



ACTED

**SAFETY AUDIT REPORT
GAROWE, NUGAAL REGION
NOVEMBER 2018**

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Humanitarian Aid
and Civil Protection



SHF Somalia
Humanitarian
Fund



CCCM CLUSTER
SUPPORTING DISPLACED COMMUNITIES

I. INTRODUCTION

Between 12th to 15th Nov 2018 ACTED CCCM team in cooperation with GBV partners Muslim Aid, TASS, UNHCR and together with a representative from MOWDAFA (Ministry of Women Development and Family Affairs) conducted a Safety Audit Assessment in 21 IDPs site in Garowe, Puntland. Majority of the IDPs living in Garowe settlements come from south



Shelters in one of Garowe IDPs settlements

central part of Somalia, while others were displaced by the recent drought. Safety audits assessments enable humanitarian actors to identify observable risks and assess specific vulnerabilities of displaced population living in settlements. This Safety Audit is the second one conducted by ACTED in the 21

IDPs sites: the first one took place in June, and results were circulated to the partners in Garowe as well as with the Clusters. Specifically, the assessment was undertaken with the following objectives:

- To observe and evaluate site level protection/GBV risk associated to the camp layout, camp infrastructures and services such WASH, shelter as well as safety and security;
- To understand vulnerabilities that make affected population more expose to GBV risks, particularly women and girls;
- To recommend mitigation measures to be taken collectively by humanitarian actors to reduce the identified risks and/or vulnerabilities identified;

The analysis of findings from safety audits has been used to provide recommendations for possible mitigation actions to be taken both by ACTED and other service providers in the sites. The CCCM team will regularly follow up on the implementation of recommendations and in the next round of GBV Safety Audit, scheduled in May 2019 will monitor the effectiveness of any mitigation measures implemented and identify new risks that might need to be addressed. The report and the annexes to this report will be disseminated in order to advocate with the humanitarian community and service providers to improve the physical safety and living conditions in the sites, as well as distribution of and access to services for the affected

populations. Additionally, during a workshop that took place on 27th and 28th November 2018 in Garowe, CCCM tea presented the Safety Audit findings to colleagues and stakeholders active in Garowe sites and discuss recommendations to address identified GBV risks.

2. METHODOLOGY

The Safety Audit assessment was conducted using the Safety Audit Checklist tool for Somalia developed with support of the GBV integration guidelines team and attached to this report. The checklist was filled through a mix of observations, site walks and key informant interviews with female community members. Separate checklists were filled in for every site and respective results were entered in a data analysis matrix, also attached to this report.



A latrine and a shelter in one of Garowe IDPs settlements

Data disaggregated by sites, were analyzed to identify GBV risks, vulnerabilities and produce specific recommendations to reduce GBV threats in the sites. In order to complement the checklist tool, 2 age disaggregated Focus Group discussions were conducted, with a total of 41 women and

girls residents in the different sites. The FGD gave the team the opportunity to discuss more in depths GBV risks faced by female residents, concerns related to girls' education, early marriages and women empowerment as well as ways to overcome of the challenges faced by women and girls in the sites.

List of sites assessed in Garowe, Nugaal Region, Puntland

- | | | |
|------------------|----------------|-------------------------|
| 1. Alla amin | 8. Banadir | 15. Camp Yeman |
| 2. Alkhayrad | 9. Lafabarkato | 16. Buundo |
| 3. Tawakal | 10. Camp I | 17. Hiran |
| 4. Muuse Rootile | 11. Shabeele | 18. Sandaqadaha/Jingada |
| 5. Riiga | 12. Siliga | 19. Camp4 |
| 6. Marka | 13. Ajuuran | 20. Jilab 1 |
| 7. Waberi | 14. Allawakil | 21. Jilab 2 |

3. KEY FINDINGS

A summary of the main findings by sector, collected through the Safety Audit checklist tool for Somalia.

Camp Design and Layout

- None of the sites has a protective physical structure surrounding the site areas.
- Sandaqadaha/Jingada, Jilab 1 and Jilab 2 are planned sites with transitional shelters constructed for the affected population and therefore these are the only sites where there is enough space to easily walk between shelters and other structures. The remaining sites are overcrowded and self-settled.
- Out of the 21 sites only Sandaqadaha/Jingada, Jilab1 and Jilab2 have street or solar lights. In Jowle settlements, Shabeele, Siliga and Allawakil community uses generators for few hours at night. Camp 1 uses only one solar light located between camp Yeman and camp I, but the rest of the sites are dark at night. ACTED is currently procuring 63 street solar lights to be installed in Garowe IDPs sites.

Shelters

- The shelters in most of the sites are the traditional “bul”: structures made out of fabric, carton or improvised materials, except Sandaqadaha/Jingada, Ajuuran, Jilab1 and Jilab2 whose shelters are constructed with solid material and have lockable doors.
- Only in Marka, Jilab 1 and Jilab 2 some of shelters have private sleeping areas.
- 19 out of the 21 sites assessed have shelters that host more than 6 people. 20 out of the 21 sites assessed have shelters that host more than one family.

WASH

- Yamen, Jilab2, Camp 4, Alkhayard have no water points. Camp Yeman, Camp 4 and Alkhayard residents use the water points in the neighboring sites while Jilab 2 use water trucking.
- Jilab1 and Jilab2 ratio individuals per latrines is up to standards. Siliga, Marko and Camp1 have their latrines full and require rehabilitation and desludging. Generally, the latrines in most of the IDP sites need rehabilitation.
- 16 out of the 21 sites assessed have some of their latrines lockable from the inside. None of the sites has separate bathing/latrine facilities for females and males.

Protection

- 12 sites have active Community based protection committees or GBV focal points, and 15 sites have NGOs that provide GBV services
- 12 sites have nearby health facilities that can provide emergency care during the day, free of charge, but during the night these facilities are closed. In case of emergencies during the night, the affected population must get assistance at the main Hospital in Garowe town.

None of the sites' health facilities nearby has the capacity to provide clinical management of rape treatment: these GBV cases are referred to the main hospital.

Safety and Security

- Both adult women and adolescent girls stated that incidents of violence occur in places when they go to collect firewood.
- Most of the sites don't have security personnel responsible for the protection of the site population.
- Small shops with limited stock or inventories are located in some of the sites. There is lack of market and people take or cover a long distance to get to the main market in Garowe town, therefore access to market is a challenge for the IDP population. As main source of livelihood, women and girls go to town for domestic labor.

4. FOCUS GROUP DISCUSSIONS SUMMARY

In order to complement the assessment conducted with the Safety Audit checklist tool for Somalia, ACTED organized 2 Focus group discussions with women and girls from Garowe IDP sites, to discuss more in depths their views and concerns. A FGD was held by ACTED CCCM team together with MAWDAFA, UNHCR and TASS, at Liiban Primary School in Jowle with a group of 20 women above 20 years old, participating from all the IDP sites. A second FGD was held in Jilab IDPs on November 14, 2018, by ACTED CCCM and protection partner TASS with a group of 21 adolescents girls between 13 to 19 years old, participating from all the IDPs site of Garowe.

FGD with Women

During the discussion women talked about their views on the situation of the sites in general. They mentioned the need for protection, health and livelihood assistance. *"We are in harsh situation and we are raising our voices/concerns to you to handle three issues we face every day in our life. First issue is poor hygiene and Sanitation conditions in most of the sites. Secondly, the shelters we live in are not in good conditions: we are susceptible to any abuse or risks such as rape, thieves have access to our rooms, shelter roofs let rain water in etc. Thirdly, there is lack of transportation in the sites, in case of emergency, we don't have transport to use to seek help or assistance. Pregnant mothers walk up to the health center when their Expected Date of Delivery comes"*, one of the participants said. When asked about causes and contributing factors to violence against women in the sites, one of the participants replied *"The main cause of violence is poverty! If we are not able to build quality shelter which can protect us, then we are susceptible to any kind of violence. Latrines are far away from the homes which cause fear of having access to them, we don't have transport to use to reach the health center or markets which cause fear of getting risk or any abuse on the way. All these issues are because of poverty and we are not able to overcome all the challenges, therefore this gave rise to violence"*. When asked about most the common forms of GBV in the sites, the women listed domestic violence, rape, physical assault, emotional abuse and denial of resources. When asked what can be done and which measures can be taken to prevent GBV in the sites, the participants stated the following as mitigating measures: improving shelters,

installing solar lights near the latrines or communal areas, supporting families with livelihood programs, increasing awareness on protection and human rights. Women acknowledged and appreciated the protection services implemented by Protection partners TASS, PSA and Muslim aid including medical services, dignity kits, livelihood and psychosocial counselling. They also mentioned or highlighted that some of the sites have GBV focal points that are active while other sites do not have.

FGD with Girls

The adolescent girls participating to the FGD in the Jowle IDPs were very excited to get the opportunity to discuss their needs with the team. Girls seemed to be comfortable in discussing their views and concerns, separately from the women. In response to the general questions it was clear that girls have limited access to school, don't feel safe to go outside during night due to insecurity, darkness and the fear of being abused or harassed. Compared to women, girls receive less information about assistance provided to their communities.

During the FGD all adolescent girls who participated in the discussion identified rape and the fear of rape as very common during night. They reported that girls do not use the latrines at night, because *"they are close to the ones the boys use, and there is no light at night"*. They also reported some incidents of girls being attacked when using the latrines at night. Participants reported feeling safe when in the camps, but fearing attacks or harassment when leaving the sites, and stated that girls are more at risk of *"being targeted"* when outside the camps. Some of the participants reported having heard of girls being attacked at the latrines at night: *"there are men waiting at night at the latrines to attack girls"* said one of the participants. As a mitigation measure, girls affirmed that lights should be installed near the latrines in order to increase visibility and safety as this will have the potential benefit of reducing the fear girls feel at night and will create a sense of safety and security. Girls also reported lack of adequate water collection points for both drinking and domestic use: They fetch their water from the nearest borehole or water points and they are scared of harassment and attacks during water collection, particularly if the water point is far from the site. Similarly to women, girls stated that the health care center is too far away from the site; this together with lack of transportation, leads to delays in getting emergency healthcare and potentially contributes to the increase of maternal mortality rate.

Education accessibility and affordability is another issue faced by girls and women in all the sites. Girls reported that school classes stop at class four and that they don't have another school to continue with their studies. Some of the girls said that their families can't afford to pay school fees to let them continue with their studies. Finally, as reported by the participants, because there are no markets in the sites but only small kiosks, sanitary pads cannot be purchased or available in the sites due limited stock in the small shops that are located in some of the sites.

Before closing the Focus Group Discussions, the team shared with the women and the girls information about services available and organizations active in the sites. The team stressed the accent on the possibility the women have to communicate protection issues or GBV incidents to the nearest GBV focal persons and health center where they can get protection services.

5. RECOMMENDATIONS

- The condition of the roads within the sites needs to be improved in order to ensure a safe and easy access to the sites for service delivery. The main roads get flooded when it rains particularly the road between Allawakil and camp I.
- To enhance safety and security within the sites, not only for women and girls but also for the entire IDP population, there should be effective and active community watch groups (comprised of both women and men) to improve and promote site safety and conduct patrols.
- With regards to access to water, water points need to be located in a safer place where women and girls do not feel threatened or abused. Creation of water management committee composed by women or of women support groups for water collection should be explored.
- Installation of solar lights in public or communal places such as water points, near latrines to enhance security particularly at night.
- Sensitize community leaders (elders, religious leaders, district authority leaders, women's group leaders) on human rights and raise awareness on GBV and on how to mitigate the risks associated to GBV.
- Gender segregate latrines and rehabilitate latrines doors to make them lockable from the inside.
- Sensitize community leaders (elders, religious leaders, district authority leaders, women's group leaders) on human rights as well as raising awareness on GBV and on how to mitigate the risks associated to GBV.
- Empowering women through capacity building and inform them about their rights. Disseminate information, particularly with adolescents girls on services available
- Engagement with camp committees/camp leadership to promote responsibilities in ensuring camps are safe for women and girl. Activate GBV focal points in the sites where they are not active
- Health: with regards to distance to health facilities and lack of transportation, especially for overnight emergencies, establish a forum with health, protection partners and affected populations and discuss possible solutions to address this issue (such as mobile clinics, ambulance services, provision of cash to pregnant women close to delivery date to facilitate transportation to the nearest health facility).
- Education: address girls' dropout rate through awareness campaign, provision of school or scholarship for girls to access secondary education.
- Contribute to women empowerment through non formal education for women and literacy and numeracy trainings.
- Shelter: improvements of shelters particularly through provision of protection shelter features such as doors, solar lanterns, padlocks.
- NFIs: with regards to sanitary pads, more sustainable options could be explored together with the community including distribution of reusable pads in dignity kits, whenever culturally appropriate and if hygienic conditions allow.



6. ATTACHMENTS

1. Safety Audit Checklist for Somalia
2. Safety Audit Database Garowe, November 2018
3. Safety Audit Snapshots Garowe, November 2018
4. Safety Audit Action Plan, November 2018

For more information on the Safety Audit for Garowe and for the full list of attachments, please contact Ali Askar, CCCM Project Manager at ali.askar@acted.org and Elena Valentini, CCCM Technical Coordinator at elena.valentini@acted.org