



## GENDER-BASED VIOLENCE (GBV) PROGRAMME

“IOM SOMALIA’S GENDER-BASED VIOLENCE INTERVENTION AIMS TO PROTECT, TREAT, CARE FOR AND OFFER SUPPORT TO THE MOST VULNERABLE POPULATIONS IN SOMALIA THROUGH AN INNOVATIVE APPROACH AND THROUGH MAKING USE OF TECHNOLOGIES AS WELL AS THROUGH BUILDING UPON THE STRENGTHS OF BENEFICIARIES.”

Somalia has experienced long bouts of conflict, and as is common in similar post-conflict situations, cases of gender-based violence continue to be reported. This area remains largely unaddressed in the Somali context as the subject is regarded as quite sensitive. There is, however, urgent need to scale up programming and funding to address this growing concern.

Since 2011, IOM Somalia has been implementing programmes to respond to and prevent GBV amongst internally displaced persons (IDPs) through provision of psychosocial support and medical assistance in partnership with health actors as well as building the capacity of community actors to ensure sustainability.

The programme’s main objective is to build new and improve upon existing capacity for more efficient service delivery through support for a centralized co-ordination system and the strengthening of existing referral systems and direct survivor assistance in the three zones of Somalia; Mogadishu, Puntland and Somaliland.

### Migration Health Division’s (MHD’s) approach

1) Conducting evidence-

informed programming;

2) Enhancing the capacity and upgrading of skills of local and host communities, community based organizations (CBOs), the private sector and authorities for sustainability and ownership

3) Strengthening partnership with key stakeholders (including beneficiaries) and private sector.

### Prevention and protection

In 2014, IOM Somalia continues to support the Ministry of Labor and Social Affairs (MOLSA) in Somaliland and the Ministry of Women and Family Social Affairs (MOWFSA)

## IOM IN ACTION

In 2015:

- Over **4500 solar lanterns** have been distributed across IDP camps in areas of operation in Somalia to communities to prevent instances of GBV
- **3,139 beneficiaries (273 boys, 624 girls, 1942 women, and 300 men)** have been reached through **GBV outreach campaigns, family visits and GBV awareness raising activities in Southern Somalia and Puntland**
- Out of the **505 GBV cases** reported, **309 cases** have been referred for further medical assistance and **16 survivors** have received legal aid,
- **54 Imams, clan leaders** were trained on GBV prevention in Puntland
- **26 NGO staff** were trained on GBV case management and the referral pathway.
- **145 Psychosocial counsellors** were trained on GBV response
- **31 Police officers** were trained on GBV concepts and the referral pathway
- **15 Journalists** were trained on GBV concepts and the referral pathway

in Puntland as well as IOM's local implementing partners and is working towards the 16 Days of Activism annual global campaign to end violence against women. As part of this support network, IOM Somalia's implementing partners chair community dialogue sessions in order to encourage the participation of and sensitize community members, religious leaders, traditional elders and respected members of the community on GBV as a violation of human rights. Furthermore, these sessions work to identify and strengthen community based mechanisms and structures that can appropriately address GBV and eventually lead to a reduction of incidents. Community members are also sensitized through radio campaigns and a variety of outreach activities, including sport.

IOM Somalia's implementing partners recognize the involvement and participation of males as a crucial element in the fight to curb gender-based violence. In this regard, IOM Somalia's partners actively engage men in social mobilization and outreach activities.

In Mogadishu, Somalia Women's Development Center (SWDC) regularly conducted awareness sessions on HIV/AIDS, female genital mutilation (FGM) and early or forced marriage. These sessions

highlighted the dangerous consequences of both FGM and early/forced marriage as well as methods of contracting HIV, transmission, ways to prevent it and mechanisms of seeking testing, counseling and treatment regimens. In all sessions, counsellors and key members of communities, through social mobilization, engaged IDPs and encouraged participation in discussions.

### Treatment care and support

Through partnership with implementing partners across Somalia, IOM Somalia reached over 1,400 beneficiaries with awareness raising activities and community outreach sessions.

IOM Somalia, in partnership with SWDC expertise, conducted individual and group counseling sessions for GBV survivors and forced returnees from The Kingdom of Saudi Arabia at Aden Adde International Airport where IOM set up a temporary tent for provision of psycho social support and medical services to the returnees.

### Coordination and advocacy

A key dimension of IOM Somalia's action against GBV in Somalia is its involvement of all stakeholders including survivors, families of the affected, affected communities, line ministries and organizations who form



Within settlements for internally displaced persons (IDP), IOM Somalia's Migration Health Division (MHD) is reaching out to IDP women representatives to train them on basic psycho-social support, peer education, gender-based violence (GBV) and its impact on survivors, coping mechanisms in the IDP camps, and sensitization about places where GBV

part of different inter-agency clusters. This network is considered vital as it assists in systematically informing the strategies and interventions tailored to eradicate or prevent GBV.

IOM Somalia, through its implementing partners, also supports efforts to push back against the tide of GBV by participating in regular projects focused on advocacy, making

use of outreach campaigns specially designed to ignite and drive social change in a culturally sensitive, yet effective manner.

### Solar lanterns

IOM Somalia has partnered with Panasonic and the Japanese government in an initiative to reduce the occurrence of GBV incidences through provision of solar lanterns to IDPs and their host communities. To date IOM has distributed over 4,500 solar lanterns in IDP settlements throughout Somalia



Five-year-old Mohamed Hassan holds a portable solar lantern distributed by IOM. © IOM 2014 (Photo: Hamza Osman)

“While I need money to meet my daily needs, I have rejected a lot of offers from mothers who wanted me to perform FGM on her daughters”

Adey Ulusow, FGM activist, Mogadishu, Somalia

“IOM PRIORITIZES THE TRAINING OF PSYCHOSOCIAL COUNSELORS AND FEMALE IDPs AS PEER COUNSELORS, PARTICULARLY IN LIGHT OF GENDER-BASED VIOLENCE CASES.”

## Referrals: the most crucial part of psychosocial support

In 2015, through enhancing and supporting the referral system in Somalia ,the International Organization for Migration (IOM)(in collaborating with its implementing partners on the ground) was able to conduct the following:

- Provided **505 survivors** of GBV with psychosocial support in Mogadishu
- Conducted **309 referrals to health facilities** in Mogadishu and Puntland. In collaboration with the GBV working groups in Kenya and Somalia that IOM Somalia participates in, IOM Somalia together with its implementing partners ensures regular usage reporting through the GBV-IMS system for improved data collection and monitoring of GBV cases in Somalia



A young girl participates in 2014, commemoration of International day of zero tolerance to female genital mutilation (FGM) held in Mogadishu, Somalia. Through the awareness raising campaign against FGM, IOM in collaboration with its local partner Somalia Women Development Centre (SWDC) reached approximately over 400 vulnerable populations from internally displaced settlements. © IOM/SWDC 2014



“Since high prevalence of sexual and gender-based violence (SGBV) was reported in target areas where women are often attacked when they fetch water or use latrines that have no locks at night, IOM has linked social mobilization to prevention of GBV by raising awareness of GBV and gender issues in affected communities.”

Dr Samir Hadjiabduli, Programme Officer (Gender),  
International Organization for Migration, Somalia

## “Former FGM practitioner joins the fight against female genital mutilation in Mogadishu, Somalia”

Adey Ulusow has lived for many years in Somalia as a Female Genital practitioner popular among the community for performing FGM to many girls in Jowhar town ; even her own daughters underwent cutting.

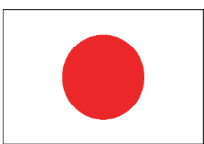
As time went by, Adey was displaced from Johwar to Mogadishu where she joined Tarabuunka internally displaced settlement. While at the settlement Adey slowly started attending gender based violence (GBV) awareness session, legal awareness sessions, female genital mutilation campaigns .Through these sessions she begun to understand the crucial link between FGM and women’s health.

With the various campaigns and awareness raising session conducted by SWDC, IOM local implementing partner, Adey realized the harm and risk she had exposed many girls in Mogadishu, Somalia. As a result, the former practitioner is now actively leading to eradicate FGM, playing a key role in supporting SWDC activities on the ground.

“While I need money to meet my daily needs, I have rejected many offers by mothers who need FGM to be performed on their daughters. I have advised the mothers and women on the various effects of FGM such as ; severe health complications and psychological trauma that comprise human right abuses. I have abandoned the practice of FGM and I am now focused on being a dedicated TBA (Traditional Birth Attendant)” Adey proudly says.

In addition to the above, Adey recommends to have more training for TBAs especially on reproductive health issues, family planning, post natal care and HIV/AIDS prevention as most of communities are uneducated.

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International Organization for Migration (IOM)  
Somalia Mission  
Gitanga Groove – off Gitanga Road, Lavington  
PO Box 1810 – 00606, Nairobi, Kenya

Tel: +254 20 292 6000  
Email: [iomsomalia@iom.int](mailto:iomsomalia@iom.int)  
[www.iom.int](http://www.iom.int)

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