

UNICEF Eastern and Southern Africa Region

C4D Works!

Addressing GBV-related social and gender norms through the Communities Care Programme in Somalia



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Challenges and Lessons Learned

The CC Programme was designed to address the realities of GBV in humanitarian settings through a gender- transformative approach that is sensitive to context. In Somalia, it was shaped from the outset by engagement with community members of all ages and others, including government and local and religious leaders. Crucially, the perspectives and experiences of adolescents and young women and men were sought out and integrated into the programme, thus ensuring its relevance. Local organizations have also been central to the ongoing monitoring and measurement of programme success. These approaches stand in contrast with the reality that until recently, little programme evaluation has taken place in humanitarian settings and little support and capacity building have been provided to local organizations and to young people (Glass et al 2018).

Although one of the success elements of the CC Programme is the rigorous monitoring through which it was possible to measure changes in social norms that tolerate GBV, more measurement of programme results is needed to be able to effectively evaluate all aspects of the intervention, including its effectiveness on specific issues such as Female Genital Mutilation and Child Marriage. Doing so is critical to bringing the approach to scale, a key aspiration of the programme. Efforts are currently underway to develop and implement tools to better assess how this could be most effectively achieved.

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About C4D Works!

C4D Works! shares success stories in Communication for Development (C4D) from Eastern and Southern Africa. C4D uses research and consultation to promote human rights, mobilize leadership, influence attitudes and social norms, and transform behaviours for the well-being of communities. In UNICEF, C4D is guided by the socio-ecological model, which helps identify multiple factors underlying a problem in order to address it holistically and sustainably. It also helps to determine which communication approach – advocacy, social mobilization, social change communication or behaviour change communication – will be most effective in addressing the identified problem.



The Issue

Gender-based violence (GBV) is the most pervasive yet least visible human rights violation in the world. Although anyone can experience it, women and girls are disproportionately affected by GBV, and by sexual violence in particular. At least one in three females – over one billion worldwide – will experience physical and/or sexual violence in their lifetime, simply because they are female (World Bank 2019). This threat is pervasive in many contexts around the world, and is especially magnified in humanitarian settings, where GBV may occur in the midst of conflict, displacement and settlement (Vu, Adam, Wirtz et al 2014).

In these environments, political, social and economic stress work in concert with social norms that tolerate violence against women and girls and stigmatize those who experience it. The breakdown in family and community structures that often accompanies humanitarian emergencies can exacerbate survivors' ability to access the few resources, support and services that might otherwise be available to them. These significant risks are a reality for many women and girls in Somalia, where political instability and insecurity have characterised much of the last forty years and where internal displacement due to conflict, drought and famine have uprooted communities and families, sometimes multiple times. The most damaging effects on the rights of women and girls have been the proliferation of physical and sexual violence, genital mutilation, child marriage and the generalized subordination, and the consequent increased susceptibility to violence, of the girl child.



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In Somalia, deep-rooted cultural beliefs create persistent inequalities between men and women and place women at particular risk of being victimized. For example, only 44% of girls have access to primary school (UNICEF 2018), whether nearly 99% of girls and women are victims of female genital mutilation (SDHS 2019). Gender inequality results in rigid and differently-valued role allocations among men and women, limited access and control over resources and benefits, lack of access to basic services such as education, health and information, low representation in formal decision making positions and limited participation in decision making at the community and family level, and low levels of involvement in highly paid economic activities.

C4D Actions

In response to the significant experience and threat of GBV faced by women and girls in humanitarian settings such as Somalia, UNICEF developed the Communities Care: Transforming Lives and Preventing Violence Programme (CC Programme). CC is a UNICEF flagship programme for GBV prevention activities, specifically designed for emergency settings, with two main objectives: 1) to improve timely, coordinated and compassionate care and support for survivors of sexual violence by strengthening community-based response and 2) to reduce tolerance for GBV within the community and catalyse community-led action to prevent it by transforming harmful practices and social norms that perpetuate gender inequality and related violence.

The CC Programme began in Somalia in 2013 and has been running ever since, with a recent focus on 14 districts in South Central, Somaliland and Puntland. Over a 19-week period, a group of 88 trained local facilitators brought together diverse groups of community members of all ages with different partners across multiple sectors, such as health and education, to discuss and reflect on their shared values, beliefs and aspirations, engaging in the last two years over 356,000 people, of which 60% were girls and women. As the programme progresses, groups build on these discussions and explore the social norms in their community that tolerate GBV and silence those who experience it.

Dialogue is grounded in the everyday realities of women and girls in the community and stimulates discussion about what is relevant and important in their particular context. This dialogue stimulates reflection on human rights principles and ideals and on shared community values and beliefs and encourages debate about beliefs and norms that are harmful for women and girls, and deliberation about alternatives. The CC Programme localizes these issues through its work with opinion leaders, such as Imams/religious leaders and community elders, to guide discussions and to support the community to undertake culturally and contextually-appropriate preventive actions, while also recognizing the need to build local capacity to provide care and support for survivors and their families. In order to strengthen also the response side, over 1,460 GBV responders were also trained and linked to the programme.

C4D Results

When the CC Programme first began, discussions of GBV and other sensitive issues, such as sexual violence, child marriage and female genital mutilation, were met with resistance. However, because the programme focuses on community-led dialogue and the local identification of needs, priorities and solutions, the approaches taken are contextually appropriate, locally owned and locally supported (Perrin et al 2019). The result is that, in those communities where the programme has been implemented, there are high levels of engagement and, most importantly, a commitment to shared learning and to change.

The following results have been observed:

- An evaluation of the impact of the CC Programme in four districts in Mogadishu (Glass et al 2018), showed men and women participants in the intervention district had statistically significant improvements in perceptions and expectations that support GBV and sexual violence-related social norms compared to the control district. In particular, participants reported a 14% reduction in norms that support husbands' right to use violence against their wives, a 22% reduction in the acceptance of violence as a means to protect family honour, and an 11% reduction in social norms that support negative responses among family and community members towards those who had experienced sexual violence. Importantly, participants in the CC Programme showed an increase in the belief in the helpfulness of different services, such as health, police, justice and elders.
- Between June 2018 and September 2019, more than 2,000 discussions were held by different groups in 13 locations. Eighty-eight men and women discussion leaders were also trained, in excess of 356,000 people were reached and 351 individuals self-referred GBV cases.
- The CC Programme has worked to bridge the formal system of service provision with non-formal actors at the community level. The result has been increased dialogue among diverse groups and sectors, an appreciation for the different perspectives and priorities of different groups, and the clear articulation of roles and responsibilities in shared work of changing norms and behaviours.
- The CC programme has consistently demonstrated improvement in social norms in Somalia with changes that have persisted over 4 years in the pilot communities. A notable result is an increase in confidence in service providers, and a resultant reduction in participants' identified barriers to reporting. These promising outcomes demonstrate that the programme can be scaled-up effectively in other settings to prevent sexual violence and other forms of GBV, promoting safer and healthier communities. These efforts are planned for the year 2020/2021.