

Jubbaland State of Somalia  
Ministry of Interior  
Jubbaland Refugee and IDPs Affairs (JRIA)

**CAPACITY BUILDING FOR JUBBALAND REFUGEES AND IDPS AFFAIRS (JRIA)  
UNDER THE MINISTRY OF INTERIOR OF JUBBALAND STATE OF SOMALIA.**  
DESIGNATED PROJECT FOR IMPROVING THE LIFE OF REFUGEE RETUNEES,  
IDPS AND CREATING A BETTER AND FAVORABLE CONDITION  
FOR VOLUNTARY RETURN AND RE-INTEGRATION  
THROUGH PROJECT FUNDED BY UNHCR AND IMPLEMENTED BY JRIA.

**IOM SOMALIA**  
**SAFETY AUDIT REVIEW**  
**KISMAYU IDP SITES**  
**JULY 2019**

# TABLE OF CONTENTS

INTRODUCTION	3
METHODOLOGY	5
KEY FINDINGS	7
FOCUS GROUP DISCUSSION SUMMARY	11
RECOMMENDATIONS AND ACTION POINTS	18

# 1. INTRODUCTION

The International Organization for Migration (IOM)'s Camp Coordination and Camp Management (CCCM) team, in coordination with the Jubaland Refugees and IDPs Agency (JRIA), conducted a Safety Audit Assessment in 93 IDP sites in Kismayu from 3rd to 8th July 2019. There are 133 IDP sites in Kismayu according to the CCCM database.

Most of these IDP camps are overcrowded, self-settled makeshift bushes made of locally available materials such as plastics and worn out clothes. The majority of displaced population comes from rural villages in Jubaland regions. The main push factors for displacement in these areas are the prolonged drought mixed with insecurity in parts of Jubaland areas that are controlled by al-Shabaab.

The provision of basic necessities such as food, water and shelter is necessary to sustain life and dignity. Safety Audit Assessments enable humanitarian actors to identify observable risks and assess specific vulnerabilities of displaced populations living in the settlements. This Safety Audit is the first one conducted by IOM in coordination with JRIA. Specifically, the assessment was undertaken with the following objectives:

1. **To observe, understand and evaluate site level protection/GBV risks associated to the camp layout, camp infrastructures and services such WASH, shelter, Health, Nutrition, Education as well as safety, security and other services;**
2. **To understand vulnerabilities that make affected population more exposed to GBV risks, particularly women and girls;**
3. **To recommend mitigation measures to be taken collectively by humanitarian actors to reduce the identified risks and/or vulnerabilities identified.**

Beside the objectives, there were also a number of purposes to the assessment. These include:

- To improve safety across all sectors of humanitarian response. DO NO HARM.
- To promote gender equality by increasing women and girls' safe and equal access to resources, services and facilities.

- To increase community participation in service delivery, taking into account the different perspectives and needs of women, girls, boys and men.

The findings from the Safety Audit review was presented by IOM during a participatory workshop that was organized in Kismayu on 4th August with all partners and JRIA represented. The participants were actively involved to initiate action points for every cluster. Feedbacks and action points given by participants are incorporated in this report as recommendations for possible mitigation measures to be taken by service providers in the sites at cluster levels.

The CCCM team will regularly follow up on the implementation of the recommendations and will monitor the effectiveness of mitigation measures implemented and identify new risks that might need to be addressed in the next round of Safety Audit, scheduled in January 2020. The report and the annexes will be disseminated among the humanitarian community, local authorities and service providers to advocate for measures aiming at improving safety and living conditions in the sites and equal access to services for the affected population.

## 2. METHODOLOGY

The Safety Audit Assessment was conducted between 3rd to 8th July for 93 IDP sites that IOM managed using the Safety Audit Checklist tools for Somalia developed by the GBV sub cluster with support from the GBV integration guidelines team. The checklist was filled in through a mix of observations, site visits and key informant interviews with female community members. Tools were based on observation and represented as a snapshot of one moment in time. Separate checklists were filled in for every site and results were entered in a data analysis matrix. Data was then disaggregated by site and analysed to identify GBV risks, vulnerabilities and produce specific recommendations to reduce GBV threats in the sites.

In order to complement the checklist tool, community representatives and women groups have been involved in three Focus Group Discussion (FGD) conducted in all the three sections. The FGD gave the team the opportunity to discuss more in depth of the GBV risks and concerns faced by female residents in the sites, the challenges faced by survivors and how to overcome them. The areas covered included Camp Layout/design, Shelter, Nutrition, Health, Wash, Education and Security & Other Services.



Workshop for the Safety Audit Assessment held in Kismayu, Somalia  
© IOM 2019

## 3. KEY FINDINGS

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

### CAMP LAYOUT AND DESIGN

Almost all the sites have no protective physical structures like fences and walls. Out of the 93 sites assessed, only six sites had physical protective walls. 43 sites had limited space to walk in between shelters, suggesting that there is overcrowding over the limited space which can lead to a high risk of fire due to the proximity of shelters and the lack of camp layout and design. Only 16 sites have public lighting in their sites of which only one is sufficiently working, and most of other areas are not well lit (same as last safety audit). More than half of the vulnerable households are located in safe sites that are not exposed/isolated and close to services.

### SHELTER

Out of the 93 sites assessed, 81 sites contained traditional and improvised shelters made of plastic, carton and old clothes. Only 11 sites were observed to have shelters made of solid materials, while 63 sites had shelters with lockable doors. Shelters in 20 sites reported to have had breakages or theft in their shelters.

Most of the shelters are overcrowded and don't have an internal partition to enhance privacy. Only 23 sites were observed to have shelters with private sleeping areas partitioned by walls or with temporary hanging partition.

In the assessment it was observed that shelters in 87 sites are housing more than six people in each shelter. Additionally, 69 sites observed cases where multiple families were housed under one shelter.

### NUTRITION

Out of the 93 sites assessed, 58 sites have been provided with nutrition services. Not all of the 58 sites were getting the same type of service; 18 sites had Outpatient Therapeutic Programme (OTP) and Maternal and Child Health and

Nutrition (MCHN), 15 sites had Targeted Supplementary Feeding Programme (TSFP) and MCHN while 38 sites had Infant and Young Child Feeding (IYCF) and MCHN services. 57 sites had MCHN.

64 sites have adequate shade in the waiting area for children and care givers. 61 sites have private consultation rooms for mothers and care givers. Participants from 16 sites felt that there were safety risks associated with the distance or route to be travelled to access nutrition services while communities from 58 sites perceived that the locations and times of nutrition services are safe and accessible for women and other groups at risk.

Most of the nutrition care givers have informed that they have been trained on GBV.

### HEALTH

Out of the assessed 93 sites, 55 sites have access to health facilities. From these, only six sites were observed to have health facilities with a protective structure of walls and fences. Only 8 sites were observed to have female security guards in the facility, while the rest were manned by male security guards. All the health facilities in 30 sites have latrines for male and female.

GBV awareness and trainings have been provided to 95% of the staff working in the health facilities, including GBV basic training and how to handle survivors. Health facilities in 46 sites have private rooms where GBV survivors can receive confidential treatment. 24 sites have staff aware of the existing referral pathways for GBV survivors and this was visibly displayed in their health facilities. 55 sites with health

facilities have agency-specific protocols/policies in place for the clinical care of sexual assaults and other forms of GBV.

Most of the facilities were accessible. 25 sites mentioned there are safety risks associated with distance or route to be travelled to access health services. Facilities in 46 sites were designed to ensure accessibility for all persons including those with disabilities.

50 sites have access to health facilities nearby that can provide emergency care during the night while 24 sites mentioned that they had health facilities with the capacity to provide clinical management of rape treatment.

## WASH

Out of 93 sites assessed, 61 sites have water points where IDPs can access water. However, over half of these sites had water points located more than 500 meters away from their shelters. The queue for water is often long, and many consequently choose to queue for water before sunrise or after sunset.

Most of the sites were seen to have communal latrines, out of this only 4 sites have latrine or bathing facilities separated for male and female. Latrines in most of the sites have locks on the inside of the facility doors. Only 22 sites have well lit latrine or bathing facilities. Latrines/bathing facilities in 21 sites are located more 50 meters away from the shelters while facilities in more than 36 sites have an average wait time of more than 10 minutes. Only 18 sites were observed to have a place to wash clothes.

## EDUCATION

Out of 93 sites assessed, 72 sites have school or Temporary Learning Sites (TLS) compound fenced and clearly demarcated as schools. 33 sites have adequate number of toilets which are segregated for male and female. Schools/TLS in 71 sites have sanitary supplies for female students and teachers of reproductive age.

Schools/TLS in 48 sites are built or designed to ensure accessibility for all persons, including those with disabilities. 80 sites feel that the distance and routes travelled to school/TLS are safe for all persons particularly girls. Schools/TLS in

41 sites informed that there are GBV focal point who are trained in basic Psychosocial Support (PSS) and GBV.

Most of the education staff in leadership position are male as compared to female. Schools in 57 sites reported that there are children especially girls who face barriers to attend

schools.

## SECURITY & OTHER SERVICES

The assessment noted that in only three sites there was presence of armed individuals that may be a threat to the community safety. Most of the sites have their own arrangement of security personnel responsible for protecting the residents. In more than half of the sites assessed there is an active community protection committee/GBV focal point where meetings are held at least once a month.

In more than half of the sites there is an NGO providing GBV services like case management and psychosocial activities.

87 sites felt that their markets have enough commodities while only one mentioned the provision of firewood or cooking fuel.

## 4. FOCUS GROUP DISCUSSION SUMMARY

In order to complement the Safety Audit that was done between 3rd to 8th July, the CCCM team conducted FDGs at the three sections of Fanole, Central and Dalxiska. A total of 32 women and girls between the age of 15 and 49 years participated in the discussion. Their discussions basically touched on issues or challenges affecting women and girls to access services in the sites and inform the perception of the community on GBV and identify potential risk women and girls face in the sites. The CCCM team used the female outreach team in order to have more interactive and informative sessions.

It was noted from the FDGs that sexual violence takes different forms including, but not limited to, rape, sexual harassment, intimate partner violence and FGM, among others. More than half of the respondents perceived sexual violence as a big problem that creates hatred and fighting in the communities as it also brings unwanted pregnancy, shame, health and psychological problems. The female respondents

also mentioned that survivors of sexual violence require health services, livelihoods, and above all demanded the perpetrator be brought to justice. They reiterated that many perpetrators walk freely and the survivors carry the brunt and consequences forever. The FGD participants also mentioned that survivors need psychosocial support and dignity kits.

Respondents acknowledged the availability of preventive drugs for HIV and AIDS and STDs for survivors. The quality of these services in the sites were rated from fair to good. Some survivors did not access from available services because of fear, shyness, and ignorance, among others. Majority of the respondents appreciated that survivors get psychological support from humanitarian agencies while some respondents mentioned that the elderly women and female leaders as the primary source of guidance and counselling for survivors in the sites.



Focus Group Discussions (FDGs) for the Safety Audit Assessment held in Kismayu, Somalia © IOM 2019

## 5. RECOMMENDATIONS AND ACTION POINTS

Having presented the safety audit to the humanitarian partners in Kismayu, the below recommendations have been put forward by the participants of the presentation workshop

### CAMP LAYOUT AND DESIGN

- Install solar lights in the IDP camps
- Increase awareness raising on fire risks
- Advocate for space for multi-sectoral service provisions closer to sites to minimize travel distance to access services
- Develop contingency plans for common scenarios such as flood, fire and eviction
- Improve drainage systems in the camps to minimise the risk of stagnant water and flooding

### SHELTER/ NFI

- Provision of solar lamps to IDP households
- Provision of NFI kits
- Construction of permanent/advanced shelters

### HEALTH

- Increase the number of health centres that provide emergency services to IDPs
- Increase number of female staffs in the health centres so that women feel comfortable accessing services
- Fence health facilities
- Ensure that health facilities have gender segregated latrines

### WASH

- Ensure that IDP sites have adequate numbers of gender segregated latrines available to the population
- Construct tap stands within a reasonable walking distance of IDP sites to minimize travel to collect water
- WASH partners to provide services in such a way to minimize risk of GBV cases

### EDUCATION

- Schools infrastructures to be designed in a disability friendly manner
- Construction/provision of girl child friendly space in schools
- Advocate for more girls enrolment in schools

### SECURITY & OTHER SERVICES

- Creation of market centres that are closer to the sites to minimize travel
- Provide alternative source of fuel or firewood for the safety of woman and girls and the environment
- Establish police post near/around the sites with female police officers among each post

### CONTACT:

<b>Bashir Mohamed</b>	CCCM Programme Officer	<a href="mailto:mohbashir@iom.int">mohbashir@iom.int</a>
<b>Kathryn Ziga</b>	CCCM Cluster Co-Coordinator	<a href="mailto:kziga@iom.int">kziga@iom.int</a>
<b>IOM Programme Support Unit (PSU)</b>		<a href="mailto:iomsomaliapsu@iom.int">iomsomaliapsu@iom.int</a>