

MAPPING GBV SERVICE PROVIDERS IN BANADIR REGION, SOMALIA



NOVEMBER 2019

Northern Frontier Youth League (NoFYL)



GBV Service Mapping Report

Banadir, Somalia

SUMMARY

NoFYL in collaboration with the members of the GBV cluster conducted a mapping exercise of GBV services available in Banadir region of Somalia between August and September 2019. Data was collected through personal interviews with GBV focal points directly handling cases at the organization in order to collect accurate data. The exercise focused on health, PSS, safety and protection, legal justice/aid, hotline services and prevention services.

A total of 30 organizations were mapped during the exercise and these include: HIWA, Witness Somalia, NoFYL, SOYDA, ACORDO, Somali Women development Centre (SWDC), Somali Community Concern (SCC), OSPAD, WEDO, Somalia Health and Demographic Organization (SOHDO), WARDI, SORDA, SIHA Network, HINNA, African Volunteers of Relief and Development (AVORD), SWCCA, Khaliif Huudow Human Rights Organisation (KAHRO), New Dawn Somalia (NDS), IRC, DRC, CISP, Mercy Corps USA, IMC, MMD, Elite Relief Society (ERS), Somali Youth Concern (SYC), SSWC, Somali Peace Line (SPL), WOCCA, and SOS Children's Villages Somalia (SOS CV).

Findings show that more organizations are offering prevention services, followed by PSS and health services (figure 1). Challenges faced by most organization during service provision include lack of coordination among GBV actors; low capacity of staff on case management; and survivor's lack of confidence in the justice system, making it difficult to close cases.

To improve efficiency of GBV response and prevention, the survey recommends for additional mapping of state actors (Ministry of Health, Justice and the Police); strengthening coordination among GBV actors through constant feedback (WhatsApp group) and yearly update of the referral pathway; and joint refresher training to enhance skills transfer and build capacity of caseworkers for effective GBV service provision.

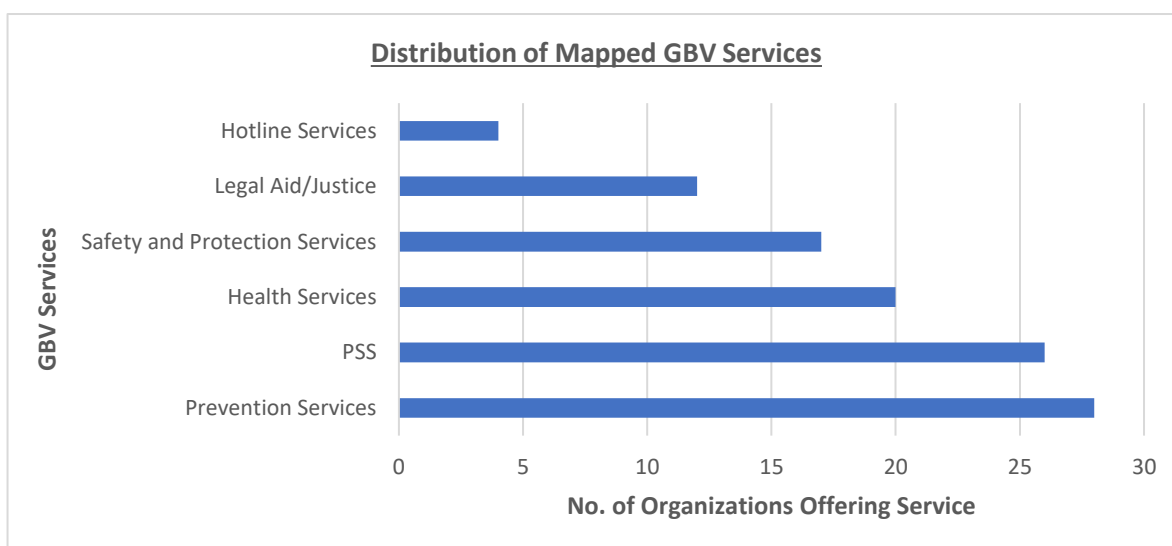
To view the physical locations of the mapped GBV services in Banadir, use the link below:

<https://drive.google.com/open?id=1ffwdjybXbkPK8C6MFDYqxcM80a-AWYqi&usp=sharing>

1. FINDINGS

Out the 30 GBV service providers that were mapped, 28 are implementing prevention activities, 26 provide psychosocial support, 20 provide medical services, 17 offer safety and security services, 12 offer legal aid and 4 provide hotline services for GBV survivors.

Figure 1: GBV Services Mapped



1.1 HEALTH SERVICES

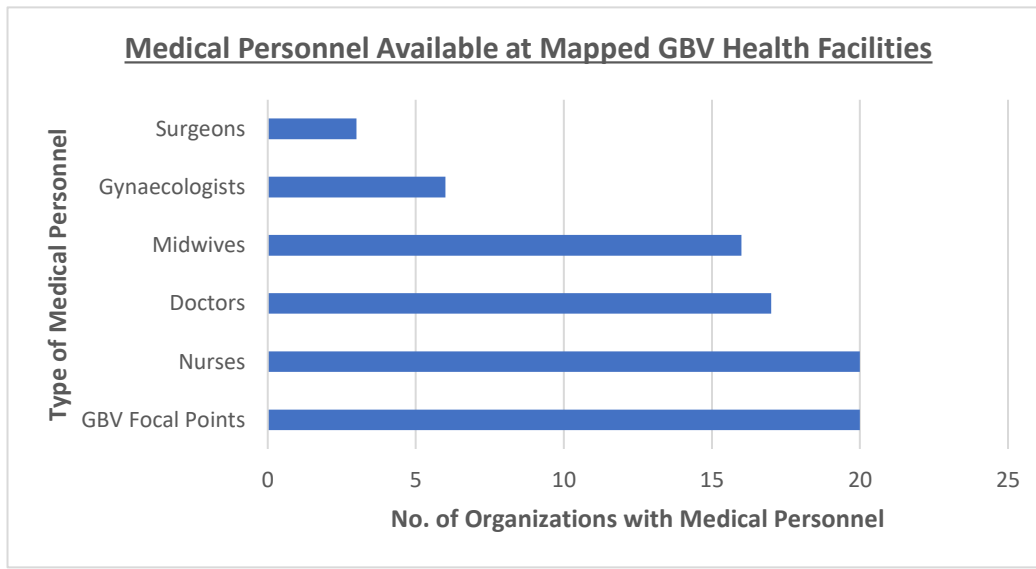
20 out of 30 organizations offer medical services to GBV survivors (figure 2).

1.1.1 Staffing

- All health facilities have nurses, with 15 of the organizations having less than 10 nurses; only 5 have more than 10 nurses. SOYDA, WARDI and SOS CV have around 40 nurses each.
- 3 of the organizations lack doctors: CISP, Somali Community Concern and SSWC. 5 of the organizations have five or more doctors, and they include: SOYDA, SWDC, WARDI, IRC and SOS CV.
- 16 out of 20 organizations have midwives. 15 of them have 6 or less midwives; WARDI has 32 midwives.
- 6 out of 20 organizations offering health services have one or two gynaecologists.
- 3 out of 20 organizations have surgeons, and they include SWDC, SOHDO AND WARDI.
- All organizations have GBV focal points.

- Most organizations refer their cases to SSWC or SWDC due to lack of adequate resources to handle GBV cases, yet SSWC has only 2 nurses and no doctors, surgeons, midwives or gynaecologists.

Figure 2: Medical personnel at GBV health facilities



1.1.2 Capacity of Medical Personnel

- All staff at each of the organizations offering health services have received specialized training on the provision of care for adult survivors of GBV.
- 19 out of 20 organizations have medical personnel with specialized training on provision of care for child survivors of GBV. HINNA staff have not received this training.
- 3 out of 20 organizations lack complete PEP Kits and they include SSWC, ACORDO, and SOHDO. The other 17 organizations receive their PEP Kits from UNICEF, UNFPA, Ministry of Health, AsMobile Time and IRC (procure their own kits).
- Health workers at SOHDO lack a safe and confidential space to receive survivors for medical support. All other organizations have a safe space to receive survivors.
- All organizations apart from SOS Children Villages have social workers trained on basic GBV responses (PSS/Referrals).
- 13 out of 20 organizations refer their GBV cases to other organizations.

1.2 PSYCHOSOCIAL SUPPORT SERVICES

26 out of 30 organizations offer PSS services to survivors of GBV.

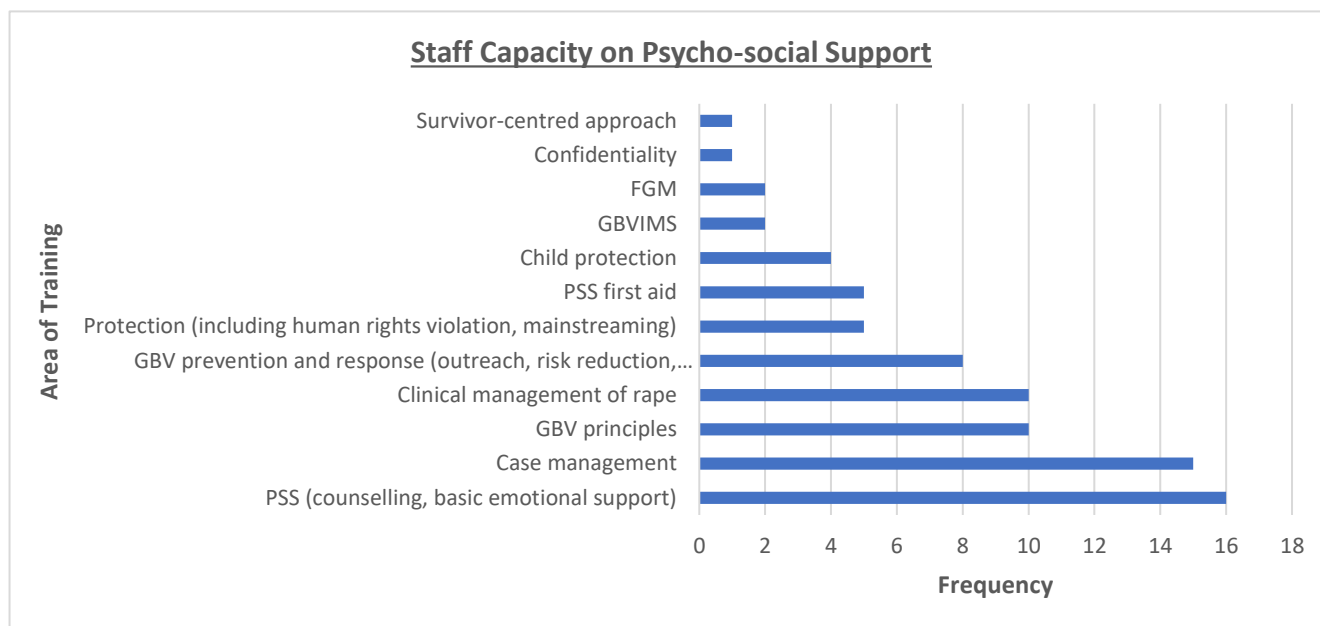
1.2.1 Services Provision

- Specific services provided by most organizations include basic emotional support, case management, group activities and group counselling.
- All organizations apart from WOCCA have a safe space for receiving survivors of GBV.
- 23 out of 26 organizations provide services to all age groups. The exceptional three organizations include: Witness Somalia providing PSS only to adults; NoFYL providing PSS to children above 10 years and adults; and SOHDO providing PSS to children above 15 years and adults.
- In 20 out of 26 organizations, it is the staff who provide the PSS services. The other 6 organizations (ACORDO, IRC, DRC, KAHDO, SIHA Network and Elite Relief Society) have trained volunteers, partners and referrals to support their staff.
- 15 out of 26 organizations refer their cases to organizations that have below ten staff who handle GBV cases; SWDC and SWCCA work with partners who have close to 30 staff handling GBV cases; while Witness Somalia refer their cases to Legal Action Worldwide which lacks specific staff handling GBV cases.
- Other organizations refer their cases to Child Welfare Committees and Child Rights Clubs in schools, where children get peer-to-peer support.

1.2.2 Capacity

All organizations have staff who have received some form of training. The main areas of training by most organizations include PSS, case management, GBV principles and clinical management of rape (figure 3). Fewer organizations have staff trained on survivors-centred approach, confidentiality and FGM. A summary of the training areas mentioned by organizations is given below:

Figure 3: Frequency of staff training on psycho-social support



1.3 SAFETY AND PROTECTION SERVICES

- 17 out of 30 organizations offer Safety and Protection Services to survivors of GBV. These include SOYDA, ACORDO, SWDC, WEDO, SOHDO, WARDI, SORDA, HINNA, IRC, MMD and SSWC.
- Specific services offered by these organizations include safety and security planning for survivors, safe houses and patrols.
- 4 out of 17 organizations do not offer safety and protection services to children below 10 years and these include SOHDO, DRC, Somali Peace Line and Somali Youth Concern.
- SOYDA serves only children while DRC serves only adults (above 18 years).

1.4 LEGAL JUSTICE/LEGAL AID

12 out of 30 organizations provide legal justice/aid services to GBV survivors.

- All 12 organizations conduct legal awareness campaigns.
- 11 of the 12 organizations conduct legal advocacy.
- 7 of the 12 organizations offer free legal clinics (Witness Somalia, ACORDO, SWDC, HINNA, NDS, IRC, and Elite Relief Society).
- 4 of the 12 organizations provide criminal defence or civil representation (ACORDO, SWDC, SSWC and Elite Relief Society).

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- 8 of the 12 organizations provide representation and assistance in alternative dispute resolution through the customary system (Witness Somalia, SWDC, HINNA, NDS, IRC, SSWC, Elite Relief society and SIHA Network).

1.5 HOTLINE SERVICES

4 out of 30 organizations offer hotline services for GBV survivors. Caseworkers at each of the organizations are familiar with these numbers that are given below:

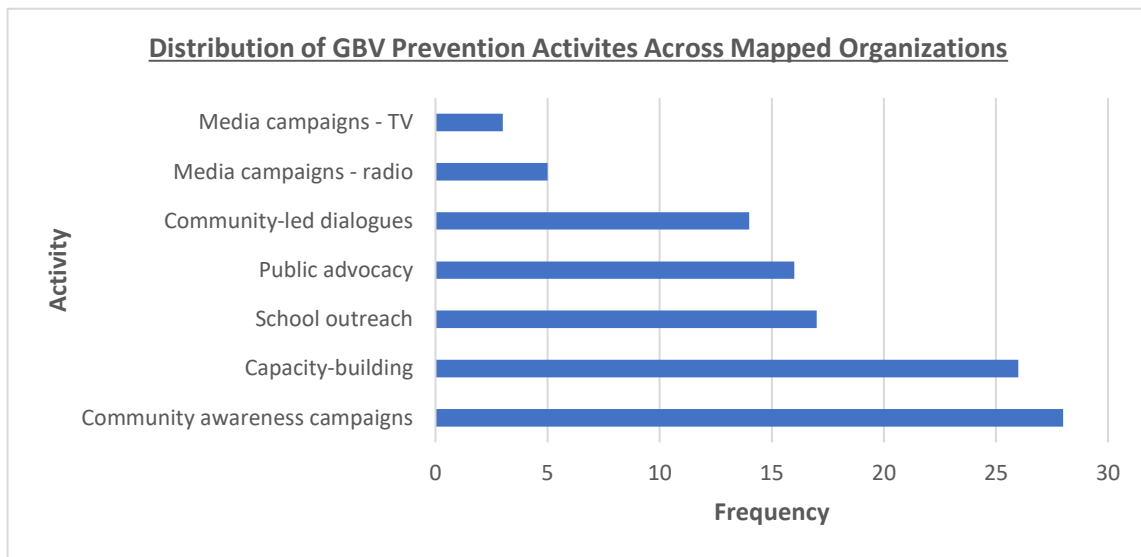
- SWDC: 2004 for all GBV cases and 116 for children cases only; it is free to use and accessible across Somalia
- SWCCA: 3003; free to use by all GBV survivors.
- DRC: 332; free to use by all GBV survivors.
- SSWC: 613980130; survivors will be charged \$1 for 70 minutes.
- Another hotline number available in Banadir area is 6060.

1.6 PREVENTION SERVICES

All the mapped organizations implement GBV prevention activities apart from SIHA Network and KAHDO.

- All 28 organizations conduct community awareness campaigns on GBV (figure 4).
- 26 of the 28 organizations conduct capacity-building activities on GBV in the community.
- 17 of the 28 organizations conduct school-outreach activities.
- 16 out of 28 organizations conduct public advocacy campaigns.
- 14 of 28 organizations implement community-led dialogues
- 5 of the 28 organizations conduct media campaigns using radio (NoFYL, SWDC, SOHDO, SWCCA, CISP).
- 3 of the 28 organizations conduct media campaigns through TV (CISP, SWCCA, Somali Peace Line).
- 19 of the 28 organizations have GBV prevention activities serving children
- All 28 organizations target older adolescents, aged 15-18 years.

Figure 4: Ongoing GBV prevention activities



2. CHALLENGES IN GBV SERVICE PROVISION

The following challenges that are hindering efficient GBV service provision were given by the mapped organizations:

- Lack of coordinated of a response among GBV service providers.
- Corruption in law enforcement and weak legal frameworks causes survivors to lose confidence in the justice system.
- Lack of material support (dignity kits) and medical supplies (PEP kits).
- Lack of funds to provide service to survivors when they need them.
- Sometimes the community does not believe them.
- Identification of abused children, women and men who need support is at times difficult.
- Duplication of cases leading to exaggerated figures of survivors.
- Low capacity among GBV first responders.
- Lack of consistent refresher training for caseworkers on case management.
- Two organizations (Mercy Corps USA and Elite Relief Society) at times turn women and girls away due to lack of resources.

3. CONCLUSION AND RECOMMENDATIONS

The service mapping exercise was successful in identifying GBV services available to survivors in Banadir region. Evidently, more organizations are providing prevention, PSS and health services compared to safety and protection, legal and hotline services. Although a good number of organizations have more than 5 staff handling GBV cases, there is still a gap when it comes to capacity in case management. To achieve an efficient and effective GBV referral pathway, the following actions are recommended:

- Strengthen coordination among GBV actors through yearly service mapping, monthly feedback meetings and constant daily communication through a dedicated WhatsApp group. Focal persons from newly mapped organizations to be added to the group. This is an easier to track organizations actively providing services and which ones are no longer active due to lack of funding or limited capacity, hence improved coordination.
- Include government institutions such as the police and ministry of health in the referral pathway since these are priority services in GBV case management.
- Consistent skills transfer and refresher training for GBV caseworkers to strengthen existing capacity among service providers. This could be a coordinated activity conducted jointly by organizations to save on resources. Areas of focus include case management; survivor-centred approach; screening, identification and initial response for GBV survivors; psychosocial first aid; and GBVIMS for accurate reporting.