

# 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



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**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

The number of the Gender based violence (GBV) incidents reported through the Gender Based Violence Information Management System (GBVIMS) reduced by 21% compared to the first quarter of 2016 and 8.3% compared to the second quarter in 2015. The decrease could be attributed to the improved coordinated community education, mobilization, access and utilization of the available comprehensive GBV services/facilities at the urban areas of the country. The implementation of the 2014 to 2016 GBV Working Group strategy has greatly contributed to the improvement of services, including incident reporting and better harmonized interventions. This can also be attributed to the reduction seen during this reporting. The progress towards the GBV indicators in the Humanitarian Response Plan for 2016 is on track:

Persons reached by preventive GBV & child protection interventions	2016 TARGET	120,000
	1 <sup>ST</sup> & 2 <sup>ND</sup> QUARTERS	111,996
Persons reached through community based protection structures	2016 TARGET	28,000
	1 <sup>ST</sup> & 2 <sup>ND</sup> QUARTERS	16,376
Civil society members and authorities reached through training and advocacy and have an increased prevention and response capacity	2016 TARGET	6,200
	1 <sup>ST</sup> & 2 <sup>ND</sup> QUARTERS	4,599



Following the floods in South and Central Somalia during the reporting period whereby nearly 70,000 people were displaced in Belet Weyne in Hiraan region (cf. Humanitarian Coordination Forum meeting minutes, 2nd June 2016), the GBV sub cluster coordinated GBV responses to the flood affected populations. The GBV sub cluster members distributed fifty seven (57) dignity kits to vulnerable women and adolescent girls affected by floods and conflict in Belet Weyne. According to the local community, the floods were the worst since 1981 and Belet Weyne was the most severely affected location (ibid.)

The protective environment for the IDPs and civilians affected by the conflict still requires strengthening. GBV risks reportedly included cases of sexual violence during clan conflict with women and girls from rival clans being targeted. IDPs and the poor remain susceptible to environmental and conflict related shocks. According to the GBVIMS data for the second quarter of 2016, 73% of the GBV survivors are IDPs and 99% are female.

Puntland Members of Parliament vote to approve the Sexual Offences Bill on 20th August 2016. The Sexual Offences Law is now in place in Puntland. **Photo: Puntland Government, Aug 2016.**

**73%**  
of the GBV survivors are IDPs

**99%**  
are female.

*-GBVIMS data for the second quarter of 2016*

## GBV Prevention and Response Activities as reported by GBV Sub Cluster members in the 4W Matrix, Apr - Jun 2016

32,789 (17.5% girls, 14.2% boys, 47.7% women, 20.6% men) benefited from 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	287	19	1,039	32
Rape/sexual assault survivors who received assistance within 72 hrs.	3	0	35	0
Psycho-social support and counselling in line with set standards	373	24	1,699	88
Material assistance in line with set standards	651	744	868	934
Legal assistance in line with set standards	51	10	287	18
Income generating activities/ livelihood support	51	25	305	50
Campaign and advocacy for utilisation of available of services	3,486	3,114	9,068	4,409
Campaign and advocacy for behaviour change activities	284	235	636	481
Capacity building activities	372	443	1,200	693
GBV Overall	97	1	348	11
Other GBV services	68	30	100	17
Safe house	28	10	54	11
<b>Total</b>	<b>5,751</b>	<b>4,655</b>	<b>15,639</b>	<b>6,744</b>

## POLICY AND LEGISLATIVE REFORMS

### Sexual Offences Bill and FGM Legislations

- ▶ **The GBV** Sub Cluster members provide advocacy and technical support for the adoption of the Sexual Offences Bills (SOB). Puntland Ministry of Justice, Religious Affairs and Rehabilitation (MoJRAR) conducted the first review of the Sexual Offences Act, which has been unanimously approved by the Parliament.
- ▶ **The Ministry** of Women and Human Rights Development (MOWHRD) organized the Inter-Ministerial Coordination Meeting and Consultation on SOB on 25th June for seventy (70) people from the various ministries, civil society organizations, educational network and the media in Mogadishu. The objective of the consultation was to gain support from the stakeholders for the approval of the SOB and ensure ownership for implementation once approved.
- ▶ **The GBV** sub cluster members also advocate for the amendment of the Female Genital Mutilation (FGM) policy and the enactment of the draft zero-tolerance FGM Bill for the Federal Government of Somalia (FGS), implementation of the zero-tolerance FGM policy in Puntland and the approval of the zero-tolerance FGM bill and policy in Somaliland.



▶ Puntland President, His Excellency Abdiweli M. Ali, chairing the cabinet meeting during the approval of the SOB on 26th November 2015. **Photo: Puntland Government, Nov 2015.**



▶ Inter-ministerial Coordination meeting and consultation on the Sexual Offences Bill of the FGS on 26th June 2016. Photo: MoWHRD, June 2016.

## Accession and Ratification of the Convention on the Elimination of all forms of Discrimination against Women

- ▶ **The GBV** Sub cluster members, in collaboration with UN Gender Theme Group, has been leading advocacy with the FGS towards the accession and ratification of the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW).



▶ Hon Sahra Samanter of MOWHRD during the session with the media on CEDAW and FGM in June in Mogadishu. Photo: MOWHRD, Jun 2016.

- ▶ **The MOWHRD** conducted capacity building on CEDAW for 17 men and 23

Women from the FGS, Interim South West Administration, Interim Jubaland Administration and Galmudug State on 28th June in Cadado in Galgaduud region. Hon Sahra Samanter of MOWHRD also conducted a session with four (4) TV and two (2) radio stations on CEDAW and FGM.

- ▶ **The MOWHRD** also conducted capacity building on CEDAW for members of parliament, executives, judiciary, law enforcement, legal aid providers, lawyers, civil society groups and media for 60 participants.

## Clinical Management of Rape Protocol

- ▶ **The GBV** Sub Cluster members continues to support service providers in collaboration with the Ministry of Health to implement the Clinical Management of Rape (CMR) Protocol in order to enhance the quality of care and service delivery and standardize the approach on CMR services.
- ▶ **Following the** development of the GBV/CMR Protocols by five (5) countries including Somalia in 2015, a knowledge sharing workshop was convened between 5 and 7 April in Amman, Jordan. Somalia was invited to share the experience of CMR Protocol development.
- ▶ **UNFPA Somalia** led the process of the development of the CMR Protocol with the technical support from the previous Regional Emergency GBV Advisor and partial financial support from UNFPA Arab States Regional Office (ASRO). ASRO also presented two sets of global guidelines that were recently finalized during the above-mentioned workshop: the Global Essential Services Guidelines that addresses GBV in development settings and the Minimum Standards that addresses GBV in humanitarian settings.

### Training for the First Ever Forensic Labs in Somalia

- ▶ **Forensic evidence** is important as it plays a vital role in successfully bringing justice to the GBV cases. Establishment of forensic labs in Mogadishu is funded by UNFPA and OFDA, USAID, and Garowe funded by the Swedish Embassy. This is a key deliverable for UNFPA and the GBV sub cluster as contribution to the implementation of the interventions proposed in the GBV Sub Cluster strategy.
- ▶ **Four lab** technicians from Garowe and Mogadishu that will oversee the functioning of the lab participated in a training between 23rd May and 4th June in Nairobi. The pilot forensic project is expected to support the prevention of GBV and improve the quality of services through forensic based evidence that can be used for access to justice for GBV survivors. The project will be within the existing reproductive health services and will strengthen the legal redress for survivors.

### Harmonized GBVIMS Tools

- ▶ **With the** support of the Inter-Agency GBVIMS Technical Specialist, Surge Team and focal person for Somalia, the GBVIMS Task Force reviewed and harmonized the GBVIMS tools during the technical workshop held between 24th and 27th April in Hargeisa for 3 female and 5 male participants.
- ▶ **The intake** forms, incident recorder, information sharing protocols, data consolidation templates and the template for the narrative report and survivor coding were revised and harmonized accordingly. The data gathering organizations were introduced to the revised tools during the reporting

period while mentoring and coaching on the harmonized tools continues for the GBVIMS users. A training on the revised tools was held between 29th and 30th May in Mogadishu.

### GBV Capacity Building for Enhanced Quality Service Provision

- ▶ **The GBV** Sub Cluster reached 372 girls, 443 boys, 1,200 women and 693 men with capacity building activities for the service providers, duty bearers and GBV Sub Cluster members.
- ▶ **Reporting in** the 2nd quarter 4W matrix decreased by 4.7% compared to the 1st quarter of 2016 and increased by 46% compared to the same period in 2015 (32,789 beneficiaries reached by 41 NGOs during the 2nd quarter of 2016 compared to 101,517 beneficiaries reached by 43 NGOs during the 1st quarter of 2016 and 39,458 reached by 28 NGOs during the 2nd quarter in 2015).
- ▶ **The decrease** in the number of NGOs reporting and the number of beneficiaries reached may be attributed to funding constraints experienced by a number of NGOs while the increase in reporting may be attributed to improved reporting following capacity building, mentoring, coaching and following up of GBV service providers, a key result for Somalia GBV Sub Cluster.

# Justice for the Survivors

**T**hree armed men attacked Fatuma\* in an IDP settlement around 2:00 am, blindfolded her husband and tied him up with rope. They threw their 11 month old daughter to the ground and forced Fatuma to a nearby location, hit her with the gun until she lost consciousness and gang-raped her. As the three perpetrators argued who among them would rape her again, Fatuma regained consciousness and fled to a nearby location.

After 3 hours of bleeding in the hideout, Fatuma walked back to her house in pain. GRT community focal points were notified about her case whereby GRT picked her in an ambulance and rushed her to the hospital where was provided medical care while MOWDAFA provided legal assistance. The day after, the police officers went to record her statement.

On the way back in the company of her relatives and police officers, Fatuma saw the two perpetrators in the market. She notified the police who arrested them and arraigned them in court the day after. The third perpetrator is at large. The families of the perpetrators requested that the case be settled out of court. However MOWDAFA advocated for the prosecution of the perpetrators and justice for the survivor. GRT continues to provide psychosocial support, medical assistance and other needs for the survivor as the hearing of the case continues.

**By GRT**

\* Name changed to conceal identity.



## SERVICE PROVISION

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

- ▶ **UNFPA supports** twelve (12) one stop centers in Puntland and South Central zones, out of the seventeen (17) one stop centres that provide comprehensive response to GBV survivors and their families.
- ▶ **UNFPA also** supports three (3) GBV protection family centres in Daynille, Hodan, and Dharkenley districts of Banadir region funded by OFDA/USAID providing comprehensive services to GBV survivors. 324 GBV survivors received the services at the three family centres during the reporting period.
- ▶ **Twenty five** (25) GBV survivors received temporary protection shelters at OFDA-funded safe homes during the reporting period.



### GBV Supplies for Timely Lifesaving Responses

- ▶ **UNFPA distributed** thirty four (34) post rape treatment kits to the GBV service providers through the CMR Task Force during the reporting period. UNFPA supplies all GBV service providers in Somalia

including UN agencies and NGOs the post rape treatment kits.

- ▶ **GBV Sub** Cluster members also distributed five hundred and ninety four (594) dignity kits including fifty seven (57) for the flood and conflict response in Belet Weyne in Hiraan.



▶ Distribution of dignity kits to vulnerable women and girls. Photo: UNFPA, Aug 2016.

### Other GBV Response Services

- ▶ **The GBV** Sub cluster members implement the GBV prevention, response and capacity building activities in line with the Humanitarian Response Plan, the 2014-2016 GBV Sub Cluster Strategy and in accordance with the GBV standards and principles.
- ▶ **3,197 provided** received material assistance in line with standards.
- ▶ **2,184 received** psychosocial assistance in line with standards.
- ▶ **1,377 received** medical assistance in line with standards.
- ▶ **431 received** income generating activities/livelihood support in line with standards.
- ▶ **366 received** legal assistance in line with standards.
- ▶ **103 received** temporary protection accommodation in line with standards.
- ▶ **38 received** post rape treatment in line with standards.



# Skills Training for Livelihood

**K**hadra, \* a mother of five children, was married and divorced three times following physical assault, neglect and lack of basic necessities during the three marriages. At seven months of pregnancy of her youngest child, Khadra sought the support of SSWC following domestic violence, where she received the services and enrolled in handcraft skill training on weaving. Prior to the enrolment, Khadra worked as a porter and washed clothes for a living.

*Following successful completion of the course, Khadra weaves various items. She hawked her products with her children when not in school and later opened a shop where she sells her products, vegetables and sweets. She provides the basic needs of her children including their school fees, "I am delighted for the opportunity given to me by SSWC to learn skills that help my family cope" notes Khadra.*

**By SSWC**

\* Name changed to conceal identity.



### Annual Technical Consultation of the UNFPA-UNICEF Joint Programme on FGM

- ▶ Since 2007, the UNFPA-UNICEF Joint Programme has organized yearly technical consultation for technical staff and focal points to share experiences and challenges in implementation, develop a community of practice under the common global framework and approach, and strategize on future actions.

- ▶ On 25 September, the 193 Member States of the United Nations unanimously adopted the Sustainable Development Goals, including target 5.3, “eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation.” This commitment constitutes a pivotal moment for further acceleration action at a global scale.
- ▶ The output of the annual consultation held between 18th and 20th April 2016 in Nouakchott, Mauritania was strengthened monitoring of global commitments to end FGM. The annual consultation also provided a forum for peer-to-peer exchange across various country contexts.

#### GBV Prevention and Mitigation

“In order to facilitate early recovery, GBV prevention and mitigation strategies should be integrated into programmes from the beginning of an emergency in ways that protect and empower women, girls and other at-risk groups. These strategies should also address underlying causes of GBV (particularly gender inequality) and develop evidence-based programming and tailored assistance.”

IASC, Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery, 2015, pg. 33. The revised Guidelines are available in [http://gbvguidelines.org/wp-content/uploads/2015/09/2015-IASC-Gender-based-Violence-Guidelines\\_lo-res.pdf](http://gbvguidelines.org/wp-content/uploads/2015/09/2015-IASC-Gender-based-Violence-Guidelines_lo-res.pdf)

### 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 on cases reported, poor conditions in IDP camps that exacerbate GBV, limited prevention programs and negative social norms.
- ▶ GBV prevention interventions include evidence-based community engagement programmes and strengthening community protection mechanisms.
- ▶ 3,770 girls, 3,349 boys, 9,704 women and 4,890 men were reached with prevention and mitigation activities and campaigns on the available services during the reporting period.

# Empowered to Support Her Family

**K**hadija's\* mother died while giving birth to her after which her father remarried shortly thereafter. Khadija was tasked to take care of the goats while her father looked after the camels, which required walking long distance in search of pasture and water for the animals and returning home at night.

One evening, Khadija spotted a man walking towards her. He dragged her into the bush and raped her. She walked home in pain after which her father took her to Maatokaal GBV one stop centre in Garowe, where she was provided assistance. Khadija and her father requested for legal assistance but the perpetrator was not found. Khadija

was also enrolled at Muslim Aid Vocational Training Centre, whereby she completed the tailoring course. She runs a tailoring shop, "this is helping me focus on my future, I hope to marry and have a family of my own" notes Khadija.

**By Muslim Aid**

\* Name changed to conceal identity.



## COORDINATION

### Strengthening Coordination and Accountability Mechanism

- ▶ **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 Coordination

“Given its complexities, GBV is best addressed when multiple sectors, organizations and disciplines work together to create and implement unified prevention and mitigation strategies.

In an emergency context, actors leading humanitarian interventions can facilitate coordination that ensures GBV-related issues are prioritized and dealt with in a timely manner. Effective coordination can strengthen accountability, prevent a ‘siloed’ effect, and ensure that agency-specific and intra-sectoral GBV action plans are in line with those of other sectors, reinforcing a cross sectoral approach.”

IASC, Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery, 2015, pg. 33. The revised Guidelines are available in [http://gbvguidelines.org/wp-content/uploads/2015/09/2015-IASC-Gender-based-Violence-Guidelines\\_lo-res.pdf](http://gbvguidelines.org/wp-content/uploads/2015/09/2015-IASC-Gender-based-Violence-Guidelines_lo-res.pdf)

GBV Sub Cluster in Nairobi provides the overall technical support to the field sub clusters.

- ▶ **Monthly coordination** meetings were held with clear actions implemented.
- ▶ **GBV Sub Clusters** are on the process of being established in Burao and Berbera in Somaliland under the leadership of Somaliland GBV Sub Cluster chair and co-chair, the Ministry of Labour and Social Affairs (MOLSA) and UNFPA. The Terms of Reference were also finalized.
- ▶ **The improvement** of the coordination structure is a tangible milestone for the GBV sub Cluster and UNFPA Somalia. The GBV sub cluster includes FGM, GBVIMS and the CMR Task Forces at the national and field levels.
- ▶ **UNFPA and SSWC** continue to 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 Force, which has led to improved GBVIMS reporting and coordination.



▶ GBV Sub Cluster coordination meeting of 27th April 2016 in Dhusamareeb in Galgaduud region. Photo: SWACEDA, Apr 2016.

## Referral Pathways, SOPs and ISPs

- ▶ **Joint GBV/** child protection service mapping and Standard Operating Procedures (SOPs) are in place in Baidoa, Middle Shabelle, Mogadishu, Hiraan, Dolow, Dhobley, Kismayo, Galgaduud, Galkayo, Bosaso, Garowe and Hargeisa.
- ▶ **The revised** GBVIMS Information Sharing Protocols (ISPs) for the national and zonal GBVIMS Task Force were finalized and endorsed accordingly.



▶ National GBV Sub Cluster coordination meeting of 15th June 2016 in Nairobi.  
Photo: UNFPA, June 2016.

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

## Priorities for Quarter 3

- ▶ Continue rolling out of the harmonized messages developed by government and the GBV sub cluster members on GBV prevention and response.
- ▶ 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.
- ▶ Continue to disseminate the Clinical Management of Rape Protocol
- ▶ Finalize the FGM Bill and advocacy/consultation for the amendment of FGM Policy.
- ▶ 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 trainings of GBVIMS trainings on the revised harmonized tools.
- ▶ Roll out the harmonized Case Management Toolkit
- ▶ 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.
- ▶ Strengthening of the GBVIMS and case management.
- ▶ Strengthening quality and multi-sectoral service provision for GBV survivors.
- ▶ 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)



Bilateral and Private Donors



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