

# SOMALIA

GBV Brief

JULY - SEPTEMBER 2024



# Introduction

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In the third quarter of 2024, Somalia experienced a rise in displacements due to inter-clan/community and armed conflicts. Disputes over access to water points and grazing land in Galdogob and Jariiban districts of Mudug region, Adado (Galgaduud region), and Luuq (Gedo region), heightened the risk of GBV risks and exposure. As a result, 4,341 households (26,046 people) were forced to flee, relocating to 22 different locations across parts of Galdogob, Jariiban, and Gaalkacyo districts in Mudug region<sup>1</sup>. Many displaced populations sought refuge in areas of Puntland, including Towfiq, Xingaras, Cawsacado, Xero Jalle, Dalsan, Jicboor, Galdogob town, Biyo Cado, Axmed Khyr and Jiingada. In Galmudug state, places such as Afbarwaaqo, Qoryowayn,

Bandarshikh, Saaxaqurun, Hasasaale, Gowlalo, Qaydartunte, Sadax-higlo, Ceelaqwan, Bandiradley and Dagaari<sup>2</sup> also experienced an influx of displaced persons. According to a UNICEF humanitarian report of July 2024, an estimated 42,000 people were displaced due to inter-clan conflict in the Luuq area of the Gedo region. The majority of the displaced were women, children, and the elderly. Also, the disruption of livelihoods and increasing food insecurity compelled many poor families, especially female-headed households to take loans and resort to child marriage as coping mechanisms. This led to the continued practice of Female Genital Mutilation to improve marriage prospects for their daughters or female children.

# GBV Risks and Exposure

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Women and girls living in IDP camps face heightened risks of GBV due to several factors, including open defecation, the need to collect firewood and inadequate shelter infrastructure. The distance to markets further compromises their privacy, protection, and safety. Findings from multi-cluster and GBV-specific assessments revealed that lack of proper lighting and overcrowded living conditions in IDP camps significantly increased the risk of GBV. Shared facilities, such as water

points and latrines, also created environments where women and girls were at greater risk, particularly during peak usage times when visibility and security were limited. A GBV assessment by Marginalized Inclusion Network in Baidoa indicated that 50%-70% of female respondents felt unsafe around latrines, while other identified risks for women and girls included - pathways to water points (40-45%), markets (20-30%) and Shelters (20%).<sup>3</sup>

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<sup>1</sup>Inter-agency Assessment on Inter-clan conflict in Galdogob and Jariiban Districts Mudug region July 2024

<sup>2</sup>Ibid pg 2

<sup>3</sup>Marginalized Inclusion Network; Comprehensive GBV Assessment Report, Aug, 2024.

An IOM assessment report that factors such lack of security personnel, well-lit areas, crowded and disorganized nature of camps; absence of separate bathing and latrine facilities in IDP camps, poorly defined walkways increase the likelihood of GBV incidents such as sexual harassment and abuse. The report attributed poor reporting of Sexual

Exploitation and Abuse (SEA) incidents to ignorance of the existence of PSEA task forces and existing community reporting mechanisms<sup>4</sup>. The IOM assessment further indicated long distances to access markets and health facilities; and the lack of shelters for survivors of GBV as key factors that were likely to increase the occurrence of GBV.

## Gaps and Needs

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Report that informed this brief indicate that the priority needs for the affected population included psychosocial support, transitional shelters for GBV survivors and the activation of area-based coordination sites to improve the quality of GBV specialized services. Women and girls in IDP camps faced significant barriers in accessing GBV and health facilities, which exacerbated their traumatic experiences and delayed their recovery. Cultural stigma and fear of retaliation posed additional challenges to reporting GBV incidents, leaving the survivors without the support they needed. The absence of limited confidential safe, accessible reporting mechanisms within IDP camps further discouraged women and girls from seeking help, perpetuating the cycle of violence and impunity.



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<sup>4</sup>IOM Protection Risk Assessment, Garowe, Puntland

# Access to Justice

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While the MIN report contextualized the type of violence with locations where the assessments were undertaken; it further revealed that survivors preferred using the Xeer (traditional) system of justice (48%), while only 21% believed that the formal justice system was a better alternative. Similarly, the Alternative Dispute Resolution / Mediation was perceived to be less effective (20%)<sup>5</sup>

Despite significant progress in the last decade regarding access to justice, substantial gaps still exist, particularly affecting the population

of Somalia, especially women. Female justice seekers, especially survivors of GBV, often have limited or no meaningful options for redress. Many survivors have limited awareness of their rights and how to exercise and protect them. This lack of awareness stems from multiple, intersecting factors with illiteracy being a primary barrier, as many survivors struggle to access reliable legal information.



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<sup>5</sup>Ibid pg 9

# Current Action by the GBV AoR Partners

During the reporting period, the GBV AoR partners received funding from the Somalia Humanitarian Fund (SHF) to implement activities across four districts: Kismayo, Wajid, Baidoa Rural, and Galkayo. Through the efforts of 40 GBV organizations, 50,825 beneficiaries were reached with first and second onset service packages. These included services, such as case management, psychosocial support, Clinical Management of Rape (CMR), provision of dignity kits, and legal assistance. Partners prioritized high-risk areas affected by

inter-clan conflicts and displacement, ensuring that vulnerable populations, particularly women and girls, received timely and comprehensive support. The coordinated response also involved capacity-building initiatives aimed at strengthening local mechanisms to prevent and respond to GBV. GBV AoR partners also conducted awareness campaigns aimed at educating communities about GBV risks and available services. Additionally, collaboration with other clusters was enhanced to improve access to GBV prevention and mitigation efforts.

## Recommendations

- GBV AoR and PSEA task forces to advocate for the implementation of confidential and accessible reporting channels for survivors of GBV.
- GBV AoR to advocate with the CCCM and Shelter clusters for improved lighting in public areas, and create accessible paths to facilities such as latrines, to improve safety for women and girls.
- Need for the GBV AoR to work with humanitarian actors to accelerate action advocacy to end harmful traditional practices (HTPs).
- The GBV AoR to sustain collaboration and advocacy with PSEA coordinator and task forces in specific locations to implement safe, confidential, and accessible reporting mechanisms for SEA.
- The GBV AoR and Protection Cluster partners to implement structured sessions/outreaches on GBV prevention and provide training on responding to protection risks.
- Accelerate the implementation of the Area-Based Coordination mechanism for GBV coordination.
- Strengthen collaboration among GBV AoR and other cluster partners to generate gender and age disaggregated data on the impact of inter clan conflict displacements on women and girls (including PWLDs and female headed households) for improved response.

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