

GENDER-BASED VIOLENCE ASSESSMENT SOMALI REFUGEE CAMPS – DOLO ADO, ETHIOPIA

Drought, famine, and continued instability in Somalia are forcing thousands to flee to the remote area of Dolo Ado in southern Ethiopia, where four camps - Boqolmayo, Melkadida, Kobe, and Hilawen - are now housing more than 117,000 people. Within Somalia, various forms of gender-based violence (GBV) are widespread. Newly arrived refugees report inadequate food and water as their primary reason for leaving Somalia, while some cite violence as a contributing factor. Now, Somali women and girls are facing an even greater risk of GBV, both during their journey out of Somalia and upon arrival in Dolo Ado.

At the request of the Ethiopian Administration for Refugee and Returnee Affairs (ARRA), International Medical Corps assessed GBV needs in Kobe and the Dolo Ado Reception and Transit Centers from July 20-25. The assessment identified that some refugees are experiencing violence during their journey, including rape, while crowded conditions, stress from difficult experiences, and a lack of resources may be resulting in an increase in GBV in the camps.

Understanding GBV within the Context of Somalia

Somali refugees arriving in Ethiopia have had little if any support for health, psychological, and social consequences of experiences with GBV. It is likely that newly arrived refugees 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, Somali cultural norms of women and girls come across the border with them, including:

- ▶ Sexual Violence - 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.
- ▶ Physical Violence - Refugees reported physical violence targeting women, related to both inter-clan fighting and conflict between the government and armed groups.
- ▶ Intimate Partner Violence (IPV) - In Somalia, IPV is common and 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.
- ▶ Forced/Early Marriage - Although the legal age of marriage in Somalia is 18 (16 with parental consent), early marriage is still common, leading to many economic, social, and health consequences for girls and women.
- ▶ 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 problems urinating, and later, potential childbirth complications and newborn deaths.



Risk Factors at Dolo Ado Camps in Ethiopia

Logistical issues

In the current structure, there are no separate latrines or bathing facilities for females in Kobe camp or the Transit and Reception Centers. In addition, newly arrived refugees are unaccustomed to using latrines and most prefer to relieve themselves outside. Therefore, women and girls are walking to remote locations for privacy, and also to collect water, wood, and charcoal, exposing them to possible violence.

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. Tensions between Dolo Ado host communities and refugees have existed for some time, and tensions may increase with the large influx of refugees and shared hardships related to the regional drought.

Very high proportion of children and youth

A staggering 88% of Kobe refugees are younger than 18 years old. Although UNHCR reports that few are unaccompanied, the high number of children will be difficult to protect, and they may face increased risks of sexual abuse and forced prostitution, based on experience in similar contexts.

Limited security presence

There is no lighting in the Dolo Ado refugee camps or in the Reception and Transit Centers, and no permanent security presence in the camps. While ARRA Protection Officers and local police do patrol the Reception and Transit Centers, their identity and responsibilities are unclear among refugees and service providers alike.

Lack of clinical and other services

There is no supply of post-exposure prophylaxis for HIV, a lifesaving treatment for survivors of sexual assault, in either the ARRA-run Kobe Camp Health Center or the Regional Health Bureau-run Health Center in Dolo Ado. While four staff trained in clinical care for sexual assault survivors are now working in the Kobe Health Center,

there are currently no female providers in the facility. In addition, the transferred health staff has yet to receive basic GBV training and there are no providers trained to provide post-rape care in Dolo Ado Health Center.

Conclusion

If GBV prevention and response are not recognized as a lifesaving priority in Kobe Camp and the Dolo Ado Transit and Reception Centers, there is great danger that women and girls will face increased risks of violence and possibility fatality.

Therefore, protection of women and girls, including prevention and response to GBV, must be prioritized. International Medical Corps highlights the need to:

- ▶ Strengthen the capacity of camp workers to provide timely and effective health care, as well as referral services for GBV survivors.
- ▶ Share clear and basic messages, particularly focused on response to sexual violence and prevention of sexual abuse and exploitation, with refugees in all service locations and through community leaders, refugee committee leaders, volunteers, and other focal points.
- ▶ Establish a locally appropriate referral pathway for survivors of GBV with input from refugee communities.
- ▶ Support local health care providers to ensure stocks of essential drugs and devices for post-rape care are maintained.
- ▶ Advocate for interagency measures to establish focused protection services for women and children and upgraded infrastructure to mitigate insecure conditions in the camps.



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