



WARARKA soomaaliya

Thematic Briefing of the
United Nations
Country Team Somalia

The New Deal and the GBV strategy: Picking up speed in the fight against GBV

Widespread violence against women is a problem in Somalia. Cases of Gender-Based Violence (GBV) are still rampant in the country: over the last reporting period (July 2012-June 2013), thousands of cases of abuse have been reported in the south-central region of Somalia alone. Although concrete figures are not available, aid agencies fear that a large number of cases of GBV remains unreported. This also means that survivors are on their own when it comes to dealing with their ordeal. The lack of trust in security and protection services means that many women and girls do not report their abuse and miss any chance at medical and legal services or any other form of support.

Action from the Somali Government is urgently needed and dealing with GBV is a problem that the new government of Somalia has committed to tackle head on with a zero tolerance approach. This commitment is enshrined in Article 15 of the Provisional Constitution of Somalia which recognizes the right of all individuals to personal security including "the prohibition of [...] all forms of violence, including violence against women." Since its adoption in August 2012, the Provisional Constitution has been the supreme law of Somalia setting out the rights and duties of its citizens. In addition, the "New Deal for Somalia" developed by the Somali Government



together with international development partners calls for "zero-tolerance on gender-based violence." However, while the statistics above are disconcerting, there are also some positive trends: More than a third of rape cases reported over the last year were identified within 72 hours indicating that medical care is becoming more and more accessible and survivors are increasingly aware that these services exist. In addition, more than 90 per cent of survivors who reported rape cases received emotional and psychosocial support. In one region, opportunities to earn income were provided to 27 per cent of survivors who sought assistance. Even so, the situation for survivors in general remains extremely fragile due to gaps in service provision and a lack of trust in security and protection services as well as legal aid. This is also reflected by the way the judiciary has recently reacted to cases of alleged rape: instead of receiving any kind of support from the government, survivors have to fear being accused of defamation. This sends a wrong signal to all women and girls who muster the courage to take legal action and creates a feeling of impunity for perpetrators who feel like they have nothing to fear. The "New Deal" aims to address the problem of GBV and focuses on the empowerment of women and girls to make them more resilient. This goes beyond providing just security and protection and also includes providing livelihood opportunities, medical and legal services and redress.

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"GBV has become a priority issue for the Federal Government of Somalia as well as for the United Nations. On her visit to Somalia in April 2013, the Special Representative to the Secretary-General (SRSG) for violence in conflict, Zainab Bangura, highlighted the need for the international community and the Federal Government of Somalia to strengthen the legal framework and reform the Penal Code so that it criminalizes all forms of GBV. With the London Communiqué of May 2013, the Federal Government has made a step in the right direction by showing its commitment to provide adequate responses to GBV survivors. And this is urgently needed. The recent GBV incidents and rape cases in Mogadishu show that responses to the phenomenon nationwide are insufficient. Survivors reporting their abuse fear being accused of defamation instead of receiving help. It is time that perpetrators are held accountable and survivors receive the necessary support. On the following pages we will show you what the UN and partners are doing to prevent GBV and help survivors."

Philippe Lazzarini
Deputy Special Representative of the
Secretary-General and
Humanitarian and Resident
Coordinator for Somalia

INTERVIEW

Hawa Aden Mohamed
Nansen Refugee Award Winner 2012



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At the heart of the “New Deal for Somalia” is the Somali Compact, the agreement which was endorsed at the Brussels Conference on 16 September 2013. The Compact outlines the key priorities for the coming three years and clearly states the Somali Government’s commitment to increasing security, justice and service provision, all of which will help fight GBV and better address the needs of survivors.

The New Deal Compact constitutes a framework for addressing the main challenges with regard to GBV. It revolves around five Peacebuilding and Statebuilding Goals (PSGs).

PSG 1 is a commitment to building “**Inclusive Politics**”. The Compact calls for an increased participation of

women in politics and sets the target of a 30% quota for female representation in parliament. This is expected to result in a changing atmosphere and greater awareness of gender-related issues such as GBV. In line with **PSG 2** to bring “**Security**” to Somalia the Somali Government together with the UN will continue training police officers on human rights and the responsible investigation of GBV cases in order to improve security for women and girls. Somalia is party to several sources of international law that recognize the right of women and girls to live free from violence. Under **PSG 3** “**Justice**” the Somali Government commits to fulfilling its duty to prevent GBV and give all Somalis access to fair and affordable justice. **PSG 4** “**Economic foundations**” focuses on livelihood

enhancement and employment generation. By giving special consideration to the economic empowerment of women and girls the New Deal will help reduce their vulnerability and make them more resilient towards GBV. Under **PSG 5** “**Revenues and Services**” the government has the chance to fulfill its role as a service provider and provide survivors of GBV as well as other citizens with medical services. Building on this momentum and in order to better coordinate efforts, GBV partners with the support from the United Nations and the Humanitarian Country Team are currently in the process of finalizing a three-year strategy focusing on (1) Prevention, (2) Service Provision/Response, (3) Rule of Law and Access to Justice for GBV Survivors, and (4) Coordination.

Focus on

What is Gender-Based Violence?

GBV encompasses a wide range of human rights violations ranging from rape, domestic violence, sexual assault and harassment, trafficking of women, girls and boys and harmful traditional practices including Female Genital Mutilation and Cutting, early child marriage, bride inheritance and others.

The violations can be directed at men, women and children. In an emergency context such as Somalia, human rights violations may be extreme due to the increased insecurity, weak rule of law, lack of humanitarian access, and frequent natural disasters and forced displacement of populations.

Whilst all women and girls are at risk, displaced women and girls living in settlements for Internally Displaced Persons are particularly vulnerable to violence, especially sexual violence, due to the lack of physical security in camps. A large majority of survivors of sexual violence are reported to be displaced women and girls.



Above: Women displaced by conflict living in camps are especially vulnerable to Sexual and Gender-Based Violence. ©AU-UN IST/I. Abukar

60-year old Siraad Dheelood is an FGM/C abandonment champion from the Sanaag region. Her story shows that the fear of being stigmatized still plays a central role in opting for the practice. “I was circumcised when I was 8 years old. As I and other girls



were about to undergo the procedure, a religious leader came to the scene and told the circumciser to stop what she was doing to us. He told her she would go to hell if she went ahead to cut us. The circumciser paused for a moment as if to weigh the two options; giving up the lucrative practice that was the source of her livelihood or facing the wrath of hell on judgment day. She then asked one of the girls’ mothers to choose between stopping the cut and taking wrath of hell upon herself. The mother opted for circumcision saying: “I will not allow my daughter to be shamed in the community.” The social pressures are immense for those who choose to discard the practice, but Siraad is undeterred: “We won’t stop or give up until we reach our goal. We have many resourceful people and we will work with them until we achieve total abandonment of FGM/C in Somalia.”



Above: A social mobilizer talks to a survivor of FGM/C in Boroma. ©UNICEF/B. Swagin.

“Zero tolerance” for Female Genital Mutilation and Cutting

technical and financial support from the UN.

These activities have already led to a slow but steady positive change of attitude towards abandoning all forms of FGM/C. Even though it takes time to change behavior, there are some positive signs that the practice of cutting or removing women’s parts is reducing as a result of continuous community education, policy

dialogues and advocacy sessions under the leadership of religious leaders and other community champions. So far, 46 communities in Somalia have publically declared abandonment of all forms of FGM/C. Other positive steps are public discussions and including the topic in Koranic school classes. Female circumcisers

who have abandoned the practice have become the strongest advocates against it.

In Puntland and Somaliland, UNICEF and UNFPA have engaged child protection advocates, youth, religious and traditional leaders, teachers,

students, and parents in advocacy events and commitments on FGM/C abandonment at the community level. About 40,000 community members, most importantly female circumcisers who have abandoned FGM/C practices, government representatives and elders attended the events to jointly reinforce their commitment to advocating for the reduction and elimination of FGM/C.

Important changes are also taking place at the policy level: the Provisional Somali Constitution outlaws all forms of FGM/C and a draft decree in Somaliland prohibiting FGM/C is awaiting endorsement from religious leaders. In addition, a draft legislation outlawing all forms of FGM/C in Puntland is at the final stages and a ‘fatwa’, a religious decree, recently issued in Puntland bans all forms of FGM/C. This fatwa is an important step towards protecting girls in Puntland and providing them with hope of a brighter future.

Somalia has one of the highest prevalence of Female Genital Mutilation and Cutting (FGM/C) in the world: 98 per cent of women and girls undergo this practice. The challenges are both in terms of prevention and adequate health care for survivors.

UNFPA and UNICEF Somalia with the support of the Joint Health and Nutrition Programme have continued to support the Somali Government and partners in advocating for the abandonment of the practice. A special effort has been made to support prevention programmes, particularly within the context of the “Zero tolerance for FGM/C” campaign, an initiative led by the Somali Government with

**40,000
community
members
engaged in
activities to end
FGM/C**

Somali youth against FGM/C

Young people are equally involved in advocating for the abandonment of FGM/C. What makes the way they are advocating special however is the use of a new programme, “technology for development (T4D)” to facilitate social change. By using mobile phones, social media and multimedia services including audio, pictures and video images, young people are very successful in reaching out to other youth as well as policy makers. The idea behind this is that mobile phones and social media are a viable means to engage youth in dialogues and advocacy to address social determinants which may lead to behavioral change. Another advantage of T4D is that it involves minimal costs and can be used to reach a large number of people. A youth network supporting FGM/C abandonment for example has sent mobile text messages to 300,000 mobile phone users. In addition, youth are using social media to organize events, communicate among themselves and with others, and express their opinions in online forums. A facebook page that accommodates discussions on FGM/C as well as news, photos and videos has been visited by over 60,000 young people.



Young Somalis use modern communication technology to advocate for the abandonment of FGM/C. ©Xinhua



Mama Hawa at her Education Centre. © UNHCR/F. Juez

About “Mama Hawa”

Hawa Aden Mohamed, better known as “Mama Hawa,” a former Somali refugee heads the Galkayo Education Centre for Peace and Development (GECPD) in Puntland. In October 2012, she won UNHCR’s prestigious Nansen Refugee Award for her exceptional, tireless and inspiring work for Somalia’s refugees and displaced girls and women. A survivor of FGM/C herself, Mama Hawa lost her then 7-year-old sister when she died from an infection resulting from her circumcision. Speaking over the phone from Puntland, Mama Hawa is consumed by enthusiasm for her work with the girls at the education centre. When she starts talking, we are immediately captivated by her gentleness and the polite words she uses which are so

typical of Somalis of her generation.

Q What have you done since the winning of the Nansen Refugee Award last year? What did you use the prize money of USD 100,000 for?

The Nansen Refugee Award has allowed me to put an idea into practice that I have had for a long time: a dormitory that will make it possible to open a boarding school so that even more children from our region can receive education at our centre. The project is expensive but with the prize money we have been able to cover one third of the costs.

Q What is the current situation in your region with regard to Gender-Based Violence and Female Genital Mutilation/Cutting? Do you feel that progress has been made over the last year?

Some progress has definitely been

made and I can see that there is greater awareness about Gender-Based Violence and FGM/C. Some people in our region have even been charged in court and through the Xeer system, a traditional legal system where elders serve as judges and help mediate cases using precedents.

The Puntland government recently presented a bill to the parliament to outlaw gender-based violence. The bill is currently being discussed by lawmakers and we hope that it will be passed soon.

Q What are your concerns with regard to Gender-Based Violence and what would be possible solutions?

We know that increased advocacy and outreach are key to eradicating GBV. That is why for the 16 Days of Activism Against Gender Violence we

organized sports competitions and raised awareness for the problem. Another important thing is that we need better laws and a better performing justice system as a foundation for our work and that these laws need to be enforced. This is why it is so important to get the support of the government.

Q What does it need to eradicate FGM/C in Somalia and how can the international community help?

The help of the international community has been very important and we are grateful especially for the financial support. However, eventually Somalis can only help themselves. What we need is greater awareness of the problem and the support of opinion leaders such as elders, Sheikhs and the mosques.

Providing care to those who report the abuse

Experiencing GBV is terrible, but for most survivors the ordeal does not end there. Many health centres in Somalia do not have the necessary equipment and drugs to treat survivors and often also lack the skills to provide adequate care. In addition, the lack of confidential and private space often makes it difficult to examine and counsel survivors. This has severe consequences because

survivors of sexual violence who fail to receive appropriate treatment and counseling can suffer for years, greatly diminishing their ability to care for themselves or their families. For many survivors, appropriate medical care is the first step towards a normal life.

This is why the United Nations Country Team works closely with



Above: © UNICEF Somalia

partners to address the issue of timely medical and psychosocial response to GBV survivors.

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The United Nations and implementing partners are distributing post-rape treatment kits which include pregnancy tests and drugs for treatment against Sexually Transmitted Diseases and post-exposure medication to prevent HIV infection. Currently, there are 148 post-rape treatment kits available which can treat over 7,000 survivors. These kits ensure the timely treatment of GBV survivors

and also support the training of health professionals to better treat or care for the survivors of rape and abuse. In addition to medical care, the UN supports implementing partners to provide psychosocial counseling, emotional support and livelihood opportunities to GBV survivors.

Most GBV survivors in Somalia are ostracized by society and lack community support. This is an extremely difficult situation in a

country where livelihood opportunities are scarce and many struggle to make ends meet. In order to help vulnerable women and girls and facilitate their way back into society, the UN and partners offer vocational skills training and livelihood activities to help their recovery process. Being able to fend for themselves and their families is an important step for survivors and helps them to reintegrate their communities.

Training police officers on investigation of SGBV

Safety and security are the key foundation for building lasting peace and prosperity for all Somalis. Through the United Nations Development Programme (UNDP), the United Nations Country Team is helping the Somali people to tackle insecurity and conflict by strengthening responsible policing that considers the needs of the communities.

UNDP's Civilian Policing Project supports training and appointment of police officers, promoting human rights training and gender equality in all three Somali police forces and helps foster public trust and confidence in them. In addition, new police uniforms were issued in Mogadishu and Somaliland to help better identify police officers and distinguish them

850 female police officers have been recruited and trained

from the military. This will eventually build trust and confidence and tangibly improve the official conduct of the police. Women in Somalia are particularly vulnerable and underrepresented in government institutions. Their voices need to be heard when designing responses to insecurity. This requires ensuring sufficient numbers of women in the police and also career support for female police officers, enabling them to perform professional police duties at all levels. Targeted recruitment and training of female police officers has resulted in an increase of female police officers. So far, 850 women have been recruited and trained.

A special focus has been given to respond to and investigate GBV cases as well as provide specialist facilities such as "women and children desks" to assist survivors. In addition to the police training, UNDP has worked towards standardizing the human rights curriculum for law studies in the universities in all three regions of Somalia and has trained 100 criminal investigators in Puntland. This training will increase the capability of the police to investigate crimes including violence against women. This support



Above: © UNDP Somalia.

is urgently needed at a time where cases of Sexual Exploitation and Abuse of women and girls constitute an enormous problem in Somalia. The recent call by civil society for new and transparent investigations of an alleged rape case by AMISOM soldiers in Mogadishu has made it clear that a lot still needs to be done to establish a rule of law in Somalia.

South-central Somalia	5,300
Puntland	1,500
Somaliland	5,000 + 3,900 trained in human rights

Number of police officers trained in each region.



Above: © UNDP Somalia.



UN Country Team committed to prevention of sexual exploitation and abuse

Many women and girls have been subjected to rape and other forms of sexual violence in Somalia, particularly inside camps for internally displaced people (IDPs) and refugees, where they should be safe. Despite a significant presence of the humanitarian community in the country, protection of civilians, including women and girls, targeted for sexual violence is fragile. In some cases, the danger of sexual exploitation and abuse even comes from aid workers and military actors who are supposed to offer security and protection.

The United Nations Country Team has teamed up support in setting up mechanisms for the Prevention of Sexual Exploitation and Abuse (PSEA) by these partners to provide

protection for women and girls living in IDP settlements who are at heightened risk of Sexual and Gender-Based Violence (SGBV). This includes devoting resources to staff training and developing mechanisms on protection from sexual exploitation and abuse by personnel. The UN has also commissioned a team to develop a joint work plan focusing on establishing a complaints and response mechanism so that cases perpetrated by aid workers in Somalia are investigated and victims receive full reparations. In addition, the Somali Government, the African Union, UN agencies and International Non-Governmental Organizations have established a joint coordination cell to ensure inter-agency cooperation in

handling complaints about sexual exploitation and abuse, full coverage of communication to beneficiaries and education on Codes of Conduct for all humanitarian workers.

Facts at a glance

- More than **900 survivors** of GBV accessed services in May/June 2013
- **56%** were incidents of **sexual violence**, the majority of which were **rape** cases (446 cases).
- **82%** of survivors were **IDPs**.
- Less than **1%** of survivors who accessed clinical services **reported cases to the police**.



The GBV Working Group: Working together towards eradicating GBV

Through the GBV Working Group, the United Nations and its non-governmental partners are working together to streamline and standardize prevention and response processes.

The Working Group comprises an interdisciplinary and inter-organizational team of experts from UN agencies and

International/Local Non-Governmental Organizations committed to improving health, psychosocial and legal services as well as the security of GBV survivors. In addition to the national Working Group based in Nairobi, eight sections are spread all over Somalia.

Getting the info...

A comprehensive national baseline survey process supported by the United Nations and led by UNFPA has recently been started in order to address the limitations of data on the GBV situation in all three zones of Somalia. The baseline survey process will complement incident reports already being collected by the GBV Information Management System and identify trends and patterns throughout Somalia. This information will help to prevent new cases of violence against women and improve response programmes for survivors.

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