

GENERAL OVERVIEW OF GENDER-BASED VIOLENCE

12,316,895
estimated population

1.1 million
internally displaced persons

959,200
targeted by the Protection Cluster in 2016

Sources:
Estimated population - UNFPA
IDP numbers - UNHCR
Number of people targeted - 2016 Protection Cluster Humanitarian Response Plan

The number of the Gender based violence (GBV) incidences reported through the Gender based Violence Information Management System (GBVIMS) increased by 149% compared to the same period in 2015. The increase in the number of incidences could be attributed to improved reporting following capacity building, mentoring and coaching of GBV service providers, a key result for the GBV sub cluster.

The progress towards the GBV indicators in the Humanitarian Response Plan for 2016 are on track:

# persons reached by preventive GBV and child protection interventions	2016 target	120,000
	1 st quarter	12,078
# persons reached through community based protection structures	2016 target	28,000
	1 st quarter	7,496
# civil society members and authorities reached through training and advocacy & have an increased prevention and response capacity	2016 target	6,200
	1 st quarter	1,976

Parts of Puntland and Somaliland experienced severe drought conditions during the reporting period. According to the joint Food Security and Nutrition Analysis Unit/Famine Early Warning Systems Network assessment report released on Feb 8, nearly 4.7 million

people or 38 percent of Somalia's population are acutely food insecure. As FSNAU noted, food insecurity aggravates protection concerns as it regularly results in increased sexual and gender-based violence (cf. FSNAU presentation of the findings of the report released on Aug 31 2015). GBV incidences increase in emergencies due to the collapse of the social order and breakdown of community and traditional protection mechanisms. Food insecurity also puts women and children at increased risk of GBV through harmful coping mechanisms and increased exposure to sexual violence and abuse. It may also lead to conflict over scarce resources and generate violence, including GBV.

The protective environment remains weak for the IDPs and civilians affected by the conflict. IDP women and girls, and women and girls from minority clans suffer due to lack of access to justice, due process, and clan protection. These violations are aggravated due to weak rule of law and non-functional governance structures. According to the GBVIMS data for first quarter of 2016, 75% of the GBV survivors are IDPs while 99% are female, indicating that IDP women and girls are mostly at risk of GBV.

Mogadishu GBV sub cluster members reported an increase in the number of GBV cases in Daynille, Dharkenley and Hodan districts of Banadir region. The sub cluster identified agencies operating in these locations and established an ad-hoc taskforce in each location to conduct an assessment on the reason for the increasing trend. Similarly, there are reports of rape cases along the Baidoa-Mogadishu road. The GBV Sub Cluster requested a small team to develop an advocacy paper to the Federal Government which will be presented to the Humanitarian Coordinator and the Humanitarian Country Team.

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

106,087 (37.7%, girls, 11.6% boys, 35.8% women, 14.9% men) benefitted from GBV prevention, response and capacity building activities. The breakdown per activity is indicated below:

Activity	Girls	Boys	Women	Men
Medical assistance	1,582	282	731	1,043
Rape/sexual assault survivors who received medical assistance within 72 hrs.	33	6	16	2
Psycho-social support and counselling in line with set standards	948	497	1,134	709
Material assistance in line with set standards	439	97	690	222
Legal assistance in line with set standards	186	30	128	169
Income generating activities/ livelihood support	66	4	95	56
Campaign and advocacy for utilisation of available of services	31,457	9,706	30,431	9,751
Campaign and advocacy for behaviour change activities	4,103	1,077	3,711	3,187
Capacity building activities	503	173	696	604
GBV Overall	19	1	82	0
Other GBV services	636	380	298	82
Total	39,972	12,253	38,012	15,825

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Sexual Offences Bill and FGM Legislations

➤ Gender-based violence can be addressed if embedded in the policy and legislative framework. Puntland Parliament enacted the Sexual Offences Bill (SOB) into a law on February 14th while the draft SOB is awaiting passage by cabinet and parliament of the Federal Government of Somalia (FGS) and Somaliland.

➤ The SOB is the first of its kind in Somalia and Somaliland. Its development was a government-led and consultative in the three zones as all the stakeholders were involved including the local communities.

➤ Zero Tolerance FGM Legislations: the GBV sub cluster members continue to provide advocacy and technical support to the ongoing process of the enactment of the zero tolerance FGM legislations and development/implement. The sub cluster members continue to advocate for the amendment of the FGM policy and the enactment of the draft zero-tolerance FGM bill in the South Central zone, implementation of the zero tolerance FGM policy in Puntland and the development of the FGM bill and policy in Somaliland.



Participants during the validation Workshop on SOB in Puntland. Photo: UNFPA

Roadmap for Accession and Ratification of the Convention on the Elimination of all forms of Discrimination against Women (CEDAW)

➤ The GBV Sub cluster in collaboration with the UN Gender Thematic group (GTG) has been leading advocacy with the Federal Government of Somalia (FGS) towards the accession and ratification of the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW).

➤ The technical dialogues conducted in December 2015 with key government officials paved way for further revision of the roadmap towards ratification, implementation plan, ToR for the Technical Advocacy Group and development of the proposal for cabinet's approval, which have been endorsed accordingly.

➤ The Somalia Delegation held a technical meeting with the chair of CEDAW Committee, Ms. Yoko Hayashi, on 15th March in New York during the 60th Session of the Commission of the Status of Women. Discussions focused on the next steps on taking forward accession and ratification of CEDAW. The FGS was encouraged to expedite the process of accession and ratification. The civil society are also scaling up the advocacy for the ratification of CEDAW.



Somalia delegation with the chair of CEDAW Committee, Ms. Yoko Hayashi during the 60th Session of the CSW in New York. Photo: UNFPA

Clinical Management of Rape Protocol

➤ The Clinical Management of Rape (CMR) protocols, developed with support from UNFPA, UNICEF, GBV sub-cluster, CMR task force, and Reproductive Health working group, were finalized by the Ministries of Health in 3 zones in December 2015. The development of the CMR Protocol was funded by OFDA, USAID and next proposal is focusing on setting up centers of excellence.

➤ The GBV Sub Cluster members are implementing the CMR Protocol in order to enhance the quality of care and service delivery in line with the ethical guidelines, the do no harm principle and the best interest of the survivor. The protocol is already being rolled out through the CMR Training of Trainers organized in February to March 2016.

Clinical Management of Rape Training

- Funded by OFDA, USAID, and the Common Humanitarian Fund (CHF) (now Somalia Humanitarian Fund-SHF) and with the support of UNFPA and UNICEF, the Somalia GBV sub cluster/CMR task force, in collaboration with the Ministries of Health, trained 5 male and 21 female GBV service providers on the implementation of the Somali CMR Protocol between 28 February and 3rd March in Djibouti.
- The training established a cadre of master and pool of trainers that will roll out CMR trainings and mentor the CMR service providers, in order to enhance the quality of care and service provision for GBV survivors, in line with WHO and CMR taskforce standards. The CMR Protocol was also rolled out during the training.



Ms. Isatu Sesay-Bayoh, GBV Sub Cluster National Chair during the CMR training. Photo: UNFPA

Case Management Trainings

- In order to enhance the skills of GBV service providers to ensure the quality of case management services provided for GBV survivors, two (2) case management trainings were held in Garowe between 29th February and 4th March and in Hargeisa between 7th and 11th March for 9 males and 41 females.
- Participants were drawn from the local and international NGOs, line ministries and GBV service providers in Puntland and Somaliland. The trainings are a key deliverable of the global Capacity Development Project of UNHCR, UNICEF, UNFPA and IRC.



Participants practice case management skills during the case management training. Photo: UNFPA

FGM Results Based Monitoring and di-Monitoring Training

- UNFPA and UNICEF held a training on *di monitoring* (www.dimonitoring.org), a new web-based data management application intended to facilitate the tracking of results-based monitoring of the joint FGM/early marriage programme. The training brought together 80 participants from Kenya, Uganda, Eritrea, Ethiopia and Somalia between 21st and 24th March in Nairobi.
- The web-based application responds to the specific needs of monitoring and evaluation specialists and program administrators and is designed specifically to monitor the planned targets vis-à-vis the actual results.

GBV Capacity Building for Enhanced Quality Service Provision

- A key result for Somalia GBV sub cluster is improved reporting following capacity building, mentoring, coaching and following up of GBV service providers across the three zones. Reporting improved by 146% in the first quarter 4W matrix compared to the same period in 2015 (106,062 beneficiaries reached by 41 NGOs in 2016 compared to 59,946 beneficiaries reached by 28 NGOs in 2015 for GBV activities). UN agencies implement through the NGOs.
- The number of GBV service providers using the GBVIMS increased by 100% in Somaliland, 133% in Puntland and 7% in South Central Zone since 2015. Somaliland and Puntland data now covers most of the locations, however, there is need to reach out to remote locations.
- Priority for the GBVIMS in 2016 is to reach out to GBVIMS service providers in remote locations in order to improve data collection and have comprehensive data for evidence-based programming.

One Stop Centers and Family Centres

- UNFPA supports 12 one stop centers in Puntland and South Central zones, out of the 17 one stop centres that provide comprehensive response to female and male GBV survivors and their families.
- UNFPA also supports 3 GBV protection family centres in Daynille, Hodan, and Dharkenley districts of Banadir region funded by OFDA USAID providing comprehensive services to GBV survivors. 85 GBV survivors received lifesaving services at the twelve one stop centres while 170 GBV survivors received the services at the three family centres during the reporting period.

Safe Homes/ Protection/ Shelter for GBV Survivors

- Temporary protection accommodation is integrated in the comprehensive GBV services in order to facilitate holistic recovery of the GBV survivors. Five safe homes including two in Mogadishu and Afgooye established in 2015 and supported with OFDA USAID funding through UNFPA provide temporary protection accommodation for GBV survivors whose security and safety is compromised.
- Thirty six (36) GBV survivors were provided temporary protection shelters at OFDA-funded safe homes during the reporting period.

GBV Supplies for Timely Lifesaving Responses

- In order to ensure availability of supplies for timely lifesaving response to the specific needs of the GBV survivors, and in order to enhance coordination, UNFPA supplies all GBV service providers in the three zones including UN agencies and NGOs the post rape treatment kits. UNFPA distributed nine (9) post rape treatment kits to the GBV service providers through the CMR Task Force during the reporting period. One post rape treatment kits treats 50 survivors. The kits were procured with the support of the Central Emergency Response Fund (CERF).
- The GBV sub cluster members identified the post rape treatment kit needs for 2016, in light of the 2015 needs and actual consumption, following which UNFPA will procure and dispense the kits to the GBV service providers that meet the criteria.

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 lab in Mogadishu funded by UNFPA and OFDA, USAID, and Garowe funded by Swedish Embassy. This is a key deliverable for UNFPA and the GBV sub cluster as contribution to the implementation of the some of the interventions proposed in the GBV working group strategy.
- Cirro Weyne Center in Mogadishu and Garowe Hospital are in the process of establishing pilot forensic labs for GBV screening and evidence. A training is planned for health workers that will oversee the functioning of the lab with the support of UNFPA.

Other GBV Response Services

- 3,638 provided medical assistance in line with standards.
- 3,288 provided psychosocial assistance in line with standards.
- 1,448 provided material assistance.
- 513 received legal assistance in line with standards.
- 57 provided post rape treatment in line with standards.

Restored Dignity

Zahra* is twenty six year old, divorced and living with her five children in an IDP settlement. She works as a porter in a nearby market. One day, three men asked her to carry some goods for them to a house in an isolated place where she was gang-raped at gunpoint. They threatened to kill her if she screamed. After the incident, she contemplated suicide as she did not see meaning in life. She heard about NoFYL which prompted her to seek assistance. She was referred for the post rape treatment and went through psychosocial support sessions. Zahra is grateful to NoFYL since with time, her dignity is restored.

* Name changed to conceal identity.



By NoFYL

International Women's Day

- Somalia commemorated the International Women's Day on March 8th with the theme "Planet 50-50 by 2030: step it up for gender equality". In Mogadishu, the first lady joined the government officials and the civil society that attended the colourful ceremony organized by the MoWHRD. Songs and poems gave honor and recognition to women in the society.



Hon. Minister Zahra of MOWHRD joins the women performing during the IWD celebration in Mogadishu. Photo: MOWHRD



IWD celebrations in Hargeisa, Somaliland. Photo: UNFPA

- In Hargeisa, the first lady and government officials attended the colourful occasion. Speakers acknowledged the important role of the women in the society. Colourful celebrations were also held in Garowe whereby government officials, the civil society and stakeholders convened in Garowe to commemorate the event.

- In Kismayo, the civil society organizations commemorated IWD with various events. The women marched along the road carrying the banner that called for the government to enact the Sexual Offences Bill, the first legislation to address sexual violence in Somalia.



IWD celebrations in Kismayo, Lower Juba region. Photo: SWACEDA

International Day of Zero Tolerance for FGM



Young women during the Internal Day of Zero Tolerance for FGM celebrations in Garowe. Photo: UNFPA

- The GBV Sub Cluster members and stakeholders also commemorated the International Day for the Zero Tolerance to FGM on February 6th. Somalia is one of the countries with the highest FGM prevalence of 98% (Cf. World Bank-UNFPA, FGM/C in Somalia, Nov 2004).

- Puntland Ministry of Women Development and Family Affairs, UN agencies, international and local NGOs, women's and youth groups convened in Garowe to commemorate the event under the

theme of 'achieving a new global target of eliminating FGM by 2030'. The civil society organizations, youth and women's groups and stakeholders attended the event. Speakers called for total abandonment of FGM.

- The GBV sub cluster members and the civil society organized joined the FGS and Somaliland governments in commemorating the event whereby messages on ending the negative practice of FGM were reiterated. Activities included theatre performances, songs and dances focusing on FGM.

Advocacy and Sensitization on GBV and Women's Empowerment

- In order to enter into long term social/behavioural change, it is important to engage all the actors in the society. GBV prevention interventions include evidence-based community engagement programmes and strengthening community protection mechanisms.
- 35,560 girls, 10,783 boys, 34,142 women and 12,938 men were reached with prevention and mitigation activities and campaigns on the available services during the reporting period.

Strengthening Coordination and Accountability Mechanism

- 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.



One of the National GBV Sub Cluster Coordination Meetings in Nairobi. Photo: UNFPA

- 3 monthly coordination meetings held, with clear actions implemented.
- The improvement of the clusters 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.

Not in My Name

During awareness raising session in an IDP settlement, 56 year old Fatuma* narrated about her daughter went through FGM and forced out of school to pave way for forced marriage at the age of 12. She experienced complications during delivery and got fistula as her body was not fully developed in addition to the complications resulting from the FGM. She was divorced and stigmatized due to fistula. She came across volunteer doctors who assisted her to go through the surgery and NoFYL team whereby she went through the psychosocial support sessions with her daughter, "I will never allow any person's daughter or granddaughter to go through what my daughter went through," noted Fatuma in a firm tone. Fatuma is one of NoFYL champions against FGM and early marriage in the IDP settlements.

* Name changed to conceal identity.

By NoFYL

Referral Pathways, SOPs and ISPs

- Joint GBV/ child protection service mapping and SOPs updated in Baidoa, Middle Shabelle, Mogadishu, Hiraan, Dolow, Dhobley, Kismayo, Galgaduud, Galkayo, Bosaso, Garowe and Hargeisa.
- GBVIMS information sharing protocols updated accordingly. Following the capacity assessment of GBVIMS users and potential users conducted between 6th and 10th March in Galkayo, the GBVIMS users that meet the criteria will sign the Information Sharing Protocol for Puntland.
- The GBV Sub cluster member developed the work plan for 2016 in line with the Humanitarian Response Plan and the 2014-2016 GBV Sub Cluster Strategy.

Women, Girls and GBV

"Women and girls everywhere are disadvantaged in terms of social power and influence, control of resources, control of their bodies and participation in public life—all as a result of socially determined gender roles and relations. Gender-based violence against women and girls occurs in the context of this imbalance."
IASC 2015, Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery, pg. 6

Somalia GBV Sub Cluster participated in the pre-testing of the revised IASC Guidelines in 2015, whereby the Guidelines were also pre-tested with the Somalia WASH Cluster.

The revised Guidelines are available in
http://gbvguidelines.org/wp-content/uploads/2015/09/2015-IASC-Gender-based-Violence-Guidelines_lo-res.pdf

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

Priorities for Quarter 2

- Advocacy for the ratification of CEDAW
- Advocacy against the increase in the GBV incidences in Mogadishu
- Advocacy for the amendment of FGM Policy for the FGS.
- Advocacy for the enactment of the SOB for the FGS and Somaliland.
- Dissemination of the CMR Protocol
- Strengthening of the GBVIMS and case management.
- Community engagement and sensitization.
- Scale up the operations of the pilot forensic laboratory in Mogadishu for GBV screening and certification towards seeking justice and legal redress for GBV survivors, and start the forensic laboratory in Garowe.
- Continue rolling out of the harmonized messages developed by government and the GBV sub cluster members on GBV prevention and response.
- Capacity building of Cluster leads and deputies on the roll out of the new GBV guidelines.

DONORS OF GBV ACTIVITIES IN SOMALIA

- USAID/ OFDA
- UKAID
- SIDA
- ECHO
- DANIDA
- Somalia Humanitarian Fund (SHF)
- Central Emergency Response Fund (CERF)
- Bilateral and Private Donors

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