

# IDP SAFETY AUDIT REVIEW

NOVEMBER 2020

BAIDOA

CCCM Cluster  
**SOMALIA**



## OBJECTIVES OF THE SAFETY AUDIT

To observe and evaluate site/section/block level protection/GBV risks 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 exposed 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.

## METHODOLOGY

ACTED, DRC, IOM, IRW and UNHCR conducted safety audit for 420 IDP sites they manage in Baidoa Town

Conducted in September to November 2020

Tool is based upon observation and focus group discussion

Represent a snapshot of one moment in time

Areas covered:

- Camp Layout/design
- Shelter
- Nutrition
- Health
- Wash
- Education

52%

Sites have enough space between shelters and other structures to easily walk



16%

Sites have public lighting

6%

Sites have sufficient public lighting

8%

Sites there is a designated space where women and girls can gather to socialize, learn new skills and support one another (women centre, women and girl safe spaces)



4%

Sites have drainage to drain out rainwater and greywater safely.



60%

Sites have vulnerable households who are located in safe locations within the sites (e.g. not isolated/exposed, close to services)

SHELTER

Baidoa

District

420

# Assessed IDP Sites



28%

Sites observed to have shelters that have walls built of solid material

49%

Sites were observed to have shelters with secure door locks

17%

Sites were observed to have shelters that provide privacy

65%

Sites were observed to have shelter hosting more than six people

32%

Sites were observed to have one shelter which is housing multiple families

19%

Sites reported having breakages, breaches or theft in their shelters

22%

Sites reported having people who cook inside shelters

2%

Sites reported having been a fire incident in the site







7%

Sites have access to nutrition services

20%

Sites reported that they are aware of how to access nutrition support in the community

6%

Sites felt there were safety risks associated with the distance and/or route to be traveled to access nutrition services.

24%

Sites perceived the locations and times of nutrition services are safe and accessible for women and other at risk groups

14%

Sites stated that training has been provided to nutrition staff on GBV



12%

Sites have access to health facilities

8%

Sites have reported that health facilities are built/design to ensure accessibility for all persons, including those with disabilities

21%

Sites have health facilities that are a walking distance away

20%

Sites feel their safety risks associated with the distance and/or route to be traveled to access health care

5%

Sites reported that health facilities have a female security guard

10%

Sites have reported that training has been provided to health staff on GBV

8%

Sites reported that health facilities have private rooms where GBV survivors can receive confidential treatment

14%

Sites reported that staff are aware of existing referral pathways for GBV survivors and this visibly displaced in the health centre

9%

Sites have reported latrines for males and females in the health facility

21%

Sites reported that agency-specific policies or protocols are in place for the clinical care of sexual assault and other forms of GBV





21%

Sites have water points located in the site

55%

Sites have an average wait time for water longer than one hour

34%

Sites have water points located more than 500 meters from shelters

23%

Sites have average wait time for water longer than one hour

16%

Sites have latrines/bathing facilities separated for male and female

31%

Sites queue for water before sunrise or after sunset

53%

Sites have latrines/bathing facilities that are well lit

29%

Sites have average wait time for latrines longer than 10 minutes

22%

Sites have latrines located more than 50 meters from shelter

17%

Sites have water points/latrines that are accessible (wide enough >90cms for people with wheelchairs to easily access)

17%

Sites have latrines and bathing facilities built of solid material (wood, metal etc)

36%

Sites where beneficiaries are consulted and able to participate in the design, location and overall delivery of WASH services





14%

Sites reported that school/TLS compound is fenced and clearly demarcated

25%

Sites feel that the distance and routes traveled to school/TLS are safe for all students particularly girls

10%

Sites reported that schools have adequate number of toilets and are separated for male and female

9%

Sites agree that there are GBV focal point teachers who are trained in basic PSS and/or GBV

9%

Sites reported that schools/TLS are built/designed to ensure accessibility for all persons, including those with disabilities

40%

Sites agree that there are most of the education staff are male compare to female

7%

Sites reported that sanitary supplies are available in schools for female students of reproductive age and teachers

12%

Sites reported that teachers know the referral pathways GBV services in the camp

15%

Sites observed there are children especially girls who are not attending or face barriers to attend school.



10%

Sites there is presence of armed individuals in/around the site who may be a threat to the community's safety

24%

Sites there is an NGO or other group providing GBV services (case management, psychosocial activities)

24%

Sites have some sort of security personnel responsible for protecting the residents

71%

Sites have a formal mechanism through which the community can provide feedback on services, safety concerns etc.

21%

Sites reported that the market have enough commodities

4%

Sites have access to a health facility nearby that can provide emergency care during the night

15%

Sites reported that there is an active community protection committee or community protection/GBV focal point where meetings are held at least once a month

7%

Sites have access to health facility nearby that has the capacity to provide clinical management of rape treatment