

SOMALIA



GENDER BASED VIOLENCE SUB-CLUSTER

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ESTIMATED POPULATION:

12,316,895

PEOPLE IN NEED:

1.1 million IDPs

PEOPLE TARGETED:

959,200



Sources

1. Estimated population - UNFPA
2. IDP numbers - UNHCR
3. Number of people targeted - 2016 Protection Cluster Humanitarian Response Plan

GENERAL OVERVIEW OF GENDER-BASED VIOLENCE

Gender Based Violence (GBV) remains a serious protection concern in Somalia, despite the very meaningful gains made so far on service provision and community led prevention initiatives. The needs focusing on support for GBV Prevention, Mitigation and Response is becoming greater. There was an increase on needs noted during the fourth quarter due to the drought following poor Gu coupled with conflict and displacements, which contributed to a worsening of the food security situation.

GBV incidences increase in emergencies due to the collapse of the social order and breakdown of protection mechanisms. The number of the GBV incidents reported through the Gender-Based Violence Information Management System (GBVIMS) reduced by nine percent (9%) compared to the third quarter of 2016 and by forty-seven



Puntland Vice President H.E. Abdihakim Abdullahi Haji Omar during the launch of the Sexual Offences Act on 28th November in Garowe. Photo: UNFPA

percent (47%) compared to the fourth quarter of 2015. Seventy four percent (74%) of the GBV survivors were IDPs while ninety-nine (99%) were females. The declining trend in the number of GBV incidents reported compared to 2015 may be attributed to improved GBV service delivery, advocacy and community engagement activities, a key result for the GBV sub cluster. Comprehensive assistance was provided to GBV survivors including the drought affected populations, the IDPs and other vulnerable persons. GBV programming include response, prevention, mitigation and capacity building activities in line with the Humanitarian Response Plan, the GBV Sub Cluster Strategy and in accordance with the GBV standards and principles.

Gender-Based Violence reduced 9% compared to the third quarter of 2016 and by 47% compared to the fourth quarter of 2015.

Persons reached by preventive GBV & child protection interventions	2016 TARGET	120,000
	REACHED	199,314
Persons reached through community based protection structures	2016 TARGET	28,000
	REACHED	20,943
Civil society members and authorities reached through training and advocacy and have an increased prevention and response capacity	2016 TARGET	6,200
	REACHED	13,764

GBV Prevention and Response Activities as reported by GBV Sub Cluster members in the 4W Matrix, Oct - Dec 2016

32,200 (21% girls, 10% boys, 53% women, 16% men) reached with GBV prevention, response and capacity building activities. The breakdown per activity is indicated below:

Activity	Girls	Boys	Women	Men
Medical assistance in line with set standards	169	7	987	26
Rape/sexual assault survivors who received assistance within 72 hrs.	4	0	5	0
Psycho-social support and counselling in line with set standards	267	20	1,574	51
Material assistance in line with set standards	169	48	656	18
Legal assistance in line with set standards	56	18	196	68
Income generating activities/ livelihood support	75	102	211	52
Campaign and advocacy for utilisation of available of services	3,773	1,711	9,963	3,680
Campaign and advocacy for behaviour change activities	800	415	1,493	484
Capacity building activities	1,413	1,012	1,480	583
GBV Overall	13	1	153	48
Other GBV services	19	0	315	32
Safe house	3	0	30	0
Total	6,761	3,334	17,063	5,042

POLICY AND LEGISLATIVE REFORMS

Sexual Offences Act

- ▶ **Key result** for UNFPA and the GBV Sub Cluster is the enactment of the Sexual Offences Act on 20th August in Puntland following advocacy and technical support.
- ▶ **Vice President** of Puntland H.E. Abdihakim Abdullahi Haji Omar and stakeholders launched the Sexual Offences Act on 28th November in Garowe. Present during the launching ceremony were the Swedish Ambassador to Somalia, UNFPA Somalia Representative, GBV sub-cluster national chair/co-chair and other dignitaries.
- ▶ **During the** ruling of the gang rape case in January 2017 in Puntland, the Sexual Offences Act was applied for the five perpetrators. This ruling may have an impact on the attitudes of the society regarding rape. UNFPA and GBV Sub Cluster members provided technical support for the adoption of the Sexual Offences Bills (SOB) in Somaliland and South Central.

Other Legislations

- ▶ GBV Sub Cluster members provided advocacy and technical support with the Federal Government of Somalia (FGS) for the accession and ratification of the Convention on the Elimination of all Forms



▶ Launch of the Sexual Offences Act on 28th November in Garowe. Photo: UNFPA

CAPACITY BUILDING

GBV Mainstreaming Training and Engagement with Religious Leaders



▲ ICMR Protocol Outreach in Somaliland. Photo: UNFPA, 2016

of Discrimination against Women (CEDAW) and zero-tolerance FGM legislations across the three zones.

- ▶ Puntland has zero-tolerance FGM Policy which the stakeholders are supporting its implementation. FGM Bill is awaiting the approval.
- ▶ GBV Sub Cluster members implemented the Clinical Management of Rape (CMR) protocols in order to enhance the quality of care and service delivery and standardize the approach on CMR services and integration of the CMR in the midwifery curricula.

- ▶ **A key result** for UNFPA, UNICEF and OCHA in collaboration with the GBV Sub Cluster is the GBV Mainstreaming Training and Engagement with Religious Leaders held between 5th and 8th December in Hargeisa for cluster staff and gender focal points and Information Management Officers of all the clusters in Somalia.
- ▶ **The training** was structured based on the newly-revised IASC Guidelines for Integrating GBV Interventions in Humanitarian Action.
- ▶ **Recommendations include** enhanced collaboration between the clusters and the GBV Sub Cluster including quarterly meetings, inclusion of GBV in the strategies of clusters and incorporation of priorities of clusters in the next GBV Sub Cluster strategy.



▶ GBV Mainstreaming Training & Engagement with Religious Leaders. Photo: UNFPA

GBV Capacity Building for Enhanced Quality Service Provision

- ▶ **The key result** of the GBV capacity building activities including on-the-job training, mentoring and coaching is improved quality of GBV service provision in line with standards and principles. The trainings improved the capacity of the service providers to respond to the specific needs of the GBV survivors.
- ▶ **With the technical support** of the GBV roving team, the GBV Sub Cluster conducted refresher trainings on CMR from in October in Hargeisa and November in Mogadishu for 35 participants, which strengthened the capacity of the service providers to provide better quality services to the GBV survivors.
- ▶ **Five (5) GBVIMS trainings** were held for 60 males and 45 females during the fourth quarter focusing on the GBVIMS revised tools. The trainings enhanced the use of the GBVIMS for evidence-based programming, identification of service delivery gaps, policy-making, advocacy and resource mobilization.
- ▶ **IOM trained** 30 male and female police and immigration officers from various ports of entry in Puntland on basic concepts of human trafficking and GBV in November with the financial support of the European Commission. The aim of the training was to sensitize the officers on human trafficking and GBV noting that Puntland is a major transit point for vulnerable migrants from Somalia.



▲ Some of the participants and facilitators of the CMR Training in Mogadishu. **Photo: UNFPA, Nov 2016.**

SERVICE PROVISION

One Stop Centers, Family Centres and Protection Shelter for GBV Survivors



▲ GBV service provision at one of the Family Centres funded by OFDA/USAID through UNFPA in Mogadishu. **Photo: HINNA: 2016.**

- ▶ GBV response services include lifesaving medical assistance (including the post rape treatment), temporary protection accommodation, legal, psychosocial, material and livelihood assistance in line with standards and principles.
- ▶ UNFPA supports twelve (12) one stop centers in Puntland and South Central zones, out of the seventeen (17) one stop centres in Somalia, and three (3) GBV family centres funded by OFDA/USAID which provide comprehensive services to GBV survivors.
- ▶ 1,356 GBV survivors were provided

All reported GBV incidents were provided assistance based on their needs and in line with standards and principles. 743 girls, 195 boys, 365 women and 215 men received GBV service provision.

assistance in the three (3) family centers in 2016.

- ▶ UNFPA also supports two (2) temporary protection shelters funded by OFDA/USAID that provided services for 87 GBV survivors in 2016.

Other GBV Interventions

- ▶ UNFPA on behalf of the GBV sub cluster distributed 100 post rape treatment kits and 1,500 dignity kits in 2016 for timely dispensation to the GBV survivors as per the guidelines and standards. All reported GBV incidents were provided assistance based on their needs, which is a key result for the GBV sub cluster.
- ▶ Establishment of the forensic labs in Mogadishu funded by UNFPA and in Garowe funded by the Swedish Embassy is at an advanced stage, being one of the key deliverable for UNFPA and the GBV sub cluster.
- ▶ Key achievements include making available supplies, training of laboratory technician and cosmetic renovation of lab building. The lab is expected to function by end of March.

Restored Dignity

Twenty-three year old Salma* is divorced and a mother of three. Her mother takes care of her children while she sells herbs and vegetables in the neighboring town. One day, on her way home, the bus driver dropped her about ten kilometers from her destination and insisted that she pays additional fare. She was thrown out of the bus after failing to pay the additional fare that was not agreed upon earlier. She was gang raped by five men in a nearby bush and left unconsciousness. A camel herder found her in the morning and took her to her home. Salma sought the assistance of NOFYL where she was provided post rape treatment, medical assistance, psychosocial support and counselling. Prior to receiving assistance, Salma contemplated suicide. Salma is still recovering from the traumatizing incident. After going through psychosocial support and counselling, she has found meaning in life. Salma is grateful to NoFYL for the support provided.

* Name changed to conceal identity.

By **NoFYL**



16 Days of Activism

- ▶ The 16 Days of Activism commenced on 25 November and ended on 10 December, the International Human Rights Day. The stakeholders held various activities focusing on the rights of women, girls, boys and men under the overall coordination of the Ministry of Women and Human Rights Development for South Central zone, Ministry of Women Development and Family Affairs in Puntland and the Ministry of Labour and Social Affairs in Somaliland. Around 30,000 were reached with various activities.



▶ Launch of the 16 days of activism in Mogadishu

Advocacy and Sensitization on GBV and Women's Empowerment

- ▶ Prevention is one of the four (4) pillars in the 2014-2016 GBV Strategy. The key challenges in GBV prevention include limited understanding of rights by majority of the population in Somalia, poor security to prevent occurrences of GBV and respond adequately to cases reported, poor conditions



▶ Rukia Aden, one of the beneficiaries of solar lantern project in Puntland. Rukia narrated how the solar lantern has enhanced her livelihood through the multiple benefits. IOM has implemented a GBV prevention project since 2014 with financial support from the EU and Japan whereby 872 solar lanterns have been distributed to vulnerable migrants and host communities in Puntland. © IOM (Photo: Birgen Cyprine)

in IDP camps that exacerbate risks of GBV, limited prevention programs and negative social norms.

- ▶ GBV prevention interventions include evidence-based community engagement programmes and strengthening community protection mechanisms.

- ▶ One of the major achievements is the establishment of the Somali Religious Leaders Networks against FGM, spearheaded by Puntland Ministry of Justice, Religious Affairs and Rehabilitation and the International Horn University in Somaliland. A linkage on FGM to GBV engagement, particularly using the religious leaders, have been of great use.

**4,573 girls,
2,126 boys,
11,456 women
and 4,164 men
were reached
with GBV
prevention
and mitigation
activities and
campaigns on
the available
services during
the reporting
period.**

COORDINATION

Strengthening Coordination and Accountability Mechanism



▶ Some of the religious leaders during the workshop in Garowe. Photo: UNFPA

- ▶ Two-week campaign was conducted by twenty prominent religious leaders in Puntland in December. In Somaliland, 30 religious leaders who convened in November and led advocacy activities against FGM in their communities. Establishment of the Religious Network was timely following the enactment of the Sexual Offences Act in Puntland.
- ▶ Establishment of FGM clubs in eight universities in Somaliland has contributed to the increased awareness on the health consequences of FGM. Students now openly discuss the problems of FGM and support the total abandonment of the practice.

- ▶ Twelve (12) active sub clusters in Hargeisa, Bosaso, Galkayo, Garowe, Baidoa, Belet Weyne, Dhobley, Dhusamareeb, Dolow, Jowhar, Kismayo, Mogadishu and the national sub cluster in Nairobi. The national GBV Sub Cluster in Nairobi provides the overall technical support to the field sub clusters.
- ▶ Monthly coordination meetings were held with clear follow-up actions implemented.
- ▶ UNFPA and SSWC provide leadership, technical support and guidance to sub clusters and task forces at the national and field levels.
- ▶ Regional and national GBVIMS coordinators continue to support the GBVIMS Task Forces, which has led to improved GBVIMS reporting and coordination.
- ▶ The tangible milestone include improved coordination of the activities in order to maximize the use of the limited resources, harmonization of GBV/FGM messages, tools and awareness-raising package, particularly use of messages on zero tolerance to FGM in all campaigns, both in rural and urban areas.



▶ Partial view of the national GBV Sub Cluster meeting Photo: UNFPA

Referral Pathways, SOPs and ISPs

- ▶ Joint GBV/child protection service mapping and Standard Operating Procedures (SOPs) in place in Baidoa, Middle Shabelle, Mogadishu, Hiraan, Dolow, Dhobley, Kismayo, Galgaduud, Galkayo, Bosaso, Garowe and Hargeisa.
- ▶ The service mapping and SOPs have been beneficial in the referral of the GBV survivors for timely response, a key result of coordination of the GBV activities.
- ▶ The revised GBVIMS Information Sharing Protocols (ISPs) for the national and zonal GBVIMS Task Forces are in place.
- ▶ CMR TF, with technical support from GBV Area of Responsibility roving team, conducted mapping of CMR services and kits in Somalia.

All UN agencies, international and local NGOs staff should comply with Prevention of Sexual Exploitation and Abuse (PSEA) minimum operating standards.

Priorities for Quarter 1, 2017

- ▶ Share Evaluation report of the GBV Working Group Strategy implementation and present to the Humanitarian Country Team (HCT)

- ▶ Finalize the development of a National GBV Strategy that will respond to both government national priorities and humanitarians needs.

- ▶ Scale up advocacy initiatives by both community members and policy members by continuing to roll out the harmonized messages developed by the government and the GBV sub cluster members on GBV prevention and response.

- ▶ Support the Implementation plan for the Sexual Offences Act in Puntland.

- ▶ 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 results-based reporting for GBV actors in the field and particularly in the remote areas.

- ▶ Continue to disseminate and implement the Clinical Management of Rape Protocol.

- ▶ Finalize the FGM Bill and advocacy/consultation for the amendment of FGM Policy in FGS.

- ▶ Follow up the return of the refugees from Dadaab to Somalia and ensure timely response to the specific needs of GBV survivors.

- ▶ Policy dialogue, consultation and advocacy for CEDAW ratification.

- ▶ Roll out GBVIMS trainings on the revised harmonized tools.

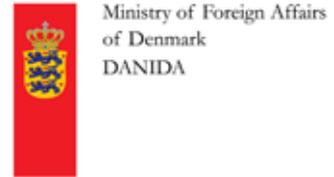
- ▶ Roll out the harmonized Case Management Toolkit and case management capacity building for service providers

- ▶ Scale up the operations of the pilot forensic laboratory in Mogadishu and start the forensic laboratory in Garowe.

- ▶ Strengthen advocacy with policy makers for the enactment of the Sexual Offences Bills in FGS and Somaliland.

- ▶ Training of all cluster leads, deputies and gender focal points on the updated Global GBV guidelines and application of gender markers.

DONORS OF GBV ACTIVITIES IN SOMALIA



Somalia Humanitarian Fund (SHF)



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