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UNFPA SOMALIA GENDER ANNUAL REPORT

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UNFPA

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GBV Service Provision

Somalia remains a challenging environment for the protection and support for survivors of gender-based violence (GBV) and other vulnerable women, girls, boys and men affected by conflict and natural disasters. Particularly promoting the realization of the rights of women, girls and children in Somalia remains much more challenging. For example, according to the GBV Information Management System (GBVIMS) data for January to December 2016, 74% of the GBV survivors are IDPs and 99% are female.

Between Jan and Dec 2016, the GBV Sub Cluster members reached 63,479 girls, 28,393 boys, 105,412 women and 46,315 men; 62,518 girls, 25,144 boys, 164,714 women and 71,837 men between January and December 2015; and 86,460 girls, 47,001 boys, 127,244 women and 56,893 men during the same period in 2014.

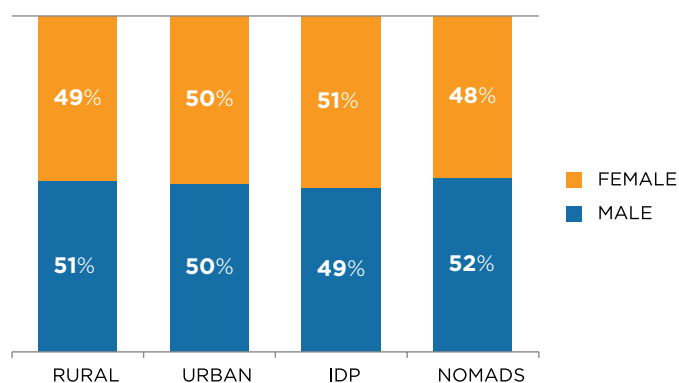
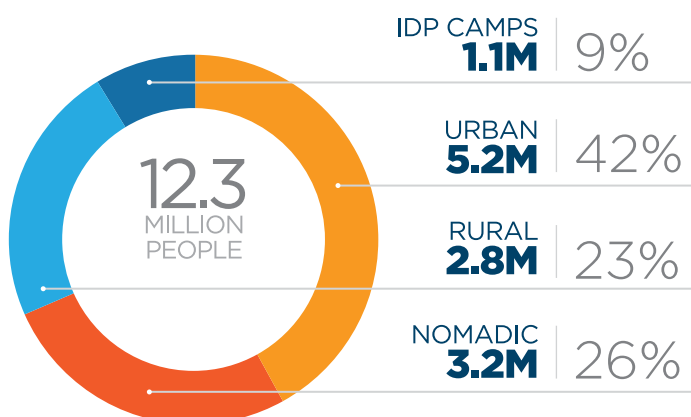
Key results include:

- ▶ Enactment of the Sexual Offences Act for Puntland on 20th August.
- ▶ All reported GBV cases were provided assistance based on their needs including medical assistance, post rape treatment, legal, psychosocial support, livelihood and material assistance.
- ▶ Materials for the forensic laboratory have been procured and its establishment at an advanced stage.
- ▶ 2016 concluded the third year of the GBV Sub Cluster Strategy. The implementation of the Strategy has greatly contributed to the improvement of services, including incident reporting and better harmonized interventions. Mid-term evaluation was conducted, and the final evaluation is currently being finalized. Based on the evaluation

findings, the new Strategy will be developed. The key result that emerged from the evaluation of the strategy is that the strategy is relevant, efficiently and effectively implemented. UNFPA played a key role in advocacy and fund raising to ensure implementation of the strategy.

- ▶ However, critical gaps remain in the provision of life saving humanitarian

AT A GLANCE



*Source: UNFPA Somalia

responses including medical, legal, psychosocial services and material and livelihood assistance in order to address the immediate needs of the GBV survivors. UNFPA and the GBV service providers face funding constraints, and will facilitate sustained gains made so far on providing protective prevention and services to meet all the needs of the GBV survivors. UNFPA and partners are on track with most of the planned activities despite funding constraints. Activities focused largely on the SCZ where 81% percent of Somalia's IDPs reside and most of the GBV violations were recorded.

- ▶ Comprehensive lifesaving humanitarian assistance was provided to GBV survivors including the drought affected populations in Somaliland and Puntland, the communities displaced following floods in South and Central Somalia, the IDPs and other vulnerable

persons in line with standards.

- ▶ Service points addressed FGM related complications; for example, 72 obstetric fistula repair surgeries performed over the period of January-August 2016 while 157 survivors received medical and psychosocial services in Puntland.

One stop Centres, Family Centres and Protection Shelters

- ▶ 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. Forty-two (42) GBV survivors in the safe house were provided livelihood skills training on various skills at the One Stop Centres.
- ▶ UNFPA also supports three (3) GBV protection family centres in Banadir region funded by OFDA/USAID that provide comprehensive services to GBV survivors. 1,356 GBV survivors received the services at the three family centres.
- ▶ UNFPA also supports two (2) temporary protection shelters funded by OFDA/USAID that provided services for 87 GBV survivors and their accompanied family members. The survivors were also provided lifesaving based on the specific needs.
- ▶ UNFPA supported one partner in Somaliland on the development of the Safe House Policy and Standard Operating Procedure (SOP) and made available six computers.

1,356

GBV survivors provided assistance at the three family centres.

42

GBV survivors provided livelihood skills training

87

GBV survivors and their accompanied provided temporary protection accommodation.

100

post rape treatment kits (PRTK) to the GBV service providers.

1,500

dignity kits dispensed to GBV survivors.



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



▲ Life skills training for GBV Survivors. **Photo: Muslim Aid. 2016.**



▲ GBV Service Provision in UNFPA-supported Safe House in Afgoye. **Photo: SCC: 2016.**

- ▶ During the ruling of the case of the gang rape in Puntland in January 2017, the Sexual Offences Act was applied for the five perpetrators. This ruling may have an impact on the attitudes of the society regarding rape. A linkage on FGM to GBV engagement, particularly using the religious leaders have been of great use. There is a comprehensive Action plan developed for its operationalization.
- ▶ The advocacy towards adoption of the Sexual Offences Bills in SL and SCZ is at an advanced stage.

FGM and Early Marriage

- ▶ Puntland: Fatwa released is being implemented. FGM legislation in parliament for approval;
- ▶ Somaliland: FGM bill pending before Parliament and there is a draft FGM policy waiting to be taken to the Council of Ministers;
- ▶ SCZ: community, religious and political support still being garnered for issuance of Fatwa and to support finalization of the Anti-FGM Policy and Legislation.
- ▶ Consultative workshop for Early Marriage Policy held for key line ministries in Somaliland.

Policy and Legislative Reforms

Advocacy for Accession and Ratification of CEDAW

- ▶ 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 on the Status of Women with the support of UNFPA.
- ▶ MOWHRD conducted capacity building session was conducted in Galmudug, aiming at gaining the support of the regional states for the ratification of CEDAW on June 28th for 17 male and 23 females; one (1) session with four (4) TV and two (2) radio stations on CEDAW and FGM in Mogadishu; and

Sexual Offences Act

- ▶ UNFPA provided advocacy and technical support for the Sexual Offences Act enacted on 20th August in Puntland, and launched by the Swedish Ambassador to Somalia Mr Mikeal Lindvall.

one (1) training on CEDAW for 60 participants in Mogadishu.

CMR Protocol

- ▶ UNFPA provides technical support to the GBV Sub Cluster members in implementing the CMR protocol developed in collaboration with stakeholders. Key results include:
- ▶ Workshop for 30 participants on integration of the CMR protocol into the nursing curriculum; the team agreed to use the CMR Protocol as annex to the Midwifery curricula.
- ▶ Revised curricula finalized and endorsed in Puntland with GBV/FGM component. CMR Protocol distributed in the midwifery schools and medical universities.
- ▶ Consultations held with 35 health

workers on the CMR Protocol in Somaliland; 5 midwifery and nursing schools followed up on integration of the CMR protocol in curricula.

- ▶ Somalia was invited to share the experience of CMR Protocol development at workshop in Amman from 5 and 7 April.

Capacity Building

CMR Trainings

- ▶ One (1) training of trainers on the CMR Protocol for 5 male and 21 female GBV service providers 28th February and 3rd March in Djibouti.
- ▶ Two (2) trainings held in October and November for 55 participants.

Case Management Trainings

- ▶ Two (2) case management trainings held in Garowe and Hargeisa for in March for 9 males and 41 females.
- ▶ Twenty (20) case workers in Somaliland trained on GBV case management.
- ▶ Fifty-five (55) focal points/ health care providers in Somaliland trained on GBV reporting and response and referral.

FGM Trainings

- ▶ FGM Results-Based Management and Di monitoring training held between 21st and 24th March in Nairobi for 80 participants.
- ▶ Six (6) trainings on FGM held in South Central Zone for 190 participants.

Forensic Trainings

- ▶ Two (2) trainings held in Nairobi for lab technicians that will oversee the functioning of the forensic labs in Mogadishu and Garowe.
- ▶ Key achievements include procurement of supplies, training of lab technician



▲ Community Declaration gathering in Puntland. Photo, UNFPA, 2016.



▲ Somalia delegation with the chair of CEDAW Committee, Ms. Yoko Hayashi during the 60th Session of the CSW. Photo: UNFPA, Mar. 2016.



▲ Ms. Luul Gedi, Head of Gender Unit of the Ministry of Labour and Social Affairs of Somaliland during the Case Management Training in Hargeisa. **Photo: UNFPA, March 2016.**



▲ GBV Mainstreaming Training & Engagement with Religious Leaders. **Photo: UNFPA, Dec 2016.**

and cosmetic renovation of lab building, the lab is expected to start function by end of March.

Harmonized GBVIMS Tools

- ▶ Technical workshop that reviewed and harmonized the GBVIMS tools held between 24th and 27th April in Hargeisa; testing period of the revised tools from Jul to Dec 2016.
- ▶ Five (5) trainings on safe and ethical management of information and GBVIMS for 111 participants on GBV and GBVIMS in Somaliland and Mogadishu.

GBV Mainstreaming Training

- ▶ GBV mainstreaming training and engagement with religious leaders

held between 5th and 8th December in Hargeisa for clusters. The training was structured based on the newly-revised IASC Guidelines for Integrating GBV Interventions in Humanitarian Action. The training concluded with dialogue sessions with religious leaders.

- ▶ Recommendations include enhanced collaboration between the clusters and the GBV Sub Cluster including quarterly meetings, inclusion of GBV in the strategies of clusters and priorities of clusters in the next GBV Sub Cluster strategy.

GBV Prevention

Anti-FGM University Clubs

- ▶ Eight (8) anti-FGM clubs established in schools and universities in Somaliland with membership of 50% female.

FGM Awareness Forums

- ▶ 150 community declarations with 90,000 people for zero tolerance and total abandonment of FGM.
- ▶ 1,007 religious leaders were engaged/mobilized to end FGM
- ▶ 518 girls saved from FGM
- ▶ 5,215 FGM community dialogues have been conducted and social norm change towards total abandonment promoted through the leadership of religious leaders
- ▶ Peer Network and innovative social norms programme - Communities Care.

Other Prevention Activities

- ▶ Two-day GBV prevention and response trainings in Mogadishu for 200 participants.
- ▶ Community capacity building on GBV prevention in Middle Shabelle for 40 women.
- ▶ One (1) training for 30 students (50% girls) from six (6) Somaliland universities on public speaking, facilitation, team building, information sharing on FGM.



▲ One of the FGM Clubs in Somaliland.
Photo, Y-PEER, 2016.



▲ Religious leaders during the workshop in Garowe.
Photo: UNFPA, Dec 2016.



▲ Community Engagement on the CMR Protocol.
Photo: Y-PEER, 2016.

- ▶ 400 copies of GBV/FGM articles produced, disseminated published in local websites and shared in the social media reaching approximately reached 24,000 youth.

Religious Networks

- ▶ Key result include 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.
- ▶ Two-week consultation workshops and awareness raising campaigns conducted by twenty (20) prominent religious leaders in Puntland in December 2016. In Somaliland, 30 religious leaders convened in Hargeisa in December 2016.

Community Engagement Activities

- ▶ Community engagement activities on the Clinical Management of Rape (CMR) Protocol reached 200 direct and 18,000 indirect beneficiaries in Galgaduud and Lower Juba, 480 in Hargeisa and 10,000 through the social media.
- ▶ Three (3) community-led conversation were conducted using the harmonized messages in Somaliland. Approximately 36,000 were reached through TV and radio in Somaliland and 50,000 in Galgaduud through radio.
- ▶ Consultation for 90 on harmonized messages in Mogadishu. In Puntland, conversations on harmonized messages were disseminated through radio for 30 days for 15 minutes.

Events

International Women's Day

- ▶ Commemorated on 8th March annually, International Women's Day (IWD) brought various stakeholders.

- ▶ **In Mogadishu**, the first lady and stakeholders attended the colorful ceremony.
- ▶ **In Hargeisa**, the first lady acknowledged efforts made by the stakeholders on women empowerment and encouraged them to promote their rights.
- ▶ Colorful celebrations were held **in Garowe** whereby stakeholders convened to commemorate the event. Various activities reached about 5,000 through media.
- ▶ **In Kismayo**, the civil society organizations commemorated IWD with various events. The women marched along the road carrying the banner calling on the Federal Government to enact the Sexual Offences Bill.

International Day for the Zero Tolerance to FGM

- ▶ UNFPA and 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 organizations joined the FGS and Somaliland governments in commemorating the event whereby messages on ending the negative practice of FGM were reiterated. In Somaliland, the First Lady attended the event and made a statement).

GBV Survey Validation

- ▶ UNFPA, UNICEF and the World Bank, line ministries and civil society organizations and stakeholders

collaboratively conducted comprehensive GBV survey.

- ▶ GBV survey validation workshops were held across the three zones whereby the stakeholders validated the findings of the GBV survey (19th September in Mogadishu for South Central, 20th



▶ Hon. Zahra of MOWHRD joins the women performing during the IWD celebration in Mogadishu. **Photo: MOWHRD, Mar 2016.**



▶ IWD Celebration in Garowe. **Photo: MOWDAFA, Mar 2016.**



▶ International Day for Zero Tolerance to FGM Celebration in Hargeisa.

September in Garowe for Puntland and 22nd September in Hargeisa for Somaliland).

- ▶ During the validation workshops, stakeholders engaged on various issues related to GBV and mapped out the recommendations and way forward. The reports are currently being finalized to incorporate the feedback from the validation workshops.

Coordination

- ▶ 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. Establishment of the GBV Sub Cluster in Borama, Erigavo, Lasanod is underway.
- ▶ The national GBV Sub Cluster provides the overall technical support to the field sub clusters under the leadership of UNFPA. The improvement of the coordination structure is a tangible milestone for UNFPA Somalia as the lead agency for the GBV Sub Cluster.
- ▶ Regular meetings for the GBV Sub Clusters and the Task Forces under the GBV Sub Cluster - FGM, GBVIMS and the CMR Task Forces at the national and field levels.
- ▶ Joint GBV/ child protection service mapping and SOPs are in place in Baidoa, Middle Shabelle, Mogadishu,

Hiraan, Dolow, Dhobley, Kismayo, Galgaduud, Galkayo, Bosaso, Garowe and Hargeisa. The existing services determine the structure of the referral pathway for the GBV Sub Cluster members.

- ▶ Coordination and technical capacities of service providers and actors working on FGM total abandonment strengthened, with trainings and decentralized coordination mechanisms addressing total abandonment FGM.
- ▶ Over the course of the three years GBV WG strategy implementation 2014-2016 the GBV sub-cluster members developed close partnership with the Federal Government, Puntland state and Somaliland that contributed the achievements to the four pillars of the GBV Strategy: prevention; response; access to justice and rule of law; and coordination while capacity building and advocacy are cross cutting.
- ▶ Policy and legislative reforms aim at enhancing justice and ending impunity for the survivors of Protection violations.
- ▶ Capacity building activities enhance the capacity of the service providers and duty bearers in order to respond efficiently to the needs of GBV survivors and those of protection violations.
- ▶ Prevention activities strengthen the resilience of the communities to prevent and mitigate GBV.
- ▶ Improved coordination of the GBV sub clusters is a tangible milestone for UNFPA Somalia as this has greatly enhanced the services offered to survivors and at the same time promoted the visibility of the GBV sub cluster.



▲ National GBV Sub Cluster Coordination meeting of 25th Apr 2016 in Nairobi. Photo: UNFPA, Apr 2016.

Challenges

- ▶ Increased needs for GBV services which could be attributed to the clan conflicts, military offensive and forced evictions vis-à-vis available funding.
- ▶ Sourcing of forensic equipment's and reagents outside the country and limited expertise of forensics within the country of operation. This posed a significant delay to the forensic laboratory set up and operation. This is first time ever for a forensic lab

being established in Somalia, therefore throughout the process, it was a learning process for both UNFPA and MOH counterparts.

- ▶ Resistance from communities on abandonment of all forms of FGM due to religious grounds, despite existence of Fatwa denouncing all types of FGM in Puntland (fatwa is only for Puntland).
- ▶ Government policy-makers and religious leaders are also divided on approach and definition whether it is total abandonment or not.
- ▶ Protracted displacement of IDPs that makes them more susceptible and vulnerable to GBV.
- ▶ Limited technical capacity of service providers in the referral system to provide quality services, mainly due to high staff turn-over.
- ▶ Limited existence of shelters and safe spaces, which would pose further risks of violence to the survivors.
- ▶ Limited knowledge and stigma about GBV among communities, which hinder identification, reporting and referral of GBV cases.
- ▶ Social norms that do not recognize some forms of GBV, for instance, intimate partner violence, as human rights violation and/or public issue.
- ▶ Weak legislative framework and access to justice, which remains as a challenge for GBV survivors to seek justice and allows prevalence of impunity.
- ▶ Fear of retaliation from the known perpetrators and use of community resolution mechanisms which most often does not offer the survivors justice, which further hampers reporting of GBV cases.
- ▶ GBV prevention and response are not necessarily prioritized within immediate emergency response and contingency planning.

Opportunities

- ▶ According to the independent electoral committees of the Federal Government of Somalia (FGS), women occupy 64 parliamentary seats of the upper and lower houses out of 329 seats. Using this current Parliament and women MPS as key advocates for the enactment of the pending GBV related laws, and ratification of CEDAW.

Recommendations

- ▶ Streamline projects to target only the most vulnerable groups whilst building the resilience of the populations in need due to limited funding vis-a-vis the needs.
- ▶ Engaging more Somali scholars will make impact to the perceptions of the community with regard to human rights, gender equality and abandonment of traditional harmful practices.
- ▶ Involving all the stakeholders including the religious leaders and communities and use of local expertise are key to ensure national ownership of the legislative processes.
- ▶ Strengthen and promote unified advocacy campaigns, utilizing the endorsed harmonized messages, to accelerate policy approvals and community engagement.
- ▶ Prevention activities are important in eradicating GBV incidents, especially, songs and traditional poems are found to play vital role in Somali society.
- ▶ 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 Sexual Offences Bill.
- ▶ Specifying support required from different partners is important to ensure coordination and achieving results.
- ▶ Strengthen coordination skills and responsibilities among the co-chairs and field focal points through continuous mentoring and coaching to fulfill their specific roles.

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