ACTED CCCM team, in cooperation with its Protection partner WOCCA, conducted a Safety Audit assessment in 35 IDP sites in Baidoa between 6\textsuperscript{th} and 8\textsuperscript{th} November 2018. Safety audits assessments enable humanitarian actors to identify observable risks and assess specific vulnerabilities of displaced population living in settlements as well as to elaborate recommendations with mitigation actions to be taken to address these risks and vulnerabilities. This Safety Audit is the first one conducted by ACTED in this 35 settlements in Baidoa. The findings from safety audit were presented by ACTED during a participatory workshop that had been organized in Baidoa on 28\textsuperscript{th} and 29\textsuperscript{th} January with more than 30 partners and local authorities attending.

Methodology

The Safety Audit was conducted using the Safety Audit Checklist for Somalia. The checklist was filled in through a mix of site walks, observations and key informant interviews with female community members. The data collected were entered in a data analysis matrix and analyzed to produce recommendations to address risks and/or vulnerabilities and reduce GBV threats in the sites.

In order to complement the assessment conducted with the Safety Audit checklist tool for Somalia, ACTED Camp Management Team and WOCCA GBV case worker conducted a Focus Group Discussion at CCCM meeting hall in Bansadiq IDP site on 8\textsuperscript{th} November 2018. A total of 35 women and girls, from 35 IDP camps participated in the discussion representing the voices of the other women and girls of their communities.

For the narrative report or for information on the methodology, the list of the sites assessed, the tools used and for the complete dataset of the findings please contact Elena Valentini, CCCM Technical Coordinator at elena.valentini@acted.org and Aden Issack, Senior CCCM Officer at baidoa.cccmseniorofficer@acted.org.

Key Findings

- **Camp Layout**
  - All sites are overcrowded and self-settled. Fire risk is high due to the proximity of shelters and inexistent camp layout and design. Only 3 sites have public lighting systems.

- **Shelters**
  - Shelters in the sites are “buul”. Only 2 sites have shelters built with solid material, and only in 3 sites there are shelters that have lockable doors.
  - Most of the shelter are overcrowded and don’t have or internal partition to enhance privacy: in 8 sites shelters host more than 6 individuals and in 6 sites there are multiple families sharing shelters.

- **Key Findings**
  - 34 out of 35 sites don’t have physical structures surrounding the site and don’t have entry and exist gates hence can be accessed from everywhere.

Out of 35 IDP sites assessed only 4 have water sources (shallow well and water tanks). Most of the camps don’t have access to drinking water and IDPS walk more than 500m looking for water.

Use of traditionally three stones for cooking fire set makes fire risks high in the sites.

There are no markets in or near most of the sites but some of the IDPs have small shops that sell food and vegetables. Accessibility to town markets is limited during the rainy season because of poor conditions of the road.

WOCCA GBV case workers are active in all the 35 sites

There are no health centers in the sites but mobile health and nutrition teams served the camps weekly.

There are also Maternal and Child Health (MCH) Centers near the sites: in the most serious cases, when the MCH center has not enough capacity to support, patients are referred to Baidoa regional hospital.

The provision of quality and free education for women and girls plays a critical role in the fight against harmful traditional practices and early marriage and improve the economic status of the family.

All the sites have latrines: in 28 sites latrines are built with solid material; in 31 sites latrines are lockable from the inside and in 14 sites latrines are considered.

Goosite IDP camp is the only site with a police station less than 10 minutes’ walk from the site. The other sites have police posts nearby, but farther than 10 minute-walks.

Protection/GBV risks are high during night and when women walk long distances to look for firewood, as reported during KII and FGD.

GBV referral pathways are available for the sites assessed.

There are also private hospitals or health facilities close to the sites but most of IDPs can’t afford these services.

Throughout the discussion, the participants reiterated that education is one of the most critical areas for empowering women and girls.
Recommendation

- Improve camp design and layout, reduce overcrowding and provide safe conducive spaces for living. Because of the lack of land available in Baidoa, this needs to be accompanied by advocacy for public land, to help reducing overcrowding in the sites and reduce evictions.
- Fencing sites would enhance the safety of the residents and reduce threats and fear of most vulnerable residents.

- Installation of solar lights in public places including roads, water points and latrines will enhance security particularly at nights.
- Reduce the risks exposed to women and girls when looking firewood through the distribution of firewood or community patrolling. Distribution of fuel efficiency stove would help women to reduce fuel consumption and reduce risk of fire.

- Construction of proper shelters made of wood and metallic materials with lockable doors contributes to the safety of the residents at night.

- Sensitize community leaders (elders, religious leaders, district authority leaders, women group leaders) on human rights in relation to harmful practices, norms and values that affect women and girls.
- Community awareness and advocacy to educate and sensitize the public on GBV and women and girls’ rights.
- Safeguard the safety of latrines by installing appropriate doors and locks, solar lights for the night hours and through gender segregated sanitation facilities. Constructing additional gender segregated latrines for the sites where no latrines are close to residential areas.

- Ensure that health centers are not too far from the sites, accessible even during evening hours for and that maternal and child health care services are available. Explore ways to support transportation to health facilities for extremely vulnerable cases.
- Link Infant and young Child feeding (IYCF) mobilization sessions and nutrition for pregnant women and lactating mothers with awareness session on FGM.

- Promote access to education and particularly access to education for girls, through the construction of school facilities closer to IDP sites and awareness raising in the community. Creating a safe school environment through the provision of gender segregated sanitation facilities and distribution of dignity kits to girls to promote girls’ education and tackle dropout rate.
- Create and promote adult learning programs for women and well as livelihood projects in order to empower women with entrepreneurship skills and knowledge and small grant to set up small businesses.