



GENDER-BASED VIOLENCE RAPID ASSESSMENT DADAAB, KENYA

JULY 2011



1. Executive Summary

Background

Dadaab is a complex of three camps (Hagadera, Ifo, and Dagahaley) located about 75 kilometers from the Kenya - Somali border immigration point of Liboi and about 500 kilometers from the Kenyan capital, Nairobi. The camps, established in 1991, were designed to host approximately 90,000 refugees. Escalating insecurity and prolonged drought in Somalia have led to the migration of thousands for safety, food, water, and shelter. As a result, the population of Dadaab has tripled from just over 100,000 four years ago, to over 388,764 as of July 2011¹. In Hagadera alone, the population has increased from 93,586² in September 2010 to 121,652³ as of July 19th 2011.

Conflict, drought, and displacement have heightened women's and girls' vulnerability to protection issues including gender-based violence (GBV) both while fleeing Somalia and since arrival in Kenya. Women and girls reported feeling defenseless against the fighting, were exposed to attacks and sexual assault, and were unable to move in search of food or water due to cultural restrictions or obligations to family or children while in Somalia and during their flight. As the camp services buckle under the strain of growing numbers, competition for basic amenities like shelter, water and sanitation facilities disproportionately affects women and girls and has grave consequences detailed in the following report.

In July 2011, the IRC GBV program conducted a rapid GBV assessment among Somali refugee women and girls in Hagadera camp using focus group discussions, key informant interviews, and safety audits. The assessment was conducted by the IRC Kenya GBV Program Manager and the IRC Women's Protection and Empowerment Emergency Response Technical Advisor.

Protection Issues Affecting Women and Girls among Refugee New Arrivals

Key findings highlight multiple unmet protection concerns, particularly rape and sexual assault, among female new arrivals. Those identified as most vulnerable were single women, female-headed households and adolescent girls. New arrivals are housed on the periphery of the camp and lack any basic structural or social protection. Identified protection concerns include:

Gender-Based Violence (GBV):

- **Rape and sexual violence** have been identified by focus groups and key informants as the most pressing concern for women and girls while fleeing Somalia and as an ongoing, though lesser, concern in the camps. In June 2011, IRC's GBV program witnessed a fourfold increase in reporting of sexual violence compared with figures from January to May, many referred from the reception centre in Hagadera.⁴
- **Intimate partner violence (IPV), early marriage and survival sex** (exchanging sex for access to basic needs) were identified as other forms of violence perpetrated against women and girls currently living the camp.
- **Survivors are reluctant to report GBV** for fear that their families will blame them, communities will reject them as "unmarriageable" or out of feelings of shame.

Adolescent girls and single women, especially those with children, are most at risk of GBV, particularly when collecting firewood, seeking a toilet, during distributions, or when trying to access shelter.

Lack of Safe Access to Services:

¹ UNOCHA Kenya Humanitarian Forum 15 July 2011

² UNHCR Population Statistics 3 September 2010.

³ UNHCR Population Statistics 3 July 2011.

⁴ IRC GBV New Arrivals Briefing Note, July 2011.

- Due to a shortage of culturally appropriate latrines, women and girls have been using the forest as a toilet, increasing their exposure to sexual violence and other risks.
- Single women and girls are not able to safely access humanitarian goods or collect water because of lack of transportation, violence and theft at distribution points.

General Protection Concerns:

- Newly arrived women and girls are living in poorly lit, insecure, unplanned outskirts areas of the camps in shelters that do not have locks, leaving them exposed to theft, break-ins and harassment.
- Single women and girls make up the bulk of those living in tents and makeshift shelters, without any guaranteed security.

Recommendations

IRC is uniquely prepared to address critical protection and empowerment issues facing women and girls within the new refugee population and are prepared for an expansion of services, as necessary. In order to do so, the following are recommended:

1. Collaborate with IRC Health program to ensure access to quality health services to women and girls who are survivors of rape, sexual assault and other forms of GBV.
2. Deliver age-appropriate emotional support to adolescent girls and ensure appropriate support to girl children survivors.
3. Establish female-only safe spaces for women and girls to report protection concerns and access available services.
4. Referral pathways must be adapted and updated to provide the new refugee population with access to comprehensive, safe and confidential GBV support services.
5. Other sectors including WASH, camp management, security, food and NFI distribution must take prevention and risk mitigation actions to minimize potential risks and violence to women and girls.

These recommendations are described in more detail later in the report.

2. Methodology

The goal of the assessment was to collect qualitative information to inform IRC's program design. The information sought provides a rapid overview of women's protection and empowerment issues among the Somali refugee women and girls in Hagadera camp. In an effort to rapidly access qualitative information about gender-based violence among the refugee population, the assessment methodology included focus group discussions (FGDs) (including scenario analysis), key informant interviews, and safety audits.

The FGDs were conducted in Somali and included female participants interviewed in same-sex and same-age groups (broken down into groups of 15-18 years old, 19 – 25 years old, 26 – 40 years old, and over 40). Through the FGDs, IRC spoke to over 100 women with approximately 25% of them being under the age of 18. Discussions were held over a 1½ - 2 hour period.

The assessment team conducted the nine focus groups in four outskirts locations representing the contexts in which refugee women and girls are living in the camp. The participants were first asked a series of general questions related to reasons for fleeing Somalia, the presence of single women or girls in their community, the presence of married girls under the age of 15, and access

to services. More targeted questions about safety, security, types of violence experienced by women and girls, protocols for reporting, barriers to reporting, and risk reduction actions followed the general questions.

Upon completion of the primary and secondary sets of questions, facilitators read scenarios presenting four types of GBV reportedly common in the region: Intimate Partner Violence, rape, survival sex/sexual exploitation, and early marriage. Subsequently, facilitators asked participants a series of questions that addressed their familiarity with the types of violence mentioned in the scenarios, the likelihood of reporting, barriers to reporting, types of support available to the survivors referenced in the scenarios, and actions designed to protect women and girls from these scenarios.

To supplement the information collected in the focus group discussions, the assessment team conducted 6 key informant interviews with service providers working in the outskirt areas and 6 safety audits at the reception center and in the outskirt areas. Questions on the key informant interviews were consistent with, and followed the same framework as, the focus group discussion questions.

The final element of the rapid assessment included a series of safety audits in six locations: five Outskirt blocks (L11, A11, J11, B11, and I11) and the Hagadera refugee Reception Center. The safety audits (an observational analysis) focused on identifiable problems in the categories of overall layout and site planning, overcrowding, water and sanitation, safety and security, safe space allocation, and the presence of markets, security committees, and male and/or female block leaders. The safety audit was used as a method to identify risk factors and problems with service provision that might particularly impact women and girls.

3. Findings

Protection Concerns identified by Women and Girls:

UNHCR refers to locations in which newly arriving refugees are settling as “outskirts,” or blocks that do not fall within the official borders of the original camp. While the more established areas of the refugee camps are very well planned and laid out, with access to services and support, a safety audit found that the outskirt areas are lacking in basic site planning, security measures, and safe space allocation. All five blocks audited were without planning, and had few discernable walkways. Due to the ad hoc nature of the settlement process, none of them were overcrowded, though all the population living in the blocks were exposed to outlying areas. All sites audited had limited access to water points, forcing women to cue for long periods of time, travel long distances, or experience violence or aggression at shared water points (either with other blocks or host communities). Shortage or absence of latrines (either communal or gender-specific) was identified as a problem in each of the 5 communities visited during the safety audit. These issues were confirmed by all key informants who identified the forest as the most vulnerable area for women and girls and some identified water points, distribution points, and the reception centers also as areas where women and girls are particularly vulnerable.

“There are men with guns there (*in the forest*) who will not even care if you are old, pregnant or sick. They will rape you without consideration,”

- a 22 year-old focus group participant

Universally, when questioned about locations in or near the camps where women or girls feel the least safe, participants identified the forest. Participants in multiple groups reported being harassed when collecting firewood or using the toilet, fearing being attacked or raped, or having heard of women or girls who were attacked when in the forest.

Focus group members also confirmed feeling afraid at night in the camps, due to the lack of fences, the exposure of the block and their shelters, the isolated location of the block, and the inability to lock their shelters. Participants in several groups reported the presence of “armed men” in the camps at night, with some confirming they had experienced break-ins and theft.

While certain sections of the blocks displayed higher quality shelters, the safety audit revealed a significant portion of the communities were living in makeshift shelters that could guarantee no safety. Participants felt that most of the residents of the makeshift shelters were female headed households, or single women and girls. None of the sites visited had a clearly delineated safe space for single women or girls, or female headed households. Only one block had access to a school, which was located in a nearby block within walking distance. All other blocks audited were without schools, markets, or security committees. Two blocks reported having block leaders, with only one having both a male and female block leader.

GBV: Rape and Sexual Violence

All nine focus groups and all key informants identified sexual violence and rape as the biggest concern for women and girls while fleeing Somalia and when crossing into Kenya. Participants reported women and girls were raped in front of their husbands, at the insistence of “bandits” or “men with guns,” or were forced to strip down naked, and were raped by multiple perpetrators. One participant reported, “while we were walking, if the men with the guns saw a pretty girl, they would take her and they would keep her.” Participants in other groups confirmed the practice of women and girls being kidnapped and held for periods of time, with one woman disclosing that she had been held for 2 days.

“The rapes and kidnappings are still happening.”

-Focus group participant in Hagadera

When asked to describe types of violence women and girls were experiencing currently in the camps, participants in eight of the groups reported that sexual violence is still pervasive, most particularly when women and girls are collecting firewood or have to use the forest as a latrine. All key informants reported the pervasiveness of sexual violence in the camps. Participants in two groups reported that “men with guns” are coming into the camps at night and raping women when their “husbands are chased away.” Responses to further questions indicated high levels of impunity for perpetrators, with most going unpunished or disappearing. Only one group reported that no violence was being perpetrated against women and girls since arriving in the camps.

GBV: IPV, Early Marriage and Survival Sex

When probed directly, the majority of focus group participants confirmed that IPV, early marriage and survival sex were also of concern and were currently occurring in their communities. Participants identified IPV as the most common form of GBV occurring in the current context, and this was corroborated by key informant interviews.

Some participants in all of the groups confirmed the presence of girls under the age of 15 who were married, though many added that this was something that was more common prior to arriving in the camp. The focus groups with participants between the ages of 15 and 18 were most likely to identify early marriage as the most common form of violence experienced by women and girls. Reasons most often cited for forced marriages at an early age included families receiving money in exchange for the marriage (one participant said, “if I don’t do my duty, they will beat and curse me.”), or families wanting to “protect” their daughters from pregnancy “out

of wedlock”, a reference to girls becoming pregnant as a result of rape⁵. However, there was not universal agreement on the presence of girls married under the age of 15 and in some groups, there were participants who reported that it did not happen at all, either before or since arriving in Kenya. Key informants reported seeing a high number of married girls under the age of 15 and explained that this lack of disclosure of forced or early marriages may reflect information given to communities on the legalities of early marriage by service providers at registration and in the camp. Regardless, it is clear from the discussions that some girls under the age of 15 have been or are at risk of being forced to marry which raises longer-term protection concerns in terms of negative reproductive health consequences including HIV/AIDs, social isolation and greater risk of IPV.

The issue of survival sex was identified as a type of violence occurring in the camps, however most participants did not feel comfortable speaking in further detail about the issue. It can be deduced from the information collected during this assessment and previous assessments that due to barriers inhibiting women from accessing services, transport issues from the reception centers and extreme vulnerability of single women and adolescent girls, the conditions are conducive to high rates of survival sex.

Lack of Safe Access to Services:

Across all groups, women and girls identified clear and present barriers that inhibited their ability to access available services and raised clear protection concerns. This included culturally appropriate and sufficient latrines (which women and girls have been coping with by going to the forest to use as a toilet), safely getting humanitarian goods (women reported experiencing violence at distribution points by men pushing themselves to the front of the line or stealing goods from women and girls), lack of basic security, and a dearth of water points.

The safety audit of the reception center raised security and protection concerns particularly for single girls and women as female headed households. Although there was a good gender balance of staff, generally safe waiting areas (though no waiting areas identified specifically for females), and gender-specific latrines, there was no transport or support provided to beneficiaries to get to their identified blocks. Key informants confirmed that those individuals who cannot afford to pay for transport are often forced to sell their items in exchange for transport. There were also reports of theft of goods while within the reception center with a higher reporting rate among female headed households who would be forced to leave their NFI kits unattended (or attended by children) while going to collect their food baskets. Both of these issues raise protection risks for women who risk losing some of their humanitarian aid or are at risk of sexual exploitation or other violations to secure transport.

Help-seeking Behaviors:

The participants reported that most women or girls who had been raped would very likely not report to anyone, due to fear of being blamed, shame, or fear of being identified as being “unmarriageable” by their families and communities: *“If you tell, no one will help. It is better to be safe, and tell no one.”* This information was supported by most of the key informants who thought that women would seek no support or tell no one. All informants reported that survivors would be blamed by their families for being raped, and the majority claimed they would be kicked out of their houses if they told. Those focus group participants who reported that the few woman or girl survivors who would seek support, care, or treatment would do so at the hospital or would turn to her mother. The participants in the 15 to 18 age groups were unable to identify where any survivor of sexual violence would go for support or treatment outside of her family. The

⁵ It was unclear whether or not girls were forced to marry the men who had raped them, whether they were forced to marry one man after having been raped by another, or whether families saw this measure as “preventative.”

majority of the key informants reported that they felt that most women and girls are unaware of the services available to them.

When asked where women or girls would go to for support with a security concern, most participants did not know where to go, or felt that there was nowhere to go. Those who did identify security support reported they would seek support from their block leaders.

Who is at Risk:

“A single woman stands alone.”

-a participant between the age of 19-25

All groups identified that those most vulnerable to risk and violence were single women, especially those with children, girls under the age of 15, girls who have “gotten pregnant out of wedlock” (in some cases, this was a reference to girls who had been raped and have become pregnant as a result), and “those who are not married.” All groups confirmed a significant presence of single women and girls in their communities, identifying that many of these women and girls had been married at one time, but were currently either widowed, divorced, or had been separated from their husbands during flight. Participants reported that single women and girls are particularly vulnerable as they must rely on the support of other members of the community and have no one to “protect” them.

All of key informants confirmed the presence of high numbers of single women and girls in the communities, and that these groups were most at risk of violence. Each confirmed that single women and girls were particularly vulnerable when collecting firewood (as they would have to do so without the accompaniment of a father or husband), during distributions, or when trying to access shelter.

Risk Reduction Strategies:

Risk reduction strategies identified by focus group participants were firewood collection patrols. In key informant interviews, strategies focused on community safety patrols, safe locks on shelters and firewood collection patrols.

4. Conclusions

The information collected from the rapid assessment clearly indicates women and girls are suffering from sexual violence during flight or while crossing the borders. It is possible to drastically mitigate the health consequences by ensuring these survivors get immediate care. Even up to five days after an assault emergency contraceptives can be effective. It should be recognized that there are an untold number of survivors crossing into Kenya and efforts should be made to ensure they get at least the minimum support outline in the recommendations below. Even in the supposed refuge of the outskirts sexual violence remains a priority concern for women and girls in the camp. There also clear and ongoing protection concerns for women and girls including safe access to basic services including latrines, harassment and theft.

The identified protection concerns including GBV can be mitigated by meeting the minimum standards in responding to emergencies though out all sector interventions as outlined in the *IASC GBV Guidelines in Emergencies*⁶. These include:

- Coordination:
 - o Establish coordination mechanisms and orient partners
 - o Advocate and raise funds
 - o Ensure sphere standards are disseminated and adhered to

⁶ IASC GBV Guidelines in Emergencies 2005

- Protection:
 - Assess security and define protection strategy
 - Provide security in accordance with needs
 - Advocate for implementation of and compliance with international instruments
- Water and Sanitation:
 - Implement safe water/sanitation programs
- Food Security and Nutrition:
 - Implement safe food security and nutrition programs
- Shelter and Site Planning, and NFIs:
 - Implement safe site planning and shelter programs
 - Ensure that survivors of sexual violence have safe shelter
 - Implement safe fuel collection strategies
 - Provide sanitary materials to women and girls
- Health and Community Services:
 - Ensure women's access to basic health services
 - Provide sexual violence-related health services
 - Provide community-based psychological and social support for survivors
- Education:
 - Ensure girls' and boys' access to safe education
- Information Education Communication:
 - Inform community about sexual violence and available services
 - Disseminate information on International Humanitarian Laws to arms bearers

5. Recommendations

The IRC is uniquely prepared to meet the needs related to the specific protection and empowerment concerns of women and girls within Hagadera camp (particularly the outskirts areas) and are ready to expand services. While the acute emergency will end at some point, all indications are that due to a combination of conflict and natural disaster this will be a protected emergency. It is essential that the country program mobilize funding to appropriately staff and resource the GBV program in order to meet the immediate and longer terms needs in IRC's operational areas.

1. Collaborate with the IRC health program to ensure access to quality health services for women and girls who are survivors of rape, sexual assault and other forms of GBV⁷

In collaboration with the IRC Health program training must be provided to health staff on GBV survivor-centered approaches, age-appropriate treatment methodologies, case identification, and GBV case management protocols.

IRC's Health program (specifically in Out Patients Department, Health Posts, and Support Center) should ensure immediate access to comprehensive health services to survivors of sexual violence. This includes

- clinical management of rape for adult and child survivors,
- Minimum Initial Service Package (MISP),
- All health promotion activities, both in the camps and at the reception center health screening sites, should include information about health services available to adult and child survivors of rape, sexual assault, intimate partner violence and other forms of GBV at the IRC Health clinic.

As the immediate emergency settles health workers should be provided with more in depth training how to handle other forms of GBV including interpersonal violence (IPV).

⁷ IASC GBV Guidelines in Emergencies, Action Sheet 8.2: Provide sexual-violence related health services. Page 66. 2005

Access issues must also be considered including providing for transport to health care services from the outskirt areas of the camp to the IRC Support Center.

2. Deliver age-appropriate emotional support to girl children and adolescent girl survivors⁸

The IRC WPE emergency program will deliver age-appropriate emotional support activities to adolescent girls and ensure appropriate support to girl children survivors.

- Ensuring that key messages are designed for adolescent girls to ensure they know where to access services.
- Training for health workers, child protection actors and new WPE staff on IRC's Guiding Principles on working with child and adolescent survivors.

3. Establish female-only safe spaces for women and girls to report protection concerns and access available services⁹

The IRC WPE emergency program must establish accessible safe spaces for women and girls¹⁰ in those areas settled by recent refugee arrivals including the outskirt blocks of Hagadera camp and/or the newly established camp. This will allow for a safe environment for women and girls to report protection concerns, incidents of GBV and to effectively access support activities. As per minimum standards, psychosocial support program strategies at the safe spaces should include:

- Provision of case management,
- Counseling services,
- Group support services,
- Outreach activities,
- Immediate referrals to health services and other relevant support services, and
- Distribution of dignity kits¹¹ (done in coordination and collaboration with LWF and UNHCR).

These services must be relevant to adult and older adolescent girls which potentially requires separate hours for different age groups and different outreach techniques.

To ensure that these psychosocial support strategies can be effectively implemented, IRC's WPE emergency program should include an Emergency Assistant Manager and Emergency Officer to oversee emergency-specific programming; 3 Emergency psychosocial support assistants (including capacity to provide in-depth counseling¹²) based at safe spaces; 16 Outreach workers (2-3 per Outskirt block).

5. Referral pathways must be adapted and updated to provide the new refugee population access to comprehensive, safe and confidential GBV support services.

IRC's WPE emergency program must review and adapt existing referral protocols to ensure immediate access of the new refugee populations in the Outskirt areas, and in the pending

⁸ IASC GBV Guidelines in Emergencies, Action Sheet 8.3: Provide community-based psychological and social support. Page 69-70. 2005

⁹ IASC GBV Guidelines in Emergencies, Action Sheet 8.3: Provide community-based psychological and social support. Page 69-70. 2005

¹⁰ Safe spaces are not restricted to permanent or semi-permanent structures. They can be in pre-existing buildings or in open areas. They provide a small space in which women and girls can access information and voice their concerns in a safe and private manner.

¹¹ Dignity Kits include 2 wraps, 2 pairs of underwear, 1 pair of slippers, soap, sanitary materials (pieces of absorbent cotton), and one whistle or solar-powered flashlight.

¹² Due to the specific capacity of the existing GBV counseling staff in Dadaab, the provision of more in-depth counseling services can be incorporated into the PSS strategy for emergency response.

camps, to comprehensive, safe, and confidential GBV support services. Existing referral pathways are relevant to the more established refugee populations within the camp. For instance, referral protocols at the Hagadera refugee camp include linkages between the health screening centers, GBV, and child protection. Survivors who present at any three of these desks are referred immediately to the IRC hospital, with a referral card ensuring them immediate access to the IRC Women's Support Center, with follow up on case management of adult survivors conducted by IRC WPE staff, and by child protection actors of relevant child survivor cases. It is imperative that similar referral mechanisms and structures are established for the new refugee population among existing and new services providers, including the provision of clinical care for survivors of sexual assault.

6. Collaborate with other sectors including WASH, camp management, security, food and NFI distribution to ensure minimum standards are met to prevent or mitigate the risk of violence to women and girls.

All IRC sectors have a role to play in reducing the risk of violence against women and girls. In sectors that IRC are working in, we should be meeting the minimum standards as outlined in the *IASC GBV Guidelines in Emergencies*. For sectors or activities that are done by other actors we should be advocating for adherence to the minimum standard. Specifically this includes prioritizing risk reduction in,

- WASH
- Camp management,
- Security,
- Food and NFI distribution,

This will minimize the potential of women and girls being exposed to violence when trying to access latrines, when living in their blocks, when collecting firewood, or when collecting food or NFIs. Priorities should include advocacy around increased provision of sex-specific latrines in less public areas, firewood collection patrols, better site planning of outskirts areas (including areas identified for female headed-households, fences around outskirts blocks, and safe space provision), provision of transport from reception sites to new settlement locations, and gender-specific food/NFI distribution times. IRC should advocate for, and establish referral linkages with, fuel efficient stove and firewood distribution initiatives¹³, both of which are currently being implemented in camps and reception centers.

Messages and information distributed by other IRC sectors should be in line with the minimum standards and ensure the protection and rights of women and girls.

¹³ Both the FES and the firewood distribution initiatives are implemented by GIZ in Hagadera. Vulnerable women identified in the reception centers are provided with a fuel efficient stove before leaving the center. Firewood distribution activities are implemented in several areas of the existing camp, though not yet in the new Outskirt blocks, but are considered to meet a very small percentage of the need.