

GENERAL OVERVIEW OF GENDER-BASED VIOLENCE IN SOMALIA

12,316,895

estimated population

1.1 million

internally displaced persons

550,000

targeted by the Protection Cluster in 2015

Sources:

Estimated population - UNFPA
IDP numbers - UNHCR
Target figures - Protection Cluster Humanitarian Response Plan, 2015

Gender-based Violence (GBV) remains a serious concern, particularly for women and girls in Somalia. The protective environment remains weak for the Internally Displaced Persons (IDPs) and civilians affected by the clan conflicts, regions where the military offensives by the AMISOM and Somali National Army against the Al Shabaab took place, regions affected by the floods, forced evictions and where life-saving services are either limited or facing closure due to funding constraints. GBV Information Management System (GBVIMS) continue to show high prevalence of sexual violence, physical assault, and other forms of GBV among women and girls, particularly those living in the IDP settlements.

Between January and August 2015, 84.2% reported GBVIMS cases involved rape, physical assault and sexual assault while rape alone accounted for 18.2% and physical assault 51%. 75% of the survivors are IDPs while 93% of the survivors are female. According to the Food Security and Nutrition Assessment for Somalia released on 31 August 2015, the number of people who face food crisis or emergency increased by 17 per cent, from 731,000 to 855,000. More than two thirds, or 68 per cent, of the people who are in crisis and emergency are internally displaced (See http://reliefweb.int/sites/reliefweb.int/files/resources/150831_Press%20Release_FSN%20Deteriorates.pdf)

The assessment also highlighted that food insecurity aggravates protection concerns as it regularly results in increased sexual and gender-based violence. The GBV Sub Cluster is the primary body for humanitarian coordination, technical advice and oversight of GBV prevention and response activities in Somalia but has improved close collaboration with the government related ministries and authorities across the country.

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Status of GBV Response

121,794 (24.8% girls, 11% boys, 46.6% women, 17.5% men) benefitted from prevention, response and capacity building activities. The breakdown per activity is indicated below:

Activity	Girls	Boys	Women	Men
Medical care	543	205	1688	99
Rape/sexual assault survivors who received medical assistance within 72 hours	183	8	318	13
Referred for medical services	1,658	29	2849	29
Psycho-social support and counselling in line with set standards	7,836	583	12464	299
Material assistance in line with set standards	1,051	88	3572	201
Legal assistance in line with set standards	261	105	1388	298
Referred for safe shelter/ temporary relocation/ other security sector interventions	15	0	70	4
Received livelihood support	432	88	920	28
Reached by campaign and advocacy for utilisation of available of services	8,753	9,399	17,776	13,663
Reached by campaign and advocacy for behaviour change activities	8,943	2,745	13,309	5,611
participated in capacity building activities	567	150	2,026	772
GBV sub cluster partners and other sectors that participated in GBV trainings	4	0	416	335

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Policy and Legislative Reforms

Enactment of the Sexual Offences Bill

- With funding and technical guidance of UNFPA, UNHCR and UNDP, technical support of LAW & civil society orgs, under the leadership of the Gender related ministries and Ministry of Justice across the country, the draft SOB Bills for the FGS, Puntland State of Somalia and Somaliland have been completed, validated and awaiting passage by Cabinet and Parliament.
- Consultations with stakeholders were held and attended by the government, legal aid providers and CSOs across the country:
 - South Central: 40 people attended regional consultation from the government, legal aid providers and CSOs.
 - Puntland: 5 regional consultations held for 260 community members participated.
 - Somaliland: 3 regions consultations held for 120 from the government, legal aid providers and CSO.



Development of Clinical Management of Rape Protocol

- UNFPA, in collaboration with UNICEF, AMISOM, and in partnership with the Clinical Management of Rape Task Force, the Reproductive Health Working Group, Ministries of Health, Justice and Ministry of Women and Human Rights Development from Federal government of Somalia (South Central), Puntland and Somaliland are supporting the development of a comprehensive Clinical Management of Rape Protocol.
 - The Protocol is being further reviewed and updated to make it comprehensive, including legal and psychosocial aspects.
 - Consultation workshop is planned in Sept - Oct 2015.



Review of the Case Management Toolkit

- Workshop held from May 25 to 28 in Nairobi to consolidate inputs for the review of the Case Management toolkit, awaiting the final report and updated toolkit from UNICEF and CISP.
- Process expected to be completed before the end of 2015.

Drafting of the FGM Bill and the FGM Policy

- South Central Zone: The draft FGM Bill for the Federal Government of Somalia is being developed. The zero draft FGM Bill has been presented to the Minister of Women and Human Rights Development with the support of UNFPA and technical support of Legal Action World Wide. The bill will be presented for technical inputs and further consultations in September 2015.
- Puntland: FGM Policy in place.
- Somaliland: FGM Policy in Somaliland being developed. 60 FGM TF members, academics, activists and local authorities participated in the review of the Policy.



Development of Gender Policy

- South Central Zone: ongoing discussion with stakeholders on the development of Gender Policy for the FGS.
- Puntland: ongoing discussion at the cabinet on the policy; policy translated to Somali. 1 consultative forum was held on gender policy for the communities.

Development of Security and Safety Protocol

- The draft Security and Safety Protocol is developed for lawyers, clients and witnesses with the funding from UNFPA.
- Consultations are ongoing through Somali legal aid network.

Protocols for Criminal Investigation and Prosecution

- Senior police expert was hired to develop Protocols for Criminal Investigation and Prosecution.

Capacity Building

Capacity building for the ratification of CEDAW funded by UNFPA and OFDA, USAID



- Training and technical dialogues with 28 directors generals from 19 government line ministries and government institutions on CEDAW ratification between August 15 and 17 in Djibouti.
- The roadmap for ratification and implementation plan are developed and currently been discussed by the UN Gender Thematic Group and Protection Cluster for broad based advocacy support towards the speedy ratification process.
- Somali CEDAW Technical Advocacy Committee is established and guided by clear terms of reference.

Capacity building training for the GBV sub cluster chairs, co-chairs and focal points for better coordination and programming funded by OFDA,USAID and UNFPA



- 45 field GBV Sub Cluster chairs, co-chairs and focal points from FGS, Puntland and Somaliland were trained on human-rights based approach, results-based management, proposal writing, advocacy, networking and communications between 22 and 26 June with the support of OFDA/USAID.
- Harmonized tools, including service mapping, SOPs, meeting minutes, referral pathways and reporting, are developed and currently being used across the country.

Capacity strengthening and mobilization of health professionals, especially midwives, in GBV/FGM prevention and response

- Midwifery curriculum is finalized with GBV/FGM Prevention and management fully integrated.
- Participation of 3 people (MoH and midwifery schools) in the regional consultation on FGM anti-medicalization.

Training of GBVIMS users to strengthen survivors centered GBV reporting

- Improved GBVIMS reporting following the GBVIMS trainings for services providers and potential users in the three zones. 70 male and 114 female users and potential users participated in the GBVIMS trainings in the three zones.
- External trend and analysis reports for 2014 and the first half of 2015 has been prepared and disseminated.
- GBVIMS Task Force established in Puntland and Somaliland, active GBVIMS Task Force in SCZ.
- Information Sharing Protocols and ToRs prepared/ revised and finalized.
- Mentoring/ follow-up of GBVIMS users improved usage of the system.

Training on the investigation, prosecution and hearing of sexual offences

- 15 police, prosecutors, judges, legal aid providers and CSOs providing services for GBV survivors from the three zones were trained on multi-sectoral response to sexual offences, including investigation, prosecution and hearing with the support of OFDA/USAID, UNFPA and LAW.



- 40 police and CID officers trained on GBV investigation and reporting in Puntland. Another 2 day GBV training held for 30 law enforcement officials GBV survivor centred approach in Puntland.
- 30 police & CID officers trained on GBV investigation & reporting in Somaliland.
- Police training on GBV investigation has brought attitudinal changes of officers on GBV.

Capacity building for service providers, cluster members and local authorities

- 4,280 participants benefitted from capacity building trainings on GBV conducted on coordination, clinical management for rape survivors, basics on GBV prevention and response, referral mechanism and GBV mainstreaming.

Case management training for 100 case workers

- Ongoing case management training for 100 case workers in the three zones funded by OFDA, USAID.

Service Provision

Strengthen quality service provisions for GBV survivors

- 3 family centers in Daynile, Hodan, and Dharkenley districts of Banadir region providing services to 220 GBV survivors funded by OFDA USAID.
- 3 safe homes and 1 GBV resource centre operational in Mogadishu and Hargeisa. 1 safe home in the process in Lower Shabelle with OFDA USAID funding through UNFPA.
- 12 one stop centres operational in Puntland and South Central zones.
- 2535 survivors received medical care; 4,565 referred.
- 522 rape/ sexual assault survivors received medical assistance within 72 hrs.
- 89 survivors referred for safe shelter/ temporary relocation.
- 1,468 survivors received livelihood support.
- 21,182 survivors received psychosocial support.
- 4,912 survivors received material assistance.
- 2,052 survivors were provided legal assistance.



Response to returnees from Yemen

- GBV Sub Cluster members are actively engaged in the inter-agency efforts to respond to returnees/refugees from Yemen in Puntland and Somaliland.
- UNFPA made available 1,160 dignity kits to meet specific hygiene needs of women & girls in Berbera and Bosaso.
- Safety audit conducted in Berbera by GBV Sub Cluster members, and recommendations to improve the environments are made.



Provision of dignity kits and solar lamps for GBV survivors and vulnerable women and girls

- 1,448 women, 555 girls, 83 boys and 63 men received the dignity kits.



- 30 units of stand-alone poles of solar lights installed in the IDP settlements to mitigate further risks of GBV cases and enhance the protection of displaced people.
- 2,632 women, 349 girls, 1 boy 47 men received solar lamps and torches.

Advocacy

Harmonized messages developed funded by OFDA, USAID and UNFPA

- Promotion of consistent communications through development of harmonized and validation of GBV messages, IEC/BCC materials and advocacy notes as well as capacity building of national and GBV sub cluster actors on the use of messages and materials.



Advocacy for the enactment of the Sexual Offences Bill

- Advocacy package is being developed and awaiting further presentations and inputs by all key stakeholders, including GBV Sub Cluster for finalization and dissemination.

Advocacy and sensitization on gender, GBV and women's empowerment



- 80,199 reached with campaign and advocacy for behaviour change activities and utilization of the available services.
- Radio messages aired on the GBV prevention & response.
- 170 GBV quarterly newsletters distributed in Puntland.
- 4 workshops held in in Garowe on 15 -22 March for 320 participants on with GBV prevention and response messages.
- Community engagement on total abandonment of GBV in the 3 zones is ongoing and has seen lots of commitment.
- 6 anti-FGM clubs formed in Somaliland universities and colleges with 36 activists who are members of FGM clubs.
- 50 religious leaders, 7,000 mothers and 500 girls reached through small group discussions, billboards, public events and theater performance on FGM in Somaliland.
- 1,110 women and girls from 37 groups participated in FGDs on FGM in Somaliland.
- 465 young people participated in sensitization event on early marriage, girls' education and rights in Puntland.
- During athletics tournament in Puntland, 5,000 young people were reached with SRH, HIV/AIDS and gender-related messages.
- 50 young people were involved in identifying & conceptualizing youth issues during the regional conference.

Public declarations on FGM abandonment

- **South Central:** 21 public declarations made in Banadir (Mogadishu - Abdi Aziz, Warta Nabada), Gedo (Dollow, Luuq, Garbaharey and Buulahawa, Sinaay, Dhagaxtur, Dalhiska, Dalaada, Waamo), Lower Juba (Dhobley, Farnole, Farjano, Alanley, Middle Juba (Barka, Banada, Gomir, Nusduniya, Basra, Damerka, Qedajusa, Gadudey, Laweytu, Aw. Jeelow.
- **Puntland:** 9 public declarations made in Bari (Bosaso, Gardo, Yaka, Shire, Adizone, Waciyeh, Armo, Dalweyn, Iskushuban, Banderbeyla, Hafun, Dangoroyo), Nugaal (Garowe, Birta Dheer, Kalabayr, Jalam, Cuun, Timirka), Mudug (Galkayo, Bacadweyn, Roon, Abaarey), Galagduud (Abudwaq).
- **Somaliland:** 4 public declarations made in Awdal (Borama), Sanaag (Badhan, Dhahar), Sool (Buhodle), Woqooyi Galbeed (Hargeisa, Sheikh, Berbera), Togdheer (Burao).



Commemoration of International Day for Zero-Tolerance to FGM

- **South Central:** At least 200 people reached on FGM Day.
- **Puntland:** Radio talk show on zero tolerance of FGM/C held. 2 awareness campaigns of zero tolerance of FGM/C and the FGM/C policy held. About 10,000 people reached with awareness raising activities.
- **Somaliland:** 95 people participated at the event. Advocacy messages were publicized through the media reaching about 10,000 people. 3 billboards were installed. 15 public events and 2 theater performance held in Hargeisa, Borama and Dilla.



Commemoration of International Women's Day

- **South Central:** Over 3,000 people reached on IWD.
- **Puntland:** 1 event on the rights of women held.
- **Somaliland:** 2 events held in Hargeisa and Borama on the rights of women, reached about 600,000 people.



Coordination

Strengthening coordination and accountability mechanism

- UNFPA leads in the coordination of GBV interventions as the Chair of the national GBV Sub Cluster, national FGM Taskforce, GBVIMS Taskforce and CMR Task Force.
- Strengthened field based GBV Sub Clusters recently revived and functional in Puntland (Garowe, Bosaso and Galkayo), South Central (Mogadishu, Baidoa, Middle Shabelle, Dolow, Hiran, Dhobley, Kismayo and Galgaduud), and Somaliland (Hargeisa). The national GBV Sub Cluster in Nairobi provides the overall technical support to the field sub clusters.



- Monthly coordination meetings held and action points followed and implemented:
- ToRs reviewed and finalized; annual work plans developed and implemented.
- 3 Regional Gender Based Violence Coordinators recruited and posted in the field by UNFPA and currently providing technical support to the functions of the sub cluster within the respective regions.
- Regional and national GBVIMS coordinators recruited. GBVIMS reports shared with the national GBVIMS TF for consolidation of the trends & analysis report.

FGM Task Force co-chaired by Ministry of Women and Ministry of Health in Mogadishu, MOWDAFA, MoH and MoJRAR in Puntland and MOLSA and MOH for Somaliland, with functional & clear ToR and regular coordination meetings held.

Harmonization of protocols, including referral pathways and SOPs, and adaption of GBV guidelines

- Harmonized tools (service mapping, SOPs, meeting minutes, referral pathways, and reporting) developed:
- South Central Zone: Service mapping completed in Baidoa, Middle Shabelle, Mogadishu, Hiraan, Dolow, Dhobley, Kismayo and Galgaduud; awaiting validation by members.
- Puntland Service mapping completed in Puntland, draft SOP developed, validation conducted in Qardho, Bossaso, Baran, Galkacyo and Bocame.
- Somaliland: GBV service mapping in all regions completed and validated. Service directory updated.
- Mapping of FGM/C abandonment and community declarations in the three zones completed.
- Standardized criteria for one-stop centers and family centers being finalized.

Capacity assessment of 16 case management organizations

- Capacity assessment of 16 case management organizations, GBVIMS users and potential users in Somaliland, Puntland and South Central completed. Data analysis and validation workshop held between September 14 and 18 in Nairobi.

GBV survey

- UNFPA is collaborating with UNICEF, UN Women and the World Bank to conduct nationwide GBV survey.
- Data collection will be completed in Oct 2015, and the report is scheduled to be finalized by the end of 2015.
- The data from the survey will inform policy-making and decision-making.

Lessons Learnt and Best Practices

- Prevention activities are important in eradicating GBV incidents. Especially, songs and traditional poems are found to play vital role.
- Importance of ensuring international best practices are adapted to the Somali context.
- Public consultations must be done in a culturally sensitive manner. Ensuring inclusiveness in participation is critical, as found in the activities, such as, establishment of FGM TF, establishment of CEDAW Technical Advocacy Committee and development of SOB.
- Setting the road map for CEDAW ratification was a very bold, but important step forward.
- Specifying support required from different partners is important to ensure coordination and achieving results.
- Importance of training and engaging media and civil society on the SOB.
- Capacity building activities that target focal points and active members strengthens and improves implementation of the service delivery, GBV Sub Cluster strategy and work plans.
- In order to strengthen coordination skills and responsibilities among the co-chairs and field focal points, there is a need to continue mentoring and coaching them to fulfill their specific roles.
- Important to engage religious leaders in awareness raising for the total abandonment of FGM in the rural communities.

Challenges

- Access to implementation locations, limiting supportive supervision and monitoring due to security concerns.
- Difficulty in reporting quantitative and qualitative results.
- Fear of retaliation from the known perpetrators and use of community resolution mechanisms which most often does not offer the survivors justice, which hampers reporting of GBV cases.
- Increased GBV needs which could be attributed to the clan conflicts, military offensive and forced evictions vis-à-vis available funding.
- GBV prevention & resp. not necessarily prioritized within immediate emergency resp. & contingency planning.
- High staff turnover, notably in medical facilities.
- Limited existence of shelters and safe spaces, which would pose further risks of violence to the survivors.
- Limited knowledge and stigma about GBV, which hinder identification, reporting and referral of GBV cases.
- Limited prevention innovations, with much focus on response.
- Limited technical capacity of service providers in the referral system to provide quality services.
- Protracted displacement of IDPs makes them more susceptible and vulnerable to GBV
- Sensitivity and complexity of the topics related on GBV.
- Social norms that do not recognize some forms of GBV, for instance, intimate partner violence and domestic violence, as human rights violation and/or public issue.
- Very limited support is available to facilitate recovery and reintegration of survivors through referral or provision of livelihoods and skills training programmes.
- Weak legislative framework and access to justice, which remains as a challenge for GBV survivors to seek justice and allows prevalence of impunity.

Priorities for Quarter 4

- Policy dialogue, consultation and advocacy for CEDAW ratification.
- Strengthen advocacy with Parliamentarians and other policy makers for the enactment of the SOB.
- Finalize review of the Case Management Toolkit
- Finalize Clinical Management of Rape Protocol.
- Finalize the FGM Bill and advocacy/consultation.
- Strengthen GBVIMS and case management.
- Develop the pool of CMR trainers.
- Community engagement and sensitization.
- Comprehensive training on GBV for prosecutors, criminal investigation officers and medical offers.
- Consultation for Security and Safety Protocol through Somali Legal Aid Network.
- Continue to provide technical coaching and mentoring of all GBV coordination systems for sustained delivery of results leading to reduced cases and high level of convictions.
- Continue to strengthen capacity building initiatives on GBV prevention, response and reporting for GBV actors in the field and particularly in the remote areas on results-based reporting.
- Strengthening quality and multi-sectoral service provision for GBV survivors (family centers, safe homes, piloting forensic screening/examination, training on case management.

Success Stories Shared by GBV Sub Cluster Members

Survivor as agent of change

After an IDP woman was gang raped, she received medical and psychosocial support through the referral by a local partner. She started to champion discussions aiming at promoting positive behaviour change in the IDP community. She also assisted case workers in identifying GBV survivors in need of assistance. To reward her efforts, the NGO partner recruited her as a social worker and enrolled her two daughters in temporary learning spaces. Although this project has phased out, she continues her efforts as a volunteer using the knowledge and skills acquired from the NGO.

By IIDA

Skills training for GBV survivors

The skill training has proved an effective mechanism to empower GBV women survivors to overcome economic marginalization and also generate viable income for families and provide sustainable self-employment for the target beneficiaries in their respective communities. The skill trainees that completed the course were provided start-up kits. Currently, their families are earning income that provides for their basic needs. After follow up was done in order to monitor their progress, NCA found out that the women make a minimum of 50,000 SShs (equivalent to \$2.5) per day.

By NCA

Livelihood assistance

Amina (not her real name) started her small business with financial assistance received from a distant in the diaspora of USD 250. She used the money to buy clothes and materials for tie and dye. Using the skills she has learned during the five months course at the Vocational Training Centre, she now prepares beautiful materials that she has been selling and making profit that provides for her family's basic needs. The numeracy skills she learned at the vocational centre has benefitted her in doing simple calculations and determining how much profit she makes after selling her products. She can also write the names of her debtors and cites that she could not even write her name before enrolling at the Vocational Training Centre.

By SEDHURO

Treatment of fistula and negative impact of FGM

The Galkayo Medical Foundation (GMF) is the only medical facility in Puntland providing surgery for obstetric fistula. GMF specializes in obstetrics and gynecology, which include treatment for FGM. FGM is corrected through surgery in order to de-infibulate the survivors so that the couples lead a normal sex life. Other problems caused by FGM are also treated, such as the surgical removal of giant vaginal cysts. Male patients are unable to perform sexual intercourse as a result of not being able to penetrate an FGM vagina. The GMF has successfully counseled such men by explaining that FGM is not a normal state for the vagina to be in, as such is the cause of both the men's impotence, and various gynecological and sexual problems for the woman. The GMF routinely treats obstetric patients under the age of 18 for the effects of pregnancy before and after child birth, as well as conducting child birth delivery. Receiving treatment for the effects of pregnancy in this age group is critically important, given the variety of risks associated with pregnancy in adolescent girls. The GMF's patients in this category therefore have benefited from being treated by skilled obstetric staff that include internationally trained doctors.

By GMF