

GENDER BASED VIOLENCE ASSESSMENT REPORT -2011





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1- ABBREVIATIONS

FGM- female genital exploitations

GBV- Gender based violence

IDPs – internally displaced persons

SEDHURO- Sean Devourex Human Rights Organization

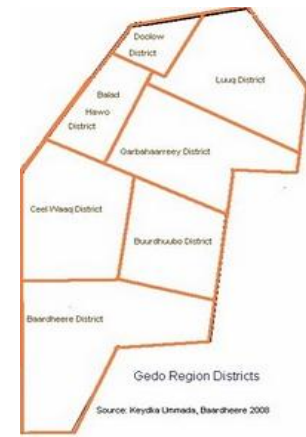
PMT- Population Movement tracking

PMN- population Monitoring Network

2- INTRODUCTION

Gedo (Somali: *Geedo*) is an administrative region (*gobolka*) formerly part of the historic Upper Juba Region, Somalia. Gedo is a region created in 1980s and is bordered by the Ogaden in Ethiopia, the North Eastern Province in Kenya, and the Somali regions of Bakool, Bay, Jubbada Dhexe (Middle Juba), and Jubbada Hoose (Lower Juba) further down east.

Central and Southern Somalia has not known political stability over the last two decades until recently when the Alshabab militias withdrew from key strategic cities leaving the weak transition federation government to take over the control of the place. However in course of all these mayhem of different militias bodies fighting each other from time to time, GBV has developed tap roots affecting both female and male gender as well as children. As a result, insurmountable sufferings have been taking place among all genders. It is this for reason that SEDHURO and other volunteers went out to evaluate GBV prevalence in Gedo region with intentions to share this report with our partners and friends in order to plan and execute intervention measures within the shortest time possible.



Drought, famine, and continued instability in Somalia are forcing thousands to flee to the remote area of in southern Somali border Dolow, Beled Hawo, Luq and CelWaq , where number of IDPs in these districts have grown exponentially with more than 34 IDP camps. GBV has been known to happen during transitions to IDP camps and also in IDP camps. This evaluation covered IDPs, considering the types of GBV prevalence among them and how it affects their lives.

3- HYPOTHESIS

GBV mostly is suffered by women and the girl child, with extreme negative effects of IDP women and girls.

4- GOAL

To establish GBV prevalence in Gedo region and to share the findings with key partners in order to plan and execute intervention measures.

5- OBJECTIVES

- i. To conduct GBV an assessment in Gedo region within the stipulated time limits
- ii. To analyze the findings and share them with key stake holders and partners
- iii. To draw conclusions and recommendations on various matters pertaining GBV in Gedo region

6- SCOPE

i. GBV among women

The evaluation touches on GBV prevalence among women of Gedo region including types of violence, extend of violence, types of suffering as a result of violence and possible causes of those violence.

ii. GBV among children

The exercises also assessed GBV among children including children of tender ages of 0-8 years.

iii. GBV among men

GBV among men was also assessed including types of violence, where and how it occurs.



KEY DEFINITIONS

i. Gender

Gender is biological differences between male and female.

ii. Gender based violence

Violence directed to an individual or people based on their gender.

7- TEAM

SEDHURO is an national non governmental, non- political humanitarian organization working in areas pertaining to human rights, youth projects, IDPs, water, women empowerment, children protection and other humanitarian activities in Somalia.

SEDHURO has been involved in violations tracking since 2005/11 to the current period as a UNHCR partner, with regular submission of the Tracking Report which is demand-based (tracks and reports according to arrivals). Similarly for Protection Monitoring, SEDHURO and other Human Rights organizations working under the UNHCR and Norwegian Refugee Council’s umbrella, compiles and submits frequent human rights violation of the internally displaced people (IDPs) within the operational Regions. SEDHURO is the focal point for the PMT and PMN organizations in the Lower Juba for the last six years. SEDHURO also compiles and analyses the general security conditions, human rights violations and early warning analyses reports as they affect the IDPs and their host populations in southern Somalia.

For PMN, SEDHURO monitors violation of human rights and abuses against the displaced population in movement focusing on incidences of human rights violations and abuses among the settled IDP populations and in particular as it affects the most vulnerable community/group members such as women, the girl child and children living within the various IDP camps and settlements. SEDHURO has also been instrumental in spearheading advocacy and lobbying efforts designed to draw attention to the human rights protection awareness and protection of marginalized and IDP persons and their basic services provision. The organization has also helped draw donors and authorities attention to increase IDP protection and provisioning of basic human rights and needs especially in the light of lack of functional judiciary, ineffective law and order enforcement by the previous and current local authorities.

SEDHURO also implemented protection and livelihood projects which was fund by UNHCR to support IDPs women in Beled Hawo in 2009 and 2010, the project was about empowering vulnerable households to acquire organisational skills, resources, development skills, trading opportunities and increasing literacy among the IDPs women and girls.

SEDHURO is also implementing child protection monitoring in Lower Juba, Middle Juba and Gedo region with partner DRC/UNICEF.

In this GBV evaluation, a team led by SEDHURO protection office and host community leaders and leaders from various IDP camps carried the rapid assessment during the period between 30th August 2011 to 10th September 2011. Investigations were undertaken in selected IDP sites in Dollow, Beled Hawo, Luq and Cel waq Gedo Region. In Gedo, the assessment was conducted in the slums as well as in several of the larger IDP sites. Mostly IDPs were drawn from the new arrivals in August and September 2011.

8- METHODOLOGY

- i. Literature reviews
- ii. Observations
- iii. Interviews
- iv. Snow ball sampling
- v. Qualitative data analysis

9- Literature review

i. Reports from local authorities

Local authorities offered reports on GBV cases reported and documented by their officers.



ii. Reports from various NGO working on GBV

Other helpful literature came from various NGO operating in the region including some from SEDHURO archives whereby reports on GBV made at SEDHURO office have been documented.

iii. Observations

Community team members were encouraged to observe gender based violence happening in their local community and settlement areas, including at IDP camps. The public was encouraged to report any GBV observations made within their settlements at SEDHURO offices within the research period, 30th August 2011 to 10th September 2011.

iv. Interviews

The team conducted interviews using semi-structured questionnaires. These interviews were conducted in old and new IDP camps, from villages and towns and from local authorities and religious leaders.

Different genders were interviewed separately. Women were interviewed by women and men were interviewed by men. These considerations were made to allow free expression and in respect to cultural and religious values of the community.

v. Snow ball sampling

IDP settlements were visited for collection of tangible and quality information. Information on various pressing issues including IDPs journey experiences, Protection Violations experienced while travelling, reasons for leaving their former settlements, their urgent needs and their last destination were gathered and documented.

This method engaged face to face conversations from different people. Information repeated many times by different people from different places was considered key in our findings report.

vi. Qualitative data analysis

The team carried qualitative data analysis that is helpful to make a clear picture of who suffer GBV, where and how. Also the qualitative data describes how GBV affects the culprits and their general wellbeing.

10- LIMITATIONS

I. Time

Time limitations were a challenges through-out the evaluation period. A lot of data collection was done within a very limited time. However, the team worked against every tick of the clock to finish up the task.

II. Resources

Material and financial resources were also limited but the team trained and used volunteers to carry out some activities as well use of locally available materials to cut down costs.

11- FINDINGS

The rapid assessment analysis report that was carried out by voluntary team (community members) and SEDHURO captures protection needs and analyse situation of the IDPs in Dolow, Beled Hawo, Luq and Cel Waq districts of Gedo region. Our assessment specially focused on violence (GBV) levelled against the new arrivals (newly arriving IDP into the region or coming from one place to another within the region). Within these districts, the team found that various forms of gender-based violence (GBV) are widespread. These included:

i. Rape

Many women in living in IDP camps and those on transit to IDP camps reported having been raped under different circumstances. Many women reported having been raped more than once. Some rape cases happen when women go in such of basic commodities like water, wood and food. It was found that many rape cases happen in secluded areas like forests, and lonely paths that women use in search of basic commodities.



IDPs on transit are targeted by high way robbers and militias who are out to rob their belongings. It was found that they do not only rob them but they also hijack women and girls hold them hostage for many days or months, rape repeatedly and abandon them whenever they please, wherever they want and even leaving them with injuries, infections, traumatized, helpless, neglected and in the worst form of inhuman conditions.

It was found that young girls are raped by close family members, neighbours and relatives. The victims and witnesses explained that girls are normally lured by perpetrators and given cheap gifts like sweets and also warned never to reveal their experience to anyone. Such victims suffer for a long time in silence until something extra ordinary happens and forces those girls to open up.

Few cases of rape are reported to happen within IDP camps with interviewee explaining that such cases do occur under circumstances that the victim cannot defend herself, for example under severe threats, beatings and forces that the victim is unable to defend herself.

No rape cases were reported by men or having affected the boy child.

ii. Beatings

Some women reported having been beaten either by their husbands, or male employers. Those beaten by their husbands cited it mostly happens at night when their husbands return home and pick fights with them. Some women cited that their husbands would pick a fight with them if they find no food prepared for them at home or if there is no water in the house.

iii. Forced labour for militias

Young men reported that they were forced to join illicit militias and if they failed they were killed or badly injured by their perpetrators. They say this kind of violation is only directed to young men just because of their gender.

iv. Sexual exploitations

The team found that women are forced to engage in uncalled for sex as a result of desperations arising from lack of basic commodities such as food and shelter. Some men posing like well wishers and helpers eventually lure women into sex in exchange for food, shelter, money or any other help the woman may be in need.



v. Forced FGM

The team found that women and girls are generally forced to get the “cut” normally referred to as female circumcision but in real sense it is FGM. Some women reported that they know that FGM is not good for their health but were pressurized and forced into it by close family members and fear of been stigmatized.

From SEDHURO archives and UNHCR (2003) at least five common forms of sexual and gender based violence were found to be taking place in Gedo region. They include the following:

1. Sexual violence which include: rape and marital rape; child sexual abuse, defilement and incest; forced sodomy/anal rape; attempted rape or attempted forced sodomy/anal rape; sexual abuse; sexual exploitation; forced prostitution; sexual harassment and sexual violence as a weapon of war and torture.
2. Physical violence including physical assault and trafficking/slavery of persons based on their gender.
3. Emotional and psychological violence including abuse/humiliation and confinement.
4. harmful traditional practices which include female genital mutilation (FGM), early marriage, forced marriage, homer/willing maiming, infanticide and/or neglect and denial of education for girls or women; and
5. Socio-economic violence including discrimination and/or denial of opportunities, services; social exclusion/ostracism based on sexual orientation and obstructive legislative practice.

12- The findings also established that:

The new IDPs arriving in the IDPs camps in the four districts besides their pressing needs for food and water also lack basic services of great importance to their lives like health services; access to education and psychosocial support that can avert the social consequences of the GBV experiences. Although there are less service providers, it is likely that newly arriving IDPs are not yet aware of the support services available to GBV survivors, including post-rape medical care, as well as other vital information regarding gender and violence in addition. Today’s humanitarian crises disproportionately affect children and women, and gender based violence is an increasingly common factor.

Addressing gender-based violence during emergencies is complex, linked to deep cultural concepts of gender roles as well as changes in these roles during emergencies.

According to Somali traditional and norms, rape cases involving a known perpetrator are commonly addressed by traditional clan leaders who negotiate compensation between the perpetrator’s and survivor’s family without consideration for the survivor’s wishes. Unmarried girls are often forced to marry perpetrators.

13- Other key findings include the following:

1. Physical violence within the IDP camps is rampant especially in form of domestic violence as the IDP community loses its identity and suffers from deep underlying psycho-social problems associated with past violence and poor economic conditions.
2. Forced/Early marriage is also another cultural practice which is facing the vulnerable within the IDP groups.
3. Female Genital Cutting (FGC) – Internationally recognized as a violation of human rights, FGC is estimated to have been practiced on 98% of women in Somalia. The practice can cause severe bleeding and urinary disorders, and later, potential childbirth complications and newborn deaths.

14- RECOMMENDATIONS

SEDHURO and the entire team highlight the need to:

1. Strengthen the capacity of camp workers to provide timely and effective health care, as well as referral services for Sexual –violence and GBV survivors.
2. Share clear and basic messages, particularly focused, with IDPs in all service location and through community leaders, and IDPs committee leaders, volunteers, and other focal points.
3. Establish a locally appropriate referral pathway for survivors of Sexual –violence and GBV with input from IDPs communities.
4. Support local health care providers to ensure stocks of essential drugs and devices for post-rape care are maintained.
5. Advocate for interagency measures to establish focused protection services for women and children and upgraded infrastructure to mitigate insecure conditions in the camps and host communities.

15- CONCLUSION

The team concluded that women and girls are the most vulnerable to GBV compared to men and boys. Women and girls in IDP camps are more susceptible to GBV than women and girls in villages. Displaced women and girls especially during transitional journeys have suffered GBV especially at night where they are ambushed by their assailants.

If Sexual –violence and GBV prevention and response are not recognized as a lifesaving priority around the border towns Dolow, Beled Hawo, Luq and Ce I Waq and reception centres, there is great danger that women and children will face increased risk of violence and possibility fatality.

Therefore, protection of women and children, including prevention and response to GBV, must be prioritized.