

FINAL EVALUATION
REPORT ON THE
IMPLEMENTATION OF
THE SOMALIA GENDER
BASED VIOLENCE

SUB CLUSTER STRATEGY

2014-2016

Prepared by Somalia Gender Based
Violence Sub Cluster
February, 2017

CONTENTS

LIST OF ACRONYMS	4
FOREWORD	5
Background of the Strategy	6
1.1 Goal and Objectives	6
1.1.1 Goal	6
1.1.2 Objectives	6
1.2 Purpose of Evaluation and Key Issues Addressed	6
1.3 Methodology of the Evaluation	6
1.4 Strategy and Design	6
2 Main Findings	7
2.1 Relevance of the Strategy	7
2.2 Efficiency of the Strategy Implementation	7
2.3 Effectiveness of the Strategy Delivery	7
2.4 Partnership Development	7
2.5 Implementation Modalities	7
3 Analysis of Achievements/Key Results: Area 1, 2, 3 and 4.	8
3.1 Analysis of the 4W Maps	16
4 Prospects for Sustainability	18
4.1 Facilitating Factors	18
4.2 Challenges	18
4.3 Lessons Learned and Best Practices	19
4.4 Recommendations for Next GBV WG Strategy 2017-2019.	19
4.5 Donors Supporting GBV Prevention and Response Activities in Somalia	19
4.6 Funding Status for GBV Projects	20

LIST OF ACRONYMS

CEDAW	Convention of the Elimination of All Forms of Discrimination against Women
CERF	Central Emergency Response Fund
CMR	Clinical Management of Rape
CSOs	Civil Society Organizations
FGM/C	Female Genital Mutilation/C
FGS	Federal Government of Somalia
GBV	Gender-Based Violence
GBVIMS	Gender Based Violence Information Management Systems
HCT	Humanitarian Country Team
HRP	Humanitarian Response Plan
IASC	Interagency Standing Committee
MOJ	Ministry of Justice
PSEA	Protection from Sexual Exploitation and Abuse
SCZ	South Central Zone
SHF	Somalia Humanitarian Fund
SOPs	Standard Operating Procedures
SSWC	Save Somali Women and Children
UN	United Nations
UNCT	United Nations Country Teams
UNSAS	United Nations Somali Assistance Strategy

FOREWORD

Gender-based violence (GBV) is known to be a protection concern. It is a violation of human rights that cuts across all the sectors including health, education and all the spheres of life. Although it mostly affects women and girls, due to power imbalance in the society, men and boys are also affected. Gender based Violence is a barrier to the achieving sustainable development goals. Women and girls cannot participate fully in the society and realize their goals if they are not safe. Addressing GBV requires addressing the root causes which are embedded in gender inequalities and power imbalance in the society.

The GBV Sub Cluster Strategy 2014-2016 was developed in order to address the specific needs of GBV survivors, ensures prevention/mitigation, and to contribute to and complement the existing humanitarian and development processes including the Humanitarian Response Plan (HRP), New Deal Compact and the United Nations Somali Assistance Strategy (UNSAS). The process of developing the strategy was consultative across the country. Consultations focused on current GBV activities and capacities, challenges and constraints, and gaps in each community that was reached. Accordingly, the stakeholders proposed concrete steps to be prioritized in the next three years in order to address the challenges and the gaps.

Since 2014, the GBV Sub Cluster members have made significant progress and achieved tangible milestones in implementation of the four pillars of the GBV strategy, namely Prevention, Response, Access to Justice/Rule of Law, and Coordination. The key results include strengthened referral pathways and service provision, enhanced coordination of the national field sub clusters, policies and legislations on GBV like the Sexual Offences Act in Puntland and standardizing comprehensive service provision/response to survivors.

Addressing issues of GBV and ensuring the safety of women and girls is a key priority for the Humanitarian Country Team in Somalia. As the lead agency for the GBV Sub Cluster, UNFPA and Save Somali Women and Children (SSWC) provide technical support to the sub cluster members and the humanitarian country team through the Protection Cluster, and work closely with the Federal Government of Somalia, Puntland and Somaliland governments authorities, the civil society, local and international NGOs, Humanitarian and Development Partners and all the stakeholders in addressing GBV, particularly promoting Prevention and Service provisions to survivors.

Peter de Clercq , Somalia Humanitarian Coordinator

1st March 2017

BACKGROUND OF THE STRATEGY

With the support of the Somalia Humanitarian Country Team (HCT) and United Nations Country Team (UNCT), and the Protection Cluster, the Gender-based Violence (GBV) Sub Cluster comprising key United Nations (UN) entities, civil society organizations (CSOs) and the government, developed a three year (2014 to 2016) strategy with the main goal of reducing GBV through prevention interventions and by providing quality and timely multi-sectoral services to the survivors. The purpose of the GBV strategy was to guide humanitarian and development partners in strengthening coordinated, synergized and harmonized support to the Somali vulnerable population on Gender Based Violence (GBV) prevention and response programs in the country.

1.1 Goal and Objectives

1.1.1 Goal

To reduce GBV incidents, including conflict related violence, through prevention and effective multi-sectoral response of quality and timely services to survivors.

1.1.2 Objectives

- Prevention interventions to build community resilience to prevent and mitigate acts of GBV;
- Response services to improve capacity for timely delivery of appropriate medical, psychosocial and post- incident safety response;
- Access to justice and rule of law to reduce the vulnerability to GBV;
- Coordination to strengthen GBV prevention and response activities among GBV Sub Cluster members, other humanitarian actors, Somali civil society and the government.

1.2 Purpose of Evaluation and Key Issues Addressed

This Evaluation report of the Somalia Gender Based Violence (GBV) Sub Cluster Strategy 2014-2016 has been prepared by the National GBV Sub Cluster. Its main purpose is to examine and assess the process and results of the strategy implementation with a view to inform the preparation of the next GBV Sub Cluster Strategy 2017-2019. The evaluation addressed the relevance, effectiveness, efficiency and key results.

1.3 Methodology of the Evaluation

Evaluation matrix was developed based on the GBV Sub Cluster strategy outcome and output indicators to solicit inputs from the members and other stakeholders to assess the key issues indicated above. The evaluation process was participatory where GBV Sub Cluster members in all regions of Somalia were asked to fill in the evaluation matrix as organizations and highlight their key results over the past three years of strategy's implementation. The evaluation was conducted in December 2016 and January 2017 and finalized in February 2017.

1.4 Strategy and Design

The rationale of the strategy is based on a complex approach that aims to:

- Build community resilience to prevent and mitigate acts of GBV;
- Improve capacity for timely delivery of appropriate medical, psychosocial and post- incident safety response;
- Strengthen rule of law and access to justice to reduce the vulnerability to GBV;
- Strengthen coordination of GBV prevention and response activities among GBV Sub Cluster members, other humanitarian actors, Somali civil society and the government.

2 MAIN FINDINGS

2.1 Relevance of the Strategy

The overall relevance of the Strategy was rated to be high. Despite uncertain statistics and limited availability of data on GBV, all stakeholders including the Somali Government authorities and the international community acknowledged that GBV is pervasive throughout the country. The need for a more comprehensive and quality services to survivors was prioritized, considering the limited availability. In an effort to capitalize on this momentum, the United Nations in 2013 declared GBV a priority focus area that requires attention and both short and long-term intervention strategies. In targeting the government, the Strategy relied on the due diligence standard articulated in the 1993 UN Declaration on the Elimination of Violence against Women. In response to such needs and commitment, the development of the strategy became even more relevant.

2.2 Efficiency of the Strategy Implementation

Respondents that included, government authorities, service providers, working group members and beneficiaries revealed that the Strategy's outputs, tools and approaches in its implementation were timely. This was said to have been contributed to realization of government's engagement with humanitarian actors in addressing GBV issues collectively. The results of the Strategy's activities were considered very important contributions to the government's commitments to reduce incidences of gender based violence from a human rights perspective. Service providers were quite responsive to support survivors within the available resources. Prevention and mitigation innovations were also timely as this was a big gap before the development and implementation of the strategy.

2.3 Effectiveness of the Strategy Delivery

From a conceptual point of view, there is evidence of a vertical and horizontal logic within the result framework, which ensures that interventions are related to the strategies and national frameworks well, for example, the National Action Plan on Ending Sexual Violence in Conflict. Data collected

would have been helpful in ascertaining a wider range of the effectiveness of the strategy design and its implementation. Effectiveness of the strategy delivery went beyond the accomplishment of the results anticipated as much coordinated and strategic engagement with government and communities was released that anticipated. Effectiveness was further ascertained on national capacity to implement the strategy. Under the leadership of the national chair, UNFPA, and co-chair, SWC), the GBV sub cluster members developed and implemented the activities within the Humanitarian Response Plan (HRP) and the GBV Sub Cluster Strategy, in coordination with the government and other stakeholders in order to integrate GBV in the multi-sectoral response.

2.4 Partnership Development

Over the past three years of strategy implementation, a close cooperation between the GBV Sub Cluster and the Federal Government of Somalia (FGS) was established. This partnership was built to support inter-institutional coordination between the Government and the GBV Sub Cluster members across Somalia. Strategic and mutually beneficial partnership was built with civil society organizations on the national and local levels through conferences, consultations, working group meetings and trainings. Through this partnership, knowledge on GBV were accumulated and disseminated, inter-institutional dialogue was ensured, and concrete strategic documents were developed.

2.5 Implementation Modalities

Activities conducted since 2014 by the GBV sub-cluster members in close partnership with the government contributed to the four pillars of the GBV Strategy: prevention, response, access to justice and rule of law, and coordination while capacity building and advocacy were cross cutting. Policy and legislative reforms aimed at enhancing justice and ending impunity for the survivors of protection violations. Capacity building activities enhanced 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 strengthened the resilience of the communities to prevent and mitigate GBV.

3 Analysis of Achievements/Key Results: Area 1, 2, 3 and 4.

Key Result Area 1: **Prevention**

Outcome 1. Communities empowered to be agents of change to prevent GBV

Key Achievements/ Results

<p>Output 1.1 Community based social norms guidance notes and implementation tools, training package, and monitoring tools designed and disseminated.</p>	<ul style="list-style-type: none"> ▶ Religious leaders' network against FGM was established in Puntland and Somaliland in 2016 to engage more religious leaders to disseminate messages that FGM is not religious obligation and effect social norm change. ▶ Religious leaders from Djibouti, Sudan, Egypt and Somalia issued a declaration condemning FGM practice and Somalia is part of the Regional Religious Network against FGM. ▶ Eight (8) anti-FGM clubs established in schools and universities in Somaliland with membership of 50% female. ▶ Safety audits conducted in Berbera, Galgaduud, Baidoa, Hiraan, Mogadishu, Dhobley, Dollow and Middle Shabelle.
<p>Output 1.2 Participatory Community based prevention IEC/BCC Materials Available and Standard Guidance Notes on how to use them.</p>	<ul style="list-style-type: none"> ▶ 567,400 (139,595 girls, 63,611 boys, 248,514 women and 115,680 men) reached with GBV prevention activities on behavior change and informing communities on available services. ▶ 150 GBV harmonized messages developed in order to communicate and advocate with one voice on GBV issues. Harmonized messages were validated and endorsed in 2015 and rolled out since 16 days of activism in 2015.
<p>Output 1.4 Community and policy engagement and dialogues on GBV and FGM/C total abandonment enhanced.</p>	<ul style="list-style-type: none"> ▶ Puntland: Fatwa released is being implemented. Zero tolerance FGM policy in place in Puntland and FGM Bill is drafted. ▶ Somaliland: FGM bill pending before Parliament; draft FGM policy waiting to be taken to the Council of Ministers. ▶ South Central: FGM abandonment policy adopted and currently in the process of amendment. Zero tolerance FGM bill is drafted. Community, religious and political support still being garnered for issuance of Fatwa and to support finalization of the Anti-FGM Policy and Legislation.

Key Result Area 2: **Service Provision and Response**

Outcome 2.1 Improved access for survivors to competent, confidential and compassionate clinical care.

Key Achievements/ Results

Output 2.1 Protocols & technical guidelines for clinical response to sexual assault survivors developed and implemented.

- ▶ Clinical Management of Rape (CMR) protocol developed following consultations with the government, CSOs, service providers, GBV Sub Cluster, Reproductive Health Working Group and Child Protection Sub Cluster and endorsed by the ministries of health.
- ▶ Community engagement activities on the 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.

Output 2.2 Improved technical capacity of health workers to provide efficient and effective response to GBV survivors.

- ▶ 43,171 (8,400 girls, 5,101 boys, 18,592 women and 11,078 men) reached with capacity building activities for GBV service providers, duty bearers and stakeholders.
- ▶ 26 pool of trainers (5 male and 21 female) received advanced training on the implementation of the Somali CMR Protocol.

Output 2.3 Improved physical infrastructure, equipment and supplies for the effective and ethical treatment of GBV survivors.

- ▶ 106,097 (52,449 girls, 25,435 boys, 91,965) women and 36,248 girls) were provided medical assistance including post rape treatment, legal and psychosocial support in line with standards.
- ▶ 2,984 (564 girls, 203 boys, 1,986 women and 231 men) provided livelihood assistance in line with standards.
- ▶ 30,079 (3420 girls, 4,211 boys, 17,178 women and 5,270 men) provided material assistance.
- ▶ 17 one stop centres provide comprehensive response to GBV survivors and their families.
- ▶ 3 GBV protection family centres provide comprehensive services to 1,636 GBV survivors.
- ▶ 7 health facilities were equipped with medical supplies, confidential room and lockable cabinets.
- ▶ Over 300 post rape treatment kits procured and made available to GBV service providers.
- ▶ At least 87 GBV survivors provided temporary protection shelters.
- ▶ Establishment of forensic laboratory in Mogadishu and pilot in Garowe is at advanced stages. Key results include procurement of supplies, training of lab technician and cosmetic renovation of lab building

Outcome 2.2 Improved access to quality case management and psychosocial support services for GBV survivors.

Key Achievements/ Results

Output 2.2.1 Strengthened identification, reporting and referral pathways.

- ▶ GBV-Child Protection joint referral pathways, Standard Operating Procedures (SOPs) and service mapping successfully developed and utilized. Service directory exists in Somaliland.
- ▶ 223 Mobile Court Cases (Criminal 159, Civil 132) in Q1 2016. - 200 cases (Civil: 132, Criminal: 68) covering 74 villages in Puntland 23 cases (all criminal), benefitting 44 individuals (W: 18, M: 26) covering 8 districts in Mogadishu.

Output 2.2.2 Standardized Case Management System, which takes into account Data Management and Accountability.

- ▶ Global case management manual is being localized and at a final stage.
- ▶ GBV case management capacity assessment was conducted in 3 zones, the findings informed Somalia Case Management Capacity Development Strategy.
- ▶ A web-based application known as di monitoring (www.dimonitoring.org), for data management on FGM/early/forced marriages is in place and being promoted to be utilised by government, CSOs, UN and donors. Training held for 80 participants from Kenya, Uganda, Eritrea, Ethiopia and Somalia between 21st and 24th March, 2016 in Nairobi.
- ▶ Monitoring and Evaluation systems have been strengthened under the Ministry of Justice (MOJ) Technical Reform Unit where UNDP assisted with developing M&E and tools for tracking progress of Judicial reform.
- ▶ 30 UNDP Somalia Joint Rule of Law Programme and the monthly/quarterly justice sector coordination meetings for UN Agencies, International Organizations, local NGOs and key justice institutions were held.

Output 2.3.1 Improved Human Resources Capacity of Staff Involved in GBV Case Management.

- ▶ Case management trainings of 250 case workers with improvement seen from case workers in Mogadishu, Jowhar, Kismayo, Galkayo, Bosaso, Garowe and Hargeisa.

Output 2.3.2 Improved guidance and capacity of staff involved in GBV psychosocial support.

- ▶ Training, mentoring and coaching for staff involved in GBV psychosocial support conducted, as indicated above for capacity building activities. The activities enhanced the capacities of the staff involved in GBV psychosocial support and improved the quality of GBV service provision.

Output 2.3.3 Media and other actors engaged on the importance of confidentiality for the safety of survivors and their families.

- ▶ Training for media professionals on gender responsive media conducted for 29 media professionals including 11 women from across the three zones. GBV, including advocating for zero tolerance of FGM in Somalia was a key component of the training, considering the critical role of the media in ensuring protection, prevention, mitigation and service provision.
- ▶ TV and radio campaigns through panel discussions, and promoting harmonised GBV messages was effective to create awareness on the GBV prevention and response, reaching out to about three million listeners.
- ▶ 3 community-led conversations 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.

Key Result/Priority Area 3: **Access to Justice and Rule of Law**

Outcome 3.1 Adoption of laws, policies and international instruments to protect women, men, boys and girls and vulnerable groups from all forms of gender-based violence.

Key Achievements/ Results

Output 3.1.1 Existing laws reviewed to identify gaps on the implementation of international treaties.

- ▶ Mapping of legal service providers was conducted, disseminated and recommendations being implemented

Output 3.1.2 Technical assistance provided to the actors and stakeholders involved with the drafting of GBV-specific laws and policies.

- ▶ GBV Sub Cluster members 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 in November 2016. Advocacy towards adoption of the Sexual Offences Bills in Somaliland and SCZ is at an advanced stage.
- ▶ Technical training and technical dialogues on the provision and ratification of Convention of the Elimination of All Forms of Discrimination against Women (CEDAW) held for 47 government officials of the FGS and a CSO representative with a clear roadmap for ratification and a comprehensive implementation plan developed.
- ▶ A follow up training was held between December 8th and 9th in Djibouti for 29 government officials whereby the proposal for the ratification process and implementation plan of the conventions was developed for submission to the Cabinet for approval. Technical discussions were held in New York with the chair of CEDAW and process of ratification is pending.
- ▶ Early marriage policy was drafted in Somaliland by the Ministry of Justice and child marriage action plans were developed in SC and PL.
- ▶ Midwifery curriculum is finalized with GBV/FGM prevention and management fully integrated.

Output 3.1.3 Advocacy conducted for the enactment and implementation of GBV specific laws.

- ▶ Broad based consultations and advocacy with key stakeholders were held for Sexual Offences Bills, zero-tolerance FGM Bill/Policy and ratification of CEDAW, and good progress was made.

Output 3.1.4 An improved PSEA secretariat administered complaints mechanism

- ▶ PSEA Strategy was developed in consultations with all members of the sub cluster. Refresher training was conducted on PSEA to 12 (4 female) GBV/CP cluster members. Thirty-five humanitarian workers in Hargeisa were trained on PSEA.

Outcome 3.2. Formal and informal justice systems are equipped to uphold the human rights of GBV survivors

Key Achievements/ Results

Output 3.2.1 Community-based and informal justice systems are enhanced to better respond to the human rights of GBV survivors.

- ▶ 30 police (20 men and 10 women) in Boroma received awareness raising on GBV referral pathways and GBV-related legal frameworks.
- ▶ 199 youth (W: 64) trained on Community Service and Community Policing.

Output 3.2.2 Strengthened capacity of security and humanitarian actors on the protection of survivors.

- ▶ 85 police and CID officers in the three zones trained on GBV survivor centred approach; police training on GBV investigation has brought attitudinal changes of officers on GBV in 2015.
- ▶ Police training on GBV investigation has brought attitudinal changes of police officers. Currently CID officers are in the forefront in bringing perpetrators to justice. Technical dialogues and advocacy are ongoing.

Output 3.2.3 Formal justice systems strengthened to improve access to justice for GBV survivors

- ▶ 711 GBV cases were recorded in PL: 685 cases of GBV were supported under PL Legal Aid partners; 26 GBV cases were prosecuted in Gardo and Garowe.
- ▶ UNDP continues to support the SL Attorney-General Office in prosecution of GBV cases and operating specialized GBV units in the regional prosecution offices.
- ▶ For the first time since 2012, mobile courts commenced in Mogadishu targeting IDP camps and remote districts where courts are not fully functional. It is expected that gradually mobile courts will start operating in the newly engaged regions. Despite this important step, mobile courts in SCZ are facing challenges including security and limited capacity of the Supreme Court to implement the initiative.

Output 3.2.4 Increased awareness of Protection from Sexual Exploitation and Abuse (PSEA) among aid workers

- ▶ Prevention of sexual Exploitation and Abuse (PSEA) Strategy was developed in consultations with all members of the sub cluster. Refresher training was conducted on PSEA to 12 (4 female) GBV/CP cluster members. Thirty-five humanitarian workers in Hargeisa were trained on PSEA.

Key Result Area 4: Coordination

Outcome 4.1 Strengthened coordination of prevention and response programs among GBV working groups.

Key Achievements/ Results

Output 4.1.1 Common operational procedures that maximize efficiency, harmonization and learning developed and implemented.

- ▶ Monthly coordination meetings held, with clear actions implemented.
- ▶ Harmonized tools, including TOR, service mapping, SOPs, meeting minutes, referral pathways and reporting, were developed and currently being used across the country, emerging from the 45 GBV WG chair/co-chair/focal points training held in Nairobi and funded by OFDA, USAID.

Output 4.1.2 Harmonized systems for data management and analysis.

- ▶ Technical workshop that reviewed and harmonized the Gender Based Violence Information Management Systems (GBVIMS) tools held between 24th and 27th April in Hargeisa; testing period of the revised tools from Jul to Dec 2016. 300 judges, prosecutors, lawyers in processing criminal cases, gender justice, mobile court duties, security training
 - ▶ GBVIMS trainings held for 236 males and 250 females.
 - ▶ Monthly incident reporting by service providers and external trend analysis are now regular and consistent.
 - ▶ The number of GBV service providers using the GBVIMS increased by 100 percent in Somaliland, 133 percent in Puntland and 7 percent in South Central Zone since 2015. Somaliland and Puntland data now covers most of the locations, however, there is a need to reach out to remote locations.
-

Output 4.1.3 A network of professional, qualified and experienced staff dedicated to GBV coordination created.

- ▶ Regional and national GBVIMS coordinators continue to support the GBVIMS task force, which has led to improved GBVIMS reporting and coordination. Three regional dedicated GBV coordinators in place. Full time international GBV sub cluster coordinator/chair and national co-chair from CSO in place.
 - ▶ There are 12 active sub clusters in Hargeisa, Bosaso, Galkayo, Garowe, Baidoa, Belet Weyne, Dhobley, Dhusamareeb, Dolow, Jowhar, Kismayo, Mogadishu and the national sub cluster.
 - ▶ Two GBV coordination trainings were conducted in the two zones of Somalia (Somaliland and Puntland). A total number of 61 participants (33 female and 28 male) were trained on GBV coordination.
 - ▶ 85 participants (42 female and 43 male) were trained on GBV in emergencies and 92 participants (42 female and 50 male) trained on GBV mainstreaming, which has seen drastic application of knowledge in delivery of actors.
 - ▶ GBV sub cluster organised a three-day coordination workshop in April in Entebbe, Uganda, attended by the national chair, co-chair and field chairs/co- chairs, which has strengthened the effectiveness of coordination among all the GBV WGs and taskforces and ensuring timely and adequate response.
 - ▶ A five day capacity strengthening and coordination forum for stakeholders was held between 30th Nov and 4th Dec 2015 in Entebbe, Uganda, supported by UNFPA and UNICEF. The workshop was the first of its kind for the FGM stakeholders in Somalia.
 - ▶ 45 government and civil society organizations from Somaliland, Puntland and South Central, UNICEF and UNFPA staff participated in the forum, which focused on review of progress made in 2015 and joint planning for 2016 using global joint FGM program indicators. The global indicators for joint programme were reviewed and adapted to Somali context, and all the stakeholders agreed to use them.
-

Output 4.1.4 Consistent and predictable support for GBV prevention, response and coordination.

- ▶ Donor roundtable was conducted with presentation of key priorities and funding gap analysis, attended by 17 donor agencies, various UN agencies and GBV WG members.

Outcome 4.2 Enhanced collaboration with the other actors, whilst ensuring preservation of humanitarian principles.

Key Achievements/ Results

Output 4.2.1 Enhanced Policy dialogue and technical support with the government to set national standards and protocols based on GBV best practices.

- ▶ Working closely with the Ministries in charge of Gender across the country.
- ▶ Advocacy efforts are ongoing for Sexual Offences Bills, FGM-related legislative framework, and CEDAW ratification.

Output 4.2.2 GBV capacity building activities conducted with representatives from key government ministries.

- ▶ 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 percent in the first quarter 4W matrix for 2016 compared to the same period in 2015.

Output 4.2.3 Mainstreaming of GBV prevention and response across key humanitarian clusters enhanced.

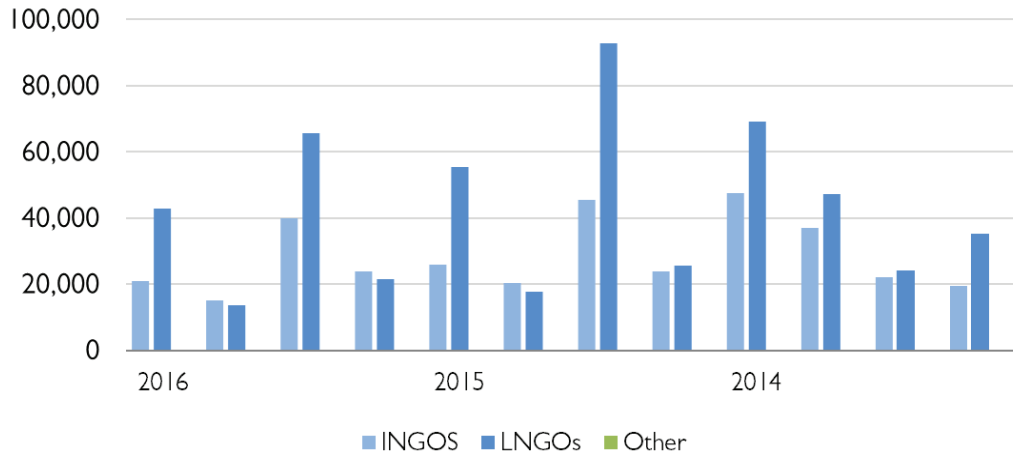
- ▶ IASC updated GBV guidelines for clusters were rolled out targeting the WASH, Health, Nutrition, Education, Shelter, Returns, Food Security and Protection clusters. 17 GBV trainings were conducted for 393 participants.
- ▶ GBV mainstreaming training and engagement with religious leaders held between 5th and 8th December in Hargeisa for clusters for 29 participants. The training was structured based on the newly-revised IASC Guidelines for Integrating GBV Interventions in Humanitarian Action.

Output 4.2.4 Somali civil society and women's groups engaged in GBV prevention and response.

- ▶ Over 200 CSOs are engaged in GBV prevention and response.

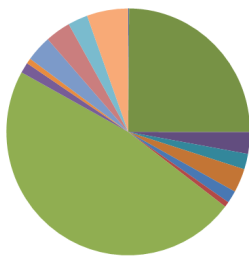
3.1 Analysis of the 4W Maps

Graph 1: Number of Beneficiaries Reached Per Organizations



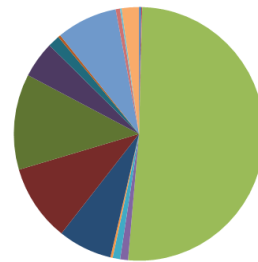
Most of the activities were implemented by LNGOs, followed by INGOs and others. UN agencies implement activities implementing through INGOs and LNGOs (see graph 1).

Graph 2: Number of Beneficiaries Reached Per Region, 2016



- Awdal
- Bari
- Gedo
- Lower Shabelle
- Mudug
- Sool
- Bakool
- Bay
- Hiraan
- Middle Juba
- Nugaal
- Togdheer
- Banadir
- Galgaduud
- Lower Juba
- Middle Shabelle
- Sanaag
- Woqoyi Galbeed

Graph 3: Number of Beneficiaries Reached Per Region, 2015



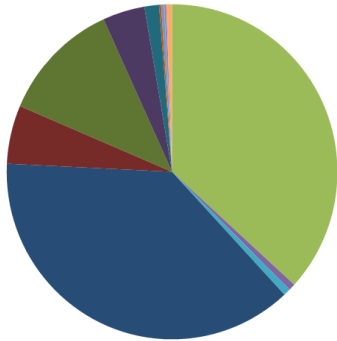
- Awdal
- Bari
- Gedo
- Lower Shabelle
- Mudug
- Sool
- Bakool
- Bay
- Hiraan
- Middle Juba
- Nugaal
- Togdheer
- Banadir
- Galgaduud
- Lower Juba
- Middle Shabelle
- Sanaag
- Woqoyi Galbeed

2014: most of the activities focused in Banadir region followed by Lower Juba region

2015: most of the activities focused in Banadir region followed by Lower Juba region

2016: most of the activities focused in Lower Juba followed by Banadir region (see graph 2-4)

Graph 4: Number of Beneficiaries Reached Per Region, 2014



- Awdal
- Bari
- Gedo
- Lower Shabelle
- Mudug
- Sool
- Bakool
- Bay
- Hiraan
- Middle Juba
- Nugaal
- Togdheer
- Banadir
- Galgaduud
- Lower Juba
- Middle Shabelle
- Sanaag
- Woqoyi Galbeed

Most of the beneficiaries of prevention activities are women throughout the three years (see graph 5).

Most of the beneficiaries of capacity building activities are women in 2015 and 2016; & men in 2014 (see graph 6).

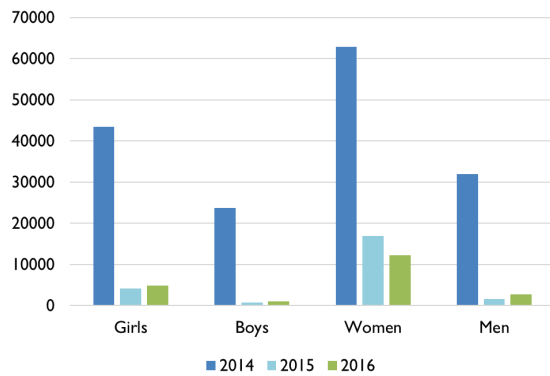
Most of the beneficiaries of GBV service provision are women throughout the

three years (see graph 7).

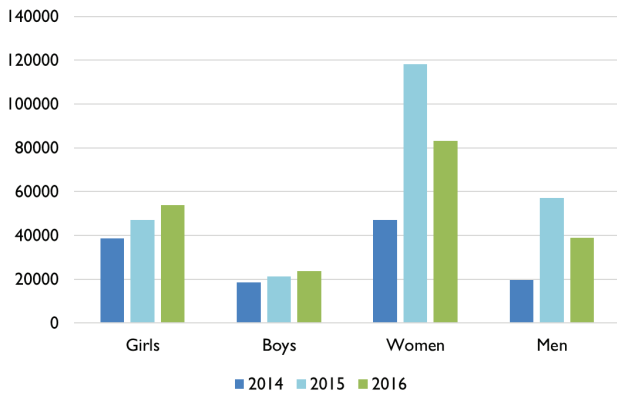
Most of the beneficiaries of livelihood assistance are women throughout the three years (see graph 8).

Most of the beneficiaries of material assistance are women throughout the three years (see graph 9).

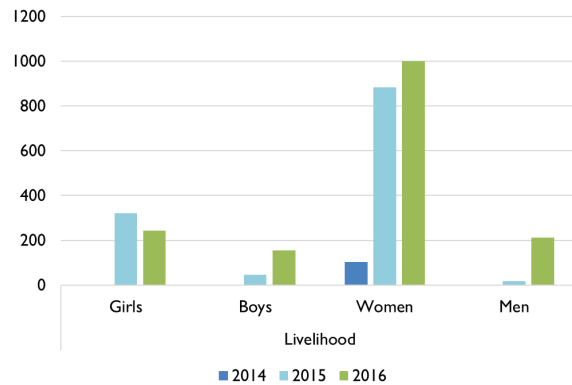
Graph 7: GBV Service Provision (medical, legal, psychosocial support and post rape treatment)



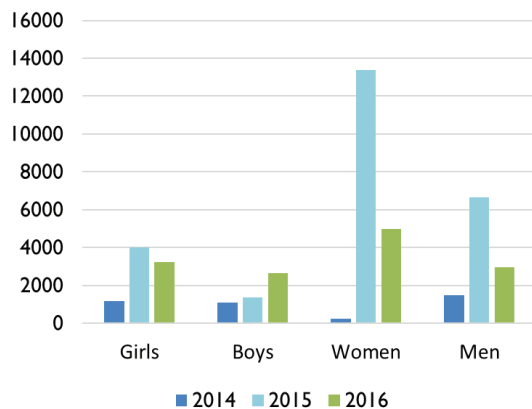
Graph 5: Prevention Activities



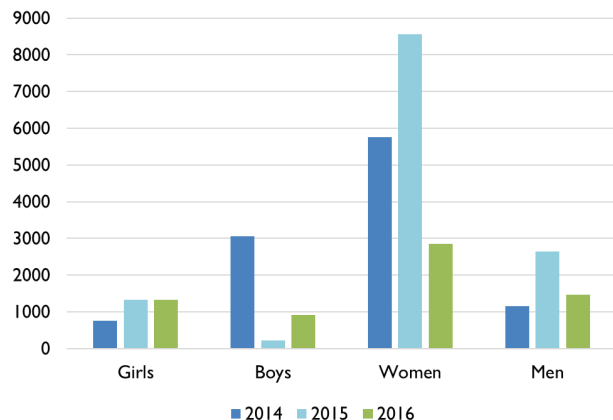
Graph 8: Livelihood Assistance



Graph 6: Capacity Building



Graph 9: Material Assistance



4 PROSPECTS FOR SUSTAINABILITY

Since 2014, there has been increased needs for GBV services which could be attributed to the clan conflicts, military offensives, drought and forced evictions yet funding is limited to respond to the needs of the GBV survivors. Funding therefore remains a huge need in Somalia. Access to basic services in the newly accessible areas and remote locations is a gap. Ending GBV requires collaboration of all the stakeholders in addressing the root causes of GBV. By building upon the results already achieved, the GBV sub cluster will continue to support the Federal Government of Somalia, Puntland, and Somaliland in the policy and legislative reforms that address GBV, prevention, mitigation, protection and service provision for GBV survivors. Priorities for the next GBV WG strategy 2017-2019 will focus on continuation of initiatives and addressing existing gaps in the four pillars of the GBV strategy in order to enhance the quality of care for GBV survivors, advocating funds for implementation of the GBV response and prevention activities as well activities focusing on enhancing rule of law and capacity for the security sector for building better systems to account perpetrators.

4.1 Facilitating Factors

- a) Political will to address GBV was one of key facilitating factor in FGS, PL and SL.
- b) Enhanced Coordination and accountability among GBV WG and other Humanitarian actors as well as government and local authorities across Somalia.
- c) Health professionals around Somalia are very receptive to learn on CMR and its protocols.
- d) Involvement of Media Professionals in GBV prevention, response and knowledge sharing.
- e) Commitment of the GBV Sub Cluster members in developing and implementing of Standardized protocols and guidelines
- f) Support from humanitarian actors and government's cooperation

- g) Use of Gender Markers in projects development

4.2 Challenges

- Weak legislative framework and access to justice, which remains as a challenge for GBV survivors to seek justice and allows prevalence of impunity.
- Limited funds to cover both urban and rural remote areas.
- Limited knowledge and stigma about GBV among communities, which hinder identification, reporting and referral of GBV cases.
- Access to implementation locations and rural areas due to prevailing security situation.
- Difficulty in reporting quantitative and qualitative results.
- Fear of retaliation from the known perpetrators and use of community resolution mechanisms
- Limited existence of shelters and safe spaces, which may pose further risks of violence to the survivors.
- Limited support to facilitate recovery and reintegration of survivors through referral or provision of livelihoods and skills training programmes.
- Limited technical capacity of service providers in the referral system to provide quality services.
- Protracted displacement of IDPs that makes them more susceptible and vulnerable to GBV.
- Sensitivity and complexity of the topics related on GBV.
- Social norms that do not recognize some forms of GBV, for instance, intimate partner violence and domestic violence, as human rights violation and/or public issue.

4.3 Lessons Learned and Best Practices

- Coordination among the key stakeholders worked well.
- Partnership is one of the successes achieved during the implementation of GBV WG strategy.
- Capacity building activities that target focal points and active members strengthens and improves implementation of the service delivery, GBV Sub Cluster strategy and work plans.
- GBVIMS improved information sharing and helped programing and prioritizing the focus.
- Importance of ensuring international best practices is adapted to the Somali context.
- Importance of training and engaging media and civil society to mobilize them as change-makers.
- Important to engage religious leaders in awareness raising for the total abandonment of FGM.
- In order to strengthen coordination skills and responsibilities among the co-chairs and field focal points, mentoring and coaching helped them to fulfill their specific roles.
- Prevention activities are important in eradicating GBV incidents.
- Setting the road map for CEDAW ratification was a very bold, but important step forward.

4.4 Recommendations for Next GBV WG Strategy 2017-2019.

- Foster the implementation of Puntland Sexual Offences Act.
- Continue strengthening of GBV WG coordination systems and capacities around the country.
- Scale up the operations of the pilot forensic laboratory in Mogadishu and start the forensic laboratory in Garowe.
- Utilization of a strategic integrated approach of mainstreaming GBV concerns into other humanitarian programmes/projects.
- 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.

- Policy dialogue, consultation and advocacy for CEDAW ratification.
- Strengthen advocacy with policy makers for the enactment of the Sexual Offences Bills and FGM policy.
- Roll-out of the harmonized Case Management Toolkit to standardize tools used
- Strengthen the GBVIMS and case management.
- Continue to advocate for ending impunity, which would lead to reduced cases and high level of convictions.
- Strengthening quality and multi-sectoral service provision for GBV survivors.
- Further promote the use of the harmonized messages.
- Further roll-out of the updated IASC GBV guidelines in Somalia to mainstream GBV in other clusters.

4.5 Donors Supporting GBV Prevention and Response Activities in Somalia

- | | |
|--------------------------------|------------------------|
| • African Union Commission | • Japan |
| • Bilateral and Private Donors | • Norwegian Government |
| • CANADA Government | • SHF |
| • CERF | • SIDA |
| • DANIDA | • UKAID |
| • DFID | • USAID/ OFDA |
| • ECHO/ EU | • World Bank |
| • IGAD | |

4.6 Funding Status for GBV¹ Projects

- Most of the funding was received in 2016 (\$9,537,505 out of \$21,163,240 for all Protection projects) followed by 2015 (\$8,864,161 out of \$10,103,636 for all Protection projects) and lastly 2014 (\$4,828,988 out of \$7,211,143 for all Protection projects).

Source: Financial Tracking Service (FTS) for Paid Contribution and Commitment.

1. Some projects are joint with other sectors like Child Protection.

**For more information, please contact
Isatu Sesay-Bayoh, Chair of the GBV Sub
cluster or Halima Adan, Co chair.**

