

## Success Story – Somalia – GBV/RH integration – GBV one Stop centres

**Concept Simplified** - The concept of GBV one stop centres for Somalia is different, flexible and simple in application with less emphasis and entirely less capital investment. This is because implementation and location is designed in a way that allows it to affiliate itself most times with existing secondary health facilities in host community locations and in camps sites is more temporary in nature. The major difference between GBV centers in host communities (especially in urban centers) with more stable fixed structures is the capacity for survivors to access most services within and around the location of the centre. The number of GBV one centres have grown to 31 in the last quarter of 2018 from 21 across the three regions of Somalia – Puntland, Somaliland and FGS. This is attributed to the acceptability among women and girls and communities in Somalia and demand to expand services for rape and other GBV related incidents to more remote locations.



**Staffing and Services** – GBV one stop centres is unique in the Somalia humanitarian response because it offers a both clinical management of rape, treatment of physical injuries and psycho-social counselling within one location. It also provides an opportunity to provide other GBV information. A GBV one stop centre has minimum of 8 staff including a community mobilizer and a PSS counsellor. Services providers are mostly NGOs who are on the referral pathways for specific locations where the GBV centres are located and who maintain good collaborative work relationships/ and operate a directory of service providers for legal and justice sectors. Separate spaces for counselling are provided and a doctor who is already trained to administer CMR using a survivor centred approach is always available in the health facility and takes immediate referral of a rape survivor requiring treatment. Psycho-social counsellors in the centres are trained case managers who take disclosures and follow the procedures for case management to provide services in a confidentially manner that assures safety and respect of the rights of the survivor.

### Significant contributions:

- Reduces the possibility of labelling of women and girls as “raped”
- Empowers and increase the confidence of the survivors to seek quality services
- Enhanced collaboration with Reproductive health programming
- Enhanced collaboration with Government and NGO partners
- Is accepted by communities

### Significant Constraints:

- Funding
- Insecurity /access

**Locational advantage:** GBV one stop centres in Somalia is essentially location adaptive in nature. Its physical location and annexure to health facilities removes the burden of stigmatization for women and girls who may be afraid to be labelled “raped” or “battered”. They are free to walk into health facilities and seek treatment without running the risk of being labelled. Due to the fact that services are within same location or can be easily accessed, they are feel confident to get treatment and services that they require. The locations have also strengthened collaboration between reproductive health and GBV programming in terms of the use of reproductive health kits, capacity enhancement and coordination for CMR. Given that it is located within health facilities owned by government, GBV one stop centres are able to leverage on the expertise of health workers available in the health facilities and trained on CMR. Given that the one Stop centres in host communities are annexed to secondary health facility that receives Reproductive Health Kits from UNFPA; it simplifies access for GBV survivors to use of Kit 3.



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*Happy, protected empowered and safe women/girls is our Aim!*