

# PROTECTION CLUSTER SUPPORT MISSION TO SOMALI REGIONAL STATE; DOOLO AND GASHAMO ZONES

27 FEBRUARY – 6 MARCH 2017





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## 1. Background

The Somali Regional State is the worst drought affected region in Ethiopia. The El Nino weather phenomenon in 2015/16 induced drought which a devastating impact on the lives and livelihoods of the people in the area. Since late 2016, the region has been further affected with a new Indian Ocean Dipole -induced drought.

This drought is one of the worst droughts that occurred in decades as expressed by the local people. They named it as “Sima” which means equalizer in Somali language because it equalizes the poor, the medium and the better-offs in the same category.

It was reported that the drought has affected the lives and livelihoods of many individuals forcing them to be displaced in the region in many different newly identified sites. The Protection Cluster therefore organized a support mission in order to understand the situation on the ground and to visit some of the new displacement sites.

The support mission was divided in two teams:

- First team went to Doolo Zone, where 61,236 IDPs have been identified. Two IDP sites were visited: Walwal Kebele (400 households) and Lahelyub Kebele (1,500 households). Women and children comprised between 65 and 85% of the population in IDP sites. The mission was conducted from 1-6 March 2017.
- And the second team went to Jarar Zone and visited Gashamo town IDP site which accommodates 6791 individuals (2260 males, 4527 females as well as 1865 children under 5).

The mission took place from 27 February to 4 March 2017. In Gashamo Woreda there are five IDP sites, namely El Bahay, Haji Salah, Bali Janno, Boda Dhere and Gashamo town. The total number of IDPs hosted in the above mentioned sites is 5,361 households/32,166 individuals. The number of IDPs per site in the Woreda is; El Bahay – 2710 HHs, Haji Salah – 556 HHs, Bali Janno – 508 HHs, Boda Dhere – 480 HHs and Gashamo – 1044 HHs. According to the information received from Woreda officials, people started arriving in the IDP site two months ago from the surrounding Kebeles in the Woreda.

Mission participants were, IOM, OCHA, UN Women, UNFPA and UNHCR.

## 2. Objectives and methodology

The mission pursued two objectives:

- Visit some of the newly identified IDP sites and understand the protection situation of the IDPs with a view to preparing an evidence-based response plan for the Protection Cluster, highlighting the protection needs and the inter-sectoral entrance points and linkages.
- Support the Somali Region by identifying areas of collaboration with the government such as Disaster Preparedness & Prevention Bureau (DPPB), Bureau of Women &



Children Affairs (BoWCA)...etc. as well as humanitarian actors, with particular focus on providing support to other clusters, to strengthen humanitarian response on the ground within the drought context.

The tool used to gather information consisted of a series of open and closed questions, intended to solicit qualitative data about the cause of displacement, access to humanitarian assistance and specific protection risks. Focus group discussions and key informant interviews were conducted with four groups: (i) men and (ii) women and children (boys and girls). In Gashamo FGDs were conducted with men group that consisted of 21 individuals between the ages of 19-45, women group that consisted of 13 women between the ages of 25 - 75, girls group that consisted of 11 girls between the ages of 14- 18 and the boys group that consisted of 5 boys between the ages of 9 – 17. In Wal Wal and Lahelyub. FGDs were carried out with women, girls, men and boys group. Ten individuals participated in each of the groups.

The selection of participants was facilitated by the Woreda officials with the support of translators. The composition of participants reflected the different Kebeles the IDPs resided prior to their displacement.

### 3. Key messages

The first priority is to close the gaps in service delivery and to prioritize the identification & service delivery to the most vulnerable persons.

Cluster/service providers should work closely with the protection mobile teams that will be soon established in Somali region

- *Disabled and elderlies are mostly left behind and cannot access the available insufficient services because of their situation. Vulnerable groups of displaced persons should be identified and given priority for services.*
- *Shortage of water has been the key challenge identified in all IDP sites. In addition to the insufficient water, there is limited water storage which forces women and children to walk long distance to the nearest water points. .There is urgent need for adequate provision of water.*
- *There is absence / insufficient distribution of NFI Kits in the IDP sites visited. The kits that have been distributed in Gashamo do not contain items women and girls particularly need (Dignity Kits). Urgent provision of full NFI Kits to be distributed. There is a need for the provision of dignity kits along with the NFI distributions for women of reproductive age..*
- *There is no consistent distribution of relief food. In the last two months, food has been distributed only once.*
- *Existing mobile health services do not reach all the IDPs that have settled in the site. Adequate provision of health service is needed. In order to ensure that the health services are accessible to women, female health staff should also increase in the mobile Health Clinics.*
- *The effect of drought has caused distress for men, women and children and some men in the IDP site have committed suicide according to reports obtained from the displaced community. Psychosocial support for men, women and children is needed to reduce the level of distress.*
- *The big majority of IDP children have never gone to school, given their pastoralist life style. Furthermore there is absence/very limited access to education for children in most of IDP*

sites visited. However this is an opportunity to facilitate access to education for children who have never/irregularly attended school.

- The drought has left many livestock dead which was the source of livelihood for the IDPs. Due to this, IDPs are fully dependent on very limited support from government and humanitarian community.
- IDP settlements have been observed scattered and congested within and outside the designated IDP sites in the Woreda. The way the IDP shelters within the IDP sites are constructed is not properly planned and this could lead to sanitation and hygiene problems that can finally result to disease outbreaks in the site. Proper site planning required to ensure service is accessible for all and to avoid effect of congestion.

## 4. Key findings

### A) Gashamo Woreda

#### Protection:

It was reported that the specific needs of individuals are considered in service delivery and most vulnerable individuals are prioritized but disaggregated data is not however available to identify the number of disabled persons and elderlies within the displaced community. This may have its own effect in terms of providing specific services that target the disabled and elderly population. No specific services targeting these vulnerable groups of people have been identified either.

It was also reported that loss of livestock and other related effects of the drought increased the level of psychosocial distress of the displaced population including men, women and children. This was evidenced by the number of suicides committed by men.

In terms of relationship between the IDPs and the host community, it was reported that there is smooth relationship so far but the existing competition over resources and services may create friction between IDPs and host community.

#### WaSH:

Although there is support through water trucking by Oxfam, women and children have to wait in a long que to get water and may not even get water after waiting in line for a long time. Each household gets 20 liters of water per day which is not sufficient. It was also reported that women find it very difficult to carry water from long distance.

There is very limited latrine in the area and these latrines are not separately constructed for men and women. The latrines are located far with no light making it difficult for women and girls to use the facility forcing them to resort to open defecation. Although schools have latrines, these are mostly locked due to lack of water. According to current estimation more than 100 latrines are needed in all the IDP sites in the Woreda.

#### ES/NFI:

Out of the total displaced population in the Woreda, only 400 households have received full ES/NFI kits in Gashamo town IDP site while 2,000 loose kits have been distributed for 2,000



HHs in El-bahay IDP site leaving a total gap of 2,961 HHs in the whole Woreda. The loose kits contained only 8 items with 1 piece per household against the standard NFI kit of 15 items. The loose NFI kits distributed include only blanket, cooking pot, kettle, cup, spoon, plate, jerrican and jug.

Dignity kits were not included in the distributions as reported by the Woreda administration and IDP community. It was also noted that the shelters IDPs are using currently is not strong as explained by the IDPs themselves.

According to the Woreda administration, beneficiary selection was done on the basis of vulnerability. High priority was given to most vulnerable individuals including elderly, pregnant and lactating mothers, female headed households, disabled and chronically ill individuals, households with large number of children and so on.

### **Food:**

In order to address the shortage of food, destocking is being undertaken by the Woreda administration. One goat is being divided among five households which may not be sufficient. In terms of relief food distribution, it was reported that since the last two months there was only one government food distribution that has taken place.

### **Health:**

There was a report of Acute Watery Diarrhoea (AWD) breakout in the whole region since June 2016. To make the situation worse, there are very limited latrine facility, shelter and health centres. In Gashamo Woreda, there are only five mobile health and nutrition teams supported by Save the Children for all the five IDP sites in the Woreda. The number of partners on the ground is also very limited according to the Woreda administration.

The health centres are poorly equipped. There are no Reproductive Health Services and there are no qualified staff to deal with RH issues. The number of female staff in the health centres is very limited which discourages women from seeking the service they need. There is referral service to the Woreda hospital for complicated health issues. There is also one ambulance providing transportation service for cases that need to be referred. One challenge is there queue as many individuals look for medical services.

The carcasses of dead livestock were seen almost everywhere, especially around IDP settlements and along the Gashamo road which could lead to disease outbreaks like AWD.

### **Education:**

The IDP children, who have not been attending school before the time of displacement, explained that they were mostly involved in cattle keeping and helping family with chores. As a result, all children are kept in the beginner class which may affect the teaching and learning process due to the different level of understanding. The boys on the other hand reported that they do not attend school even during the time of displacement as they help the family with constructing shelters and collecting wood.



### **Site planning and management:**

IDP settlements have been observed scattered and congested within and outside the designated IDP sites in the Woreda. The way the IDP shelters within the IDP sites are constructed is not properly planned and this could lead to sanitation and hygiene problems that can finally result to disease outbreaks in the site. Scattered settlements can be brought together in designated IDP sites and the already congested settlements can be properly planned. This will allow accessible provision of services for the affected IDPs.

### **Livelihood:**

Income generating activities will greatly contribute to the current support that is being provided by government and humanitarian community allowing to have a more sustainable approach.

### **Operational Presence/Response:**

The government is responding to the situation in terms of food distribution and destocking with its very limited capacities. The Woreda has also mobilized 13 health professionals under the five health and nutrition mobile teams for the five IDP sites in Gashamo with the support of Save the Children which is present in the area. In terms of WaSH, Oxfam is providing water through water trucking and also working on sanitation by digging latrines. However, the support provided by the local Government as well as by Oxfam and Save the Children does not cover all the needs identified on the ground.

## **B) Doolo zone**

### **Protection:**

Men and women displayed different levels of awareness about access to humanitarian assistance, such as food and healthcare. Women and girls appear to be at risk of GBV, due to

- the absence of shelters, which means they must sleep outdoors in the open air;
- the absence of latrine and shower facilities, which means they have to walk long distances to maintain their privacy when urinating, defecating and washing;
- Conflict between husband and wives and fathers and children due to the psychological pressure on men resulting from their inability to provide for their families.

Some children have been separated from their parents, exposing them to a greater risk of child abuse and exploitation and psychological distress. The assessment team encountered one case of a child-headed household.

Regarding Elderly and Disabled, IDPs reported psychological distress resulting from their having to abandon elderly and disabled relatives during displacement. Those elderly people and people living with disabilities within the IDP sites face challenges in accessing food and water, given that it is not being distributed but rather is being served at feeding centres to which they must walk.





### **Health:**

In one IDP site, Walwal, men and women displayed different levels of awareness of, and access to, healthcare facilities and services. IDPs also reported no awareness and no access to sexual and reproductive health services. The access to the closest hospital is also really difficult: around 10 km from Walwal, 50 km from Lahelyub.

Men were reported to be displaying signs of psychological trauma, due to their inability to cope with the shock resulting from the death of their livestock and the destruction of their livelihoods.

### **Food and Livelihoods:**

IDPs explained that their livelihoods were dependent on their livestock, which had died because of the drought.

In Walwal IDP settlement, food was not being distributed at household level. Instead, breakfast and lunch was being provided at feeding centres serving both host communities and IDPs, which could potentially cause tensions between these two groups if the situation continues to worsen.

Some participants also complained that they have to travel 2-4 hours to reach the feeding centres, causing them to miss their breakfast. Participants expressed a preference for food to be distributed to them, so they could cook themselves. Women complained that they would have to queue for between 2-4 hours at the feeding centers, causing fatigue and exhaustion.

In Lahelyub IDP site, men and boys and women and girls displayed different levels of awareness of and access to food assistance. Women and girls reported that food had not been distributed to them nor was it available at feeding centers. Men and boys, on the other hand, reported receiving two rounds of food distribution since their arrival.

### **WaSH:**

Wells were available in host communities and by extension for IDPs, but the quantity of water available was reported to be insufficient, especially in light of the increasing number of IDPs. IDPs also complained of physical exhaustion, which affected their ability to draw water from the wells.

There were no latrines or shower facilities available at the IDP sites.

Women and girls admitted that they were unable to maintain their personal hygiene due to water shortages and the absence of private shower facilities which are necessary to maintain their modesty.

### **Shelter and NFI:**

In both IDP sites, IDPs complained that shelter materials had not been distributed. Some of the IDPs were residing in makeshift shelters, but the majority were forced to sleep outdoors. This exposed women and girls to the risk of SGBV and made them fearful. Men complained





of incurring health problems as result of sleeping in the open, exposed to insect and animal bites.

IDPs explained that they had not received other NFIs, such as blankets, mattresses, cooking utensils, and jerry cans.

Women and girls complained that they had not received dignity kits that are important for personal hygiene, such as underwear, sheet, laundry soap, and sanitary pads.

### **Education:**

In Walwal IDP site, it was reported that children had never previously attended school and that they were not aware of any available education services.

In Lahelyub, it was reported that children had previously attended school but that they were not aware of any available education services.

## **5. Recommendations**

IDPs in Somali Region need urgent humanitarian assistance as their livelihoods have been destroyed because of the death of livestock and their lives are at risk due to chronic food and water shortages and the potential for disease outbreaks.

### **5.1 Multi-Sector Recommendations**

Strengthen the provision of:

- Essential healthcare facilities and services;
- Water, sanitation and hygiene facilities and services;
- Food and nutrition assistance;
- Shelter and NFIs (particularly sleeping mats, blankets, clothes, soap and menstrual hygiene materials).

Ensure that all members of the affected population (including men, women, boys, girls, the elderly and disabled persons) are aware of and able to access humanitarian assistance, particularly food, nutrition and healthcare facilities and services. Be sensitive to practical and cultural barriers that may impede access.

Vulnerable groups should be identified and prioritized for services. In addition, services need to address the specific needs of vulnerable groups.

Take steps to prevent and respond to sexual abuse and exploitation. Establish confidential complaint mechanisms to receive and investigate allegations of sexual abuse and exploitation experienced by beneficiaries in seeking or receiving humanitarian assistance.

## 5.2 Sector-Specific Recommendations

### **A. Healthcare**

A.1 Ensure the availability of 'Minimum Initial Service Package' for reproductive health in crises.

A.2. In order to ensure that the health services are accessible to women, female health staff should increase in the mobile Health Clinics. The health centers should also be stocked with needed equipment and supplies.

A.3. Ensure healthcare providers are trained in the clinical management of rape and other forms of gender based violence.

### **B. Food and Nutrition**

B.1 Ensure that there is regular allocated food distribution.

B.2 Ensure food is distributed by gender balanced teams, with separate queues for (i) men and (ii) women and children

B.3 Monitor food distribution to prevent sexual abuse and exploitation of vulnerable groups, such as children, single women, widows and people with disabilities.

B.4 Target pregnant women with nutritional support programmes and breast-feeding information campaigns. Treat pregnant women for anemia where necessary.

B.5 Target lactating mothers with nutritional support programmes, so they can continue breastfeeding.

B.6 Target children under 5 and ensure they can access supplementary feeding and treatment for moderate acute malnutrition.

B.7 Distribute food directly to pregnant and lactating women, the elderly and disabled persons, rather than these vulnerable groups having to travel to and queue at the feeding centres.

### **C. Livelihoods**

C.1. As lifesaving programs are temporary and will not provide durable solutions for the IDP households that have lost all livelihoods, there is a greater need for durable solutions programs restoring their lost livelihoods. Durable solutions programs can include restocking of livestock after a good rainy season, sedentary farming, permanent shelters and housing, income generating activities and so on.

C.2. Ensure the urgent provision of animal feed and veterinary services to prevent the death the further death of livestock and destruction of livelihoods.

### **D. Water, Sanitation and Hygiene**

D.1 Consult women and girls in the design and construction of water points, toilets and bathing facilities.

D.2 The location of water points should reduce the distance and women and girls must travel to collect water.

D.3 Toilets and shower facilities should be separate for men and women, well-lit and lockable.

D.4 Toilets and shower facilities should be designed which are accessible to the elderly and people with disabilities.

D.5 Menstrual pads should be distributed to women and girls. Dustbins should be created to dispose of menstrual pads in a safe and dignified way.

## **E. Shelter and NFIs**

E.1 Urgent provision of full NFI Kits for the remaining households who have not received NFI kits is needed.

E.2 Temporary shelters should have privacy partitions/curtains, so women and girls can change their clothes in private.

E.3 Temporary shelters should have locks to increase security and protection.

E.4 Dignity kits should be distributed that respond to the needs of women and girls and comprise items that facilitate both their personal hygiene (clothes and sanitary pads/cloth) and their safety (torches and whistles).

## **F. Education**

F.1 Design and construct child and adolescent friendly learning spaces.

F.2 Run sensitization campaigns so IDPs recognise the importance and value of educational enrolment and attendance.

## **G. Protection**

### *G.1 Gender Based Violence*

G.1.1 Train humanitarian partners in the IDP sites on actions to prevent and respond to GBV in their sectoral interventions, be this food, nutrition, health, WASH.

G.1.2 Train clan, religious, male and female community leaders in the IDP sites on human rights, gender and GBV and its consequences.

G.1.3 Establish safety committees (gender balanced) in the IDP sites to regularly monitor GBV risks and referral pathways.

G.1.4 Train male and female service providers across key health, psychosocial, security and legal/justice sectors in Warder Woreda and Dollo Zone Administration on how to provide sensitive and respectful services to survivors of GBV.

G.1.5 Ensure the community know how and where they can access GBV services once they are in place. (Effective referral system)



G.1.6 Psychosocial support for men, women and children is needed to reduce the level of psychosocial distress.

G.1.7 The construction of friendly spaces (for women and children) will allow the creation of space for psychosocial support, awareness raising on GBV issues as well as identifying cases for referral to relevant sectors. These spaces can also be used as entry point for creating women committees/facilitators who can provide others the needed support.

## *G.2 Child Protection*

G.2.1. Train humanitarian partners in the IDP sites on risk factors that may create an unsafe environment for children and increase their exposure to violence, exploitation and abuse.

G.2.2 Train male and female service providers across key health, psychosocial, security and legal/justice sectors in Warder Woreda and Dollo Zone Administration on how to respond to cases of separated and unaccompanied children and child exploitation and abuse.

## **H. Site Planning**

There is a need for proper site planning and management to avoid congestion and sanitation and hygiene problems in the IDP settlement.



# ANNEX

## Protection Cluster Support Mission to Somali Region

### Assessment Tools

28 Feb – 6 March 2017

#### I. Profile of Displaced Population

Woreda of Origin

Estimated size of displaced population

Date of first displacement

If displacement is ongoing, provide time.

Number of times the population has been displaced

Reason for displacement

Age/gender of majority of displaced persons

#### II. Questions for Women Groups

What are the three main problems you experience during displacement?

Are IDPs provided adequate information on the available services?

##### Health

1. Do women have access to health care services? If no why?
2. Are Reproductive Health services available in the health facilities?
3. Is there a presence of female staff in the health facilities? Is it sufficient?
4. Do health facilities have spaces where women, children or any other person can report in confidentiality? Does the health staff respect the confidentiality?
5. Are health-service providers able and trained to detect, respond to and refer protection cases, including persons who have been subjected to violence?

##### Food and NFIs

1. Are food distribution sites accessible? If no why?
2. Are there differences for women, girls, boys and men in terms of access to food and distribution within households?
3. Is the distribution logistically accessible and safe to women and girls and children, older persons and persons with disability, pregnant and lactating women, etc.? Are they prioritized during distribution?
4. Do NFI packages include suitable items to cover the specific needs of women and girls (e.g. sanitary pads) and children? If not, what is missing?
5. Are women exposed to exploitation when undertaking their livelihood activities?

## WaSH

1. Are water points safe and accessible to women and children, older persons and persons with disabilities?
2. Are sanitation facilities accessible and safe for women and children, older persons and persons with disabilities? Does their layout guarantee safety and privacy? If not, what types of problems do they encounter/ report?
3. Are there any suggestions for improving access and quality of water and sanitation facilities for the emergency-affected/ displaced population?

## Access to adequate shelter/housing

1. Rank the 3 top housing concerns for the affected population (host population and IDPs)
2. Is it particularly difficult for some segments of the affected population to find accommodation? If so, for whom? What are their main concerns?
3. Have you heard of land disputes because of the drought?

## Education

1. Do children have access to education? If no why?
2. Are there any security problems for girls and boys to get to and from school safely?
3. Are teachers sensitized to issues of displacement? Do they treat displaced children equally with others?
4. Does the teachers know how to detect, respond to and refer cases of violence, abuse, exploitation or neglect?
5. Does the school has separate latrines for boys and girls?

## Protection/security

1. Do any of the following exist in the area of displacement: Rape, Forced Marriage, Domestic Violence, physical violence including injuries or death, theft, sexual violence while traveling outside the home?
2. Have there been instances where trading sex for food have been reported/evidenced?
3. If yes to the above question what are the reasons for the various protection concerns.
4. Is there security protection available in the displacement sites and is there a mechanism in place to report protection incidents? E.g. Police
5. Do people feel safe/comfortable reporting incidents to the police? Are there women police officers?  
Did you lose documentation as a result of displacement?

## Other protection concerns

1. Were families split during displacement? What is the reason for separation?
2. If there are unaccompanied/separated children who cares for them?
3. Do unaccompanied and separated children have access to services?
4. Are there child labour concerns?
5. Are there psychosocial distress issues?
6. Relationship between IDPs and host community? Are there tensions/concern? If so what?

7. What are your top needs in relation to accessibility and safety (rank 1 as top need, 2 as second, 3 as third need)? Food, shelter, health, water sanitation, education, safety and security
8. Who provides assistance for safety and security, documentation and other related services?

### III. Questions for men Groups

What are the three main problems you experience during displacement?

Are IDPs provided adequate information on the available services?

#### Food distribution

1. Is the community receiving food and/or NFIs?
2. Is the frequency of distribution appropriate? If not, what are consequences of lack/limited distribution?
3. Is the community properly informed about the locations and the timing of the distribution?
4. Is the distribution logistically accessible and safe to women and girls and children, older persons and persons with disability, pregnant and lactating women, etc.? Are they prioritized during distribution?
5. Are children screened for acute malnutrition and referred to nutrition centres/community management of acute malnutrition sites?

#### Access to adequate shelter/housing

1. Rank the 3 top housing concerns for the affected population (host population and IDPs)
2. Is it particularly difficult for some segments of the affected population to find accommodation? If so, for whom? What are their main concerns?
3. Have you heard of land disputes because of the drought?

#### WASH

1. Are you aware of populations displaced out of the community because of lack of water? If yes, where have they gone?
2. Are you aware of populations coming to this community/Woreda because of lack of water? If yes, where do they come from? Are these populations intending to stay in your community for a long period?
3. Are there any suggestions for improving access and quality of water and sanitation facilities for the emergency-affected/ displaced population?

#### Health

1. Are health facilities accessible to women and children and other vulnerable groups (persons with disabilities, older persons etc.)? If not, what are the obstacles?
2. Do health facilities have WaSH facilities? Separate latrine for men and women?
3. Are health-service providers able and trained to detect, respond to and refer protection cases, including persons who have been subjected to violence?

#### Education





1. Do children have access to education? If no why?
2. Are there any security problems for girls and boys to get to and from school safely?
3. Are teachers sensitized to issues of displacement? Do they treat displaced children equally with others?
4. Does the teachers know how to detect, respond to and refer cases of violence, abuse, exploitation or neglect?  
Does the school has separate latrines for boys and girls?

### Protection and Security

1. Do any of the following exist in the area of displacement: Rape, Forced Marriage, Domestic Violence, physical violence, theft?
2. Have there been death that have occurred? Due to what?
3. If yes to the above question what are the reasons for the various protection concerns.
4. Is there security protection available in the displacement sites and is there a mechanism in place to report protection incidents? E.g. Police

### Other protection concerns

1. Were families split during displacement?
2. If there are unaccompanied/separated children who cares for them
3. Do unaccompanied and separated children have access to services?
4. Relationship between IDPs and host community?
5. What are your top needs (rank 1 as top need, 2 as second, 3 as third need)? Food, shelter, health, water sanitation, education, safety and security
6. Under what conditions would you return to your village of origin?
7. Who provides assistance for safety and security, documentation and other related services?

#### IV. Questions for boys and Girls

1. Are you with your family? If not why?
2. Do you go to school? If not why?
3. Is the school close to where you are?
4. If yes to the above question, does the school have facilities like latrines? Is it separate for boys and girls
5. Do you feel safe going to school, latrines etc.
6. Do you have access to the different services in the area? Health, WaSH, Food etc.
7. Do you feel safe in these locations? What are your main safety concerns?

#### Questions for key informants on persons with disabilities and the elderly

1. Who is helping persons with disabilities/elderly?
2. Do persons with disabilities have access to different services like health, food, water etc.?
3. Do persons with disabilities/elderly face security risks?
4. Do elderly people, Unaccompanied and separated children and persons with disability have access to food? Does the food basket meet their specific needs?



## Mission Participants

### Jarar Zone; Gashamo Woreda

	<b>Name</b>	<b>Organization</b>	<b>e-mail address</b>
1	Sheihnoor Hassan	IOM	shehassan@iom.int
2	Najib Khalif	OCHA	khalif1@un.org
3	Penina Gathuri	CP GBV Sub-Cluster	gathuri@unfpa.org
4	Mulugeta Tesfaye	UNHCR	tesfaymu@unhcr.org
5	Gelila Dereje	Protection Cluster	dereje@unhcr.org

### Doolo Zone;

	<b>Name</b>	<b>Organization</b>	<b>e-mail address</b>
1	Samira el Mouden	UNHCR	elmouden@unhcr.org
2	Laura Martineau-Searle	UN Women	l.martineau-searle@unwomen.org
3	Bashir Hussien Elmi	OCHA	elmib@un.org
4	Johansen Kasene	UNHCR	kasenene@unhcr.org
5	Wondimagegn Mekonnen	UNFPA	wmekonnen@unfpa.org
6	Mohamed Omer	IOM	omohamud@iom.int