

IDP SAFETY AUDIT REVIEW

OCTOBER 2020

SSWC

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

SSWC conducted safety audit for 25 IDP sites they manage in Mogadishu Khada, Mogadishu Daynille and Mogadishu Dharkenley

Conducted in 21st to 22nd October 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

44%

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

0%

Sites have public lighting

0%

Sites have sufficient public lighting

4%

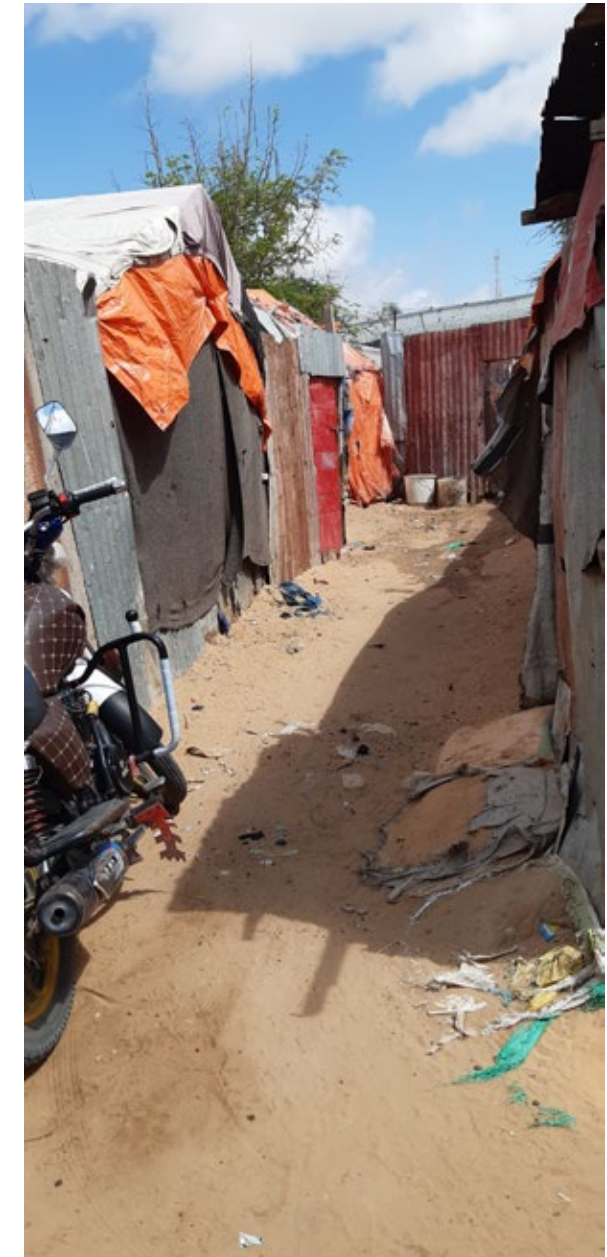
Sites there is a designated space where women and girls can gather to socialize, learn new skills and support one another (women centre, women and girl safe spaces)

0%

Sites have drainage to drain out rainwater and greywater safely.

8%

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



12% Sites observed to have shelters that have walls built of solid material

24% Sites were observed to have shelters with secure door locks

28% Sites were observed to have shelters that provide privacy

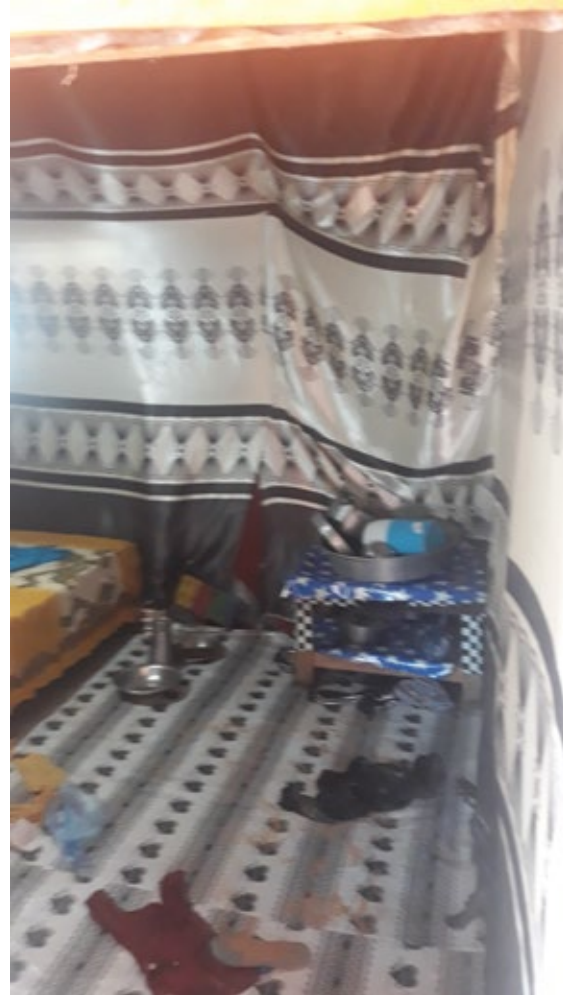
68% Sites were observed to have shelter hosting more than six people

40% Sites were observed to have one shelter which is housing multiple families

24% Sites reported having breakages, breaches or theft in their shelters

36% Sites reported having people who cook inside shelters

12% Sites reported having been a fire incident in the site



Shelter Conditions in IDP sites Assessed

0%

Sites have access to nutrition services

32%

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

32%

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

0%

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

4%

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

0%

Sites have access to health facilities

0%

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

8%

Sites have health facilities that are a walking distance away

8%

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

0%

Sites reported that health facilities have a female security guard

32%

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

0%

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

20%

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

12%

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

20%

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

28%

Sites have water points located in the site

36%

Sites have water points located more than 500 meters from shelters

0%

Sites have latrines/bathing facilities separated for male and female

44%

Sites have latrines/bathing facilities that are well lit

28%

Sites have latrines located more than 50 meters from shelter

36%

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

44%

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

32%

Sites have average wait time for water longer than one hour

32%

Sites queue for water before sunrise or after sunset

48%

Sites have average wait time for latrines longer than 10 minutes

4%

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

4%

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



4%

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

8%

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

0%

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

0%

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

0%

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

88%

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

0%

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

4%

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

40%

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

0%

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

72%

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

12%

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

80%

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

12%

Sites reported that the market have enough commodities

0%

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

72%

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

4%

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