Overview

Intimate partner violence, sexual assault and abuse are on the rise, as drought conditions worsen in regions and states across Somalia, including Gedo, Lower Juba, Southwest State and Banadir, and Somaliland, including Maroodijeex, Togdheer, Awdal, and Sanaag. This situation is expected to deteriorate further, as Somalia and Somaliland face the risk of a fourth consecutive failed rainy season in early 2022, following a complete lack of rains between October and December in 2021. The failed rains in 2021, the Gu and Deyr seasons, led to crop failure and widespread loss of livestock, reaching 40 - 60 per cent in some areas. This caused a decline in milk production, poor harvest, and severe water shortages, subsequently resulting in a rise in cost of basic staple food, such as cereal. In addition, livestock prices have declined, and livelihoods eroded, resulting in reduced purchasing power. Data from the Gender-Based Violence (GBV) Information Management System 2021 revealed an increase in the number of sexual violence incidences of about 7 per cent. Simultaneously, access to GBV services has been severely hampered due to widespread displacement ultimately triggered by the drought.
The Protection and Return Monitoring Network (PRMN) has recorded a growing number of displacements due to the ongoing drought and increased insecurity in Bay, Gedo, and Middle Juba regions. Since the beginning of January 2022, an estimated 297 households (1,782 individuals) in Kurman, Ban-dhub, Deg-Gumur, Bulo-Adey, Raaxole-yarey, Ganugey, Bilile, Ban-Yal, Bedey and Bulo-Fur have been displaced to Diinsoor.1 The majority of newly displaced individuals are children, elderly and women, including pregnant and lactating mothers. The Jubaland Ministry of Energy and Water Resources estimate that about 130,000 people need water. 2 Some 163,500, or 23 per cent, of the population in Gedo and some 362,500, around 32 per cent of the population in Lower Juba are affected by the drought.2 Livestock migration and increased competition among pastoralists for diminished resources are opportunities for conflict and may result in increased GBV concerns and protection issues for impoverished women and girls. Community protection systems in outlying and hard-to-reach areas have collapsed. In Southwest State, more than 1,455 households, approximately 8,730 individuals, have arrived in Baioda and are housed in existing settlements for Internally Displaced People (IDP), while 295 households were reported to have reached Hudur district, Bakool region. Most areas affected by the drought are in Southwest State, including Elberde, Dinsor, Qansaxdheere, Hudur, Wajid and Rabdure.3

**GBV risks and exposure**

Women and children represent a high portion of those affected by droughts and displacements. Children are severely malnourished and may be at risk of dying without immediate treatment. As families lose their livelihoods, suffer hunger and food insecurity, the vulnerability of women and girls to the risks of sexual abuse and exploitation increase as they struggle to access schools, health facilities, distribution centres and GBV service sites. Reports of rape and IPV, due to lack of shelter and privacy in crowded IDP settlements and distance to water points are emerging and increasing. Child marriage has become a negative coping mechanism for families to escape poverty, exposing the girl child to risk of physical and sexual abuse, poor nutrition, and increased chance of maternal neonatal death.

PMWDO conducted focused group discussion with individuals from the targeted IDP settlements, revealing an increase in domestic violence. The most referred to reason for the increase was lack of employment or casual jobs where families depend on male heads of household for family provision. Many of the households have reduced their meals as a coping strategy to cope with the drought. Overall, female headed households were among those most affected.

A joint GBV/CP assessment in Baligubadle, Salaxley, Sawanaag, and Faroweyne districts of Maroodijeex; Oodweyne, Buhoodle, and Burco districts in Togdheer; Lughaya, and Saylac districts in Awdal; Ceel-Afweyn, and Badhan districts of Sanaag, as well as Xudun and Laascanood districts in Sool; indicate that 31 per cent of the respondents (approximately three in every 10 households reported that they were unable to collect enough water to meet their needs, while 30 per cent of the surveyed households were unable to access enough food to feed their children. Some 26.3 per cent and 19.9 per cent of the respondents reported increases in domestic violence and rape, respectively. The violations and abuses are reportedly higher in Togdheer (29.43 per cent) compared with in Maroodijeex (26.04 per cent), and Sanaag (16.95 per cent). Some 66.4 per cent of all respondents reported poor availability of GBV services.4

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1 PRM Flash Alert – 30th January 2022
2 GBVIMS Report 2021
3 GBV reference group report, February 2022
4 Report from SWS GBV working group, February 2022
5 GBV/CP Rapid assessment on the impact of drought in Somaliland
GBViE Brief – January to March 2022

What GBV actors are doing

GBV actors are providing services through existing GBV sites and adapting to changes as possible within the funding available for programming. Ongoing services include:

i. Distribution of dignity kits to vulnerable women and girls, including GBV survivors and the dissemination of referral pathways.

ii. Community mobilization and education sessions on GBV prevention, mitigation, and response.

iii. Provision of psychosocial counselling and support to women and girls.

iv. Taking referrals and providing first-aid counselling through hotlines in locations affected.

v. Women and girls’ safe spaces provide safe recreational spaces to build new friendships, share experience and acquire skills, including tailoring, Henna, traditional perfume making and tye dye.

Minimum package for GBV response

1. Clinical management of rape- Survivors of sexual assault, including survivors of rape, require an immediate medical response to heal injuries, administer medication to prevent or treat infections.

2. Psychosocial Support and Case Management for GBV- Many survivors experience long-lasting psychological and social effects because of GBV. It is necessary to make available quality, safe and confidential case management, psychosocial counselling services and referrals with a survivors-centered approach.

3. Dignity Kits and Menstrual Hygiene Kits - In times of crisis, women and girls need basic items to interact comfortably in public and maintain their personal hygiene, particularly their menstrual hygiene. Without access to culturally appropriate clothing and hygiene items, the mobility of women and girls is restricted and ultimately their health is compromised.

4. Cash & Voucher Assistance Support - When women and adolescent girls have access to economic resources, they can ensure that the basic needs of themselves and their families are met. It also widens women’s overall choices.
Challenges and Gaps

a) Limited availability of specialized services, such as treatment for survivors of rape, psychosocial support, and higher levels of mental health care for traumatized women and girls in districts, such as Southwest Somalia, Dinsor, Buurhakaba, Berdale and Qansahdhrere.

b) Limited number of specialized services providers and the inability of these organizations to respond to the overwhelming needs of the population.

c) The barriers to referral as presented by the demands for a first report of the case to the police. When a GBV case is identified, the police may ask partners to get a police report before referrals to health facilities. However, some survivors may not want to take such routes. Survivor centered case management prescribes that service providers must obtain consent from the survivors for any actions taken in the process of service provision.

d) Limited women girl safe space services in Hirshabelle and Southwest State.

e) Most of the IDPs in North Galkacyo have limited or no access to latrines, leading to increased protection concerns.

f) Poor and inadequate lighting in IDP settlements is a major GBV risk.

g) Pep Kits for delivering clinical management of rape continues to be inadequate across

Immediate Action Needed

i. Increased provision of basic hygiene material that would help improve the dignity and personal protection of women and girls in IDP camps.

ii. Flexible cash assistance to meet immediate food and other basic survival needs.

iii. Rape kits and available CMR actors to provide rape services.

iv. Safe shelters to reduce the risks of GBV for women and girls.

v. Training for the Police in several locations on the provision of survivor centred services.

vi. Installation of solar lights in IDP camps to prevent GBV.

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