom of movement, freedom to choose their residence, and freedom to leave the country (Article 21.1). Every citizen has the right to enter and to remain in the country, and has the right to a passport (Article 21.2)…’

13.1.2 Similarly, the USSD 2019 Human Rights Report stated: ‘The law provides that all persons lawfully residing in the country have the right to freedom of movement, to choose their residence, and to leave the country. Freedom of movement, however, was restricted in some areas.’

13.1.3 The USSD 2019 Human Rights Report went on to state:

‘… Checkpoints operated by government forces, allied groups, armed militias, clan factions, and al-Shabaab inhibited movement and exposed citizens to looting, extortion, harassment, and violence. Roadblocks manned by armed actors and attacks on humanitarian personnel severely restricted movement and the delivery of aid in southern and central sectors of the country. In September the government temporarily banned air travel to Kismayo, Jubaland. Some observers complained this suspension was to

136 DFAT, ‘Country Information Report – Somalia’ (page 18), 13 June 2017
137 OECD, SIGI 2019, ‘Somalia Country Profile’ (Restricted Civil Liberties), 2019
prevent politicians from attending the inauguration of Jubaland’s president, whose election was disputed.

‘Al-Shabaab and other nonstate armed actors continued to hinder commercial activities in the areas they controlled in the Bakool, Bay, Gedo, and Hiraan regions and impeded the delivery of humanitarian assistance...

‘Somaliland prohibited federal officials, including those of Somaliland origin who purported to represent Hargeisa’s interests in Mogadishu, from entering Somaliland. It also prevented its citizens from traveling to Mogadishu to participate in FGS processes or in cultural activities.’ 139

13.1.4 The Freedom House Freedom in the World 2020 report, covering events in 2019, stated regarding Somalia (excluding Somaliland): ‘Travel throughout Somalia is dangerous due the presence of extremist groups in many parts of the country. Travel is further hampered by the presence of checkpoints controlled by security forces, militants, and other armed groups that commonly extract arbitrary fees and bribes from travelers.’ 140

13.1.5 The Freedom House Freedom in the World 2020 report stated regarding Somaliland: ‘Freedom of movement is respected to some extent, but traffic between Somaliland and Puntland is restricted, and the Somaliland government limits travel to and from Somalia’s federal capital, Mogadishu. Clan divisions hinder individuals’ relocation within the territory.’ 141

13.1.6 The OECD SIGI 2019 stated: ‘Although all Somalis have constitutionally protected freedom of movement, AlShabaab, warlords, armed militias, and others often inhibit this freedom. The autonomy and individual rights of Somali citizens are severely restricted by the insecurity in the country, both in government and Shabaab-controlled areas...’ 142

For information on how far the security situation may impact on the freedom of movement, see the Somalia country policy and information note: (South and Central): Security and humanitarian situation.

Back to Contents

13.2 Returns of failed asylum seekers

13.2.1 The DFAT Somalia Country Information Report stated:

‘DFAT understands that it is not a crime in Somalia to seek asylum elsewhere and is not aware of any credible reports of mistreatment of failed asylum seekers stemming specifically from their having sought asylum overseas.

‘In 2015, the Federal Government of Somalia released a policy paper on returnees to Somalia, which welcomed voluntary returnees but acknowledged that Somalia cannot accept them on a large scale, given security, political and economic instability. The Government receives failed asylum seekers on a case-by-case basis where they meet the following criteria:

139 USSD, 2019 Human Rights Report, ‘Somalia’ (section 2d), 11 March 2020
142 OECD, SIGI 2019, ‘Somalia Country Profile’ (Restricted Civil Liberties), 2019
- They are Somali nationals, originating from within the borders of the Federal Republic of Somalia
- A risk assessment is completed for every candidate for repatriation by the country they are being deported from and by the relevant Somali authorities
- All returnees must have a fixed address in an accessible part of Somalia
- Returnees in need of psychological and mental health support cannot be returned to Somalia at present
- Somalia will not accept the repatriation of certain categories of offenders including radicalised people, sexual predators, and certain violent criminals
- All returnees with a criminal background must have completed their sentences in their host countries before arriving in Somalia
- Governments wishing to return offenders must disclose a full criminal background check to the relevant Somali authorities before a decision can be made
- Deporting governments must give each deportee $10,000 USD to restart their lives in Somalia.

13.2.2 The DFAT Somalia Country Information Report also stated: ‘A failed asylum seeker would not necessarily be identifiable at a border crossing and there is no central database that monitors whether an individual had departed illegally. DFAT understands that when a returns process is arranged by another country or organisation, the returnee is cleared by Somalia’s Department of Immigration prior to their arrival at Mogadishu airport and the returnee is not questioned by authorities upon arrival.’

See also the Somalia country policy and information note: (South and Central): Security and humanitarian situation

14. Media freedom

14.1.1 Somalia was ranked 163rd out of 180 countries in Reporters without Borders (RSF) press freedom index for 2020 (a lower position indicating higher levels of restriction on the press). The DFAT Somalia Country Information Report of June 2017 stated:

‘Somalia remains one of the most dangerous countries in the world to be a journalist; reprisal attacks and impunity are widespread. Reporters without Borders ranked Somalia 167 of 180 countries in its 2016 World Press Freedom Index. Ten journalists have been murdered in Somalia since 2014. Two journalists were killed in 2016. Abdiiaziz Mohamed Ali, a radio reporter on the independent Radio Shabelle, was shot and killed in Mogadishu on 27

---

144 DFAT, ‘Country Information Report – Somalia’ (page 24), 13 June 2017
145 RSF, ‘2020 World Press Freedom Index’, no date
September 2016. No one claimed responsibility for the murder and the police investigation has not led to an outcome. Sagal Salad Osman, a female journalist for the state-owned Radio Mogadishu, was gunned down in Mogadishu by suspected al-Shabaab militants on 5 June 2016.

‘Overall, DFAT assesses that journalists and media workers routinely practice self-censorship. Those reporters who criticise the government or raise corruption allegations against officials and powerful businesspeople are at high risk of official discrimination and face a high threat of violence, including death. Al-Shabaab is ideologically opposed to a free press and considers the media a tool of foreign interference. AlShabaab has been responsible for several assassinations of journalists, putting any media workers who criticise al-Shabaab or try to operate in areas under its control at high risk of discrimination and violence.’

14.1.2 The USSD 2019 Human Rights Report observed:

‘The law provides for freedom of speech, including for the press, but neither federal nor regional authorities respected this right. The Somali penal code criminalizes the spreading of “false news,” which it does not define, with penalties including imprisonment of up to six months. The government; government-aligned militias; authorities in Somaliland and Puntland, South West State, Galmudug, Jubaland, ASWJ, al-Shabaab; and unknown assailants killed, abused, and harassed journalists with impunity….

Somaliland law prohibits publication or circulation of exaggerated or tendentious news capable of disturbing public order, and officials used the provision to charge and arrest journalists.

‘Puntland law limits freedom of opinion and expression through broadly worded limitations—including conformity with moral dignity, national stability, and personal rights of others—and allows for exceptions from the right to freedom of expression in times of war or other public emergency.’

14.1.3 The USSD 2019 Human Rights Report also noted:

‘Independent media were active and expressed a wide variety of views, although self-censorship was common due to a history of arbitrary arrest of journalists and of search and closure of media outlets that criticized the government. Eight outlets were closed, suspended, or blocked by government authorities, including four in Somaliland. Reports of such interference occurred in Mogadishu and remained common outside the capital, particularly in Puntland and Somaliland. Government authorities maintained editorial control over state-funded media and limited the autonomy of private outlets through direct and indirect threats. Threats were often applied through unilateral actions of security and other institutions.’

For more information, see the Somalia page on the RSF website.

See also Media, telecommunications and access to the internet.

Back to Contents
15. **Sexual orientation, gender identity and expression**

15.1 **Legal rights**

15.1.1 The USSD 2019 Human Rights Report stated: ‘Same-sex sexual contact is punishable by imprisonment for three months to three years. The country’s law classifies sexual violence as an “offense against modesty and sexual honor” rather than as a violation of bodily integrity, and punishes same-sex intercourse.’ 149

15.1.2 The Australian Department of Foreign Affairs and Trade (DFAT) Somalia Country Information Report stated:

‘Homosexual sex is illegal in Somalia. In the Provisional Constitution, marriage is defined as between a man and a woman. In the Penal Code Article 409 states that “whoever has carnal intercourse with a person of the same sex shall be punished, where the act does not constitute a more serious crimes, with imprisonment from three months to three years. Where the act committed is an act of lust different from carnal intercourse, the punishment imposed shall be reduced by one-third.”’ 150

15.2 **State treatment and protection**

15.2.1 The USSD 2019 Human Rights Report stated: ‘The law does not prohibit discrimination based on sexual orientation or gender identity…There were no known actions to investigate or punish those complicit in abuses. Hate crime laws or other criminal justice mechanisms do not exist to aid in the prosecution of bias-motivated crimes against members of the LGBTI community.’ 151

15.3 **Treatment by Al-Shabaab in areas under their control**

15.3.1 The Freedom House Freedom in the World 2020 report, commenting on events in 2019, stated: ‘Same-sex sexual activity can be punished with up to three years in prison under the penal code, and individuals accused of engaging in same-sex sexual activity are subject to execution in Shabaab-controlled areas.’ 152

15.3.2 The DFAT Somalia report stated: ‘In January 2017, al-Shabaab reported that it had publicly executed two males, aged 20 and 15 after they were found engaging in male-to-male sex. The two men were convicted of “immoral behaviour” in an al-Shabaab administered Sharia court and shot in a public square.’ 153

---

149 USSD, 2019 Human Rights Report, ‘Somalia’ (section 6), 11 March 2020
151 USSD, 2019 Human Rights Report, ‘Somalia’ (section 6), 11 March 2020
15.4 Societal treatment and discrimination

15.4.1 The USSD 2019 Human Rights Report stated: ‘There were few reports of societal violence or discrimination based on sexual orientation or gender identity due to severe societal stigma that prevented LGBTI individuals from making their sexual orientation or gender identity known publicly.’ 154

15.4.2 The DFAT Somalia report stated:

‘In practice, there are societal and cultural barriers that preclude LGBTI individuals from living openly anywhere in Somalia. In a 2014 report, the Swedish International Development Agency described LGBTI people in Somalia as “silent and invisible”…Homosexuality is a taboo subject and, if discovered, would put individuals at risk of community harassment and reprisals, sometimes taking the form of ex-communication from their families or community and often resulting in serious violence such as flogging, stoning, or sometimes death…There is a paucity of information on the situation for transgender individuals in Somalia, but given they can be visibly identified, it is likely they would be at even greater risk of discrimination, harassment and violence.’ 155

15.5 Civil society/NGOs

15.5.1 The USSD 2019 Human Rights Report stated: ‘There were no known lesbian, gay, bisexual, transgender, and intersex (LGBTI) organizations and no reports of events.’ 156

See also the ILGA World State-Sponsored Homophobia 2019 report (page 367), and the March 2019 Dutch Ministry of Foreign Affairs Country of Origin Information Report on South and Central Somalia (page 46).

16. Women

16.1.1 For information about issues that affect women in Somalia, including SGBV, see the Somalia country policy and information note: Women fearing gender-based violence, the Somalia country policy and information note: al-Shabaab, and the Somalia country policy and information note: (South and central): Security and humanitarian situation.
Terms of reference

A ‘Terms of Reference’ (ToR) is a broad outline of what the background note seeks to cover. They form the basis for the country information section. The Home Office’s Country Policy and Information Team uses some standardised ToRs, depending on the subject, and these are then adapted depending on the country concerned.

For this particular background note, the following topics were identified prior to drafting as relevant and on which research was undertaken:

Country overview:

- Geography and demography
  - Key geographical and demographic facts
  - Population distribution and density
  - Transport links
  - Languages
  - Ethnic groups and the clan system
  - Religious demography

- Economy
  - Government policies and economic trends
  - Key economic facts
  - Public welfare systems

- Political system
  - Constitutions of Somalia, Puntland and Somaliland
  - Executive and legislature

- History

- Media, communications, and access to the internet

- Citizenship and nationality

- Official documents
  - Registration of births, marriages, and deaths
  - Identity cards and passports etc
  - Fraudulent documents

- Corruption

- Healthcare
  - Healthcare system
  - Hospital services
  - Payment for healthcare
  - Mental healthcare
- Treatment and support services for disabled persons
- COVID-19 virus pandemic

○ Children
  - Education
  - Children’s social care and support organisations

○ Human issues relevant to protection claims
  - Human rights summary
  - Actors of protection and the criminal justice system
    - The judiciary
    - Penal code
    - Prison conditions
    - The death penalty – where it is in force and whether it is enforced
    - Informal systems of justice
    - Double jeopardy
  - Freedom of movement
    - Freedom of internal travel
    - Returns of failed asylum seekers
  - Sexual orientation, gender identity and expression
  - Media freedom

Back to Contents
Bibliography

Sources cited


Central Intelligence Agency (CIA),


Encyclopaedia Britannica,

‘Hargeysa’, no date. Last accessed: 22 October 2020
‘Somalia’, no date. Last accessed: 3 September 2020


Freedom House,


National Democratic Institute, ‘Somalia’, no date. Last accessed: 1 September 2020


101domain, ‘Somalian Domains’ no date. Last accessed: 25 August 2020


United Nations,


UNICEF,


‘Somalia – Birth Registration’, no date. Last accessed: 26 August 2020

‘Somalia – Marriage Registration’, no date. Last accessed: 26 August 2020

‘Somalia – Death Registration’, no date. Last accessed: 26 August 2020


United States State Department (USSD),

‘Somalia – Reciprocity Schedule’, no date. Last accessed: 4 September 2020


University of Texas Libraries, Map of Puntland and Somaliland, no date. Last accessed: 23 October 2020

World Bank,


World Health Organisation (WHO),


Sources consulted but not cited

Version control

Clearance
Below is information on when this note was cleared:

- version 1.0
- valid from 14 December 2020

Changes from last version of this note
First version in this format.

Back to Contents