



**Tadamun Social Society**  
**جمعية التضامن الاجتماعي**



**2016 Annual Report**



1992

**ANNIVERSARY**

2017



**TASS ANNUAL REPORT  
2016**

## **TADAMUN'S MISSION**

Our mission is to work towards promoting peace and stability, social and development through education, health, and water, advocacy & protection, and disaster preparedness.

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# ACRONYMS

CP	Child Protection Community Based Child Protection
CRG	Child Rights Governance
CPC	Child Protection Committee
CEC	Community Education Committee
CRC	Child Rights Club
CWC	Community Welfare Committee
IEC	Information Education and Communication
C4D	Change for development
TB	Tubercloses
MDR	Multi-Drug Resistance
XDR	Extensive Drug-Resistant tuberculosis
OTP	Out patient
VCT	Voluntarily Counselling Treatment
IYC	Infant and young child feeding
IMAM	Integrated Management of Acute Malnutrition
EPHS	Essential Package for Hospital Services
NSC	National Steering Committee
NPA	National Planning Authority
TTF	Technical task force
SOMGEP	Somali Girls Education Promotion
TCoC	Teacher Code of Conduct
SBC	Somali Broadcasting Corporation
PLTV	Puntland Television
MOWDAFA	Ministry of Women Development and Family Affairs
TASS	Tadamun Social Society (TASS)

## DIRECTOR'S LETTER



TASS CEO  
Abdirahman Abdirisak

I am pleased and honored to present our organizational annual achievement in this annual report book here on our exceptional relevance to the implementation of the planned activities in 2016. I admire the devotion and commitment of TASS staff in sacrificing additional hours to advance the well-being of others, availing of this opportunity I would like to express special thanks to all TASS staff wherever they are and effort they have invested in 2016 achievements.

To realize our dreams in advancement of humanitarian and development works in Somalia. We broadened our relationships with the community and explored innovative ways to enable communities participate and contribute our intervention from planning to evaluation to secure our programme sustainability. In this year under review, TASS ensured greater milestones and achievements of 2016.

Our achievements would have not been possible without support of our donors and all well-wishers who have supported us in one way or the other. On behalf of TASS I thank all our generous donors for their continued support for the just cause and for making it possible for us to serve the needy population of Somalia. Thanks are also due to all staff of TASS for their dedication and tireless efforts that led to our success in the year 2016. Our achievements would have not been possible without support and collaboration with both international and national stakeholders, and on behalf of TASS I want to thank all of them. Finally, I would like to thank all beneficiaries for their participation and collaboration which enabled us to achieve our objectives of positively changing the lives of needy Somali communities.

## **GENERAL INTRODUCTION**

In TASS' continued and tireless efforts to see a stable, peaceful, vibrant, and self-sufficient people of Somalia, in collaboration with a host of other international organizations, it implemented 16 projects in the year 2016 to move a step closer to realizing that dream. The projects were from the 6 different thematic areas of operation that TASS has worked in for more 24 years now. These thematic areas included education, health, livelihood, protection, WASH and lastly, youth all as respectively and subsequently tackled.

# EDUCATION

## Formal Education

### Introduction

Broadly, education if not the vital most, then it ranks among the most important pillars of any given community. TASS conceived the idea of providing formal education and made it a priority together with the other humanitarian efforts which it has undertaken over the course of years. The year 2016 marked TASS' 24th anniversary of providing and facilitating formal education in exactly 22 schools all over the Puntland state of Somalia. Without compromising the quality of the education provided, both the number of schools and intakes have been increasing tremendously over the years; greatly, because of the communities realizing and accepting the importance of an educated people to society. Importantly, TASS in every single academic year has worked to improve on the quality and number of teachers, teachers' remuneration, classroom environment, student-teacher class ratio, school safety, teacher-parents' interaction, gender equality, supporting people with disabilities; all of which are important aspects in ensuring the provision of not just quality, but also a mentally stimulating education.

### Key Activities Undertaken in 2016

1. 350 chair and 255 tables for each of Bosaso, Qardho, Growe and Galkaio schools were provided.
2. A new school in Bosaso for children with disabilities was built and equipped with help from the Somali community in Denmark.
3. 4 classrooms were constructed for the Sheikh Hamid School in Garowe and this was with help from Care International.
4. Imam Nawawi School in Bosaso successfully established the Qur'anic venture for primary school pupils due to the gradually reducing number of such schools over the years.
5. 2 mini-busses were bought, one each, for the Imam Nawawi School in Growe and the Haji Ali Bihi School in Galkayo and 1 van for the faculty of



Veterinary medicine in Galkayo.

6. TASS together with Qatar Charity, helped in identifying and supporting 600 orphans with school fees and scholastic materials. As well, for the year 2017, another 1200 orphans have been identified and registered, but still seeking for help.

### Key Statistics

A total of 7,644 students benefited from the schools in 2016 as compared to 7,325 in 2015. In addition, of these 7,644, the 2,020 were secondary students and 5,624 were primary pupils. Markedly, 4,178 of those were male and 3,401 were female; clearly, more efforts will be needed to encourage and motivate the girl-child together with her parents and the community at large, to not only go to school, but also keep her in school.



Students



# SOMALIA GIRLS' EDUCATION PROMOTION (SOMGEP)

## Background

The Somalia girls' education, promotion (SOMGEP) project has and continues to address the girls' educational needs in thirteen schools in thirteen villages in Badhan district in Sanaag, Karkar and Bari regions; where girls' education, support has in the past been so limited in terms of awareness creation and direct support through funding. Realistically, girls have lacked equal education opportunities as compared to boys or their male counterparts. With this lack of opportunities for girls to acquire education in the aforementioned areas, means a lot more challenges for the girl-child going forward as they advance in age. On the other hand, it is believed that the cultural norms and practices have contributed to the disproportionate access to education for girls; all of which only serve to compound the girl-child's difficulties as she advances to adulthood. A couple of activities were undertaken to tackle the girl-child's educational gaps.

## Activities Undertaken

### Community Education Committees (CECs)

Trainings were organized for CEC members in all the sixteen project target schools in Sanaag, Hayland, Karkar and Bari regions. A total of 112 CEC members (M: 67 and F: 45) were trained in school Leadership, school Management, roles and responsibilities of the CEC towards school management, community participation and ownership, school conflict resolution, gender equity and equality in education and advocacy on girls education, resource mobilization and basic financial management.

### Non-Formal Education (NFE)

NFE classes were established at 12 primary schools and a total of 390 mothers were reached. School learning materials were given to the mothers of the evening classes in all the twelve (12) schools. The main subjects taught



in the evening classes were; Math (Xisaab), Somali, and Islamic studies.

The Teachers-Parents forums

These forums saw parents and teachers discuss the importance of an educated woman to society and hence the need to have the girl-child attain education at whatever the cost. Through this channel, around 2,857 people were reached with the positive messages on girls' education.

### **Facilitation of Women mentors**

24 women mentors were facilitated in 12 schools in Bari, Karkaar, Hayland and Sanaag. Selections of the mentors was done by the schools' administrations, CEC members and District Education Officials. As well, these mentors acted as role models for the girls, all in the name of stimulating girls' interest to education.

### **Girls Empowerment Forums (GEFs)**

These forums encouraged and facilitated girls to learn about life and leadership skills and to become agents of change and activists for children's rights. GEFs in 12 schools - (8 primary and 4 secondary schools ) were established. Each GEF comprised of 10 students drawn from grades 5, 6, 7 and 8, two from each grade, 1 teacher who served as the patron and 1 CEC member who played the role of a tutor to the group.

Scholarships

Partial scholarships were awarded to the neediest female students in all the supported schools in Bari, Hayland, Karkaar and Sanaag. Selections of beneficiaries were done in an inclusive manner in a joint process involving the schools' administration, MOE, TASS and our partner CARE. A total of 274 needy students benefitted from these scholarships.

### Annual schools' competition awards for students

TASS facilitated annual competitions in all the 16 target schools in Karkaar, Hayland, Sanaag and Bari regions to improve on cohesion and social integration of communities in target areas. The process was made inclusive with the entire school community comprising of school administrators, Community Education Committees (CECs) and local elders coming together and participating in the selection of the best candidates for the awards. In total, 138 students (M: 76 and F: 62) received awards.

### Participants and/or beneficiaries in numbers

Whereas 112 CEC members were offered training in school management training, 274 girls were offered partial scholarships to go to attain education, 24 women were facilitated mentor young girls, 390 mothers were offered literacy classes and approximately 2,857 community members were taught on the benefits of girl-child education. This brought the grand total of beneficiaries and/or participants to 3,657.

### **Challenge and Way forward**

In the implementation of any project, without a doubt there will always be challenges and SOMGEP is not in any way an exception to that. As we embarked on seeing to it that the girl-child education is made a priority in all the target areas, it seems the community members in the target schools had and still have other priorities and not girl-child education. Stakeholders in the different communities seemed to indirectly suggest that because of their needy backgrounds, for them everyday survival was very important to them and therefore seemingly implied that their survival had to be looked into before anything else. Girl-child

education was not seen in any way as linked to the day-to-day hustle and therefore survival of the common man. This was picked up by the project officers and noted for discussion going forward. In consultation with Care international, discussions are still on-going to see how we can financially and otherwise facilitate the alignment of project priorities with those of the beneficiaries. Conclusively, Somali culture assigns women and girls subordinate roles in the society. Women and girls lack educational opportunities and have very low representation in both the political and economic sectors. However, the main obstacle to low levels of girl-child education in the target areas is poverty and there is no free primary education in the whole of Puntland; and this is what needs to be given serious consideration.



Female students



# HEALTH

## Emergency Health response in drought affected areas in Sool and Sanag regions

### Introduction

The project was set out against the backdrop of the heightened cases of Diarrhea, respiratory infection and malaria among children and infants; together with Hemorrhage, prolonged labor, anemia, and eclampsia also majorly causing death among pregnant women and even after birth. The emphasis here was mainly on maternal and child health (MCH) as the primary focus of the interventions that were undertaken together with all the staff that keep those health facilities operational. Subsequently explored are the project activities undertaken, a statement of progress of December, 2016, the challenges and the suggestions to counter them.

### Project Activities

TASS supported by UNICEF was tasked to help in the preventing of the excessive maternal and newborn deaths in the emergency contexts in Badhan, Dhahar, Boocame, Tukoraq all in the Sool and Sanaag regions of Puntland and therefore a minimum initial services package for reproductive health was primarily established.

Primarily, educating community members, mothers, and pregnant women was deemed essential in increasing healthy childbirth practices. From the initial follow-up, women showed an appreciation for these trainings and also promised to follow up on the knowledge they had gained. Mainly covered in the sessions were healthy childbirth practices, medical and natural care for the new born, and early exclusive breast feeding. In addition to the training, there was provision of essential drugs for the pregnant women, and treatment of common illnesses. Additionally, TASS was tasked with the role of paying the salaries of the guards, cleaners, health workers, and supply of the drugs to the health facilities in the aforementioned areas.

### Statement of Progress





Even though the project commenced in the latter half of the year 2016, with the number of activities and facilitations that took place, the project started to register some fairly massive success at least on all the fronts where interventions were made. Visibly, by December, 2016, there was a surge in the number of women seeking to deliver their babies at health facilities as opposed to resorting to the harmful traditional ways, there was a monumental increase in the number of women seeking for antenatal check-ups and postnatal care. This is an indication that the training to the mothers was and will continue to pay-off and therefore should be maintained. As well, with the timely and fairly increased remunerations of the staff, that is, health workers, janitors, guards and among other, the monitors felt that there was an increased level of commitment and motivation to make MCH a success story.

### **Challenge and Way Forward**

Despite registering quite a number of successes on the undertaken activities in the second half of 2016, there were as well quite some challenges that threaten to either undo those successes or reduce the degree of success of the whole project. Concretely, there is an inadequacy in the availability of essential drugs. With the surging numbers of women, this means that there is an urgent need to scale-up on the initially planned supplies. As well, the available equipment in connection with surging numbers means reducing the level of efficiency and therefore procuring new equipment becomes paramount in the smooth running of the MCH intended services. Further, there is a need to train more health workers to deal with the increasing and new wave of women seeking the MCH services. Lastly, with the gradually increasing community awareness of the availability of the MCH services coupled with the weak financial muscle of the communities, there is an urgent need to widen and expand the referral network that facilitates the transportation to and from the health facilities.

# HIV SENSITIZATION

## for Political, Religious, Traditional and Community Leaders

### Background

On the one hand, the HIV epidemic is fueled by structural and social factors, such as poverty, gender inequalities and gender-based violence which as a result increases vulnerabilities to the HIV/AIDS infection. There is a prolonged humanitarian emergency situation that increases the vulnerability to HIV infection among affected populations. The majority of the Somali population have been affected by these emergencies resulting from conflicts or natural disasters which affects both displaced and non-displaced persons. On the other hand, people's access to information and services that reduce their vulnerability to the HIV infection is limited. In addition, the current social mobilization strategies have not been effective in enhancing broader participation of Somalis in the HIV responses. To this end, a project to engage political, religious and community leaders in the prevention and response to HIV was launched to bridge the said gap in curbing HIV/AIDS. The project that commenced in October, 2016 saw the following activities undertaken.

### Activities Undertaken

#### Community Conversation on HIV

The community conversation on HIV/AIDS aimed to promote behavioral change by discussing openly the primary causes of the stigma and discrimination associated with HIV, key human rights abuses experienced by People living with HIV and the factors that make women the most vulnerable to HIV/AIDS. Practically, TASS in partnership with UNDP, conducted 3 community conversations on HIV in Bari region, Bosaso district in November and December, 2016. In total 114 person that is 45 women and 69 men participated and benefited from the community Conversation on HIV in this very first quarter of its implementation. Additionally, the basic facts about HIV and AIDs, impact of HIV in Somalia (HIV data), myths and misconceptions about



HIV/AIDS and The HIV/AIDS services available at health facilities (VCT, ART) in the Bari region were some of the other topics explored in these community conversations held.

## **CHALLENGE AND WAY FORWARD**

With the high levels of stigma and discrimination associated with HIV/AIDS, it was never easy to get the leaders to talk openly about the aforementioned topics. Implied, is the fact that it would appear as if the person discussing authoritatively about the subject are themselves infected or have a close relative infected. In this light, talking and discussing openly and freely will perhaps get better as the project advances. However, the project implementing team will continue to demystify the myths around HIV/AIDS and further breakdown the issues that complicate and prohibit the free and open discussion without necessarily stigmatizing the participants.

## BOSASO TB CENTER

### Background

Tuberculosis is still a serious public health problem in Somalia. According to WHO, in 2013, more than 13 000 new cases were detected, alarmingly, one in every 40 minutes. Assertively, resistance to anti-TB drugs is considered a continuing concern in the country. This drug resistance is believed to arise from improper use of anti-TB medicines, as well, administration of improper treatment regimens and when patients fail to complete the whole course of treatment. The TB programme was re-established in Somalia in 1995, with the overall aim to reduce significantly the burden of TB in Somalia. Shortly after the launch of the programme, Bosaso TB center was also officially established in 1996 and is still running strong to date. Primarily, the center is funded by Mercy USA for Aid & Development (MUSA) and supported by WHO that help with providing drugs and other technical assistances such as Lab material, and training. To this day, TASS is the implementing agency responsible for the smooth running of activities and maintenance works. As highlighted subsequently these are some of the facts and figure with their corresponding photos that transpired from the 2016 activities at the Bosa-so-based center.

### Departments at the center

1. Out Patient Department
2. Laboratory
3. Treatment unit
4. Health Education
5. HIV / TB Co-management





### Outpatient department

This is where the visitors first get in touch with the doctor to explain their situation and therefore the doctor determines the necessary steps that will follow. It is at the same place where first-time visitors who are complaining of cough for more than three weeks are referred to the lab for sputum examination, AFB and some of them are sent for X-ray. Numerically, 1,437 males and 848 females visited the department making a grand total of 2,285.



### Laboratory

The laboratory is the cornerstone of the programme and it is where the sputum, Chen-Xpert and HIV tests are performed. The total number of people that had a sputum test were 1,785 and among these 1,562 were found negative while 223 were found positive.





### **Lab. statistics 2016**

In the year 2016, there was a grand total of 2,415 people tested in for different ailments, 1,785 were diagnosed and the 630 were followed up. Additionally, 6,615 had smear examination done and only 727 were found positive and followed up treatment.

### **Gene-Expert Department**

This gene-expert machine was brought by the World health organization in October, 2012 and this machines ensures whether patients have adopted to the Rifampicin drugs to send culture.

### **Gene-Expert Result of all Quarters 2016**

The statistics reveal that a total of 455 people underwent the gene test. Exactly 328 were male and 127 were female. 304 were found positive and 151 gen-negative.



### **Treatment unit activities 2016**

This unit is responsible for all the TB patients, from admission up to the time they finish their treatment course. Health workers on a daily basis provide patients with treatment drugs, health education and also make follow-ups on the dosages administered.

### Case Notification in Numbers

In the year 2016, there was a total of 530 new cases for testing and diagnosis. 386 of these were male and 144 females. Among these, only 179 were found positive in the ailment tested or examined. In the case of retreatment, there were 135 patients for extra pulmonary, 16 for relapse, and 10 who had been previously treated.

### Treatment Outcome in Numbers

Among the 530 cases of patients that were treated, with the 386 male and 142 female, thankfully, 109 were treated and cured, 102 completed the treatment, 4 failed to complete the treatment, 27 could not be followed up, 21 were not evaluated, and sadly, 13 died.

### Health education

The patients are availed with some basics on tuberculosis in terms of causes, and the numerous ways of avoiding infections and re-infections, treatment and the risk of defaulting on medication. Health education is done twice a week and it is stressed that defaulting on medication can cause Multi-Drug Resistance (MDR) or Extensive Drug-Resistant tuberculosis (XDR).



### The pharmacy

The pharmacy mainly contains TB drugs for storage and management

Sn	Items	In	out	Balance	Exp.date
1	RHZE (4fdc) 900mg	188,648	172,520	16,128	0
2	RH(2fdc) Adult 225mg	234,000	186,960	4,7040	0
3	RHE(3fdc) Adult	15,000	6,264	8,736	0
4	RH(2fdc)pd 90mg	32,000	18,560	840	12,600
5	RHZ(3fdc) 60-30-150	13,198	7,990	5,208	0
6	Ethambutol 100mg	15,700	8,700	7,000	0
7	Streptomycin Inj 1g	1,400	1,250	150	0
8	INH 100mg	0	0	0	
9	Card1 and 2	2	0	2	



### TB cases tested for HIV

HIV/TB co-management programme was started in March 2007 as way of trying to treat patients on both fronts where the needed arises. The programme consists of HIV screening for every TB patient and suspected diagnosed visitors. The positive cases are transferred to the VCT department in the general hospital.

### **TB cases tested for HIV 2016**

A total of 377 TB patients were also tested for HIV/AIDS and among these 281 were male and 96 females. There only 13 cases who were found positive and 6 were male and 7 females.

### **Challenge and Way forward**

Despite registering quite a number of successes with treatment and prevention from the weekly health educations sessions, there were quite a number of challenges too; which were mainly infrastructural, but also technical in nature. With the increasing number of patients seeking for services at the center, there's a new gap that is created as the management tireless tries to take in as many patients as the center possibly can. But even with all these efforts a lot more needs to be done. Some of the immediate challenges that stand-out include: massive surge in chronic and MDR TB cases, lack of in-patient wards, low remunerations that serve as a disincentive to lure professionals to the center, water supply shortages, load shedding, and technical issues with the X-ray Machine. As it is the case that necessity is the mother of all invention, as TASS and our partners continue to establish different ways of bridging these gaps in the short term with improvisation, but also continuing to solicit for funding elsewhere.

# NUTRITION

## Integrated Management of Acute Malnutrition in Non EPHS areas

### Introduction

Malnutrition is a significant public health concern in Somalia and has remained so for the last two decades; negatively affecting survival, growth and development of children. TASS in its renewed efforts to improve the health and livelihoods of a great many in Puntland and Somalia at large, undertook this project in partnership with UNICEF in the Sool and Sanaag regions of Puntland.

### Key Components

The interventions were based mainly on two components as expounded here:

Firstly, improving the facility-based nutrition services, through Integration of Management of Acute Malnutrition (IMAM) in 12 non EPHS health facilities in Sool and Sanaag regions. Essentially, TASS supported the existing MoH staff to implement IMAM in twelve health centres. Nutrition activities that were integrated included management of acute malnutrition, promotion of Infant and Young Child Feeding (IYCF), micronutrient support for vulnerable groups (PLW and U5 children), and support for diarrheal disease management through distribution of diarrheal treatment kits (zinc and ORS). Health facility staffs were also trained in health and nutrition programs. Additionally, community nutrition workers were identified and trained to work closely with health centers.

Secondly, there was strengthening of the community component of IMAM and community care practices in the 12 health centers. This involved regular community education; screening of children under five; including referrals and follow-ups; promotion of appropriate IYCF practices; and dissemination of key health and hygiene messages.



### Summary of Outcomes

A total of 17,471 were screened at the field and house levels and 3,428 children were found with moderate acute Malnutrition and 1,235 were found with severe acute malnutrition. The 1,235 that were found to be acutely malnourished were admitted straight away and at least 598 children were thankfully cured by the end of the year. Sadly, exactly 4 of those lost their lives. Another 36 defaulted the treatment either due to family displacement, conflict, movement in search for pasture for their livestock or even food for survival; and 33 were transferred or referred to bigger hospitals for general treatment.

Additionally, infant and child feeding messages were passed on to all the beneficiaries in each of the targeted site through demonstration practice and health education sessions. As well, while doing screening, IYCF sessions, checking edema, awareness was given including in the small centers with support from the community elders and leaders in each respective community. As a way of ascertaining the effectiveness of the activities that is treatment, awareness raised and progress of the patient's health, weekly follow-ups were done in all the 12 areas. Lastly, 2 workshops were conducted on IMAM and NHHP guidelines

From May to December, 2016, the OTP nutrition teams admitted a total of 1,235 severe acute malnourished children through 12 fixed OTP sites, amongst those 33(2.7%) of them were referred for in-patient care at the stabilization centre. A Total of 1,202(97.3%) malnourished children without any medical complication were successfully treated in the OTP sites. This benefited both host communities and communities from drought-hit areas.



### Key challenge and Way Forward

Essentially, the project was designed to mainly take care of only the acutely malnourished, but the moderately malnourished were not accounted for in the design. Whether acutely or moderately malnourished, they remain malnourished and therefore need treatment or nourishment. This means there was no supplementary therapeutic feeding program for the moderately malnourished and therefore risk becoming acutely malnourished as the malnourishment gradually increases. In light of that, this is a big challenge or even setback in improving the nutrition levels in those target communities. As well, there is a need for stabilization centers for the severely acute malnutrition complicated cases, as well, there is a total lack of community health workers in terms of will and qualifications. In some cases, it is because of the low remuneration involved or the low levels of education. For that matter, giving short courses to willing and literate community member becomes paramount to the success of the project activities. The other challenge is the lack of Outpatient Therapeutic Program mobile teams, these would very much help in cases of emergency or even strict follow-ups of the patients and ensure the intended effectiveness of the treatment. Lastly, some health facilities for example in Ceel, Buh, Buran, Sarmanyoo, Baragaha and Qol either toilets do not exist or are so bad to even qualify those places as health facilities. Surely, the general quality of the facilities has to be looked into going forward to see not only easier implementation of the project activities.

### Pictorial of Activities



## FOOD DISTRIBUTION TO THE ACUTELY DROUGHT AFFECTED AND IN IDP CAMPS

Alarming, according to WFP, two out of five Somalis were and still are acutely food insecure and prospects for the Deyr season cereal production were and still are not promising, with crop failure expected in many areas. It is against this backdrop that TASS in coordination with a host of other INGOs embarked on the distribution of food items, livestock among other things to 32,563 most drought-affected people in various locations and IDP camps as shown in the table below:

Donor	Location	Items	Beneficiaries
Qatar Charity	Iskushuban	Food	1,000
IIRO	Bayla	Food	240
Direct Aid	Qardho, Ufayn, Rako, Buran, Dhahar	food	2,090
Bosaso Community	Qararsor, Urjire, Caman	food	370
TDV	Bosaso, Qardho	Goats	1,800
Human Relief	Mogadishu, Baydhabo	Goats, Cows	10,900
Human Appeal	Mogadishu, Baydhabo	Goats, Cows	9,820
ARF	Bosaso	Goats	50
Qatar Charity	Bosaso	Goats	300
IIRO	Bosaso IDPS	food	500
TDV	Bosaso, Carmo	food	378
Qatar Charity	Bosaso	Ramadan Breakfast	3,000
IIRO	Karkaar Region	food	2,000
ARF	Midigale - Sanaag	food	115
<b>Total</b>			<b>32,563</b>

## PROTECTION

**Community-based Child protection, Gender-based violence, female genital mutilation, female genital mutilation and identification, documentation, tracing and registration project (CBCP, GBV, FGM, and IDTR)**

### Background

The weakened community social structures caused by the two decades of protracted violence and conflicts together with droughts, have left Somali children exposed to wide-ranging and serious protection issues, including displacement from their homes, separation from family, risk of indiscriminate attacks, exposure to sexual violence and trafficking, child/early/forced marriages, FGM/C and the subsequent psychosocial distress. These issues are compounded by a lack of access to basic services including education, health and protective mechanisms.

This is coupled with the ongoing Yemen conflict which has resulted into the influx of Somali refugee from Yemen returning to the country and on the other hand, Yemenis coming in as refugees to Somalia. Disturbingly, majority of the returnees are children with some of them experiencing protection issues such as family separation, risk of sexual violence and trafficking.

As for FGM and child marriage these are permanently and deeply entrenched practices in the target locations. It is against this background that TASS/UNICEF joined hands to launch the community-based child protection, gender-based violence, Female genital mutilation and identification, documentation, tracing and registration project also referred to as the CBCP, GBV, FGM, IDTR project. To this end, the interventions targeted the aforementioned subjects in a concerted effort to contribute to the eradication of these negative practices.

### Interventions/Activities

#### GBV

In seeing a tremendous reduction in gender-based violence cases, the in-



Interventions here were aimed at strengthening the capacity of the community on GBV and accessibility to support mechanisms for the survivors. These two-year project interventions starting in 2016, were set to be achieved through four major activities. These included:

### **1. Community members receiving GBV outreach awareness through community dialogue**

Community awareness sessions on GBV through monthly community dialogue sessions for 6,500 people in 6 target districts were held, 16-Day activism campaigns in six target districts through outreach GBV mobilizations for 600 people in 3 districts were organized and held, hold commemoration ceremony of women 'day on March 8 to capitalize and mainstream GBV prevention awareness for 200 duty bearers including women associations and religious leaders were as well held. Production of radio messages on quarterly basis to help in attitude change were done and this was approximated to have reached about 10,000 beneficiaries in various regions. In addition, monthly School awareness sessions for 1,000 students and teachers on GBV prevention were held and 12 child rights Clubs composing of 96 students at school level were trained. Lastly, and in attempt to address GBV prevention, women to women dialogue session on GBV prevention in 44 IDP settlements targeting 220 participants to work as change agents were also conducted.

### **2. Identifying and screening GBV survivors through utilizing intake forms for proper support plan.**

This intervention saw a number of activities undertaken including, screening

and identification of GBV cases through utilizing intake forms for a proper support plan for each individual case and therefore considering the safety of the client involved. Provision of emergency medical support to 200 GBV survivors in various districts, provision of emergency medical support to 155 GBV survivors, Provision of a set of dignity kit to 100 GBV survivors all in the name of assisting to recover from the problems experienced as result of GBV. Provide life-saving assistance foods for 25 most vulnerable GBV survivors who lack food and drinks and link them to other support services available in the project sites.

### **3. Giving emergency medical support to GBV survivors through referrals to medical centers and meeting the resultant medical costs**

This intervention, saw the provision of a 3-day de-stigmatization, referral and emotional support training for 125 people from IDP camp committees and CPCs in 25 communities, 10 people were selected and given comprehensive psychosocial training from each target community to help clients within their locations. As well, organized and conducted Quarterly CBCP/GBV coordination meetings at the district level for eight districts for CPC network members, MOWDAFA regional Staff, local districts and CBOs to discuss progress, challenges and way forward on CP issues.

Further, on the front of GBV emergency response, 206 GBV survivors, 124 women and 82 girls were identified and given various support depending on their needs. 75 women and 53 girls were provided psychosocial support in the different project locations in Puntland. 55 GBV survivors 18 girls and 35 women were given medical support. 25 GBV survivors, 17 women and 8 girls suffering from various GBV concerns were referred to other appropriate service providers.

Ultimately, there was a grand total of 2,676 participants and /or beneficiaries. Exactly, 1,120 were women, 311 were girls and 235 were boys.

### **FGM**

The interventions on FGM were set out to reduce FGM/C and Child marriage through community education, response and public declarations. The main activities to achieve the said reduction were based on printing of IEC and advocacy material that is, t-shirts, Caps, bags, shawls, pens and books from C4D Saxarla campaign messages, attendance of community

group members on FGM zero-tolerance day session, participation of religious and traditional leaders in FGM forums and engaging in awareness campaigns, and lastly, public declarations on FGM/C abandonment held in 20 communities. As highlighted below, are some of the key outcomes from the project activities that were undertaken.

### **Coordination and linkage**

TASS and UNICEF strengthened the linkage between formal and non-formal structures, 12 CPCs were facilitated to meet with the local authorities at district level and advocate for prevention of violence and harm against children in order to improve linkage between coordination and collaboration. 12 Community child protection structures met with district local councils and line ministries to better coordinate the Child Protection interventions. The strengthened linkages & coordination between CBCPMs and line ministries had put the role of the government stakeholders on board and this motivated the CBCPMs at community level.

### **Women to women on FGM/C and Child marriage dialogue**

15 women to women on FGM and child early marriage dialogue sessions were held in various 8 communities, a total of 825 female members met and had discussion on these two issues. Eventually, they agreed and underlined that both practices remain common in Puntland and the people are not convinced of their harm and consequences. Child marriage is customarily arranged and is still be considered an acceptable option by some parents and by girls themselves.

### **Community Dialogue on FGM**

The dialogue underlined that FGM is a deeply rooted and harmful cultural practice that denies girls the right to education and forces them into early marriages. Through these dialogues, awareness was raised. 755 persons (696 female, 59 girls, 289 male, 43 boys) were reached and there was unanimity in the total abandonment of the age old harmful practice and all its associated consequences.

### **16 Days of Activism**

12 participants from village-based CPCs had meetings with community



leaders and talked about activities to help in the prevention of all forms of child abuse and rights violations. As well, a 1-day information sharing session was organized for the community and another on the commemoration day. A total of 1,258 participants partook in these activities.

### **Numerical representation of the beneficiaries**

27 awareness sessions were held by the trained change agents on CBCP mechanisms in schools, IDPs camps and villages, 7,675 community members (3,781 women, 755 boys, 1,013 girls and 2,126 men) in various locations in Bari Karkaar, Nugal, Mudug and Sanag.

As well, 638 children, 303 boys and 335 girls were in need of support with various protection concerns and were supported immediately. Furthermore, Child Rights Clubs (CRCs) organized and conducted 9 awareness raising sessions in classes and on school parades and reached approximately 1,285 students (611 boys, 455 girls, 219 teachers with CECs) following their pre-set action plans.

### **Challenge and Way forward**

With the nature of the deeply rooted and entrenched subject areas being touched on that is especially, female genital mutilation and gender-based violence, there remains some level of resistance in the different communities where total abandonment or at least reduction are being advanced. The resistance may not be directly visible, but exists in many forms. One of the forms is the continuation of both those practices especially behind closed doors or even in some cases openly, because some parents feel they are obliged to continue these practices for the sake of their daughters' wellbeing and happy marriage lives for the future. This only points to the direction that a 2-year project will help in the continued efforts to see such deeply entrenched practices reduce, but the total abandonment remains to be seen over a long period of time. To this end, a long and concerted effort in both tactfully and aggressively advocating against these practices will see a change in the attitudes of the people in their respective communities. This implies that the more stakeholders we bring along in the struggle the higher the chances of the messages of reaching a multitude of would-be victims.



# FEMALE GENITAL MUTILATION/ CUTTING (FGM/C) AND CHILD, EARLY AND FORCED MARRIAGE (CEFM) PROGRAMME

## Introduction

TASS in partnership with Save the Children International (SCI), implemented the second phase of FGM/C Programme in Bari (Bosaso, Carmo, Ufeyn) and Karkaar (Gardo, Yako, Dhadhab) regions, which focused on community mobilization and capacity building; advocacy at local and national levels and provision of medical & psychosocial support services. Discussed here are the activities that were undertaken in 2016, and finally, the challenges encountered together with the way forward to counter those challenges.

## Summary of Undertaken activities 2016

### Taking social actions by community actors to promote zero tolerance to FGM/C

This involved the printing and dissemination of a multitude of messages for religious leaders all geared towards communicating a message of zero tolerance of FGM/C. This was done by drafting talking points for the religious leaders to air out and concretely delink religion to FGM/C. Religious leaders as the most influential public figures in the Somali society, it was deemed extremely necessary for people to hear directly from these leaders to clearly understand that there is no any religious obligation toward FGM/C

### Identifying and mobilizing male role models to serve as change agents

This activity saw the training of 50 boys to work as change agents on various transformative engagement approaches to serve as role models, help with community mobilization, and facilitate joint advocacy activities. As well, to conduct events with female circumcisers, women's groups and re-

religious leaders are alike. Further, this activity involved the support and formation of 10 boys' clubs and/or support groups for peer to peer advocacy groups, and door-to-door campaigns that were important in the making of public declarations against the harmful practice. Lastly, this intervention, saw the supporting of boys' youth initiatives through making dramas, and singing all with messages that aggressively shun the harmful practice.

### **Enriching communities and faith actors with knowledge and skills to mobilize and act to end FGM**

This intervention involved conducting of trainings for 35 religious leaders and supporting the development of work plans on how to go about advocacy against FGM/C which was successfully done. As well, 10 traditional leaders were facilitated to attend the FGM/C network meetings on FGM/C in Bosaso. To allow for the smooth running of the campaigns, campaign equipment like microphones, loud speakers among others, were provided to the religious leaders who volunteered to take up the task. As well, establishing and supporting of FGM forums in the newly targeted areas was done. These district forums served and still serve as the zero tolerance agents at the grassroots levels in Puntland. In addition, there was monitoring of the implementation of the earlier established work plans to ensure everything was going according to plan; and this was done twice per district in 2016. Further, poetry sessions, class debates and sports tournaments like football were done in 8 schools all with messages directly opposing to the practice of FGM/C.

Further, communication for development (C4D) trainings were conducted for the FGM taskforce members and FGM activists. These were specifically 10 media focal persons, 5 FGM taskforce members and 5 FGM change agents. To complement this communication, there was also the production of the assorted "Saxarla" (Purity) visibility materials for the billboards and posters in Bosaso. In addition to this, 11 mothers' groups including 6 ex-circumcisers were supported to engage in the advocacy campaigns. To ensure that a wider cross section of people in Bosaso got the zero tolerance of FGM/C, caravans with loud speakers were particularly targeted for the rural people to ensure that even people in the remotest of places got the message loud and very clear; and very lastly on this intervention, TASS conducted the 16 days of activism, and the day of the African Child

(DAC) in both cases with very open and public events with very direct messages advocating against FGM/C. This was done both through posters and loud speakers with students and pupils actively taking part.

### **Initiating community dialogue on the total abandonment of FGM/C and ensuring that women and girls, men and boys, communities and faith leaders all actively participate**

In the initiation of the community dialogue on the total abandonment of FGM/C, we had to establish, support, and facilitate the formation of community dialogue groups through which these messages were passed on and at the same time take the lead role in the community. This was key in ensuring that the community members feel ownership of the activities other than feeling imposed upon by an external party. However, to ensure the effectiveness of the dialogue groups, development of the work plans was done and were reviewed on a monthly basis with the 25 community dialogue representatives; at the same time, documentation of the community dialogue discussions, but as well, ensuring that the representatives make declarations and commit to their tasks.

Additionally, 30 teachers and community education committees (CECs) were not only trained and oriented on the integration of FGM/C messages into the school curriculum, but also actively led campaigns in schools on the same messages. In addition, because there were new target areas for the project for 2016, induction and/or refresher training for the 30 new community facilitators in those new areas together with support events for them to get fully acquainted with the whole process. Last but not least, 30 circumcisers and ex-circumcisers were trained and facilitated to help work as role models and actively participate in the advocacy campaigns.

### **Supporting partners and civil society organizations to help in influencing the Puntland government to adopt effective FGM/C policies, laws and budgets**

Laws and Policies are a good way of showing the standpoint of any given society on certain issues. This intervention targeted exactly that and therefore trying to ensure that the messages do not only stop at the various community levels, but also ensure that there are legally binding documents that support the total abandonment and zero tolerance to FGM/C in Puntland. Thankfully, a certain level of success was achieved with the

council of religious leaders and MOWDAFA coming out to strongly oppose the practice of FGM/C. To this end a “Fatwa” declaration was outed delinking FGM/C from religion and therefore in support of the zero tolerance campaign. To this end, 20 local authorities including law enforcement officials were trained on the enforcement of the anti-FGM/C laws and policies, as well, joint work plans with the government were established to work on the finalization and spreading awareness of FGM/C policies. Finally, 20 district forums/network members were as well trained on the spreading of FGM/C policies awareness in their respective districts.

### **Availing appropriate and adequate response services for women and girls with FGM/C complications.**

In this attempt, firstly, 12 fistula survivors were identified through the community leaders and were facilitated and supported by TASS to go for surgery where the need arose or look into any other pertinent medical expenses. Even further with this intervention, both formal and informal community-based referral linkages were strengthened by supporting 10 CWCs, 10 CECs in Qaardo and Bosaso. As well, 30 community health care workers and traditional birth attendants were trained on the identification and response and/or basic treatment of FGM complications like infections, hemorrhage, and re-opening. Finally, the same health care workers and TBAs were trained on conducting door-to-door anti-FGM/C awareness raising and supplying the different materials.

### **Numerical Overview of Participants and/or beneficiaries**

There was grand total of 4,283 participants and/or beneficiaries that partook in these activities. Whereas 1,289 were children, 2,994 were adult men and women. There exactly 647 boys, 642 girls, 1,679 women and 1,315 men.

### **Challenge and Way forward**

The communities in the new target area for the 2016 interventions were hesitant to accept total abandonment as they strongly vied for at least the “Sunna” type to be done because they claimed that it has a religious connotation and obligation to it. Together with other religious leader who are not on the council of religious leader, even though the “Fatwa” declaration (Refer to Annex) was made, there are still parties that oppose

to the total abandonment of the practice and also agitating for at least the “Sunna” type to continue and therefore efforts and discussions are ongoing to resolve the impasse. Additionally, from the initial baselines, it is clear that there is still a misunderstanding or a deliberate attempt to not understand how much of FGM/C should be totally abandoned. This is because there seems to be an understanding that getting rid of FGM/C is only to do with stopping “Fircoon” yet the target is to totally abolish and cleanse Puntland and the wider Somalia of the badly harmful practice. As a way forward, the messages are being redrafted to mention the exact words of what should be abandoned.

Further, there seem to be many a case of fistula among the women in their community, but there is also fear of coming forward to declare their ailments due to the stigma that comes with it. Clearly, campaign targeting the de-stigmatization that comes with the FGM/C ailments need to be advanced if we are to see real progress in helping the survivors. At same time, there is a shortage of medical personnel to help with the fistula cases or even de-infibulation and yet this is urgently needed in the success of the interventions. In that light, there is a need to support the training of willing community members to help with the process. The other challenge was to do with the irregular participation of the community dialogue participants especially those from the remotest of areas. This in many ways affected regularly monitoring and reviewing of the work plans. It therefore becomes paramount that either TASS officers or the community dialogue participants themselves are facilitated in whichever way logistically possible to ensure there are no setbacks at least on this front and perhaps on many others alike.



# CHILD RIGHTS GOVERNANCE (CRG)

## and Child Protection (CP) Joint Project

### Introduction

As the case was in 2015, TASS in partnership with SCI in 2016, continued its tireless efforts in seeing the realization of the child rights in Puntland and Somalia on a larger scale. This meant that more project activities were undertaken in 2016 to carry on from the initial baselines that had been conducted in 2015 to see an overturn in the three key areas that have led to the undermining of the children's rights. To this end, a brief background to CRG and CP is described, the project activities and outcomes for the year 2016, the challenges that were met in TASS efforts to see the project succeed and the way forward for CRG and CP for the coming years.

Emphatically and as further stressed by SCI, children in Somalia have grown up under the stress of conflict, displacement, separation and fear, compounded by a lack of access to basic services and food insecurity. The effect of protracted violence and conflict has also eroded the social structures. As a result both school and home environments are characterized by violence which continues to have a profound effect on the physical safety and psychosocial wellbeing of children. Research on Child Protection conducted by SCI in Somalia in March 2013 revealed the prevalence of a chronic culture of violence in the country. Protection concerns included threat of sexual assault and violence recruitment into armed groups, kidnapping and abduction, clan violence and sexual assault which were reported high.

### Activities Undertaken

#### 1. Raising of awareness on prevention and response to neglect, abuse and exploitation of children among children and the wider community

Raising awareness as an important first step, TASS in collaboration with save the children set out to facilitate 3 community dialogue sessions to discuss Child Protection issues with community elders, local authorities, teachers, religious leaders and parents reaching at least 580 people in the differ-



ent target districts combined. As well, quiz competitions on child rights and specific life skills between child-to-child support groups were facilitated in the different school as a big step towards reaching the number participants TASS could, all in the name of making the issues of children's rights well known among community members. This as well served as an important step in creating talking points going forward in the identification of the rights of children.

## **2. Enabling children and families to access local child protection services or mechanisms**

In the realization of children's rights, it was necessary that children and their respective families were made aware of how, when and where they could access such services when the need arose. These efforts were as well among the activities that were undertaken by TASS as an important step on the road to the realization and acceptance of child right as something crucial in the protection of children and their wellbeing. In this regard, efforts were made in the establishing and strengthening of 10 community-based child welfare committees in the targeted schools in their respective communities. In addition, 10 child rights and/or protection trainings for CWCs were conducted in the tireless efforts to ensure that child rights and protection mechanisms are respectably in place. As well, links were established between children, community-based child welfare committees and the in-line service providers alike.

## **3. Providing financial & technical support to the government for the ratification of the CRC process.**

The governments of Puntland and South central Somalia are both key stakeholders in the effective and proper realization of child rights and protection as it were. In this regard, daylong awareness raising workshops for 40



government officials & parliamentarians on mainstreaming CRC in government plans and the importance of developing a CA were organized throughout the year. As well, the for the civil society organizations as key stakeholders too, daylong awareness raising workshops and seminars were conducted on advocating and mainstreaming issues of CRC in their work plans, and programmes.

#### **4. Prioritization of national planning for children across relevant government ministries in Puntland**

Complementary to the technical support that was offered to the government and civil society organization officials, additional technical support was offered to 25 government officials, 15 CSOs officials & parliamentarians on mainstreaming CRC in government plans & importance of developing NPA on matters of child rights. This support was offered in terms of organized workshops and seminars. As well, National Steering Committee (NSC) & technical task force (TTF) to lead and coordinate the development of the NPA was among the activities undertaken and therefore established. Efforts to realize a proper national planning authority are still ongoing and are among the activities to be followed-up on for 2017.

#### **5. Ensuring that policy makers, Parents, community members, CSOs and children's knowledge & understanding on Child Rights is increased**

Certainly the realization of child rights and protection cannot go successfully without parents and in the Somali context, the religious leaders. The two parties are part and parcel of almost every single aspect in the Somali culture and therefore at one point TASS in collaboration with save the children, in consultation with other key community stakeholders, had to ensure that these made a part of the deliberations on how to go forward with child rights and protection in their respective communities. In that light, one daylong awareness raising sessions for 360 parents and 280 religious leaders on CRs were organized and conducted.

#### **6. Establishing a coalition/network of child rights organizations (CSOs) to promote & advocate for children's rights in place**

This is an ongoing effort with a very solid foundation considering that the key stakeholders in form of government and all its associated agencies, and bodies, religious leaders, parents and community leader alike, are

all in strong support of the efforts TASS and SCI in seeing the realization of child rights and child protection mechanisms in their respective communities in the Puntland state. In this effort CSOs network were facilitated and supported to conduct social dialogue forums on key children's concerns on both child rights and child protection in Puntland.

### **Numerical representation of the participants**

There was a grand total of 4,018 direct beneficiaries with women at 1,238, men at 1,426, girls at 686 and lastly boys at 668. AS for the child protection cases, there was a grand total of 150 participants partook. 27 were offered medical and transportation back home, 35 were referral and advocacy cases, 20 were given legal support and 68 offered psychosocial support.

### **Key Achievements**

Essentially, teachers, children, parents and the wider community were equipped with knowledge and their confidence to prevent and respond to abuse equally built to deal with violence and neglect in both the school and home environments. Through dialogue with community members the project sought to change attitudes and practices that have had harmful effects on children but are not considered as abuse or violence against children.

Further, the child protection discourse was invigorated in the communities through community dialogue sessions. This action facilitated a total of 12 rounds of community dialogue sessions in the three project locations. Each project location conducted one round of a series of community meetings with key community leader, clan elders, and teachers, community members, and Education Committees (CEC), women, children and youth groups reaching a total of 200 participants. The community dialogues identified key child protection concerns in each community, explored the root causes of the issues and agreed on the community based solutions and action plans to prevent and respond to incidents.

Additionally, community action plans were established and their implementation monitored to ensure appropriate safeguards for children and their families were put in place. This activity was set out to enhance community participation and contribute towards strengthening of child protection systems at community level.

As well, in schools children were trained on their rights, issues of child pro-

tection and ways in which they could promote their own protection as well as report cases of abuse. Teachers were also trained on child rights, child protection and on psychosocial support as a way of enabling them to detect cases of abuse or trauma and among children and provide immediate and/or direct support or referrals to relevant service providers. Using the experience gained in implementing structured psychosocial support activities in the Child Resilience protect in Puntland, teachers were trained to facilitate structured activities that promote children's psychosocial wellbeing, conflict resolution and positive relationships among children.

The project further supported government through skills and related institutional capacity enhancement for example supported children's departments/officers to improve monitoring and coordination of child protection initiations/activities. TASS worked with Save the Children and including children themselves to promote children's voice (being the voice for children) through strategic advocacy and mass awareness especially on targeted children's calendar events for example the Day of the African Child on June the 16th and Universal Children's Day on November the 20th.

Lastly, the capacity of formal and non-formal child protection structures and systems both in the school and community was strengthened to provide timely and quality child protection (prevention and response) services to children and care givers. This included establishment/ strengthening the capacity of community based child protection structures, training of service providers in child rights and child protection, case management and establishment of referral systems to adequately handle child protection cases.

### **Key Challenge and Way forward**

When it comes to issues of rights, this is a very contestable issue in any given region in the world. Due to the fact that human rights are seen as a top-down model and/or seen to be developed and imposed by the global north to the global south, they remain very contestable. Somalia and Puntland in particular is not an exception to this. This is not exactly true the human rights

or specifically child rights are a global north agenda imposed onto the global south, but rather it is a question of contextualizing these rights into messages, translations that make sense to the lay, semi-illiterate man somewhere in Puntland, Somalia. Inasmuch as TASS in association with save the children continue to demystify and contextualize the issues of child rights, it remains a challenge going in 2017. However, consultations are ongoing on how to best represent the issues of rights in a way that the layman in Puntland would understand. As well, taking lessons and replicating ideas that have been used in projects that have been implemented elsewhere on how best to go forward with very fundamental change.



Child football match

# PREVENTION OF CHILD TRAFFICKING

## as well as protection and care for victims in Somalia

### Introduction

This 36-month project that started in 2015, saw another set of activities undertaken in 2016 in an attempt to prevent the trafficking of children as well as protecting and caring for victims in Puntland state, particularly in the regions of Bari, Mudug, Nugal and Galgudud. 2016 saw a continued effort in working with local authorities and policy makers, police, immigration officers, journalists as well as the directly affected communities. To this end, the activities undertaken, the challenges and the way forward are all expounded on here. Specifically, the project aimed to

- (1) increase awareness of general public in child trafficking in the regions of Mudug, Nugal, Bari and Gal-gudud;
- (2) increase the capacity of Puntland authority and the communities to detect child trafficking and investigate child trafficking and prosecute offenders and;
- (3) build the capacity of Puntland authority and civil society to provide comprehensive protection for children who were trafficked.

### Activities Undertaken

In 2016, TASS in partner with IOM in close collaboration with MOWDAFA, and the Counter trafficking board members of Puntland, planned and conducted 2 various social awareness and information campaigns in Galkayo and Bosaso because they had been identified earlier as the main routes for traffickers. During the campaigns, Information, Education and Communication (IEC) materials produced by IOM were printed and distributed to the participants as a way of helping with community attitudinal change. In this, 72 victims of trafficking were given various support including repatriation through family tracing and reunification to southern regions of Somalia.

Specifically, this campaign was conducted in Galkayo, at the MOWDAFA meeting Hall. The participants were among secondary school and university



students, IDPs and leaders from host communities, regional women, youth groups, Puntland Human Rights defenders with lawyers from the attorney general's office and the regional police commander. During the sessions, a total of 430 participants partook while approximately 2,700 persons received messages of services available through the invited attendants and printed messages distributed. Additionally, local media including PLTV, Kalsan TV, SBC TV, radios were invited and websites broadcasted messages on the same campaign. It is estimated that about 2,500 not in attendance received the messages as TASS ascertained from the feedbacks from people living in the remote areas in Puntland.

As well, 7 Mini-buses were hire for airing messages of human trafficking through mounted loud speakers and stickers on influential messages were fixed on the walls, public places, schools, colleges, universities and these messages approximately reached nearly 1,300 persons in various locations. Additionally, 200 printed T-shirts, sweaters, Caps of IEC materials with messages and pictures expressing the negative impact of trafficking were distributed to people who attended the sessions in the different parts of town. Complementary, in all the events and/or gatherings the sessions included dramas, short films, poems and speeches from prominent personalities all preaching against the vice of trafficking and its associated negative consequences of their respective communities.

### **Challenge and Way forward**

As highlighted by the international organization for migration (IOM), child trafficking is a profitable venture for the traffickers who go every strength possible to keep the business alive. The fact that it is illegal and therefore unacceptable both locally and internationally, it implies that there is a high level of secrecy in conducting these practices; and at the same time that coupled with the high levels of the pervasive biting-poverty in Somalia, im-



plies that for even a small fee for the child, the perpetrators are willing to continue with the practice. To this end, inasmuch as these campaigns managed and continue to reach a wide array of community members, the perpetrators have well established mechanisms that a good level of intelligence has to be enforced to break these cycles and identify these perpetrators for naming and shaming. As a way forward for the project and to see a complete halt to the practice, intensified social policing and heightened intelligence must be ensured.



Anti-Trafficking Campaign



# THE PROTECTION & RETURN MONITORING NETWORK (PRMN)

## Introduction

This was a 3-month project that was implemented in 9 areas all in Puntland. With the heightened level of conflicts in the different regions of Somalia, many people, families, and children end up getting displaced and all the associated consequences that come with it. This project was initiated as way of protecting the displaced people and help with returning them to their beloved homes. On behalf of UNHCR, the Norwegian Refugee Council (NRC) worked through TASS to enforce the protection and return monitoring network in the areas of Bulo-bacley I, Bulo-bacley II, Mustaqbal I, Mustaqbal II, Salaam I, Salaam II, Bulo-bidaar, Tawakal, and Madina-Almunawara all in Puntland. Explored here are the project monitoring methodology, the activities TASS undertook and challenge and way forward.

## Monitoring methodology

TASS worked to monitor population displacements and movements such as returns by targeting strategic points including transit sites, established IDP settlements, border crossings and other ad hoc locations. The data was captured by partner staff interviewing displaced persons (generating 'household-level' reports), primarily at points of arrival or by interviewing key informants (generating 'group reports') at the IDP settlements, transit centers and other strategic locations. The interviews relied on the use of a standardized form that was designed to capture information on displacements and protection incidents and in the case of household-level reports, this included disaggregated demographic data and family vulnerabilities.

## Project Activities

### Community sensitization campaigns

The monitors provided protection overviews to community duty bearers so as to draw their attention to protection & care of children and the services available also the way the survivors may access. The officers conducted 20 presentations to 72 duty bearers of 48 male and 24 females including Vil-

lage committees, community elders, teachers, health workers to support child protection interventions in their locations. Likewise, various communities in different locations were mobilized and 656 people (422 female \ 234 male) benefited from the messages reached and fully understood the prevention and response mechanisms.

### **TASS PRMN training**

The Monitors were given 3 job trainings depending on the area needs considered by NRC protection officers or in their reporting and coordination meetings.

### **Key outcomes**

During this reporting period, a total of 268 survivors (154 male and 114 female) who had experienced various protection concerns were identified, documented and supported. Whereas 87 of the survivors received medical and material support, 59 other survivors received psychosocial counseling, another 25 were referred to the other appropriate service providers, and 97 were accorded transportation back to their villages of residence. In the follow-up sessions, the monitors realized that the survivors were getting on well and smoothly re-acquainting themselves with family, friends and neighborhoods and starting to recover from their previous predicaments.

### **Challenge and Way Forward**

Surely, the unending situation of conflicts despite all efforts to apply the best conflict resolution mechanisms, means that displacements are not about to end. This can only signal the fact that people and families will continue to go separate ways as they run for their dear lives. In addition to that, there is also the issue of drought that has persisted for more than two years now and looks to continue. To this end, conflicts and drought combined can only spell disaster for the populace and therefore, surely, displacement will continue for as long as the two exist. This implies that going forward, UNHCR and NRC plus local partner need to double the effort in not only returning the displaced, but also facilitating new livelihood mechanisms where they are (in the new homes) or even back at their ancestral homes. Conclusively, the three months of PRMN were a considerably good start, but these efforts have to be continued to benefit a great many of the victims.

# THE HUMANITARIAN PARTNERSHIP AGREEMENT (HPA) PROGRAMME

## Introduction

For the year 2016, the programme sought and continues to seek to protect and build the resilience of children living in IDP camps and surrounding communities through the establishment of child protection, education and disaster risk reduction (DRR) mechanisms. Generally, the overall goal of the proposed programme was to contribute to promoting the rights to learn, be protected and to participate for the most deprived children in emergencies, in this case in the Puntland region. Within this programme, in 2016 TASS in collaboration with SCI continued to work in 10 schools (4 in Bosaso, and 6 in Galkayo. Expounded on here are the key activities that were undertaken in 2016, the achievements, the challenges encountered and the way forward in order to see the much desired and transformational change in the lives of children across the Puntland region and the wider Somalia.

## Activities/Interventions Undertaken

### **Strengthening partners' capacity to advocate and deliver programs promoting children's rights to learn, to be protected and participate**

This involved convening 2 advocacy meetings with local CSO partner and SCSOM staff to identify advocacy goals, strategies and develop a local CSO advocacy plan, conducting a stakeholder analysis focusing on education, DRR, child protection interventions in targeted areas, supporting of the local CSO partner to undertake advocacy actions with government, community structures, and other local CSOs based on the advocacy plan. As well, supporting local CSO partners to conduct project phase-out de-briefing sessions with project beneficiaries (CECs, CWCs, school administration, government officials, children, teachers, parents and communities), conducting 2 meetings between CSO local partner, local government officials and children from child rights groups to discuss child rights issues in schools and communities, and finally, supporting the follow up and implementation of decisions reached during the 2 joint meetings between CSO partners, local government and child rights groups.

### **Advocating for the integration of the education, Child protection and DRR model into schools and curriculum in Somalia**

Essentially, this involved organizing 2 advocacy sessions with 20 local government officials to gain support for the adoption of the integrated model in Puntland, facilitating the handover of project documentation and manuals to the MoE in Puntland, conducting 2-day trainings with 20 local government officials & 15 CSOs on the integrated PRDC /HPA model, and its adaptation in Puntland school curricula, developing a guiding document on the integration of the integrated model and contextualizing the integrated model for CSS

### **EDUCATION IN EMERGENCIES (EiE)**

#### **Increasing access to education for the most deprived children in the targeted areas in Puntland**

This activity saw CEC refresher trainings on the basic roles and responsibilities including a school improvement plan, and enrolment strategies being undertaken. CEC awareness campaigns on child protection, child participation and teachers code of conduct were supported. Two Community sensitization campaigns on barriers to vulnerable children's access to education were convened, the Procurement and distribution of sanitary kits for mature girls and scholastic material for the most deprived children, Provision of monthly teacher Incentives and Provision of monthly incentives for MOE focal point (Galkacio and Bossaso) were all activities undertaken to help bring about increased access to education.

#### **Improving the 'Quality of the learning Environment'(QLE) in the classrooms to enable physical, emotional and psychological protection and wellbeing.**

This involved Printing and distributing the teachers code of conduct (TCoC) to teachers and head teachers, convening of two awareness raising events with CR clubs in targeted schools on teachers' code of conduct and use of school reporting box on violations and non-compliance of TCoC and establishing a link on reporting regarding violations and adherence to the TCoC. As well, the activity involved tool sharing and familiarization with the TCoC manuals and the supporting of EIE coordination meetings and working group activities.

## **Disaster Risk Reduction (DRR)**

### **Increasing of the DRR capacity and resilience of the most deprived children against risks and hazards in the targeted schools**

Practically, teacher trainings on DRR for the new teachers and older teachers was conducted, supporting teachers to convene for a 1-day school-based DRR trainings with 10 DRR clubs in Puntland, formation of school DRR management team comprising of CECs, school head teachers, camp manager & 2 children (F/M), establishing and strengthening DRR clubs at school level, Child DRR club monthly meetings were also conducted, establishing of linkages amongst DRR clubs and CP structures, child-led DRR action plan development and implementation, development of school contingency and disaster management plan, printing and disseminating of Somali versions of the DRR manual for each school, and finally, joint DRR and CP IEC materials were developed.

### **Increasing community level DRR capacity, and resilience against risks and hazards for the most deprived target children and communities**

The activity involved the assessment of key DRR issues and structures at community level, CCDRR training for community leaders, CWC, CECs and CSOs, establishing of links and engagement between school DRR clubs and existing community DRR structures, conducting community forum for children to share risks with the community, supporting of the implementation of the Joint DRR action plan from the forum, identifying of children with special needs to engage in DRR interventions and attend community forum to share risks with the community and supporting of children with special needs to implement DRR activities that directly concern them under the Joint DRR action plan, were all undertaken

### **Promoting and supporting of the child centered DRR, preparedness plans and responses at school and community levels by the local government, disaster risk management authorities (DMA) and education ministry**

Vehemently, an awareness raising event for local government and representatives from DMA/MoE/ partner organizations was held and action planning with government, DMA, MoE on CCDRR plans and joint monitoring and evaluation on key achievement on action plans was also conducted.

## **Child protection**

### **Improving psychosocial wellbeing and increased knowledge about protection among children.**

This involved placing Two Feedback/reporting boxes in each school, induction by SCI and Partners and MoE on Protection reporting mechanisms. These included hotline, Feedback/reporting box, CP focal points, and community structures to all school children through assemblies, children's clubs, DRR clubs, and Child Resilience groups. As well, establishing of a team comprising of 2 Children Club members (M/F), a teacher, and TASS for opening the Feedback/reporting box monthly, reviewing contents and take appropriate action to address complaints raised in each school, awareness raising to child-led structures on the use of SCI accountability mechanisms, teachers conducting weekly child resilience workshops with targeted children's groups. Additionally, four Series of parent's meetings were conducted with caregivers of children participating in the child resilience programme, facilitation of two meetings held with fathers of children participating in the child resilience programme to encourage participation of fathers in the programme. Child Rights groups in collaboration with DRR groups developed and implemented action and advocacy plans to respond to risks identified by children through the child resilience programme, including joint actions with the DRR groups, promotion of inclusion of children with special needs in child resilience groups and / out of school children through mobilization of children with disabilities, and adaptation of PSS manual, and lastly, conducting mini-evaluation at the end of the cycle of resilience workshops

### **Empowering caregivers and community members to protect children from violence, abuse, exploitation and neglect.**

Here refresher trainings on needs assessment of CWC, CEC and religious leaders on Child Protection issues and referral pathways were conducted, awareness raising on protection reporting mechanisms targeting out-of-school children through CWC, Child Clubs with child to child activities, CFS, at feeding centers, community meetings, youth groups. Further, 2 community dialogue sessions to discuss CP issues with community elders, local authorities, teachers, religious leaders, parents and child rights groups reaching at least 150 people were facilitated, and finally, facilitating the dissemination of joint CP and DRR IEC materials reaching children and adults alike.

## **Capacitating community and local child protection systems to be able to prevent and respond to abuse, exploitation, violence and neglect**

This activity started with conducting child protection service provider mapping with MOWDFA and then disseminating findings of the mapping through CPWG, CEC, CWC and CP focal points. Additionally, strengthening of links between CP Focal Point in CEC/ CWC with school based CP focal point for regular reporting and referral of CP cases was ensured. As well, convening quarterly meetings with CEC, CWCs, and relevant CP actors in targeted areas in order to establish links between service providers including MOWDFA, identifying and training of CP Focal points and CR facilitators, and supporting of linkages with community based CP focal points. As well, conducting two-day trainings for CWC/ CEC with MOWDFA on para-social work skills, conducting 3-day refresher trainings for local CSO partners and SCSOM staff on case management, facilitating on reporting and referral of CP cases received through the hotline, CWC, CECs and community members. Further, identifying, supporting and referring children with protection concerns in need of legal, medical, counselling, psychosocial and other services for specialized support, ensuring effective use of case-management tools, conducting an analysis on the efficacy of referral pathways in targeted areas; and based on findings from the 2-day refresher trainings on referrals with community based child protection structures, monthly reviews of caseloads conducted with CWCs to ensure effective identification and provision of support to children with protection concerns, active engagement by SCI and partners in child Protection Working groups, conducting of follow-up visits on all cases referred to monitor wellbeing and document change.

### **Participants in Numbers**

There was grand total of 586 participants and/or beneficiaries that partook in these activities. Whereas 410 were children, 176 were adult men and women. There were exactly 229 boys, 181 girls, 86 women and 69 men.

### **Challenge**

Certainly it goes without saying that even with the best and most effective interventions to any project activities, there will always be difficulties in the imaginary excellent implementation. The HPA project in that regard encountered a number of difficulties in the process as highlighted. The teach-



ers as very important stakeholders in seeing the success of this project, in most cases they had to leave half-way through the process either to seek for greener pastures or even look for other well-paying ventures for their survival. This was and still is mainly caused by low remuneration or sometimes even this low payment is delayed; which causes a lot of hardships for teachers and their families. Replacing trained teachers is almost impossible and surely made project activities in some cases and/or areas impossible to carry on. However, this hardship was countered by providing incentives to teachers to keep them on the job. As well, the use of makeshift teachers from other schools and as well, recalling a few retired teachers to help in the process. Inadequacy of school facilities was the other challenge encountered in the execution of activities. However, this was mitigated with the use of makeshift facilities in the respective communities as steps are being taken to find a long-term solution.

Additionally, the other challenge had to do with convincing parents to allow their children to attend school as oppose to staying home to help with the chores and any other income generating activities they run at home. Essentially, parents saw their children much more helpful while at home or in the small business together as opposed to being in school. However, this was countered with engaging CECs to talk the parents out of the practice and explaining the long-term benefits of child education. Finally, the issues of land ownership were such a big pain. In some communities where makeshift school structures had been placed, activities had to stop along the way either because the agreement had expired or the landlord/lady had gotten a better idea for their land. This was indeed a big challenge, but as a solution, negotiations are still ongoing between the community members, TASS and the landlords/ladies of how best to help their respective communities on that front.

### **Way Forward**

In 2017, the focus will be on continuing to strengthen the model, as well as focusing on strengthening the community based protection systems and disaster risk reduction initiatives at the community level. Within the schools it has been identified that further work is required to ensure that girls are able to enrol in schools, and most critically are supported to transition from one year to the next, in order to complete primary education. Efforts

will include for example, provision of gender sensitive WASH in schools, to achieve increased retention in schools. Children with disabilities have also been identified as an extremely vulnerable group in the community which require focused support in order to be able to participate in school, as well as in resilience and DRR initiatives. The programme in Puntland will therefore make deliberate and structured efforts through resilience trainings and inclusion of children with disabilities in child-led initiatives.



HPA Project Photos

# WASH

## Shallow Drilling of wells and Water Tracking for the drought affected areas

### Introduction

TASS in collaboration with the African relief fund and a couple other donors, continued to undertake the initiative of drilling shallow wells and water tracking for different drought affected areas in the year 2016. The construction activities were mainly in the Bari and Mudug both of which are found in the Puntland region of Somalia. The activities that were undertaken among others included rehabilitation of boreholes, drilling shallow wells, building Kiosks, making animal troughs and building of elevated water tanks for the communities and their livestock in those aforementioned areas.

### Accomplished Tasks

#### Timirshe Borehole Rehabilitation

Timirshe borehole rehabilitation was supported by the Islamic Development Bank (IDB). It is located in Iskushuban district in the Bari region of Puntland. With 1,700 households in this region, it is estimated that at least 10,000 people together with their livestock are believed to have benefited from the initiative that was hastily started and completed in January, 2016.





### Ceel Berdaale Borehole Rehabilitation

This was also funded by the Islamic Development Bank (IDB) and is located in Ceel Berdaale village in Galkaio district, Mudug region in Puntland. With about 2,500 households estimated to be living in this village, it is estimated that about 15,000 persons together with their livestock benefited from this borehole rehabilitation. The project that started in February 2016, was completed shortly after in the same month

#### Pictorial Evidence:



### Borehole Construction at the Youth Centre

This borehole was constructed at the newly constructed youth center in the Bosaso city centre. It was funded by the Somali Stability Fund (SSF) and it was started in October, 2016, was completed shortly in November, 2016 and is estimated to benefit over 35,000 people; with the estimated number of households to be at 5,830 in that locality.



### **Elevated Water Tank Construction at the Youth Center**

The 10-meter high elevated water tank with a storage capacity of about 90 barrels, was constructed at the youth center as a storage for the water pumped from the newly constructed borehole. This project commenced in October, 2016 and was hastily completed in November the same year. As with the borehole in the same centre, was also initially intended to supply water for exclusively the activities at the center, but on a humanitarian basis still, it was determined that it would be important to serve the rest of the community as well, especially where the water need arises.



### **Borehole Construction at the Bosaso TB Center**

The African Relief Fund (ARF) financed the construction at the TB center in Bosaso. With the water shortages that the center had been facing in the day-to-day execution of its activities, it was worthwhile to put in place a water facility to counter the shortage and increase on the smooth execution of activities there. The project that was started in November, 2016, was completed shortly after in December the same year; and is estimated to directly benefit about 50,000 people both from the center and the nearby villages.



### Pictorial Evidence:



### Way Forward

It goes without mention that despite all the works that were done in 2016 to increase and improve the number of water facilities, there are numerous other villages that still need the same facilities to improve their already dire and impoverished livelihood mechanisms. Even where these facilities were constructed or rehabilitated in 2016, some people are from distant villages and therefore have problems accessing these water facilities. therefore, going forward, there is an urgent need to continue with the rehabilitation or even of constructing new ones altogether.

# YOUTH

## The Youth Empowerment Center

### Introduction

The youth in Somalia have been a center of attraction for all sorts of reasons good and bad in equal measures. As the case always is, the good is always forgotten about and the attraction turns to the negative that come out of the youth. The many decades of destruction both man-made and natural, like conflicts, civil war, droughts among others have only meant instability at every level for the youth. For the youth, this highlights growing without attaining education or even being groomed and nurtured by their respective communities; to grow up to be responsible citizens to take their communities forward. Concretely and with this background in mind, an idea of a youth empowerment center was conceived and TASS thought of a platform where the youth can divert all their energies for purposes of development. This idea was then discussed with the Somali Stability Fund (SSF) board who more than delighted to contribute to its realization. To this end, the project activities undertaken so far, opening dates, and finally, a pictorial of the center are discussed below.

### Project Activities undertaken

Firstly, through a rigorous process of land searching, a suitable piece of land for the center was procured and demarcated; and a suitable design for the center was jointly agreed with SSF. However, this did not come without challenges. With the different faces of land wrangles, TASS had to find another piece of land where the center seats now after being duped on the first one. Secondly, construction companies were invited to participate in the tendering process of the construction of the center. The evaluation committee was vastly diverse and open to creative ideas on how best to go about business of the design and construction of the center. The evaluation of the bids was undertaken by TASS, and SSF was represented by KOOR consultants.





Thirdly, a business Plan for the Center was developed and was put in on a monthly basis to keep the center service and product quality improvement. It was estimated that a net profit of at least \$5000 would be generated monthly and help sustain the centre.

Fourthly and lastly, TASS undertook the effort of procuring all the equipment that had been agreed upon with SSF. This included purchase of gym equipment, artificial turfs for the play grounds, kids' equipment for the kids' center, solar system to power the center, a high capacity generator to complement the solar system, office equipment for the various administrative blocks and among several other equipment.

### **The Official Opening**

As of December, 2016, the main construction of the various blocks and the massive fence were and done. As well, installation of most of the equipment in the various department that is, meeting hall, administration blocks, library, ICT room, youth counseling room, cafeteria, gyms, the football pitches, theaters, the kids' yard and the engine room were all installed and completed in the same month and was ready for the official opening.

Pictorial of the Center

### **General Conclusion**

Conclusively, a total of 16 projects that were implemented in the year 2016 by TASS in partnership with a host of other international organizations were discussed here. The projects were from the six thematic areas of operation that TASS has worked in for more than 24 years now. Ultimately, TASS has continued to make some big strides in helping the people of Somalia in realizing their dreams and aspirations by ensuring that there is 99.9% community ownership of all the projects implemented. Even though the humanitarian situation remains dire, numerous efforts are under way to turn this situation around.

# MAANDEEQ GARDEN AND





# FITNESS CENTER





# EMERGENCY RELIEF





# IMAGES





# DROUGHT AFFECTED





# AREAS RESPONSE





# ANIMAL





# RIGHTS





# GENERAL





# IMAGES





**Tadamun Social Society**  
**جمعية التضامن الاجتماعي**

**2016 Annual Report**