



Minimum Package for GBV Response

Somalia | February 2022

Context

Gender-Based Violence (GBV) is a life-threatening global health and human rights issue. International Humanitarian Law (IHL) establishes protections of civilians, including women and children, during times of conflict. GBV violates both IHL and principles of gender equality.

The 2022 Somalia Humanitarian Response Plan (HRP) for GBV Area of Responsibility (AoR) had estimated 2.3 million people to be in need of GBV programs and services across Somalia in 2022. The estimate of Persons In Need (PIN) increased by 51 per cent, compared with 1.7 million PIN in 2021. However, in the first months of 2022, the numbers surged and the reality on the ground indicate that an additional 4.2 million people in Somalia will be needing support in 2022. This increase is due to worsening drought conditions, floods, sacking of villages by armed actors and return of refugees. Increasing incidences of GBV is due to multiple displacements; exposure to GBV risks due to overcrowding in camps; long distances for water/firewood collection; lack of latrines and other sanitary facilities; and adequate lighting in camps. Increasing food insecurity has similarly led to sexual exploitation and abuse of women and adolescent girls.

The GBV AoR has developed a Minimum component for Life Saving Gender-Based Violence for Mitigation and Response in Emergencies. The Minimum components is based on international best practice and, while primarily intended for the GBV AoR partners, may also be used as a resource to guide other agencies' efforts to address GBV in emergencies. The minimum components are four: (1) Clinical Management of Rape (CMR), Psychosocial Support (PS) and Case management for GBV; (2) cash voucher assistance; (3) procurement and distribution of dignity and menstrual hygiene kits; and (4) update and dissemination of referral pathways for improved access to services within locations of displacement sites.

Component 1

Clinical Management of Rape (CMR)

Survivors of sexual assault, including survivors of rape, require an immediate medical response to heal injuries, administer medication to prevent or treat infections, and prevent unwanted pregnancies (where local laws allow). While treatment within 72 hours is preferable, particularly to administer post-exposure prophylaxis (PEP) for HIV, survivors may present themselves much later than 72 hours and still require treatment. It is pivotal that clinical care for rape survivors be made available from the earliest onset of an emergency. The GBV AoR prioritizes the procurement of rape kits, orientation, and mobilization of CMR actors to provide services in line with the survivor centered approach.



Component 2

Psychosocial Support and Case Management for GBV

While the recovery from having been subjected to GBV vary, many survivors experience long-lasting psychological and social effects as a result. To ensure that survivors of GBV recover adequately, it is necessary to make available quality, safe and confidential case management, psychosocial counselling services and referrals with a survivors-centered approach. These services should similarly include positive coping mechanisms, such as drawing on family, friends, and community members. These services can be delivered as one-on-one counselling sessions.



Component 3

Dignity Kits and Menstrual Hygiene Kits

Women and girls in Somalia who have experienced multiple displacements are constantly moving in search of new homes. 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. Maintaining dignity in crisis is a vital component to ensure that women and adolescent girls have a sense of personal security, confidence, and self-esteem to continue to seek opportunities of education and better livelihoods. By providing much-needed supplies in dignity kits, women and adolescent girls are able to use their limited financial resources to meet other needs to improve their well-being and personal empowerment.



Component 4

Cash & Voucher Assistance Support

Supporting access to economic resources for women and adolescent girls is an effective measure to enhance resilience, reduce vulnerability and mitigate the risk of GBV in emergency contexts. 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. Discreet, dignifying, and flexible cash and voucher assistance for vulnerable women and girls in Somalia have contributed to strengthening women's and adolescent girls' resilience and exposure to GBV, and enabled them to prevent the occurrence of GBV. These services similarly improves autonomy and reduce frictions within families.¹



¹Learning Brief- Direct Cash Assistance and GBV Mitigation; UNFPA Somalia 2021



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