Community Wellbeing Initiative

IRC Ethiopia

GENDER-BASED VIOLENCE EMERGENCY ASSESSMENT

Halewen Refugee Camp, Dolo Ado, Ethiopia

September 2011

EXECUTIVE SUMMARY

Background

The drought in the Horn and East Africa has been described as the worst in 60 years, with an estimated 12.5 million people facing a severe food crisis and in urgent need of emergency assistance. Poor rains have led to crop failure, loss of livestock, and soaring food prices. These conditions combined with continued unrest in Somalia, has driven large numbers of refugees into the Dolo Ado refugee camps in Ethiopia's southern Somali Region. The population of the Dolo Ado refugee camps now stands at 124,668[1], with refugees in one of four locations—Bokolmayo, Melkadida, Kobe and Halewen camps. Since opening in August, the Halewen camp population has grown to 20,774. Ethiopia's Administration for Refugee and Returnee Affairs (ARRA) has identified a site for a fifth camp, planned to accommodate another 60,000-80,000 refugees should the refugee population in Dolo Ado continue to grow at recent rates.

According to UNHCR figures, 53.4% of the population of Halewen camp is female, 61.9% of whom are under the age of 18. A majority of the households are female-headed and adolescent girls (aged 12-17) which make up 15.1% of the population across the four existing camps.[2] Conflict, drought, and displacement have heightened women's and girls' vulnerability to protection issues, including GBV, both while fleeing Somalia and since arriving to the camp.[3] Community members identified single women, female-headed households, and adolescent girls as the most vulnerable populations in Halewen. In emergency settings, female-headed households typically face barriers to safely accessing food and non-food items, placing women and girls in these households at greater risk of sexual exploitation, violence and early marriage. The dearth of camp-based services and competition for basic amenities like shelter, water, and sanitation facilities, disproportionally affect women and girls and have grave consequences.

Protection Issues Affecting Women and Girls

Key findings from the International Rescue Committee's (IRC) assessment highlight multiple unmet protection concerns, particularly rape and sexual assault, among female arrivals:

Rape and sexual violence have been identified by focus group discussion participants and key informants as among the most pressing concerns for women and girls while fleeing Somalia and as an ongoing issue since arriving in Halewen camp.

Intimate partner violence (IPV) and physical assault were identified as other forms of violence perpetrated against women and girls currently living the camp. These occur within the home, in the camp setting, and when women and girls leave the camp environs to collect firewood or seek privacy to use the toilet.

Survivors are unlikely to report GBV or seek care or support for fear that their families will blame them, they will be exposed to further abuse, or they will be abandoned or ostracized by their families and the community.

[1] All population statistics are derived from the UNHCR Dollo Ado Population Statistical Report dated September 29, 2011.

[2] Adolescent boys make up 15.8% of the camps' population; the 18-59 years of age range is comprised of 19.2% women and only 10.8% men.

[3] The IRC's July 2011 GBV rapid assessment in Hagadera Camp, Dadaab, Kenya, in response to the same influx of Somali refugees, highlights similar protection violations and risks. *Gender-based Violence Rapid Assessment, Dadaab, Kenya, July 2011, IRC*.

Adolescent girls and single women, over-represented in Halewen camp, were identified as most at risk of GBV, particularly when collecting firewood.

Recommendations

The IRC is uniquely prepared to address the critical gender-based violence issues facing women and girls in Halewen camp. In order to do so, the following strategies are recommended:

1. **Collaborate with health partners to ensure access to quality health services for women and girls who are survivors of rape, sexual assault and other forms of GBV.**

2. **Provide age-appropriate emotional support to adolescent girls and girl child survivors.**

3. **Establish female-centered centers and spaces for women and girls to report protection concerns and access available information and services.**

4. **Lead development of clear GBV referral protocols to ensure access to immediate comprehensive, safe and confidential GBV support services.**

5. **Strengthen coordination between IRC's Community Wellbeing Initiative (CWI)[4] and other sectors including camp management, WASH, security, and food and NFI distribution, for prevention and risk mitigation actions in order to minimize potential risks and violence to women and girls.**

These recommendations are described in further detail in the report.

METHODOLOGY

The primary goal of the assessment was to access information about the experiences of women and girls to better inform and influence a targeted GBV response strategy. The information collected provides an overview of the current safety and security concerns of women and girls, the risk factors for women and girls' safety and security in Halewen camp, and the safety and security problems that women and girls may have experienced in transit from Somalia before arriving in the camp that impact their current wellbeing.

Four types of data collection were used: Introductory Interviews, Key Informant Interviews, Focus Group Discussions, and Camp Safety Audits. Data collection was conducted by an IRC assessment team of six people, including three female and three male members of the IRC Ethiopia country program. Three of the team members spoke May May and Somali[5] fluently; three were fluent in English and Somali. The assessment team was trained for two days before beginning data collection. The training included basic assessment principles, qualitative assessment skills, and a specific focus on the assessment tools used. Throughout the assessment process, team members selected respondents from

[4] In early 2011, the IRC Gender-based Violence Program in Ethiopia changed its name to the Community Wellbeing Initiative (CWI). Globally it is recognized that preventing violence against women and girls and providing quality services to survivors of GBV *benefits the wellbeing of the whole community.* Therefore, the name CWI better captures the vision and approach of IRC's program.

[5] Although 'Somali' is the commonly understood name of the main language spoken in Somalia, this language was referred to as 'Mahateri' in the camp.

different sections of the camp to capture a diversity of experiences and backgrounds and obtained verbal informed consent from all adult participants. For adolescents between the ages of 15-18, who were in the camp with their families, parental permission was obtained first, and then consent was sought from the adolescents themselves.

The first phase of the assessment included introductory interviews with 33 women and girls 15 years old and above who were selected on an ad hoc basis and asked to generate two separate lists on key themes that would provide initial qualitative information. The respondents focused on two themes: "safety and security problems faced by women and girls in the camps currently" and "safety and security problems faced by women and girls as they traveled from their homes in Somalia to the camps." "Problems", as identified by the respondents, were defined broadly to gather data on a range of issues and to keep the introductory interview open ended. Enumerators probed for as many responses as possible with each respondent and, after generating the two lists, respondents were asked to provide a short description of each problem.

Key informant interviews were conducted to gain more in-depth knowledge about the safety and security concerns identified by women and girls in the introductory interviews. More comprehensive information was sought regarding a range of additional issues impacting the wellbeing of women and girls, community responses to violence and suggestions for improving the safety and security in the camp. Key informant participants were selected based on whether they held leadership positions in the camp currently or in their home communities in Somalia. Key informants were first identified by the introductory interviewees, with further suggestions solicited from the first few key informants that were interviewed. Fourteen people were interviewed, 29% of whom were female. Nearly 60% of respondents were over 50 years old, and the youngest was 33 years old.

Focus group discussions (FGDs) were conducted in a variety of locations in the camp. Twenty FGDs were completed with 194 camp residents (90% female). Five FGDs were conducted with adolescents aged 15-18 years old (four groups of female and one group of male participants). Fifteen FGDs (14 female and one male) were conducted with adults over the age of 18. To secure additional data regarding women and girls' current experiences in the camp, eight additional FGDs were conducted that centered around four context-specific scenarios. After facilitators read the set of scenarios aloud, participants were asked a series of questions related to the scenarios' occurrence in Somalia and since the community's arrival in Ethiopia and the camp. Participants were also asked about the contexts in which the scenarios would most likely occur, and the frequency of the situations presented in the participants' current living environment.

The final assessment phase included a series of safety audits (an observational tool) focused on identifiable risks and safety concerns associated with the camp layout and the availability of and access to services and safe spaces. The safety audits were conducted in five different sections of the camp.

In total, data collection included 239 individuals. Among these, 88% were female, 12% male; 23% under 18 years of age, 35% between 19-30 years old (all female), 39% between 31-50 years old, and 3% over 51 years old.

FINDINGS

Protection Concerns Identified by Women and Girls

> Every family has at least one girl who has experienced rape. In my family, my sister and my cousin have been raped. In Somalia, girls [are attacked] all the time.
> *Adult woman, FGD participant*

Refugees in Halewen camp self-identified causes of displacement as famine- and drought-related, compounded by conflict and insecurity. A refugee leader explained, "We all came to the border by foot and fear." The assessment evidenced that women and girls continue to experience sexual violence, physical assault and harassment (within the home, inside the community, and outside the camp), and practices such as forced and early marriage. Women and girls interviewed confirmed that sexual violence was pervasive in Somalia, particularly during flight. One key informant reported, "In Somalia, rape is uncountable."[6]

In addition to the sexual violence associated with flight and firewood collection, participants confirmed that it is typical for girls to marry at very young ages to secure money and resources for their families.

> Young girls are marrying men because their parents order them to do so. The family needs the money and it is traditional. She cannot refuse because she will be beaten.
> *Adolescent girl, FGD participant*

All scenario-based FGD participants confirmed that rape, sexual harassment, physical assault and intimate partner violence continue to plague women and girls since arriving in Halewen camp. Those interviewed most frequently associated rape and physical assault by strangers with firewood collection. Women and girls in all of these FGDs reported that they had heard of women and girls being raped since their arrival in Ethiopia, as well as being chased, harassed, or physically assaulted. One adult woman stated, "We are afraid to collect firewood. We [will] not send our daughters to collect firewood as they might get attacked."

Numerous multi-sectoral risks were identified during interviews and discussions, and reinforced through the safety audits. Collection of firewood, living in tents with no means to secure them, residing in locations with no lighting, travelling significant distances to water points, and a shortage of latrines were identified as key risk factors faced by women and girls. All 12 FGDs and nine of the 14 key informant interviews identified firewood collection as an event when women and girls feel the least safe, putting them at serious risk of bodily harm, insults, threats and discrimination.

Individuals reported that women and girls are at risk when in their tents, as shelter is constructed of "weak materials," often lacks doors, and offers no lock or substantive security measure. One key informant said, "The houses we are living in are not safe. Some of us sleep outside [and] we believe that women and girls will face rape. Our house has no doors."[7]

Many camp residents reside far from water points, forcing them to travel significant distances to access water.[8] One FGD participant stated, "Sometimes men come to the water fetching areas and want to fetch water and sometimes they use force and they may beat the girls."[9]

[6] Adolescent male, FGD.
[7] Adult female, FGD.
[8] Safety Audits 1-5.

Latrines were identified as a risk factor during the interviews, FGDs and safety audits, as there are currently very few latrines in Halewen camp. The latrines that are available are temporary structures made of plastic sheeting with doors that cannot be closed; in some areas there are no latrines, thus many people are using the bush.[10] One respondent said, "When we want to use the latrine we go to the forest."[11] A key informant said that women and girls "are not comfortable in going to the latrine because they fear that a guy will come inside."[12]

GBV: Sexual Violence, Physical Assault, Intimate Partner Violence, Early Marriage

All of the scenarios-based FGDs identified rape and intimate partner violence as the most common type of violence currently experienced by women and girls in Halewen, with one adult female participant reporting having heard of six women who had been raped since arriving in Halewen.[13] Participants told facilitators that women and girls are most at risk of rape while collecting firewood, or when leaving the camp for any reason. Participants also reported that women and girls are frequently chased, harassed, and threatened with knives and sticks when outside the camp. A male traditional healer explained, "We [have] come across violence while collecting firewood. Women and girls are afraid, thinking that they will be raped or physically assaulted."[14]

Participants in several groups reported that, in addition to sexual violence, intimate partner violence and physical assault by strangers (often associated with firewood collection) were daily occurrences for women and girls in Halewen. An adult woman in an FGD group shared, "My husband is always beating me, chewing chat, and taking from me my own things and resources."

When key informants and FGD participants were asked about how "the community usually addresses/deals with this type of violence," respondents reported that survivors are exposed to insults, discrimination, blame, accusations and isolation, may be forced to marry the perpetrator, or face additional risks to their safety and wellbeing. One key informant in Halewen stated, "Most of the times the community discriminates [against] the women and girls who got raped. As a result, they will keep the incident a secret and will not tell anyone about it. The problem will be in the girl who faced [the rape]."[15]

> We know that we should stay silent.
> *Adolescent girl, FGD participant*

During the FGDs, although some stated that those survivors who report would most likely do so to refugee or clan leaders, participants reinforced the same information revealed by key informants, namely that most survivors would choose not to report or seek support for multiple reasons. Survivors would likely fear reprisal by the perpetrator, stigmatization and blame by their families and community, further beatings by partners or spouses, or being abandoned by their families.

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[9] Adolescent male, FGD.
[10] Safety Audits 1-5.
[11] Adult female, FGD.
[12] Traditional Leader, Male, Key Informant.
[13] FGD participants were asked to respect survivor confidentiality while in the discussions and were discouraged from sharing names or identifying information during the discussions.
[14] Traditional Leader, Male, Key Informant.
[15] Traditional Healer, Male, Key Informant.

A few community members commented that some survivors would receive support and care from the community, although this sentiment was often contradicted with references to "blaming the survivor" or holding her accountable for being raped. One respondent said, "The community is two parts. Some are criticizing and blaming her saying that she was not [a] good girl and some believe her and if they can help her they do."[16] Another respondent said, "The people are [of] two types. Some are very upset and worry what happened to her. The other type accuses her saying she refused me before so it is okay what happened to her."[17] The majority of responses recognized that most of the community would treat a survivor poorly.

In none of the focus groups did participants report that a survivor of violence would seek medical care or any form of emotional support. Most participants in the focus groups didn't know where a woman could go for help outside of the refugee or clan leadership structure. In one group, a participant reported that a survivor could go to "the organizations" for help, but was unable to articulate which organization she would approach.

Who is at risk?

"Women being alone" was one of the risk factors most frequently mentioned in the introductory and key informant interviews and FGDs. Most respondents reported that women and girls who are alone are most vulnerable to violence. All groups of interviewees also confirmed that girls under the age of 18 are particularly vulnerable. One female camp member said, "If she [a girl] is alone, she is ready meat and everyone tries to reach her."[18]

It was reported that unaccompanied women and girls living in the camp face difficulty in meeting basic needs, such as accessing food, water, and health care. These same respondents also recounted that women and girls, particularly those who are "alone", are more exposed to insecurity and violence. One respondent said, "The lonely woman is not free of fear. She can't sleep peacefully at night."[19]

When asked questions about the context in which these types of violence are most likely to occur, FGD participants reported that women and girls who leave the camp for any reason, and specifically those who go to collect firewood, are most at risk of sexual violence, while women who are assaulted or abused by their husbands are most likely to experience such violence when the husband has been chewing "chat" or "mira."

Risk-Reduction Strategies

'[P]rotect us . . . give us safety.'[20]

A significant percentage of key informants (85%) and FGD participants (36%) reported that provision of firewood, an alternative fuel source, or negotiating safe access during firewood collection would significantly minimize women and girls' exposure to risk and violence. Participants also suggested that more effectively securing tents and shelters, with locks provided to new arrivals, would increase safety.

[16] Adolescent male, FGD.
[17] Adult female, FGD.
[18] Adult female, FGD.
[19] Adolescent male, FGD.
[20] Adult female, FGD.

Sixty-two percent of key informants and 27% of FGD participants identified improved access to sanitation facilities, with separate latrines for women and girls and additional latrines per household, as effective approaches to minimize exposure to risk and violence.

Regular patrols conducted in, outside, and around the camp by a well-trained, professional police force, including known and identifiable focal points for receiving cases of violence against women and girls, would increase community members' sense of safety and security while also minimizing potential for risk and violence. Multiple participants suggested that collaboration between community-based safety groups and the police force would foster a safer and more secure living environment.

Conclusion

The information collected in this assessment indicates that women and girls are in constant fear of, and exposure to, physical and sexual violence and harassment. It should be recognized that community members disclosed that most survivors of GBV would not choose to report or seek support in an effort to protect themselves from further violence and risk. Although they are likely to remain silent for fear of reprisals, it is clear that women and girls experience ongoing violence in Halewen. It is also evident that women and girls experienced significant levels of sexual violence and physical assault while traveling from Somalia, and continue to be exposed to further violence, particularly while collecting firewood or attempting to access water and toilets, since arriving in Ethiopia. Additional ongoing protection concerns for women and girls include safe access to basic services such as food, non-food items, and health care.

These identified protection concerns can be addressed and mitigated by all sectors through meeting minimum GBV programming standards for emergency response. These risk-reduction strategies, all of which can and should be adapted to the local context, are outlined in the *IASC GBV Guidelines in Emergencies*.

RECOMMENDATIONS

The IRC is uniquely prepared to address the needs related to the specific protection concerns of women and girls in Halewen. Due to a combination of conflict and natural disaster, it is likely that the Dolo Ado camps will continue to be in a protracted emergency. It is essential that funding is sustained to appropriately staff and resource the CWI's targeted GBV emergency program, and others like it, to meet the immediate and longer terms needs of Somali refugees in Ethiopia. Sector-specific recommendations include:

1. **Collaborate with health partners to ensure access to quality health services for women and girls who are survivors of rape, sexual assault and other forms of GBV.**[21]

In collaboration with all existing health partners, training must be provided to health staff on GBV survivor-centered approaches, age-appropriate treatment and methodologies, case identification, and GBV case management protocols. All health initiatives 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),

[21] *IASC GBV Guidelines in Emergencies,* Action Sheet 8.2: Provide sexual-violence related health services, p. 66, 2005.

- All health promotion activities in the camp, at reception and transit centers and at 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, and the nearest health facility providing such services.

Access issues must also be considered, including provision of transport to health care services from the outer areas of the camp to available health facilities.

2. Deliver age-appropriate emotional support to adolescent girls and child survivors.[22]

- All sectors, including the IRC CWI emergency program, should deliver age-appropriate emotional support services and activities to adolescent girls and ensure appropriate support to child survivors. This includes ensuring that key messages are designed for adolescent girls and that they know where to access services.
- Training should be provided for health workers, community services staff, child protection actors and CWI 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 services.[23]

The IRC CWI emergency program must establish accessible centers for women and girls in Halewen. These centers will allow safe environments for women and girls to report protection concerns and incidents of GBV to effectively access services and support. As per minimum standards, psychosocial support strategies at the centers[24] 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 kits (in coordination and collaboration with ARRA, UNHCR, and other partners).

The services within the safe spaces must be relevant to adult and older adolescent girls, which will require separate hours for different age groups as well as different outreach techniques.

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

IRC's CWI emergency program, in conjunction with other relevant actors and sectors, must finalize the referral pathway to facilitate immediate access to comprehensive, safe, and confidential GBV support services for the refugee population in Halewen. Survivors who report to community services, camp management, reception and transit centers, should be immediately referred to the CWI program and relevant health partners.

[22] *IASC GBV Guidelines in Emergencies,* Action Sheet 8.3: Provide community-based psychological and social support, p. 69-70, 2005.
[23] *Id.*
[24] Women and girls in the FGDs stated that they would like these spaces to be called "Women's and Girls' Wellness Centers".

5. **Collaborate with other sectors including WASH, community services, camp management, and security to ensure minimum standards are met to prevent or mitigate the risk of violence to women and girls.**

All sectors have a role to play in reducing the risk of violence against women and girls and should meet the minimum standards outlined in the *IASC GBV Guidelines in Emergencies*. Advocacy should be undertaken to promote adherence to these and other minimum standards. Specifically, this includes prioritizing risk reduction in the WASH, camp management, community services, security, and food and NFI distribution sectors. Such action will help 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 receiving food or NFIs. Priorities should include advocacy around increased provision of gender-specific latrines, firewood collection patrols, effective site planning, available lighting at night, provision of transport to/from service locations, and gender-specific food/NFI distribution times. Messages and information distributed by IRC and other actors should conform to IASC minimum standards and ensure the protection and rights of women and girls are prioritized at all times.