



STOP RAPE NOW
UN ACTION AGAINST SEXUAL VIOLENCE IN CONFLICT

| | |
|---|--|
| Leveraging the strength of women in Somalia to mitigate conflict-related sexual violence (CRSV) and prevent violent extremism (PVE) CRSV_UNA02 | |
| UN ACTION MPTF PROJECT INTERIM REPORTING FORM | |
| Country | Somalia |
| Project Start Date | 1 April 2020 |
| Project Completion Date | 31 March 2021 |
| Project Duration | 12 Months |
| UN Implementing Entities | IOM, UNSOM |
| Name, Title and Contact information of Reporting Focal Point(s) from all implementing agencies. (Please include both email and phone). | Lucky Omaar Project Officer IOM Somalia, Nairobi +254 722 443318 lomaar@iom.int Tony Akaki ROLSIG DDR UNSOM, Mogadishu +252 612857891 / +252 699390406 akaki@un.org |
| Project Budget | \$363,636 US Dollars |
| Reporting Period | Final report: 1 April 2020 - 31 March 2021 |
| Report Date | June 30, 2021 |

General guidance: This reporting form is to be used for six monthly and annual reporting. Please complete **all** sections of this reporting form including the Logframe. Please also attach all documents requested in Section 7. Once the report is submitted UN Action will review the report and follow up as needed.

1. Project Context

Guidance: Please provide a short description of any changes in context during this reporting period as relates to project implementation.

COVID-19

During the project's implementation period, 1 April – 31 March 2021, the most significant and unpredicted change in context was the COVID-19 pandemic. Due to the pandemic the project was delayed and was fully activated on 11 June 2020. However, the planning started prior, including developing COVID-19 safety and prevention measures, and guiding on awareness raising campaigns in project locations through combination of print, audio/visual media (e.g. radio, television, YouTube), and/or mobile messaging (e.g. SMS, WhatsApp, loudspeaker drive-bys). IOM conducted health trainings with Civil Society Organizations (CSO), purchased Personal Protective Equipment (PPE) and thermometers, set up handwashing stations and made sure regular temperature checks are done across all project facilities. Once the government eased the restrictions and IOM received the go ahead to implement project activities, the CSOs received the beneficiaries for social reintegration. Despite the challenges presented by COVID-19, all project activities were implemented, some of which with appropriate adjustments to prevent the spread of the virus. In the first months, the number of participants for community engagement and social reintegration activities was limited to ten persons, as large gatherings were not permitted. All such activities were conducted in large or outdoor spaces, ensuring social distancing. The number of participants was increased starting in October 2020 and more community members and beneficiaries were permitted per each social and cultural activity/event. At the start of the project and when the beneficiaries were advised not to attend the Safe Space at CSOs, while all safety measures were being put in place, case management, religious counselling and mentorship services to women formerly associated with al-Shabaab (AS) were offered remotely through weekly and/or bi-weekly phone calls. More recently in Kismayo, due to a few positive cases tested among IOM staff and beneficiaries at the female rehabilitation centre, the reintegration activities at the CSO were suspended for a short period at the end of February 2021. The situation was mitigated, and activities fully resumed in March.

Government

One of the positive changes is that the government is now working with a new female focal point at the federal level. In 2019, IOM supported the government to onboard a female focal point in Baidoa and one in Kismayo to work at the project locations. In 2020, IOM supported the government to onboard a female focal point at the Defector Rehabilitation Programme (DRP) at the federal level in Mogadishu. As the DRP at the federal level oversees the National Programme, this is an important development within the staffing structure. There is also a new director at the federal level DRP and a new director in Kismayo in Jubaland. Both have been overall supportive of IOM's work.

The 2021 Somali presidential elections and the leading-up election activities, such as the petitions for new ministers at the federal level, have increased the insecurity countrywide. This situation however has not affected the implementation of the project activities.

Funding gap

IOM was able to receive funding from the government of the Netherlands in amount of EUR 495,050. While this mostly will cover the operational costs at the female rehabilitation centres, part of the funding will be used to continue implementing the reintegration activities at the CSO

level for one quarter. The government of Germany will continue providing funding to IOM's DDDR programme in Somalia.

Transition plan

The 2020 strategic planning meeting regarding the transition plan for the handover of direct implementation of the rehabilitation activities to the government of Somalia was successful. A full week of negotiation and training on gender-based violence (GBV) was provided to all government participants. The government is committed to managing the rehabilitation centers, upholding the standard operating procedures (SOPs) and principles around screening and improving gender responsive approaches in the National Programme activities. IOM noticed a significant improvement within the government's capacity and structures when it comes to better understanding of the GBV consequences and the importance of implementing all activities in a gender-sensitive manner.

2. Progress Summary

Guidance: What progress has been made during the reporting period towards achieving project results at the following levels?

a). Project Goal

Guidance: In line with the project's Logframe, describe the project goal and progress towards achieving the project goal during this reporting period.

Women formerly associated with AS, including survivors of Conflict-Related Sexual Violence recover from trauma and actively contribute to sustainable peacebuilding in respective societies.

Total of **226** women, in Kismayo (**94** women) and in Baidoa (**132** women) women formerly associated with AS have been enrolled with the CSOs in Kismayo and in Baidoa to receive reintegration services and participate in social reintegration and community engagement activities during the project period.

Survivors of GBV, including conflict related sexual violence (CRSV) have received individualized services, such as medical support and referral, specialized counselling services, and dignity kits, which include traditional Somali dress (diric), two traditional Somali schals (garbosaar), traditional Somali headscarf (shalmad), traditional Somali female petticoat (gogarad), sanitary towels, toilet soap, female underwear, comb, hair shampoo, hair oil, washing/laundry soap, water bucket, and mosquito net. The women survivors have been able, for the first time, to share their stories and open-up about their traumatic experiences related to GBV and be offered a space for healing. The process of healing helps the women to build their confidence, redefine their identities and regain sense of belonging within their communities- this is the first step to empowering the women to become active members of their community and contribute to peacebuilding process.

b). Project Outcomes

Guidance: In line with the project's Logframe, describe the main outcomes and progress towards achieving outcomes during this reporting period.

Outcome 1: 100 women formerly associated with AS, including CRSV survivors, receive survivor-centered health, MHPSS, and reintegration support leading to enhanced psychosocial, social, and economic wellbeing.

While with some delays due to COVID-19 related lockdowns and despite the restrictions and challenges, the IOM implementing partners/CSOs in Baidoa and in Kismayo provided a wide range of reintegration services to total of **226** women, in Kismayo (**94** women) and in Baidoa (**132** women) formerly associated with AS, possible through a co-funding of the project. With a close guidance of IOM staff, the CSOs have provided MHPSS and reintegration services, including participation in social reintegration and community engagement activities, religious counselling, mentorship, traditional community gatherings, individual case management, livelihood skills and Technical and Vocational Education and Training (TVET). Participation in all these activities allowed women to learn new skills, meet one another and also other women from the community, engage in discussions about themes that matter to them and create understanding among each other- all contributing to enhanced psychosocial, social and economic wellbeing.

- *Output 1.1: Women formerly associated with Al-Shabab have access to survivor-centered health and MHPSS services.*

In 2020, IOM has opened Disengagement, Disassociation, Reintegration and Reconciliation (DDRR) rehabilitation centers for women. The centres have nurses who are qualified to provide clinical care. The IOM GBV and case management team worked closely with the social workers of the CSOs to provide services to the beneficiaries.¹

- *Output 1.2: Women formerly associated with AS receive adequate social and economic support to facilitate community reintegration.*

During the project implementation women received psychosocial support through individual, group, and religious counselling. They also received household support through a monthly stipend, livelihood grant, as well as hygiene kits (different from dignity kits that are intended specifically for GBV survivors). The hygiene kits include a water bucket, a washing soap bar, antibacterial hand soap, sanitary pads and napkins, hair oil, and shampoo.

¹ The DDRR centres have a safe space and these centres are only accessible to the beneficiaries who are enrolled in the rehabilitation programme. Then separately IOM also works with CSOs, which also have safe spaces- these spaces are also accessible to community members where the beneficiaries and community women are able to interact during social reintegration activities and religious group counselling sessions.

The reintegration household endline survey conducted for 94 women out of the possible 226 (42% of the project caseload) shows the below improvements in the lives of the women.

| Proxy indicators for indicator on % of women reporting increased social and economic well-being | Women enrolled with the CSO in Baidoa | | | Women enrolled with the CSO in Kismayo | | |
|---|---------------------------------------|----------|-------------|--|----------|-------------|
| | Baseline | End line | Improvement | Baseline | End line | Improvement |
| Ability to borrow | 7% | 100% | 93% | 63% | 91% | 28% |
| Satisfied with economic status | 35% | 96% | 61% | 87% | 96% | 9% |
| Source of income | 94% | 96% | 2% | 24% | 92% | 68% |
| Did not Reduce quantity of Food | 46% | 79% | 33% | 39% | 66% | 27% |
| Access to housing | 13% | 70% | 57% | 94% | 100% | 6% |
| Access to education | 59% | 77% | 18% | 91% | 79% | -12% |
| Support Network | 4% | 40% | 36% | 100% | 100% | 100% |

Outcome 2: Enhanced capacity of relevant ministries and women-led CSOs to provide comprehensive services for women associated with AS, including survivors of CRSV, and mitigate the risk of violent extremism and CRSV.

IOM, with the support of UNSOM, has been working closely with the government of Somalia at the federal level in Mogadishu and the regional levels in Kismayo and Baidoa to build standard operating procedures that enable the implementation of project activities in a gender-responsive way. These documents remain for use and contribute to the capacity of relevant ministries and women-led CSOs in Somali communities. IOM has also supported the government at the federal level to onboard a female focal point at DRP in Mogadishu, this is crucial for positive change from within the system and empowers the women's roles in Somali society. To further build the capacity of the government and the CSO staff, IOM's GBV and case management teams have facilitated training focusing on gender-responsive and survivor-centered interventions. UNSOM has closely collaborated with IOM and provided technical inputs on specific mechanisms and referral pathways to address the needs of GBV survivors, including CRSV survivors. Moreover, UNSOM has provided materials on minimum requirements and/or handling of CRSV cases and facilitated training opportunities for relevant IOM and government staff.

- *Output 2.1 Trainings and capacity building are provided to relevant ministries and women-led CSOs staff on gender-responsive and survivor-centered interventions.*

IOM has provided a total of **45** trainings to relevant government staff, women-led CSOs, and IOM rehabilitation centres' staff on gender-responsive and survivor-centred assistance and support to women formerly associated with AS and who are survivors of GBV, including CRSV. The trainings included GBV technical guidance, case management, monitoring and evaluation (M&E), basic counselling skills, psychological first aid (PSA), clinical management of rape and how to work with GBV and CRSV survivors, skills and knowledge on trauma informed care and self-care, religious

counselling for partners and staff, and online social cohesion sessions informed by IOM's Community-Based MHPPSS Manual.

- *Output 2.2 Women organizations and leaders are supported in holding community activities, promoting women's rights, and mitigating the risk of violent extremist and CRSV.*

IOM has supported and guided the women led CSO staff to organize social cohesion activities that were attended by the women formerly associated with AS and community women. The activities focused on the themes of identity and belonging, understanding and trust, empathy and acceptance, forgiveness, and reconciliation- all are also important elements for collective psychosocial wellbeing of a community. IOM helped to co-design the social cohesion activities, based on the interests of the beneficiaries and the women staff of the CSOs. IOM ensured the use of bottom-up approach when guiding on the implementation of these activities.

c). Project Outputs

Guidance: In line with the project's Logframe, describe the main outputs and progress towards achieving the project outputs during this reporting period.

See above.

d). Project Activities

Guidance: In line with the project's Logframe, describe the main activities implemented during this reporting period.

Activity 1.1.1: Train and provide technical support and oversight to staff to assess and provide individualized CRSV case management and psychosocial support, and ensure access to medical services, treatment monitoring, and follow up to support.

Online video thematic training sessions on 1. Identity and Belonging, 2. Trust and Understanding, 3. Empathy and Acceptance, 4. Forgiveness and Reconciliation have been facilitated to women-led CSO staff and IOM rehabilitation centres' staff to introduce the programming and tools for implementation of social cohesion activities with a focus on community-based MHPSS. The training was readjusted from in-person to online video format due to COVID-19 and travel restrictions. A total of 25 online sessions (5 on each thematic area plus introduction) have been conducted. The staff trained included the CSO reintegration and outreach staff, social workers, and M&E officers, as well as IOM rehabilitation centres' social workers and the management staff. Through these trainings, IOM aimed to make the social cohesion activities more psychosocially sensitive and holistic by tackling both the individual and collective psychosocial wellbeing as an interconnected process. This is done through giving opportunities and creating spaces to discuss themes such as identity, belonging, trust, empathy, forgiveness etc. Moreover, these themes are cross-cutting with the religious counselling sessions, where they are discussed from the religious point of view, allowing for a culturally sensitive exploration of these themes. Such interventions are crucial to rebuilding social links among the community members and creating an atmosphere of acceptance.

The CSO staff have been trained on case management, including on in depth counselling skills to provide the women survivors of GBV with appropriate support. The training included GBV technical guidance, psychological first aid (PSA), clinical management of rape and how to work with GBV and CRSV survivors, skills and knowledge on trauma informed care and self-care.

Activity 1.2.1: Women formerly associated with AS, including CRSV survivors are provided with reintegration support in the form of a monthly allowance, a voucher for shelter kits, complimented by career counselling services, and livelihoods mentorship provided by ongoing projects.

IOM's Livelihood Officer provided technical guidance and support to the community mentors in providing ongoing mentorship and advise to women beneficiaries. The themes of mentorship sessions have ranged from socio-cultural topics to how find jobs in the community and become self-reliant. Beneficiaries have met with their mentors on weekly basis. In addition, through case management women formerly associated with AS have been receiving career counselling and were able to develop their own business ideas. Each beneficiary has received a monthly allowance and a livelihood grant to support their socio-economic reintegration and bring their business ideas to life with an aim to create long-term economic resiliency. Some of the women chose to pool their money and start a collaborative business. For instance, eight women started a small cooperative in goat keeping and livestock trade. Each woman contributed a portion of their livelihood grant to the account and now the women divide the earnings amongst themselves, thus being able to support themselves and their families with basic living expenses. To meet the variety of the needs and interests of the women, in 2021, through the CSOs, IOM has kickstarted new livelihood activities- industrial tailoring and permagardening. In the industrial tailoring class, women produced both canvas and leather handbags of their own designs. In December IOM provided training to the CSOs on how to plant a nursery following permaculture techniques as a food security measure. The permagardening activities with the women in the reintegration programme began in January 2021 with the development of plant nurseries. In March 2021, IOM continued the partnership with GIZ, providing a second wave of training that builds on the lessons learned in the first workshop. The second training involved weekly remote lectures on challenges that arose during implementation of the demonstration plots as well as one-on-one support from the Permagardening Expert.

Activity 2.1.1. Organize regular coordination meetings to consolidate effective partnership mechanisms and training on gender-responsive and survivor-centred interventions. Technical support will be provided to relevant ministries and local authorities as required. Lessons learned and best practices will be consolidated for government stakeholders.

As of October 2020, IOM held bi-weekly meetings with the government female focal points to address the ongoing developments, including any challenges, of the women's programme.

During the project implementation, IOM has worked closely with United Nations Population Fund (UNFPA) to form relationships with local agencies that offer additional support such as safehouses

for survivors and their children. IOM has also participated in the Gender Based Violence Area of Responsibility (GBV-AOR) meetings to enhance service provision.

IOM has been supporting policy development and endorsement by producing rehabilitation and reintegration programme standard operating procedure (SOP) documents. These documents will serve as an implementing guide for the Government of Somalia on federal and regional levels to effectively continue implementing the National Programme.

IOM has been working closely with UNSOM to ensure coordination with the government counterpart DRP at the Federal and Regional levels. Also, on regular basis, UNSOM has included programme highlights in their internal reporting to the Special Representative of the Secretary-General (SRSG).

Activity 2.2.1: Support women from the community in creating culture-specific safe space for women to receive MHPSS services, civic and religious education, and to host social gatherings and recreational activities.

To create a culturally specific safe space for expression and story sharing, it is important to use and implement culturally familiar activities. IOM used art-based and culturally relevant approaches such as poetry and traditional dances. IOM started doing poetry workshops with the women where each workshop focused on a specific theme such as identity and belonging, trust and understanding, empathy and acceptance, and forgiveness and reconciliation. This methodology is important because it enables collective form of expression. Mediums such as poetry, drama, and drawing allow for a safe expression that is not direct. Disturbing experiences of hardship can be expressed through metaphors or symbolism which provide a safer platform of expression. The poetry workshops included various interactive storytelling exercises and poetry recitation to create a space for sharing and exploration. The storytelling and the conversations were used by the participants to compose their own original poems reflecting on various themes that mattered to them. The poetry workshops supported the oral traditions of Somali culture, thus allowing the participants to reconnect with their own heritage.

Moreover, working with CRSV survivors, IOM recognizes that the women have experienced physical suffering. When the survivors are using their voice to recite poetry or physically embody roles in theatrical drama and storytelling, the body is being used creatively. This allows the survivor to reconnect with their own body through reclaiming it and regaining confidence. This is a holistic approach that re-strengthens the body's connection with the mind through expression of emotion and thoughts. A similar process was facilitated also through implementation of traditional dances and sporting activities, such as rope skipping and basketball. The body was actively engaged in a physical activity and allowed for discharge of negative energy, thus overall contributing to psychosocial wellbeing.

It is important to note that such activities take time and there are processes that need to be followed. This includes staff training, onboarding of artists and training them on psychosocial elements, at first small group implementation where the participants will have the chance to build trust in a small group and then feel comfortable to engage with larger groups. For instance, in Kismayo, as an organic result of poetry workshops, the women formerly associated with AS have gained the confidence and performed their originally composed poems for their community.

Through these poems they communicated on issues that mattered to them, opening the space for community dialogue. The creative process of art-based approaches is connected to the process of healing and so needs time for things to happen organically.

An example of an exercise in the poetry workshop on Identity and Belonging was to draw sense of Belonging. The women were asked to draw “what belonging means to them.” There were guided questions such as ‘How do you feel belonging?’, ‘Does it have a certain shape or color?’, ‘Where is this belonging and why?’, ‘What is your proximity to belonging you imagine?’ etc. The women were given time to reflect and draw. One of the drawings was of three people coming together, and the beneficiary explained that to her belonging is unity in community. Another beneficiary drew a flower and explained she feels belonging in happiness, and that she can decorate her home, her place of belonging, with flowers. This activity allows women to re-explore and reconstruct their AS and rejoining their community.

Activity 2.2.2.: Support women from the community in designing, developing and holding culturally sensitive outreach and awareness-raising events, including civic and religious education workshops, psychosocial art activities such as theatre workshops.

In addition to poetry workshops, the women CSOs have organized abay-abay traditional gatherings to bring women beneficiaries and community women together to discuss about social issues that they are dealing with in their communities and engage with one another in a solution finding process. These gatherings are one of the favourite activities of the women, as they use the space for information and knowledge exchange, to discuss the events that have happened in their communities, as well as to meet new women from different districts encouraging cohesion. On average 20-30 women come together during abay-abay gatherings. Examples of the themes and social issues discussed during these gatherings are:

- The high rate of divorces with a focus on the cause, such as forced marriage, financial issues, lack of education, early marriage, and women being forced to marry extremist group fighters.
- The role of women in the security sector and the challenges women face.
- The role of women and mothers in protecting their children from violence.

Sporting activities such as rope skipping and basketball, as well as traditional games such as Pot Breaking were organized by the CSOs to engage the community women and the women formerly associated with AS in a positive way. All community social activities were followed with community dialogue to create a space for discussion and solution finding. Themes of unity, forgiveness, community responsibility, trust etc.

In a Pot Breaking activity, the participants had to work in pairs, where one of the women was blindfolded and the other guided her to break the hanging pot, which contained a gift. The activity stimulated discussion about trust- trusting someone to guide when one’s eyes are blindfolded, as well as about the responsibility carried by the person who guides. One of the women said: *“From this exercise, I learnt that a blind person can succeed in life if he/she gets a trusted guardian and the support that he/she needs. Trust is something important in order to reach your goals”.*

During the month of March, the women’s CSO in Baidoa and IOM have conducted a cultural heritage event, where the beneficiaries and community members representing four different sub-

groups of their community came together to present their unique cultural traditions, foods, arts and dances. The event was attended by more than 100 people (the CSO was able to rent a large hotel hall allowing for proper social distancing during the event). The event showed the richness of the culture and allowed people to come together. After the cultural displays and the performances, a community dialogue was held to discuss the similarities and the differences between the sub-groups, as well as how these aspects can strengthen the relationship among them. A participant, who is also one of the beneficiaries, said: *“Culture gives us a sense of belonging and brings people together. Through the displays and the traditional dance performances we’ve seen today that there were some similarities among the four groups- that was a good reminder that despite our differences we are still one big community. These elements brought us closer.”*

3. Project Beneficiaries

Guidance: Please explain who has benefited from the project in this reporting period. (Please specify the number and types of beneficiaries).

During the project implementation period, total of **226** women formerly associated with AS have been enrolled with the CSOs in Kismayo (**94** women) and Baidoa (**132** women) to receive reintegration services and participate in social reintegration and community engagement activities. This was possible through co-funding that IOM received for the project services.

Among the beneficiaries, many women in the two project locations have been identified as survivors of GBV, including conflict related sexual violence (CRSV) and have received individualized services, such as a dignity kit, medical support, or specialized counselling services.

In line with the UN Action’s principle on “leaving no one behind”, IOM also serves women who have varying disabilities and needs. For example, In Baidoa there is a woman who is older than the average and cannot use one of her hands. IOM was able to help her in developing her business skills that do not include physical effort. She has been working on generating business ideas with the social workers so that she has a concrete plan by the time she graduates.

In an effort to integrate CRSV risk mitigation IOM has extended its referral services to women from the community who would like to receive assistance and are in need of medical referral. The women from the community usually join the beneficiaries during community engagement and social reintegration activities.

4. Challenges

Guidance: Describe the main challenges encountered during the project period and plans to address them.

There have been four main challenges during the project implementation.

1. COVID-19 has prevented the implementation of social reintegration and community engagement activities in a full capacity (for more details see the Project Context section). The number of participants in such gatherings started off with only 10 people (beneficiaries and community members) and has been increased to 40-50 persons, which is still not the full capacity. Overall, the working modality and the implementation of some

aspects of the project had to be readjusted to ensure safety measures and prevent the spread of COVID-19 in the project facilities. Some of the capacity building trainings (for instance the training on community engagement and community-based MHPSS) for the CSO staff were provided remotely which has its limitations.

2. The political situation and the Presidential elections 2021 in country have created a situation of increased insecurity. IOM has been regularly assessing the risks associated with the situation and putting in place extra security measures to provide protection, including mental health and counselling, to the project beneficiaries.
3. IOM has encountered challenges when working on issues related to GBV, including CRSV and domestic violence, as these themes are still considered taboo in Somali society. These issues have highlighted the need for more advocacy and awareness raising in Somali communities about the issues and the consequences related to GBV. IOM plans to scale-up community activities that sensitize the community members and offer safe spaces for community dialogue on matters of GBV, including CRSV. IOM will also provide a refresher training on addressing GBV, including CRSV, to the CSO staff and will address their concerns.
4. Provision of mental health and counselling services remains a challenge, the beneficiaries when first enrolled in the project, lack trust and are hesitant to speak about their stories and past traumatic experiences with the social workers during the counselling sessions. Building trust is a step-by-step process and the social workers make an effort to earn the beneficiaries' trust on a daily basis. To do so the social workers try to engage with the beneficiaries in impromptu conversations outside the counselling sessions and participate with them in social reintegration activities, during which they have the chance to interact with one another in a less direct way and through the means of the activity, be it poetry, dance or sports.

5. Lessons Learned

Guidance: Outline any lessons-learned and good practices that emerged and how they will be used to inform future programming.

It was apparent that the use of language when speaking about GBV, including CRSV, can make a difference in how the society and the community perceive and respond to the issues related to GBV. There is an ongoing discussion on how to frame this area of work. Programmatically it might be more beneficial if the support provided to women who have suffered GBV, including CRSV, is advocated more from the women's empowerment and protection angle rather than using GBV specific language. IOM plans to continue to advocate with the relevant government staff and the CSOs, as well as provide more training to discuss what GBV and CRSV mean, what the referral pathways are, what survivor centered care is, and how to approach these issues. IOM has been and will continue engaging the government female focal points so that there is also advocacy occurring from within the system. Addressing the GBV cases and creating mechanism for reporting revealed that most of the women formerly associated with violent extremist groups and seeking rehabilitation and reintegration support have suffered sexual and gender-based violence.

Some of the good practices that emerged during project implementation are the following:

- To address the lack of trust among the women formerly associated with al-Shabaab and to create a safer and less intimidating space for sharing of stories, the social workers grouped women who were dealing with similar challenges and facilitated group counselling sessions. Women from the community also participated in these sessions. These group sessions made women feel that they are not alone dealing with traumatic past experiences. The sense of solidarity and understanding created an atmosphere in which women felt more comfortable to open-up and share their stories. Once one woman (usually from the community) would volunteer and share her story, other women in the group would realize that she is not judged and that they should not feel ashamed to also speak-out. Such group counselling sessions also contributed to countering the stigma associated with GBV and mental health in Somali community. And in some cases, women participating in these sessions found a sense of belonging with one another, which led to collaborating on small business ideas and using the livelihood grants received from IOM to start a business together.
- Continued coordination and collaboration between the social workers from IOM female rehabilitation centres and the CSOs proved to better streamline the implementation of project activities. The social workers shared with the challenges encountered and supported each other to address them.
- Communities within which many of the women are coming from do not have access to clean water on regular basis hence, being able to shower contributed to their overall wellbeing. IOM will continue to ensure that the beneficiaries have access to clean water.
- Providing refresher trainings on different thematic and programmatic areas to CSO staff helps to streamline the implementation of project activities, identify challenges and address them in due time.
- The case management team started to facilitate individual and group counseling sessions amongst themselves in order to better process their feelings that arise from hearing the overwhelming and difficult stories of the beneficiaries.

6. Sustainability Plan

Guidance:

- a. What are the implementing organizations plans to sustain the project results beyond the life of the project?

IOM has been supporting policy development and endorsement by producing rehabilitation and reintegration programme standard operating procedure (SOP) documents. These documents will serve as an implementing guide for the Government of Somalia on federal and regional levels to effectively continue implementing the National Programme. IOM has contributed significantly to the development of the national policies and implementing documents, including manuals and SOPs, to guide the National Programme across all projects associated to it under the leadership of the Federal Government of Somalia.

During the project implementation, IOM has been designing and implementing social reintegration activities with a focus on community-based collective psychosocial approach, including making it possible for women to express about their identity and belonging and reconnect with own body by actively engaging them in culturally familiar activities. Based on these experiences and implementation of the activities, by the end of the 2021, IOM will develop a technical manual for the CSOs and the government on community engagement and community based psychosocial activities to promote social reintegration of men and women formerly associated with AS.

In 2020, IOM and the government have completed the year 1 of the transition plan and all targets have been achieved. In 2021, IOM has entered into year 2 of the transition plan, which includes gradual transition of the rehabilitation centres to the government, including the staff contracts. IOM will continue to provide overall oversight and support the government in the implementation of the National Programme. The transition plan aims to increase the government's ownership and contribute to financial sustainability.

- b. Do you anticipate any challenges in regard to project sustainability?
IOM does not anticipate any challenges beyond funding needs.

7. Communicate Strategy, Products, Tools and Media

Guidance:

- a. Please describe the project's communication strategy and provide an update on its progress.
- IOM has done a radio panel discussion on GBV increases linked to COVID-19 and have led community discussions on the prevention of violent extremism.
 - IOM has posted short quotes and illustrations from the social reintegration activities, such as the poetry workshops, on IOM Somalia official Twitter account.
 - Joint IOM/UN Action article and the social media cards have been created and posted on UN Action's website and IOM's social media platform.
- b. Please *describe here, and attach* with this report, communication materials, tools and other products developed during this reporting period. Please also attach photos if available. *For photos, please note, who the photo should be credited to, and confirm informed consent was obtained from the person(s) in the photo.
- With the guidance of IOM, the CSOs have been facilitating community dialogue as part of social reintegration and community engagement activities. The themes of community dialogue included early marriage, unity, social disruption, forgiveness, identity and belonging, trust, acceptance etc.
 - IOM has produced a poetry booklet which contains stories and quotes from the beneficiaries on the themes of identity and belonging, trust, empathy and acceptance, forgiveness, and peace.
 - IOM has produced postcards and ecards with photo-illustrations of project beneficiaries and their quotes reflecting on different programmatic areas, such as social and cultural reintegration, counselling and mental health, livelihoods etc.

All materials are attached.

8. Voices and Stories

Guidance: Please include direct quotes, statements and stories from project implementers, participants and beneficiaries that may help you illustrate your project's story.

Please see attached stories and other materials.

9. Budgetary and Spending Updates

Guidance: Have there been any changes to the budget or unanticipated spending? If so please explain.

IOM has been on track with budget's spending and has liquidated the budget successfully upon completion of the project implementation.

It has been discussed that IOM intended to repurpose money previously allocated for shelter. That money has been used to procure hygiene kits for women. The contents of these kits are based on GBV working groups recommendations in addition to the needs of women in Baidoa and Kismayo.

In Kismayo, due to a few positive cases tested among IOM staff and beneficiaries at the female rehabilitation centre, the reintegration activities at the CSO were suspended for a short period at the end of February 2021. The situation was mitigated, and the activities were fully resumed in the second week of March. With IOM's close guidance, the CSO had speed-up the planning and spending of the remaining budget for social reintegration and community engagement activities. In addition, due to COVID-19, some of the budget had to be reprogrammed to address the project needs appropriately.

Please see attached, the financial expenditure report on 100 per cent consumption of the budget.

10. Contribution to UN Action's Results Framework

Guidance: Please provide a summary of the project's contribution to UN Action's Global Results Framework. Please be specific, and reference the corresponding indicator codes in UN Action's Results Framework

Linkages with and contribution to Outcome and Output Areas of UN Action's theory of change.

The project contributes to the Outcome 1, and in particular Output 1.1., of the UN Action theory of change.

Outcome 1: Survivors and at-risk groups are supported and protected and CRSV risks are prevented (Res 1820)

Output 1.1: Comprehensive and multi-sectoral assistance, including medical, psychosocial, livelihoods and justice services are available and accessible to survivors.

The project fills in a critical gap of the Somalia National Programme for the Treatment and Handling of Disengaged Combatants (National Programme) in providing direct support to women

formerly associated with AS, including CRSV survivors. To reduce their vulnerabilities and improve their mental, social, and economic well-being, the project provides comprehensive and multi-sectorial assistance to beneficiaries who enter into the community-based reintegration phase following completion of the rehabilitation phase.

CRSV survivors receive comprehensive and multispectral assistance provided by IOM and local partners, including women-led CSOs, line ministry focal persons, and local medical service providers. As the only UN Agency providing direct services to women formerly associated with AS in Somalia, IOM builds the capacity of national, regional, and community actors to deliver health and MHPSS services to women, manage safe spaces for women, and organize community-based norm-shifting educational and outreach programs to help destigmatize and support CRSV survivors.

In addition, the proposed project also contributes to Output 2.2. of Outcome 2.

Outcome 2: Duty-bearers and decision-makers take action to address both the immediate risks as well as the root causes of CRSV at the global and national level.

Output 2.2: Capacity and technical expertise of institutional, operational, national, and other key actors is strengthened to prevent CRSV and respond to survivors' needs, tackle stigma and ensure non-discriminatory access to services.

The project builds on IOM's experience with UNPBF in providing services to women formerly associated with AS. It is worth noting that prior to the UNPBF pilot project, there was no service designed for this highly vulnerable group. While there were GBV services and pathways established at the community level in Kismayo and Baidoa, the lack of understanding of the specific needs of women formerly associated with AS, in particular those who once lived in AS controlled territories, had hindered the service providers, and implementing agencies' ability to address their complex layers of trauma, which is not limited to experience of CRSV. Considering the background and the stories of women who were directly or indirectly associated with AS, the sensitivities of supporting the survivors of CRSV among these women are increased, as the stigmatization and rejection by community members are intensified.

In this project, through its acquired knowledge and understanding of the challenges and complex psychosocial struggles that these women face, IOM will build on existing operational lessons learned during PBF to better respond to survivor needs, which will inform a more gender responsive National Programme.

11. Next Steps

Guidance: Please describe the next steps and / or any deviations you expect for the upcoming reporting period

N/A

12. Support and follow up from UN Action

Guidance: Please share any support and follow up needed from UN Action

IOM raised their concern regarding the security council's consideration of listing al-Shabab as a designated terrorist organization like ISIL or Daesh in resolution to 1267. This almost happened last year and there was a big scare on how it would impact funding. IOM previously requested UN

Action to speak with the Special Representative of the Secretary-General on Sexual Violence in Conflict (SRSG-SVC) to learn how the listing of al-Shabab as a terrorist organization in 1267 may impact the work they do.

GBV, including CRSV, continue to be of great concern in Somalia. IOM would like to continue addressing the issues and the challenges related to GBV within its programmes. IOM is asking the UN Action to help fundraise for 2022.

13. Other comments and questions

Guidance: UN Action welcomes any other comments and questions.

14. Project Data

Guidance: Present progress and achievements against the Goal, Outcomes, Outputs, Activities, and Indicators stated in the project's log-frame

| Leveraging the strength of women in Somalia to mitigate conflict-related sexual violence (CRSV) and prevent violent extremism (PVE) | | | | | |
|---|--|---|---|---|---------------------|
| - LOGFRAME - | | | | | |
| | Project Summary | Progress | Progress against indicators | | Verification Method |
| | | | Original Baseline, Targets and Indicators | Progress against Baseline, Targets and Indicators | |
| GOAL | Women formerly associated with AS, including survivors of Conflict-Related Sexual Violence recover from trauma and actively contribute to sustainable peacebuilding in respective societies. | | | | |
| Progress towards Goal | Please see section 2 of the narrative report for the details on progress. | | | | |
| OUTCOME 1 | 100 women formerly associated with AS, including CRSV survivors, receive survivor centred health, MHPSS, and reintegration support leading to enhanced psychosocial, social and economic well-being. | | | | |
| Progress towards Outcome 1 | Please see section 2 of the narrative report for the details on progress. | | | | |
| OUTPUTS 1 | Please insert Project Outputs under Outcome 1 here: | Please describe progress towards Project Outputs under Outcome 1 here: 1.1 | | | |

| | | | | | |
|--|--|---|---|---|--|
| | <p>1.1 Women formerly associated with AS have access to survivor-centred health and MHPSS services.</p> <p>1.2 Women formerly associated with AS receive adequate social and economic support to facilitate community reintegration.</p> | <p>Please see section 2 of the narrative report for the details on progress.</p> <p>1.2 Please see section 2 of the narrative report for the details on progress.</p> | <p><i>Description: % of beneficiaries identified who received individualized CRSV support based on their needs and informed consent</i> Baseline: 0 Target: 95%</p> <p><i>Description: % of women reporting increased social and economic wellbeing</i> Baseline: 0 Target: 55%</p> | <p>100% All women who were identified as survivors of CRSV received appropriate services.</p> <p>100% IOM conducted base and end line survey for 94 women out of the possible 226, thus reporting on 42% of the caseload. The Reintegration House Hold Endline survey which generates data for this indicator is conducted 8 months after enrolling in the program- which will be the end of June and August 2021 respectively for the remaining 132 women.</p> | <p>Monitoring Activity Report.</p> <p>End line Survey.</p> |
|--|--|---|---|---|--|

| | | | | | |
|--|---|---|--|--|--|
| <p style="text-align: center;">ACTIVITIES</p> | <p>Please insert Project Activities under Outcome 1 here:</p> <p>1.1.1 Train and provide technical support and oversight to staff to assess and provide individualized CRSV case management and psychosocial support, and ensure access to medical services, treatment monitoring, and follow up support.</p> <p>1.2.1. Women formerly associated with AS, including CRSV survivors, are provided with reintegration support in the form of a monthly social protection allowance, a voucher for shelter kits, complimented by career counselling services, and livelihoods mentorship provided by ongoing projects. DRRR acquired hygiene kits for the beneficiaries instead of shelter vouchers as agreed with UN Action later on.</p> | <p>Please describe progress towards Project Activities under Outcome 1 here:</p> <p>1.1.1 Please see section 2 of the narrative report for the details on progress.</p> <p>1.2.1. Please see section 2 of the narrative report for the details on progress.</p> | <p><i>Description: # of staff trained to assess and provide individualized CRSV case management and psychosocial support</i> Baseline: 0</p> <p>Target: 12 (6 per location)</p> <p><i>Description: # of beneficiaries who received reintegration support (disaggregated by type of support)</i> Baseline: 150 Target: 100 additional</p> | <p>26 (8 CSO staff were trained per location, including 3 Social workers, 1 Project Officer, 1 M&E Officer, 2 Mentors, and 1 Religious Counsellor, 4 IOM Social Workers, 1 Rehabilitation Centre Nurses).</p> <p>226 women received hygiene kits and the 2nd livelihood grant in an amount of \$250. The rest of the services were co-funded.</p> | <p>Attendance Sheet.</p> <p>Monitoring Activity Report.</p> <p>Monitoring Activity Report.</p> |
| <p style="text-align: center;">OUTCOME 2</p> | <p>Enhanced capacity of relevant ministries and women led CSOs to provide comprehensive services for women associated with as, including survivors of CRSV, and mitigate the risk of violent extremism and CRSV.</p> | | | | |
| <p style="text-align: center;">Progress towards Outcome 2</p> | <p>Please see section 2 of the narrative report for the details on progress.</p> | | | | |

| | | | | | |
|---|---|--|---|--|---|
| <p style="text-align: center;">OUTPUTS 2</p> | <p>Please insert Project Outputs under Outcome 2 here:</p> <p>2.1 Trainings and capacity building are provided to relevant ministries and women-led CSOs staff on gender-responsive and survivor-centred interventions.</p> <p>2.2 Women organizations and leaders are supported in holding community activities promoting women’s rights and mitigating the risk of violent extremism and CRSV.</p> | <p>Please describe progress towards Project Outputs under Outcome 2 here:</p> <p>2.1 Please see section 2 of the narrative report for the details on progress.</p> | <p><i>2.1 Description: % of trained government and CSO staff reporting a demonstrated increased knowledge on gender-responsive and survivor-centred interventions.</i> Baseline: 0 Target: 80%</p> <p><i>2.2. Description: # of community members engaged in culturally sensitive events organized by women organizations and leaders</i></p> <p>Baseline: 700 Target: 300 additional</p> | <p>45% The staff with increased knowledge includes the social workers of IOM rehabilitation centres and the CSOs, as well as the nurses and the DRP women focal points.</p> <p>365 community members Note: due to Covid-19 large community activities and gatherings were not permitted.</p> | <p>Monitoring activity report</p> <p>Survey Pre- and Post- Training</p> <p>Post-training follow-up</p> <p>Monitoring Activity Report.</p> |
|---|---|--|---|--|---|

| | | | | | |
|--|--|---|--|--|---|
| <p style="text-align: center;">ACTIVITIES</p> | <p>Please insert Project Activities under Outcome 2 here: 2.1.1 Organize regular coordination meetings to consolidate effective partnership mechanisms and training on gender-responsive and survivor-centred interventions. Technical support will be provided to relevant ministries and local authorities as required. Lessons learned and best practices will be consolidated for government stakeholders.</p> | <p>Please describe progress towards Project Activities under Outcome 2 here: 2.1.1</p> | <p>2.1.1 <i>Description: # of coordination meetings and training conducted</i></p> <p>Baseline: 2 coordination meetings and 2 training conducted</p> <p>Target: 2 additional coordination meetings and 2 additional training conducted</p> | <p>12 10 coordination meetings, including meetings with the DRP focal points and the GBV-AOR meetings, and 2 trainings/workshops provided to the staff of relevant ministries and local authorities.</p> | <p>Attendance Sheet.</p> |
| | <p>2.2.1 Support women from the community in creating culture-specific safe space for women to receive MHPSS services, civic and religious education, and to host social gatherings and recreational activities.</p> | <p>2.2.1</p> | <p>2.2.1 <i>Description: # of culturally-sensitive safe space for women (disaggregated by location)</i></p> <p>Baseline: 0 Target: 2</p> <p>2.2.2 <i>Description: # of culturally sensitive outreach and</i></p> | <p>2 Safe Spaces at the CSOs have been set-up and are fully operational (1 in Baidoa and 1 in Kismayo).</p> <p>26 activities and events have been organized as part of social reintegration.</p> | <p>Activity Monitoring Report. Attendance Sheet.</p> |

| | | | | | |
|--|--|-------|---|--|--|
| | 2.2.2 Support women from the community in designing, developing and holding culturally sensitive outreach and awareness-raising events, including civic and religious education workshops, psychosocial art activities such as theatre workshops. | 2.2.2 | <i>awareness-raising events held</i> Baseline: 9 Target: 9 additional events | Activities include poetry workshops, radio talk shows, traditional dances, traditional women's gatherings, Pot Breaking, Rope Skipping, Basketball, Storytelling and a Cultural Event. | Monitoring Report. Attendance sheet. Activity Monitoring Report. |
| PROBLEM STATEMENT | <p>Problem 1: Women formerly associated with AS, including CRSV survivors, do not receive adequate services that meet their needs. CRSV survivors' mental health worsens, exacerbating the psychosocial effects of CRSV, further marginalizing them and preventing them from re-emerging into social and economic life.</p> <p>Problem 2: The National Programme focused exclusively on male disengaged combatants because it lacked the policies, pathways, and capacity to respond to the complex needs of women associated with AS.</p> | | | | |
| Contribution to UN Action's Results Framework | <p>Please summarize here and indicate in the above logframe with a *the project's contribution to UNA's global results, when applicable, by referencing the corresponding indicator code as stated in UNA's Results Framework.</p> <p>Please see section 10 for details.</p> | | | | |