

Implementation of the National Action Plan on Ending Sexual Violence in Conflict in Somalia – A Report On The Achievements and Challenges of 2015

Introduction

1. In 2015, trends on sexual gender-based violence(SGBV) and conflict related sexual violence(CRSV) in Somalia reveal that these two areas continue to be a critical protection concern. Reports reveal that ninety-four percent (94%) of the cases of SGBV survivors are females, confirming that women and girls continue to be particularly at risk. Seventy-four percent (74) of the survivors come from the internally displaced persons (IDPs) community, which further corroborates the fact that displaced persons continue to be the most vulnerable and in need of more protection.
2. There were 4,030 reported SGBV cases. Physical assault, accounted for fifty percent (50%) of the total number. The second most common type of crime reported was rape, and it accounted for twenty-two percent (22%) of the cases. The third most prevalent crime was sexual assault which accounted for nineteen percent (19%) of the cases. Reports indicate that the increase number of cases was caused by clan conflicts, military offensives and forced evictions.
3. The need to end sexual violence is greater than ever and more and more effort is being put in through a combination of effort by the Federal Government of Somalia (FGS), the United Nations (UN), international and local non-governmental organisations and the donor community. These joint efforts have resulted in tangible results being achieved through the implementation of the NAP/SVC.
4. It is against this backdrop of sexual violence being endemic that the NAP/SVC was adopted. The NAP/SVC's main objective is to end sexual violence in conflict. This will be achieved through a comprehensive national strategy that covers all key areas that need to work effectively in order for sexual violence to be addressed. The NAP/SVC is based on three pillars: a) service delivery to survivors of sexual violence, b) access to justice for survivors as well as ensuring that perpetrators are brought to account, and c) the support of the uniformed services in Somalia through the work of the Somalia National Army and the Somalia Police Force.
5. This report seeks to highlight the achievements and challenges in the implementation of the NAP/SVC made in 2015. The report will also address priority areas identified for 2016 in order to achieve greater impact to end sexual violence in conflict and to end impunity on the part of those who perpetrate this violence.

Key Achievements

6. The NAP/SVC is a story of success in terms of national ownership. The NAP/SVC is really owned by Somalis. This is how it should be and should remain like this. This will ensure that the activities of the NAP/SVC will be sustainable. The solutions developed

will resonate with Somalis and will take into account all the religious, cultural and national issues that affect Somalis. The solutions will be home grown and will not be imposed on Somalis by anyone. This will also make it much easier to win over skeptics to the cause of ending sexual violence as they will see that the solutions being suggested and provided take into account all issues that are of concern to Somalis.

7. The NAP/SVC established a Steering Committee (SC) with the mandate to oversee its implementation. The Steering Committee is co-chaired by the Ministry of Women, Human Rights and Development (MoWHRD) and UNSOM. This body's role is to ensure that all the planned activities are carried out and are properly coordinated. The SC is made of the key FGS institutions responsible for the provision of services that contribute to ending sexual violence and law enforcement agencies that aim to address issues of crimes of sexual violence.
8. Given that Somalia is a country in conflict, the SNA has a role to play and this is to ensure that security for citizens is enhanced and is maintained. The SC is also comprised of UN Agencies as well as donor countries whose support is invaluable in the fight to end sexual violence. It also includes three civil society organisations who provide services for survivors following the survivor centred approach in dealing with sexual violence cases. These services include from psycho-social support, medical support and legal aid.
9. The SC met on three occasions in 2015. By the end of the year, a number of impressive activities had been done. The civil society organisations in particular, were able to do a lot of activities and serve a great number of survivors of sexual violence. A table marked Annex 1 is attached which shows the nature of the services provided and the number of beneficiaries. This works shows that civil society organisations working together with the FGS can achieve a lot together.
10. As the lead implementer of the NAP/SVC the MoWHRD achieved the following as part of its implementation of the NAP/SVC:
 - a. The Sexual Offences Bill was finalised and was submitted to Cabinet in late December for approval. The Bill is in English and Somali. It was widely consulted when it was developed. Those consulted include religious leaders, traditional leaders, the UN, civil society organisations and the Somali general public.
 - b. Work on the Convention on the Elimination of all forms of Discrimination against Women (CEDAW) was carried out by the Ministry. The Ministry trained Director Generals from relevant line ministries on the articles of this convention and submitted a proposal to Cabinet for it to be ratified by Somalia.
 - c. Family Centres and safe houses were established. These were done in collaboration with local non-governmental organisations (NGOs).
 - d. Community outreach programmes whose aim was to raise awareness on the need to end sexual violence in conflict were conducted. These included holding media debates, interviews on radio to explain what the NAP/SVC is all about, and the

airing of messages on sexual violence and the need for everyone to work together to end it highlighting its damaging effects on society.

11. The Ministry of Health is a key Ministry when it comes to service provision on issues of sexual violence. In 2015, the Ministry was been able to achieve the following:
 - a. A Clinical Management of Rape Protocol was endorsed by the Ministry of Health. This is critical in how survivors of rape are treated.
 - b. A Pilot Forensic Laboratory for documenting, investigating & prosecuting sexual violence was approved. The laboratory will be placed at Cirro Weyne National Laboratories and a Memorandum of Understanding for running the forensic laboratory was signed between the Ministry and Genometrics.
 - c. The distribution of post rape treatment kits to survivors of sexual violence was done.
 - d. The Ministry conducted training for gender based violence in the format of a training of trainers for the Midwifery School Tutors in Bay & Banadir regions.
12. The Ministry of Higher Education's main focus has been to protect the access to education for girls. This is because communities do not believe in giving the girl child access to education. Communities need to be aware that it is wrong to deny the girl child access to education. There is need to put in place policies to ensure girls go to school. This in turn will ensure that girls do not have their education cut short thereby depriving them of the opportunities which education brings.
13. A planning meeting with the Somali Police Force (SPF) was convened by UNSOM with the objective of setting up a women and children protection unit that would be integrated into the New Policing Model of the SPF. A pilot unit in one of the police stations will be set up with the mandate to protect women and children. The Unit will include a rapid response facility to respond to sexual violence.
14. The Ministry of Justice is key to ensuring access to justice for the survivors of sexual violence. It is also key in ensuring that perpetrators are brought to account in the event that they are identified, investigations are conducted leading to a successful prosecution and conviction. In order to achieve all this, the Ministry was able to achieve the following:
 - a. A Legal Aid Office was established and a monthly meeting with local organisations doing legal aid work was instituted. The aim of this monthly meeting is to share experience on legal aid. This is a new development as Somalia has not had any legal aid services after the collapse of the Said Bare regime in the early 1990s. The Ministry collaborates very closely with NGOs in this.
 - b. The extension of the justice system of the country and as part of the strengthening of the AG's Office, a department on human rights was created.
 - c. Survivors of sexual violence in rural areas and other justice institutions in the country met to discuss how a rural mobile court could be established. As a result of these consultations, an agreement to establish a rural mobile court was reached.

This is an opportunity for rural people to be able to claim their rights and enforce remedies in the court since there were no courts there.

- d. A Juvenile Court and a juvenile reformatory were established to deal with matter involving children.

Key Challenges

15. The MoWHRD acknowledged that weak coordination of the activities of the NAP/SVC is a gap resulting in undermining the progress in having an impact on reducing sexual violence. The MoWHRD would like to set up a coordination cell for the NAP/SVC activities so that the work with line ministries and civil society organisations can be smooth. The MoWHRD also noted that it does not have the necessary human resources to carry out some of the work needed.
16. The MoWHRD stated that it would like to re-engage donors. This is in recognition of the limited financial resources and the need to increase these resources so as to ensure that all work that is necessary is done. The MoWHRD is going to focus on fund-raising and is going to follow up on the commitments made by donors. As at the end of 2015, no funding has been received to support the activities of NAP/SVC except support from the Government of Japan.
17. In its work, the Ministry of Health has encountered challenges. A key challenge is that sexual violence remains under-reported at health facilities and it's often perceived as taboo. The perception of sexual violence being taboo further makes it more difficult for survivors to report and for the survivors to receive much needed health care. There is also a lack of a harmonized approach on the provision of Clinical Management of Rape (CMR). There is current no database for qualified and trained CMR trainers and those qualified to implement it. The difficulties of collecting evidence of the perpetration of sexual violence makes it difficult for survivors to obtain redress for these crimes. There is also the lack of harmonized medical certificates on sexual violence which are needed in the prosecution of rape cases.
18. The need to improve engagement with regional authorities was highlighted. Regional authorities are part of the Steering Committee Meeting but their participation needs to be improved. It was also recognised that regional authorities are critical in ensuring the ownership and acceptance of the NAP/SVC in their regions. More effort is accordingly needed to strengthen their participation and implementation of NAP/SVC activities in their regions.

Way Forward

19. The SC held an Annual Review Meeting of the activities conducted and what should be set as the key priorities for 2016. This was a critical meeting as its purpose was to look at what had been achieved, what had been the challenges and what was needed to be done in order to ensure that the overall objective of the NAP/SVC is achieved. A key recommendation that was the need for better coordination of the NAP/SVC activities.

Annex 1

SUMMARY OF ACHIEVEMENTS MADE BY THE CIVIL SOCIETY ORGANISATIONS¹ IN THE IMPLEMENTATION OF THE NATIONAL ACTION PLAN ON ENDING SEXUAL VIOLENCE IN CONFLICT ACTIVITIES FOR 2015	
National Action Plan Activity Conducted	Outcomes of the Activity
Efforts related to prevention and response to sexual violence	<ul style="list-style-type: none"> Hotline named CEEBLA Crisis Line 5555 established. With support from AMISOM. This enables GBV and sexual violence survivors to call and receive assistance twenty-four (24) hours per day for seven days a week. 30 women Members of Parliament trained on law and media.
Joint training between police, prosecutors, judges, and doctors, on how to approach crimes of sexual violence (ensuring good cooperation between hospitals, police, Attorney General's Office and courts).	<ul style="list-style-type: none"> 50 police officer's trained on community care tool kit. 500 officers from police, NISA and district staff trained on protection and neighborhood watch system.
Establish Family Centers in Mother and Child Health Centre (MCH) and Community Centers as primary point of contact for survivors with multi-sectoral services	<ul style="list-style-type: none"> Two Family Care Centers on the outskirts of Mogadishu in two IDP camps - Al-adala and Ma'in Eebe with large presence of IDPs were established (SWDC). 2 Family Centres established by HINNA with UNFPA Support.
Conduct a national outreach and sensitization campaign on sexual violence which engages youth, women, traditional/religious leaders and government officials	<ul style="list-style-type: none"> 17 district commissioners trained on GBV and Human rights 150 men including (religious leaders, community elders, and youth) were trained on sexual violence and the role of men in ending it.
Develop short course for social workers on 'how to be expert witness', including giving statement and writing reports. Course will differentiate between Social Workers, Case Managers, Community Case Workers, and CAADA trained officers	20 public health students trained as social workers.
Train teachers on GBV, emotional support, Code of Conduct, setting professional boundary, Gender Policy, Peace and education, and confidentiality	60 university/school/madrasah teachers trained on GBV, emotional support to promote their ability to address GBV at their respective educational institutions.
Life Skills and Adult Education Classes will be available through Family Centres, Community Centres and Vocational Training Centres.	<ul style="list-style-type: none"> 120 GBV survivors provided with skills training (tailoring, henna application, hair dressing and tie and dye) (SWDC). 408 GBV and SGBV Survivors Responded by HINNA.
Conduct advocacy and dialogues with communities and health care providers for zero tolerance on sexual violence by all	480 community members participated in community dialogue on prevention of gender based violence and harmful traditional practices.
Train Mother and Child Health Centre staff on psychosocial support	120 professional health workers including MCH staff, hospital nurses and other social workers trained on psychosocial support
Legal Aid Services Provided To Survivors	HINNA provided legal aid services to 15 survivors.

Overall achievements for 2015 made by SWDC:

- Number of survivors assisted and provided with necessary health services **3,436**

¹ Somali Women Development Centre (SWDC), Save Somali Women and Children (SSWC) and Women Pioneers for Peace and Life (HINNA).

- Number of survivors assisted with legal assistance **318**
- Number of solar lanterns distributed **1,000**