

Between 13th to 19th June, ACTED and its partner SADO in coordination with JRIA, conducted a Safety Audit Assessment in 40 IDPs site in Galbedka, Kismayo town, as part of their Camp Management activities in the area. 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 third one conducted by ACTED/SADO in Galbedka: the first one was conducted in June 2018, and the second one in December 2018. On 4th August 2019, IOM organized a one day workshop in Kismayo where findings from the both IOM and ACTED/SADO Safety Audit were presented to partners and local authorities. This factsheet takes into account all the feedback, comments and recommendations provided by the stakeholders at the consultative workshop.

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/SADO Camp Management Team organized 2 Focus group discussions with women and girls from Galbedka sites, to discuss more in depths their views and concerns. 40 women/girls from 40 IDP camps have been involved in 2 Focus Group Discussions; one FGD was conducted with 20 girls under 25, and the other with a group of 20 women between 25 to 49.



For the full narrative report, 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 Fredrick Monari, SADO Project Manager at monarifm@sadosomalia.org.

Key Findings

- Out of the assessed 40 sites, only 4 sites have a protected physical structure: Anjeel and Dayah were fenced with chicken wire with support of SADO/ACTED during site maintenance and site improvement activities, while Yaq-Halul and Gamp Galbedt have a concrete fence, 1 meter high, put up by the private owner to protect his land.



Camp Layout

- All the assessed sites have public lighting, put up by ACTED and SADO although half of the assessed sites (20 sites) don't have sufficient public lighting, this is due to the camp size and settlement arrangements
- Only 17 sites have walking space between shelters

- In the all the sites, the KII reported that the shelters are overcrowded and host more than 6 individuals: all the household members, kids, parents and even visitors share the small makeshift shelter. Only in 5 sites, KII reported that the shelters have a private sleeping area, whereas only in 9 sites the shelters have lockable doors.



Shelters

- Over 15 sites have multiple families sharing the same shelter; most of this families are newly displaced who could not get the resource and or the space to set up a shelter of their own.

- Out of the 40 camps assessed only 3 have water source within the camp (Nasrudin, Dano and Wariri), but the water is saline and therefore not drinkable. All the camps don't have access to drinking water and walk for more than 500 meters in search of potable water.



WASH

- Girls mostly feel unsafe when walking alone in alleys during the day or walking outside their homes at night. The most common risks faced by the girls as reported by the participants of the FGD are rape, physical assault, sexual assault, emotional abuse.
- When asked on places where they can voice their security concerns, the girls mentioned that the best place is the police station or approaching an elder or parents.



Security

- There are no safe spaces for girls and women in the sites.
- While there is a little bit improvement on access and control to resource and existence of complaints avenues for that matter, still all the participants of the FGD believe that women are more vulnerable in the



Protection

- All sites have latrines that have lockable doors from the inside. All sites except one (Yaq Halul sites) have latrines that are well lit at night, and all sites except one (Habaqa) have latrines build with solid materials.
- All the sites have latrines that are located less than 500 meters from the shelters but the overall number of latrines is not sufficient compared to the population living in the sites.

- There is one police station in the area but police patrol at night in all the camps to protect the IDPs and public properties.
- 21 sites experienced burglary and theft cases, because access by robbers and thugs is easy since the camps are not fenced and the shelters are made of improvised material

- There are active community protection committees in all the sites and GBV focal points trained and supported by ARC, WOCCA, SADURO, CARE and JRIA that provide GBV support in the camps

- There is one MCH in Galbedka, fenced by a perimeter wall. The center doesn't have female guards but do have gender segregated latrines and private consultation rooms where trained staffs give confidential treatment to GBV survivors. The staff at the facility is aware of the existing GBV referral pathway.



Health

- There are only two schools within the sites but 2 adjacent schools in the host community are accessed by the IDPs kids too.
- No stock of sanitary supplies is available at the moment but several have been distributed by agencies with WASH projects in the area. The last distribution happened in November 2018.



Education

- For People with disability or limited mobility might be challenging to access the centers: there are no stairs but the toilets are not designed for people with disability.

- The main reason that keeps children out of education opportunity is poverty: because of their vulnerability most family decide to keep their children out of school so that they can do casual work to support their families.
- The schools have teachers trained on GBV and who understand the GBV referral systems although the ratio to female staffs to the male staffs is approximate 1 to 6.



Recommendation



- Fencing the IDPs sites, whenever this is feasible and expressed as a need from the displaced population
- Install more street lights in IDPs sites
- Improve draining system by conducting back filling in areas where water stagnate
- Strong advocacy for land and stable land tenure system
- Shelter spacing and planning activities to be conducted for all shelters in the camps to reduce chances of fire spread in case of fire outbreak
- Develop contingency planning for new displacement and imminent evictions
- Construction of modern public markets with stalls for different commodities



- Conduct Vulnerability assessment in all the IDP camps for proper planning
- Increase GBV awareness in all sites
- Distribution of protection emergency items such as solar lamps
- Recruitment of GBV trained female teachers to be GBV focal points in schools
- Increase the GBV services and presence of protection committee in the sites
- Encourage the use of environmentally friendly fuel services(jiko okoa) for cooking ,to reduce needs for firewood collection/ money spent in charcoal
- Increase awareness of referral pathways for GBV services



- Conduct more fire prevention and awareness training
- Increase security presence in all the sites to enhance protection



- Shelters response: provide T-shelters for long term displaced population, alongside reliable and rapid emergency response for newly displaced or evicted through NFIs kits and ESK



- Construction of gender segregated latrines in in school, health facilities and sites
- Construction of disability friendly latrines with ramps in school, health facilities and sites
- WASH partners to provide services in line with minimum standards to improve protection and enhance proper service delivery
- Construction of water points more close to the sites



- Establish more health centers that can provide 24/7 emergency services, with skilled personnel that can provide clinical management of rape
- Provide more training to CHW in Kismayo health centers
- Improve swift referral systems by providing standby ambulances for all the main health centers