



ANTICIPATORY ACTION: REPORT 3

October 20th 2020 ~ Week 3

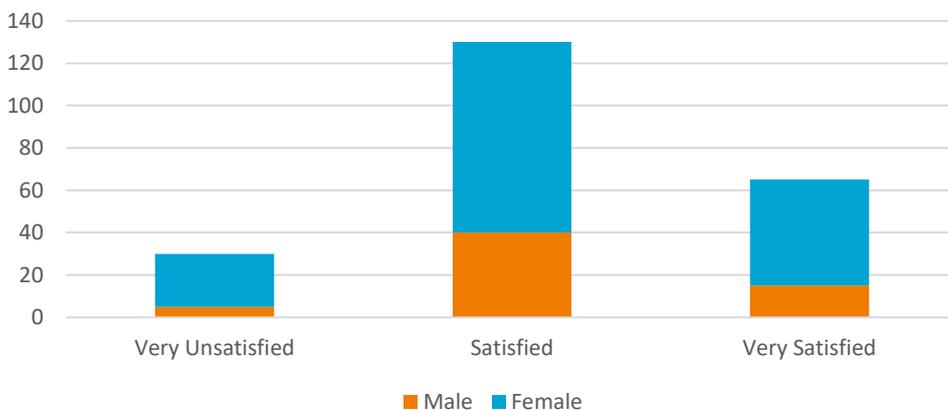
Thus far, Independent Monitors have conducted a combined total of 134 interviews (36 in Puntland; 98 in South Central), administered 228 satisfaction perception surveys (14 in Jubaland, 77 in Puntland, 137 in South Central), and facilitated 62 focus group discussions (FGDs) (4 in Jubaland; 18 in Puntland; 40 in South Central). The following report provides insight into some of the key trends and protection concerns observed in the data.

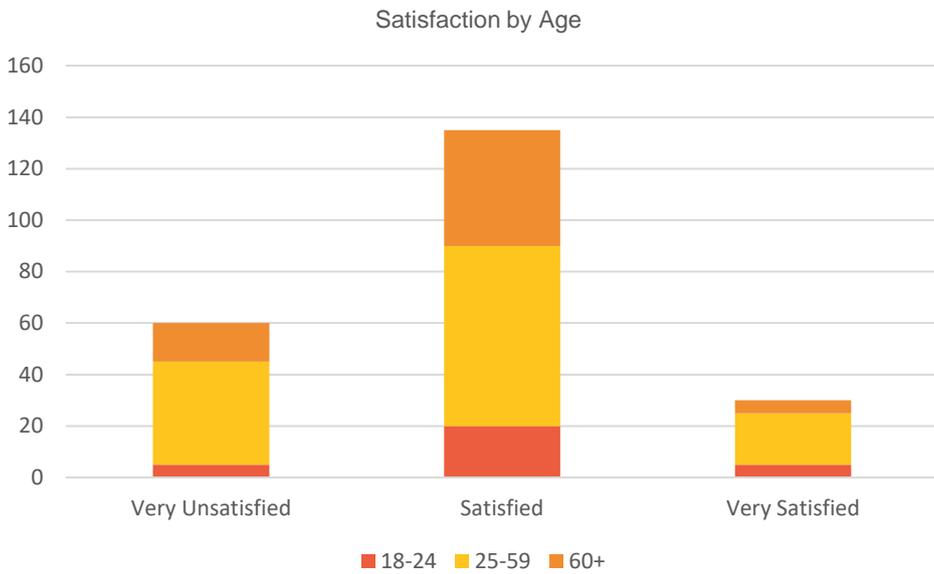
Satisfaction Perception

The figure below provides disaggregated insight into satisfaction perception amongst beneficiaries. Accounting for the disaggregation of groups overall, the plots here indicate that beneficiaries with disabilities are less satisfied with services than those without. In addition, a trend is emerging which indicates that beneficiaries educated to secondary level are less satisfied overall than those with little to no education.

A trend is emerging which indicates that beneficiaries educated to secondary level are less satisfied overall than those with little to no education.

Satisfaction by Gender

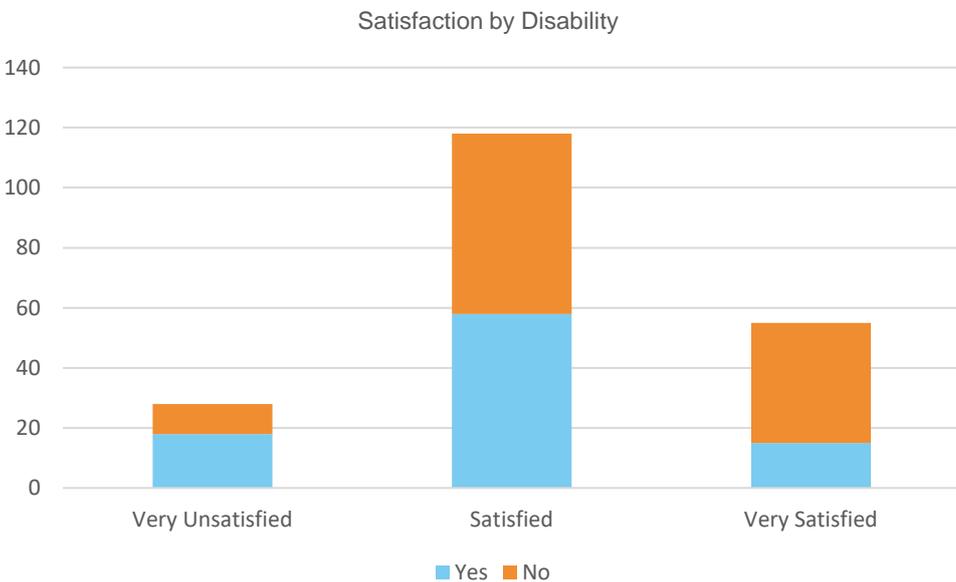




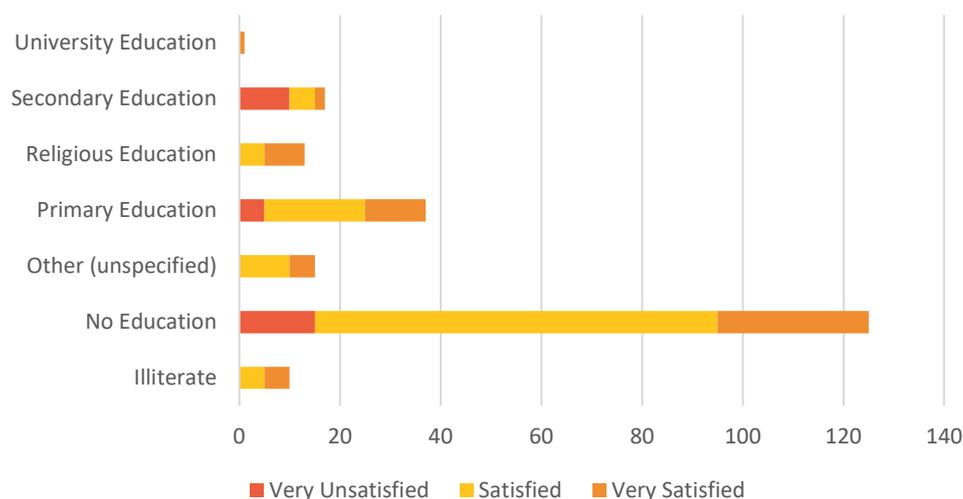
Fadumo a mother and business owner from Dollow. Photo: Abdifatah Muse / NRC

Accessibility and Exclusion

More than half of all survey respondents (64%) indicated that, generally speaking, they had problems accessing services in the last four weeks. Survey responses also indicate that accessibility for gender-specific services overall is most challenging for females aged 18-24, while boys aged 0-16 most commonly struggle to access nutrition and education services. Young people (<17) with disabilities likewise report exclusion from food, livelihoods, and sanitation services, as do elderly females who seek to access food and cash support.



Satisfaction by Education



Farhiyo and her family. Photo: Ingrid Prestetun/ NRC

■ *A recent or persistent problem?*

Interviewees were asked whether the challenges they experience or observe in accessing services was a *recent* or *persistent* problem. Respondents in Merca revealed that it is a recent problem for them, arising most notably from conflict in Janale, where camp leaders/elders are perceived as responsible for preventing access to services such as non-food items (NFIs), and cash- and food-based assistance. Having said that, other interviews in Merca instead revealed that the problem has been persistent (for some, over decades), with food support in particular highlighted as inaccessible. These interviewees also said that people were excluded most commonly for their disability or for their clan-affiliation.

Elsewhere experiencing persistent access issues, clan-based tensions or clan-influence/status are also creating barriers to accessing support (most notably in Beledweyne and Sanaag). In Beledweyne specifically, two interviewees agreed that inaccessibility is most prominent for minority groups, people with disabilities, and women; for services including cash-based assistance, and NFIs. In Dhusamareb, three interviewees also identified nepotism and/or favouritism as the primary driver of this exclusion.

■ *Overall*

The trends outlined above are not exclusive to these locations, but rather reflect a wider problem for minority clans across all regions; specifically when trying to access cash- and food-based assistance, and health and nutrition services. Many interviewees also reported a loss of confidence in humanitarian agencies as a result of this inaccessibility; while other consequences include the deterioration of mental health (including suicide), or begging for money/food (including children who have left school to do so).

Camp/community leaders have been identified as most responsible for preventing minority groups from accessing these services, in addition to NGO staff, and local government actors. Interviewees also indicated that, generally speaking, there are no local efforts being made to address these issues because they fear the ramifications of doing so. Instead, some suggested, external actors could provide training to build the capacity of community members and local government actors.

Another overarching trend is emerging for people with disabilities, including access to food, cash, health, and NFI services. Exclusion for these groups commonly leads to child labour (e.g., children going to work to feed their household or, in one case in Dhusamareb, young girls are exploited to be able to feed the family). Other consequences include a loss of confidence in the humanitarian system, increased begging for money or food, and deterioration of mental health.

Across various locations, local government actors, community leaders/elders, and NGOs are thought to have established these barriers. Aside from proactive efforts to address this exclusion by religious leaders, many interviewees stated that they had no opportunity to take action (feeling that they have no voice), with another three further indicating fear for ramifications if they tried.

Nine interviewees said that NGOs and other agencies are presently doing nothing to address these issues, or those that are continue to only raise awareness ineffectively (e.g., posters are not helpful where large numbers of the population are illiterate in Dhusamareb). Suggestions from respondents to overcome this lack of support include provision of training and capacity-building exercises for both community members and government officials alike. In addition, two interviewees suggested involving religious leaders in consultations.

Regardless of whether the problem is recent or persistent, the data thus far also reveals some additional trends worth noting. First, women – and single mothers in particular – are frequently excluded from accessing cash- (8) and food-based assistance (7), plus health (5) and NFIs (8) across most locations. Exclusion from these services for women leads to mental health issues (6), mistrust of humanitarian system (4), starvation or other life-threatening illness (5), begging (3), and child labour (2). Local government actors (10), camp/community leaders (7), and NGOs (6) are most responsible for preventing women from accessing these services. Aside from religious leaders (3), beneficiaries feel powerless and don't know how to take action (5) (an additional 2 fear taking action for ramifications). Aside from awareness-raising activities, it is widely perceived that NGOs and other agencies working in various settlements are not taking action to address this exclusion. Interviewees suggested that training (7), consultation (3) and legal (2) support would be helpful for them.

Furthermore, elderly people face barriers to accessing food assistance (5), NFI (4), and health and nutrition services (4). The impact this has on mental health is evident (5), and two interviewees also mentioned the economic crisis that resulted for them. Community members (5) are perceived to be largely responsible for this exclusion, followed by local government actors (4). Religious leaders (2) and beneficiaries also speak amongst themselves quietly but don't take actual action because they fear the ramifications (3). Training (6) was the most commonly suggested way that external actors could support affected populations to address these accessibility issues.

Extortion and Exploitation

Of those who did not have experience or knowledge of inaccessibility in the last four weeks, some individuals have experienced or observed extortion or exploitation. These reports of exportation and/or exploitation are most pronounced in Hudur and Merca.

In Hudur, for example, interviewees reported four instances of both extortion and exploitation in the last four weeks, and a further five instances of extortion more specifically. The most common types of abuse experienced here include bribes, sexual favours, and child labour; and the services most commonly affected include cash- and food-based assistance; with minority ethnic groups and clans, women, and people with disabilities most commonly affected. The consequences of this extortion or exploitation in Hudur include discrimination and gender-based abuse including early/forced marriage, illegitimate children, and school drop-outs. Responsibility for this extortion or exploitation tends to fall on community members, local government actors, and NGOs.

Although no specific examples were provided during interviews, affected populations and religious leaders are taking steps to address these issues themselves. In addition, many interviewees suggested that establishing information/feedback points would be helpful, as would empowerment/training exercises to build the capacity of the community to overcome challenges locally.

In Merca, the most affected services include cash- and food-based assistance; most notably for people from minority clans or with disabilities. The consequences of this abuse are particularly prominent for children (e.g., those who are malnourished or sent to work to feed their family). Interviews with beneficiaries indicate that here, in Merca, camp or community leaders tend to be most responsible for extortive or exploitative practices.

Like in Hudur, religious leaders in Merca deliver sermons and listen to affected communities. However, one participant did report that locally-led efforts do not exist because communities fear the ramifications from camp leaders. Instead, as several interviewees suggested, legal support (i.e., for the prosecution of perpetrators) would be invaluable in supporting their attempts to reduce the risk of extortion or exploitation.

The trends emerging from Hudur and Merca are seen elsewhere too (e.g., Beledweyne, Jowhar, Mogadishu, and Sanaag): particularly extortion or exploitation experienced by women, people with disabilities, and minority groups. Affected services across these locations most prominently include NFI, cash- and food-based assistance, where camp/community leaders are perceived as most responsible. Furthermore, these leaders are perceived to be influenced by (or potentially working with) local government actors. Trends are also emerging which indicate that this responsibility likewise falls on NGOs, community members, the police and/or military, and the UN. At the local level, five interviewees said they did not take action to address extortion/exploitation due to fear of ramifications (in Beledweyne and Mogadishu).

Community Inclusion and Participation

The FGDs presented another opportunity to develop a common understanding of the Do No Harm (DNH) principle. It is hoped that the data collected in the coming weeks can help to build this understanding. Having said that, information was gathered this week which highlighted some areas which may benefit from further monitoring. In both Puntland and South Central, for example, intra-communal conflicts are a common unintended consequence of food distribution or cash-based interventions – particularly, as one group highlighted, when supplier organisations run out of resources. Other concerns raised include toilets being too far away in Puntland (particularly in sites where rape is a prominent protection concern) and logistical problems in South Central which leave people queuing outside in the hot sun.

Decision-making

Some or all participants in 36 FGD groups explicitly stated that they were not involved in decision-making and/or indicated that decisions are made on their behalf by camp/community leaders, NGOs, and/or local government/authorities. In both Galkayo and Hudur, for instance, seven groups agreed that beneficiaries are not involved in decision-making; with many participants indicating that decisions are instead made through camp leaders and/or local authorities away from the settlement (e.g., in hotels and restaurants). In Merca, three groups reported similar claims, as did two groups in Jowhar. Participants in Jowhar and Mogadishu also raised concerns that, although needs assessments are undertaken by organisations, their involvement is limited beyond this; with many elaborating that the purpose of these assessments is also often unclear to them.

This week specifically, participants in South Central (members of the Rahweyn clan) raised concerns that IDPs and people living in poverty are excluded from decision-making, with their ideas or input less valued than more affluent or influential individuals. Likewise, in the same group, one female highlighted that women are perceived as 'primitive' and are therefore not invited to contribute to decision-making.

Having said that, there are more positive trends emerging from the FGDs too. In Dhusamareb, for instance, two groups have now indicated that community engagement meetings have facilitated their involvement in decision-making.

Programme design

Participants in 27 FGDs stated that they were either not involved in programme design or that decisions were made on their behalf by group or community leaders. This was voiced most prominently in Galkayo, Hudur, and Merca. In Hudur, three groups explained that their only engagement is when they receive aid; while in Galkayo, another three groups explained that beneficiaries are interviewed for assessments but nothing further. This week, one participant in Baidoa also articulated that beneficiaries are kept entirely in the dark, and stressed the importance of workshops to improve their understanding of what exactly 'programme design' is, and how they can contribute.

However, as with decision-making, there are also positive trends emerging. A total of 11 groups identified examples of beneficiary involvement in programme design. In Hudur, participants from two groups referred to community engagement efforts, though they provided no specific examples. Examples are instead provided in non-specified locations, and include community meetings, and direct engagement with affected populations prior to programme design (e.g., door-to-door interaction).

Consultations and opportunities for feedback

Participants in 19 groups reported that they were neither consulted during programme implementation, nor afforded opportunities to provide feedback. This appears to be particularly problematic in Merca and in Galkayo. Exclusion from consultations is especially prominent for people with disabilities.

Having said that, participants in another 26 groups highlighted more positive trends. In Hudur, participants in seven groups report being consulted at registration and then again through assessments or evaluation activities during implementation. In Galkayo, engagement via telephone is also common.

Do No Harm

Trends are emerging for certain services which appear to fall short of the Do No Harm (DNH) principle. For example, shelter causes problems for beneficiaries most commonly in Galkayo and Hudur. Both health facilities (15 groups; 5 in Hudur) and toilets (21; 11 in Galkayo and 6 in Hudur) are located too far away from settlements, leaving people vulnerable to harm as a result. In addition, distribution of cash (17 groups; 3 in Dhusamareb and 7 in Hudur) and food (18; 3 in Merca, 5 in Hudur, and 6 in Galkayo) commonly fuels intra-communal conflicts and tensions.