

WAAPO Annual Protection Report by March 2022





About WAAPO



WAAPO

ABOUT US



Founded in June 1997. Women Action for Advocacy and Progress Organization (WAAPO) is a Somaliland-based non-governmental organization founded by women. WAAPO's mission is to protect and support women, youth, and children by providing practical and emotional support, protection, economic empowerment, and education, as well as campaigning for long-term change in their lives.

WAAPO is actively involved in the fields of gender equality, advocacy and human rights, including Women, Youth, and Children rights, Gender-based violence and child protection, social economic empowerment, livelihood development and youth education, general protection, shelter services as well as the community-based protection capacity building programs through empowerment, community-based structures system and government partnership.

WAAPO manages the only safe house that exists in Somaliland, which provides assistance to survivors of sexual and gender-based violence and survivors of child abuse who are facing serious safety and security concerns.

Tel:+25263333364; Email: director@waapo.ngo
Hotline: 329/344

VISION

We believe that every family, woman, and child deserves a dignified existence that includes equitable access to safety, protection, education, and economic opportunity.

MISSION

To improve the quality of life for women, children, and youth in our communities through empowerment, education, advocacy and the provision of social services.

EXPERTISE IN SPECIFIC AREAS

- Human rights: Women's rights, child protection and Gender-Based violence programs.
- Community Empowerment: Social mobilization, community engagement, social protection, and strategic policy advocacy for women's and children's rights.
- Economic empowerment and education: Life skill development, education, adolescent and youth employment and social business enterprise.
- Safe house Programs: Housing and food, counseling, medical-legal assistance, material assistance, family mediation, hotline services, and case management assistance

WHAT WE DO



Safe House Program (Housing & Food)



Child Protection



Women's Right & GBV



Human Right



Economic Empowerment



Community Empowerment

Current Project Partners



British Embassy



UNFPA



Child Helpline International

Our line Ministries



MESAF



MoPD



NDRA



MoJ

Coordination and Networks



SIHA



NAGAAD

1 Protection Cluster

2 Case Management Task Force

3 GBVWG, CPWG, FGMTF

4 Anti-trafficking Civil Society Organizations Network

Past Project Partners





Background Information

Somaliland (SL) has an estimated population of nearly four million (3,798,828^[1]—51% male, 49% female). Following the falling apart of Somalia, SL has been pushing to be recognized as an independent state for nearly 30 years. SL state has a constitution and is led by a President, and a lower house (parliament), elected through one man/woman one vote system; and an upper house which is constituted by senators elected on a clan-based system. Politically SL has exhibited stability, with recently concluded parliamentary elections held on 31st May 2021, after nearly 15 years. With the many years of instability and governance challenges, amidst biting poverty and perennial emergencies such as water scarcity lasting years due to low rains and severe floods when it rains (very likely due to climate change), et cetera, SL has some of the worst indicators in East and Sub-Saharan African. According to 2020 Demographic Health Survey (DHS), significant number of women die due to birth related causes and majority of births are delivered at home. ^[1] Source: NDPII

Over the years, to address afore-stated situation, WAAP has continued to provide protection, livelihood to Somaliland local communities aimed at boosting access to better protection and response service, youth employability, gender equality, and human rights in general



- ❖ U5MR 117/1000 LBs
- ❖ IMR 396/100000 LBs
- ❖ IMR 74/1000 LBs
- ❖ FI Children (12-23 months) 13%
- ❖ Births by SBA 40%
- ❖ Delivery in HF 33%
- TFR 6.7
- Poverty Rate 52.7%
- Under Weight (U5) 14%
- Wasting (U5) 13%
- Stunting (U5) 20.7%
- ❖ Rural Water Coverage 49%
- ❖ Access to safe Water 52%
- ❖ Sanitation Coverage 28%
- ❖ WASH in Sch Coverage 30%
- ❖ WASH in HF Coverage 30%
- NER (Girls) 32%
- OOSchool Children 71%
- ❖ Birth Registration 19%
- ❖ Girls and women aged 15 – 49 years undergone FGM 98.1%
- ❖ Women (20-24) married before 18yrs 23.2%

^[1] Source: NDPII



Problem Statement

In Somaliland, GBV is mostly underreported and remains the greatest threat to women and children's human rights, health, psychological, emotional, economic, and social well-being. This is mainly due to their extreme marginalization, dependency, low and constrained socio-economic status. There are also limited preventive and supportive services for survivors of GBV among the targeted communities and a weak coordination structure.[2]

Gender-Based Violence (GBV) continues to be an issue of great concern across Somalia, worsened by multiple displacements and forced evictions due to flooding and armed conflicts. Women and adolescent girls from 18 – 50 years old (including those living with disabilities) get subjected to intimate partner violence, rape, sexual exploitation, sexual harassment, and abuse, which have been reported significantly in Somaliland [3] Protection/GBV services continue to be needed, particularly by women and children affected by displacement who are at a higher risk of exposure to GBV, including rape.

There is a limited service provision for protective housing for vulnerable women and girls fleeing violence, and the majority of women and girls fleeing violence in Somalia do not have options for safety and protection and limited shelter provision forces women and girls to stay in environments that are not safe and further expose them to the risk of GBV. The report, recommended to GBV actors, to provide quality protective housing through GBV shelters is a priority to ensure that vulnerable women and girls have options for safety.[4] The number of GBV survivor calls to GBV hotlines increased by 283 percent and 767 percent in Somaliland. The increase was attributed to the rising GBV occurrences and improved knowledge and utilization of hotlines for reporting GBV.[5]

Low reporting of GBV cases persist due to stigmatization, victim-blaming, shame, and interference by the clan and religious leaders, slow access to justice, and weak or lack of legal frameworks for the protection of women and girls from GBV. Loss of livelihoods and food insecurity due to COVID-19 and displacements have forced young boys to step into the roles of provider thereby increasing levels of dropouts from school among young boys and girls to serve as additional help for the care burden at home[6]

[2] OCHA 29/11/2017; REACH 04/2018

[3] CCCM assessment & joint humanitarian gap analysis (July 2019).

[4] Advocacy Brief, 2021 (UNFPA Report)

[5] GBV/FGM Covid-19 assessment)



Female Genital Mutilation/Cutting (FGM/C) is prevalent among 98% of women in their reproductive age. 61% of women had undergone type III of FGM, with 7% type II and 29% type I form of FGM. 56% of women aged 15-49 believe female genital cutting is a religious obligation. Additionally, 20% of girls between 0-14 years are circumcised; above half (63% for women aged 15-49 and 62% of girls 0-14 years) of female genital cutting procedures are performed by traditional circumcisers. 53% of women aged 15-49 want FGM/C practice to continue.[7]. In February of 2018, a fatwa banning FGM was issued by the Ministry of Endowment and Religious Affairs. Although this was a step in the right direction as religious leaders and the government have previously never had a clear stance on FGM, it was also a source of confusion. Although it outlawed FGM, type II and I cutting were not considered FGM by the Fatwa but rather a religious obligation.[8]

Adolescents (10-19 years) account for 27 percent of the total Somali population, and 81 percent of the total population of Somalia are below 35 years old. Not only do adolescents face the worst forms of abuse such as rape and murder, but they are also often coerced into difficult circumstances which are detrimental to their own physical and mental well-being or forced to adopt maladaptive coping mechanisms to overcome structural deprivations.[9] This situation is compounded by the lack of critical child protection services and reduced community capacity to protect children from protracted violence.

Due to the strict lockdown measures, lack of access to important and life-saving services, and economic pressure, the onset of Coronavirus (COVID-19) saw the increase of the already existing vulnerability of women and children to violence and other harmful traditional norms/practices. An increase of physical violence against children by 57% frequently perpetrated by parents wanting to discipline the child or parents has been reported.[10]

Due to the lockdown, male parents are going through the withdrawal symptoms of a drug known as Khat at home, resulting in anger bursts against the women and the children living within the household leading to the increase of physical violence. Additionally, due to Covid-19, there has been a significant reduction of important child protection services. As many of the children are living in unusual situations with significant disruption to their regular daily schedules, these children are in critical need of child protection services including counseling, protection referrals, and case management. Service providers affirmed the FGM increase in the Somaliland region since COVID. The closing of schools meant that school-age girls were available to be cut and their parents saw the lockdown as the golden opportunity for the girls to heal after the procedure.[2] GBV Information Management System 2020 data showed an increase in intimate partner violence (55 percent), physical assault (61 percent), and rape (12 percent), compared to the 2019 figures: physical assault (45 percent) and rape (8 percent).

[7] draft MARA report 70 January - August 2020

[8] Somaliland Health and demographic survey 2020

[9] *The Movement to End Female Genital Mutilation in Somaliland: Preliminary Findings from Doctoral Research May 2020*

[10] UNICEF Program Strategy Note 2021-2025



Project Summary

This report highlights the main result, and progress for the implementation of UNICEF and WAAPO project titled Provision of Shelter Services and Protective Environment to Children and Women at risk of Violence, Abuse, Neglect and Exploitation which is funded by UNICEF Somaliland and implemented by WAAPO- in Quarter 5 for the period 1st July to 31 September 2021.

The project aims to provide an appropriate multidimensional response to women and children subjected to GBV and to mitigate its impact through provision of safe-house, including interactive and proactive approaches aimed at changing negative prevailing mind sets of individuals, communities and society to address the root causes of violence based on gender including gender inequality and discrimination, which result in the perceived lower status of women. As a result, GBV incidence will be reduced and survivors will access first line support including emergency protection, immediate access to secure accommodation and psychosocial counseling

The programme target beneficiaries are women and children at risk of protection or currently in situations of abuse, exploitation, neglect, discrimination, or other forms of violence within families and communities. The program is implemented in six main towns and two districts namely Hargeisa, Borama, Burao , Gabiley, Baligubadle, Erigavo, Las'Anod as well as in the IDP settlements within the targeted districts where child protection and GBV incidents are very high and continue to challenge their potential protection. The focus of the project is to improve quality of critical CP services and provide first line support to survivors of GBV including emergency protection, immediate access to a safe and secure accommodation, psychosocial counselling and support, skill's trainings, pre-school education for children & an adult literacy/numeracy class.

In addition to the above, WAAPO is also implementing children on the move project aimed at strengthening the referral system for survivors of SGBV, provision of transitional shelter support to children on the move identified at the Child Protection Desks at border points and targeted locations with high influx of IDP'S and migrants by strengthening the referral process for child survivors requiring medical, legal assistance and reunification with families and community.

The quarterly report will provide comprehensive overview and results-based information on the thematic areas and strategic interventions carried out during the implementation period outlining the achievements, challenges encountered, and solutions reached.

[11] GBV/FGM Rapid Assessment Report in the Context of COVID-19
Pandemic in Somalia." (United Nations Population Fund. July 2020)



WAAPO Project Profile Information Note

Name of the project	Donor	About the project	Key intervention areas of operation.
Project 1 : Children on the move	UNICEF	About : Is to strengthen referral system for the survivor of GBV and child protection and to provide multi-sectoral response service incl. Safety, PSS, legal and medical.	Interventions are include: <ul style="list-style-type: none"> • Safe house operations in Hargais, Burco and Borama. • CP-Desk for PSS and Case management support in Gabiay, Hargaisa, Baligubadle, Abdaal and WGSs in Wajaale. • Case management service through referral pathways.
Project: 2 Community Care Project	UNICEF	About " is to create health safer and more peaceful community for women and girls by working with communities to improve access and support for survivors of GBV and other harmful social and traditional norms (FGM/C) that promote positive social norms, dignity and equality and non-violence	Interventions are include: <ul style="list-style-type: none"> • Selection of the Community Discussion Leaders (CDLs) • Training of the CDL in 14-Days – • Community survey in Three-Location – • Series-Community Discussions in each community. • Community Action Plan Implementation Program • Community declaration. • Community Care End-Line Survey. • FGM Program intervention in 3-districts Inc. Borama, Gabilay and Burco.
Project 3: Upshift Project	UNICEF	About" The UPSHIFT innovative Livelihood program to provide income opportunity for GBV female survivors for their own economic development of social enterprise and economic empowerment.	Interventions are include: <ul style="list-style-type: none"> • Selection of the Upshift Beneficiary. • Social Innovation Bootcamp For Upshift beneficiary. • Social venture and social entrepreneurship workshop. • Provide Seed funding, start-up grant and mentoring. • Business Mentorship training and incubation.
Project 4: Provision of SGBV Program for asylum seekers, refugees and returnees.	UNHCR	About" POCs (Refugee & asylum seekers) enjoy their rights and have access to strengthened national frameworks in line with relevant international standards. / IA1: Protect	<ul style="list-style-type: none"> • Provision of multi-sectoral response service for the survivors of GBV Incl. Safe house support, counselling, medical-legal support thru referral. • Operating the SGBV One-stop centre in Berbera reception-centre to access PSS, referrals, medical, legal and material assistance. • Refugees Awareness-raising and education in addressing various root causes such as gender inequality, discrimination and GBV. • Create community dialogues around social norms and harmful practices for refugees and asylum seekers

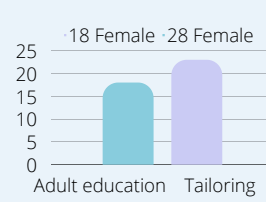
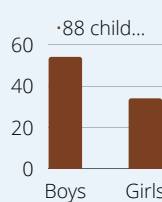
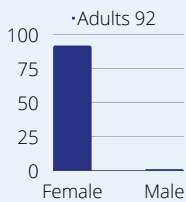


UNICEF PROJECT ANNUAL REPORT

1. Children on the Move Project - SGBV and CP Program (Safe house and CP)

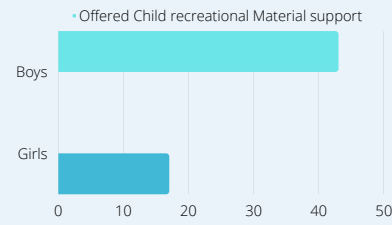
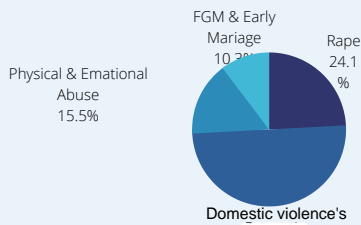
Project Name : Children on the move	
About the project	Main interventions
Is to strengthen referral system for the survivor of GBV and child protection and to provide multi-sectoral response service incl. Safety, PSS, legal and medical.	<p>Interventions are include:</p> <ul style="list-style-type: none"> • Safe house operations in Hargais, Burco and Borama. • CP-Desk for PSS and Case management support in Gabiay, Hargaisa, Baligubadle, Abdaal and WGSs in Wajaale. • Case management service through referral pathways.

WAAPO safe house accommodated Survivors



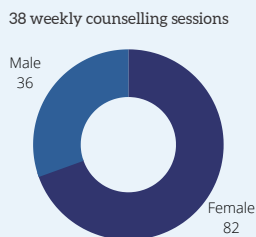
As part of the WAAPO's efforts to support survivors of SGBV and CP to offer quality safe house service. During the months of Jan- Dec.

Total 41 Safe house residents attended literacy skills program incl adult education (18 F) and tailoring skills (23 F), and they have graduate successful

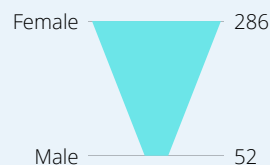


They benefited safe house services incl. accommodation, literacy skills, and counselling. They have also assisted case management service provision through referral support incl medical-legal service and follow-ups as well as access to relocation support

For the COVID-19 responses, a total 41 Female in the safe house were also assisted sanitation and hygiene supplies to protect them from COVID-19. Additionally, a total of 69 children (43 B 26 G 17) were offered child recreation material support inc. toys



To provide crises intervention support and case management via the hotline, improve referral pathway communication, mobile responses, provide support to survivors of GBV, CP and persons affected by the COVID-19 or at risk and refer cases according to phone-based referral pathways, WAAPO has established hotline in the safe house and assigned dedicated focal person.



Similarly, the PSS Counsellors at WAAPO safe houses conducted 38 weekly counselling sessions and reached 118, in which they have received basic emotional support, one to one and group counselling, family mediation services, Interpersonal Psychotherapy (IPT) sessions through FGD in the safe house

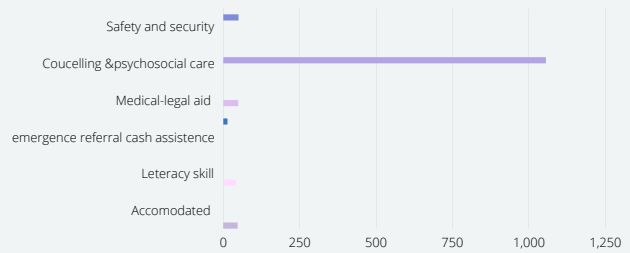
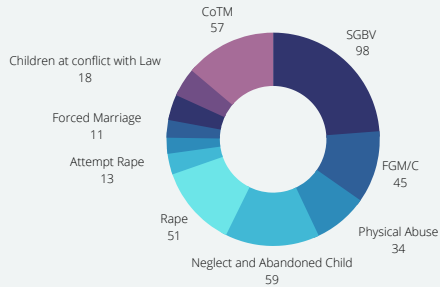
A total of 338 which are consisting 286 F, 52 M. has been reached through help lines/ phones support (Hotline) and they provided remote PSS, referrals, information about the service that WAAPO provides and others, COVID-19 prevention massage

To ensure the quality of services being offered at the safe house, the managers are strictly following and adhering to the established safe house SOP's and protocols within the lense of survivor centered-approach. And ensure, to protect survivors in the safe house from COVID-19.



The Two safe house centers in Burco and Hargeisa 84 Person (84 F) has been graduated successfully literacy program in six months and attended last monthly test for their graduation. In which 6 of them among the safe house residents.

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During the reporting period, WAAPO has identified and handled a total of 412(F 277, M 135).

This case reported both included community members referral and self-referral by the victims themselves. The identified SGBV survivors fully benefited from range of protection services, care and support

The below figure is the breakdown of assistance and support provided and type of the GBV were reported. WAAPO continued to run CP desks in Hargeisa, Baligubadle, Abdaal, Gabilay and WAJAALE safe space The CP-Desk and Women and safe space in Wajaale provide CP services and referrals to child abuse cases, UASC, returnee children, migrant children, children at risk of protection. The desks monitored child protection concerns during cross border movement and reduced risks for children on the move and improved the protective environment for children along migratory routes. Moreover, the desk psychosocial assistance, recreational activities and toys for children and referred persons with illnesses to attain medical assistances.

During the quarter, the CP-desk helped in total 196 (145 Boys 51 Girls) in which (Boys 40, Girls 56) child right violation and abuse; 41 (Boys 37, Girls 5) Unaccompanied and separated children (UASC); and 59 (Boys 49, Girls 10) Children on the move (CoTM) and they have benefited needed care and support including protection and referral to appropriate services, vulnerability assessment & case management services incl. counselling, psychosocial support, recreational activities and toys for children at the CP-Desk, case advocacy, monthly reintegration activities and safe house through direct referral from CP-Desk.

Summary of Progress

- 280 GBV Women survivors and women at risk of abuse provided Safe house support.
- 412 children (301 Boys 111 Girls) accessed Safe house services in Hargaisa, Burco and Borama.
- 1900 Persons (243 F 272 M) reached through Hotline (Free toll Help-line service) .
- 84 Person (84 F) completed life skills - literacy and numeracy program in the Safe house.
- 9117 children (4123 G 4994 B) received psychosocial support and counselling in CP-Desks, WAAPO safe houses.
- 728 UASC (323 B 405) has been identified and provided FTR , reintegration and facilitated reunification with the family of origin.
- 50 GBV survivor and youths adolescents (29 F 21 M) reached and attended social innovation boot camp workshop and social venture and entrepreneurship workshop and established 11 Business.
- In total 18720 persons (9210 F 9510 M) has been reached through awareness raising, capacity building and community led session on SGBV prevention and response and child protection.
- 23 vulnerable adolescents (17 Girls and 6 Boys) has successfully completed entrepreneurship training (Upshift) with UNICEF support.
- 5920 Persons (2210 M 3710 F) reached through COVID-19 prevention and response in which 500 HHs received PPE and COVID-19 supplies.
- 13350 Individuals (2110Boys, 3100 Girls, 4210 Male and 3930 Female) received quality service through case management service incl. PSS and referrals.



Community – Care Project.

Project Name :	
About the project	Main interventions
is to create health safer and more peaceful community for women and girls by working with communities to improve access and support for survivors of GBV and other harmful social and traditional norms (FGM/C) that promote positive social norms, dignity and equality and non-violence	<p>Interventions are include:</p> <ul style="list-style-type: none"> • Selection of the Community Discussion Leaders (CDLs) • Training of the CDL in 14-Days – • Community survey in Three-Location – • Series-Community Discussions in each community. • Community Action Plan Implementation Program • Community declaration. • Community Care End-Line Survey. • FGM Program intervention in 3-districts Inc. Borama, <u>Gabilay</u> and Burco. •

WAAPO is implementing Change in Community Care Program in three regions in Somaliland, the overall aim of the program is to create health safer and more peaceful community for women and girls by working with communities to improve access and support for survivors of Gender-Based Violence and other harmful social and traditional norms that promote positive social norms, dignity and equality and non-violence. This includes establishing up to 3 Community Discussion Groups in Borama, Gabilay and Burao, made up of 12 members of the Community Discussion Leaders each that will undergo a 13-week training after which they will facilitate a process of engaging community members on promoting positive social values and fight against negative social norms. As a result of these activities, the C-care program will increase self-referrals and difficult cases will be referred to 3 shelters established in Broama, Burao and Hargeisa for counseling, transitional shelter provision and medical support as well as the women and girls' safe space in Wajaale and through a network of Child Protection Desks, WAAPO will strengthen the referral process for child survivors and SGBV cases needing medical, legal assistance and reunification with families.

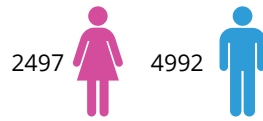
The core activities of the community care project are including: selection of the CDLs, training of the CDL in 14=Days, conduct wider community survey, conducting CDL sessions on 13-Weeks consecutive, community action plan sessions and conducting implementation of the action sessions led by the CDL.

The program consists four main components which include building Knowledge and Awareness which is focusing on Survivor-centered response, health response, psychosocial response and education response and Law enforcement response. Programmed Planning and Monitoring, Strengthening Community-Based Care, and catalyzing Change.

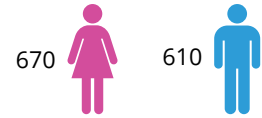




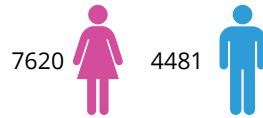
In total of 7488 persons (2497M 4992F) has been reached and attended community session to improve access and support for SGBV survivors and harmful social and traditional norms in three region in Borama, Gabiliay and Burco.



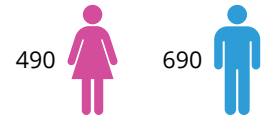
A total 120 household for 1280 individual (670 male 610 female) were reached through vulnerability home visit assessment campaign and provided remote PSS support, PSS first aid, MHSS needs



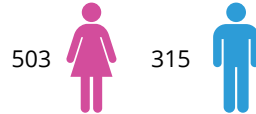
12101 individuals (7620 F 4481M) reached messages on key GBV and CP information & risks, social norms, harmful practices, MRE and mitigation measures.



1180 Individuals (490 F 690 M) provided an emergence cash & referral assistance that has identified throughout the home visit.



140 Mobile outreach home visits and FGDs (with protection, SGBV & PSS) and reached 820 persons (503 female 315 male)



4850 Adolescents (10-19) reached through the community outreach program incl. home visit campaign PSS and case management system through referrals

Summary of Progress

- In total of 7488 persons (2497M 4992F) has been reached and attended community session to improve access and support for SGBV survivors and harmful social and traditional norms in three region in Borama, Gabiliay and Burco.
- In total 110 survivors of GBV has been referred by the CDL to WAAPO and other service providers to get access support and assistance.
- 12101 individuals (7620 F 4481M) reached messages on key GBV and CP information & risks, social norms, harmful practices, MRE and mitigation measures.
- 140 Mobile outreach home visits and FGDs (with protection, SGBV & PSS) and reached 820 persons (503 female 315 male)
- A total 120 household for 1280 individual (670 male 610 female) were reached through vulnerability home visit assessment campaign and provided remote PSS support, PSS first aid, MHSS needs
- 1180 Individuals (490 F 690 M) provided an emergence cash & referral assistance that has identified throughout the home visit.
- 4850 Adolescents (10-19) reached through the community outreach program incl. home visit campaign PSS and case management system through referrals



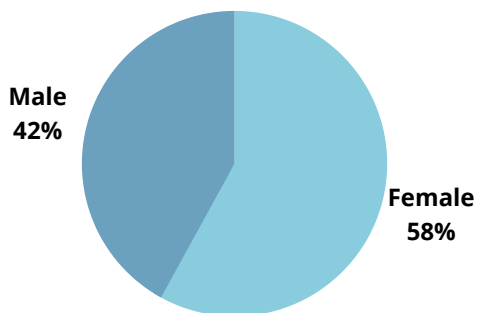
Upshift Project

Project Name : Upshift Project	
About the project	Main interventions
The UPSHIFT innovative Livelihood program to provide income opportunity for GBV female survivors for their own economic development of social enterprise and economic empowerment.	<p>Interventions are include:</p> <ul style="list-style-type: none"> • Selection of the Upshift Beneficiary. • Social Innovation Bootcamp For Upshift beneficiary. • Social venture and social entrepreneurship workshop. • Provide Seed funding, start-up grant and mentoring. • Business Mentorship training and incubation.

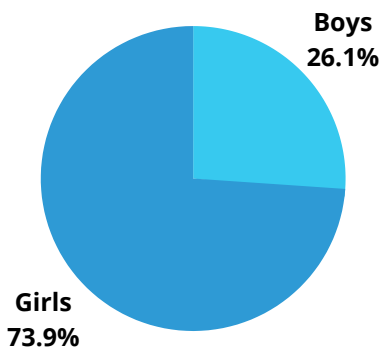
The UPSHIFT innovative Livelihood program (a youth social innovative program) that WAPO has been implementing to provide income opportunity for GBV female survivors for their own economic development of social enterprise and economic empowerment. WAPO has begun the implementation of the UPSHIFT Innovative Livelihoods Program (a youth social innovation programme) to provide income opportunities for up to 50 SGBV female survivors and provide them opportunities for their own economic development of social enterprises for their economic empowerment.

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Progress So Far



50 GBV survivor and youths adolescents (29 F 21 M) reached and attended social innovation boot camp workshop and social venture and entrepreneurship workshop in Hargaisa, Burco.



23 vulnerable adolescents (17 Girls and 6 Boys) has successfully completed entrepreneurship training (Upshift) with UNICEF support.

- 11 Business groups (4 in Burco and 5 In Hargaisa) among the 50 GBV survivor and youths has been initiated successfully.
- 11 business groups has been successfully completed their business plan, business constitution, bylaws, and leadership structure.
- Business mentorship training has been organized on weekly and trained such as a documents "bootcamp handbook 2. Follow Up Toolkit. 3. Social Innovation skills 4. Social Venture and design.



UNHCR PROJECT ANNUAL REPORT



Project overview

The Provision of SGBV Program for asylum seekers, refugees and returnees in Somaliland project intends to address SGBV problems and strengthen the protection services, care and support for the refugees, asylum seekers, and the returnee. The project consists of two major components: Strengthening SGBV prevention and response through operationalizing safe house services, incl. transitional WAAPO shelter for SGBV/childcare, and support of SGBV one-stop centre in Berbera; and increasing the communities' knowledge and awareness of SGBV to better understand the concept of gender inequality and to tackle SGBV problems through community discussions, awareness raising, and SGBV education programs. The project will provide safe, dignified, and meaningful access to protection and response services through the provision of first-line support, early identification, case management service, advocate immediate service, facility referral and emergency assistance, safety and security, legal advocacy and representation and referral to medical services incl. specialize PSS support such as psychological counselling, DPT therapy, and psychiatric assessment.

In order to tackle the SGBV problem and to increase basic knowledge gained by communities to better understand the concept of gender and gender inequality and increase participation of the community in SGBV prevention and response, WAAPO will mobilize and conduct community outreach campaigns, sessions, awareness-raising meetings that educate, prevent, and advocate for women rights, SGBV issues, and eradication of all forms of abuse. The project includes GBV awareness raising advocacy and public outreach campaign on GBV prevention, responses and mitigation. Additionally, WAAPO will conduct mobile outreach activities through home visits to share with communities' information on SGBV and SGBV services, and conduct PSS for cases encountered by the team.

Overall output of the project: By 2022, participation of community in SGBV prevention and response enabled and sustained.

Objective: Risk of SGBV is reduced and quality of response improved:

Interventions will include, but not limited to:

- Supporting SGBV survivors through the provision of multi-sectoral response service (Safety and security, legal support, medical services (CMR), case management, referrals assistance, psychosocial support, material assistance as well as safe house and other related services.
- Awareness-raising and education in relation to SGBV prevention and response incl. in addressing various root causes such as gender inequality and discrimination and create community dialogues around social norms and harmful practices.
- Running of the SGBV one-stop centres in Berbera RC where survivors can receive referrals, legal, medical, material (dignity kits), psychosocial support and counselling in one safe place

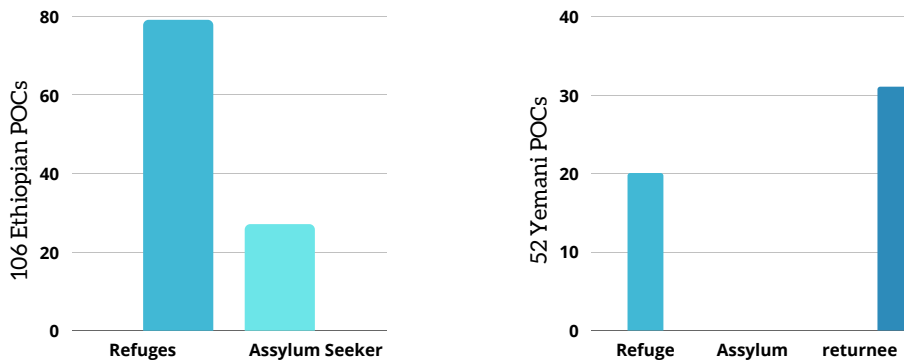


Output 1: Access to survivor centered response services for refugees and asylum seeker incl. Safety and security, psychosocial support, access to medical and legal/justice facilitated

Status Update on Progress Achieved :

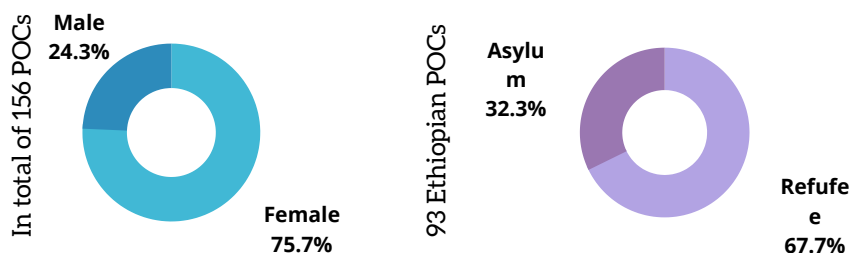
To improve the quality of responses to sexual and gender-based violence provided to refugees, asylum seekers, and returnees and to promote access to services by lowering the risks associated with GBV survivors. Throughout the reporting period, the project provided multi-sector response services including safe housing, psychosocial support, medical and legal assistance, clinical management of rape (CMR), safe referrals, material assistance, and case management assistance.

During the reporting period, in total 189 POCs accessed safe house support with different types of ethnicities and status incl.

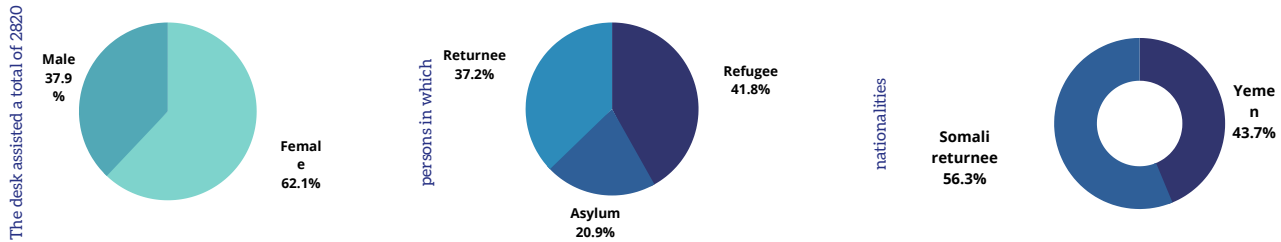


They have received basic assistance care and support, psychosocial counselling and case management services, medical-legal referrals, obstetric care for pregnant SGBV women, family reintegration (when possible and desirable), transportation to specialized services, and emergency relocation support as part of the reintegration strategy.

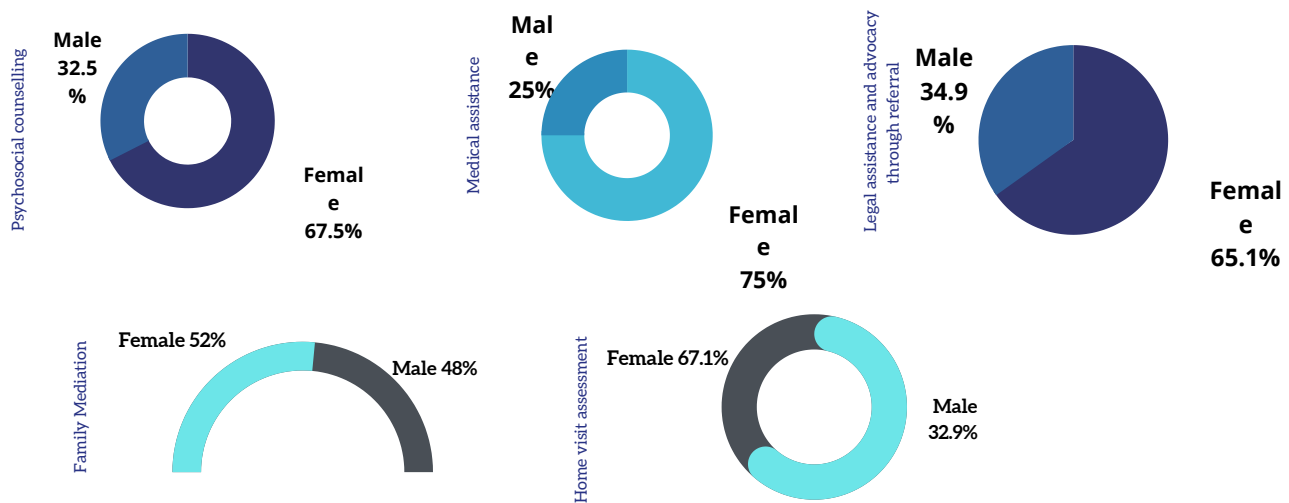
The WAAPO has also provided protection-oriented support through emergency assistance relocation cost to survivors of SGBV relocated from WAAPO safe house, Clinical Management of rape (especially, rape and sexual abuse cases) and the provision of temporary living arrangement/transit home for a short-time of care of the unaccompanied and separate children & child abuse cases. In total of 156 POCs (137 F: 44 M) with different types of ethnicities and status incl. 93 Ethiopian POCs (63 refugee, 30 asylum seeker), 43 Yemeni POCs (43 Refugee) and 20 Returnee.



WAAPO is managing SGBV-one stop centre for refugees and returnee in Berbera (RC) to provide quality protection service through case management incl. psychosocial counselling and referrals. During the reporting period. The desk assisted a total of 2820 (1750F 1070M) persons in which (1180 Refugee, 1050 returnee, 590 asylum seekers). And their nationalities is 940 Yemeni, 1210 Somali returnee). The beneficiary has been benefited general counselling, psychosocial counselling, and vulnerability home visit assessment and got referred.



To provide quality protection services through case management incl. PSS and referrals. A total of 5700 POCs among the survivors of SGBV and women at risk of abuse and sexual and communities has been accessed appropriate protection services and case management support in the WAAPO protection desk, safe house and mobile outreach activities. The specific services were incl. Psychosocial counselling 2370 (1600 F 770 M); 128 Medical assistance (96F 32M); 172 Legal assistance and advocacy through referral (112 F 60 M); 189 Family Mediation (95 F 94M), 213 Home visit assessment (143F 70M) and follow-ups service.



We offered emergence cash support to 205 POCs among Yemeni and Ethiopian refugees, primarily to the most vulnerable women and girls. @UNHCRSom



Performance Indicator(s)	Site/Location	Performance Target	Actual progress
# of reported SGBV incidents for which survivors receive medical Assistance.	Hargeisa,	192	256
# of reported SGBV incidents for which survivors receive psychosocial counselling.	Hargeisa, Berbera	4500	4520
# of reported SGBV incidents for which survivors receive Safe house.	Hargeisa	180	189
# of reported child abuse cases/children accompany with their Mothers accessed Safe house.	Hargeisa,	220	243
# of reported SGBV incidents for which survivors receive case Management service in Berbera RC.	Berbera and Hargeisa	2800	2820
# of the women and children at risk of exploitation of abuse received quality service through case management service incl. PSS and referrals	Berbera and Hargeisa	7200	3630

Output 2: Participation of community in SGBV prevention and response enabled and sustained.

Status Update on Progress Achieved:

To promote community knowledge and awareness about gender inequality and to address SGBV issues affecting refugees, asylum seekers, and returnees through community debates, awareness raising, and SGBV education programs. WAAPO has undertaken educational and awareness-raising initiatives to support survivors of GBV and persons at risk of all form of GBV Incl. domestic violence, rape, sexual abuse and FGM/C.

The overall aim of these activities is to reduce the risk of SGBV, improve the capacity and knowledge to address various root causes such as gender inequality and discrimination and to create community dialogues around social norms and harmful practices as well to sensitize communities about the COVID-19 prevention and responses.

During the reporting period from July- December, 2021, WAAPO has been conducted 34 workshops and 44 and awareness-raising session, FGDs and educational activities on SGBV prevention and response and COVID-19 prevention and mitigation activities. In total 2065 POCs (1188 female, 877 Male) have been reached with different types of ethnicities and status incl. 1276 Ethiopian POCs (786 refugee. 490 asylum seeker), 610 Yemani POCs (610 Refugee. 0 Asylum seekers) and 310 Returnee. With the all types of age groups including women groups, community elders, traditional leaders, youth, and male members.

In the safe house, refugee children and their families distributed child play recreation materials support thanks @UNHCRSom



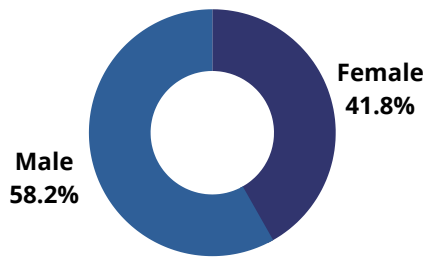
Our frontline workers in the berbera (RC) are providing a warm welcoming, PSS counseling, care and support, and emergence protection assistance for the new arrivals from Yemen - returnees from Yemen @Berberareception Thanks to @UNHCRSom



Furthermore, the WAAPO team has also mobilized Influential community leaders, district authorities & traditional elder on advocacy, communication, monitoring and protection to rescue girls at risk from all forms of GBV especially (FGM/C and early marriage) and reached a total of 296 POCs (61 F : 219M) has been sensitized and reached.

To reinforce community-based protection that can facilitate GBV prevention and responses and increase service delivery, case managements, COVID-19 prevent and response and referral pathway through community’s partnership, during the reporting period, WAAPO has been conducted 140 mobile outreach activities led by the mobile units with protection, GBV & PSS at the communities. A total of 3410 individuals (1425 male and 1985 female) were reached through mobile outreach activities and they benefited community-basic psychosocial support, home visit assessment as well as the GBV Information & risks, social norms and harmful practices.

GBV & PSS at the communities



Family conflict and domestic violence are serious problems for refugees and asylum seeker. WAAPO safe home team held 12 FGDs with refugees and asylum seekers in the WAAPO safe house to teach them the fundamental skills of family mediation, reporting, and referral. @UNHCRSom



Youth engagement sessions on SGBV prevention, risk mitigation, and response for the refugees and asylum seekers to tackle SGBV problems. Thanks @UNHCRSom



Performance Indicator(s)	Site/Location	Performance Target	Actual progress
# of awareness raising campaigns on SGBV prevention and response conducted.	Hargeisa,	34 Workshop s & 80 Outreach.	34 Workshop s & 80 Outreach and awareness raising session
# of community member received intensive psychosocial care and support through community-basic psychosocial support activities (incl. community volunteer outreach)	Hargeisa, and Berbera	2100	2111
#of people reached messages on key GBV information & risks, social norms, harmful practices, MRE and mitigation measures.	Hargeisa	1810	1900

Output 3: Strengthened protection, prevention, and responses for the communities (POCs) affected by the COVID-19 and persons at-risk of the outbreak disease incl. Survivors of GBV and strengthened referral pathways and case management in emergence sitting.

Status Update on Progress Achieved:

The preparedness, prevention and response to the COVID 19, WAAPO has requested the COVID-19 prevention and protection activities with the aim to ensure individuals among the POCs including women and girls and survivors of SGBV affected COVID-19 and at risk have access to adequate response services and to be provided optimum care. incl. mobilizing information sessions and campaign about the elements of COVID19 prevention measures, setting up hotlines and protection desks to provide information on COVID19-related problems and distribute essential material supports including PPE, hygiene and sanitation items and Masks.

The project was also proposed the provision of the remote PSY support for the survivors of GBV and their children and to conduct home visit and mobile outreach to deliver protection service such as counselling, referral pathways, MHPSS and case management service with special package on COVID-19 outbreak. During the reporting period, for the COVID-19 prevention and responses approach and to prepare for, prevent, and respond to COVID 19, WAAPO has implemented COVID-10 prevention and protection activities to ensure that individuals in POCs, including women and girls, survivors of SGBV-affected COVID-19, and those at risk, have access to adequate response services and receive optimal care. In total 6320 (4200 Female 2120 Male) POCs Incl survivors of GBV assisted with appropriate support specific to COVID-19 response such as in. PPE & Hygiene supplies.



Moreover, WAAPO hotline in the safe house, protection desks and Covid-19 mobile outreach campaign activities has been reached a total of 6,320 POCs (4220F: 2100M) in which (270 refugee), (175 Asylum seeker), (115 Returnee), And they have been provided information related to COVID-19 outbreak disease, ways to prevent communities from COVID-19 and counselling. They also provided information about service available and case management with special package of COVID-19

Performance Indicator(s)	Site/Location	Performance Target	Actual progress
# Of identified SGBV survivors assisted with appropriate support specific to COVID-19 response such as in. PPE & Hygiene supplies.	Hargeisa, Gabile and Wajaale	6,320	6,320
# Of the POCs trained & participated in COVID-19 prevention messages (RCCE) and SGBV protection risk & referral network.	Hargaisa, Berbera and Gabiley	11,210	13,509
# Of WAAPO staff, refugee leadership committees, DAFI committees, and community gate keepers trained about the COVID - 19 prevention, response and case management with special package of COVID-19.	Hargaisa, Berbera and Gabiley	2,100	2,300

Key issues, challenges and constraints for the IDPs and hot communities with UNICEF project:

2020 has been a year marked by an increase in GBV as a result of the COVID-19. Along with persistent challenges, such as loss of jobs due to business closure, disruptions in school, and restriction of movement, there is an increase in sexual violence, IPV, and FGM. C. The closure of GBV services such as Safe House posed impediments to service access for women and girls. Additionally, the survey discovered that restricted service provision for protective housing for those fleeing violence is a consequence of the lack of safe houses.

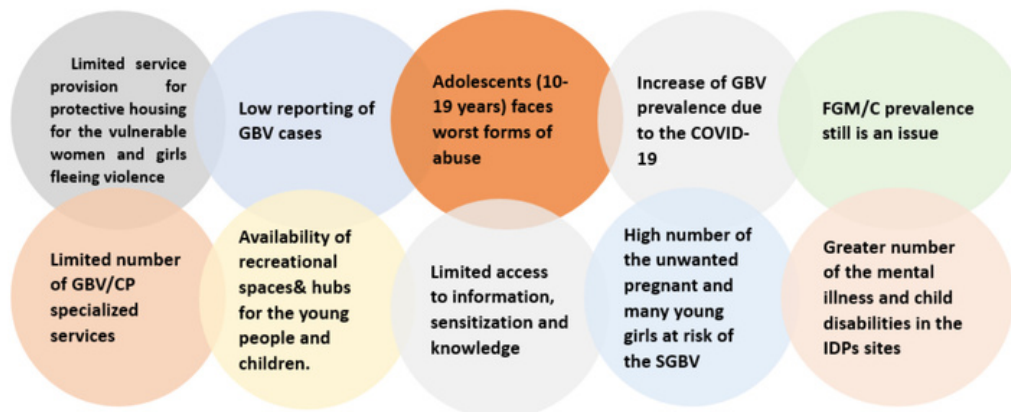
The project noted there have been a limited number of specialized service providers providing specialized services in hard-to-reach locations, including the Sool and Sanag regions, where WAAPO services are not available, and that scaling up the WAAPO protection program in hard-to-reach locations is necessary. The project team reported that the availability of recreational spaces for young girls, adolescent women, and women to entertain themselves and rebuild friendships was also limited.



WAAPO frontline team has also reported that, there is a limited access to information, sensitization and knowledge on issues around of SRHR, HIV/Aids, adolescent right, GBV and CP, FGM/C and force marriage. It has been suggested to continue reaching communities, and mobilize session, dialogue and campaign that can educate community at large which are focusing the unique topics such as adolescent right, disability right, mental health, force marriage & marriages, Safe abortion, and FGM/C complications. Moreover, it was also reported that there is a limited information about the existing GBV services centers and support and has been suggested to run GBV mobile service led by the mobile unit teams and hotline support to overcome access to service barrier.

WAAPO front line team reported high number of the unwanted pregnant and many young girls at risk of the SGBV due to their vulnerabilities incl. Homeless, lacked of the basic commodities WAAPO mobile unit protection teams have been witnessed greater number of the mental illness and child disabilities in the IDPs sites. The local communities raised to these concerns to provide them unique service to overcome these challenges. Overall, people with specific needs (PSN) are the most vulnerable due to their vulnerabilities.

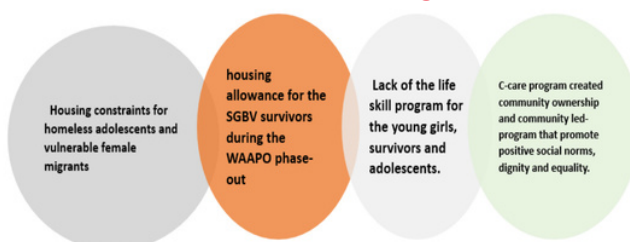
Main Obstacles and lesson learning



Main concerns for the refugee program:

- Limited housing allowance for the SGBV survivors during the WAAPO phase-out- relocation.
- Lack of recreation activities and life skills program for the SGBV survivors in the WAAPO safe house.
- Lacked of referral support assistance for the survivors in the regions incl. Awdal and Togdheer regions.
- FGM/C reporting cases for POCs is reported and it require prevention interventions.
- Safe house admission case load - POCs believes - That the safe house is a resettlement entry point.

Lesson learning



Recommended action for refugee and asylum seekers project:

- Provide cash/voucher assistance support as mitigation for GBV/FGC incl. survivors relocated from WAAPO Safe house.
- Expand WAAPO safe house interventions & case management support in Burco and Borama district.
- Improve GBV - Social-economic reintegration and empowerment (livelihood) through life skill program in the safe house - short-term business skills such as baking class, beautician class and Literacy and Lang class)
- Scale up GBV - Awareness raising advocacy and public outreach campaigns on GBV prevention, response and mitigation incl. THP particularly hard-to reach locations.
- Strengthen GBV case management and referrals pathways through community-based PSS, mobile outreach and MHPSS that will be targeting only for refugee and asylum seekers.
- Create women and girl safe spaces to provide safe and confidential friendly space can meet, receive case management, referral



Future program interventions:

Empower adolescent in making their communities safer and more resilient



Address and respond to protection risk faced by children



enhance quality GBV response services and increase community participation in SGBVs prevention and respond

