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International Commitments and Priorities for the 2019 UK-Hosted International Conference on Gender-Based Violence and the 20th Anniversary of UNSCR 1325 in 2020: Somalia consultation

April 2019

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Somalia consultation

Introduction and background

Gender Action for Peace and Security (GAPS) and the United Kingdom Foreign and Commonwealth Office (FCO) in collaboration with Legal Action Worldwide (LAW), Witness Somalia and the United Nations Population Fund (UNFPA) conducted consultations in Mogadishu, Somalia on 29 April 2019. The 22 consultation participants included representatives from government, international agencies and civil society from Mogadishu, Garowe, Middle Shabelle, Baidoa and Beletweyne. Participants discussed and made recommendations for the 2019 UK-hosted International Conference on Gender-Based Violence (GBV); and the 20th anniversary of United Nations Security Council Resolution (UNSCR) 1325 in 2020.

Recommendations

Recommendations – Women, Peace and Security¹

- 1. Long-term and sustainable funding:** The international community should provide long-term, flexible funding for civil society, including grassroots and community-based organisations that focus on conflict prevention, prevention of GBV and access to justice for victims/survivors, with emphasis on long-term and durable solutions. Funding should be holistic and include psychosocial support services for GBV survivors.
- 2. Holistic approach to Women, Peace and Security programming:** The international community and national government should adopt a comprehensive approach to conflict, peacebuilding programmes and GBV programming that ensures holistic service provision to survivors, while investing in initiatives that work with communities, building trust and ensuring the meaningful engagement of communities, particularly women and girls, in sustainable peacebuilding and continuous capacity strengthening among the local actors.
- 3. Women’s political participation:** The international community and the national government should promote the active participation and involvement of women in politics and governance, including in leadership in the security sector.
- 4. Legal reform:** The international community and the national government should encourage the adoption of legislation that promotes women’s equal participation in politics and governance in Somalia, including security sector reform that enables women’s leadership and participation.
- 5. Women and girls’ participation at all levels:** The international community and national government should prioritise women and girls’ right to participate in decisions affecting their lives. This should include empowerment programmes which provide support to equip women and adolescent girls with knowledge and skills to be leaders at grassroots, national and international levels.

Recommendations – PSVI and GBV

- 1. GBV legislation:** The national government should approve the implement GBV legislation, including the Sexual Offences Bill (SOB) and the Female Genital Mutilation (FGM) Bill, and improve enforcement of existing GBV laws. International donors should provide adequate support, funding and advocacy for the enactment of GBV-related legislation and in the long-term for implementation of the sexual offences and FGM laws.
- 2. Effective funding to address GBV:** The international community should increase funding to address GBV and sexual violence in conflict (SVC). They should also provide funding to address gaps in areas of GBV protection, prevention and response, including sexual and reproductive health.
- 3. Long-term training and capacity strengthening:** The international community and the national government should:
 - a.** invest in long-term GBV and SVC training and capacity strengthening of local armed forces;
 - b.** promote the increase of trained and skilled professionals working on GBV and SVC, particularly of women working with the police, prosecutors’ offices and judiciary;

¹ It should be noted that attendees were asked about their knowledge of UNSCR 1325. Out of the 22 participants, only three had knowledge of UNSCR 1325, although the level of understanding was unclear. Therefore, there were limited recommendations and discussions focused specifically on Women, Peace and Security.

- c. and establish sufficient forensic laboratories across Somalia.
- 4. **Police and security forces:** The national government should establish GBV police units near all internally displaced people (IDP) camps to increase prevention, protection and effective response to GBV and SVC cases, as there are high prevalence rates of GBV and SVC in the IPD population.
- 5. **Gender stereotypes and harmful social norms:** The international community, national government and civil society organisations should invest in programmes that seek to change social norms and perceptions of gender roles affecting women and girls. They should also engage with traditional leaders through community dialogues to address stigma and cultural barriers for survivors, victims and the families affected by GBV and SVC: this should always put the survivor/victim first and ensure their needs are adequately met. Behavioural change is crucial to address all forms of GBV in the Somali context.
- 6. **Gender equality and women and girls' rights:** The international community, the national government and civil society organisations should fund and implement community-based programming on gender equality and women and girls' rights to support them to advocate for and promote their own rights.
- 7. **Accountability and access to justice:** The international community, national government and civil society organisations should address deficient enforcement systems, impunity and lack of accountability for perpetrators of GBV and SVC. Efforts to improve access to justice should be mainstreamed as part of the holistic humanitarian response to SVC and GBV. Police presence in IDP camps should be increased as this will fundamentally improve survivors' access to justice.
- 8. **Data collection:** The international community, the national government and civil society organisations should increase and improve reporting and documentation of GBV and SVC in collaboration with different stakeholders to produce a coherent and organised data system, guaranteeing access to information for stakeholders where it is safe for victims/survivors.
- 9. **Media engagement and awareness raising:** The international community, the national government and civil society should invest in GBV and SVC media campaigns: as a tool of awareness raising; to train the media to respect confidentiality of victims and survivors; and to improve media engagement on GBV and SVC to be trauma informed and gender sensitive.
- 10. **Holistic services for GBV survivors:** The international community, national government and civil society should provide funding/support for health centres in order to train professionals and provide necessary equipment, particularly: long-term services for psychosocial support, which is almost non-existent in Somalia; and, increase effective health services in rural areas that currently have insufficient coverage or none at all. Moreover, case management, referral systems, and other services for GBV survivors including counselling, psychosocial support and livelihood programming, should be increased and strengthened to ensure they are holistic and cover the entire country.

Discussion

Discussion – Women, Peace and Security

- 1. **Long-term and sustainable funding:** The international community should provide long-term, flexible funding for civil society, including grassroots and community-based organisations that focus on conflict prevention, prevention of GBV and access to justice for victims/survivors, with emphasis on long-term and durable solutions. Funding should be holistic and include psychosocial support services for GBV survivors.

Consultation participants highlighted the need for long-term, flexible and sustainable funding for civil society organisations. This includes funding for prevention of conflict and of GBV. Funding to date had focused on prevention and response to GBV, which is still inadequate, however, more holistic funding for Women, Peace and Security (WPS) is essential. Furthermore, funding for sexual and reproductive health and rights was considered essential.

- 2. **Holistic approach to Women, Peace and Security programming:** The international community and national government should adopt a comprehensive approach to conflict, peacebuilding programmes and GBV programming that ensures holistic service provision to survivors, while investing in initiatives that work with communities, building trust and ensuring the meaningful engagement of communities, particularly women and girls, in sustainable peacebuilding and continuous capacity strengthening among the local actors.

One of the greatest challenges faced by women and girls in harnessing the opportunities available for their engagement in conflict resolution and prevention, humanitarian efforts, peace processes, peacebuilding, elections, security sector reform, and political processes, is the ad hoc nature of how current WPS-related programming is undertaken in Somalia. Participants observed that for women to participate meaningfully and advocate for more effective participation in WPS-related programmes, a deliberate effort must be deployed to ensure the WPS programming is comprehensive (covering all WPS pillars), and that it deliberately and actively involves local actors, particularly national civil society and women's rights organisations.

- 3. Women's political participation:** The international community and the national government should promote the active participation and involvement of women in politics and governance, including in leadership in the security sector.

There is no legislation that promotes women's participation in politics. However, under the current government there is an informal agreement to ensure women's participation in all areas of politics and governance meets a 30% quota. Participants noted that there is an ongoing campaign led by the Ministry of Women and Human Rights Development for the government to adopt a quota of 50%, which they are campaigning to be included in the legislative framework including in Somalia's Constitution. Other participants considered that currently women's participation in politics and leadership positions is substantial, around 24% of parliamentary seats, and also cited senior roles which are undertaken by women, such as the Deputy Police Commissioner. However, there was agreement that there is still significant room for improvement.

- 4. Legal reform:** The international community and the national government should encourage the adoption of legislation that promotes women's equal participation in politics and governance in Somalia, including security sector reform that enables women's leadership and participation.

Participants noted that in addition to the quota system it was important to advocate for the adoption of a more inclusive legislative framework that promotes women's equal participation in politics and governance in Somalia, including security sector reform that will facilitate more women to participate in key decision-making institutions and take up more leadership roles.

- 5. Women and girls' participation at all levels:** The international community and national government should prioritise women and girls' right to participate in decisions affecting their lives. This should include empowerment programmes which provide support to equip women and adolescent girls with knowledge and skills to be leaders at grassroots, national and international levels.

Creating an enabling environment for women to lead was considered paramount in building women and girls' participation in Somalia. Women and girls' meaningful participation in the decisions that affect their lives is essential. This requires the international community to support their participation at all levels, from grassroots through to the regional, national and international.

Discussion – PSVI and GBV

- 1. GBV legislation:** The national government should approve the implement GBV legislation, including the Sexual Offences Bill (SOB) and the Female Genital Mutilation (FGM) Bill, and improve enforcement of existing GBV laws. International donors should provide adequate support, funding and advocacy for the enactment of GBV-related legislation and in the long-term for implementation of the sexual offences and FGM laws.

Participants identified the adoption and enactment of the SOB and FGM² legislations as crucial for bolstering current prevention efforts. Participants explained that there are not enough prevention programmes and that these have not been a priority for the government. This extends to GBV response, as there are some areas in the country that lack any form of GBV response mechanisms. Participants observed that although the Government of Puntland state had passed its SOB in 2016, implementation of the law has not been as effective as envisaged. Any legislation therefore needs to be supported with effective funding for implementation. The need for policy reforms and law

² The SOB is currently before parliament awaiting parliamentary approval. The FGM Bill is currently being prepared under the leadership of the Ministry of Women and Human Rights Development.

enforcement were highlighted throughout the consultation, as participants considered that lack of improvement and implementation of legal frameworks a major gap in prevention and response to sexual and gender-based violence (SGBV), violence against women and girls, and conflict-related sexual violence.

2. **Effective funding to address GBV:** The international community should increase funding to address GBV and sexual violence in conflict (SVC). They should also provide funding to address gaps in areas of GBV protection, prevention and response, including sexual and reproductive health.

The international community should provide effective funding for responses to and the prevention of GBV and SVC. There should be specific funding to address gaps in areas of protection, prevention and response to sexual and reproductive health and GBV. Participants highlighted the need for more funding to be directed at grassroots and community-based programmes that work on a day-to-day basis with survivors and communities. It was emphasised that such funding should be provided multi-year to enable a long-term response that addresses the harmful social norms that cause GBV and SVC, as well as long-term support to survivors.

3. **Long-term training and capacity strengthening:** The international community and the national government should:
 - a. invest in long-term GBV and SVC training and capacity strengthening of local armed forces;
 - b. promote the increase of trained and skilled professionals working on GBV and SVC, particularly of women working with the police, prosecutors' offices and judiciary;
 - c. and establish sufficient forensic laboratories across Somalia.

Participants outlined current approaches to GBV and SVC within the Somali police services, which include: some efforts to include SGBV in the training curricula for some police officers; and the deliver of tailored SGBV training for female police officers. However, they noted that there is no connection between police and communities and more work needs to be done to ensure that communities have trust in the police force. Participants also highlighted the lack of forensic laboratories in the South-Central part of the country. Even where a forensic laboratory exists in Puntland State, reported rape cases have increased significantly in the past two years without a corresponding increase in the prosecution of perpetrators. An example given was a recent case of a 12-year-old who was kidnapped, gang raped and murdered in Galkacyo, Somalia in February 2019, prompting demonstrations in the streets of major towns in Puntland. Due to the public pressure, the police hurriedly investigated the case and charged 10 men for torture, rape and murder. Seven of these accused persons were acquitted in May 2019, while three were sentenced to death. This is just one of the few cases that has been prosecuted. Many GBV and SVC cases are negotiated by clan elders or the between perpetrators and the victims' families resulting in perpetrators paying small sums of money as compensation, or in some cases victims are married off to their rapists, which perpetuates greater injustice to survivors and their families. In addition, participants highlighted, the need for continuous training for all service providers and volunteers implementing GBV initiatives in Somalia, particularly the first responders, so as to improve the quality of survivor services. Emphasis was put on the need to ensure more female professionals are trained and equipped with appropriate skills to work with SGBV survivors.

4. **Police and security forces:** The national government should establish GBV police units near all internally displaced people (IDP) camps to increase prevention, protection and effective response to GBV and SVC cases, as there are high prevalence rates of GBV and SVC in the IPD population.

There is need to improve linkages between the security sector and the humanitarian actors to secure greater protection for displaced persons. Participants discussed the insufficient police presence in the IDP camps, which in turn affects low levels of reporting. They emphasised the need to establish more GBV police units near IDP camps, as well as increasing the connection between police and communities and building confidence and trust of communities in the police, to make them more approachable to the communities they serve. It was acknowledged that if the police were to undertake their responsibilities effectively, they could be an important partner in preventing GBV and SVC.

5. **Gender stereotypes and harmful social norms:** The international community, national government and civil society organisations should invest in programmes that seek to change social norms and perceptions of

gender roles affecting women and girls. They should also engage with traditional leaders through community dialogues to address stigma and cultural barriers for survivors, victims and the families affected by GBV and SVC: this should always put the survivor/victim first and ensure their needs are adequately met. Behavioural change is crucial to address all forms of GBV in the Somali context.

Harmful social norms based on gender stereotypes are prevalent across Somalia. Harmful traditional practices, such as FGM and early-child forced marriage, are caused by these social norms that affect women and girls' lives. Participants stated that addressing gender stereotypes and behavioural change is crucial for any progress to be made in efforts to address all forms of GBV in Somalia. Whilst there are some programmes to address negative social norms, these do not address the scale of need, and do not ensure that women and girls' rights can be guaranteed and gender equality made a reality. Participants outlined the stigma of survivors, which is compounded by traditional practices and gender stereotypes. Participants also outlined some existing initiatives that promote community awareness which demonstrate good practice in the prevention of GBV. However, it was observed that these efforts were not sufficient in Somalia as they do not meet the scale of the need. Participants outlined the importance of engaging clan elders and men and boys in social norm change programmes given the influence of clan elders and dominance of patriarchal norms. As a result, ensuring that men and boys are included in social norm change programmes to deliver gender equality and women and girls' rights is essential to enable meaningful progress in addressing social norms, gender stereotypes and stigma.

- 6. Gender equality and women and girls' rights:** The international community, the national government and civil society organisations should fund and implement community-based programming on gender equality and women and girls' rights to support them to advocate for and promote their own rights.

Participants highlighted the acute need to educate women, girls, men and boys on gender equality and their rights, particularly women and girls' rights, to enable them to demand and advocate for their rights. In rural areas, there is even less knowledge about fundamental rights than urban areas, which leads to survivors not having the necessary knowledge of rights to seek redress, report and follow-up on GBV and SVC cases. Participants highlighted that programming should take into account male engagement in awareness raising and empowerment as important for addressing attitudinal and behavioural change, which is necessary in preventing GBV and SVC prevalence in Somalia. In emphasising the very low levels of reporting of GBV and SVC cases, participants highlighted that even the few survivors who seek services would not currently report their case to authorities.

- 7. Accountability and access to justice:** The international community, national government and civil society organisations should address deficient enforcement systems, impunity and lack of accountability for perpetrators of GBV and SVC. Efforts to improve access to justice should be mainstreamed as part of the holistic humanitarian response to SVC and GBV. Police presence in IDP camps should be increased as this will fundamentally improve survivors' access to justice.

Participants noted that fewer than 1% of GBV survivors have access to legal services in Somalia. They identified the following barriers to access to justice: harmful gendered social norms; stigmatisation of survivors; courts that can be compromised and evidence tampered with; lack of evidence; little to no rights-based awareness GBV and SVC in rural areas, which leads to low awareness levels for victims/survivors, who often do not know options available for redress after the violation; lack of forensic laboratories; in certain instances prosecutors being unwilling to investigate and prosecute cases, particularly if they are threatened, which leads to them dropping the cases; and clan interference where cases are negotiated away from the formal justice system. To address these challenges, participants outlined the following areas which need to be implemented to enable access to justice: approval of the SOB; effective implementation of existing GBV-related laws; engaging the media; increasing rights-based education on GBV and SVC; legal aid for survivors; and, compensation of survivors.

- 8. Data collection:** The international community, the national government and civil society organisations should increase and improve reporting and documentation of GBV and SVC in collaboration with different stakeholders to produce a coherent and organised data system, guaranteeing access to information for stakeholders where it is safe for victims/survivors.

Data collection was identified as a major gap in the GBV sector. According to participants, different stakeholders collect data on GBV and SVC but with little to no collaboration which shows a need for harmonisation of data collection and communication between agencies collecting data to protect survivor confidentiality. Participants highlighted attempts to harmonise the different data collection systems by GBV cluster members that had not been successful. The United Nations system includes four different data collection systems: GBV information management system (GBVIMS); monitoring analysis and reporting arrangement (MARA); monitoring and reporting mechanism (MRM); and the protection system. This use of different systems was highlighted as particularly challenging and a global challenge in many humanitarian settings. Technical support is needed to establish a coherent and collaborative data system in Somalia.

- 9. Media engagement and awareness raising:** The international community, the national government and civil society should invest in GBV and SVC media campaigns: as a tool of awareness raising; to train the media to respect confidentiality of victims and survivors; and to improve media engagement on GBV and SVC to be trauma informed and gender sensitive.

Participants discussed the significant challenges in the way that the media perpetuates harmful social norms and reports on GBV. Participants suggested the need for capacity strengthening for the media, particularly on trauma and protection-sensitive reporting, as often the media has publicised survivors' identities and confidential details, thereby putting them at further risk. In addition, the media plays an important role in raising awareness on women and girls' rights and gender equality, which, if done effectively can succeed in reaching people who are currently not reached by GBV and gender programmes.

- 10. Holistic services for GBV survivors:** The international community, national government and civil society should provide funding/support for health centres in order to train professionals and provide necessary equipment, particularly: long-term services for psychosocial support, which is almost non-existent in Somalia; and, increase effective health services in rural areas that currently have insufficient coverage or none at all. Moreover, case management, referral systems, and other services for GBV survivors including counselling, psychosocial support and livelihood programming, should be increased and strengthened to ensure they are holistic and cover the entire country.

During the discussion on access to justice and impunity, participants outlined the need for GBV and SVC services to be more holistic and not only focused on offering legal aid and access to justice. They stated that in addition to the lack of holistic approaches, current programmes were insufficient in geographical coverage of the affected populations. A holistic approach to GBV and SVC service provision should build on good practice already existing in Somalia, including the following current approaches: provision of counselling, rehabilitation and therapy for GBV and SVC survivors; psychosocial and psychological support; distribution of dignity kits; livelihood programmes that integrate GBV and SVC; safe spaces for survivors to access support; long-term financial support for survivors; economic re-integration; Clinical Management of Rape (CMR) protocol and reproductive health services made available for women, girls, men and boys; integration into WASH programming; provision of sexual and reproductive health services including for STDs and HIV, pregnancy tests, and PEP kits; the forensic laboratory in Puntland; and the existence of mechanisms for management of GBV cases. These services are not comprehensive; they are not established in all programming in Somalia, nor is there full geographical coverage.

Participants also outlined the significant gaps in services provision including: lack of medical and CMR training for medical providers and first responders; limited number medical professionals; limited number of health centres, most of which are in urban areas with little reach to rural areas; limited awareness in communities and among survivors of support services and justice mechanisms; limited provision of dignity kits; very few female professionals that work on these issues; the shortage of referral programmes; the shortage of skilled professionals working to address GBV and SVC including medical and psychosocial approaches; and limited programmes for survivors.

Participants from Puntland emphasised that services are provided by the government and civil society organisations. Civil society follows a process of making referrals to other organisations when they do/do not have all the services required by the survivors. Civil society works closely with the Ministry for Health, which operates GBV One Stop Centres. However, these services are still significantly insufficient in geographical coverage and extent of service

provision. Conversely, participants from Mogadishu highlighted the lack of psychosocial support services in South-Central Somalia, as well as a lack of sufficient skilled professionals, including medical and psychosocial service providers. Participants outlined that in Somalia, there are no operational psychosocial support services and very limited referral pathways. Therefore, there is a need for dedicated centres to be established to address this gap to complement the few private-run centres that exist.