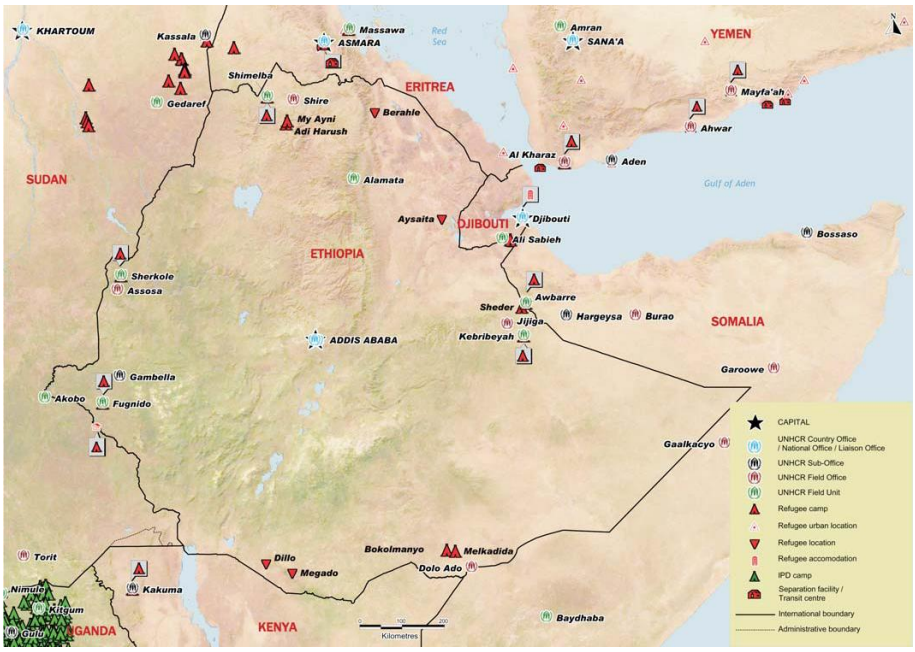
INTERNATIONAL MEDICAL CORPS

Gender-Based Violence Rapid Assessment
Kobe Refugee Camp and Dolo Ado Reception and Transit Centers
20-25 July 2011



Overview

Drought in the Horn of Africa, coupled with continued instability and violence in Somalia, has led to a massive influx of Somali refugees to the remote area of Dolo in southern Ethiopia. Newly arrived refugees report inadequate food and water as their primary reason for leaving Somalia, while some cite violence as a contributing factor. Some refugees have also reported violence during flight. They described being stopped by armed groups near the Ethiopian border, where some women were reportedly raped.

Upon arrival in Ethiopia, refugees first pass through the Dolo Ado Reception Center, and are then transferred to the Dolo Ado Transit Center, before settlement in Kobe camp, the third and newest Somali refugee camp in the Dolo area. A fourth camp, Halowen, is set to open on 28 July 2011.

The first two Dolo refugee camps, Boqolmayo and Melkedida, opened in 2009 and 2010 respectively. International Medical Corps implemented a gender-based violence (GBV) prevention and response program in Boqolmayo, from 2009 to 2010, when it handed over to PAPDA, a local partner organization. Since 2010, International Medical Corps has implemented a GBV program in Melkedida that is focused on community awareness raising, case management and psychosocial support for survivors of GBV.

Table 1. Refugee Populations as of 23 July 2011[1]

Site/Camp	Individuals
Boqolmayo Camp	37,115
Melkadida Camp	39,226
Kobe Camp	24,934
Halowen Camp	-
Dolo Ado Reception Center	13,224
Dolo Ado Transit Center	411
Total Refugees	**114,539**

From 20-25 July 2011, International Medical Corps undertook a rapid GBV assessment in Kobe camp and the Dolo Ado Reception and Transit Centers at the request of the Ethiopian Administration for Refugee and Returnee Affairs (ARRA). The

[1] UNHCR, Emergency Update Dollo Ado, Ethiopia, 23 July 2011

purpose of the assessment was to identify protection concerns that could contribute to GBV. International Medical Corps found a number of risk factors for women and girls in both Kobe Camp and the Transit and Reception Centers. These risk factors should be addressed with strong leadership and coordination, integration of protection into all services, and focused support for vulnerable women and survivors of GBV.

Context

In Somali communities from where refugees originate, various forms of GBV have been widespread and persistent, with few targeted services available in the fractured state. Problems of GBV in Somalia include:

- Sexual Violence. While there is little data available, reports indicate that rape is a common element in ongoing conflict in Somalia. According to Somali refugees in Ethiopia, 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.[2]
- Physical Violence. Separate from sexual violence, refuges have reported physical violence targeting women, related to both inter-clan fighting and conflict between the government and Al Shabaab, as a factor in flight.
- Intimate Partner Violence (IPV). Both male and female Somali refugees in Ethiopia consistently describe IPV as pervasive in Somalia. In Somalia, an abusive husband may be forced to pay compensation to clan leaders or his in-laws, but not to his wife unless she requires medical care.[3] In a 2011 survey, 47% of refugees in Melkedida (averaged between men and women) identified at least one justification for husbands to beat their wives.[4]
- Forced/Early Marriage. While in Somalia the legal age of marriage is 18 (16 with parental consent), early marriage is common, leading to many economic, social and health consequences for girls and women. In a 2011 survey, only 58% of Somali refugees (averaged between men and women) believed that early marriage should be discontinued.[5] The practice of widow inheritance in Somalia also often constitutes forced marriage for adult women.
- Female Genital Cutting. FGC prevalence in Somalia is estimated at nearly 98%.[6] Type III FGC (infibulation with excision), with the most severe health consequences, is practiced. In Somalia, FGC is rooted in a cultural belief of cleansing.

Understanding GBV problems that persist in Somalia should help guide response to Somali refugees in Ethiopia. Somali refugees arriving in Ethiopia have had little if any support for health, psychological and social consequences of both older and recent experiences with GBV. Based on experiences with refugee populations in Boqolmayo and Melkedida refugee camps, it is likely that newly arrived Somali refugees have not yet been exposed to messages about GBV and do not know the advantages of support for GBV survivors, including post-rape medical care.

Cultural and societal norms that delegate low status to women and girls, and that constitute root causes of all forms of GBV, are transferred across the border with Somali refugees. Refugees in Ethiopia will therefore remain vulnerable to all forms of GBV outlined above. In addition, attention must be paid to new risk factors related to the recent crisis, displacement, and transit/ camp environments. Risk factors, outlined below, may lead to increased incidence and forms of GBV perpetrated against women and girls in Kobe camp and Dolo Ado Reception and Transit Centers.

[2] International Medical Corps, *Focus Group Discussions, Boqolmayo Refugee Camp,* 2010
[3] International Medical Corps, *Focus Group Discussions, Boqolmayo Refugee Camp*, 2010
[4] International Medical Corps, *Knowledge, Attitudes, Practices Survey, Melkedida Refugee Camp*, February 2011
[5] International Medical Corps, *Knowledge, Attitudes, Practices Survey, Melkedida Refugee Camp,* February 2011
[6] Population Reference Bureau, *Female Genital Mutilation/ Cutting: Data and Trends*, 2010

Assessment Methodology

To determine risk factors for violence against women and girls among newly arrived Somali refugees in Ethiopia, International Medical Corps conducted a rapid assessment from 20-25 July 2011. The rapid assessment included a GBV safety audit in Kobe refugee camp, Dolo Ado Reception Center (Weber) and Dolo Ado Transit Center. The GBV safety audit covered general services, camp management, security, WASH, food distribution, and healthcare.

International Medical Corps also organized a total of ten focus group discussions (FGDs) between the three locations with groups of adult men and adult women.

Table 2. Focus Group Discussion Breakdown

Location	Composition	Discussions
Kobe	men leaders, women leaders, men, women	1
Kobe	women	1
Dolo Ado Transit Center	women	2
Dolo Ado Transit Center	men	2
Dolo Ado Reception Center	women	1
Dolo Ado Reception Center	men	1

Finally, International Medical Corps relied on nearly two years of GBV programming experience in Boqolmayo and Melkedida refugee camps, and information and data collected through those GBV programs, for contextual analysis.

Identified Risk Factors for Women and Girls

- **Overcrowded living conditions**

Refugees continue to arrive daily and adequate shelter is not yet available. In the Reception Center, 8-13 individuals share one tent and 20-25 individuals share larger, iron shelters. In the Transit Center, where refugees stay for longer periods, 10-15 individuals share one tent while more than 30 people live together in larger iron shelters. Most of those sharing these very cramped quarters belong to the same clan, but many are not related and some do not know each other. There is no special accommodation for female heads of households, and women head the majority of households. These conditions raise many concerns for opportunistic violence against both women and children.

Community-based GBV Social Worker Volunteers in Melkedida camp have expressed concern for newly arriving refugees, explaining that many rapes occurred at the Transit Center in 2010 when they first arrived and stayed in similarly cramped quarters. The Volunteers further explained that these rapes were not reported as no GBV program was present at the Transit Center.

- **Complete dependency**

Newly arrived refugees are in great need of all basic services and are completely reliant on support from the Ethiopian government, UN and NGO actors for survival. This level of dependency leads to stress and frustrations that may be contributing factors to GBV, particularly intimate partner violence. Such dependency also leaves refugees highly vulnerable to sexual abuse and exploitation (SEA) by humanitarian and security actors.

- **Lack of sex-separated bathing and sanitation facilities**

There are no separate facilities for females in Kobe camp or the Transit and Reception Centers. Additionally, the newly arrived refugees are unfamiliar with latrines and, with no hygiene promotion, most prefer to relive themselves outside. Women and girls are therefore moving to remote locations to tend to basic needs in privacy.

> *"We used to grow plants, and farming was the only means to survive. Due to lack of rain and recurrent drought, the production went down. Even the nearby ponds dried leaving no water to drink. We were also forced to remain in a village by Al Shabaab. We had no right to move from place to place, particularly movements to and from Mogadishu. All the trade routes were closed and there were no incoming and outgoing goods. Besides, they took all the properties we had. Beating, kicking and other forms of physical violence were very common. Due to the desperate situation in Somalia women were not even able to buy cloth to cover their faces, which again caused physical violence by Al Shabaab"*
>
> *- Somali Refugee Woman at Dolo Ado Transit Center, 20 July2011*

- **Water and fuel collection**

While refugees in the Reception and Transit Centers report sufficient access to water, water shortage in Kobe camp remains a problem. Conflicts have arisen between refugees at water points due to shortages. Many women are traveling to the river, approximately three kilometers distance, to collect untreated water.

Women and girls from both Kobe and the Transit and Reception Centers are traveling, often long distances, outside the camp to collect wood or charcoal. The need for fuel collection, and distances traveled, will only increase when refugees receive provisions without cooked meals.

- **Conflict with the host community over limited resources**

Both women and men expressed concern that conflict over limited resources, particularly fuel sources, could lead to violence against women and girls. Women in Kobe camp reported that on 24 July, approximately 30 men from the host community entered Kobe, threatened and physically abused refugees. One woman was reportedly raped.

While these reports are unconfirmed, tensions between Dolo host communities and refugees have existed for some time, and tensions will surely increase with the large influx of refugees and shared hardships related to the regional drought.

- **Very high proportion of children and youth**

Females outnumber males in Kobe camp, at 52.3%, and a worrying 88% of Kobe refugees are under 18 years old. While UNHCR reports that few of these children are unaccompanied, this majority will remain difficult to supervise and protect, particularly as adults engage in food distribution, collection of resources, and economic pursuits.

It is not clear how many children are living with extended families, or unrelated families who have taken them in, but this trend has been common in Somalia due to the conflict and appears to be at least somewhat common amongst the new arrivals. Based on experiences in other environments, children in such situations may face increased risks of sex abuse and forced prostitution. Women in Kobe camp, however, expressed belief that unrelated caretakers will continue to treat children well.

- **Limited security presence**

There is no lighting in the Dolo refugee camps or in the Reception and Transit Centers. ARRA Protection Officers and local police patrol the Reception and Transit Centers. Local police are also sometimes seen patrolling Kobe Camp but there is no permanent protection presence in the camp. The identities and responsibilities of security

actors are unclear to refugees and have not been shared with service providers. Security actors have further not been trained in GBV.

- **Lack of clinical and other services**

There is no supply of post-exposure prophylaxis (PEP) for HIV in either the ARRA-run Kobe Camp Health Center or the Regional Health Bureau (RHB)-run Health Center in Dolo Ado that receives referrals from the Reception and Transit Centers. Both health centers are, however, equipped with emergency contraception, antibiotics for the prevention and treatment of other STIs, and devices for examinations. The Dolo Health Center is equipped with Tetanus and Hepatitis B vaccines. The absence of PEP is of great concern as it may provide life-saving support to survivors of sexual assault who report within 72 hours.

Two male providers, a Midwife and a Health Officer, who previously received training from International Medical Corps and UNFPA in clinical care for sexual assault survivors, have been transferred from Melkedida to the Kobe Health Center. No trained female providers are present in the facility, however, and other Kobe Health Center staff are new and have not received basic GBV training. There are no providers trained to provide post-rape care in Dolo Ado Health Center.

The majority of UNHCR registration staff have not been trained in GBV, though UNHCR established a desk on 25 July for intake of refugees who indicate they have experienced violence during screening. Currently, no case management or psychosocial support services are available for survivors at Kobe camp or the Reception and Transit Centers. Therefore, no referrals are yet available for a survivor who would report to health facilities or to UNHCR.

- **Limited awareness of women's rights, GBV, and support for survivors.**

The majority of the newly arrived refugees originate from rural areas of Somalia. Health-seeking behaviors are very low among the refugees, as are literacy rates. As with refugees previously settled into Boqolmayo and Melkedida, it appears that very few of the newly arrived Somali refugees have been exposed to concepts of human rights, gender, and GBV, and few are aware of possible support for survivors of GBV, aside from clan-negotiated compensations and punitive measures for perpetrators. As one woman refugee in Kobe camp explained when asked who a survivor of sexual violence might tell about her experience, "*We just came here. We don't know of anyone to tell or any service for us."* In focus groups, both men and women agreed that survivors of violence would remain silent to not bring shame to themselves or their families.

Recommendations

- Protection of women and girls, including prevention and response to GBV, should be prioritized. In the current response, primary attention is understandably focused on nutrition needs. Without focused attention, however, on GBV prevention and response as a life-saving priority, there is great danger that women and girls will face increased risks of violence and fatality.
- A GBV Coordinator should be deployed to the Dolo region. Currently, a UNHCR Community Services Officer on a short-term contract is monitoring GBV among other issues. With so many actors on the ground, including at least three NGOs set to deliver focused GBV services, and with great protection needs, a full-time Coordinator should be devoted to the issue.
- The Ethiopian Administration for Refugee and Returnee Affairs (ARRA) and the Regional Health Bureau (RHB) should be supported to ensure that stocks of essential drugs and devices for post-rape care are maintained and that female providers trained to provide clinical care for sexual assault survivors are positioned at both the Dolo Ado Health Center and the Kobe Camp Health Center.
- Security strategies and actors should be made known to refugee communities in both Kobe Camp and the Dolo Ado Reception and Transit Centers, and all security actors should be trained in GBV, including SEA.

- Clear and basic messages, particularly focused on response to sexual violence and prevention of sexual abuse and exploitation (SEA), should be shared with refugees in all service locations and through community leaders, refugee committee leaders, volunteers, and other focal points.
- A referral pathway for survivors of GBV, including SEA, should be developed with input from refugee communities (with attention to diversity), and community focal points should be trained in guiding principles of survivor support and referrals.
- Focused protection services should be established for women and children, including case management and psychosocial support for survivors of GBV.
- Adequate shelter and WASH services must be established as a priority, and women's and girls' protection concerns must be integrated into the design and delivery of these and other services.
- Interagency training on the prevention of sexual exploitation and abuse (PSEA) should be organized for service providers in Kobe Camp and the Reception and Transit Centers, including CHWs and other Volunteers.
- A UN-led interagency committee should work with both refugee and host communities to identify strategies for mitigating risks related to fuel collection, using tools from the Interagency Standing Committee (IASC) Task Force on Safe Access to Firewood and Alternative Energy in Humanitarian Settings (SAFE).

Dolo Ado Transit Center

Three households (40 family members) together in a tent in the Dolo AdoTransit Center

Women dancing at the International Medical Corps Women's Center in Boqolmayo

International Medical Corps- supported Volunteer Social Workers practice listening skills in Boqolmayo