

SOMALIA

GBV Brief

JANUARY - JULY 2024



Introduction

The dawn of the year 2024, marked by the advent of El Nino floods and increased advocacy for better funding and human resource investment in GBV coordination and service provision, ensured that discourses on GBV mitigation and response continued to occupy a significant space in Somalia's humanitarian response during the first and second quarters of 2024.

Amidst multiple displacements, harsh living conditions, and overcrowding in IDP sites, women and girls are facing heightened risks of GBV. Unsafe travel to services, markets, and schools, coupled with declining family incomes and persistent food

insecurity, further exacerbate their vulnerability. These circumstances continue to expose them to rape, intimate partner violence (IPV), sexual abuse, and exploitation. The GBVIMS 2024 first-quarter report recorded rape at 14% and IPV at 40%, compared to 21% for rape and 37% for IPV in the first quarter of 2023. This reflects a 7% decrease in rape and a 3% increase in IPV. The second-quarter report of GBVIMS 2024 showed rape at 10% and IPV at 48%, compared to 15% for rape and 52% for IPV in the same quarter of 2023. This indicates a 5% decline in reported rape cases and a 4% decrease in IPV.

GBV Risks and Exposure

In the districts of Cabudwaaq, Xerale, and Cadaado in the Galgaduud region, as well as in IDP sites in South Gaalkacyo and Waajid district of Bakool region, multiple displacements have contributed to immense suffering for women and adolescent girls. A recent multi-cluster assessment in Galmudug reported that women and children are increasingly exposed to protection-related risks due to limited or lack of secure shelter and essential services. Some of the practices that expose them to protection risks include open defecation and the collection of firewood from distant places in all nine villages¹.

Findings from an interagency rapid needs assessment in three IDP sites, namely Xarardheere, Camp Bari, and Xeebeed, revealed that due to the destruction of shelters and health facilities, 90

percent of pregnant and lactating women (PLWs) lacked access to essential health services. It further noted that the lack of proper shelter materials, exposure to harsh weather conditions, and limited privacy and security worsen GBV exposure and risks for women and girls². In the last quarter of 2023, flood-induced displacement in Gaalkacyo predisposed women and girls to relocate to IDP camps with poor lighting and weak shelters, leading to increased fear of GBV, especially at night³. Additionally, the lack of adequate Water, Sanitation, and Hygiene (WASH) infrastructure in remote locations and newly liberated areas further increases the risk of GBV exposure for women and girls.

¹Final report: Joint Rapid Assessment Mission, Caabudwaaq and Xerale, Galgaduud region. 15th June 2024

²Inter-agency rapid need assessment on conflict displaced families in Cadaado district - 20-21 March 2024

³Inter-agency flood rapid assessment in IDP sites in South Gaalkacyo, district (22-23 October 2023)

AMARD's assessment in Al Amin camp, Waajid, indicates that travel to collect firewood or to earn income to meet the family's basic needs are major risks contributing to the insecurity of women and to incidents of GBV. The findings show that 58% of respondents reported incidents of IPV, 49% physical assault, 40% sexual abuse, 11% rape, and 34% attempted rape. Early marriage was identified as a major coping mechanism at 81%⁴.

Female-headed households, widows, and both married and unmarried adolescents are particularly impacted by food insecurity, as they often take on roles as primary or co-primary breadwinners for

their families. Anecdotal reports from focus group discussions indicate that sexual exploitation is becoming more common, particularly for women working as domestic workers⁵. The lack of basic hygiene materials was widespread as food-insecure IDP families prioritize sustenance over hygiene, compelling women and girls to resort to unhygienic and unorthodox means to meet their hygiene needs. Pregnant and lactating women were particularly at risk of malnourishment due to limited access to health services. Driven by desperation, food-insecure families were more likely to seek marriages for their underaged female children.

Current Action by the GBV AoR Partners

The GBV AoR partners provided comprehensive support to survivors and communities affected by GBV. Their interventions included cash assistance, specialized case management, safe spaces offering psychosocial support and skills training, legal aid, medical care for survivors of sexual violence, and awareness-raising activities on GBV prevention and response.

In addition, the AoR leadership provided mentoring and training to enhance the capacity of coordinators, aiming to improve service quality and reduce duplication of efforts. The GBV AoR also supported the mapping of GBV facilities and services, the updating and dissemination of referral pathways, and coordinated with key sectors to improve GBV












mitigation actions. These efforts were designed to ensure a more effective, cohesive response to the ongoing challenges faced by survivors and vulnerable communities.

⁴Wajid SGBV Rapid Assessment Report, May 2024

⁵Focused group discussion of the GBVAoR partners on the development of the GBV AOR Strategy - June 2024

Progress so far – Activity/Fund Gap Analysis

	Activity	% Gap	% Reached
	Provision of Unconditional Cash/voucher assistance support as mitigation for GBV	91%	9%
	Provision of specialized case management services for survivors of GBV.	76%	24%
	Provision of recreational, livelihoods training and skills-building activities and primary psychological support first aid through women and girls' safe spaces.	77%	23%
	Provision of psycho-social support services for vulnerable individuals including GBV Survivors.	39%	61%
	Provision of legal aid services and information for GBV survivors	95%	5%
	Provision of dignity and other protection materials to vulnerable women and girls of reproductive age	89%	11%
	Provision of clinical management of rape services for survivors of GBV including medical treatment for IPV.	89%	11%
	Capacity-building activities for national actors and cluster field coordinators on GBV mitigation, coordination and response strategies	87%	13%
	Awareness raising and outreach activities on service availability, prevention and mitigation of GBV	65%	35%

Recommendations

- **Improved funding** to meet the immediate needs for GBV specialized services such as clinical management of rape, case management for GBV, distribution of dignity kits and MHM (menstrual hygiene management) supplies, cash support for basic needs, and referrals to health facilities.
- **Enhanced inter-cluster coordination** to integrate GBV concerns into the programming and plans of key clusters such as food, nutrition, health, and education.
- **Improved collection and utilization** of GBVIMS and other data sources for GBV programming

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