

SOMALIA

GBViE Brief

APRIL - JUNE 2022



Context

Sexual abuse and exploitation, rape and Intimate Partner Violence (IPV) are continuously increasing amidst the prevailing drought, especially in Bakool, Bay, Banadir, Galgaduud, Gedo, Hiraan, Lower Juba, Middle Juba, Mudug, Nugaal, Sool and Togdheer regions of Somalia and Somaliland. The less than average GU rainfalls in the second quarter of 2022, has resulted in crops failure and the death of livestock, severely impacting household income. Subsequently, this affects the ability of heads of households, typically male, to fulfil traditional responsibilities of primary provision for families, and increases the burden of providing economic support by women and adolescent girls, in addition to their existing care-taking responsibilities. Female subsistence farmers are similarly affected by loss of crops and failed harvests. Nomadic communities are compelled or forced to travel long distances in search of fodder for livestock, oftentimes leaving behind their spouses to cater for family needs. This increases the vulnerability of

female headed households, including widows, women from minority clans and those living with disabilities, as they struggle to cope with rising food prices, water scarcity, discriminatory social cultural norms and practices that endanger the lives of women and girls and compromise their wellbeing, status, personal security, and health. In 2021, the population of Somalia was estimated to around 15.7 million, out of which 3.9 million were women of reproductive age. Some 982,000 were estimated to be pregnant, out of which 147,243 would give birth in the coming nine months. This also includes around 78,530 women and girls possibly subjected to Sexual and Gender-Based Violence (GBV) incidents.

“While the responsibilities on women are growing, we are still regarded as second-class citizens when it comes to decision-making within the family.”

A GBV AoR partner- 2022

A GBV rapid assessment undertaken by AMARD¹ in Al Amin, Towfiig, Tawakal and Elno Internally Displaced People (IDP) camps in FMS states, noted that 13 per cent of the respondents who indicated that they felt less safe are new IDPs. The reasons provided for feeling unsafe were makeshift shelters and lack of lockable toilets. Female headed households and adolescent girls reported feeling less safe within their shelters and while travelling on long and empty routes to schools and markets. A significant finding in the assessment was a correlation

between FGM and IPV: incidences of IPV seemed to occur because of family arguments and disagreements over the mutilation of female children. This finding implies that families in Somalia are starting to internalize the FGM abandonment. While this finding suggests a positive change, the persistent high levels of reported FGM in Somalia may also signify a desire by families to rid them of the responsibility of nurturing their female children and instead marry them off to ensure economic security for the family and the female children.



¹GBV Rapid assessment report, AMARD, April 2022

The report further indicated that 38 per cent of the respondents' reported experiences of IPV; 20 per cent of FGM and Sexual harassment; 15 per cent of rape; and 7 per cent of sexual exploitation. Sexual violence committed outside of the households were attributed to men taking drugs/khat; armed groups around the sites and poor lightning in the camps at night. A total of 16 per cent of the respondents indicated that GBV service sites were open and could be assessed seven days a week, while 38 per cent indicated that the services were open five days a week. The remainder of the respondents noted that NGOs visited only twice or once a week to provide services. A total of 89 per cent of the respondents informed that service centers providing treatment for rape were located 2-5 kilometers away from IDP camps.² As a result, survivors of rape may find it difficult to access the services needed to recover and prevent STIs or unwanted pregnancy.

GBV risks and Exposure:

Women and girls are exposed to sexual violence and IPV, as they seek casual work alternatives to support household income. A lack of sanitary items to protect dignity is affecting women's mobility and access to markets and health facilities, while adolescent girls are missing out on school. Young girls are dropping out

“It appears to me that another cause of increasing FGM during the period of drought is linked to ensuring food security for poor families. Early marriages may be linked directly to the means of escaping poverty for some families.

A GBV AoR partner- 2022

²Opcit

of school to get married or support their families by street hawking, i.e., selling various items along streets, to reduce family poverty levels. In such situations of hopelessness and dire poverty, women and adolescent girls may be coerced into exchanging sex for food. A joint CP/GBV rapid assessment conducted in 21 IDP camps in South West State between April and May 2022, found that other major risks of GBV, rape, sexual harassment and abuse were when women and adolescent girls travel to GBV service sites and health facilities.³

Actions taken by GBV partners:

The GBV sub-cluster is leading advocacy to sustain and improve coordination and service provision for affected women and girls by ensuring routine updating and dissemination of referral pathways in locations impacted by drought. Support is provided to GBV partners within these locations to distribute dignity and menstrual hygiene kits and solar lanterns to improve dignity protection for women and girls. GBV partners are providing cash assistance through specialized case management and reaching vulnerable populations of women and girls with first aid, psychosocial counselling, and support. GBV one-stop-centers and health facilities within these locations are equipped with Kit 3 rape kits to improve the provision of rape services and prioritizing the use of GBV mobile teams to reach the hard-to-reach areas affected by drought.



³GBV/CP rapid assessment – South West State April – May 2022

Challenges and gaps:

Contextual challenges limiting access, limited GBV service providers, and an increasing landscape of needs due to multiple displacements caused by the drought, continue to challenge service provision. The most significant challenge is the scarcity of funds, as indicated by the gaps analysis undertaken by the GBV AoR in the second quarter of 2022. Most of the measured indicators showed an average of 80 per cent gap across all indicators of the HRP 2022. Out of the 1.5 million targeted population proposed to be reached with humanitarian assistance, only 190,100 persons have been reached so far.

Despite the decrease in funding for GBV support within the Somalia response, the GBV sub-cluster is managing their efforts to promote GBV mitigation among the key clusters that are receiving priority attention in the drought response to ensure that GBV is mitigated.

A GBV AoR partner- 2022

Promoting effective coordination in the context of increasing drought

Improving GBV coordination is a priority in the context of severe drought to ensure quality service provision and survivor centered service delivery that meets the

needs of and respects the rights and choice of the survivor, in addition to the support being enhanced and sustained. The scarcity of funding is persisting for GBV coordination

and programming, as GBV continues to be understood as non-life threatening. The GBV sub-cluster coordination in Somalia takes advantage of every opportunity to demonstrate that incidences of GBV continue to increase and how de-prioritization of meeting the needs of displaced populations in Somalia is a

major dis-service to those in need. It is of great importance that the GBV sub-cluster continues to leverage support for GBV integration across the key clusters of humanitarian response in Somalia for integration of GBV concerns to prevent and mitigate its impact.

Critical areas of needs as drought preservers for vulnerable women and girls, including GBV survivors include

- Routine update and dissemination of referral pathways in drought locations.
- Sustain the provision of clinical management of rape, psycho-social counselling/support and case management for GBV survivors.
- Sustain provision of dignity and menstrual hygiene kits.
- Mobile clinics to deliver GBV/SRH integrated services in locations where there are no services in place.
- Remote support to coordination platforms to continuously monitor to ensure that standards of GBV service provision are implemented.
- Advocacy to clusters and action to integrate GBV concerns in response initiatives.



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