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GBV RAPID ASSESMENT

BELET HAWA DISTRICT, GEDO REGION, SOMALIA

16th-17th March 2020



Acknowledgement

This assessment was conducted by Gedo GBV Reference Group (GBVRG) led by SEDHURO and Trocaire with technical support from UNFPA.

Photo: Dollow IDP camp, Trocaire, file

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Map of Belet Hawa District

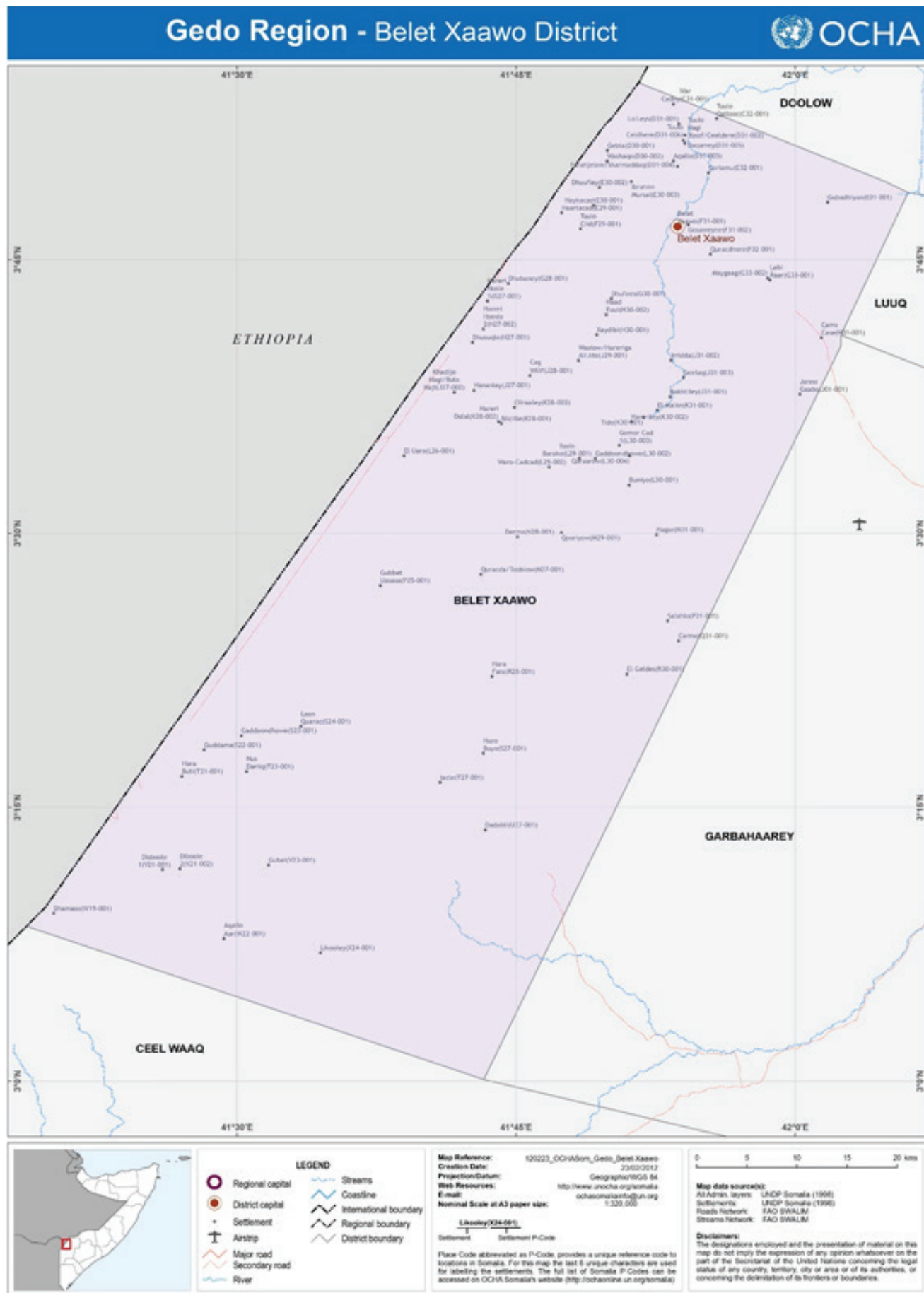


Figure 1 UN Office for the Coordination of Humanitarian Affairs(2012) Somalia Reference Map - Belet Xaawo District (22 Feb 2012)

Abbreviations

IDP	Internally Displaced People
IPV	Intimate partner violence
PwD	Persons with disabilities
SGBV	Sexual gender-based violence
GBVRG	GBV Reference Group
GBVIE	Gender Based Violence in Emergencies

Executive Summary

“As I know, rape survivors don’t seek help as they feel unacceptable in the community”

IDP woman, Belet Hawa district, Individual Interview

The rapid assessment findings majorly point to heightened GBV risks for displaced women and girls in Belet Hawa districts who are currently living in makeshift shelters and have no adequate food, water and sanitation services. The major GBV risks cited by respondents is the threat of sexual violence. Health services for GBV services is only available in Belet Hawa town which is distant from the IDP locations where the recently displaced population live. Major gaps in GBV services includes lack of safe house and security services where safety facilities are cited as being available.

Recommendations includes the following:

- Humanitarian actors accelerate response to basic services and needs that predispose women to GBV risks such as safe shelters, water;
- Sanitation facilities that are proximal, gender segregated and designed to reduce risks of violence for women and girls;
- Access to health GBV responses need to be improved through increased community awareness of existing services and referral transportation provision.
- Provisions of items to enhance safety such as portable solar lamps will reduce risks of violence against women and girls.

Introduction

Following a standoff since February 2020, conflict that broke out on 3rd March 2020 in Belet Hawa town, Gedo region of Somalia resulted in mass displacement of civilians who fled the heavy fighting. The armed clashes that ensued in Belet Hawa, a town which borders Kenya resulted in displacement of an estimated 56,000 people according to the United Nations.¹ Majority of whom fled to nearby villages, uninhabited bush areas and IDP in the outskirts of the town, according to an interagency assessment, these population is approximately 3183 households (19,116 people) who were displaced within Belet Hawa district. Other sections of the affected populations fled to Dollow and Luuq districts in Gedo region some settling with host communities while others putting up makeshift shelters in camps.

Gender based violence (GBV) is usually exacerbated in emergency situations such as conflict due to the breakdown family and social protection networks, stress and family separation. Gedo GBV Reference Group with support from UNFPA undertook a rapid assessment of in GEDO to understand how women and girls were affected by the situation and emerging gaps in protection of women and girls.

Rapid Assessment Objectives

The overall objective of the rapid assessment was to obtain information on the situation of women and girls particularly on their exposure to GBV risks and the specific needs they have following the recent humanitarian situation in Belet Hawa district. The findings from the assessment will guide GBV response to the crisis with a goal of ensuring quality and accessible GBV services.

Specific objectives

1. To assess the safety of women and girls and main GBV risks they faced during and after the crisis.
2. To map out existing GBV services and community's awareness and perception of the services.
3. To provide specific recommendations to humanitarian actors on ways to address gaps in response services, improve on quality of response services and mitigate GBV risks.

¹UN Resident and Humanitarian Coordinator for Somalia (2020) Humanitarian Coordinator Urges Protection of Civilians as Clashes Displace an Estimated 56,000 people in Jubaland State, Somalia [EN/SO] available at <https://reliefweb.int/report/somalia/humanitarian-coordinator-urges-protection-civilians-clashes-displace-estimated-56000>

Methodology

The assessment was conducted using a Rapid Assessment Tool – for GBV (culled from the UNICEF Module for Rapid Assessment for GBVIE). Individual interviews including on service mapping was conducted in 4 locations in Belet Hawa districts where the displaced population had fled to. Individual interviews were selected to ensure safety of women. The locations covered in this assessment include Oda, Gawido, Malkariyey and Najax. Some IDPs were accommodated in a school and received some assistance from host community who provided materials to create shelters.

The approach utilized was qualitative to gather information on the current situation of women and girls and their perceptions about risks and safety. Data collection was carried out for two days, 16th -17th March through use of digital data collection tools.

Limitations

Due to the nature of the assessment (which take a short duration), the data provides an overview of the situation and cannot be taken to reflect overall prevalence for GBV. The assessment scope is restricted to Belet Hawa district which is the location where conflict took place and majority of the affected were displaced within. It is important to note that findings do not reflect the situation for all those affected by the conflict and who fled to other districts. Additionally, the sensitivity of GBV in communities in the assessment may have hindered effective participation.

Findings and analysis

Safety

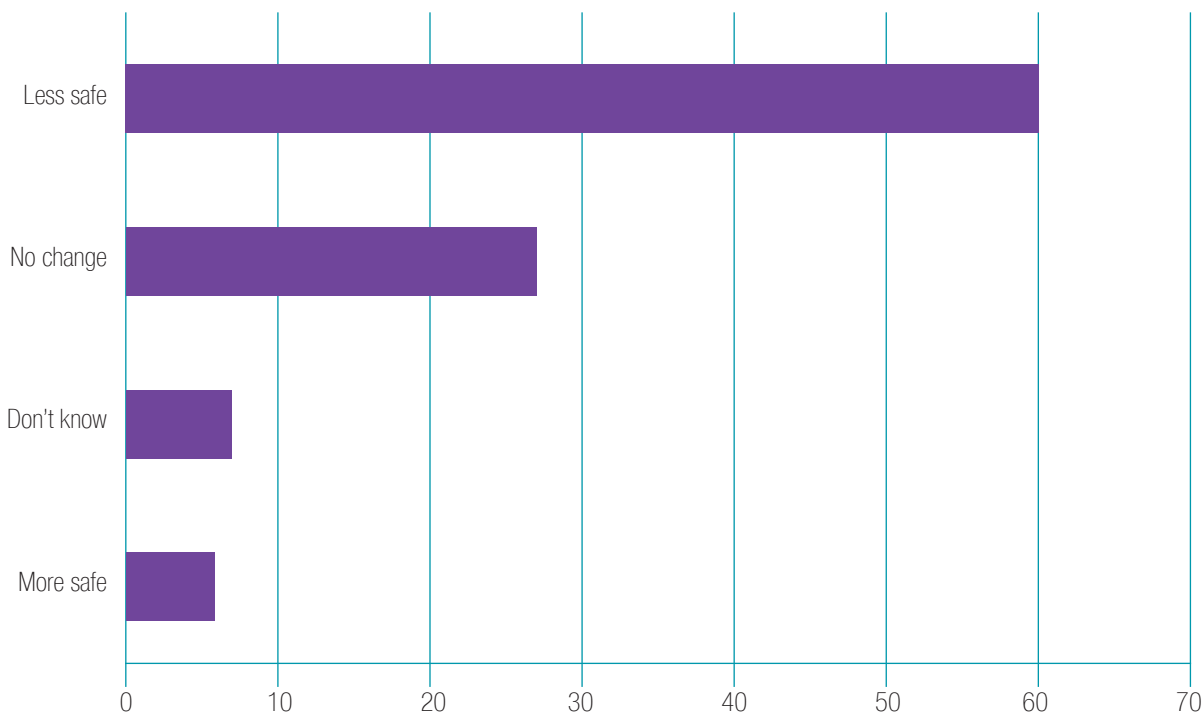


Figure 2 Perception of safety after conflict and displacement

60% of women and girls interviewed said they felt less safe after the conflict which led to their displacement, 27% said there was no change in their feelings of safety, 7% were not aware if safety had changed they became displaced in the locations they had moved to “There is no violence we had yet although it is unsafe here.” IDP woman in Belet Hawa

Women and girls had increased safety concerns mostly because they were now living without proper shelters after being displaced from their homes. The lack of lockable doors in their makeshift shelters and in some cases many families sleeping in the same hall in a school created fears. Women reported the lack of privacy and possibility of invasions into their shelters as major concerns. The second most cited reason by respondents on why they felt unsafe is that most IDPs are women and children. Men remained in Belet Hawa town or are not around the IDP settlements because there’s no space for men to sleep. Women cited being on their own without male partners eroded their protective environment and they feared violence against themselves and their girls. Thirdly, the fact that they newly arrived at the location increased women’s fears for safety, as they could be targets for perpetrators who believe they will not be identified by them.

Violence against women and girls:

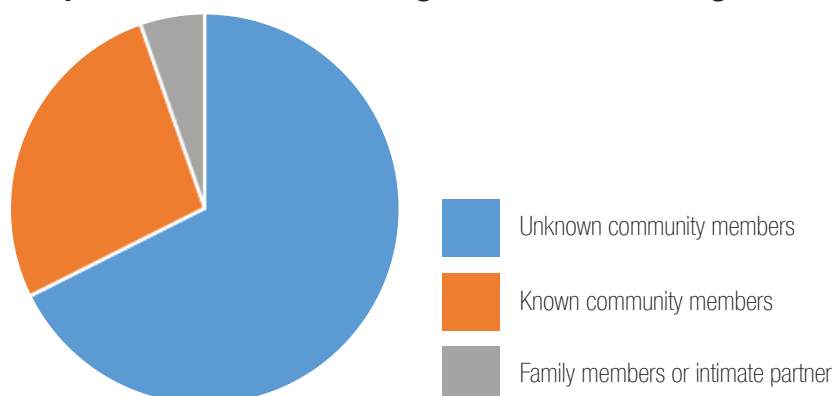
Half of respondents (50%) interviewed said they were not aware of an increase in reports of violence against women and girls , while 29% said there had been increased violence against women and girls.

Of the types of violence sexual violence against women and girls was the highest in reported cases, intimate partner violence was reported.

Perpetrators of VAW

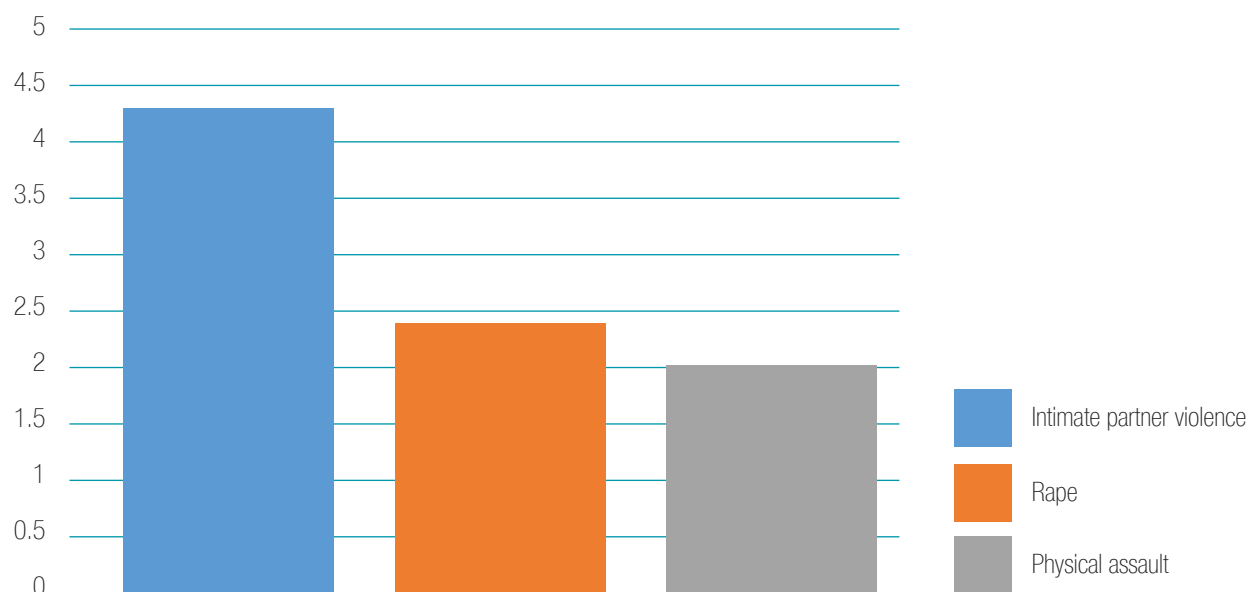
Perpetrator	Reported percentage
Rape/sexual assault of a woman/girl by an unknown community member	17.65
Rape/sexual assault of a woman/girl by a known community member, e.g. teacher or neighbour	7.06
Rape/sexual assault of a woman by a family member or intimate partner	3.53

Perpetrators of violence against women and girls



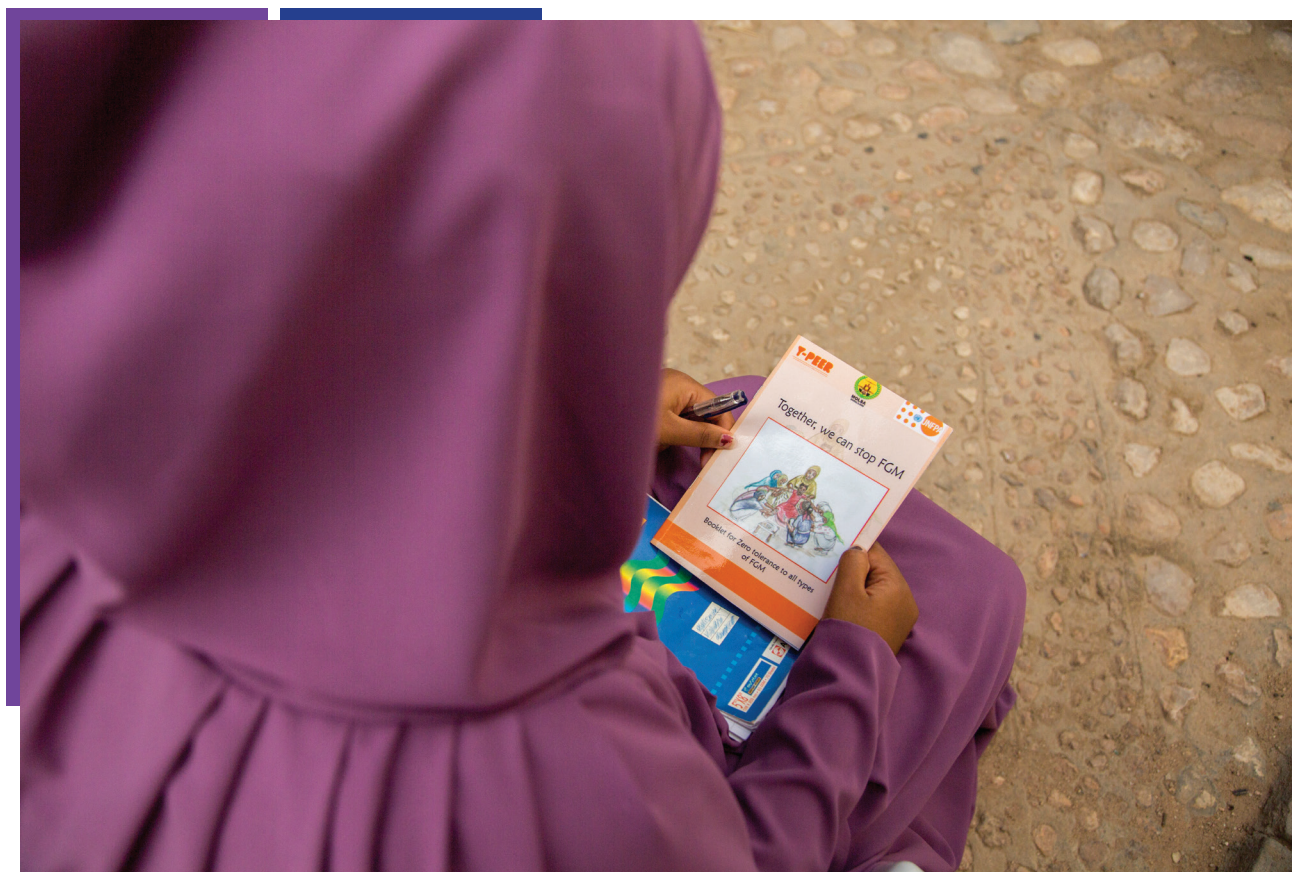
Majority of perpetrators were reported to be unknown community members and family members and intimate partner ranked the lowest as perpetrators.

Types of violence experienced since displacement



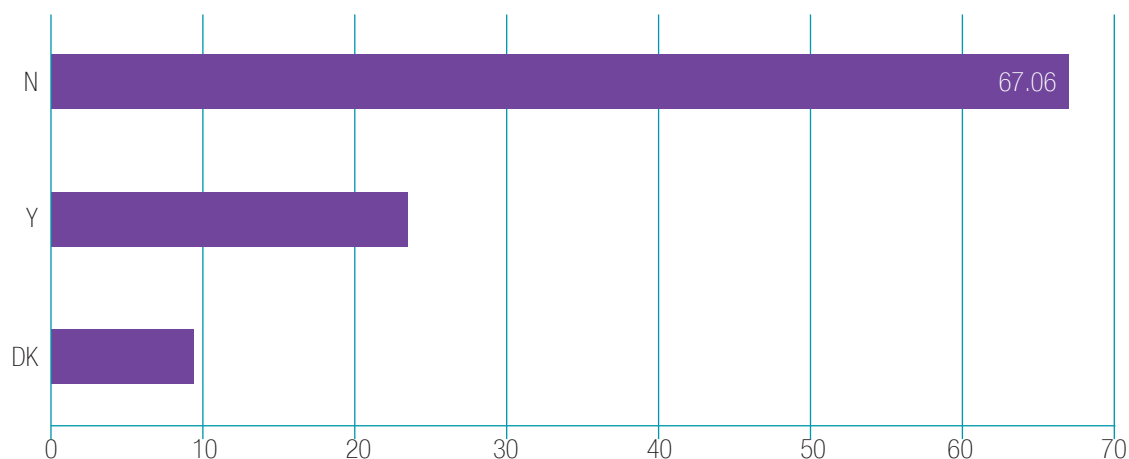
Intimate partner violence was reported as the type of violence most experienced after displacement, however while ranking what needed immediate intervention was rape was prioritized. Women expressed a lot of fear in the possibility of experiencing sexual violence due to their current living conditions in makeshift shelters where access to latrines was negligible and overall safety of women was a concern.

Other forms of GBV reported includes physical assault, denial of resources, emotional abuse and girls are not being sent to schools, forced marriage, verbal abuse, harassment of girls and violence from family members.



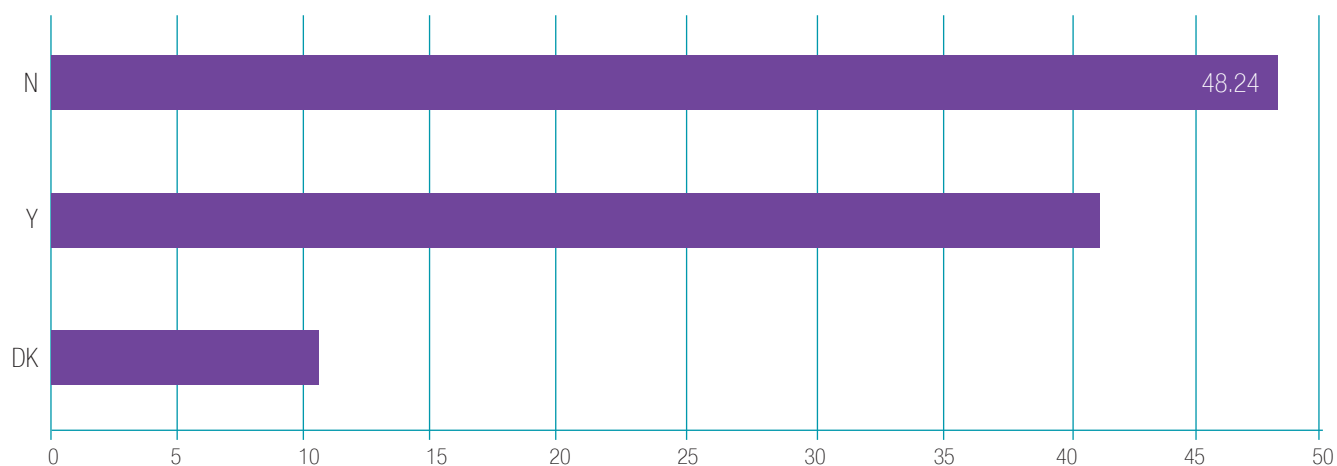
Short term safety

Community based options for safety



60% of respondents said there was no community based options for safety of survivors (adult, children survivors, women and their children) at risk of further GBV and who require safe shelter.

Security of Safety Services facilities

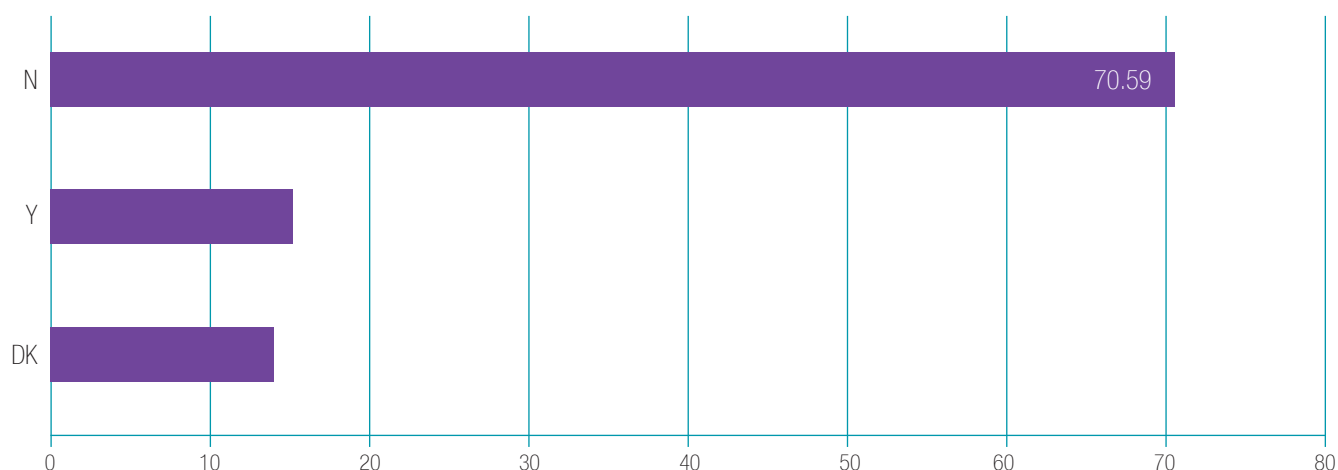


48 % of respondents said security needs were addressed and 41% said security needs aren't addressed where safety services were available.

Formal alternative care for children

65% percent of respondents said there are no formal alternative care services were available with trained volunteers, 12% said such service is available while 18 % did not know.

Resources to meet basic needs



15% of respondents said they were able to meet their basic needs, while 70% of women and girls interviewed noted they were not able to meet their basic needs.

GBV risks and coping

Young adolescent girls, elderly women and women and girls with disabilities were the most at risk according to respondents. Young girls were at risk because some came without parents and also due to their daily responsibilities of fetching water for their family, collect firewood in the bush, activities that takes them far from their settlements. Additionally, an influx of young men who were harassing girls increased the risk for girls, middle aged women who were not with their male relatives or spouses were also considered at risk due to being on their own. There also no security personnel to provide security to IDPs.

Unsafe shelters and access to latrines

Lack of safe shelters and latrines within close proximity to their settlement increases GBV risks for women and girls.

“The girls they are at risk because we are unsafe place we don’t have latrines and we sleep outside, we fear for them to be raped although most of us we accompany them when they going to toilets”

“They are at risk because they are not in safe place and mostly there are risks when going to toilets, buying goods from outside, looking for water or sleeping outside as the place is so hot.”

Lack of resources

Lack of adequate food was generally cited as a risk factor that predisposes women and girls to GBV risks, IPV was cited as one form of GBV brought on by strained resources.

“Married women ...because there is financial crisis and family misunderstandings is very real cause of partner violence against women.

Response to rape:

Health

Survivors of rape seek help from community leaders, police and hospital. Use of traditional treatment was mentioned. For all respondents the nearest health facility is Khalil hospital in Belet Hawa town.

Some reported use of local pharmacies to seek treatment only taking survivors to hospital as last resort “...they seek help at the nearest pharmacy and if the case is serious Khalil hospital in Belet Hawa town.

Community leaders / elders

They go to seek help from camp leaders, community / village elders who then refers to health facilities

Police / legal

They seek justice through government authorities i.e. going to the police station

NGO's

The survivors seek assistance from NGO's who refer them to hospitals or they give them medication



Barriers to accessing services:

- Distance of health services: There is no place for survivors of GBV to receive assistance within the locality besides taking to them to Belet Hawa town, there is a health facility in Malkariyey but it doesn't provide help for GBV survivors.
- Lack of transportation: "Some people are treated in their home because they don't have transportation"
- Some people hide the case for fear of being discriminated.

Community attitude towards survivors:

Community attitudes towards survivors was reported to be varied ranging from supportive to discriminative practices that further victimize survivors. Supportive actions emerge from feeling that rights of the survivor is violated. Support provided by community members include

Health referral - referring the survivor to the hospital, providing psychosocial support, "looking for perpetrators".

Justice

- "As community elders we are against any kind of violence against women and if it happens we will help the victim and support the justice." respondent
- Community elders are tasked to deal and "settle rape" cases Somali customary law Xeer Soomali is utilized by elders. Community members push for justice for victims through elders who sometimes "punish" the culprit according to respondents
- Blaming survivors is a common response "Community members don't believe rape happen and the person raped might be stigmatized". Sexual violence is viewed as normal; survivors and their parents/guardians are blamed for it.
- Verbal abuse against survivors is common "...they abuse her and the survivor feels prejudiced to the extent where she cannot even go to the market or public places"
- Isolation "They are isolated socially, people avoid them (survivors)".
- "Some people say her parents should her (the survivor) in her home, that she should not be seen with their girls as she was been raped"
- Shame "Its shameful issue and community members don't talk about it." Respondent on how communities react to sexual violence.
- Lack of sympathy some people think rape does not exist and that the victim don't deserve sympathy

Current Perceptions of Safety

“Of course, this is a camp and no one protects the women/ girls while before the crisis women lived in safe places”, IDP woman in Belet Hawa

Majority of women cited feeling unsafe in their current situation owing to unsafe shelters, lack of security services in their camp, lack of lighting and shared toilets.

“The place, here we sleep outside and we are new to the place we fear our girls to raped, we fear our children to abduct, we fear for sexual assault and physical assault like last night a donkey tried to pass the place we were sleeping and about to stand the head of one of the children. Men and boys, whether outsiders or community members as we are new to here and we haven’t having a safe place.”

Sources of threats to safety

- Source of the safety threats were cited as men who were newly arrived in the location, men from community in the locality who were not familiar to the IDP women, teenage boy and young men who were using drugs.
- Women also noted that the influx of people where they settled and the inability to identify a civilian from a soldier was a threat to their safety.
- Groups of men were a source of violence and threatened safety of women and girls “There is a group of men who violate the young girls when they are going to use latrines or go far places.” ...
- Women and girls feel most unsafe at night, particularly when going to use toilets or when sleeping outside at night. Bushes were also a location where women felt unsafe while collecting firewood. In rural areas and when settled far from security installation, at water points. Times of hostilities and fighting.
- Majority of respondents observed unaccompanied females and their children are not accommodated separately from men due to insufficiency of housing. Some respondent noted there was separate accommodations in some places. Additionally it was observed latrines are shared by both men and women.
- Security patrols
- In some location respondents reported no security patrols, while in some places there was an occasional patrol by security personnel from Belet Hawa town, weekly or bi-weekly.
- Latrines were shared and far, the communal latrines were not lit making them unsafe for girls and women.

Risk profile

Generally women and girls were more at risk but when they are newly arrived in the area they are more at risks as they are unlikely to identify the person assaulting them.

“Women and girls from minority groups were at high risks of violence. They are more at risk since they don’t have much respect in the community.”

Coping mechanisms

The following are measures women take to enhance their feelings of safety

- Most women and girls who want to go out at night go in company of their elder brothers or family member who can protect them.
- Women and girls support each other, they gather as a group during night time. They lock their houses for those that have locks and those without houses keep their valuables with those who have lockable houses sleep outside as a group
- Women and girls avoid going to the latrines during the night
- “In my compound, we don’t go to the latrines at the night time and we walk in groups to be safe.” IDP woman respondent
- Women walk in company of a host community member of the village
“... We as male community members are trying to protect them as they are like our wives and daughters.” Male key informant from host community.

Community measures to protect women and girls

There are no specific community measures to protect women and girls, ad hoc measures are emerging some which including restricting women’s movement at night, women being accompanied by men from host community and reporting through of GBV incidents to camp leaders and elders.

Some respondents indicated that the community was “...dealing with other consequences of the displacement so there is no measures for girls and women’s safety.” “I think no one cares about female safety in here.”

Community members assisted displaced women and girls with basic needs, giving them what they could. They provided shelter, somehow assuring them of a safe place by giving them toilets instead of going to relieve themselves outside.

“Community have more problems than protecting a girl/women. The community in evacuation so no one has ability to protect them than to help them get water collected.”

The camp leader is tasked to deal with any violence against girls and women. Elders have selected specific people to every area within the village to identify those harassing women and girls

Most respondents said that while some agencies had visited them they had not yet received any support. There were concerns there was no support specific for women and girls “NGOs are not focusing on the issue.” No NGO or government is supporting girls particularly.

Main needs and concerns of women and girls

- Safe shelters
- Separate latrines segregated by gender
- Personal hygiene items
- Need for resources to meet their basic food and other needs
- Lighting; lack of lighting during the night exacerbated risks faced by women and girls
- General security of the area and concerns of more conflict breaking out

Ways to mitigate and respond to GBV

Respondents made the following suggestions as ways to make girls and women feel safer

- Resettlement in safe shelters which are lockable and separate gender segregated latrines. “The most important thing is to have safe shelter and separate latrines for females
- Community members should help report any case and do follow up to punish the people responsible; arresting hooligans and drug users who threaten women and girls
- Security patrols outside the camps
- Community awareness; mobilise the community about violence against women and girls
- Eradication of drug use through education and employment
- Educating women and girls about GBV risks
- Clothes and kits to manage body cleaning
- Going back to our homes in Belet Hawa. “We would be safe if we go back to home also to get safe place to sleep and to do our special activities.”
- Psychosocial support “give them awareness of how to overcome during the trying moments like this when there is war and they feel hardship in life and some are pregnant that is the time they need help”
- GBV services; “we need a place to seek help for the survivors”
- “To provide street light help girls feel safe”, To give girls and women solar lanterns”
- Education of girls was mentioned as a protection measure for girls.

Recommendations

1. Scale up GBV services in Belet Hawa district particularly through a GBV hotline, provision of transportation for referral services and equipping health facility close to IDPs with skills and supplies for basic responses to GBV.
2. Train GBV and other humanitarian actors responding to the displacement on basic psychosocial first aid.
3. Enhance GBV coordination to ensure provision of timely and quality GBV services and preparedness for response in case of more conflict in the area.
4. Provision of basic hygiene items, dignity kits and solar lanterns to women and girls will address their immediate needs and enhance safety measures.
5. Engage all humanitarian actors to respond to needs of displaced people population with gender specific and integrate GBV risk mitigation in all interventions with particular attention to safety for persons with disabilities (PwD). Safe shelters and gender segregated latrines, and water point are a priority for women and girls to be safe.
6. Strengthen community based protection mechanisms with a focused on responding to immediate needs of survivors, this could entail training community focal points and leaders on safe and confidential referral of survivors.
7. Community awareness to combat stigma towards survivors which enhances supportive environment for survivors and encourages seeking of GBV services by survivors.
8. Livelihood interventions should address need for firewood which exposes adolescent girls to GBV risks.
9. Enrolling girls in schools with specific support to families that send girls to school will enhance safety of girls



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