

# IOM SOMALIA APPROACH TO PROTECTION



# INTRODUCTION

This report details IOM Somalia’s capacity to make interventions on protection. It also details the interventions which IOM made from Jan 2023-August 2024, the gaps it has noted during these interventions and the recommendations it has formulated to bridge those gaps.

## Operational Relevance

IOM commenced its operations in Somalia in 2006. Over the past 18 years, it has established a broad range of programming spanning across the Humanitarian Development Peace and Development (HDPD) nexus. IOM’s broad range of programming is centered around four broad areas: Emergency and Post Crisis (EPC), Transition and Recovery (TR), Solutions and Resilience (SR), and Migration Governance and Development (MGD). Last year alone, all programs of IOM Somalia reached over three million beneficiaries in 55 of the 74 districts in Somalia.

## Technical Expertise

Since its establishment in 1951, IOM has evolved from a purely operational entity to a lead agency on migration and global protection. IOM’s overarching goal on protection is to place the rights and well-being of migrants, regardless of their status, at the center of its operations. This means ensuring the protection of migrants and displaced persons across the full spectrum of displacement and migration management and governance, i.e. migration and development, facilitating migration, regulating migration and addressing forced migration.

In the case of internal displacement, IOM is a key protection actor, committed to implementing the Inter Agency Standing Committee (IASC) Protection Policy, and is also working on solutions that prevent displacement and promote ways to sustainably resolve displacement, protect and uphold rights of Internally Displaced Persons (IDPs).

IOM is a member of the IASC and has been a member of the IASC Results Group and Task Force on Centrality of Protection. IOM is an elected member of the Global Protection Cluster Strategic Advisory Group (SAG) and of all its areas of responsibility (Gender-Based Violence (GBV), Child Protection (CP), Housing, Land and Property Rights (HLP), and Mine Action (MA) and their respective technical working groups, and the Alliance on Child Protection in humanitarian Action (CPHA) and the ProCap/GenCap Assembly General.



**3M+**

**BENEFICIARIES**  
impacted by  
our programs in  
2023 alone as  
we an increased  
presence from  
**47 to 55 districts**  
in Somalia

IOM is also a member of further protection foras within the UN such as Statelessness, the Call to Action to combat GBV, the UN Disabilities Inclusion Strategy, or the Call to Action on Human Rights Agenda for Protection.

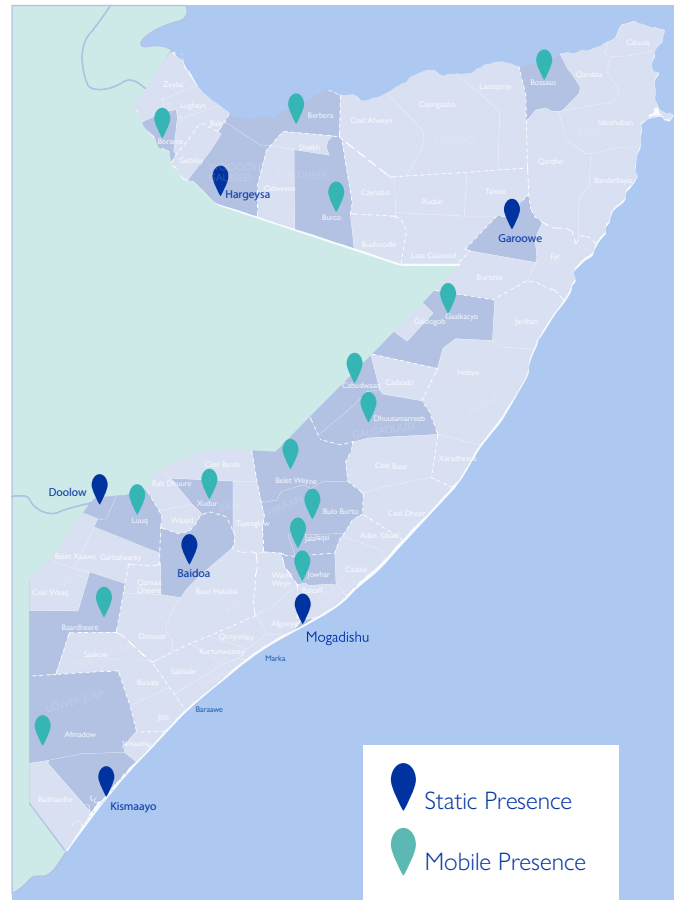
Not only does IOM abide by the global guidelines on protection, it also contributes towards the formulation of those same technical guidelines. Furthermore, IOM’s global expertise on protection is shown through its implementation of specialized protection programming in 75 countries across the globe. In 2023, IOM reached 2.6 million beneficiaries across the globe through its protection in humanitarian settings actions.

IOM’s protection expertise encompasses a variety of protection thematic areas including GBV, CP, Alternatives to Detention, Mental Health and Psychosocial Support (MHPSS), Access to Justice, Disability Inclusion (DI), HLP and Countering-Trafficking in Persons among others.

This technical expertise is guided by the organization’s key documents on protection, amongst others in its Humanitarian Policy, the IOM’s Approach to Protection<sup>1</sup> and the Gender Based Violence in Crises Framework (GBViC)<sup>2</sup>.

In Somalia, IOM has a Protection unit with both static and mobile presence and flexible capacity to respond in hard-to-reach-areas across the country. The unit leverages on IOM’s extensive footprint across the country. In 2023, IOM increased its presence from 47 to 55 districts in Somalia.

The Protection unit has static presence in locations such as Kismaayo, Mogadishu, Baidoa, Doolow, Hargeisa and Garowe. The areas covered by the mobile teams include Dhobley, Luuq, Hudur, Beletwayne, Baradhere, Bossaso, Berbera, Borama and Buraco.



**22**  
**LOCATIONS**  
for the Protection Unit operations, including the Support Office in Nairobi

1. **IOM’s Approach to Protection** <https://migrantprotection.iom.int/en/resources/guideline-position-paper/ioms-approach-protection>

2. **IOM GBViC Framework** <https://publications.iom.int/books/institutional-framework-addressing-gender-based-violence-crises>

The unit has international and national staff who mainstream Protection, GBV, MHPSS, DI, CP and PSEA across all of IOM's programming. This ensures a rights-based and do no harm approach to all IOM Somalia's interventions. In addition, the unit implements specialized protection interventions on GBV, MHPSS, DI, CP, case management, protection assessments, individual protection assistance, referrals, community protection committees, The Protection unit is also part of a number of coordination forums in Somalia including the Protection Cluster and the GBV sub-cluster, the MHPSS and DI Technical Working groups as well as the PSEA inter agency taskforce.

As part of a wider commitment to localization, the Protection unit has implemented partnerships with local NGOs and civil society organizations (CSOs) such as Somali National Women's Organization and Somali Union of the Blind which implement protection, GBV and DI activities across Somalia.

IOM's approach to Protection emphasizes evidence-based interventions and promotes the use of the Global Protection Cluster Protection Analytical Framework (GPCPAF). Further in aid to this, it works closely with Displacement Tracking Matrix (DTM) as an internal source of information to accurately capture information that can inform protection analysis of the protection risk trends affecting displaced and migrant populations.

The Protection unit and DTM have collaborated in revising the data collection tools and incorporating proxy protection indicators to ensure that protection data and issues are identified in various areas across the country.

As a result, the Protection unit has been analyzing data and issues acquired through DTM for protection analysis. Brief overview including IOM's commencement date, date national Government became a member/observer of IOM, overview of programmatic focus, reference to key national Government and UN plans (development and humanitarian as relevant) that the plan will contribute to.

These reports are generated from different components of DTM which include mobility tracking, flow monitoring and survey. The Protection unit also submits regular reports to the Protection Cluster and GBV Sub-cluster at national level and in the states with static presence. DTM is present in 17 regions and 74 districts across Somalia where it draws information of events on the ground.

Over the past year, IOM Protection unit has been conducting protection assessments in various locations of Somalia and sharing the reports as well as findings with the Protection Cluster members and other relevant stakeholders.

## IOM Protection Interventions in Somalia

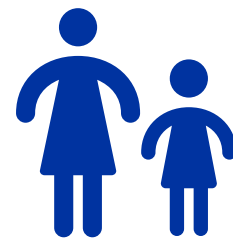
Below are the milestones achieved by IOM Somalia to reduce the protection risks faced by migrants, displaced persons and other affected populations. This has been achieved through protection analysis and monitoring, awareness raising and provision of assistance to vulnerable persons across the country.

As mentioned, the Protection unit managed to establish static presence across the main field and satellite offices of IOM Somalia with additional capacity to deploy protection mobile teams to remote areas with limited presence of humanitarian partners.



74

**DISTRICTS**  
across 17 regions  
are monitored  
through DTM



1,158

**WOMEN & GIRLS**  
were assisted with  
dignity kits



903

**INDIVIDUALS**  
were trained on  
protection concepts  
and guidelines



Awareness raising session on GBV and PSEA in Garowe, June 2024 @ IOM 2024/ Fathia Fuad

## Trainings

To build capacity around the comprehension of protection concepts and guidelines, the unit facilitated trainings of 903 (453 M/450 F) individuals from the government, humanitarian community, IOM staff and community members. These trainings covered GBV, PSEA, DI, MHPSS.

## Community Based Protection Committees (CBPCs)

In line with the 2024 Humanitarian Response Plan (HRP) for Somalia, IOM established six CBPCs in Mogadishu, Baidoa, Kismayo, Dollow, Garowe, and Borama. These community structures were trained in Protection mainstreaming and GBV.

## Awareness Raising

As part of its community outreach efforts, IOM conducted a series of community protection awareness sessions in Somalia targeting key locations and addressing pivotal issues such as GBV, PSEA, MHPSS, DI. 62,746 individuals (43,211 F/ 19,356 M) were reached.

## Fast Tracking

To ensure the safety and dignity of vulnerable persons, Protection Outreach Workers (POWs) were present across the locations during the distributions/registrations held by different IOM teams.

The POWs ensured that the vulnerable persons were “fast-tracked” and given priority to access the registration/distribution points. During the reporting period, 3,323 individuals with (2,393 females and 930 male) were fast-tracked.

## Referrals

246 individuals (209 women and 37 men) were referred to the service providers including fellow humanitarian partners and government agencies to get access to essential services.

## Dignity Kits

1,158 women and girls were assisted with dignity kits. These kits were distributed as part of the GBV prevention and response and to curb negative coping mechanisms and risks of exploitation.



Dignity kit distribution and awareness raising on World Menstrual Hygiene Day, May 2024. © IOM 2024/Aden Mohamed Madye



Distribution of Dignity Kits and mass awareness on GBV in Baidoa, December 2023. © IOM 2023/Barkhad Artan

## Individual Protection Assistance (IPA)

2,150 vulnerable persons (1,290 female, 860 male) were assisted by the IOM Protection team with IPA. These were cases which required last resort assistance which could not be provided by other humanitarian agencies or IOM teams. The assistance was used to mitigate protection risks or assist survivors of protection violations.

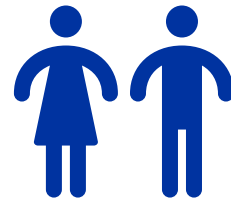
## PSEA

As part of its commitment to Accountability to Affected Populations (AAP), the Protection team operationalized IOM Somalia's PSEA Framework. The unit strengthened PSEA reporting mechanisms by creating a dedicated PSEA email address and toll-free short codes i.e. Hormud (code 489) covering South-central Somalia, Golis (242) covering Puntland and Telesom (299) covering Northern Somalia/Somaliland.

In 2022, IOM Somalia became a member of the PSEA Inter Agency Coordination with other humanitarian agencies. IOM supported the taskforce through facilitating PSEA trainings across the country.

The unit dispatched 3,700 PSEA Information Educational Materials (IEC) materials translated to English and Somali to raise awareness on the six core principles and reporting mechanisms. The unit also established a network of PSEA focal points within IOM Somalia's various units.

In addition, the unit established community-based complaint mechanisms specifically to receive PSEA reports in the community. This was done to avail a multi-layered reporting system to make it easier for the beneficiaries to report any PSEA related reports.



2,150

PERSONS

received IPA from the  
IOM Protection Team



3,700

IEC ON PSEA

principles and reporting  
mechanisms dispatched





PROTECTION  
GAPS AND  
MITIGATION



# PROTECTION GAPS

During the implementation of various protection activities in the various locations of Somalia and from the protection risk assessments and safety audits conducted by the Protection unit, a number of concerning protection gaps have been identified.

## Mental Health and Psycho-Social Support

Very few organizations (both UN and NGOs) are providing MHPSS services in Somalia. The few organizations present are overwhelmed by the volume of cases referred to them. This is despite the visible signs of affected populations suffering from a wide spectrum of different mental health conditions including stress, trauma, depression, anxiety among others.

The situation is further compounded by the stigma surrounding MHPSS services in Somalia. Regardless, there is a big gap in the provision of this service among the affected populations.

## Gender-Based Violence (GBV)

Somalia is one of the top 10 countries with the highest prevalence rates of GBV in the world<sup>3</sup>. This is worsened by the insufficiency of GBV prevention and response services for both survivors and those at risk. Additional factors such as armed conflict, climatic shocks and the withdrawal of African Transition Mission in Somalia (ATMIS) forces further compound the situation.

There are many partners fighting against GBV cases in Somalia, but there are still gaps in the provision of these services. For instance, in Doolow, the Protection team on the ground has reported issues of widespread female genital mutilation (FGM) with very little accessibility of services for the survivors.

Provision of GBV services in remote locations is one of the requests which IOM Somalia has been inundated with. In Garowe, the Protection team has reported a lack of awareness of GBV services by the women and girls in the area.



## HIGH GBV PREVALANCE

The scope of the violence is uncertain because of the decades of conflict, insecurity, and harmful cultural practices

3. <https://standtoendrape.org/top-ten-countries-with-the-highest-gender-based-violence-gbv-rates-in-the-world/>

## Child Protection

Somalia is one of the countries where children are most at risk in the world<sup>4</sup>. Several organizations are implementing CP programming, but the needs remain vast. Across the locations and camps managed by IOM, several CP risks and cases have been noted. For instance, in the northern part of Somalia in areas such as Garowe and Bossasso in Puntland, children are at the risk of trafficking and smuggling.

In addition, many children are neglected and separated in the midst of climatic shocks and armed conflict. This deprives them of access to vital services such as education and health. There is need to connect these children to services and reconcile them with their families.

## Disability Inclusion

IOM being the co-coordinator for the CCCM cluster, it oversees several IDP camps in Somalia. IOM Protection actively supports the IOM CCCM teams in these camps and during these interventions the Protection team has noted with concern the absence of services for persons with disabilities. These observations have also been echoed by the Somalia Disability Inclusion Report of 2024<sup>5</sup>.

Currently, IOM with other UN agencies have been working with the National Disability Agency (NDA) on the assessing persons with disabilities in Somalia. Other than that, there are very few organizations with the capacity to provide assistive devices and empowerment opportunities to persons with disabilities.

As a result, disability inclusion as a whole is not being mainstreamed in the IDP camps and thereby exposing persons with disabilities to further harm, marginalization, stigma and discrimination. There is a need to address these issues in the communities.

## Protection Case Management

Protection teams have heavily depended on the referral pathways availed in the various locations that it is operating in. The protection teams use these referral pathways to refer any protection cases which other IOM teams would have encountered in the process of their activities.

However, of late, Protection teams have noted that the cases they refer are not resolved satisfactorily due to either a lack of funding to the organizations or total relocation of the organization from the location. Most organizations might be present on paper but in reality, not in a position to resolve the protection cases referred to them by IOM.



**3.0M**

**CHILDREN**  
are at risk and  
need protection



**11.7%**

**PREVALENCE**  
of disability in the  
Somali population  
aged 18 and above

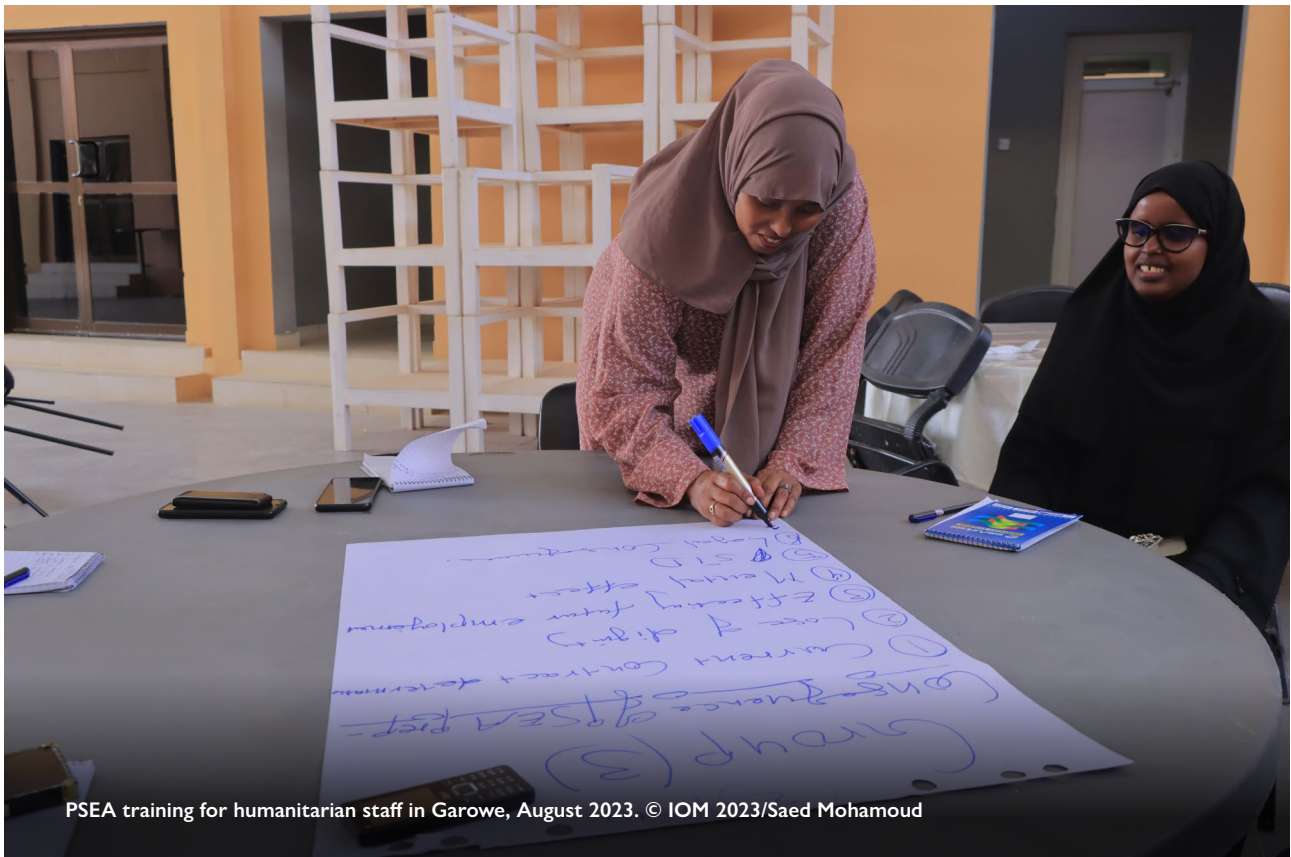
4. [Somalia Humanitarian Needs and Response Plan 2024](#)

5. [National Disability Report 2024](https://nbs.gov.so/wp-content/uploads/2024/03/National-disability-report.pdf) <https://nbs.gov.so/wp-content/uploads/2024/03/National-disability-report.pdf>

## PLAN OF ACTION

Given this backdrop, there is a need to bridge the identified protection gaps. IOM Somalia has the capacity to make these interventions leveraging on its global expertise on protection, its extensive presence across Somalia, its multi-sectoral approach and its contextual knowledge of Somalia over the past 18 years.

IOM intends to scale-up its protection interventions in Somalia by moving from Protection Mainstreaming and Integration to specialized protection programming. This will help to bridge the protection gaps noted and ensure the integrity, safety and dignity of the affected populations in Somalia. The following are the areas which IOM intends to expand upon so as to address the protection gaps.



## Protection Centers

The first step towards addressing the protection gaps is to increase the number of IOM protection centers both in and out of camp settings.

The Protection unit has six protection centers spread across the country, but these are insufficient considering that the camp structures in Somalia are dispersed and protection needs vast. Availability of more protection centers increases the affected beneficiaries' access to specialized protection services that are currently lacking in these locations.

The protection centers will have the comparative advantage of tapping into IOM's multi-sectoral response and programme units spanning across the HPDN spectrum. This bridges the gaps currently being experienced in referral pathways.

## Protection Case Management

Through additional protection centers, IOM can expand on its Protection Case Management (PCM) efforts. IOM Protection will be able to receive and respond to more GBV and CP cases. IOM already has dedicated case management and case worker staff.

## GBV

IOM possesses technical expertise and capacity to bridge the GBV gaps in Somalia through implementation of GBV Prevention and Response programmes guided by the IOM GBViC framework launched in Somalia in 2023.

The GBV programming will target outside camp settings where there is a reduced presence of GBV prevention and response services. This will be leveraged by IOM's extensive footprint across Somalia.

## Child Protection (CP)

This is one of the protection areas which the IOM intends to implement in the protection centers. This is based on the number of children IOM assists every year. These children will have additional protection concerns which require assistance. Currently, IOM has played an active role in mainstreaming and integrating CP in its operations.

This is important to ensure that none of the IOM operations and personnel expose children to any further harm. However, in addition to this, IOM intends to expand on specialized CP services such as CP case management.

## Mental Health and Psycho-Social Support (MHPSS)

To protect and promote the mental health and psychosocial wellbeing of affected populations, IOM will leverage on IOM's expertise both within Somalia and at global level. IOM Somalia has staff dedicated to MHPSS and is in a position to bridge the MHPSS gaps noted in the protection assessments in both in-camp and outside camp settings.

Multi-layered MHPSS services will be provided at the IOM protection centers, as well as through a network of POWs equipped with basic MHPSS skills and the community-based protection structures established across the country.

Together these elements can enhance natural support systems at the community and family level, for example through socio-relational, creative and arts-based activities, and they can provide focused support including counselling to those in need.

Building on IOM Somalia's experience with integrating MHPSS into Self Help Groups, the Protection team can provide integrated MHPSS-livelihoods activities which provide better and more sustained outcomes in both areas. Self Help Groups are groups of community members who volunteer to address MHPSS cases identified in their respective communities.

## Disability Inclusion (DI)

DI is an area which IOM has expertise globally since 2018 and Somalia is one of the 25 countries in which IOM is implementing disability inclusion programming. Going forward, IOM intends to expand on its disability inclusion interventions in Somalia.

Using the Twin Track Approach, IOM intends to upscale its interventions on disability inclusion to reduce the exclusion of persons with disabilities in humanitarian response.

The approach will encompass mainstreaming DI across the operations of IOM and providing targeted support to persons with disabilities in Somalia. In particular, IOM intends to increase meaningful participation, empower persons with disabilities, analyze and remove barriers as well as disaggregate data for monitoring inclusion.

Leveraging on its existing partnership with the NDA, the Protection unit would like to work closely with Organizations of Persons with Disabilities (OPDs) in Somalia and support them to strengthen their own capacities as humanitarian organizations.

IOM intends to support persons with disabilities with assistive devices, literacy and vocational skills in order to build their resilience and reduce their vulnerability to protection risks. This will be done in close collaboration with government line ministries, health actors and NGOs with expertise on DI.

### Community Based Protection Structures

IOM has established Community Protection Committees (CPCs). These structures are equipped with basic protection skills on GBV, MHPSS, PSEA, DI. This helps to raise awareness, empower them with capacity to respond to any protection risks and violations.

More of these community-based structures are needed as indicated in the HRP of 2024. The structures are more needed in those areas prone to climatic disasters and areas affected by the ATMIS draw down.



The protection team measuring accessibility at Kismayo CTG office, July 2024 © IOM 2023/Hafso Suleyman



Cleaning campaign in Kismayo, June 2024. © IOM 2024/Fartuun Aadan Salad

## IN SUMMARY

IOM's Protection programming aims to reduce risks for affected populations and enhance their resilience - ultimately fostering, safe and inclusive communities. Our protection programming strives to make Somali communities safer for returnees, lessen the chances of further displacement and increase the likelihood of returns to communities following forced displacement.

Achieving this level of safety and dignity in communities requires access to services, capacity building, empowerment opportunities and specialized protection information. These factors contribute to creating strong social networks and positive coping mechanisms for vulnerable individuals and affected populations.

By leveraging IOM Somalia's protection programming as part of a broader multi-sectoral humanitarian approach, communities can better achieve these goals, and transition from merely surviving to thriving.

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