



**GRT**

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# FOOTPRINTS OF HOPE

## Baseline Report on Child Protection Needs Assessment in Galkaacyo North, Puntland

Global Consult Ltd



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We encourage all actors in the Puntland humanitarian situation to use this report for the design and implementation of robust programmes that will sustainably transform and restore hope and human dignity to the many occupants of IDP camps in Puntland.

## Acronyms

ACRWC	African Charter on Human Rights and Welfare of the Child
CBOs	Community Based Organization
CFS	Child Friendly Space
CDR	Crude Death Rate
CPNA	Climate Prediction Needs Assessment
CRC	Convention on the Rights of the Child
CSOs	Civil Society Organizations
CPP	Child Protection Policy
DRC	Danish Refugee Council
DRDO	Dagan Relief Organization and Development
FBOs	Faith Based Organization
FGD	Focus Group Discussion
FGM	Female Genital Mutilation
FSNAU	Food Security and Nutritional Analysis Unit
GAM	Global acute malnutrition
GBV	Gender Based Violence
GECPD	Galkaacyo Education Centre for Peace and Development
GGH	Galkaacyo General Hospital
GMC	Galkaacyo Medical Centre
GRT	Group for Transcultural Relations
IASC	Inter-Agency Standing Committee
ICPAC	Climate Prediction and Application Centre
IGAD	Inter-Governmental Authority on Drought
IDP	Internally Displaced Persons
IPC	Integrated Food Security Phase Classification
MCH	Maternal and Child Health
MHPSS	Mental Health and Psychosocial Support
MPI	Multidimensional Poverty Index
MOWDAFA	Ministry of Women Development and Family Affairs
NGOs	Non-Governmental Organization
NRC	Norwegian Refugee Council
RA	Research Assistant
SAM	Severe Acute Malnutrition
SBACO	Somali Birth Attendants Cooperative Organization
SCI	Save the Children International
SOP	Standard Operating Procedures
SWCRPO	Somali Women Concern Renalization Peace Organization
TBAs	Traditional Birth Attendants
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nation Children's Fund
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme

## Table of Contents

Acknowledgement .....	i
Acronyms .....	ii
Table of Contents .....	iii
List of Tables .....	v
List of Figures .....	vi
List of Boxes .....	vi
List of Pictures .....	vi
Executive Summary .....	1
1.0 Introduction .....	6
1.1 Background .....	6
1.2 The Humanitarian Context .....	7
1.3 Child Protection .....	9
2.0 Baseline Needs Assessment .....	11
2.1 Rationale .....	11
2.2 Objectives .....	12
2.3 Actions .....	12
2.4 Challenges .....	13
2.5 Assessment Constraints .....	13
3.0 Methodology .....	14
3.1 Study Design .....	14
3.2 Conceptual Framework .....	14
3.3 Study Area .....	15
3.4 Study Population .....	15
3.5 Sampling and Sample Size Determination .....	15
3.6 Data Collection .....	15
3.7 Research Team .....	17
3.8 Data Collection, Cleaning and Analysis .....	17
3.9 Ethical Considerations .....	17
4.0 Findings .....	19
4.1 Demographic Profile of Assessment Population .....	19
4.2 Children Separated from Usual Caregivers .....	20
4.3 Care for Separated and Unaccompanied Children .....	27
4.4 Threats to Children’s Physical Safety and Security .....	30
4.5 Sexual Violence .....	39
4.6 Child Labour .....	46
4.7 Children Involved in Activities of Armed Forces and Groups .....	50
4.8 Psychosocial Well-Being .....	52
4.9 Access to Services .....	60
4.10 Access to Information and Services .....	74

4.1.1 General Situation of Children.....	75
<b>5.0 Discussion .....</b>	<b>77</b>
5.1 Status of Children’s Needs and Protection Concerns .....	77
5.2 Priority Needs of Assessed Population (Immediate, Medium and Long Term) .....	80
5.3 Existing Formal and Informal Support and Psychosocial Services for Vulnerable Children and Youth within the Targeted Locations.....	81
<b>6.0 Summary and Recommendations .....</b>	<b>83</b>
6.1 Summary .....	83
6.2 Recommendations .....	83
<b>7.0 Child Well-Being Index and Glossary of Terms .....</b>	<b>87</b>
7.1 Child Well-Being Index.....	87
7.2 Glossary of Terms .....	88
<b>8.0 References.....</b>	<b>90</b>
<b>9.0 Annexes .....</b>	<b>91</b>
Annex I: Key Informant Interview Questionnaire.....	91

## List of Tables

Table 1: Demographic Profile of Assessment Population .....	19
Table 2: Estimated Number of Separated Children .....	20
Table 3: Factors Causing Separation of Children from Parents/Caregivers .....	22
Table 4: Number of Unaccompanied Children .....	24
Table 5: Source of Information on Unaccompanied Children .....	24
Table 6: Role of Non-State Actors.....	25
Table 7: Key Observations and Recommendations .....	27
Table 8: Living Arrangements for Children without Regular Caregivers.....	28
Table 9: Community Response to Children without Caregivers.....	28
Table 10: Key Observations and Recommendations .....	30
Table 11: Security Concerns.....	33
Table 12: Main Violent Risks .....	34
Table 13: Risky Places.....	36
Table 14: Frequency of Violence.....	37
Table 15: Types of Violence Perpetrated by Children .....	38
Table 16: Key Observations and Recommendations .....	38
Table 17: Sex Affected by Sexual Violence.....	41
Table 18: Signs of Abuse among Children .....	41
Table 19: Key Observations and Recommendations .....	45
Table 20: Number of Children Involved in Child Labour .....	48
Table 21: New Forms of Child Labour.....	49
Table 22: Reasons for Children's Engagement in Child Labour .....	49
Table 23: Key Observations and Recommendations .....	50
Table 24: Number of Children Involved in Activities of Armed Forces and Groups .....	50
Table 25: Key Observations and Recommendations .....	52
Table 26: Caregiver Worries.....	53
Table 27: Children's Emotional Well-Being.....	54
Table 28: Key Observations and Recommendations .....	60
Table 29: Roles of Committees and Issues Addressed.....	62
Table 30: Nearby Schools.....	64
Table 31: Existing Level of Schools.....	65
Table 32: Institutions in Existence .....	65
Table 33: Main Health Problems for Women and Children .....	66
Table 34: Health Care Service Providers.....	67
Table 35: Main Health Problems .....	69
Table 36: Child Friendly Space .....	70
Table 37: Child Care Centre Lesson Plan .....	72
Table 38: Key Observations and Recommendations .....	73
Table 39: Key Observations and Recommendations .....	75
Table 40: Key Observations and Recommendations .....	76
Table 41: Sectoral Challenges Faced by Children and Youth .....	79
Table 42: Priority Needs of Assessed Populations .....	80
Table 43: Existing Formal and Informal Support .....	81
Table 44: Recommendations.....	83

## List of Figures

Figure 1: Map of Puntland .....	6
Figure 2: Pre-Famine Situation in Somalia.....	8
Figure 3: Food Security Phases .....	8
Figure 4: Triangle Analysis .....	14
Figure 5: Separated Children .....	20
Figure 6: New Separation Cases .....	21
Figure 7: Sex Distribution of Missing Children.....	22
Figure 8: Community Willingness to Take Children Away .....	26
Figure 9: Documentation of Missing Children .....	27
Figure 10: Institutional Structures and Mechanisms .....	29
Figure 11: Mapping of Non-Violent Risks .....	32
Figure 12: Number of Deaths and Serious Injuries .....	35
Figure 13: Knowledge of Death and Injuries.....	35
Figure 14: Targeted Children by Age.....	37
Figure 15: Sexual Violence Incidences .....	39
Figure 16: Occurrence of Sexual Violence .....	39
Figure 17: Where Children Sought Help .....	43
Figure 18: Are Sexual Violence Services Child Friendly? .....	45
Figure 19: Children Involved in Different Types of Labour.....	47
Figure 20: Severity of Child Labour.....	48
Figure 21: Areas of Recruitment.....	51
Figure 22: Causes of Fear and Anxiety in Children.....	52
Figure 23: Main Sources of Stress by Caregivers.....	53
Figure 24: Skills for Children's Services.....	60
Figure 25: Child Access to Services .....	61
Figure 26: Key Sources of Information.....	74
Figure 27: Community Resource Persons .....	75

## List of Boxes

Box 1: Key Informant Interview Thematic Areas .....	16
Box 2: Research Assistant Selection Criteria .....	17
Box 3: Role of Camp Committees .....	63

## List of Pictures

Picture 1: Rusted Tins and Broken Glass Bottles .....	<b>Error! Bookmark not defined.</b>
Picture 2: Latrine in Tawakal Camp .....	40
Picture 3: Child Labour .....	47

## Executive Summary

This report presents findings of the child protection needs assessment (CPNA) focusing on the drought situation and the attendant humanitarian emergency in the Puntland State of Somalia.

The Puntland State of Somalia is experiencing a severe drought that has afflicted the whole of the Horn of Africa region, compelling countries like Kenya to declare it a national disaster. The likelihood of the drought prolonging into the later part of the year remains high as forecasts show that expected rains will be short and below average. An estimated 3.1 million people, 25 percent of the population, are expected to be in Crisis (IPC Phase 3) or Emergency (IPC Phase 4) through December. In total, 6.2 million people across Somalia face acute food insecurity. Results from 31 separate nutrition surveys conducted by the Food Security and Nutritional Analysis Unit (FSNAU) and partners between June and July 2017 indicate that an estimated 388,000 children under the age of five are acutely malnourished, including 87,000 who are severely malnourished and face an increased risk of morbidity and death.

The drought has occasioned severe pasture and food shortages, triggering mass movement of populations in search of livelihoods. As a result, the number of internally displaced persons (IDPs) moving to Galkaacyo has steadily increased since December 2016, and the humanitarian situation has further deteriorated. Majority of IDPs reside in makeshift shelters and are without access to basic services such as clean drinking water, protection, education and health services. The host community's scarce resources are already overstretched due to the drought and limited livelihood opportunities available. Children make up 50 % of the old IDP population and 30-40% of new arrivals.

This CPNA was undertaken in light of the foregoing humanitarian situation in Puntland. The objectives of the assessment were to establish the current status of children's needs and protection concerns, in the targeted locations; prioritize the needs of the assessed population (immediate, medium and long term); map existing formal and informal (i.e. family/community based) support and psychosocial services for vulnerable children and youth within the targeted locations; and outline feasible strategies in addressing the situation.

The methodology used to carry out the CPNA was largely qualitative, using tools derived from global child protection platforms like the Child Protection Cluster (Child Protection Rapid Assessment Toolkit) and agencies like UNICEF and World Vision. Assessment methods included desk reviews of project documents on emerging literature on the drought situation in Somalia, Focus Group Discussions with diverse populations, including children, and Key Informant Interviews with targeted individuals within the community in Galkaacyo. The KII were deliberately increased in number to permit generation of some level of quantitative data. Observation methods were employed to capture real scenarios of children in the assessment sites. Specific interview methods like songs were used to draw information from children besides other ethical consideration required when research involves minors and human subjects, broadly. Comprehensive training of the research team and pre-testing of the assessment tools ensured high thresholds of quality assurance. The assessment was undertaken in 16 camps for Internally Displaced Persons (IDPs) in Galkaacyo.

The assessment established that the interface between drought and protracted conflict has imperilled the lives of children and limited opportunities for youth to optimise their potential in the nascent state entity of Puntland. The drought continues to aggravate deprivations that children and youth have been grappling with for the almost three decades of the Somalia conflict. Separation of children from parental care and displacement are rampant experiences that continue to deny children the

opportunity to grow up under responsible and consistent parental care. Acute food insecurity has led to malnutrition and heightened mortality among children. Many children are out of school and face insecurity, including sexual violence. The youth are deprived off opportunities for skills development and income generation for self-sustenance. The assessment takes these experiences into cognizant and proposes remedies as articulated in the recommendations below.

Thematic Area	Challenges	Interventions			Responsible
		Immediate	Medium	Long Term	
Food	-Food shortages and limited coverage of population in need.	-100% coverage of households with food supplies, especially child headed households	-Identification of vulnerable households for specific food security support (foster families, sick children, elderly)	-Cash Transfer initiatives (cash money or food for work) and training on livelihood, including business skills.	-Government -WFP -UNHCR -SCI -GRT -GECPD -SBACO -SWCRPO -Camp leaders
Education	-Few and distant schools. -Fees levies and insecurity. -Inadequate learning materials -Exclusion of children with disability	-Increase capitalization for expansion and improvement of physical structures. -Abolish school levies and subsidize cost. -Initiate school feeding programmes for children walking long distances to school. -Ensure primary education is mandatory for all children. -Develop and implement safe schools policy. -Strengthen participation of parents and the community in school management. -Involve parents and community in enhancing mobility for children with disability.	-Expand access to secondary education through establishment of more schools, teacher training and supply of learning materials. -Establish vocational training centres -Upgrade informal learning centres to deliver approved curriculum. -Focus on developing a disability friendly and gender sensitive environment.	-Develop a basic education strategy for the camps focused on access and equity -Link camps to tertiary institutions in the country and region for advanced training of schools leavers.	-Government -UNHCR -SCI -GRT -GECPD -SBACO -SWCRPO -Camp leaders -WFP
Health and nutrition	-High disease burden -Few health facilities	-Undertake immunization campaigns targeting all children.	-Engage and train youth to deliver community health services.	-Develop health and nutrition policies. -Establish community	-Government -UNHCR -SCI -GRT -GECPD

	<ul style="list-style-type: none"> <li>-Payment for health care</li> <li>-Traditional practices</li> <li>-Inadequate MNCH</li> <li>- Environmental hazards.</li> </ul>	<ul style="list-style-type: none"> <li>-Address under-5 malnutrition.</li> <li>-Strengthen MNCH services</li> <li>-Ensure availability of drugs and supplies</li> <li>-Use medical camps to deliver services closer to communities.</li> <li>-Create awareness on sanitation and hygiene practices.</li> <li>-Strengthen vector control measures.</li> <li>-Expand ambulance services.</li> </ul>	<ul style="list-style-type: none"> <li>-Sensitize on community health and environmental safety.</li> <li>-Expand capacity and increase number of current health facilities and staff.</li> <li>-Train community members on first aid services.</li> </ul>	<ul style="list-style-type: none"> <li>health programme.</li> <li>-Address rehabilitation of disability cases.</li> </ul>	<ul style="list-style-type: none"> <li>-SBACO</li> <li>-SWCRPO</li> <li>-Camp leaders</li> </ul>
Shelter	<ul style="list-style-type: none"> <li>-Inadequate and low quality housing</li> <li>-Separated and child headed households</li> </ul>	<ul style="list-style-type: none"> <li>-Prioritize child headed and foster care households for shelter and non-food items.</li> <li>-Engage community in putting shelter structures for vulnerable members of society.</li> <li>-Engage camp committees in addressing demands for shelter.</li> </ul>	<ul style="list-style-type: none"> <li>-Upgrade and expand the number of child friendly spaces.</li> <li>-Assess shelter structures to ensure high level protection is guaranteed (gender sensitive)</li> </ul>	<ul style="list-style-type: none"> <li>-100% coverage of shelter for all camp residents.</li> </ul>	<ul style="list-style-type: none"> <li>-Government</li> <li>-UNHCR</li> <li>-SCI</li> <li>-GRT</li> <li>-GECPD</li> <li>-SBACO</li> <li>-SWCRPO</li> <li>-Camp leaders</li> <li>-OCHA</li> </ul>
Security	<ul style="list-style-type: none"> <li>-Explosives in the environment</li> <li>-Recruitment / involvement of children in activities of armed groups.</li> </ul>	<ul style="list-style-type: none"> <li>-Documentation of all children and adults in the camps and new arrivals</li> <li>-Initiation and strengthening of community policing</li> <li>-Advocacy and awareness creation on peaceful co-existence and individual security measures.</li> </ul>	<ul style="list-style-type: none"> <li>-Rehabilitation of ex-child militants.</li> <li>-Mopping up of unexploded objects.</li> <li>-Provide child tracing and family reunification services.</li> </ul>	<ul style="list-style-type: none"> <li>-Strengthening peace and governance capacity of all actors involved in the political situation.</li> </ul>	<ul style="list-style-type: none"> <li>-Government</li> <li>-UNHCR</li> <li>-SCI</li> <li>-GRT</li> <li>-GECPD</li> <li>-SBACO</li> <li>-SWCRPO</li> <li>-Camp leaders</li> </ul>
Sexual violence	<ul style="list-style-type: none"> <li>Reported cases of sexual violence.</li> </ul>	<ul style="list-style-type: none"> <li>-Code of conduct for humanitarian staff.</li> <li>-Provide referral and treatment</li> </ul>	<ul style="list-style-type: none"> <li>-Strengthen legal capacity of local staff to address GBV.</li> <li>-Train community members and</li> </ul>	<ul style="list-style-type: none"> <li>-Improve access to rule of law, justice and legal services for survivors and their families.</li> </ul>	<ul style="list-style-type: none"> <li>-Government</li> <li>-UNHCR</li> <li>-SCI</li> <li>-GRT</li> <li>-GECPD</li> <li>-SBACO</li> </ul>

		<p>services for GBV and other abuses.</p> <ul style="list-style-type: none"> <li>-Monitor and manage aid distribution points to prevent GBV incidents.</li> <li>-Disseminate information on GBV issues to raise awareness.</li> <li>-Track and report GBV incidents.</li> <li>-Provide psychological first-aid activities for survivors.</li> </ul>	<p>protection officers to raise issues, advocate for GBV services, and sensitize populations and responders.</p> <ul style="list-style-type: none"> <li>-Train and supervise community health workers, teachers and community leaders on psychosocial knowledge and skills.</li> </ul>	<ul style="list-style-type: none"> <li>-Monitor and evaluate separate and integrated GBV programs.</li> <li>-Introduce community-based care-giving mechanisms for victims of GBV.</li> </ul>	<ul style="list-style-type: none"> <li>-SWCRPO</li> <li>-Camp leaders</li> </ul>
Livelihood	<ul style="list-style-type: none"> <li>-Limited opportunities for vocational training</li> <li>-Youth unemployment</li> <li>-Violence and psychosocial challenges among men as a result of inability to provide.</li> <li>-Household poverty</li> </ul>	<ul style="list-style-type: none"> <li>-Provide adequate food supplies, non-food items, gardens, and income-generating activities.</li> </ul>	<ul style="list-style-type: none"> <li>-Address disaster-related land, housing, inheritance and property issues.</li> <li>-Establish vocational training centres</li> <li>-Establish cash transfer programme for vulnerable households</li> </ul>	<ul style="list-style-type: none"> <li>-Promote skill-building and life-skills programs for youth, men, and women</li> <li>-Initiate voluntary savings and loans associations.</li> </ul>	<ul style="list-style-type: none"> <li>-Government</li> <li>-UNHCR</li> <li>-SCI</li> <li>-GRT</li> <li>-GECPD</li> <li>-SBACO</li> <li>-SWCRPO</li> <li>-Camp leaders</li> </ul>
Childcare and Recreation	<ul style="list-style-type: none"> <li>-Separated and missing children</li> <li>-Orphaned children</li> <li>-Children under foster care.</li> <li>-Children with disability</li> <li>-Congestion in child friendly spaces</li> <li>-Inadequate play materials for children</li> <li>-Limited skills for child care.</li> </ul>	<ul style="list-style-type: none"> <li>-Provide supervised, safe sites for children and youth to play and learn.</li> <li>-Identify and provide support to all child headed and foster care family households.</li> <li>-Provide psychosocial services (paediatric counselling).</li> </ul>	<ul style="list-style-type: none"> <li>-Provide child tracing and family reunification services.</li> <li>-Expand and upgrade all CFS</li> <li>-Supply adequate play materials for all CFS.</li> <li>-Train community members and social workers on child care skills.</li> <li>-Integrate needs of children with disability into programmes for other children.</li> </ul>	<ul style="list-style-type: none"> <li>-Train children on positive participation in activities that concern them.</li> </ul>	<ul style="list-style-type: none"> <li>-Government</li> <li>-UNHCR</li> <li>-SCI</li> <li>-GRT</li> <li>-GECPD</li> <li>-SBACO</li> <li>-SWCRPO</li> <li>-Camp leaders</li> </ul>

Language barrier, low literacy and insecurity were the main challenges that assessment exercise had to deal with in the field. The study tools had not been translated into Somali or Arabic for the local population to understand due to time constraints. To mitigate this, the assessment engaged local enumerators and interpreters to support the research team. Insecurity was addressed through meticulous planning of data collection schedules and deployment of security personnel without

interfering with the autonomy and quality of the exercise. The humanitarian situation has occasioned endless movement of populations and consequently eliminated clear demarcations between host and IDPs population. The seamless mingling of host community populations and IDPs is therefore the main limitation of the assessment albeit not subtracting significantly from the credibility of the findings.

The assessment report is structured in seven major sections:

- ✓ **Section One:** Presents background information on the Puntland State of Somalia, the drought situation and the humanitarian emergency, outlining the magnitude, vulnerabilities and health outcomes especially among displaced populations and children.
- ✓ **Section Two:** Presents the organization of the assessment (rationale, objectives and activities).
- ✓ **Section Three:** Articulates the study methodology in detail, including mention of compliance with research ethics imperatives.
- ✓ **Section Four:** Thematically presents assessment findings.
- ✓ **Section Five:** Discusses the findings to highlight the interlinkages and salient information.
- ✓ **Section Six:** Summarises findings of the assessment, draws conclusions and submits recommendations.
- ✓ **Section Seven:** Presents the child well-being index and glossary of terms.

## 1.0 Introduction

This section of the report examines the political and vulnerability context that underlies the humanitarian situation in Puntland. The section highlights the historical path that has characterised growth of the Puntland State of Somalia, the climatic features and legal and policy instruments that define child protection globally and specifically in Somalia.

### 1.1 Background

#### 1.1.1 Group for Trans-Cultural Relations (GRT)

GRT is a non-governmental organization, established in Italy in 1968 and active in Kenya and Somalia since 1996. GRT's programming mandate focuses on community mental health and psychosocial support (MHPSS), protection (Gender Based Violence and Street children) and Forced migrations.

#### 1.1.2 Puntland

The Puntland State of Somalia lies in the north eastern region of Somalia. The existence of Puntland is



**Figure 1: Map of Puntland**

as a result of the internecine wars that characterized Somalia after the outbreak of civil war in 1991. The protracted war led to an internal quest for autonomy in 1998 that brought together political elite, traditional elders (Issims), members of the business community, intellectuals and other civil society representatives in a conference to deliberate on the subject of self-determination. The outcome of the conclave was establishment of the autonomous Puntland State of Somalia with mandate to provide security, facilitate trade, and interact with domestic and international partners.<sup>1</sup>The Puntland State of Somalia recognizes historical and nationhood ties with the larger pre-civil war Somalia.

Puntland occupies a total land area of 80,000 km<sup>2</sup> or roughly one-third of Somalia's geographical area. The region is semi-arid, with a warm climate and average daily temperatures ranging from 27 °C (80.6 °F) to 37 °C (98.6 °F). In all other areas, Puntland is generally characterized by tropical desert heat. Rainfall is sparse and variable, with no single area receiving more than 400 mm (15.7 in) of rain annually. There are four main seasons around which pastoral and agricultural life revolve: Jilal – from January to March, the harshest dry season of the year; Gu – from April to June, the main rainy season; Xagaa – from July to September, the second dry season; and Deyr – from October to December, the shorter and less reliable rainy season.<sup>2</sup> The current devastating drought is attributed to prolongation of the Jilal season which has been aggravated by post-conflict social economic vagaries.

#### 1.1.3 Galkaacyo

Galkaacyo is the capital of the Central Mudug region of Somalia. The city is divided into two political zones: the northern side is administered by the Puntland State of Somalia while the southern zone is governed by the Galmudug administration. The city is one of the most diverse towns in terms of clan composition in Somalia. Galkaayo City suffers the consequences of conflict which have been aggravated

<sup>1</sup>"Puntland." Wikipedia: The Free Encyclopedia. Wikipedia Foundation, Inc. 1st September 2017. Web. 1st Sept. 2017.

<sup>2</sup>Ibid.

by piracy activities. Pirates operating in the region use Galkaacyo as their logistics base where they engage in violence and killings, drugs and alcohol use, and sex work. Women and children suffer disproportionately from lack of access to resources, heightening their vulnerability to various forms of violence, including sexual and gender based violence, trafficking, recruitment into militia activities, etc. The Galkaacyo area is hosting IDPs who live in settlements that make them vulnerable to abuse. The latrines in the IDP settlements are not disaggregated and shelters are not lockable from inside to prevent attacks. Thus perpetrators operate with impunity, committing acts such as rape, assault and beating women and girls inside the camps anyhow.<sup>3</sup>

## 1.2 The Humanitarian Context

The Horn of Africa region is experiencing a severe drought that imperils livelihoods in many countries. Recurrent natural disasters and ongoing complex emergencies remain major contributors to vulnerability, negatively affecting the lives and livelihoods of populations across the region.<sup>4</sup> Political conflicts in countries like South Sudan and Somalia have compounded the effects of natural disasters in the region. The United Nations (UN) estimates that severe hunger and nutrition crises are placing an estimated 19.4 million people at risk of starvation across this region. Nearly 850,000 children are already suffering and weakened from severe acute malnutrition, leaving them vulnerable to common diseases such as diarrhoea, malaria and pneumonia.<sup>5</sup> Citing two-years of failed harvest and al-Shabab activities, the President of Somalia declared the drought a national disaster in 2017.<sup>6</sup>

Climatic and weather patterns in Somalia have not shown signs of amelioration. Reportedly, the 2017 Gu season rains delayed and were low in quantity. The rains lasted for a short duration in most parts of Somalia.<sup>7</sup> Recent climate forecasts from IGAD's Climate Prediction and Application Centre (ICPAC) report a continuation of inadequate rains in during the forthcoming 2017 Deyr (October-December) season, characterised by a warmer than normal temperature over the same period across most parts of Somalia. The combined impact is expected to lead to faster depletion of pasture and water sources and cause retarded crop development due to moisture stress.<sup>8</sup>

The Gu season cereal harvest, which is estimated at 78,400 tonnes, is 37 percent lower than the long-term (1995-2016) average. As a result, poor households in crop-dependent livelihood zones of the northwest and southern Somalia have little or no food stocks. In pastoral areas affected by protracted and persistent drought, livestock production and reproduction have declined sharply. Depletion of livestock assets due to distress sales and mortality has contributed to increased indebtedness and destitution among many pastoralists.<sup>9</sup>

Populations affected by the drought situation continue to increase and deepen in severity. An estimated 3.1 million people, 25 percent of the population, are expected to be in Crisis (IPC Phase 3) or Emergency (IPC Phase 4) through December. In total, 6.2 million people across Somalia face acute food insecurity. Results from 31 separate nutrition surveys conducted by FSNAU and partners between June and July 2017 indicate that an estimated 388,000 children under the age of five are acutely malnourished, including 87,000 who are severely malnourished and face an increased risk of morbidity

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<sup>3</sup> Safety and Security District Baseline Report – Galkaacyo 2013

<sup>4</sup> USAID. Horn Of Africa – Complex Emergency Fact Sheet #5, Fiscal Year (FY) 2017 --May 24, 2017

<sup>5</sup> Save the Children. Fact Sheet. April 2017.

<sup>6</sup> <http://www.dw.com/en/somalias-new-president-declares-drought-emergency/a-37750232>

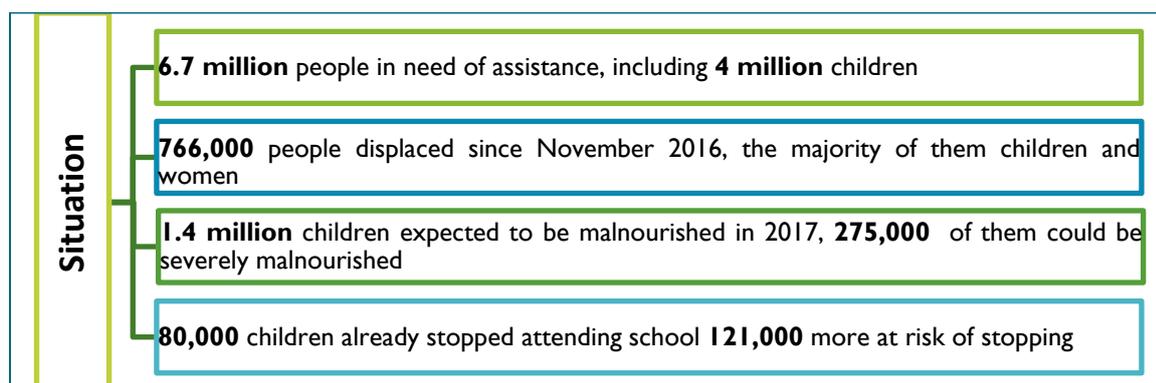
<sup>7</sup> Food Security and Nutritional Analysis Unit – Somalia (FSNAU) at <http://www.fsnau.org/in-focus/fsnau-fews-net-2017-post-gu-technical-release-final-31-aug-2017>

<sup>8</sup> Ibid.

<sup>9</sup> Ibid.

and death. In two-thirds of the 31 nutrition surveys conducted, Global Acute Malnutrition (GAM) prevalence were considered Critical (15-30%) or Very Critical (>30%). In one-thirds of the surveys, Severe Acute Malnutrition (SAM) was also considered Critical ( $\geq 4.0-5.6\%$ ) or Very Critical (>5.6%). Morbidity rates are at least 20 percent or higher in more than half of the surveyed populations, contributing to the reported high levels of acute malnutrition in most of these populations. Mortality rates have also increased. Crude Death Rates (CDR) and/or Under-Five Death Rate (U5DR) have surpassed emergency thresholds in seven of the population groups surveyed (i.e. CDR > 1/10 000/day and U5DR > 2/10 000/day, respectively).<sup>10</sup> UNICEF has reported 71,663 cases of AWD/cholera, 40% of which among children under-5 and 13,428 cases of measles, half of which among children under-5.<sup>11</sup>

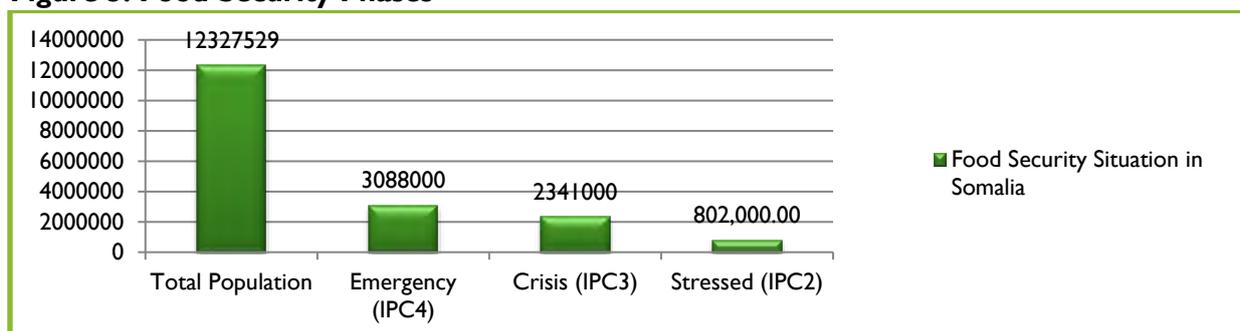
**Figure 2: Pre-Famine Situation in Somalia**



Source: UNICEF Pre-Famine Briefing Note, July 2017

Over 701,500 people were displaced due to drought in the first half of 2017. With limited livelihood and coping options and poor living conditions, exacerbated by recent large-scale displacement due to drought, food security and nutrition outcomes across most of the 13 main settlements for internally displaced persons (IDPs) indicated a deteriorating situation. Accordingly, most of the IDP settlements are classified as Crisis (IPC Phase 3) or Emergency (IPC Phase 4). Figure 3 below shows the food security situation across most parts of Somalia.

**Figure 3: Food Security Phases**



Source: Food Security and Nutritional Analysis Unit – Somalia (FSNAU) 31<sup>st</sup> August 2017

<sup>10</sup>Ibid.

<sup>11</sup>UNICEF. Pre-Famine Briefing Note, July 2017 at

[https://www.unicef.org/somalia/SOM\\_resources\\_prefaminebriefjuly2017.pdf](https://www.unicef.org/somalia/SOM_resources_prefaminebriefjuly2017.pdf)

### 1.3 Child Protection

Child protection (sometimes "child welfare") refers to the protection of children from violence, exploitation, abuse and neglect.<sup>12</sup> Dimensions of child well-being include health/ growth, cognitive/ psychosocial, and protection/ participation. The fundamental global instrument that secures the welfare of children is the United Nations Convention on the Rights of the Child.<sup>13</sup> The Convention defines a child as a human being below the age of eighteen years unless under the law applicable to the child, majority is attained earlier.<sup>14</sup> Article 28 of the Convention obliges countries to recognize and observe the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development. Somalia ratified the CRC in October 2015 as a Federal Republic which has predicated related protective laws and policies in Puntland; for example, the Juvenile Justice Law, the Sexual Offences Bill, and alternative care policies.<sup>15</sup> The African Charter on the Rights and Welfare of the Child (ACRWC)<sup>16</sup> resonates with the CRC by re-emphasizing children's inalienable rights, including the right to life, name, nationality, education, freedom of expression, among others. Article 21 of the ACRWC highlights the need to take appropriate measures to eliminate harmful social and cultural practices affecting the welfare, dignity, normal growth and development of the child.<sup>17</sup>

The Federal Republic of Somalia Constitution aligns with the CRC on the definition of a child and other universal rights. Article 29 of the Constitution stipulates that every child has the right to be protected from mistreatment, neglect, abuse, or degradation. It further provides that no child may perform work or provide services that are not suitable for the child's age or create a risk to the child's health or development in any way. Moreover, the Somali Federal law recognizes that every child has the right to be protected from armed conflict, and not to be used in armed conflict. Under the new partnership for Somalia for peace, stability and prosperity<sup>18</sup>, the international community and Somalia agreed to implement measures to combat gender-based violence and end FGM. Some of the Somali Compact policy directions include establishment of a sustainable and resourced Legal Policy and Drafting Unit within the Ministry of Justice (MoJ), which is composed of well-trained experts on law-making, is gender-sensitive, and upholds the Convention of the Rights of the Child and principles of juvenile justice.<sup>19</sup> The Somali Compact also embraced development of an 'Action Plan to End the Recruitment and Use of Children in Armed Conflict', which takes into account the needs of women and girls associated with armed groups.

The Puntland State of Somalia Constitution defines minors as any child under the maturity age of 15 years.<sup>20</sup> This is a departure from both the CRC and the ACRWC which should be the focus of advocacy initiatives. Rights of children recognized under this law are the right to life, name, citizenship,

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<sup>12</sup>"Child Protection." Wikipedia: The Free Encyclopedia. Wikipedia Foundation, Inc. 2nd September 2017. Web. 2nd Sept. 2017.

<sup>13</sup>UN General Assembly, Convention on the Rights of the Child, 20 November 1989, United Nations, Treaty Series, vol. 1577, p. 3, available at: <http://www.refworld.org/docid/3ae6b38f0.html> [accessed 3 September 2017]

<sup>14</sup>Ibid.

<sup>15</sup>UNICEF. UNICEF Somalia Annual Report 2016 at [https://www.unicef.org/somalia/resources\\_20195.html](https://www.unicef.org/somalia/resources_20195.html)

<sup>16</sup>Organization of African Unity (OAU), African Charter on the Rights and Welfare of the Child, 11 July 1990, CAB/LEG/24.9/49 (1990), available at: <http://www.refworld.org/docid/3ae6b38c18.html> [accessed 3 September 2017]

<sup>17</sup> Ibid.

<sup>18</sup> New Partnership for Somalia. London Conference, May 2017 at [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/613719/new-partnership-for-somalia-may-2017.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/613719/new-partnership-for-somalia-may-2017.pdf)

<sup>19</sup>Federal Republic of Somalia. The Somali Compact.

<sup>20</sup>The age for criminal responsibility under Islamic law is fixed at 15 years.

upbringing up, care and education.<sup>21</sup> The polity is therefore under constitutional obligation to ensure children are not exposed or subjected to experience that negate their constitutional rights. Labor of any kind that can endanger, hurt the life, behavior, rising up, and care and the education of children is also prohibited under the Puntland State of Somalia Constitution. Religious (Sharia Law) and traditional standards are widely enforced as part of the legal mechanisms that determine responses to the plight of the child.

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<sup>21</sup>Puntland State of Somalia Constitution

## 2.0 Baseline Needs Assessment

This section of the report provided a detailed explanation of the CPNA, including the justification, objectives, and expected results. The section also illuminates the challenges and limitation of the assessment.

### 2.1 Rationale

Somalia has continuously achieved low human development indices since the civil war implosion in 1990. Somalia's multidimensional poverty index (MPI) was 0.47 out of 1, placing Somalia at 94 out of 104 countries as ranked in the 2010 Global Human Development Report. The country's low MPI was mainly attributed to poor standards of living (50%), followed by low levels of education (32%) and dimly low access to good health (19%).<sup>22</sup> Even though the current crisis in Somalia is primarily that of a food crisis, the longer-term situation for child protection is grave and has been severely impacted by the current emergency. Women and children within Somalia and those fleeing from Ethiopia are experiencing starvation, malnutrition, violence and separation from relatives in large numbers.

The UNICEF State of the World's Children Report (2016) showed that under-5 mortality rate<sup>23</sup> for Somalia was 137 (143 male and 130 female) while child labour affected 49% of children (45% male and 54% female). Equally the UNICEF Somalia Annual Report (2016) indicated that 3.2 million people in need of Water, Sanitation and Hygiene (WASH) services; only 30 per cent of children are enrolled in school and only 40 per cent of these are girls; over 6,000 children and youth remain with armed groups; 98 per cent of women have undergone female genital mutilation; and 38 per cent of women in Puntland and 31 per cent in Somaliland are married before the age of 18. The International Center for Research on Women (2014) ranked Somalia among the 15 of the 20 countries with the highest rates of child marriage in Africa.

Unknown numbers of children have been injured or killed on the frontline of the fighting in the past years, and hundreds of thousands of others have felt the impact of the conflict through displacement, bereavement, loss of access to schooling and other services, as well as widespread trauma. Recently the local and international media highlighted parents prioritizing their children in terms of who to feed while others were reported to sell their children in order to feed others lest all of them die. Family poverty, and subsequent neglect of childcare, drives children into risky and dangerous behaviour, including with criminal elements. Some children from marginalized groups and minority clans can also get into conflict with the law due to discrimination, violence and abuse.<sup>24</sup>

Children make up 50 % of the old IDP's population and 30-40% of new arrivals. Women are arriving *en masse* in IDP camps with very young children. IDPs and refugees have given accounts of many forms of human rights abuses across the border within Somalia, which has affected both adults and children. The drought has had an unfortunate impact on families, exacerbating pre-existent vulnerabilities and causing separation, death and trauma to children and their families. There have also been accounts where a lot of unaccompanied minors in Galkaacyo IDP camps who live on their own in their respective camps feel vulnerable to sexual abuse and exploitation. The internally displaced, children from minority groups, the very poor, orphans, children with special needs, working children, children living in the streets, militia children and children in conflict with the law, are all in special need of

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<sup>22</sup>United Nations Development Programme (UNDP). Human Development Report 2010 at <http://hdr.undp.org/en/content/human-development-report-2010>

<sup>23</sup>Probability of dying between birth and exactly 5 years of age, expressed per 1,000 live births.

<sup>24</sup>UNICEF. Situation Analysis Of Children In Somalia 2016. UNICEF , 2016.

protection. In most of these categories, girls are especially disadvantaged.<sup>25</sup> Between January and September 2015, the country task force on monitoring and reporting has documented 2,447 grave violations against children in Somalia including the forced recruitment and use of 62 girls and 749 boys.<sup>26</sup>

Children living in areas with less “social capital” or social investment in the community appear to be at greater risk of abuse and have more psychological or behavioural problems. Somalia presents this kind of scenario where limited social capital as a result of prolonged war and the attendant vagaries has affected establishment of protective mechanisms for children, including a holistic and stable school system. Research shows that chronic poverty adversely affects children through its impact on parental behaviour and the availability of community resources. Communities with high levels of poverty tend to have deteriorating physical and social infrastructures and fewer of the resources and amenities found in wealthier communities.

## 2.2 Objectives

The overarching objective of the needs assessment was to determine the scale of the needs and protection risks for children affected by the drought in Galkaacyo North in Puntland region. The specific objectives were:

- i) Carry out an assessment of the current status of children needs and protection concerns, in the targeted locations;
- ii) Prioritize the needs of assessed population (immediate, medium and long term);
- iii) Map existing formal and informal (i.e. family/community based) support and psychosocial services for vulnerable children and youth within the targeted locations; and
- iv) Provide detailed and prioritized recommendations for different stakeholders to have a better understanding of the protection risks for children in the aftermath of the drought for coordinated and effective response.

## 2.3 Actions

To realize the foregoing objective of the study the following activities were imperative:

- i) Consensus building on the baseline design and implementation plan;
- ii) Development of a detailed research and analysis plan, including plans for recruitment and training of research assistants; pretesting of tools; sampling methodology; implementation of data collection in the field; data analysis and reporting;
- iii) Development of rigorous and robust data collection tools that could gather reliable and replicable data;
- iv) Data collection in the field including; and
- v) Data analysis and reporting in accordance with study objectives.

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<sup>25</sup>UNICEF at [https://www.unicef.org/somalia/cpp\\_124.html](https://www.unicef.org/somalia/cpp_124.html)

<sup>26</sup>UNICEF at [https://www.unicef.org/somalia/cpp\\_133.html](https://www.unicef.org/somalia/cpp_133.html)

## **2.4 Challenges**

Language barrier, low literacy and insecurity were the main challenges that assessment exercise had to deal with in the field. The study tools had not been translated into Somali or Arabic for the local population to understand due to time constraints. To mitigate this, the assessment engaged local enumerators and interpreters to support the research team. Insecurity was addressed through meticulous planning of data collection schedules and deployment of security personnel without interfering with the autonomy and quality of the exercise.

## **2.5 Assessment Constraints**

The humanitarian situation has occasioned endless movement of populations and consequently eliminated clear demarcations between host and IPD populations. The seamless mingling of host community populations and IDPs is therefore the main limitation of the assessment albeit not subtracting significantly from the credibility of the findings. The study could also not intimately engage with children and adults living with disability due to time and resource barriers. There is however validity in the assumption that the findings and recommendations are generalizable and would apply to their situation feasibly.

### 3.0 Methodology

This section of the report outline the methodology used in undertaking the CPNA. It covers the study design, conceptual underpinnings of the assessment, study sites and target populations, sampling and data collection. The section also encompasses information on the assessment team and issues of ethical compliance observed during the study.

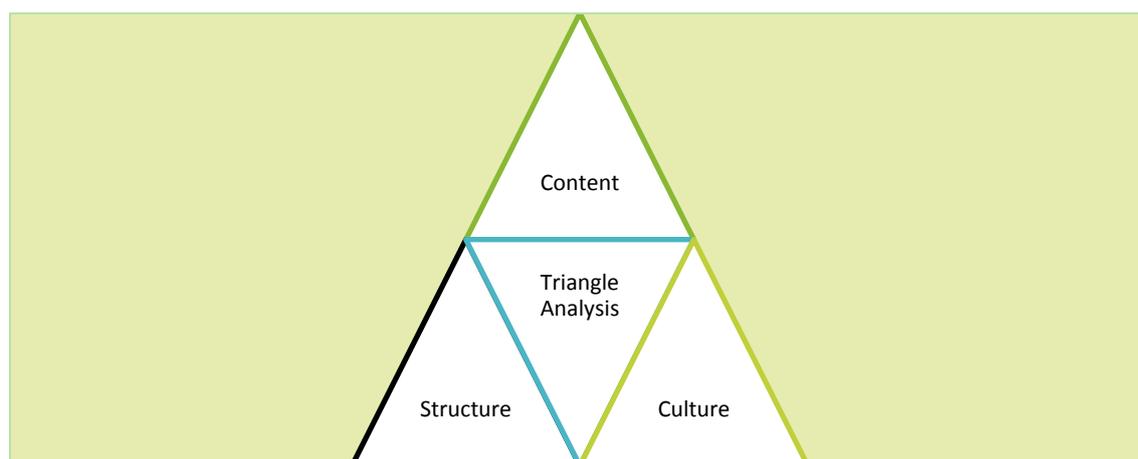
#### 3.1 Study Design

The assessment was a cross-sectional study focused on child protection needs in Galkaacyo, Puntland. Both quantitative and qualitative data were collected albeit the study design being largely qualitative.

#### 3.2 Conceptual Framework

The study used the Triangle analytical approach<sup>27</sup> because of the clarity with which it delineates various dimensions of factors that underlay the occurrence and response to child protection needs against the backdrop of humanitarian emergencies. The elements that framed the assessment in accordance with the Triangle analytical model were content, structure and culture, as illustrated and explained in Figure 4.

**Figure 4: Triangle Analysis**



**Content:** Related to the written laws, policies, and budgets relevant to children’s needs. For example, if there was no law to ensure a type of child protection, one part of a solution may be introducing a law. Also, if there were no funding and institutional mechanisms for enforcement, the law itself would not be effective.

**Structure:** Refers to state and non-state mechanisms for implementing a law or policy. Such structures include the police, courts, hospitals, CSOs, ministries, media, and health care programs.

**Culture:** Refers to values and behaviour that shape how people deal with and understand issues. These values and behaviour are influenced by such things as gender, class, custom, religion, ethnicity, and age. Part of the cultural dimension might be lack of information about laws and policies.

<sup>27</sup>Adapted from New Weave (2002:170) and Schuler (1986) Empowerment and the Law.

### **3.3 Study Area**

The child protection needs assessment was conducted within IDP communities in and around Mudug region of Galkaacyo North. There were 16 IDP camps located within the Mudug region of Galkaacyo North. The camps included Halboqad, Mustaqbal 1, Ala-Amin, New Doonyaale, Kulmiye, Mustaqbal 2, Warshad Galay, Ala-Amin 2, Afartakaare, Iftar Kale, Maduuna, Munawara, Tawakal, Buulo Control, Buulo-Bacley, Howlwadag, Margaaga, Agaran, Barwaqo, and Buulo-Agoon.

### **3.4 Study Population**

The following categories of respondents were targeted to obtain equal participation in the assessment in order to draw data whose credibility is founded on diversity and equity in sources. Persons with disabilities (adults and children) were integrated into the assessment groups below.

- i) Adolescent boys and girls;
- ii) Youth (male and female);
- iii) Adult men and women;
- iv) Local leaders (teachers; religious leaders; community leaders; women); and
- v) Civil Society Actors (CBOs, (I)NGOs, FBOs).

### **3.5 Sampling and Sample Size Determination**

Purposive sampling was considered as the most appropriate sampling methodology for this assessment since it facilitated an assessment of scale and priorities that was approximate enough to inform child protection planning and programming for the immediate response. The sampling methodology entailed selecting communities or groups of people based on a set of defined criteria for the purpose of the study. In this regard, the IDP camps covered during the assessment were 16 and were based on their accessibility; security and; child protection needs (communities most affected by drought and conflict would be prioritised). Key informants were selected based on their insight into the needs of the affected community members.

### **3.6 Data Collection**

Qualitative methods, primarily focus group discussions, direct observation and interviews with key informants were the main methods used in collecting data for the assessment. Literature review was undertaken before field work and during the writing of the report. Details of each data collection approach and sources are as explained below:

#### **3.6.1 Qualitative Data**

##### **3.6.1.1 Secondary Qualitative Data**

Secondary data collation and synthesis were accomplished through a detailed desk review of a range of documents provided by the client. These included project documents, previous situation analysis reports, humanitarian needs assessment reports, National Government of Somalia Child Protection Policy and Legislative Framework, UN agency reports, among others. Review of secondary data sources prior to primary data collection was an important part of the process as it helped to determine what information was already known, information gaps, and what needed to be included and/or excluded from the assessment tools. Secondary data was also an essential element of the data triangulation process.

### 3.6.1.2 Primary Qualitative Data

#### i. Focus Group Discussions

Focus group discussions (FGDs) were conducted with children (male and female), youth (male and female) and with adults (male and female) members of the IDP communities. Children were divided into groups between the ages of 7-12 years and 13-17 years. Child friendly language was used to facilitate the discussions, and in the younger-age focus groups participatory methods such as drawing and story-telling were used. Information about children less than seven years was obtained through focus group discussions with parents and direct observation, while questions regarding the special needs of adolescents were included in the older children's focus group interactions.

Six (6) FGDs were held with adults, 6 with youth and four (4) with children. The FGD sessions integrated participatory learning and action models and tools. All the FGDs were organized to have male and female participants separately. Each FGD comprised a maximum of 12 and a minimum of 8 participants and it lasted not more than 1 hour and 30 minutes. A facilitator/ note taker and a translator were in-charge of each FGD session using guides developed for the assignment. Focus group guides enquired about immediate needs and protection concerns identified key vulnerabilities and mapped out existing formal and informal support and psychosocial services for vulnerable children and youth within the targeted locations.

#### ii. Key Informant Interviews

The key informant interviews (KIIs) were the main part of the data collection methodology. Key informants were selected based on their knowledge of the needs of the affected IDP community members in each of the selected IDP camps. In addition to purposive sampling, snowball sampling was used to identify key interlocutors to interview. A number of resource persons for each scenario for most sites were identified by members of GRT's programme staff based on their networks and local knowledge. The key informants included teachers, religious leaders, community leaders, doctors, nurses, IDP camp managers, social workers, NGO staff/volunteers, and people who had directly experienced violence during conflict. People who worked directly with children on a day to day basis (children's caretakers) or held some kind of responsibility for the IDP community were prioritised. The in-depth interviews sought to understand and explore children's immediate needs and key security concerns along eight (8) key thematic areas namely:

#### Box I: Key Informant Interview Thematic Areas

- (i) Unaccompanied and separated children
- (ii) Dangers and injuries; physical violence; and other harmful practices
- (iii) Psychosocial distress and community support mechanisms
- (iv) Access to services and excluded children
- (v) Access to information
- (vi) Child labour
- (vii) Children affected by armed conflict

#### iii. Observation

In each study location (IDP camp), a direct observation report was made to highlight additional information acquired through observation such as community infrastructure, presence of services, community activity, presence and behaviour of children, and possible dangers. The direct observation reports were used to triangulate or validate findings from the FGDs and KIIs.

## 3.7 Research Team

### 3.7.1 Recruitment and Training of Research Assistants

Research Assistants (RAs) were selected from the local communities on the basis of their experience of working with children and/or the community. Other considerations in the selection of the RAs included:

#### Box 2: Research Assistant Selection Criteria

- Understanding of English and the local language.
- Ability to read and write in English.
- Holder of at least a diploma in a relevant field.
- Having some experience in research and being available for the entire period of the study
- Willing to abide by ethical requirements for research.

A total of (ten) 10 research assistants were recruited and taken through a 2 days' training on child protection and assessment tools. A pilot study was conducted on the third day to test the appropriateness and applicability of the assessment tools. The needs assessment tool and methodology included an overview of key concepts of child protection in emergencies, definitions of key terms related to child protection. The training package also included modules on the RAs responsibilities and expectations for their work, the goals and expectations of the study, the study methodology and KII interview facilitation skills, note taking skills, and use of study tools. The training was designed to be highly participatory, featuring learning-by-doing exercises that enabled team members to translate information into practice. At the end of the training, debriefing of the trainees on the entire assessment was done to ensure they were able to successfully administer the tools and collect the required data.

## 3.8 Data Collection, Cleaning and Analysis

Data collection was conducted simultaneously across all study locations over a period of five days. The research assistants were paired to have a facilitator and a note-taker. In assigning responsibilities, members of each pair were identified based on their strengths, interviewing skills and ability after the training, simulation and piloting of the instruments. The facilitator, accompanied by a note-taker, steered the FGD through use of an unstructured guide. During interviews, new issues raised or learnt were fed back into the questions asked to facilitate a more in-depth interview. For quality control purposes, each interview was individually reviewed and scrutinized by the consultants. At the end of each interview the consultants analysed the interview(s) to facilitate a daily reflection and progressive focusing to inform subsequent interviews. The consultants took charge of overall supervision of the data collection process.

The qualitative primary data collected from the field was analysed on an ongoing basis throughout every stage of the study. Qualitative data was analysed using a comprehensive thematic matrix that facilitated identification of common patterns on key child protection trends and themes arising from the narratives.

## 3.9 Ethical Considerations

The consultants ensured that all team members were aware of, and adhered to a number of international guidelines on ethical principles when working with human subjects. Accordingly, prior to conducting the needs assessment, IDP camp managers and key staff/volunteers were contacted for authorization and informed about the objectives and process. Both adult and child participants in focus

groups discussions and key informant interviews were fully briefed on the purpose, ethics and confidentiality of the assessment, and it was clearly explained that their participation was voluntary and that they may withdraw at any point. Child friendly language was used to explain the ethical issues to children.

Consent was obtained from all participants prior to their participation in the focus group discussions and key informant interviews, with adults requested to sign consent forms. For children, consent was sought first from a caretaker or parent before the child was asked to sign or thumbprint the child assent form. The assessment team also took reasonable care to ensure confidentiality of all the information gathered, privacy when collecting data and respect for participants.

### **3.9.1 Child Sensitive Ethical Considerations**

The importance of upholding GRT's Child Protection Policy (CPP) was emphasized at every stage of the assessment process. All members of the assessment team were trained on the CPP and signed the policy as part of their contract, committing themselves to reporting any case of child abuse identified or reported throughout the course of the research.

## 4.0 Findings

This section of the report presents findings generated through FGDs, KIIs and observation. Both qualitative and quantitative information is presented in accordance with each thematic area. A summary of key issues is provided at the end of every thematic section of the findings.

### 4.1 Demographic Profile of Assessment Population

The study was conducted through key informant interviews (KIIs) and focus group discussions (FGDs). More male (57%) than female (43%) respondents participated in KIIs because of positions held in the community. Camp managers (9 male and 12 female), social workers (9 and 12), and teachers (14 female and 5) were majority of those who participated in KIIs followed by religious leaders (9 male and 1 female) and block leaders (5 female and 5 male). These groups were prioritized because of their level of interaction with children in the community. For instance, teachers and social workers are critical actors when children are outside the home space. Purposive sampling lead to almost equal number of male and female FGD participants as shown in Table 1. Boys (35) and girls (29) were majority of those who participated in FGDs which upholds their right to participation in processes that concern them.

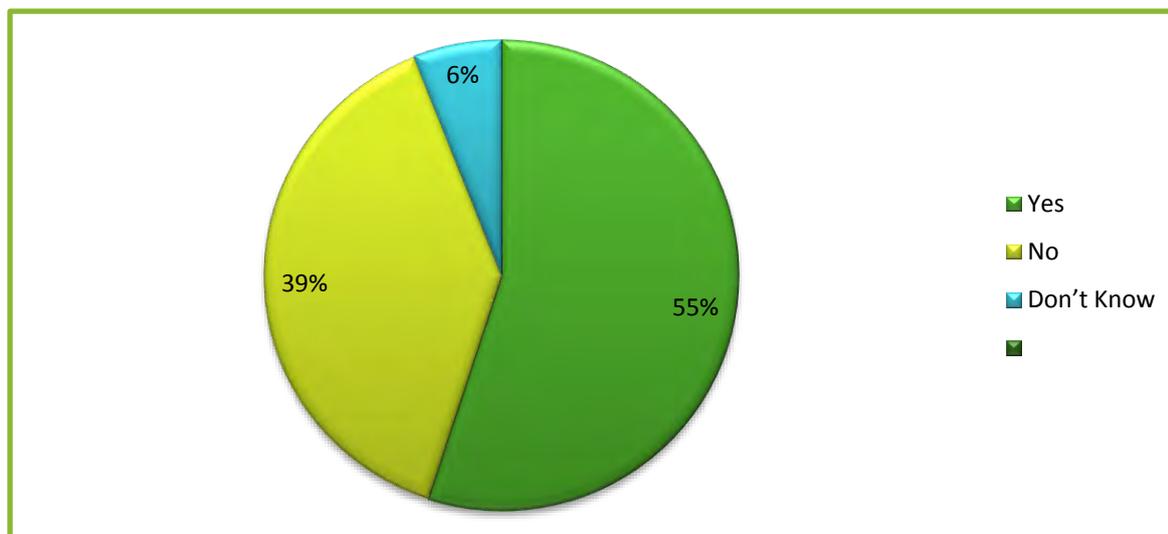
**Table 1: Demographic Profile of Assessment Population**

Data Collection Method	Target Group	Male	Female
<b>KII</b>	Camp Managers	9	12
	Religious Leaders	9	1
	Teachers	14	5
	Block Representative	5	5
	Youth Leader	6	1
	Social Workers	9	12
	CSOs	0	1
	CFS Managers	1	1
	Nurses	1	6
	Community	6	1
Total		<b>60</b>	<b>45</b>
<b>FGD</b>	7-12 Yrs	18	15
	13-17 Yrs	17	14
	18-24 Yrs	8	8
	Adults 25+ Yrs	16	20
	Community Leaders	8	9
Total		<b>67</b>	<b>66</b>

The study observed a total of ten IDP camps namely Ala-Amin I, Ala-Amin 2, Barwaqo, Buulo-Agoon, Halabokhad, Howlwadag, Mustaqbal 2, Salama I, Salama 2 and Tawakal. The camps dwellers were either mostly single or multiple displaced. The camp sites were mostly rural, official while some were makeshifts. A total of three child friendly spaces were observed in Salama I and 2, Ala-Amin I and 2 and Tawakal camp sites with the former 2 sharing same facilities.

## 4.2 Children Separated from Usual Caregivers

### 4.2.1 Drought Triggered Child Separation



**Figure 5: Separated Children**

The study sought to establish whether there were children in the camps that had been separated from their parents or usual caregivers as a result of the current drought. Cumulatively, 55% of respondents in all camps visited were of the opinion that children had been separated due to drought while 39% did not attribute the separation to the drought (Figure 5). Community sources within the camps reported that availability of free education and shelter in the camps were strong pull factors besides the presence of did not know whether the presence of separated children was as a result of the drought, or not, were 6% (Figure 5). Salama I and Halboqad camps had the highest number of respondents (14% and 12%) who associated separation of children from parents and/ or caregivers with the drought. These are the oldest camps in the northern part of Galkaacyo with their own relatively more reliable security arrangements. Access to humanitarian support in Salama I and Halboqad camps is comparatively better than is the case in other camps. The project should create a household environment that sustains the livelihood of children to forestall separation. Tracking and re-uniting presently separated children with their parents and caregivers is equally a priority. Humanitarian intervention in the camps should take cognizance of challenges in the host community and mitigate them to avoid the continued influx of children into camps.

The assessment further sought to establish the approximate number of children that had been separated from their parents/ caregivers as a result of the drought. A significant portion of respondents (26.7%) reported that 1-10 children were separated from their parents/ caregivers. This was followed by 15.2% who reported that between 11-20 children had been separated. Those who indicated they were not aware of the number of children that were separated were 2.9% as shown in Table 2.

**Table 2: Estimated Number of Separated Children**

Estimated Number of Children	Percent
1-10	26.7%
11-20	15.2%
21-50	5.7%
51-100	2.9%
>100	2.9%
don't know	2.9%

Boys aged 13-17 years from Tawakal Camp reported in a focus group discussion that more boys were still arriving in the camp from Ethiopia and other drought stricken areas whereas their peers (boys 13-17 years) from New Doonyaale Camp said more boys were arriving in the camp from Galkaacyo, Puntland, South Somalia and Gal-Mudug areas. Girls of the same age cohort (13-17 years) in Barwaqo Camp agreed that girls were still arriving into the camp from Ethiopia and within Somalia while their peers from New Doonyaale Camp said girls from Mogadishu and Kismayo still came to the camp. Asked if boys were leaving the camp, boys aged 13-17 years from Tawakal Camp responded affirmatively, saying the boys were returning to Galkaacyo town where they used to live before due to the low quality of education in camp and high rent. Boys and girls aged 13-17 yrs from New Doonyaale Camp and girls from Barwaqo Camp indicated that there were no boys or girls leaving the camps.

Adult women from Tawakal IDP Camp confirmed that there had been families moving in and out of the camps in the recent past. They said those who came in were more than those going out. They estimated the camp received about 12 families in a day as new arrivals which they attributed to the search for food and water as a result of the drought that had made them lose their animals and even relatives. Some also looked for shelter and a peaceful place to live. Adult women from Mustakqbal I Camp concurred that at least 2 to 10 families were coming into the camp in a day as a result of the drought.

Women in Tawakal Camp said a big number of displaced families were present in the camp. They indicated that the new arrivals came from Ethiopia and from areas where there were no aid services within Somalia. The host community also went into the camps in cases where fighting erupted. The women also reported that about 150-200 families were displaced. Male and female leaders said families were still arriving in the camps, coming from Baadiye, Ethiopia and the rural areas as a result of the drought. The female leaders said families planned to remain in the area while the male leaders said they planned to go back to their places of origin.

Evidently continued displacement as a result of the drought is still going as a result of the drought. Camp management structures should put in place and strengthen measures aimed at receiving and documentation of the new arrivals. Examining the health and nutrition status of children and other vulnerable groups should be a core aspect of documentation and response programme.

#### 4.2.2 New Cases of Separation of Children not Caused by Drought

Majority of respondents (60%) were of the view that there were no new cases of separation of children caused by the drought whereas (36%) asserted that drought related new cases of child separation existed (Figure 6). Six percent

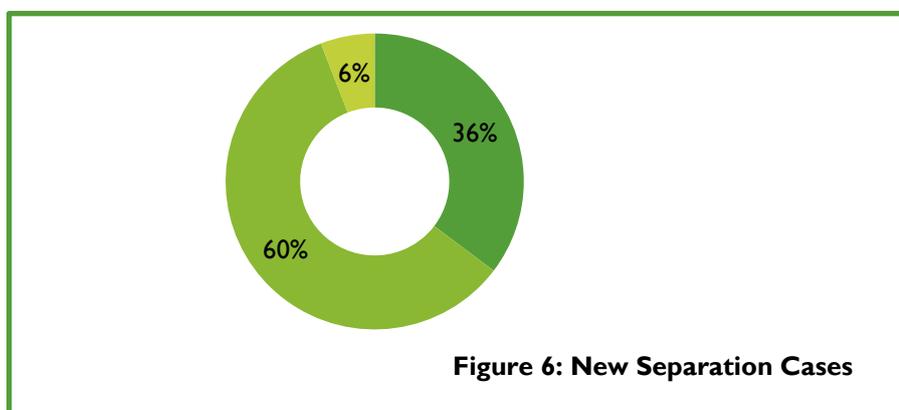


Figure 6: New Separation Cases

of respondents reported that they did not know if there are such cases in the camps. Loss of parents or caregivers during relocation was the major cause of separation of children from their

parents/caregivers as indicated by 41.5% of the respondents. This was followed by death of parents/caregivers (26.3%). The lowest cause of separation was disappearance of parents or caregivers with 1.5% as shown in Table 3. The findings highlight the need to review and strengthen relocation activities to ensure children and their parents are cushioned against separation. Death of parents is indicative of gerontology aspects of the humanitarian situation which should be accorded sufficient remedial actions.

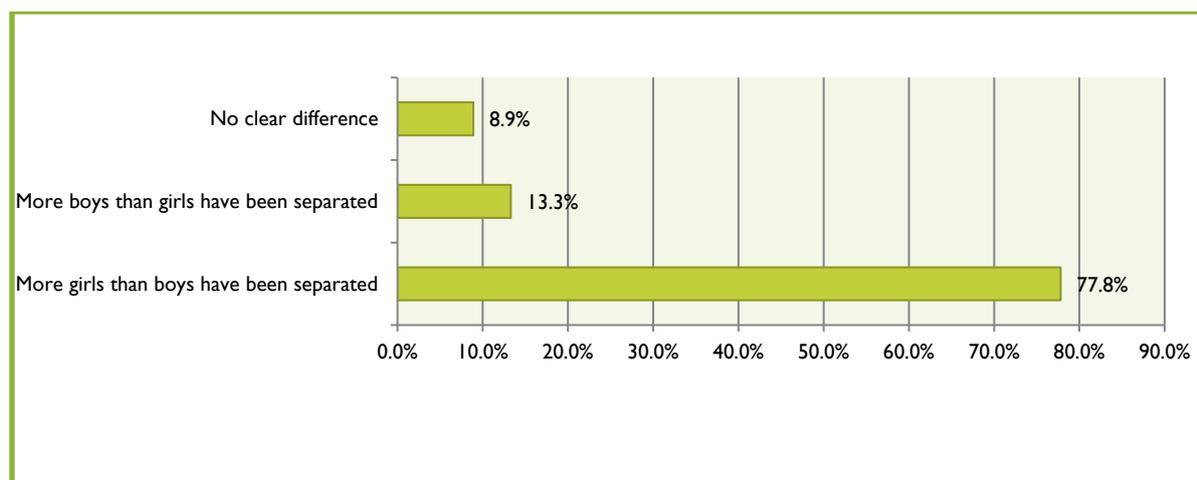
**Table 3: Factors Causing Separation of Children from Parents/Caregivers**

Factors causing separation	Percentage
Losing parents or caregivers/children during relocation	41.5%
Death of parents/caregivers	26.3%
Caregivers willingly sending their children to institutional care	12.3%
Caregivers willingly sending their children to relatives/friends	6.2%
Disappearance of children	6.2%
Abandonment of children by parents/caregivers	6.2%
Disappearance of parents or caregivers	1.5%

### 4.2.3 Missing and Separated Children

Majority of the respondents (63.8%) indicated that there were no missing children whose parents had passed on in the last 6 months compared to 36.2% who asserted that there were missing children whose parents were deceased. A large number of girls (77.8%) were reported to have been separated from their parents/caregivers compared to boys (13.3%). Only a small proportion (8.9%) of respondents indicated that there was no difference in the sexes of the missing children who had lost their parents (Figure 7). The disproportionate number of girls falling within the missing category is indicative of targeted opportunistic activities that could include child marriage, child prostitution and trafficking.

**Figure 7: Sex Distribution of Missing Children**



A significant proportion (45.7%) of respondents indicated that missing children who had lost their parents were between 5-14 years. This was followed by 26.1% who were of the opinion that missing children who had lost their parents were between 5 years and below. Thirteen percent reported that there was no clear difference in the ages of missing children who had lost their parents. Respondents who indicated that infants were part of the missing children were 51.4% while 37.1% held a contrary

view. Respondents who reported that they were not aware whether infants were part of the missing children or not were 11.4%. Apparently, missing children cut across all age categories. However, child trafficking because of households that are unable to support the existential needs of children could affect infants and young children just as child marriage and conscription into armed groups could affect adolescents.

#### **4.2.4 Unaccompanied Minors**

Slightly more than half of the respondents (52.4%) admitted that there were unaccompanied minors in the camps while 37.1% reported that there were no unaccompanied minors in the camp. Those who indicated that they were not aware of unaccompanied minors in the camp were 10.5%. Regarding the estimated numerical size of unaccompanied minors in the camps, (26.7%) of the respondents said they ranged between 6 and 10 in number. Others (19%) said they ranged between 1 and 5 while only a very small fraction (1%) were of the opinion that there were more than 50 children who were unaccompanied (Table 4). Undoubtedly, the camps have unaccompanied minors who should be identified and documented with a view to integrating them in foster care arrangements.

**Table 4: Number of Unaccompanied Children**

Estimated Number of Unaccompanied Children	Percentage
☉ 6-10	26.7%
☉ 1-5	19.0%
☉ 11-20	1.9%
☉ 21-50	1.0%
☉ >50	1.0%

The respondents were also asked during focus group discussions if there were any children acting as household heads for their brothers and sisters. Boys aged 13-17 years from Tawakal Camp answered in the affirmative. They said majority were girls because they could do housework and take care of their siblings (the boys played a lot). On the contrary boys aged 13-17 years from New Doonyaale Camp said more boys than girls were household heads. Girls from Barwaqo and New Doonyaale camps aged 13-17 years said there were child headed households and most of them were led by girls. Both male and female youth said there were some of them acting as household heads with the male taking lead. It appears both boys and girls are involved household leadership. This makes it imperative that such households are identified and assessed for either absorption of the children into a more supportive domestic situation (foster care), or strengthening their leadership skills depending on their age.

#### 4.2.4.1 Source of Information on Unaccompanied Children

The respondents were also asked how they became aware of the number of unaccompanied children in the camps. Majority (64.3%) of them said they got information from personal observations, 16.1% said they obtained the information from camp management, 8.9% obtained information from government data while the least source of information was word of mouth, community leaders and duty bearers (5.4%) as shown in Table 5. Evidently, formal sources of information on unaccompanied children such as government data are underdeveloped. Community members require sensitization on appropriate actions following observation of unaccompanied children in the camps. Camp leaders should strengthen partnership with all stakeholders to ensure the flow of information on unaccompanied children is reliable.

**Table 5: Source of Information on Unaccompanied Children**

Source of Information	Percent
☉ Personal observation	64.3%
☉ Camp management	16.1%
☉ Government data or reports	8.9%
☉ Word of mouth	5.4%
☉ Community leaders and duty bearers	5.4%
<b>Total</b>	<b>100%</b>

#### 4.2.5 Vulnerable Children

While acknowledging that all children's are vulnerable in emergencies, the assessment sought to establish if there were those who exhibited more unique attributes of vulnerability. Boys aged 13-17 years from Tawakal Camp mentioned the disabled; for example, those who did not have some of their limbs, were blind or were mentally ill. They said these groups were vulnerable because they could

not perform certain tasks like walking alone. They observed that families and well-wishers supported such children. Those from New Doonyaale Camp mentioned orphans, children separated from their parents, uneducated and disabled children. They intimated that these children lacked basic needs and therefore needed help.

Girls aged 13-17years from Barwaqo and New Doonyaale camps said vulnerable persons existed in the camps; for example, orphans, children separated from their parents and even those who were disabled. They emphasized that such children needed someone to take care of them. Adult women in Tawakal Camp said there were children with special needs in the camp; for example, disabled children especially those with hydrocephalus, blindness, deafness and mental illness. They also said there was no organization that provided care for them except GRT which did so by providing food to the foster families. Adult women from Mustaqbal I Camp said children with disabilities and unaccompanied minors existed in the camp.

Male leaders mentioned disabled children, children separated from parents and unaccompanied minors. On their part female leaders listed abandoned, disabled children, and orphaned children as vulnerable. The male leaders said the vulnerable children were in need of special care because they were young and could not take care of themselves. Female leaders said the children lacked adequate support, were malnourished, and sick.

Male and female youth said children in need of special care were present in the camps, including orphans, those separated from their parents, abandoned and disabled children. The male youth said they did not have parents to support them and suggested that the care centres (mental support) should support them so that they do not feel abandoned for not having parents. The female youth said the vulnerable children were in need of day care and recreational centre services. They estimated that 15% of boys and girls were separated from their parents while orphaned boys and girls were 15% and 35% respectively, while households headed by boys and girls were 2% and 6% respectively. The male youth approximated that boys and girls separated from their parents were 60% and 50% respectively. They estimated the proportion of orphaned boys and girls to be 80% and 70% respectively and further asserted that 30% of girls were house hold heads.

Civil society organizations and UN agencies operating in the camps were asked about their role and interventions in supporting unaccompanied and separated children and the responses provided are as indicated in Table 6. The community appears to zero in on orphans, children with disability and accompanied children as the most vulnerable. Humanitarian actors addressing both drought and conflict related vagaries should thus identify specialization capacities in responding to such children and provide appropriate support.

**Table 6: Role of Non-State Actors**

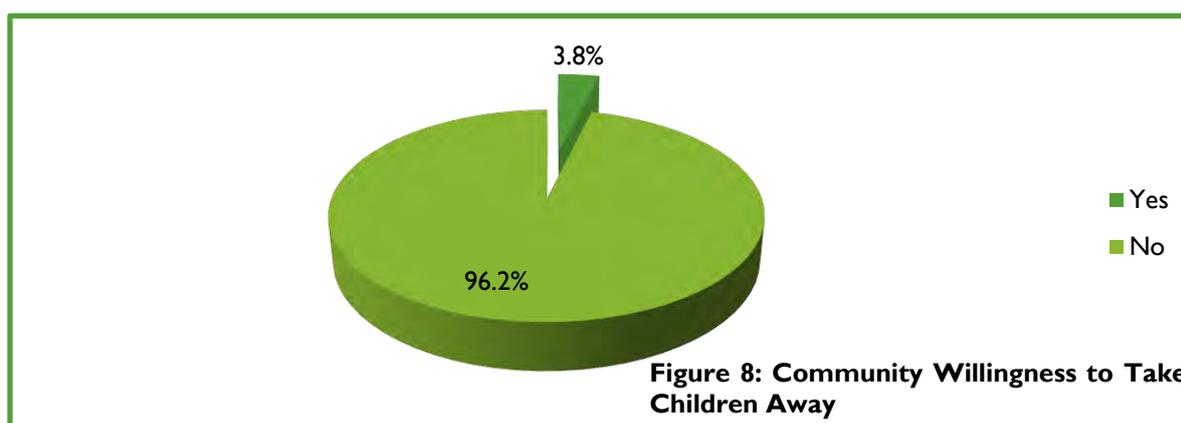
Civil Society Organization/ Aid Agency	Role and Interventions
☞ SBACO	☞ Reunification
☞ GECPP	☞ Livelihood support
☞ UNHCR	☞ Overall mandate
☞ MOWDAFA	☞ Advocated for education and provision of water
☞ CSI	☞ Registration, cash transfer, and also provided food and nutritional support.
☞ SWCRPO	☞ Food in cases of malnutrition and health

#### 4.2.6 Foster Care

The findings revealed that majority of the children (57.2%) lived with adults that were not related to them. Only a small fraction of individuals (33%) indicated that children did not live with adults not related to them. During focus group discussions adult women from Tawakal Camp said they cared for other children who were not theirs. They said such children came through neighbours, some ran away from their rural homes while some were abandoned yet they needed care and support. Adult women from Mustaqbal I Camp said they also cared for children who were not theirs. They said they had come into contact with the children through relatives and camps, especially the ones separated from their parents. GRT was reported to be providing for the foster families.

Guidelines and training of community members who are involved in foster care support should be strengthened. Households involved in foster care should be identified for appropriate access to supplies, especially those that seek to mitigate the effects of the drought. Children in foster care should also be sensitized on appropriate social skills and sensitivities as they integrate into foster care arrangements. Progressive review of the foster care engagement should indicate the quality of support that the children are receiving in order to inform subsequent programming actions.

#### 4.2.7 Exposure to Trafficking



To assess susceptibility of children to human trafficking, the assessment sought to establish whether there were individuals unknown to the community who had offered to take children away from the camp promising to provide them with better jobs or living conditions. Accordingly, majority of the respondents (96.2%) indicated that there were no individuals unknown to the community who had offered to take children away from the camps promising to provide them with better jobs or living conditions (Figure 8). Only 3.8% affirmed to the statement.

The findings imply that there was probability of child trafficking in the camps albeit lowly rated that should be underscored in interventions. Absence of significant rating of the occurrence of child trafficking should not completely eliminate the possibility of perpetration. The criminality of child trafficking and its attendant discreet undertakings inevitably obstruct the flow of information that could lead to protective interventions.

#### 4.2.8 Documentation of Missing Children

The study sought to understand how documentation of missing children is handled in the camps. This is important in order to support tracking measures and protect the children from abuse, including trafficking and sexual exploitation. The responses showed various community workers who were reported as keeping a list of children that were separated from their usual caregivers as indicated in

Figure 9. Overall, documentation of missing children remains underdeveloped in infrastructure and human resource capacity. The programme should identify and strengthen the capacity of centralized points for comprehensive data on missing children.

Figure 9: Documentation of Missing Children

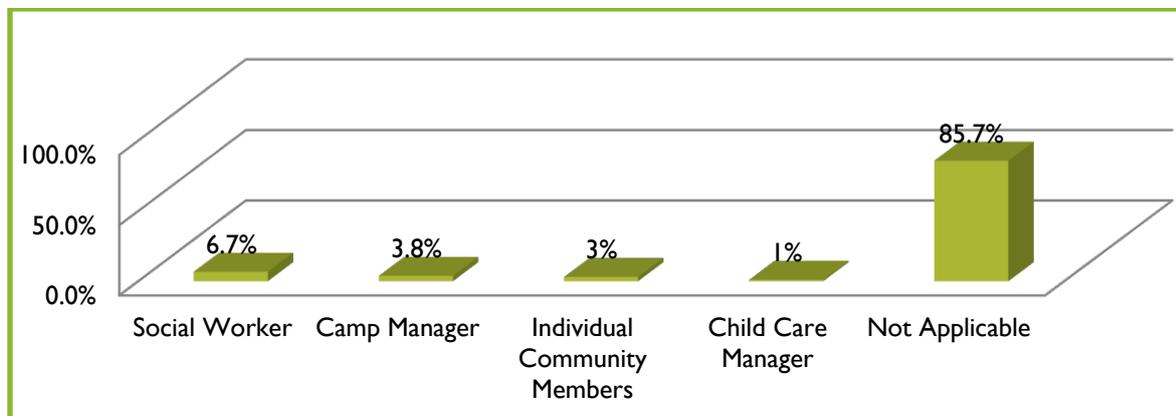


Table 7: Key Observations and Recommendations

Key Observations	Recommendations
The drought has triggered separation of children from their caregivers and parents.	Target households for delivery of food, WASH and health interventions.
More children are still arriving in the camps.	Establish and strengthen child friendly centres for registration of new child arrivals.
There are unaccompanied minors in the camps, majority being girls.	Identify all unaccompanied minors in the camps and link them to foster care and mentorship support.
Individual community actors and camp management teams are the mains sources of information on missing and separated children.	Establish and disseminate formal channels of communication of tracking missing and separated children.
Children with disability, orphans and separated children were identified as among the most vulnerable in the camps.	Develop a package of services for children with disability, including provision of assistive devices and rights protection.
Families and community members are providing foster care to separated children.	Engage with families that are providing foster care to augment and document their interventions.
The reported occurrence of child trafficking is low but still require further investigation.	Commission a study that specifically focuses on child trafficking.
Documentation of missing and separated children is done but requires standardized tools, coordination and centralized mandate.	Use standardized tools and protocols to document missing and separated children.

### 4.3 Care for Separated and Unaccompanied Children

#### 4.3.1 Shelter Needs

The study indicated that a significant number of children (34.8%) either lived on their own or took care of their siblings thus they could be considered as child headed households. This was followed closely by 32.6% who lived in foster care arrangements. Another 12.6% lived on the street without proper parental care. Only 5.2% of children lived in government institutions. The number of children who lived on their own and doubled as child headed households was the highest (Table 8).

**Table 8: Living Arrangements for Children without Regular Caregivers**

Place / Institution	Percentage
☞ Live on their own/ child headed household	34.8%
☞ Foster care arrangement	32.6%
☞ Live on the street / children without proper parental care	12.6%
☞ Formal/ local authority foster care in the community / interim care	8.1%
☞ Government institutions	5.2%
☞ Informal foster care in the community	4.4%
☞ Informal institution/group home	2.2%

The project should develop a comprehensive strategy for addressing the shelter needs and general homelessness of children. It should be mandatory that all child headed households are beneficiaries of shelter interventions while children presently living on the streets are mopped up for admission to borstal institutions and foster care. Informal institutions purporting to provide foster care should be subjected to compliance with applicable regulations. Girls should be targeted and prioritized for secure shelter and foster care measures in order to forestall potential abuse and exploitation.

### 4.3.2 Community Response

The study sought to establish what the community does in case members come across a child who does not have anyone to care for them. Slightly more than two-thirds of the respondents (33.8%) indicated they would take care of children who did not have any care giver, 30.3% indicated that they would keep the children for a short time while looking for long term solutions, 11.8% were of the view that they would inform community leaders while 10.3% indicated they would find somebody in the community to look after the affected child. There were no respondents who indicated they would do nothing about the children who do not have caregivers (Table 9).

**Table 9: Community Response to Children without Caregivers**

Response	Percentage
☞ Care for the child themselves	33.8%
☞ Keep the child for a short time while I find a long term solution	30.3%
☞ Inform community leaders	11.8%
☞ Find someone in the community to take care of the child	10.3%
☞ Inform the local authority about the child's situation	6.2%
☞ Take the child to an agency/NGO that deals with children	4.6%
☞ Find someone outside the community to adopt the child	3.1%

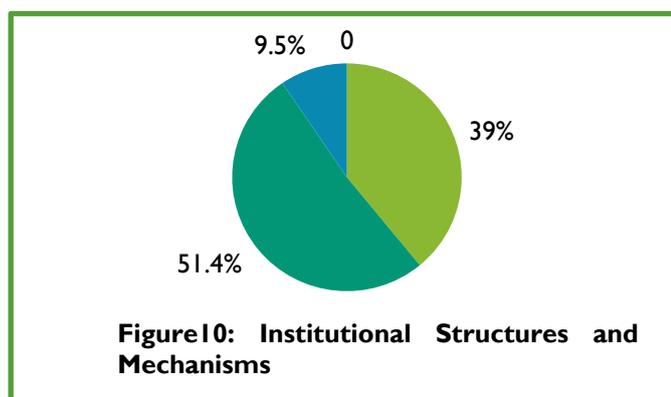
Focus group discussion respondents were asked if there were any adults or community groups providing support to children. Boys aged 13-17 years from Tawakal Camp said such groups existed and they provided mostly food and shelter as well as any other of their critical needs. On the contrary, their counterparts (boys aged 13-17years) from New Doonyaale Camp said there were no adults or community groups supporting them. Girls aged 13-17years from Barwaqo and New Doonyaale camps expressed similar sentiments, saying that no adult supported them. Agencies that provided support services in the camps were mentioned as United Nations High Commissioner for Refugees (UNHCR), Save the Children International (SCI), Tadamon Social Society (TADAMON), Danish Refugee Council (DRC), Norwegian Refugee Council (NRC), Cooperazione Internazionale (COOPI), World Food Programme (WFP), Group for Transcultural Relations (GRT) and Government.

Male leaders said there were agencies supporting this group of children such as GRT which are involved in child protection while female leaders said there were no agencies supporting them. Male youth said there was no one to support youth who are household heads while female youth cited the camp committee which gave food and raised them in the right way.

Community structures that take care of children without care givers apparently exist but are not adequately cognizant of the needs of adolescent girls and boys. Post conflict disenchantment with adolescent boys and girls is common especially where concerns about their past involvement with armed entities impose unexpressed restraints. Alienation of this age category during the drought situation can only aggravate their situation and exacerbate susceptibility to militant options. The drought and holistic humanitarian response should thus have targeted adolescent strategy.

### 4.3.3 Institutional Structures and Mechanisms

The study established that to a large extent there were no institutions taking care of orphans and separated children as indicated by 51.4% of the respondents. Those who affirmed that there were such institutions were 39% while 9.5 % indicated there were not aware whether such institutions were in place (Figure 10). The 39 % who indicated that there were institutions to take care of orphans and separated children were asked to indicate



**Figure 10: Institutional Structures and Mechanisms**

the type of services provided by those institutions. Majority (61.5%) were of the view that the services provided comprised day-care, 11.5% each cited home care services, temporary care and feeding programme respectively. Only a small percentage (1.9%) of respondents indicated that the institutions provided education. Recreational activities such as child friendly spaces were not provided.

Adult women from Tawakal Camp said there were groups providing support and care in form of food items to vulnerable children namely GRT, SCI, GCBD and TADAMAN. Adult women from Mustaqbal I Camp said agencies were present. For example, GRT gave food items; WFP gave biscuits for children, other food items and medicine; while DRC and NRC gave financial assistance. Male leaders said there were agencies supporting these groups of children, namely GRT which responded to child protection needs. On their part female leaders said there were no agencies supporting orphans and separated children.

Long interventions to the drought and general humanitarian situation should consider strengthening institutional systems and structures for child protection. Presently, most support appears anchored on communal traditions of charity and compassion for children. A structured institutional approach that is embedded in laws and policies would be appropriate for providing durable solutions. Education should be a key aspect of the institutional response which could also be part and parcel of the current food distribution programmes by humanitarian actors.

**Table 10: Key Observations and Recommendations**

<b>Key Observations</b>	<b>Recommendations</b>
☞ There are orphaned and child headed households in the camps.	☞ All orphans and child headed households should be tracked and documented.
☞ Community members are receptive towards orphans and separated children.	☞ Organize trainings for community members on child care during emergencies.
☞ Institutional capacity to respond to the needs of orphaned and vulnerable children needs strengthening.	☞ Map and strengthen capacity of institutions to provide services to orphans and separated children.
☞ There is a gap in the provision of education services.	☞ Plan for delivery of education services as per humanitarian guidelines.
☞ Lack of information on the services being provided could lead to the conclusion that services are not being offered at all.	☞ Disseminate information on the services being offered especially to women in the camps.

## **4.4 Threats to Children’s Physical Safety and Security**

### **4.4.1 Non-Violent Risks**

Unsafe objects such as razors, wires and electric cables were rated as the highest non-violent risk to children’s physical safety and security as reported by 37.1% of respondents. This was followed by car accidents (25.7%) and unsafe places at 18.9%. Starvation due to acute food shortages was perceived to have contributed 13.7% of non-violent risks. The least recorded none violent risks were work related accidents at 4.6%. Female leaders mentioned children being hit by cars, sudden disappearance and exposure to unexploded objects as safety concerns. Hazardous objects were observed in all the IDP camps and their environs. They were mainly deep holes dug by animals as well as rusted metallic tins and broken glass bottles. Organizations working in the area; for example Save the Children International (SCI), said they created awareness on dangers and injuries. The Ministry of Women Development and Family Affairs (MOWDAFA), Somali Birth Attendants Cooperative Organization (SBACO) and Galkaacyo Education Centre for Peace and Development (GECPD) said they gave medical support and counselling services while UNHCR said community members used traditional ways to treat injuries.

Children are evidently prone to non-violent risks which camp management should prioritize and address as part of the child protection agenda. Sensitization of households and children according to their ages on risks within the environment should be part of the community sanitation and hygiene programmes. Participation of children in clean up exercises should be encouraged based on age. Measures should be put in place to ensure such exercises do not degenerate into child labour activities. Instead, “food-for-work’ or “work-for-youth” arrangements can be initiated to ensure the community participates meaningfully in environmental conservation programmes. Vector control should be handled through liaison and partnership with specialized groups that provide WASH and wildlife management services. Community members should be encouraged to consider modern methods of treatment due to injuries or bites as part of the shift to facility based health seeking behaviour. Car related risks can be addressed through marking of roads, sensitization of children and observance of traffic rules.

#### 4.4.2 Mapping of Non-Violent Risks

It was established that the place where children would experience the highest risks would be in camps (27.4%). An urgent audit of existing safety measures within the camps with regard to the protection and well-being of children should therefore be conducted. Camp management actors should develop a checklist of issues that are indicative of manifestation of various levels of non-violent risks in the camps. Causative factors associated with the risks should be disaggregated to reveal how they affect girls and boys differently. Non-violent risks encountered by children “on their way to school” (16.5%) was the second highly rated which could be an impediment to their participation in education. Risks in schools and at work place were rated at 5.2% and 4.8% respectively (Figure 11). These again compound the situation in school where girls would be the most affected should families resolve to withdraw them from school in light of the perceived risks. Risks associated with gender roles such as “on their way to collect firewood/wild fruits” (12.2%) and “on their way to water points” (8.3%) were equally highly rated, meaning increased vulnerability for girls and women who are mostly involved in reproductive chores.



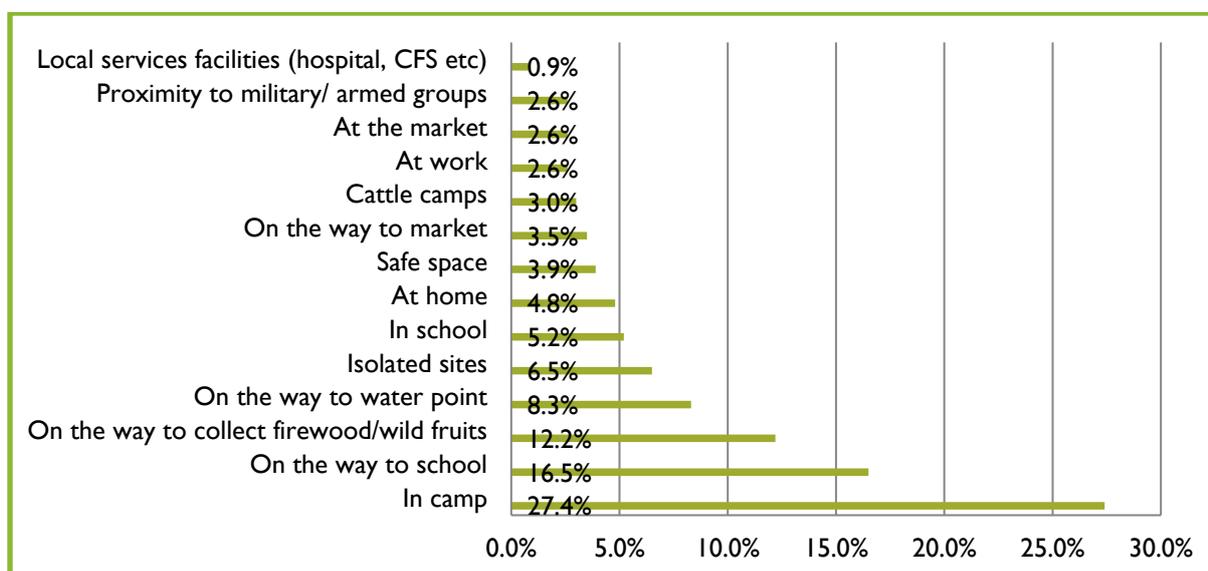
Picture 1: Rusted Tins and Broken Glass bottles

The drought aggravates the vulnerability due to heightened water and wood fuel shortages. Humanitarian actors should consider supply of water and fuel to households, especially child headed households, in accordance with Sphere Standards<sup>28</sup> in order to forestall potential violation of women

<sup>28</sup>According to the 2011 Sphere Standards guidelines the average water use for drinking, cooking and personal hygiene in any household is at least 15 litres per person per day.

and girls. Similarly, the risks faced at cattle camps (3.0%) could be more pronounced among men and boys due to their prominent role in livestock management.

**Figure 11: Mapping of Non-Violent Risks**



Shelter providers and protection actors in the camps should assess the risks nature of risks within homes as reported by 4.8% of respondents. Restricting the movement of individual children to commercial centres unless accompanied by an adult or other child could reduce the risks experienced “on the way to market” (3.5%). Safe spaces and child friendly spaces were also found to be posing some degree of risk to children at 3.9% and 0.9% respectively. Supervision of children while in these spaces and strengthening their individual agency to identify and report dangers should help reduce the risks that they face. Residential areas should be located away from military establishments and operational facilities to minimize exposure of children to dangers.

Boys aged 13-17years from Tawakal and New Doonyaale camps reported during FGDs that there were no places in the community that were unsafe for boys to go. On the contrary, girls within the same age bracket said they could not go to some areas due to insecurity. They added that there were no police to provide protection as the camp was situated close to a disputed area. Girls from New Doonyaale Camp said that they could not go out of the camps while boys from Tawakal Camp said there were no security concerns for them within the community. Boys from New Doonyaale mentioned snake bites and holes dug buy animals as their security concerns while their female peers from Barwaqo Camp said they did not have any security concerns.

Regarding anything done to them in the homes, schools or community that they did not like, boys aged 13-17 years from Tawakal Camp said there was none while those from New Doonyaale Camp talked about inter-community conflicts. Girls aged 13-17 years from Barwaqo Camp mentioned rape by men who even killed. They also said cases of attempted rape were on the rise, kidnappings and early marriages. The girls from New Doonyaale Camp also cited rape and kidnappings. Male and female adults mentioned the following (Table 11) regarding security concerns for men, women, girls and boys within their communities.

**Table II: Security Concerns**

Camp	Group	Women	Girls	Boys	Men
<b>Tawakal</b>	Adult women	<ul style="list-style-type: none"> <li>➤ Lack of shelter.</li> <li>➤ People having access to weapons and in turn attack them.</li> <li>➤ Thieves due to lack of police stations.</li> <li>➤ Men beat their wives and children due to frustrations.</li> </ul>	<ul style="list-style-type: none"> <li>➤ FGM.</li> <li>➤ Rape.</li> <li>➤ Child labour.</li> <li>➤ Forced marriage by parents in exchange for \$ 100.</li> <li>➤ Men become violent towards their children because they cannot provide for their needs.</li> </ul>	<ul style="list-style-type: none"> <li>➤ ☐ Men become violent towards their children because they cannot provide for their needs.</li> <li>➤ The mentally challenged are more at risk of attacks.</li> <li>➤ They join the armed forces.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Men die in the seas as they cross to Europe for better lives.</li> <li>➤ Men commit suicide due to frustrations.</li> </ul>
<b>Mustaqbal I</b>	Adult women	<ul style="list-style-type: none"> <li>➤ Broken limbs.</li> <li>➤ Kidnappings by unknown gunmen.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Early / child marriages.</li> <li>➤ Forced marriages.</li> <li>➤ Divorce and having to leave with children.</li> <li>➤ Attempted rape.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Poor shelter.</li> <li>➤ Lack of education. Those who go to school walk along risky roads as there is no transport.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Attack by armed men who kidnap them together with their wives.</li> </ul>

Adult women from Tawakal Camp said the most common or highest risks for children in the camps were snakes and lack of lighting whereas adult women from Mustaqbal I Camp mentioned attacks by thieves, deep holes and snake bites. Adult men from Buulo-Bacley Camp mentioned diseases; for example, diarrhoea, fire that broke out when children are home alone and being hit by cars while the adult men from Buulo Control Camp mentioned illnesses and lack of basic needs.

*“I once got arrested on my way to work. I was riding my bicycle when I heard gunshots and decided to go back. I met police who asked me where I came from. I told them I was from the South and because of that they arrested me. That to me is discrimination!” male youth from Ala-Amin I IDP Camp.*

Boys and girls from Salam I, Ala-Amin I and Tawakal camps gave common views on the effects of the drought. They said they had seen both animals and human beings die as a result of drought; some of them said their parents died of hunger and were scared that people were still dying. They said they heard of people being raped and gunshots had become a normal occurrence to them due to the

sporadic wars that engulfed the area, and people being injured as well. The boys and girls also said that their learning had been disrupted and their general health affected as a result.

The possibility of boys and girls being killed by unknown people and starving to death after long walks searching for food and water was stated by boys and girls aged 7-12 years from Tawakal, Salama 1 and 2, and Ala-Amin 1 and 2 in a focus group discussion based on a case study. The girls associated camps with safety since they provided food rations. The boys said their problem was inadequate food and the sporadic attacks they experienced as a result of the war; for example, the Salama 1 and 2 CFS had to be moved from town to rural areas due to war. The girls said they feared going out of the camps as they could be abducted. Male youth said there were no places that were unsafe for them. Female youth mentioned the military and violence at home caused by men who are not working as their security concerns. They reported that girls were attacked by combat groups on their way to school while rape cases were on the rise in the camps.

It is evident that non-violent risks occur in the camps as a result of drought and the general lawlessness associated with conflict and post-conflict societal level dereliction. The fact that boys do not recognize the risks within their environment which have been affirmed by other sources could imply masculinity and macho behavioural traits that develop among men and boys as a result of prolonged exposure to the extremities of armed conflict. Girls mostly acknowledged various forms of gender based violence which illustrates their triple burden of war, drought and gender inequalities in protection. Strengthening policing capacity can be a deterrent against such violence, as reported by women FGD discussants. Illegal migrations to foreign countries could be associated with drought as families flee the drought stricken areas in search of better livelihoods. Addressing livelihood challenges for all groups in the short term and in the long term should alleviate this. It is important that the child protection response encompasses psychosocial effects of both the drought and conflict among men with a view to mitigating their inclination towards violence as a form of escapism when they cannot provide in keeping with the patriarchal code of family leadership.

#### 4.4.3 Violent Risks

There was need to establish the main violent risks that had or could lead to death or injury of children. A total of 37.8% of the respondents mentioned landmines and unexploded ordinances. This was followed by sexual violence at 18.6% while domestic violence was at 15.1%. Criminal acts were the least reported causes of unexpected violent risks (4.1%) as shown in Table 12.

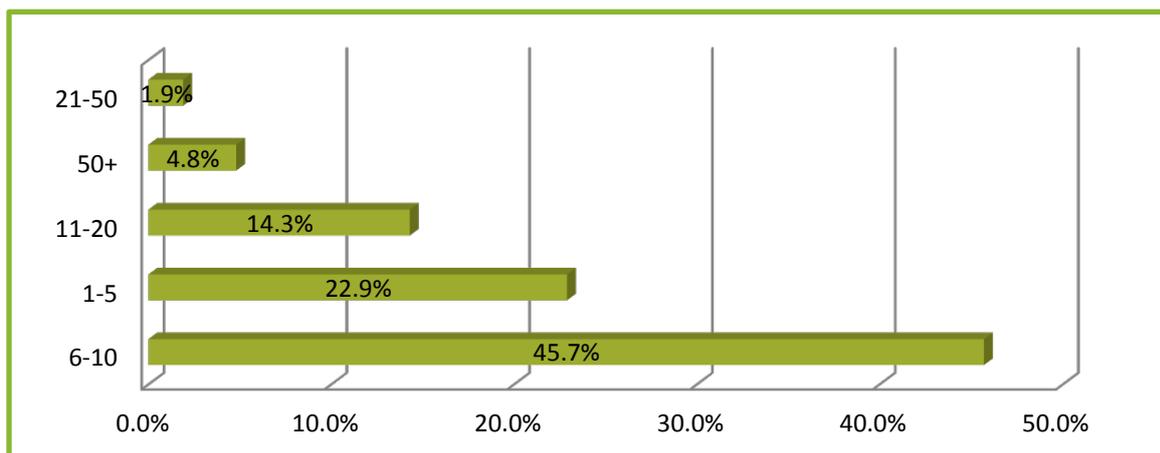
**Table 12: Main Violent Risks**

Unexpected Violent Risks	Percentage
☞ Landmines and unexploded ordinance	37.8%
☞ Sexual violence	18.6%
☞ Domestic violence	15.1%
☞ Civil violence (e.g. religious, tribal, etc.)	12.2%
☞ Political violence	6.4%
☞ Armed forces/groups violence	5.8%
☞ Criminal acts (e.g. gang activities, looting, etc.)	4.1%

Both male and female leaders reported during focus group discussions that there were security concerns. They cited rape and kidnappings as security concerns for women. The women leaders also mentioned harassment, theft and physical attacks. Significant efforts should go towards clearing of landmines and unexploded ordinance through activities that promote community participation

especially use of ex-combatants. Sexual and domestic violence occasioned by a complex interface of drought and political strife require a comprehensive prevention and response strategy founded on multi-sectoral and multi-actor platforms. Critical aspects of inquiry would include understanding the linkage between livelihood vulnerabilities as a result of the drought and deepening vulnerability to sexual violence especially among women and girls. Political violence associated with a volatile social political situation should continue receiving attention aimed at finding a durable resolution borne of wide stakeholder participation.

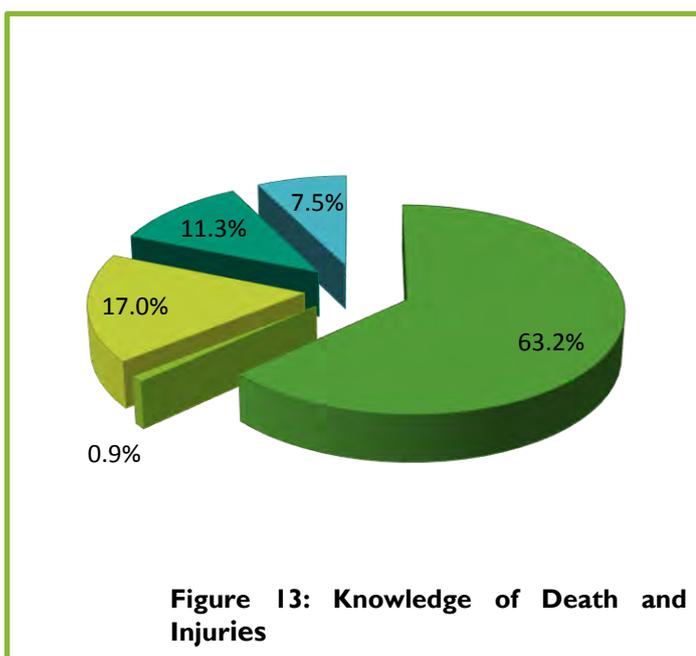
#### 4.4.3.1 Knowledge of Deaths and Injuries



**Figure 12: Number of Deaths and Serious Injuries**

There was need to further establish the number of deaths and serious injuries as a result of the above mentioned violent risks in the last six months. The results showed that there were 6-10 deaths standing at 45.7%. This was followed by 1-5 deaths that were recorded at 22.9%. There were 21-50 deaths in the last six months recorded at 1.9 percent (Figure 12). From the study, it was evident that deaths and serious injuries existed among the children in the last six months.

Asked about how they knew that deaths and serious injuries existed, majority of the respondents (63.2%) said they learnt of death and serious injuries through their personal observations. Seventeen percent indicated that they learnt about this through camp management while 7.5% indicated that they learnt of the numbers from community leaders and duty bearers. Oral communication accounted for 11.3% as a source of information on deaths associated with drought and the humanitarian situation in general. Only a very small number of individuals (0.9%) indicated the source of their information was from government data and reports (Figure 13). Further investigation would be required in order to validate the information on the deaths since documentation appears to be less utilized. Observations and verbal sources may suffer personal prejudices



**Figure 13: Knowledge of Death and Injuries**

that generate skewed information. Humanitarian actors could consider establishing centralized sources of information in order to strengthen credibility and expansion of dissemination reach.

#### 4.4.3.2 Risky Places

It was established that children were most at risk at the playground as presented by 30.2% of respondents. This means the selection, supervision and overall management of playgrounds should be more judicious. Children should not be allowed to be alone at playgrounds and timing of play time should harmonize with supervisory support. Impartation of life skills to children should be subsumed in their education curriculum in order to acquire individual sensibility to potentially harmful situations. Camp settings should consistently demonstrate compliance with security guidelines in order to mitigate risks faced by children (23.1%). The school, teacher and parent (community) ecosystem requires strengthening in order to address risks faced by children on their way to school (17.8%) and while in school (8.4%). For instance, teachers could be trained on a child friendly learning environment<sup>29</sup>including protection of boys and girls against school related gender based violence (SRGBV). Parents and community members could contribute towards making learning a secure process by escorting children to and fro school. Ensuring that teachers have signed and adhere to a code of regulations and ethics is important in preventing situations whereby teachers overstep their professional mandate. School feeding programmes are an integral protection strategy because they shield children from being lured by people who promise them food especially during the drought season. The irony of children’s safes spaces having some noticeable degree of insecurity (Table 13) calls for measures to reinforce child focused protection mechanisms.

**Table 13: Risky Places**

Risky Places	Percentage
☞ At play ground	30.2
☞ In camp (outside of home)	23.1%
☞ On the way to school	17.8%
☞ In school	8.4%
☞ At work	4.9%
☞ Safe places	4.9%
☞ On the way to work	4.0%
☞ On the way to the market	3.6%
☞ At the market	3.1%

#### 4.4.3.3 Children Targeted by Gender

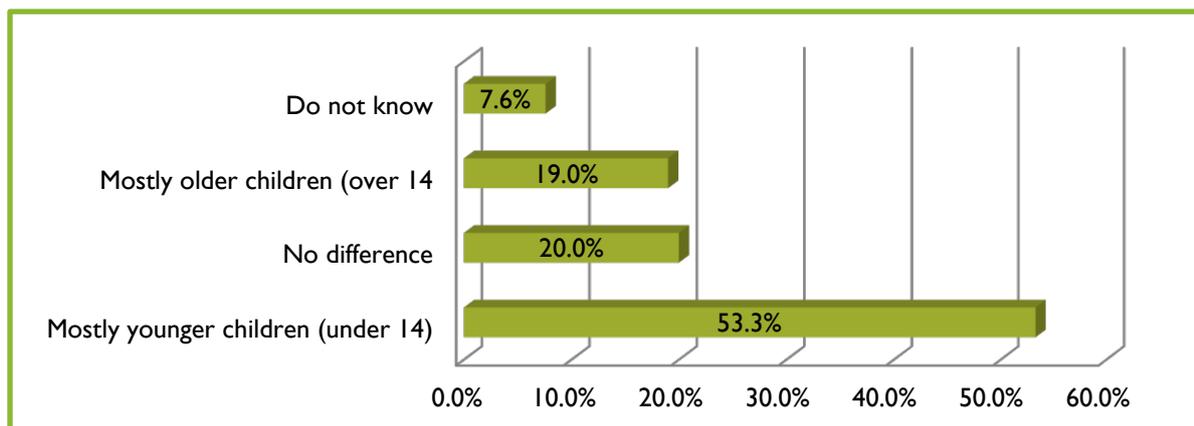
The study revealed that slightly more girls (33.3%) than boys (32.4%) were the target of sexual violence. Indeed an almost equal percentage (28.6%) indicated there was no difference in the sex of children targeted for sexual violence while 5.7% said they were not aware. The findings indicate that children are targets of sexual violence irrespective of their sex although girls would require slightly more protective measures.

<sup>29</sup>Reference is made to the UNICEF Child Friendly Schools concept at <https://rightsrespectingschools.ca/unicef-child-friendly-schools/>

#### 4.4.3.4 Children Targeted by Age

The study indicated that it is mostly children under the age of 14 years who were usually the target for violence as mentioned by 53.3% of respondents. This was followed by 20% of respondents who asserted that there was no difference in victimisation of violence due to age. Nineteen per cent stated that it is mostly children over the age of 14 who were targets for sexual violence while 7.6% said they were not aware of the ages of children who would be classified as targets for sexual violence (Figure 14). Children aged 14 years and above could be targeted for violence as child brides (child marriage) and for participation in activities of armed groups.

**Figure 14: Targeted Children by Age**



#### 4.4.3.5 Frequency of Violence

Majority of the respondents (52.4%) were of the view that violence happened a few times during the week. Almost a quarter (22.9%) indicated that they were not aware of the frequency of violence, 13.3% were of the view that violence rarely happens while 11.4% indicated that violence happened every day (Table 14). Regardless of the frequency of violence, the objective of all actors should be to ensure zero occurrence and appropriate rehabilitation of children who have fallen victim in the past.

**Table 14: Frequency of Violence**

Frequency of Violence	Percent
Violence happens a few times during the week	52.4%
Do not know	22.9%
Violence rarely happens	13.3%
Violence happens every day	11.4%
<b>Total</b>	<b>100.0%</b>

#### 4.4.4 Child Perpetrators

Regarding child perpetrators, 48.6% of respondents said children perpetrated violence while 40% were of a contrary view. Those who said they were not aware of perpetration of violence by children were 11.4%. Study findings revealed that children mostly perpetrated criminal or gang activities (37.6%). Looting and pillage followed with 24.7% while attack on schools and or community infrastructure was 14.1%. The least (1.2%) type of delinquent activity was recruitment of other children into armed groups (Table 15). Desperation related to livelihood vicissitudes and conflict related personality maladjustments could drive children into delinquent activities. Access to basic services should thus be

prioritised alongside paediatric psychosocial support to restore boys and girls affected by the conflict to acceptable modes of behaviour.

**Table 15: Types of Violence Perpetrated by Children**

Type of Violence Perpetrated by Children	Percentage
Criminal or gang activities	37.6%
Looting and/or pillage	24.7%
Attack on schools and/or community infrastructure	14.1%
Sexual assault	9.4%
Attack on civilians	7.1%
Civil violence (e.g. communal level ethnic or religious violence)	5.1%
Recruitment of other children into armed groups	1.2%

Boys aged 13-17 years from Tawakal Camp said during focus group discussions that involvement in illegal activities, including involvement with combat groups, and subsequent arrests took place. Boys and girls aged 13-17 years from New Doonyaale and Barwaqo camps said they neither participated in illegal activities nor had they been arrested. Female youth said none of them had been arrested but their male peers said they had been arrested for misbehaving, inappropriate dressing, terrorism and for causing insecurity. Somali Birth Attendants Cooperative Organization (SBACO) said they created job opportunities for the youth to prevent them from joining the armed groups. Adolescent boys require life skills and mentorship programmes that strengthen their resilience in the face of drought and attraction to macho elements of armed conflict.

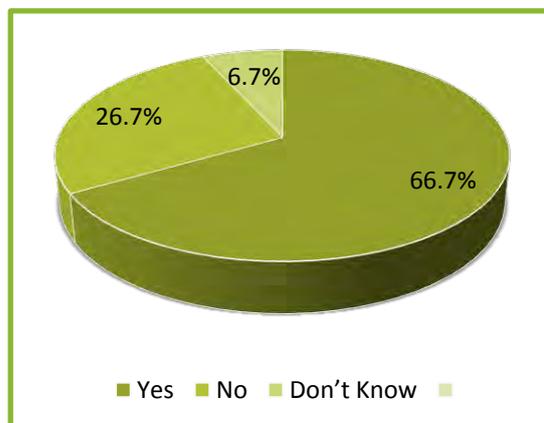
**Table 16: Key Observations and Recommendations**

Key Observations	Recommendations
☞ The camp environment is fraught with physical dangers that harm children, including vectors and car accidents.	☞ Engage the community in addressing environmental health issues.
☞ Documentation of violent experiences among children is underdeveloped in the camps.	☞ Create a data base and reporting pathways and tools.
☞ Camps, home and community institutions such as schools are among risky places for children.	☞ Audit child safety and protection measures that exist in all public institutions and spaces.
☞ Both boys and girls are targeted for violence although girls are majority of the victims.	☞ Develop a strategy for protection of adolescent boys and girls.
☞ Children aged 14 years and above are majority of those who experience violent encounters.	☞ Develop a strategy for protection of adolescent boys and girls.
☞ There are child perpetrators of violence in the camps, mostly adolescent boys.	☞ Initiate rehabilitation programme for children with histories of violence.

## 4.5 Sexual Violence

### 4.5.1 Incidence

The study sought to understand whether the number of sexual violence cases had increased in the camps since the recent drought. The findings revealed that 66.7% indicated that sexual violence had increased since the recent drought while 26.7% had a contrary opinion. Those who reported that they were not aware whether there was an increase or decrease in sexual violence cases were 6.7% (Figure 15).

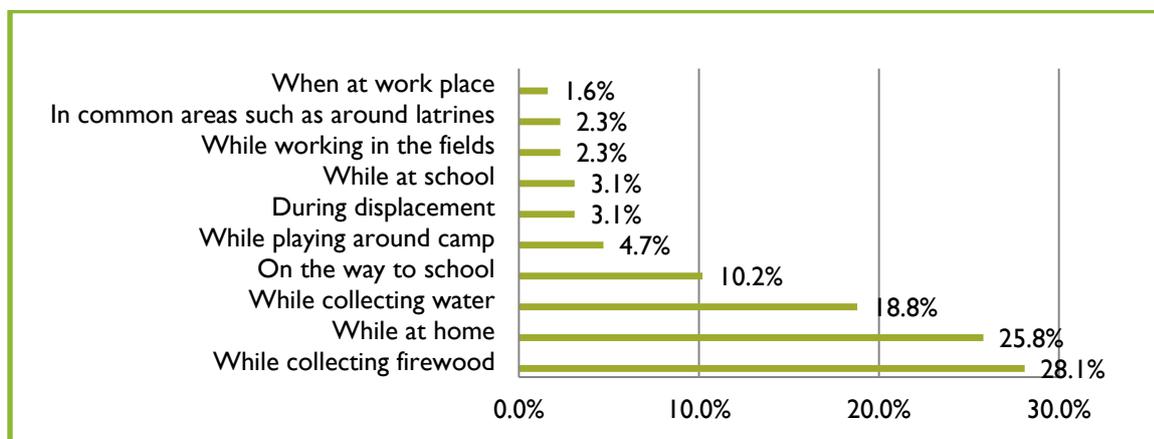


Focus group discussions were also asked whether in the last three months any child had been raped, killed or become a victim of sexual violence. Adult women in Tawakal Camp said they did not know whether it had happened whereas their peers in Mustaqbal I Camp said there had been two cases of sexual violence against girls, including rape. Male adults from Buulo-Bacley Camp said 30 cases of girls and 10 of boys having been victims of sexual violence, including one case of rape had been reported. On their part, adult men from Buulo Control Camp mentioned one case of attempted rape against a girl. The study thus established heightened vulnerability to sexual violence that could be attributed to the effects of the drought. Girls are the most affected but the victimhood of boys was also established. A gender based violence prevention and response strategy should thus be mainstreamed into food security and general livelihood interventions that characterize the drought emergency. IASC guidelines<sup>30</sup> should be used in order to effectively integrate GBV actions into the drought situation.

### 4.5.2 Occurrence of Sexual Violence

Almost a third (28.1%) of study respondents indicated that sexual violence occurred while collecting firewood while 25.8% reported that it occurred while at home. Another 18.8% stated that sexual violence occurred when children collected water while 1.6% said it occurred at the work place (Figure 16).

**Figure 16: Occurrence of Sexual Violence**



<sup>30</sup>Inter-Agency Standing Committee. 2015. Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery.

The observation exercise noted that in all IDP camps visited there were no clearly marked latrines for men, women and girls although they were lockable. Asked how the drought had affected their health and what forms of abuse were they subjected to boys aged 7-12 years in Salama I Camp said they were infected with diseases and that some girls were raped. Girls from Ala-Amin I Camp also mentioned concurred, adding that some girls also encountered cases of attempted rape. UNHCR said they had expanded GBV services through Galkaacyo Education Centre for Peace and Development (GECPD) to the drought stricken areas by providing PSS and medical referrals. SBACO also created awareness on sexual abuse while MOWDAFA and Save the Children International (SCI) provided legal aid, medical and material support.



**Picture 1: Latrine in Tawakal Camp**

It is evident that GBV occurs in both private (home) and public (school, camp, work place) spaces in the IDP camps. This dichotomy should inform interventions; for example, men could be engaged as accountable partners<sup>31</sup> in order to reverse the occurrence of GBV in homes. Supporting women to develop negotiation skills could prevent violence against them as a result of asserting themselves to extract livelihood support for households by their partners and humanitarian actors during the drought. The linkage between GBV and gender roles performed mostly by women and girls such as fetching water and collecting firewood equally compels initiation of programming interventions that explore alternative sources of fuel and guarantee access to water in a safe environment. Camp management should strengthen general safety measures around camps including an assessment of the gender sensitivity dimension of facilities such as toilets. Healthcare providers within camps should ensure survivors have access to the entire package of post rape care services, including post exposure prophylaxis. Sexual abuse occurs throughout childhood and across contexts, cultures and classes. Service providers, teachers, parents, caregivers, and others need to be aware of the common signs and symptoms of sexual abuse in their particular setting, because most boys and girls will remain silent.<sup>32</sup>

#### **4.5.3 Survivors of Sexual Violence**

More girls than boys were affected by sexual violence as indicated by majority of respondents (64.8%). Another 28.6% of respondents said they were not aware of the sex that was mostly affected by sexual violence while 5.7% indicated there was no difference in experiences of sexual violence between boys and girls (Table 17). Only one responded was persuaded that boys were mostly affected by sexual violence than girls.

The comparatively higher level of victimization of girls could be attributed to their gender roles such as fetching water and collecting firewood which were reported as some of the sites marked by

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<sup>31</sup>Reference is made to the DRC Project in Dadaab Refuge Camps dubbed “ Engaging Men through Accountable Practice (EMAP)” at <https://drc.ngo/media/2672024/drc-kenya-emap-programme-factsheet.pdf>

<sup>32</sup> International Rescue Committee (IRC). Caring for Child Survivors of Sexual Abuse. Guidelines for health and psychosocial service providers in humanitarian settings. New York: IRC, 2012.

disproportionate vulnerability to sexual violence. Forms of violence such as trafficking, FGM/C and / or child marriage mostly affect girls, increasing the magnitude of their vulnerability to sexual violence. Violence against women and girls is generally so normalized that its occurrence may not elicit much concern from community members, especially in conflict and humanitarian emergencies where response paradigms emphasize livelihood interventions as more pressing priorities. Masculinity notions of invincibility could impede men’s willingness to report their experiences as victims of sexual violence and therefore low indications of violations targeting men and boys should be interrogated beyond their face value. An overview of studies in 21 countries found that 3–29 % of men reported sexual victimization during childhood.<sup>33</sup> Social stigma, including the fear of being labelled homosexual, as well as issues related to victimization and masculinity may make it difficult for boys to seek help.<sup>34</sup>

**Table 17: Sex Affected by Sexual Violence**

Statement	Percent
More girls are being Affected by for sexual violence	64.8%
Don't know	28.6%
No difference	5.7%
More boys are being Affected sexual violence than girls	1.0%
Total	100.0%

#### 4.5.4 Age Affected by Sexual Violence

The findings indicated that mostly younger children under 14 years of age were affected by sexual violence (31.4%). This was closely followed by older children above 14 years at 30.5%. Another 28.6% indicated that they were not aware of the ages of those mostly affected by sexual violence while 9.5% were of the opinion that there was no difference in experiences of sexual violence based on age.

Based on the findings, all children are vulnerable to sexual violence albeit the need for age appropriate interventions. Children under could be vulnerable due to separation from parents, displacement and desperation as they search for food and other livelihood basics. Girls in these age categories could also be targeted for child marriage which leads to defilement. Livelihood support to families and child headed households will help cushion such children against marriages in situations whereby families acquiesce in to marrying off under age daughters in order to secure their subsistence status. Boys and girls aged above 14 years could be exposed to sexual violence as members of armed or violent groups. Their vulnerability also heightens when they are in charge of households where they are accountable for the well-being of siblings which could stampede them into survival sex. Sexual violence perpetrated by children against other children should equally be examined within the context of the drought and conflict related humanitarian emergency.

**Table 18: Signs of Abuse among Children**

Common Signs and Symptoms of Sexual abuse According to Age	
<b>Infants and Toddlers (0–5)</b>	<ul style="list-style-type: none"> <li>↻ Crying, whimpering, screaming more than usual.</li> <li>↻ Clinging or unusually attaching themselves to caregivers.</li> <li>↻ Refusing to leave “safe” places.</li> <li>↻ Difficulty sleeping or sleeping constantly.</li> <li>↻ Losing the ability to converse, losing bladder control, and other developmental regression.</li> <li>↻ Displaying knowledge or interest in sexual acts inappropriate to their age.</li> </ul>

<sup>33</sup> Ibid. p.30

<sup>34</sup> Ibid. p.31

<b>Younger Children (6–9)</b>	<ul style="list-style-type: none"> <li>➤ Similar reactions to children ages 0-5. In addition:</li> <li>➤ Fear of particular people, places or activities, or of being attacked.</li> <li>➤ Behaving like a baby (wetting the bed or wanting parents to dress them).</li> <li>➤ Suddenly refusing to go to school.</li> <li>➤ Touching their private parts a lot.</li> <li>➤ Avoiding family and friends or generally keeping to themselves.</li> <li>➤ Refusing to eat or wanting to eat all the time.</li> </ul>
<b>Adolescents (10–19)</b>	<ul style="list-style-type: none"> <li>➤ Depression (chronic sadness), crying or emotional numbness.</li> <li>➤ Nightmares (bad dreams) or sleep disorders.</li> <li>➤ Problems in school or avoidance of school.</li> <li>➤ Displaying anger or expressing difficulties with peer relationships, fighting with people, disobeying or disrespecting authority.</li> <li>➤ Displaying avoidance behaviour, including withdrawal from family and friends.</li> <li>➤ Self-destructive behaviour (drugs, alcohol, self-inflicted injuries).</li> <li>➤ Changes in school performance.</li> <li>➤ Exhibiting eating problems, such as eating all the time or not wanting to eat.</li> <li>➤ Suicidal thoughts or tendencies.</li> <li>➤ Talking about abuse, experiencing flashbacks of abuse.</li> </ul>

Source: IRC 2012

#### 4.5.5 Harmful Traditional Practices

Adult women from Tawakal Camp said girls married between the ages of 13-17 years while boys married between 20 and 30 years. Adult women from Mustaqbal I Camp said girls married between 14 and 18 years while boys did so at the age of 17 onwards. On their part, adult men from Buulo-Bacley Camp said girls and boys married at the age of 13 and 15 years respectively while those from Buulo Control Camp also said girls and boys married from age 15 and 19 years respectively. Adult men from Buulo Control Camp and Buulo-Bacley Camp and adult women from Tawakal and Mustaqbal I camps said the ages within which boys and girls married had not changed as a result of the drought.

MOWDAFA said they created community awareness on physical violence and other harmful traditional practices against children and facilitated medical support for female youth especially those who experienced excessive bleeding after circumcision while at the same time creating awareness to stop the same. UNHCR also provided community awareness on effects of FGM to the girls and also referred complicated cases of FGM to health facilities while they trained female youth on GBV and referred those affected to where they can access response services. It is critical that the drought response focuses on aspects of GBV like FGM which could flourish under conditions of deprivation when girls are harnessed as a source of livelihood for families through marriage.

#### 4.5.6 Health Seeking Behaviour

It was established that majority of children (72.4%) sought help when violated sexually. However, 27.4% of respondents indicated that children do not seek help when exposed to sexual violence. This should form the basis of inquiries that seek to establish whether factors that hinder children from reporting experiences of sexual violence are drought related; for instance, the perpetrators being the source of livelihood sustenance. Further, inquiries could seek to establish existence of barriers encountered by boys and girls separately. In many settings, services for sexual violence are geared toward women and girls; boys may not be aware of similar opportunities for them to seek help.<sup>35</sup> Humanitarian actors should also review the extent to which children have been sensitized on sexual violence Standard Operating Procedures (SOPs) and child friendly reporting mechanisms.

<sup>35</sup> Ibid. p.31

Service providers are responsible for educating child survivors, caregivers and community members about the effects of sexual abuse and what can be done to mitigate such consequences.

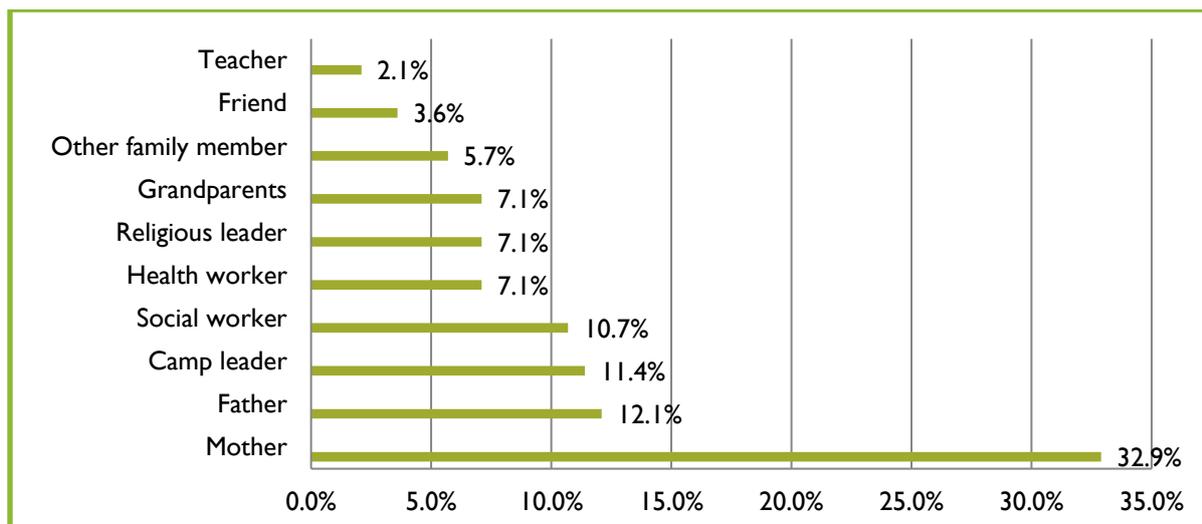
#### 4.5.6.1 Sources of Help

The study indicated that children who were sexually violated would seek help from their mothers (32.9%), fathers (12.1%), other individuals who were not family for example the camp leaders (11.4%), social workers (10.7%), health workers (7.1%), and religious leaders (7.1%). Only a very small number of children indicated that they would seek help from their teachers (2.1%) as shown in Figure 17.

Separated children and orphans would find it difficult to report cases of sexual violence since reporting to parents is the most preferred option. The project should identify such children and engage with them on alternative reporting choices. Fathers are apparently not as popular as mothers when cases of sexual violence are to be reported to parents. This could be attributed to the fact that most survivors are girls who are culturally expected to engage more with their mothers than their fathers on matters of sexuality. The disinclination could also be attributed to the trauma and revulsion that is subconsciously attendant to experiences of violence at the hands of a male figure which could be recalled should the survivor opt to engage with the father as a male figure. Community dialogues should help in identifying barriers associated with reporting experiences of violence to fathers. Never assume that a boy or girl will feel more comfortable speaking with a service provider of his or her own gender. Rather, children should ideally be offered a choice of male or female service provider.<sup>36</sup>

The unwillingness to report sexual violence experiences to teachers (2.1%) corroborates foregoing findings that showed school as one of the prominent institutional sites where sexual violence takes place. Anonymous reporting systems should be established in schools in order to encourage students who fear reprisals to report. Basic education laws in the county should therefore recognize this challenge and address it progressively. Overall, the sexual violence SOPs should be developed to ensure all actors have a clear role to play, including law enforcement actors. All categories of possible reporting points should be trained on sexual violence SOPs.

**Figure 17: Where Children Sought Help**



<sup>36</sup> Ibid. p.30

#### 4.5.7 Community Context

Adult women from Tawakal Camp said the girls were advised against bad behavior and respect for their husbands by their mothers. On their part adult women from Mustaqbal I Camp said girls were advised on how to take care of their families, display good behavior and respect their husbands, become self-reliant and to raise good children. Adult men from Buulo-Bacley Camp said they advised their sons to take good care of their families, treat their wives well and to ask for help over anything they could not handle. Adult men from Buulo-control said they did not talk to their sons.

Asked whether women talked to their daughters about sex, adult women from Tawakal Camp answered in the affirmative. They said the teachings took place between girls' ages of 13-17 years and their mothers. They were told to introduce their boyfriends and if they fell in love then their wishes would be respected. Adult women from Mustaqbal I Camp said they did not talk to their daughters about sex and pregnancy because their religion did not allow them to do so and that they learnt that from their husbands. The adult men from Buulo-Bacley and Buulo Control camps said they did not talk to their sons about sex and relationships.

Adult women from Tawakal Camp said they advised their sons to marry a disciplined girl with good family and religious background while adult women from Mustaqbal I Camp said parents advised their sons to work hard and keep their families together. On their part, men from Buulo-Bacley said they advised their daughters to be nice to their husbands, obey them and also take good care of their families.

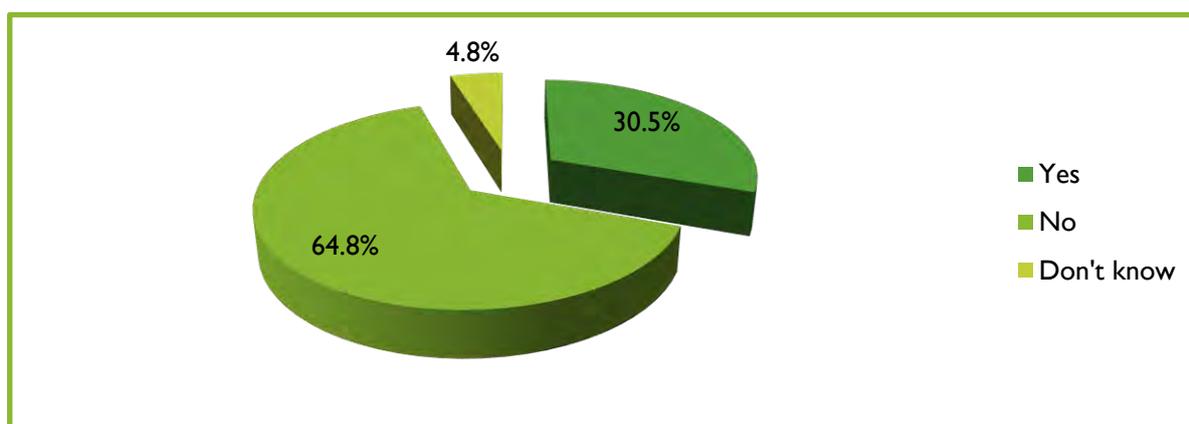
On changes in the relationship between parents and their children in the recent past adult women from Tawakal Camp and Mustaqbal I Camp said there were none while men from Buulo-Bacley cited a scenario where a father might advise the son over an issue and declines the advice which might lead to disintegration of the son's family. Adult women from Tawakal Camp said children became adults in their community through circumcision while adult women from Mustaqbal I camp said children became adults when they reached 15 years of age. Adult men from Buulo-Bacley Camp both boys and girls underwent physiological changes, including menstruation for girls.

The interaction on social and developmental aspects between children and the community evidently seeks to instill positive morals. There is however an inclination towards nurturing submissiveness among female youth and girls that may not augur well for autonomy. Men's gender roles as providers are emphasized in early ages which may expose them to psychosocial challenges in drought triggered humanitarian situations and conflict. The age at which children become adults being equated to the time of circumcision could fuel the correspondence between child marriage and FGM. Gender norms and social practices in the community tend to normalize gender based violations of children, especially girls.

### 4.5.8 Institutional Response

The study established divided opinion on existence of institutional structures and mechanisms to address sexual violence in light of the drought situation and general effects of the prolonged conflict. A slight majority (48.6%) indicated that there were no facilities to help survivors of sexual violence whereas 47.6% reported that there was availability of the facilities. A marginal proportion of 3.3% reported that they were not aware if the facilities were available. Majority of the respondents (64.8%) indicated that the facilities were not child friendly while only 30.5% thought the facilities were actually child friendly. A paltry 4.8% of respondents reported that they did not know if the facilities were child friendly or not (Figure 18).

**Figure 18: Are Sexual Violence Services Child Friendly?**



It is important to map and disseminate information on sexual violence services that exist in camps. A child friendly directory of sexual violence service providers should be developed and disseminated through forums like mosques and schools. It is also important that GBV actors within the IDP camps agree on the package of services that constitutes comprehensive sexual violence services across the spectrum of health, police, legal and psychosocial domains. Children and their parents / caregivers should also be sensitized on the “dos and don’ts” while seeking services as survivors of sexual violence. Posters with information on crisis hotlines could be made available in places like food distribution centres and water points. All actors should prioritize the child friendliness of sexual violence services, including provision of separate seclusion facilities for children disaggregated by sex and paediatric psychosocial services for child survivors of sexual violence. Children with disability should be addressed in a special way when seeking sexual violence services in terms of supporting their access to information, physical services and professional interaction with service providers who should be sensitized on their unique needs. Overall, children should be able to access quality sexual violence services in a timely manner.

**Table 19: Key Observations and Recommendations**

Key Observations	Recommendations
☞ The current drought has heightened occurrence of sexual violence.	☞ Strengthen reporting mechanisms to track incidence.
☞ Sexual violence occurs in both private and public spaces.	☞ Sensitize families and institutions
☞ Majority of the survivors of sexual violence are girls.	☞ Engage men as protectors of the rights of women and girls.

☞ Harmful traditional practices such as FGM and child marriage are permitted in the community	☞ Initiate social change programmes that address social and gender norms.
☞ Age differentials are not a prominent factor in the occurrence of sexual violence among children.	☞ Target all children with skills and information of sexual violence prevention.
☞ Majority of children seek sexual violence services.	☞ Ensure clear service delivery protocols exist and are adhered to.
☞ Parents are the most preferred actors for reporting sexual violence by children.	☞ Engage parents and children in inter-generational debates.
☞ The capacity of institutional structures to offer sexual violence services is unclear.	☞ Map and strengthen the capacity of institutional structures to address sexual violence.

## 4.6 Child Labour

### 4.6.1 Participation of Children in Child Labour

Majority of respondents (68.6%) affirmed that children participated in child labour as a result of the drought while 25.7% indicated that they did not. Those who reported that they were not aware whether children participated in child labour or not were 5.7%. Girls aged 7-12 years from Tawakal Camp said they helped their parents with work at home while their peers from Ala-Amin I Camp said they supported in earning income for the family by selling goods at the market whereas their male counterparts could be seen fetching water. Boys of the same age bracket at Salama I Camp also reported involvement in income generating activities while their peers at Ala-Amin I Camp said that before the drought the children used to look after animals but now some of them are forced to support their families by either doing small jobs like selling food or taking care of their siblings. Girls aged 13-17 years at Barwaqo Camp said they did not take part in any money earning activity. Boys of the same age category at both Tawakal and New Doonyaale camps said that they did not participate in any activity that earned them money. No child labour activities were observed at Salama 2, Mustaqbal I, Mustaqbal 2, Howlwadag, Halboqad, Ala-Amin 2, and Buulo Agoon camps.

The findings show that child labour was happening in the camps although it may not be wide spread. A detailed study could investigate the background of children involved in it and how it has affected their participation in other development processes like attending school. It is important for instance to establish the linkage between child labour and various factors that generate destitution among children in the camps like being orphaned, separated from parents/ caregivers, and house hold poverty. Girls working as house helps are likely to encounter abusive situations if not sensitized on their employment rights, and possibly withdrawn for participation in education programmes as a durable solution.

#### 4.6.2 Type of Work Children Performed

The study revealed that majority of the children were involved in domestic labour (29.4%) followed by farm work at 14%. Transportation work like pushing wheelbarrows (13.3%), cooking in hotels (11.9%), hawking (7.0%) and begging (6.3%) were equally major dimensions of child labour in the camps that could be attributed to the drought. Out of the 8 girls who participated in an FGD at New Doonyaale Camp four said they worked as house helps which earned them \$1 (One US dollar). They said they used the money to buy clothes or give to their parents. Risky forms of activities

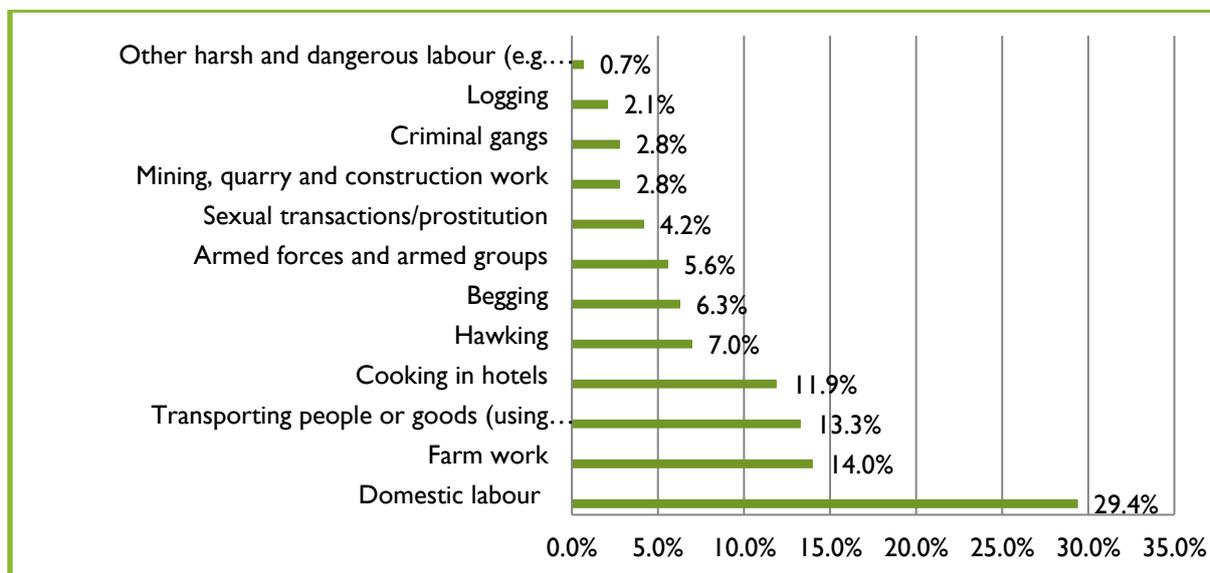


Picture 2: Child Labour

that children were involved in to earn a living included engagement in activities of armed forces and armed groups (5.6%), sexual transactions / prostitution (4.2%), and criminal gangs at 2.8%. Handling of harsh and dangerous weapons was undertaken by 0.7% of children (Figure 19).

The community should be sensitized on employment of minors as domestic workers in accordance with national employment laws and regulations. A tracing and return to school/ vocational training programme should be initiated to address the situation of minors who have succumbed to underage employment due to destitution occasioned by the vagaries of drought and conflict. Children who are involved in illegal activities such as sexual exploitation and criminal gangs should be targeted for robust psychosocial services that lead to rehabilitation and reintegration into the normal childhood to adulthood projectile. Work being performed by older children (15 years and above) should be supervised with a view to making it less harmful to their achievement of critical development milestones.

Figure 19: Children Involved in Different Types of Labour



#### 4.6.3 Magnitude of Child Labour

The findings indicated that 6-10 children were mostly involved in child labour as reported by 26.7%. This was followed closely by 23.8% who indicated that between 11 - 20 children were involved in child labour. Another 4.8% of respondents stated that more than 50 children were involved in child labour with only a small proportion (1%) saying they were not aware of the number of children that were

involved in child labour (Table 20). To alleviate this, development actors should collaborate with communities to collapse the underage employment pull factors that are a barrier to children's participation in education and skill acquisition initiatives. A comprehensive programme targeting out of school children should be initiated. School feeding programmes and provision of supplies like dignity kits for adolescent girls can reverse the attraction of children to premature employment that amounts to child labour.

**Table 20: Number of Children Involved in Child Labour**

Number	Percent
N/A	28.6%
1-5	7.6%
6-10	26.7%
11-20	23.8%
21-50	7.6%
>50	4.8%
don't know	1.0%
<b>Total</b>	<b>100.0%</b>

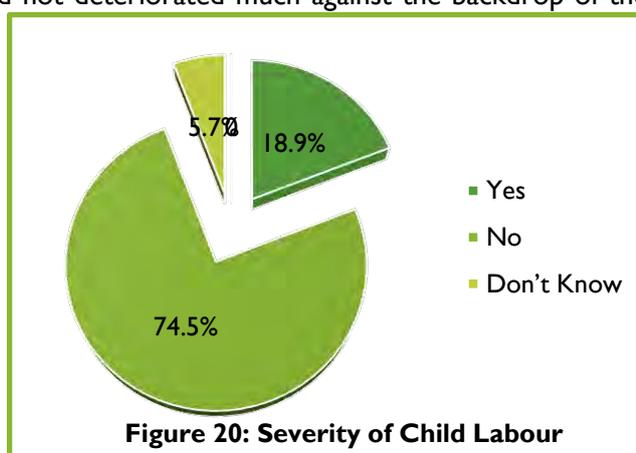
#### 4.6.4 Sources of Information on Child Labour

Majority of respondents (63.2%) indicated knowing about children involved in child labour from their personal observations. This was followed by 17% who indicated that they learnt from the camp management, 11.3% who received information orally (word of mouth), and 7.5% who acquired information through community leaders and duty bearers. The least information was obtained from government records (0.9%). This finding indicated the need for proper documentation that could be used as reference for child labour. Personal observations, word of mouth and information from community leaders as sources of information may not be as credible and impeccable as government records. It is important to strengthen the capacity of relevant government machinery to collect and disseminate data on the status of child labour in all camps.

#### 4.6.5 Severity and New Forms of Child Labour

Severity of child labour as a result of the current drought was acknowledged by 18.9% of respondents compared to 74.5% who said the situation had not deteriorated much against the backdrop of the drought. Those who did not know the impact of the drought on child labour were 5.7%.

Similarly, majority of respondents indicated that there were no new forms of child labour after the recent drought while 18.9% were of the view that there was an increase in new forms of child labour. Only 5.7% indicated they were not aware whether there was an increase or not (Figure 20). Some of the new forms of child labour attendant to the drought were identified as shown in Table 21.



**Table 21: New Forms of Child Labour**

Type of Labour	Percentage
Building houses	1.9%
Domestic Labour	1.9%
Cleaning cars, constructing houses	1.0%
Cleaning the house and clothes	1.0%
Collecting firewood and water	1.0%
Conductor	1.0%
Conductors and construction	1.0%
Fetch firewood, cooking and farm work	1.0%
Girls buying and selling water and carrying	1.0%
Laundry and garbage collection	1.0%
Laundry, cooking, cleaning homes	1.0%
Laundry, repairing, domestic work	1.0%
Repairing houses	1.0%
Fetching water from distant shallow wells and looking for food	1.0%
Shoe shining	1.0%
Using children to get food from humanitarian organisations	1.0%

Despite absence of glaring increases in child labour during the drought season, measures to ensure more children are not progressively drawn to it should be put in place. UNHCR said they advocated against it while SCI also said they held community meetings to address child labour concerns and engaged children in school. MOWDAFA are equally involved in awareness creation. On their part SBACO reported that they supported families so that they could protect their children from child labour. GECPD said they established schools and enrolled children to provide meaningful alternatives.

#### 4.6.6 Reasons for Participation in Child Labour

The study established that majority of children (34.7%) engaged in child labour voluntarily as a way of earning a living for themselves and their families. This was attributed to poverty and hardship that they experienced. A significant 24.2% indicated that they engaged in child labour because their parents/caregivers asked them to do so. Another 15.8% engaged in child labour due to peer pressure and forced labour respectively while 5.3% did so due to the influence of other people apart from their care givers (Table 22).

**Table 22: Reasons for Children's Engagement in Child Labour**

Reasons	Percentage
Working voluntarily to support themselves and/or their families	34.7%
Sent to engage in such work by their parents/caregivers	24.2%
Peer pressure	15.8%
Forced labour	15.8%
Sent to engage in such work by people other than their caregivers	5.3%
Forced recruitment	4.2%

Livelihood interventions and opportunities for meaningful participation in play should be considered as ways of ensuring children are not fending for themselves through work that amounts to child labour. Parents should be cautioned against child exploitation activities meant to augment the family income. Life skills programmes and activities in school should be used to cushion children against peer pressure.

Strong sanctions against forced labour and recruitment should be devised through a participatory process and enforced rigorously.

**Table 23: Key Observations and Recommendations**

Key Observations	Recommendations
☞ Child labour was takes place in the camps.	☞ Map forms, places, vulnerability factors and perpetrators of child labour in all camps.
☞ Children are mostly involved in domestic work where they earn money for their families and themselves.	☞ Provide children and families with basic needs for livelihood.
☞ Documentation of child labour remains weak	☞ Build capacity of government authorities to document child labour.
☞ Child labour has not increased drastically in light of the drought.	☞ Initiate child labour prevention strategies and scale up best practices.
☞ Advocacy, awareness creation and school enrolment are some of the main interventions used by actors to address child labour.	☞ Mainstream child participation in all interventions.

## 4.7 Children Involved in Activities of Armed Forces and Groups

### 4.7.1 Magnitude of Involvement

Majority of respondents (71.7%) stated that children were not involved in activities of armed forces and groups while slightly more than a quarter (27.4%) intimated that there was involvement of children. The 27.4% of respondents who mentioned that children were involved in armed groups were asked to indicate the number of children whom they had seen in the camps as having been involved with the armed forces. Their responses were as indicated in Table 24.

**Table 24: Number of Children Involved in Activities of Armed Forces and Groups**

Number	Percent
N/A	70.8%
1-10	6.6%
11-50	17.9%
51-100	2.8%
>100	0.9%
<b>Total</b>	<b>100.0</b>

Close to 18% of respondents reported having seen between 11-50 children who are involved in activities of armed forces and groups in the camps while 6.6% had seen between 1-10 children. Only one individual (0.9%) had seen more than 100 children. Evidently, the study established involvement of children in activities of armed forces and groups, boys being more affected. Disarmament and rehabilitation initiatives should therefore form part of the comprehensive child protection strategy.

#### 4.7.2 Areas of Recruitment and Sex Disaggregation

It was established that children were mostly recruited in camps as indicated by 48.4% of respondents. Recruitment in schools and along roads were at 19.4% each while 12.9% indicated that recruitment happened in child care institutions (Figure 21).

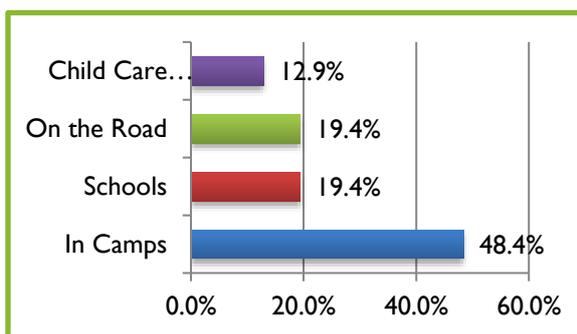


Figure 21: Areas of Recruitment

Majority (43.3%) of respondents indicated that there was no difference in the sex of children who are involved in activities of armed forces and groups in the camps. However, 40% indicated that

it is mostly boys who are involved while 10% stated that girls were also involved. Another 3.3% each of respondents reported that only girls and boys respectively are involved in activities of armed forces and groups.

Boys could be more involved due to the interface between masculinity, machoism and militarization of the boy child that is buttressed in patriarchal codes of aggression and defence. Boys who are responsible for the livelihood of households could be more vulnerable to the seduction of military involvement, necessitating mapping and targeted measures. The participation of girls in aiding military and violent formations could take several forms, including as undercover operatives and suppliers of means of sustenance like food. Girls could also suffer sexual abuse at the hands of armed and violent entities. Individuals taking care of children in institutions such as schools and child care facilities should be vetted for histories of child abuse and potential complicity in activities that violate children's rights. Camp management should address the susceptibility of children to recruitment within camps and their environs.

#### 4.7.3 Drought Related Involvement in Activities of Armed Forces and Groups

Majority (66.7%) of respondents indicated that the number of children recruited into armed forces had not increased following the recent drought. Respondents who 23.8% held the view that there was increase that could be attributed to the drought were 23.8%. Nearly 10% of respondents indicated lack of knowledge about the status of recruitment of children into armed forces and armed groups having increased as a result of the drought.

Asked to indicate their knowledge on either increase or decrease of children in armed forces, the highest number of respondents (30.3%) indicated that there were more recruitment events while 27.3% indicated children had disappeared and it was suspected they had joined the armed group. Additionally, 27.3% also indicated to have seen more children working with or being used by armed forces. Another 5.2% of respondents indicated they personally knew children who had been recruited after the emergency. The research team did not observe overt activities indicative of children's involvement with armed forces and groups.

Collaborative efforts between communities and humanitarian actors should be initiated to trace and restore to normalcy children who are engaged in activities that are supportive of the intents of armed groups and criminal gangs. SBACO stated that they are using awareness creation to sensitize communities against children getting drawn into activities of armed groups. They are also focused on creating jobs for the youth in order to protect them from joining armed forces.

**Table 25: Key Observations and Recommendations**

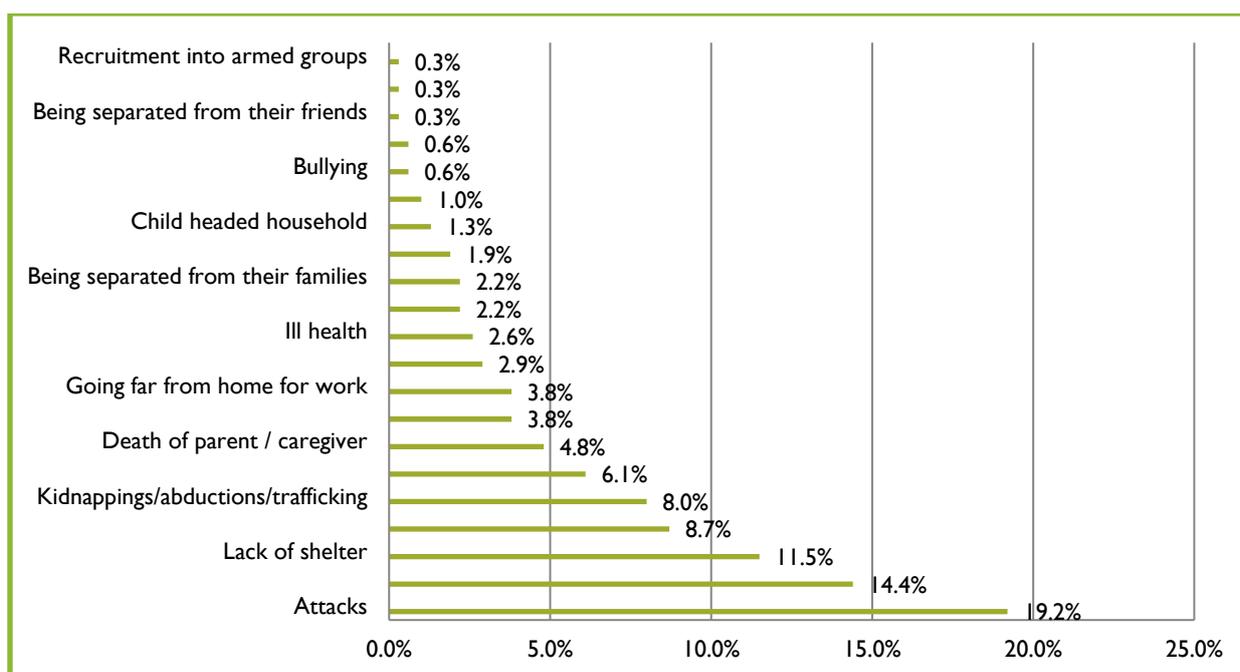
Key Observations	Recommendations
<ul style="list-style-type: none"> <li>There are possibilities that children especially boys are involved in activities of outlawed entities.</li> </ul>	<ul style="list-style-type: none"> <li>Strengthen the formal and traditional criminal justice system to protect children against activities of outlawed groups.</li> </ul>
<ul style="list-style-type: none"> <li>Schools and child care facilities are could be serving as recruited cites for absorption of children into militant activities.</li> </ul>	<ul style="list-style-type: none"> <li>Establish surveillance systems and sensitize school children on the pitfalls of conflict.</li> </ul>
<ul style="list-style-type: none"> <li>The drought has to some extent created conditions favourable for luring children into activities of armed groups.</li> </ul>	<ul style="list-style-type: none"> <li>Provide basic livelihood sustenance to cushion families and children against being lured by armed groups.</li> </ul>

## 4.8 Psychosocial Well-Being

### 4.8.1 Causes of Fear and Anxiety in Children

The study established that attacks were the major reason for children being scared (19.2%), followed by lack of food (14.4%) and lack of shelter (11.5%). Gender based violence related aspects such as sexual violence (8.7%) and early marriage (6.1%) were equally cited as significant sources of anxiety among children. This means girls are more affected since they are the majority of victims of sexual violence and early marriage in most societies. Death of parents / caregivers (4.8%) also caused significant anxiety among children which makes foster care interventions mandatory and urgent in situations of separation and being orphaned. Child headed households (1.3%) also featured as a source of anxiety. This means children providing leadership in such households require psychosocial support over and above livelihood interventions. Not being able to go back to school (1.0%) as a source of anxiety brings to the fore the therapeutic effect of the school environment which all children should access. The least sources of anxiety reported by respondents were being separated from friends, tension within the family, and recruitment within armed groups (Figure 22).

**Figure 22: Causes of Fear and Anxiety in Children**



### 4.8.2 Worries of Caregivers

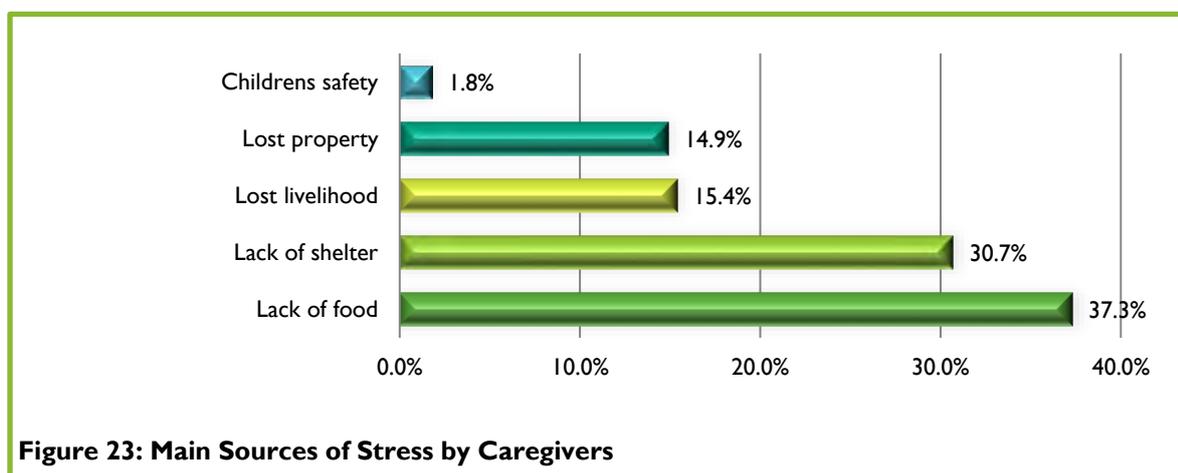
The worries that plague caregivers resonate strongly with those that afflict the children. The findings revealed that care givers were mostly worried when there was lack of food (27%), lack of education (23.3%) and lack of shelter (21.1%). It would therefore appear both children and caregivers prioritize provision of basic needs such as food, shelter, and education. Some respondents indicated they were worried about sexual violence (12.1%) while 8.7% indicated fear of getting hurt which emphasises the need to pay attention to security broadly but also sexual violence specifically. Fear of forced recruitment and kidnapping were at 2.8% each, reinforcing the concern about security among care givers. The least worry expressed by care givers was exclusion from decision making (1.4%) as indicated in Table 26.

**Table 26: Caregiver Worries**

Worries of Care Givers	Percentage
☞ Lack of food	27%
☞ Lack of education	23.3%
☞ Lack of shelter	21.1%
☞ Sexual violence	12.1%
☞ Getting hurt during attacks	8.7%
☞ Forced recruitment or use by armed groups	2.8%
☞ Kidnapping/abductions/trafficking	2.8%
☞ Exclusion from decision-making	1.4%
☞ Harmful traditional practices	1.0%

### 4.8.3 Main Sources of Stress by Caregivers

Lack of food was presented as the major source of stress for caregivers (37.3%). This was followed by lack of shelter (30.7%), lost livelihoods (15.4%), lost property (14.9%) and finally children’s safety at



1.8% as indicated in Figure 23. This is an interesting hierarchy of needs because it places the security of children at the end. It could be that children’s security and general well-being are effectively addressed when the basic needs are alleviated.

During focus group discussions, boys aged 13-17years from Tawakal Camp cited explosions and snakes as concerns that worried them most while those from New Doonyaale Camp identified lack of education, good shelter, quality health care, clean water, toilets and mosques as their primary source of worry. Girls from Barwaqo Camp within the same age bracket (13-17years) listed lack of education,

housing, food and water while their peers from New Doonyaale Camp enumerated lack of food, education, quality health care, toilets and poor lighting.

Boys aged 13-17 years from Tawakal Camp mentioned existence of no government and education as their biggest concerns while those from New Doonyaale Camp said they were worried about failure to achieve their future dreams. Girls from Barwaqo Camp aged 13-17 years said their biggest concerns about the future were failure to get quality education, health care and clean water. Their counterparts from New Doonyaale Camp said their worry would be the failure on their part to achieve their dreams.

About things that made them happy, comfortable and relaxed, boys 13-17 years from Tawakal Camp mentioned playing sports and getting gifts. Those that made them sad were death, failing exams and being insulted as well as not being able to play sports. Boys aged 13-17 years from New Doonyaale Camp said they were happy and relaxed playing with other children and seeing others going to school. They were sad and angry when parents shouted at them or the camps got into conflicts. Girls aged 13-17 years from Barwaqo Camp said they were happy and relaxed getting education, food and reuniting with their families hence lacking these made them sad and angry. Their peers (girls 13-17 years) from New Doonyaale Camp said they were happy and comfortable when they access education, quality health care, employment and initiation of IGAs. They reported being sad and angry as a result of hunger, lack of mosques and education.

Asked about their biggest problems or worries for their families in the present situation, adult women from Tawakal Camp said they worried about hunger, health and shelter. Their counterparts from Mustaqbal I Camp mentioned lack of water, food, education, maternal and child health (MCH) and treatment for children. Adult men from Buulo-Bacley Camp identified mentioned unemployment, lack of aid agencies, insecurity and lack of education as their biggest worries while those from Buulo Control Camp lamented about lack of good shelter, food and health facilities to offer MCH.

Adult women from Tawakal Camp said their biggest concerns for their families' long term future were education, health, safety and security and the fate of unaccompanied children. Their counterparts from Mustaqbal I Camp mentioned poor housing, poor medical care for children, poor MCH, and rise in rape cases. On their part, adult men from Buulo-Bacley Camp said their biggest concerns about their families in the long term future were the recurrence of drought and the civil war while those from Buulo Control Camp stated that they are worried about poor shelter, lack of food and health facilities, especially MCH. The respondents were also asked whether any of their children experienced difficulty in sleeping, nightmares, fear of going outside, trouble leaving parents' constant company, or any emotional changes that were of concern. Their responses were as shown in Table 27.

**Table 27: Children's Emotional Well-Being**

Camp	Respondent	Sex	Response	Difficulty sleeping	Nightmare	Afraid to go outside	Trouble leaving parent's constant company	Any emotional changes that are of concern
Tawakal	Adult women	Boys	Yes	✓	✓	✓	✓	Cry whole day due to hunger
			No					
		Girls	Yes	✓	✓	✓	✓	
			No					
		Boys	Yes	✓		✓		

<b>Mustaqbal I I</b>	Adult women		No					Lack of basic provisions	
		Girls	Yes	✓	✓	✓	✓		
<b>Buulo-Bacley</b>	Adult men	Girls	Yes	✓	✓	✓	✓	No response	
			No						
		Boys	Yes	✓	✓	✓	✓		
			No				✓		
<b>Buulo Control</b>	Adult men	Boys	Yes	✓	✓		✓	No response	
			No						
		Girls	Yes				✓		✓
			No						

The respondents were asked what made their children happy, comfortable and relaxed. Adult women from Tawakal Camp listed family reunion, playing friendly games and Eid celebrations. Adult women from Mustaqbal I Camp said their children were happy, comfortable and relaxed getting education, good shelter, general basic needs, and playing equipment and fields. They were sad and angry due to lack of food, education, good shelter and proper clothing, especially during the Eid celebrations. Adult men from Buulo-Bacley Camp said their children were happy, comfortable and relaxed when they got all things they wanted, playing, learning and having access to clean water and food. The ones from Buulo-Control Camp said their children were happy getting gifts, playing, watching movies and seeing their parents around them.

About things that made their children sad and angry adult women from Tawakal Camp mentioned hunger, parents leaving them, sickness, seeing others with new clothes, being denied opportunity to play and lack of education. Adult men from Buulo-Bacley Camp said their children were sad whenever they could not get what they wanted, when they saw parents fighting, when they were beaten and yelled at and got angry whenever they were insulted, given promises but not kept, and whenever they fought. Those from Buulo Control Camp said their children were sad and angry due to lack of all things they wanted, lack of play, lack of learning opportunities, and lack of access to clean water and food.

Asked about their most common worries adult women from Tawakal Camp mentioned lacking what others had. Adult women from Mustaqbal I Camp said their worries were food, education and good shelter. Adult men said their children's most common worries were not getting all they wanted while those from Buulo Control Camp said they worried about their future education, and whenever they lacked food and clothing.

Boys aged 7-12 years from Salama 1 and 2 camps and the girls from Ala- Amin I and 2 camps said the drought affected their learning as they wished to go to school. They said their animals had also died as a result of the drought. The boys from Salama 1 and 2 camps said they were scared about the war and feared dying. Girls aged 7-12 years from Tawakal Camp said their general health was affected. Asked about how the drought affected their feelings towards people, boys aged 7-12 years from Salama 1 and 2 camps said they did not get support from anyone except a few relatives while their peers from Ala-Amin 1 and 2 camp said they felt sad and unfortunate, and wished they could go to school. The girls from Ala-Amin 1 and 2 stated that some NGOs came to their aid, with the girls from Tawakal Camp adding that they were more aware of their surroundings than before.

Female youth aged 18-24 years from Buulo Control Camp mentioned safety (prone to sexual violence), lack of education, poor health, starvation and unemployment while the male youth cited insecurity,

inability to support their families, if ever they will marry, and the future of their children as their main worries. They said the biggest concerns about their future were not being able to pay debts, drought and security at home while they were away. Their male counterparts from Ala-Amin Camp talked of children being able to live normal lives, unemployment and education.

The female respondents aged 18-24 years from Buulo Control Camp said they would be happy if they could complete school and comfortable when they saw their children happy. The male ones said they were happy getting jobs, having money and children, and were comfortable when not worrying about anything. The female youth respondents said they would be sad if their children lacked food while the male ones said they would be sad due to illness and death, and angry due to insults, or when a team they supported lost a match. UNHCR, SCI, SBACO and GECPP said they provided psychosocial support to minors while MOWDAFA said they offered entertainment programs to the youth.

All groups in the camps concurred on the primacy of food, shelter, education, healthcare, water and clothing as basic needs that should be catered for adequately and reliably. Sexual violence and security are also expressed as core concerns, especially for women and girls. Opportunity to access employment and earn income emerged as a major concern for the youth besides avenues for entertainment. Social life issues such as marriage and bringing of families appear to be pre-occupying both male and female youth considerably. Children are in need of material possessions such as clothes that affirm their self-esteem besides appreciation of their need to interact with other children through play. Both physical and emotional forms of violence caused the children anxiety. They also expressed anxiety about conflict in the family and the general vagaries of war, including death. Opportunities for worship and marking of religious celebrations (Eid), sports and freedom of movement as they play in the open fields would make the children happy.

#### **4.8.4 Coping**

Boys aged 13-17 years from Tawakal and New Doonyaale camps asserted that boys abused *miraa* (*khat* or *qat*) and cigarettes which they bought from the market while girls (13-17 years) from Barwaqo and New Doonyaale camps said girls did not take drugs. Female youth said they knew of boys who used drugs sold to them by the host community while their male peers 20% youth abused *miraa* which they bought.

Boys aged 13-17 years from Tawakal Camp said they are optimistic about security, peace, education and infrastructure in future. Those from New Doonyaale Camp said they were optimistic about quality education, good shelter, quality health care, clean water, toilets and mosques. Girls from Barwaqo Camp said they were optimistic about getting quality education, good houses, food and water while those from New Doonyaale Camp added good toilets, lighting and quality health care. Female youth exuded optimism about improved lives, employment and good shelter while the male ones mentioned stable government, financial stability, being able to marry and sufficient water.

Boys aged 13-17 years from Tawakal Camp said they wanted to become doctors, singers, teachers and imams in future while those from New Doonyaale Camp said they wanted to become drivers, teachers, doctors and engineers. Girls aged 13-17 years from Barwaqo Camp said they wanted to become doctors, teachers, nurses, engineers and police women while their peers from New Doonyaale Camp said they wanted to become members of parliament, doctors, artists, shop owners and teachers. Male youth cited becoming professional cooks, becoming rich and becoming engineers while the female youth said they wanted to be teachers, parliamentarians and doctors as their future careers.

Adult women from Tawakal Camp said they were hopeful that a lasting solution to their problems would be found while adult women from Mustaqbal I Camp talked about good shelter, quality health care and education as the things they were hopeful about. Adult men from Buulo Control Camp said they were hopeful about having a stable government that would ensure security, being taken back to their places of origin, and getting employment while those from Buulo Control Camp said they were hopeful about good shelter, adequate food and establishment of health care facilities with quality services.

Boys and girls aged 13-17 years were asked what they did to feel better whenever they were angry. Accordingly, boys from Tawakal Camp mentioned talking to friends or engaging in activities that they felt could make them happy while boys from New Doonyaale Camp said they went away, read the Holy Quran or slept. Girls from Barwaqo Camp said they read the Holy Quran or slept whenever they were angry with girls from New Doonyaale Camp adding that they left the place to cool off. Female youth said they talked to parents and friends when angry.

On what parents told their children about death, adult women from Tawakal Camp said they told their children that dead people did not come back to life and that they should accept it as part of human life. Adult women from Mustaqbal I Camp said they explained that death was inevitable and that all would die. Adult men from Buulo Control Camp said they explained to children that all would one day die and meet Allah while those from Buulo-Bacley Camp said they told their children once a person died s/he never came back to life.

Adult women from Tawakal Camp said they consoled, condoled, and advised and counselled community members when something bad happened to enable them cope with the event while those from Mustaqbal I Camp said members of the community or communities involved came together to discuss the problem and find a solution to it. Adult men from Buulo-Bacley Camp said they consulted in order to find means of helping the situation while those from Buulo Control said camp elders came together and talked to the people. Adult women from Tawakal Camp said they consoled children who were sad because of loss or bad news to make them feel better. Their counterparts from Mustaqbal I Camp said they gave little children biscuits and talked to teenagers. Adult men from Buulo Control and Buulo-Bacley camps said they gave them good things, religious teachings and told them stories.

Asked about local ceremonies, practices, rituals or spiritual practices specific to children, adult women from Tawakal Camp said there were ceremonies; for example, circumcision (FGM) where girls were told they were now clean and were real women. Boys were also told they could marry when they came of age. The age set for girls is 5 to 10 years while for boys it is 0-5 years. They stated that FGM is still a vibrant practice as a form of harmful traditional practices. Girls are circumcised by traditional circumcisers while boys are circumcised doctors and traditional circumcisers. They added that the practice was still on. Adult women from Mustaqbal I Camp said they read the Holy Quran which was a continuing practice. Adult men from Buulo Control Camp said there were no ceremonies to celebrate children becoming adults while those from Buulo-Bacley Camp said they celebrated death through burial ceremonies and even those who completed their madrasa classes were celebrated by being given sweets.

On changes in the behaviour of children in the recent past, adult women from Mustaqbal I Camp said the emotional well-being of children had changed due to hunger, sickness and lack of sleeping places while those from Tawakal Camp said there were no noticeable changes in the behaviour of their children. Adult men from Buulo-Bacley and Buulo Control camps also agreed that there were no changes in children's behaviour that had been noticed in the recent past. Male leaders echoed these

views but female leaders attributed the changes noticed to the fact that children were now feeding for families as a result of the drought. Male leaders said children were involved in high risk behaviour; for example, abuse of miraa and cigarettes while the female leaders there were no changes. Male leaders said the problem was increasing due to unemployment, lack of education and lack of IGAs.

Adult women from Mustaqbal I Camp listed marriage, Eid celebrations, worshipping in Mosques and the birth of children as some of the positive / good things that had happened in the past while those from Tawakal Camp mentioned healthy children being born, good camp leaders and the services provided by aid workers. Adult men from Buulo-Bacley mentioned the birth of children, construction of a school that was free and the food distributed by aid workers whereas adult men from Buulo Control talked about marriage and Eid celebrations as issues that made them happy. The various services provided by aid workers included counselling, entertainment, psychosocial support.

The community has protective spaces that provide psychosocial care for children and adults undergoing distressing experiences. This should be an opportunity for mitigating the combined negative effects of drought and conflict on community members. The fact that both children and adults are optimistic about the future reveals their resilience in the face of adversity. They are still focused on key pillars of livelihood such as food, shelter, security and education even when the situation has severely deteriorated. Drug and substance abuse should be addressed before it is elevated to a legitimate practice of dealing with the psychosocial aspects of severe drought and conflict.

#### **4.8.5 Psychosocial Support**

Boys aged 13-17 year from Tawakal Camp said they did not know what to do about their concerns while girls from New Doonyaale Camp said their concerns could be reduced through quality education, adequate food supply, women empowerment and restoration of peace. Female youth said their concerns would reduce if they were able to earn money, have better jobs and if rain could pour while male youth mentioned employment opportunities, education and peace. The female youth said they would be sad if their children did not feed while their male peers said they would be sad due to illness and death and angry due to insults or when a team they supported lost a match.

Regarding three important things parents should teach them to become upright adults, boys from Tawakal and New Doonyaale camps stressed the Quran and discipline while girls from Barwaqo and New Doonyaale camps emphasized teachings about Islam, how to relate with people and good behavior. Female youth talked about good behavior and respect for others, Islamic studies and hygiene while the male youth mentioned good morals and education.

Madrasa teachers, neighbours and relatives were identified by boys from Tawakal and New Doonyaale camps (13-17 years) adults who could impart positive morals and behavior to them. Girls (13-17 years) from Barwaqo and New Doonyaale camps listed teachers, neighbors and relatives as adults who could positively influence their world view. Male youth said grandparents could help them learn good behavior while female youth said they could be supported by their neighbors, teachers and relatives to acquire positive behavior.

Correctional measures against boys for deviant behavior apparently entailed being beaten, pushed or pulled by their ears, or shouted at as stated by 13-17 years old boys from Tawakal and New Doonyaale camps. On their part, girls (13-17 years) from Barwaqo and New Doonyaale camps said their parents beat them, shouted at them and talked to them. Male and female youth said their parents punished them by beating, biting, caning, talking to and shouting at them.

Asked about what their parents did to make them happy whenever they were sad or angry, boys 13-17 years from Tawakal Camp said their mothers would notice any discomfort in their children easily and ask about it. If it was anything about school or death of loved ones they comforted them. They stated that their mothers took action as well in case they were beaten. Their peers from New Doonyaale Camp said both parents consoled them while the girls from Barwaqo Camp intimated that both parents bought them clothes and biscuits to placate them when distressed. Girls from New Doonyaale Camp said their mothers consoled and gave them good things but their fathers made the situation worse by shouting at them, demanding an explanation as to why they were angry. Female youth said they would be happy if they could complete school and were comfortable when they saw their children happy. The male ones said they were happy getting jobs, having money and children, and were comfortable when not worrying about anything.

Adult women from Tawakal Camp said the agencies should help them come up with lasting solutions to their key concerns. Adult women from Mustaqbal I Camp said IGAs, employment, establishment of health centres, quality education and clean water would help address their concerns. On their part, adult men from Buulo Control Camp said there should be more efforts to discuss, assess situations and mitigate challenges while those from Buulo-Bacley said dams should be built so that water can be stored when it rains and that peace initiatives to end the war should be stressed.

Good leadership, discipline and education were identified by adult women from Tawakal camp as the three main things they taught children in order to raise them into upright adults. They listed parents, teachers, elders and even the religious leaders as other adults in the community who contributed towards the good behavior of children. Adult men from Buulo-Bacley Camp enumerated education, teaching them good morals and respect for others, adding that this could be done by school and madrasa teachers. Those from Buulo Control Camp talked about teaching children the Quran and good behavior which could be done by the teachers, neighbors and religious leaders. Adult women from Mustaqbal I Camp said the most important things for children's positive behavior would be practicing Islamic religion and using adults as role models. They said parents-in-law, siblings and neighbors were among adults who instilled good morals and behavior in children.

On ways of correcting wayward behavior in children, adult women from Tawakal Camp said they punished them through biting and even beating until the child bled. Others said they talked to their children and explained the need for good behavior and respect. They also talked to them against fighting, emphasizing the value of peace and security. Adult women from Mustaqbal I Camp said they corrected their children beating, shouting at them, and teaching them good behavior. Adult men from Buulo-Bacley Camp mentioned light beating, talking and threatening to punish while those from Buulo Control talked about teaching good morals and pulling their ears.

Asked how they dealt with the children's emotional changes, adult women from Mustaqbal I Camp said they talked to them to make them understand and feel better. They also taught their children the holy Quran and inspired them to be optimistic. Angry or sad children would be talked to and counseled, including being asked to be forgiving, according to adult women from Tawakal Camp. Adult men from Buulo-Bacley Camp said they promised children who were angry or sad good things and also talked to them and listened to what they said while those from Buulo Control Camp said they taught them religious teachings, advised and asked them to sleep.

Adult women from Tawakal said they would turn to neighbours and host families for help whenever they had issues with their children while those from Mustaqbal I Camp said they turned to no one. Adult men from Buulo Control Camp said they turned to family members while those from Buulo-

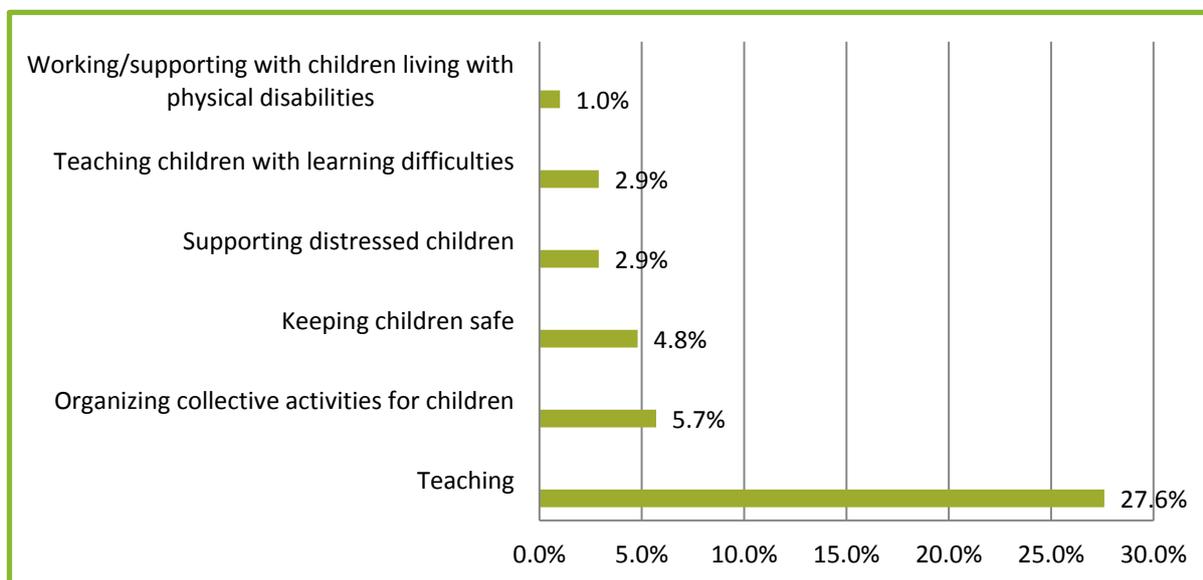
Bacley Camp said they talked to teachers, male relatives and also prayed to God. Male leaders said there were no services in the community to assist children with social and emotional challenges while female leaders said GRT provided psychosocial support.

**Table 28: Key Observations and Recommendations**

Key Observations	Recommendations
☞ All groups are concerned about food, education, shelter, and security.	☞ Prioritize provision of these services in a participatory and gender sensitive manner.
☞ Women and girls are concerned about health, sexual violence and water.	☞ Strengthen MCH and sexual violence services to mitigate consequences.
☞ The youth are concerned about employment, security, families and entertainment.	☞ Develop and implement a holistic youth focused strategy with short term and long term goals.
☞ Children are concerned about opportunities for play, clothing and being shielded against physical and emotional violence.	☞ Allow children to consistently participate in identification and delivery of community services.
☞ The community has mechanisms of supporting children cope with psychosocial challenges.	☞ Strengthen family support for children through intergenerational discussions.
☞ Male and female youth are deeply concerned about their families	☞ Empower them with culturally sensitive parenting skills (young parents).

## 4.9 Access to Services

### 4.9.1 Skills for Recreational and Educational Activities



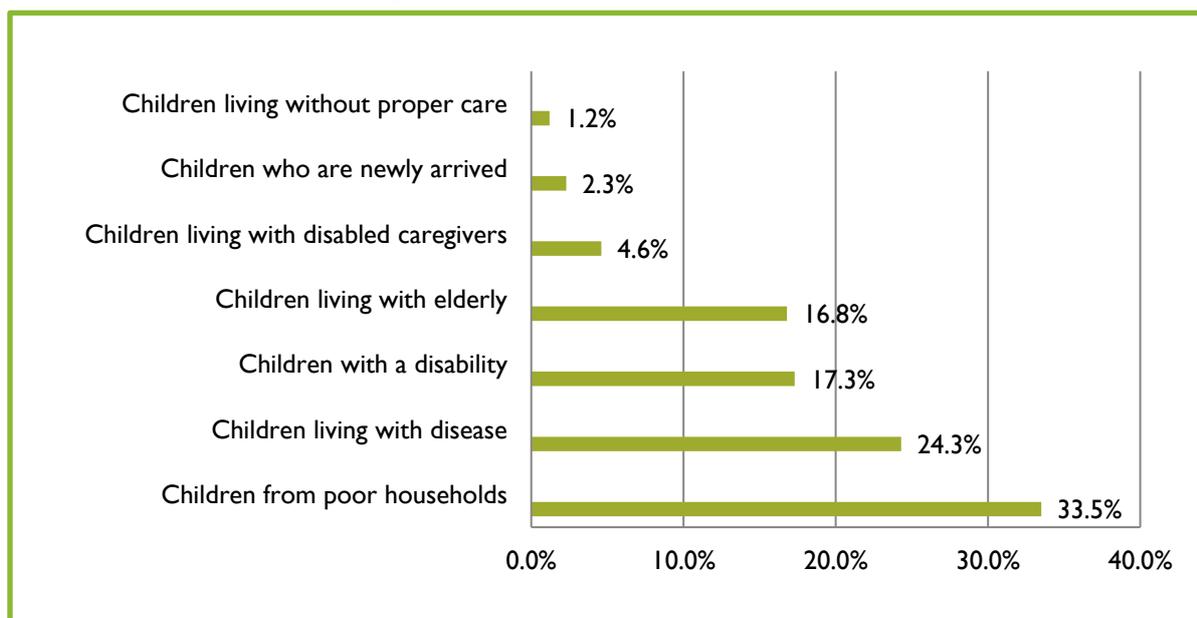
**Figure 24: Skills for Children's Services**

The study sought to understand whether there were people in the camps that were capable of organising recreational and/or educational activities for children. Accordingly, 46.7% said there were none while 43.8% said there were people with such skills. Respondents who reported that they did not know if such people existed were 9.5%.

The proportion of people with appropriate skills for supporting educational and recreational needs of children was reported as shown in Figure 24. Majority of the individuals had teaching skills (27.6%), organising collective activities (5.7%), keeping children safe (4.8%) and supporting distressed children (2.9%). The professional competency required to teach children with disabilities was indicated by 2.9% of respondents while those who could support children living with disabilities were (1%). Emphasis should therefore be put on expanding capacities for paediatric counselling and engaging with children with disabilities. The large proportion of people with teaching skills should not just impact on delivery of academic programmes but should also be a source of protection against gender based violence. The project should identify such individuals and take them through SRGBV training.

#### 4.9.2 Limited and Unequal Access to Services

Majority of respondents (66.7%) reported that children had less access to services. Only 28.6% held a contrary view. Majority of respondents (52.4%) were of the opinion that there was no difference between boys and girls in access to services. Those who stated that girls had less access to services were 17.1% while 16.2% indicated that boys had less access to services. Respondents who could not state the difference in access to services between boys and girls were 14.3%. The highest group of children with the lowest access to services were children from poor households as presented by 33.5%, followed by children living with disease (24.3%), and children with disabilities (17.3%). The least



**Figure 25: Child Access to Services**

category of children with less access to services were those without proper care (1.2%) as shown in Figure 25.

The focus of the project should therefore be on improving children’s access to services overall and identifying barriers that could be creating the slight discrepancy between boys and girls. For instance, sexual violence while on the way to school and within the school environment could compel parents to withdraw especially girls from the schooling process. Children from indigent backgrounds, sick children, children living with disability and children living with elderly care givers should be prioritised.

### 4.9.3 Child Participation

Boys aged 13-17 years from Tawakal Camp said there were boys represented on leadership committees. They also reported that children's clubs for example youth clubs and sports clubs existed where they played football. They stated that the youth clubs supported each other on education issues through youth group representatives. However those from New Doonyaale Camp said there were no boys on the camp committee and that they reported their cases to the camp committee face to face and indicated that there were no children's clubs in the community. Girls aged 13-17 years from Barwaqo and New Doonyaale camps said they were not represented on the camp committee and that there were no children's clubs which could be indicative of limited recreational and decision making opportunities for girls.

Adult women in Tawakal Camp said there was a committee within the camp which they joined upon enrolment. They reported that IDPs chose their leaders with the help of religious and opinion leaders. They confirmed that women formed part of the committee and that in every group of ten there were four women. They pointed out that there were no children on camp committees. They stated that children only involved in school committees where those appointed as prefects and their assistants participated, especially those in upper classes (Class Five to Class Eight). Adult women from Mustaqbal I Camp said there were committees made up of adult men and women, religious leaders and youth. They reported that about 5 members in a committee of 10 would be women.

Adult men from Buulo-Bacley Camp stated that there was a 10 member camp committee comprising of men, women and youth, including a health sub-committee. They reported that members of the committee were voted into office by the camp residents. Three of them were women; however, children were not part of it. Men from Buulo Control said they had a camp committee comprising of men and women who were chosen through voting. They reported that five out of the eleven committee members were women but children were not included. Asked about the roles of the committees and the issues they addressed, the respondents provided the information in Table 29.

**Table 29: Roles of Committees and Issues Addressed**

Camp	Respondent	Role of Committee	Issues Addressed
<b>Tawakal</b>	Adult women	<ul style="list-style-type: none"> <li>✓ Open and close schools</li> <li>✓ Appoint teachers</li> <li>✓ Address the children's needs</li> <li>✓ Ensure security and safety of the schools</li> <li>✓ Ensure cleanliness, general safety of the camps</li> <li>✓ Ensure good sanitation, health and safe water for use</li> <li>✓ Monitor the numbers of people in the camp</li> <li>✓ Work out the vulnerability criteria</li> </ul>	<ul style="list-style-type: none"> <li>✓ Disability issues</li> <li>✓ Ill health</li> <li>✓ Elderly persons' concerns</li> <li>✓ Shelter</li> </ul>
<b>Mustaqbal I</b>	Adult women	<ul style="list-style-type: none"> <li>✓ Distribute donor items</li> <li>✓ Discuss the people's needs</li> </ul>	<ul style="list-style-type: none"> <li>✓ Rape cases</li> <li>✓ Lack of MCH</li> <li>✓ Poor health on the part of children</li> <li>✓ Lack of food</li> <li>✓ Lack of education</li> </ul>
<b>Buulo control</b>	Adult men	<ul style="list-style-type: none"> <li>✓ Meet to discuss needs of the camp population</li> <li>✓ Conflict resolution</li> <li>✓ Discussing solutions to camp problems</li> <li>✓ Link persons between the aid agencies and the IDPs</li> </ul>	<ul style="list-style-type: none"> <li>✓ Lack of food</li> <li>✓ Lack of education</li> <li>✓ Lack of health care</li> </ul>

<b>Buulo-Bacley</b>	Adult men	<ul style="list-style-type: none"> <li>✓ Represent the camp</li> <li>✓ Solve problems within the camp</li> <li>✓ Seek humanitarian aid</li> <li>✓ Make themselves aware of needs of the population</li> <li>✓ Distribute provisions from aid agencies</li> </ul>	<ul style="list-style-type: none"> <li>✓ Means of transport to hospitals for women in labour</li> <li>✓ Teachers' pay</li> </ul>
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Adult women from Tawakal Camp said they were satisfied with the support that the committee offered even though overwhelmed by the needs of the IDP population. Their peers from Mustaqbal I Camp said the committee did not deal with their issues because it relied on the aid agencies yet sometimes support was limited. Adult men from Buulo-Bacley and Buulo Control Camps said the committee dealt with their issues to their satisfaction.

Both male and female leaders from Maduuna and Barwaqo camps and Iftar Kale and Maduuna camps respectively said committees existed in the camps whose members, according to the male leaders, were chosen through voting. Women, men and youth were members of the committees. The committee in Maduuna Camp had 7 female members while the committee in Barwaqo Camp had 5 female members. The male leaders said the Iftar Kale Camp committee had 3 women and the youth were also represented. Female leaders (Ifatar Kale Camp) stated the following as the role of the committee:

**Box 3: Role of Camp Committees**

- ✓ Receive population needs
- ✓ Buy water for the camp
- ✓ Conflict resolution
- ✓ Welfare issues for the disabled through contributions
- ✓ Solve problems within the camp
- ✓ Maintain law and order
- ✓ Mediation
- ✓ Reporting to police
- ✓ Represent the camp

The male youth said they were represented in the leadership of the Ala-Amin Camp while female leaders from Buulo Control Camp said they were not involved in the leadership of the camp. They stated that they met the camp committee face to face to share their concerns. Both male and female youth said there were youth clubs in their communities. The male youth said two groups existed which helped each other and acted on behalf of the committee whenever they were absent. They acknowledged that women were part of the committee. The female youth said they had also constituted two youth groups, one each for male and female youth. The youth group for females was involved in cultural plays while the group for male youth played football.

The existence of camp committees that have equal representation of women and men is a good practice which should be progressively strengthened through capacity building. The committees should undergo comprehensive training on children's rights and cardinal protection concerns in a camp setting. Representation of both male and female youth on the committees should be enhanced as well as devising methods that permit the participation of children. Tawakal Camp appeared to be having participatory governance and leadership approaches and structures that other camps could emulate.

## 4.9.4 Access to Education

### 4.9.4.1 Access to Schools and Non-Formal Education Centres

Boys aged 13-17 years from Tawakal Camp said eleven of them attended school. However their male and female peers from New Doonyaale and Barwaqo camps said none of them went to school. Table 30 presents information on nearby schools according to responses from boys and girls aged 13-17 years.

**Table 30: Nearby Schools**

Camp	Sex	Type of School				How many?
		Primary		Secondary		
		Yes	No	Yes	No	
Tawakal	Boys	✓			✓	1
New Doonyaale	Boys				✓	
Barwaqo	Girls		✓		✓	
New Doonyaale	Girls				✓	

Boys aged 13-17 years from Tawakal Camp said the primary school was 5minutes away while the secondary school was 2hours away. They reported that there was public transport from Galkaacyo Town but it was distant. Asked if there were other places other than the formal schools where boys went for learning, they answered in the affirmative, mentioning madrasa where they learned the Quran. Boys and girls aged 13-17years from New Doonyaale and Barwaqo camps said there were no places of learning apart from formal schools.

### 4.9.4.2 Levels School Enrolment and Barriers

Regarding how many among them attended school, boys aged 13-17 years from Tawakal Camp said eleven of them attended school. Boys and girls from New Doonyaale Camp as well as girls from Barwaqo Camp said none of them attended school. The boys aged 13-17years from New Doonyaale and Tawakal camps cited lack of schools and fees to pursue education as reasons for not going to school. Girls aged 13-17 years from Barwaqo Camp attributed their not attending school to absence of schools whereas girls from New Doonyaale Camp cited lack of transport as the main hindrance.

Male and female leaders said the reason for both boys and girls not attending school was lack of fees. The female adults added that besides girls also had to help with household chores to enable their mothers go to the market to fend for the family. Both male and female leaders added that there were no other learning opportunities besides the formal school system. They said that disabled and orphaned children as well as those who married early were discouraged from attending school. Female leaders added lack of basic needs at the family level and unwillingness of parents to send children to school as other barriers. They did not attribute the number of teachers in the school to the current drought since there had been no changes. According to the leaders, lack of fees, schooling materials due to low or complete lack of income, and shortage of finances to pay teachers were the main constraints facing the education sector.

### 4.9.4.3 Learning Environment

Boys aged 13-17 years from Tawakal Camp mentioned their favourite activities in school as learning Maths and English. They said they liked learning because it would help them in future as well as enable them to sing and make friends. According to male leaders Maduuna and Barwaqo camps the subjects

taught in school were Arabic, Somali, English language, Mathematics and Science. Female leaders added that the schools are managed by the community and they also taught religion. The leaders (male and female) reported that there were no children attending secondary school while there were slightly more boys than girls who attended primary school.

On changes and improvement at their school, the boys aged 13-17 years from Tawakal Camp said they would have liked additional schools, establishment of a cafeteria, changing physical structures to modern ones, planting trees, changing paintings, increasing the number of water points, and getting more toys for playing. They reported expulsion as one of the problems they had with their teachers.

#### 4.9.4.4 Schooling for Children with Disability

Boys aged 13-17 years from Tawakal Camp confirmed that there were children with disability in the camps, citing those with mental illnesses, sight impairment and loss of limbs whom they estimated to be about 20 in number. Boys of the same age from New Doonyaale Camp said 10 boys and 1 girl suffered from physical disability, 10 boys and 1 girl had their sight impaired, and 5 were deaf. Girls aged 13-17 years from Barwaqo Camp said 6 boys and 4 girls were deaf, 5 girls and boys were blind, and 10 boys were physically disabled whereas girls from New Doonyaale Camp said 7 boys and 3 girls were physically disabled. All of them said children with disability neither went to school nor did they get education elsewhere. Some male and female leaders said there were schools in their locations (Table 31). The proximity of camps to each other allowed some camps to share schools.

**Table 31: Existing Level of Schools**

Type of School	Male leaders from Maduuna and Barwaqo Camps		Female leaders from Iftar Kale and Maduuna Camps		How Many?
	Yes	No	Yes	No	
Primary		x	x		1
Secondary		x		x	
Non-formal		x		x	

Male youth aged 18-24 years from Ala-Amin said they did not attend school while three female youth from Buulo Control said they attended vocational training. In regard to the number of schools present in their communities, the male and female youth mentioned the ones in Table 32.

**Table 32: Institutions in Existence**

Camp and Sex	Type of Institutions	Boys		Girls		How Many?
		Yes	No	Yes	No	
Boys from Tawakal Camp, female youth from Buulo Control Camp.	Primary	x				1
Female youth from Buulo Control Camp, male youth from Ala-Amin Camp; boys from Tawakal and New Doonyaale camps; girls Barwaqo and New Doonyaale camps.	Secondary				x	
Female youth from Buulo Control Camp, male youth from Ala-Amin Camp; boys from Tawakal and New Doonyaale camps; girls from Barwaqo and New Doonyaale camps.	Colleges				x	
Female youth from Buulo Control Camp.	Vocational training centres			x		1

Male youth from Ala-Amin Camp said they walked for one hour to the primary school while female youth from Buulo Control Camp said it took them two hours to reach the vocational training centre. The female youth said there were no non-formal institutions for their learning while the male youth mentioned madrasas and Arabic language. The female youth who went to school from Buulo Control Camp said their favourite activities were sewing, henna and cooking. They said the school should be expanded to accommodate more children and reported that they have never encountered problems with their teachers or instructors. Both male and female youth from Ala-Amin and Buulo Control camps said disabled children did not go to school except attending madrasa sessions.

#### 4.9.4.5 Current Interventions

Several developed partners are involved in supporting basic education and vocational training interventions. GECPP said they supported school programs; for example, essay writing and drama and arts for both boys and girls. Their focus on the youth involved equipping male youth with skills such as carpentry and welding while female youth learnt tailoring, computer and other vocational education skills. MOWDAFA advocate for education and recreation activities for boys and girls as well as the right to education for the youth. SBACO build education centres for boys and girls, and male and female youth whereas SCI enrolled boys and girls and male and female youth in school besides supporting them with learning materials. SWCRPO reported that they advocated for the education of boys and girls, especially those who dropped out of school due to drought related issues.

Educational opportunities that would promote access to quality and affordable education are limited in the camps. Only Tawakal Camp appears to behaving an education system that can be relied although the distance to the secondary school is a constraint. Barriers like school fees are likely to worsen during the drought as resources are channelled towards livelihood needs. This can be addressed through scrapping of school levies especially during this drought season and strengthening school feeding programmes. There should be specific focus on children with disability and those who have dropped out in order promote equitable access to education. Households should be sensitized on division of labour so that girls are not overworked to an extent that they miss out on education.

### 4.9.5 Health

#### 4.9.5.1 Disease Burden

The main health challenges that children and women faced according to the respondents are shown in Table 33.

**Table 33: Main Health Problems for Women and Children**

Camp	Respondent	Children	Women
<b>Tawakal</b>	Adult women	<ul style="list-style-type: none"> <li>✓ Malnutrition</li> <li>✓ Fever</li> <li>✓ Diarrhoea</li> <li>✓ Coughs</li> <li>✓ Snake bites</li> <li>✓ Scorpion stings</li> </ul>	<ul style="list-style-type: none"> <li>✓ Bleeding as a result of pregnancy, child birth and FGM</li> </ul>
<b>Mustaqbal I</b>	Adult women	<ul style="list-style-type: none"> <li>✓ Diseases (measles, diarrhoea, cough, nerve system problems)</li> </ul>	<ul style="list-style-type: none"> <li>✓ Back pains</li> <li>✓ Diabetes</li> <li>✓ Blood pressure</li> </ul>
<b>Buulo-Bacley</b>	Adult men	<ul style="list-style-type: none"> <li>✓ Diarrhoea</li> <li>✓ Chicken pox</li> </ul>	<ul style="list-style-type: none"> <li>✓ MCH services</li> </ul>
<b>Buulo-Control</b>	Adult men	<ul style="list-style-type: none"> <li>✓ Disabilities</li> <li>✓ Malnutrition</li> </ul>	<ul style="list-style-type: none"> <li>✓ Stress</li> <li>✓ Maternal deaths</li> </ul>

<b>Community leaders</b>	Male leaders	<ul style="list-style-type: none"> <li>✓ Diarrhoea</li> <li>✓ TB</li> <li>✓ Measles</li> </ul>	<ul style="list-style-type: none"> <li>✓ Bleeding</li> <li>✓ High blood pressure</li> <li>✓ MCH services</li> </ul>
	Female leaders	<ul style="list-style-type: none"> <li>✓ Measles</li> <li>✓ Chicken pox</li> <li>✓ Diarrhoea</li> </ul>	<ul style="list-style-type: none"> <li>✓ Infections</li> <li>✓ High blood pressure</li> <li>✓ Malnutrition</li> </ul>

#### 4.9.5.2 Availability of Health Services

Adult women from Tawakal Camp said the only health service available to them was a pharmacy that is owned by an individual whereas those from Mustaqbal I Camp said there were no health facilities around. Male adults from Buulo-Bacley Cap mentioned Galkaacyo General Hospital (GGH) and Galkaacyo Medical Centre (GMC) while those from Buulo Control Camp mentioned Abdukadir Health facility that was managed by the camp committee. Medical services provided and their respective locations are indicated in Table 34.

**Table 34: Health Care Service Providers**

Camp/ Respondent	Simple General Medical Care	Emergency Medical Care	Operations	Female Specific Medical Care (i.e. maternity, female problems)	Special Child Specific Medical Care
<b>Adult women Tawakal</b>	GGH, GMC	GMC	GGH, GMC	GGH, GMC	GGH, GMC)
<b>Mustaqbal I</b>	GGH	GGH, GMC	GMC	GGH, GMC, TBAs	GGH
<b>Adult men Buulo-Bacley</b>	GGH	GGH	GGH	GGH	GGH
<b>Adult Men Buulo-Control</b>	GGH, Gal-Mudug	GGH Gal-Mudug	GMC	GGH	GGH
<b>Male Leaders</b>	GGH	HHG	GGH	TBA, GGH	GGH
<b>Female Leaders</b>	GMC, GGH	GMC, GGH	GMC,GGH	HMC, GGH	GGH, GMC

#### 4.9.5.3 Accessibility and Affordability of Health Facilities

Adult women from Tawakal Camp said the nearest hospital was so far that sometimes women in labour delivered on the way. They also reported that community members who suffered from snake bites sometimes died especially died on the way to hospital due to the distance. Adult women from Mustaqbal I Camp said the nearest health facility was 4 kilometres away whereas adult men from Buulo Control Camp said the nearest hospital was 3kilometres away while their counterparts from Buulo-Bacley Camp reported covering a distance of 2 kilometres to access the nearest hospital. Male leaders from Maduuna and Barwaqo camps said Maduuna Camp and Barwaqo Camp were 13 kilometres and 5 kilometres away, respectively while female leaders said Iftar Kale was 13 kilometres away. The male leaders said they paid for the services unlike before when they were free but the female leaders said more medical services had been made available.

#### 4.9.5.4 Quality of Health Care

Adult women from Tawakal Camp confirmed that the quality of health services had changed since the onset of the current drought. They said queues at hospitals were so long that patients would be turned away at times. Adult women from Mustaqbal I Camp said the quality of services had changed because they got affordable treatment even though the health facility was overwhelmed by the number of patients. Adult men from Buulo-Bacley Camp said availability of services had changed since they now

had to pay to access treatment while those from Buulo Control Camp said the quality of services had changed because their needs are met.

#### **4.9.5.5 Traditional Practices**

Existence of traditional birth attendants who could help with delivery of babies in the community was acknowledged by adult women from Tawakal and Mustaqbal I camps and adult men from Buulo-Bacley and Buulo Control camps.

Traditional methods of treatment related to children's health were also noted in the IDP community. Adult women from Tawakal Camp said children were massaged, given traditional medicine and heated on their stomachs to treat stomach problems. Their peers from Mustaqbal I Camp mentioned administration of water with lemon in cases of diarrhoea, heating the stomach of the child to treat stomach problems, and making incisions on the stomach of the child. Adult men from Buulo Control Camp said a child had to cry in order to be declared healthy and that she or he was not to be moved round outside the home.

#### **4.9.5.6 Nutrition**

Regarding local practices related to breast feeding and pregnancy, adult women from Tawakal Camp said a pregnant woman was not allowed to go/sleep outside because there was a bird that might afflict her with bad omens. They added that little children had some paint smeared on their heads to prevent them from getting sick as a result of being carried by other people who might be using perfumes or letting out body sweat. They observed that breast feeding should be practised for two years and that the child must take water and other forms of mild food while breast feeding. Adult women from Mustaqbal I Camp said expectant women should eat sweet foods during their first trimester and also eat more meat, fresh fish and milk. On their part adult men from Buulo-Bacley Camp said a mother was not allowed to breast feed immediately after delivery and that she had to take traditional medicine, a view echoed by adult men from Buulo Control Camp. They added that some traditional medicine was smeared on the child's head and body while some were given to the child to drink.

Boys aged 7-12 years from Salama I Camp said they ate beans and rice offered by their parents and relatives. They said they would have liked to eat meat, pasta, fresh fish, milk, and take clean and cold water. Boys of the same age from Ala-Amin I said they ate *anjera* and tea but would have liked to eat liver and soup provided by their parents. Girls from Ala-Amin I Camp aged between 7 and 12 years said they ate foods like rice, pasta and meat provided by their parents, mostly their mothers. They would have liked to eat more meat and fish which GRT should provide. Girls aged 7-12 years from Tawakal Camp said they ate *anjera* provided by their parents. They indicated that they would have loved to eat meat provided by their parents.

GCEPD reported that they took both boys and girls to hospital for nutritional care and also handled case management of nutritional issues. MOWDAFA Advocated for provision of food suitable for children and youth, both boys and girls as well as the male and female youth. SCI gave nutritional foods to children and food aid to the youth. The Somali Women Concern Renalization Peace Organization (SWCRPO) said they addressed malnutrition in children, both boys and girls.

#### **4.9.5.7 Health Priorities**

The two most pressing health challenges related to health services that needed prioritisation according to the respondents were as indicated in Table 35:

**Table 35: Main Health Problems**

Camp	Respondent	Health Issues
<b>Tawakal</b>	Adult women	<ul style="list-style-type: none"> <li>✓ Lack of health facilities, doctors and nurses</li> <li>✓ Lack of maternity wings</li> </ul>
<b>Mustaqbal I</b>	Adult women	<ul style="list-style-type: none"> <li>✓ MCH</li> <li>✓ General hospital</li> </ul>
<b>Buulo-Bacley</b>	Adult men	<ul style="list-style-type: none"> <li>✓ Diarrhoea</li> <li>✓ Chicken pox</li> <li>✓ Pneumonia</li> </ul>
<b>Buulo Control</b>	Adult men	<ul style="list-style-type: none"> <li>✓ General hospital</li> <li>✓ Pharmacy</li> </ul>
<b>Community leaders</b>	Male leaders	<ul style="list-style-type: none"> <li>✓ Establishment of a general hospital</li> <li>✓ MCH</li> <li>✓ Pharmacy</li> </ul>
	Female leaders	<ul style="list-style-type: none"> <li>✓ Diarrhoea</li> <li>✓ Chicken pox</li> </ul>

#### 4.9.5.8 Current Interventions

There are several development partners who are currently involved in mitigating the health situation in the camps to prevent deterioration. GECPD are facilitating access to health care for boys and girls and they also take male and female youth to hospital. The organization reported that they further provide livelihood support to female youth. MOWDAFA said they use mobile phones to access medical care for both boys and girls and give male and female youth medical assistance. They also create awareness on the need for girls to deliver babies in hospitals. SBACO reported that they distribute drugs for both boys and girls and they support both male and female youth to access health facilities. SCI support boys and girls to access medical care and counselling, and also facilitate access to health care for both male and female youth. SWCRPO addresses malnutrition in boys and girls whereas UNCHR liaise with the Ministry of Health, SCI and GMC to carry out mobile clinic health services for both boys and girls.

There is need for specific focus on children's health priorities such as malnutrition and symptoms of cholera such as diarrhoea in light of the current drought. Sensitization of the adult population on child health concern should be prioritised. Access to health services does not seem to be quite a challenge but strengthening capacity is critical in order to expedite services to high numbers of patients triggered by the drought. Levies at hospitals should be eliminated due to the economic constraints associated with the drought. The role of traditional health practices and cures in the context of child health should be monitored to ensure children are not denied appropriate medical care. Similarly, maternal and child health practices (pregnancy and breastfeeding) should adhere to established protocols to avoid increased mortality during the drought.

#### 4.9.6 Food Distribution

Adult women from Tawakal Camp said WFP distributed food every 6 months while GRT did it monthly. On their part, adult women from Mustaqbal I Camp said GRT and WFP distributed food items monthly and weekly, respectively. Adult men from Buulo Control and Buulo-Bacley camps said there was no food distribution.

Adult women from Tawakal Camp said only about 50% of them received food distribution based on vulnerability status e.g. disability, orphan hood, elderly persons and minority groups. They also said women were involved in the distribution of food items. Adult women from Mustaqbal I Camp said

not all families received food except about 30% of them who had malnourished children and expectant mothers. They confirmed that women were part of the food distribution exercises. Both male and female leaders from Maduuna, Barwaqo, Iftar Kale and Maduuna said there was no food distribution in the camps. SBACO said they gave food items to both boys and girls and to the youth they gave financial aid to be able to purchase food.

The project should focus on strengthening food distribution across all camps, taking measures to ensure that food required for protection of children’s health is prioritized. Community participation in food distribution exercises should acknowledge the role of women and optimize avenues for protection access to food by child headed households and other cases of extreme vulnerability like households catering for children with disability. The intersection between maternal and child health should be addressed as part of the food distribution strategies, including ensuring adolescent girls have access to appropriate feeding. Food was consistently ranked as a priority need by all community members which should be properly distributed to mitigate consequences of the drought.

#### 4.9.7 Water

Male leaders from Barwaqo and Maduuna said there was no water in Barwaqo Camp while Maduuna Camp had taps and bore holes but there was no water. Male and female leaders said Iftar Kale Camp had piped water which was safe for drinking although it had reduced due to drought. All actors should ensure the camps have access to sufficient amounts of water as per Sphere standards during the drought season. This will forestall increased vulnerability to diseases like cholera as a result of compromised hygiene standards. Schools and CFS facilities which host children much of the time should be supplied with adequate water.

#### 4.9.8 Child Friendly Space

Three child friendly spaces were observed at Salama 1 and Salama 2, Ala-Amin and Tawakal Camps. The CFSs had boys and girls as shown in Table 36.

**Table 36: Child Friendly Space**

Camp	CFS Population		Equipment
	Girls	Boys	
Salama 1 & 2	34	33	Swings, balls, and building blocks
Ala-Amin	35	32	
Tawakal	34	32	Football and building blocks
<b>Total</b>	103	97	

Sickness and family issues where a child would be retained home to take care of his/her siblings were cited as reasons why some children were absent from the CFSs. Children at Salama 1 and 2 camps sat on mats but the space was small and the room was hot because it was made of iron sheets and temperatures were high. CFSs at Ala-Amin and Tawakal camps had little space, no chairs or tables, and children sat on mats. The CFS were however clean. Latrines were also clean and safe except that both boys and girls used the same ablution facilities. It was observed that equipment in the CFS was used except for Tawakal Camp where there were unused books and balls. The persons responsible for the day to day activities at the CFS included focal points, watchmen, cooks, cleaners, and facilitators. The caretakers said they were happy and satisfied due to the safety of the children while at the centre.

There were no parents present during visits to the selected CFSs. The children were however happy, healthy and very active. Caretakers observed that the children were improving in health even though some had been referred for counselling due to psychosocial challenges. Caretakers at the Tawakal Camp said they had noticed that children were happy because they had food and were kept away from the streets. They also related well as bonding was part of learning. The caretakers at Ala-Amin Camp said the children were more disciplined and had learned new things.

The CFS management said they had not received any supplies from the education authorities, including the Government. They pointed out that they are not supported by any other organization except GRT which gave them food items, stationery and play equipment for the children.

All CFS caretakers acknowledged having seen children of school going age not attending school because their parents could not enrol them. The schools were also far away while some were kept home by their parents to help with work, and others were living with disability. The centres had limited funding and those children that could be taken in by the GRT were between the ages of 4 to 8 years who had already overstretched the institutions.

The Tawakal CFS leadership mentioned hygiene kits as part of the support that they need. They also urged parents of children to take up IGAs in order to enhance their capacity to provide for the children. Salama 1 and 2 CFS management said they needed a perimeter wall / fence to keep the children within the compound and prevent strong winds from blowing away the structure since it was temporary. Ala-Amin 1 and 2 leaders said they needed a playing ground, sports equipment, and clothes.

The CFS as a strategy for protecting children is quite tenable. However improvements should be made to accommodate more children and enhance their security. The physical structures should be improved to make them appropriate for the weather conditions and spacious enough to alleviate the current congestion. The overstretched capacity of the facilities indicates that drought conditions and other factors such as conflict have aggravated the quest for safety. Adequate and acceptable supplies should be provided to facilitate children's right to play and socialize.

#### **4.9.9 Access to Recreation**

Boys aged 13-17 years from Tawakal Camp said they had time to play games like football, hide and seek and racing while girls skipped ropes. Both boys and girls also participated in general knowledge competitions. Together with their male peers and girls from New Doonyaale Camp the boys at Tawakal Camp said they lacked safe places for play in the camps. This was echoed by girls from Barwaqo Camp. Boys of the same age (13-17years) from New Doonyaale Camp said they did not play, citing lack of footballs, play grounds and games kits while girls (13-17years) from Barwaqo and New Doonyaale camps said they did not have time to play due to lack of water, food and shelter, and the latter adding lack of playground.

Children with disability did not mingle and play with the rest instead they were isolated in their homes, according to boys and girls aged 13-17 years. Girls aged 13-17 years from New Doonyaale Camp said they used to play basketball and skipping ropes but presently they did not do it due to lack of play materials while the boys mentioned football and traditional games as some of the games that they could no longer play.

Adult women from Tawakal Camp said boys between 5-11 years spent their time fetching water, collecting firewood and playing while the girls washed, cleaned and cooked. Both boys and girls washed clothes and cooked. Adult women from Mustaqbal 1 said boys between 5 and 11 years prayed, played

football, cooked, walked to town and returned to the camp while girls stayed at home, cleaned, washed, cooked and played. Boys between 12 to 17 years went to school in town and also worked in order earn income for the family while girls of their age stayed home and learned the holy Quran.

Adult men from Buulo-Bacley Camp said boys played football, shined shoes, soled miraa, and some attended school/madrassa while others did petty jobs. They reported that girls aged 5-11 years helped parents raise siblings, sold small items and miraa, worked as baby sitters, and fetched water. On their part boys aged 12-17 years attended schools, worked at construction sites, garages and also pushed wheelbarrows while the girls of their age married, worked as house helps, collected miraa, fetched water and did household chores. Adult men from Buulo Control Camp said the boys aged 5-11 years played football and attended madrassa while girls learned cooking and stayed at home. Boys aged 12-17 years shined shoes and washed cars while girls cleaned, cooked and washed clothes.

Adult women from Tawakal and Mustaqbal I camps said children had time to play. Those from Tawakal Camp said the most common games that children played were football, chasing after each other, skipping ropes, and swinging while those from Mustaqbal I Camp mentioned football and traditional games. They reported existence of safe spaces for children to play in Tawakal Camp but said such were not available in Mustaqbal I Camp as the trees they played under sometimes hurt them. Adult men from Buulo Control and Buulo-Bacley camps said children had time to play and that the most common games they played were football, dice and hide and seek, as well as skipping ropes. Men from Buulo-Bacley Camp said there were safe places for children to play while those from Buulo Control said the places were not safe places due to conflict.

**Table 37: Child Care Centre Lesson Plan**

<b>MONTHLY LESSON PLAN FOR PSS-ACTIVITIES IN THE THREE DAY CENTERS</b>				
	<b>WEEK 1</b>	<b>WEEK 2</b>	<b>WEEK 3</b>	<b>WEEK 4</b>
<b>THEME</b>	Social Cooperation	Emotions	Communication	Trust
<b>DAY 1</b>	Getting to know each other	What are emotions?	Verbal Communication	Trusting each other (Part 1)
<b>Activity 1</b>	Name Game	Cover the Space	The messenger	Back to back
<b>Activity 2</b>	Chase Ball	The Mirror	Folding papers	Driver and car
	Individual in the group	Emotions and Reaction (Part 1)	Non Verbal Communication	Trusting each other (Part 2)
<b>Activity 3</b>	The Rules	Preparation of Role Play	Listening to each other	Group lap
<b>DAY 2</b>	Individual in the group	Emotions and Reaction (Part 1)	Non Verbal Communication	Trusting each other (Part 2)
<b>Activity 1</b>	Bill Board	Mrs. Mamboleo	Guess who?	Blind ride
	Differences and similarities / Working together	Emotions and Reaction (Part 2)/ Emotions and Reaction (Part 3)	Causes of Conflicts/ Solving Conflicts	Looking back/ The closure
<b>Activity 2</b>	Take a seat	Picking Fruits	How to look at it?	What we learned?
<b>Activity 3</b>	Relay	Relay	Solving Conflicts	Solving Conflicts

Male leaders said boys of up to 10 years played football and traditional games while girls of their age just played traditional games. Female leaders added that boys of this age shined shoes, cleaned cars and played while girls did domestic work and cared for their siblings. Male leaders said adolescent boys between the ages of 12-18 purchased miraa from the market while girls of their age left Somalia for Europe, or helped with house chores. The male leaders said adolescent boys spent their time playing football, staying at home and learned the Holy Quran while girls supported with household chores and also played. Female leaders said boys did construction work and repairs while girls engaged in casual labour, cleaned, did laundry and married.

Both male and female youth said there were no recreational activities in the learning centres but concurred that there were safe places in the camp for socialization. Male youth mentioned chitchat and football games as the most common games they took part in while female youth mentioned traditional games. The female youth said they did not engage in play a lot because they had to support with house work while male youth reported that they played dice. Male youth reported that children with disability joined others when playing while female youth said they only played among themselves.

There is need to ensure children with disability consistently have access to recreation opportunities and their uptake is leveraged through appropriate policies and facilities. Efforts should be made to integrate children with disabilities in the play and recreation preference of their children. The gender dimension of engaging with children with disability should be recognized so that boys and girls are not homogenously lumped together in their status of vulnerability. Noticeably, boys have access to outdoor recreation platforms unlike girls who are confined to domestic options. This is partly because girls would also be minding domestic chores even as they pursue play and recreation. Concerns about the autonomy and safety of girls in the public domain could also underlie the restriction in engaging in play and recreation outside of the immediate home environment. Measures should be put in place to ensure both boys and girls are not involved in activities like selling *miraa* since it exposed them potential deviance. The trend of girls leaving for Europe should be examined to ascertain that it has nothing with child trafficking. Adequate and appropriate facilities should be provided for both boys and girls to engage in games meaningfully.

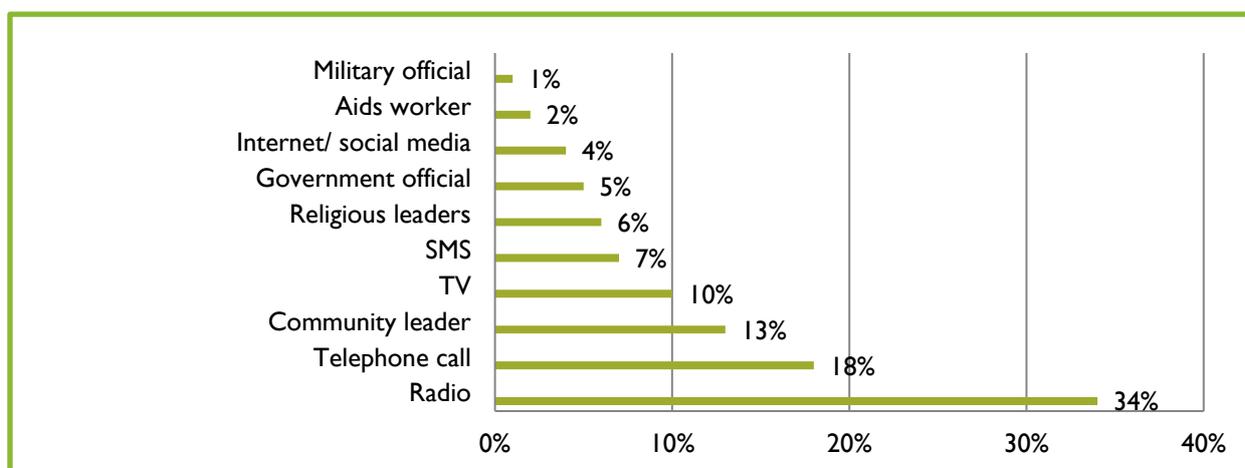
**Table 38: Key Observations and Recommendations**

Key Observations	Recommendations
☞ Access to services is varied across various categories of children that manifest different abilities and limitations.	☞ Strengthen policies and mechanisms to ensure equal participation of children with disability.
☞ Decision making structures exist in the camps	☞ Ensure participation of youth and children in the decision making structures.
☞ Access to sound education is constrained by limited spaces, low quality teaching, fees levies, and unfriendly learning environment.	☞ Abolish fees levies through subsidies and comprehensive capitalization and establish more primary and secondary schools.
☞ The entire health component still has gaps availability, quality, acceptance and affordability that hinder adequate support to children.	☞ Ensure availability of health services in a holistic manner in the camps, including focus on MCH, nutrition and hygiene related conditions like diarrhoea.
☞ Inconsistencies were noted about information on food distribution activities in the camps.	☞ Ensure all key community actors, including women and children are involved in community food distribution decision making, including committees.

☞ Not all camps have access to safe and sufficient drinking water.	☞ Ensure water supply to households meets Sphere standards and target child headed households for supply of storage facilities.
☞ Child friendly spaces are few and congested.	☞ Expand existing CFS and identify appropriate locations for establishment of others, including those with portable equipment.
☞ Equitable access to recreation facilities is lacking.	☞ Ensure adequate supply of recreation facilities in all camps, equal opportunities for recreation for boys and girls and consistent participation of children with disability in recreational activities.

## 4.10 Access to Information and Services

### 4.10.1 Key Sources of Information



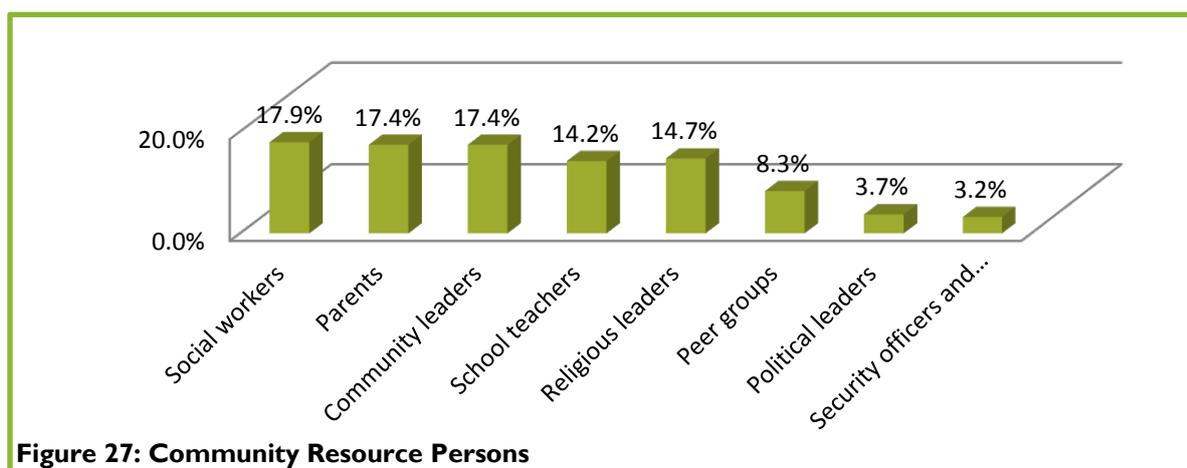
**Figure 26: Key Sources of Information**

Study respondents said the source of information mostly used in the camps was radio (34%), followed by telephone calls (18%), community leaders (13%), T.V (10%) and SMS (7%). The least used source of information was military officials (1%). It is glaring that aid workers (2%) were not considered as a key source of information despite being involved in service provision in the community. Respondents asserted that social media (4%) would be a better source of information than aid workers. The role religious leaders (6%) and community leaders (13%) was recognized by respondents as critical sources of information (Figure 26).

### 4.10.2 Service Providers

Male and female leaders said there were community groups providing services in the area except in Barwaqo Camp since it was a new camp. The male leaders mentioned WFP who provide food items, GRT who are responsible for GBV and CP services, and DRC who build houses. Female leaders mentioned Dagan Relief and Development Organization (DRDO) for food distribution; DRC as providing shelter, soap, and utensils; NRC for provision of shelter and GRT for supply of food for foster families in Maduuna. Both male and female leaders said there were no functional government services in the camps. They cited religious persons and TBAs as sources of help for families.

### 4.10.3 Community Support Mechanisms



The study sought to establish people from the community who provide children with needed support. Accordingly, social workers were ranked highest as the main source of support to children (17.9%), others were parents (17.4%), and community leaders (17.4%). Unlike security officers (3.2%), school teachers and religious leaders were equally ranked at 14.2% and 14.7% (Figure 27).

Use of variety of media outlets to expand access to information by various community groups was noted. These should however be tailored to children’s needs especially during the drought season when children and families experience a heightened need for information on food, protection and shelter. Schools and CFS should be effectively utilized as platforms for dissemination of information to children and families. Overall, the rating of all actors who provide support to children was low, indicating barriers that should be identified and addressed.

**Table 39: Key Observations and Recommendations**

Key Observations	Recommendations
➡ Electronic media are the leading sources of information in the camps.	➡ Strengthen community capacity to access electronic media (solar radios and installation of TVs in social halls).
➡ Government involvement in service provision is not visible.	➡ Strengthen Government capacity for service provision as a sustainable solution.

### 4.11 General Situation of Children

Boys from Tawakal Camp aged 13-17 years said they wished to become famous; for example, being a football player or president. Those from New Doonyaale Camp listed education, food, good shelter and IGAs. Girls from Barwaqo aged 13-17years identified quality education and health care services while girls from New Doonyaale Camp added on to the wish list food, clean water and good lighting. Female youth said they wished for day care centre for children while male youth wished for money, children, education and wives. Female youth said they dreamed about flying to Germany and getting a lot of money while the male youth dreamed of getting married and having a family.

Some boys aged 13-17 years from Tawakal Camp said they had normal dreams while others said they experienced night mares. Those from Doonyaale Camp said they dreamt about someone running after them and also being bitten by a snake. Girls from Barwaqo Camp aged 13-17 years said they dreamed

that they were eating and learning while those from New Doonyaale Camp said they dreamed about riches, marriage, attending school, getting employment and setting up shops.

Asked about the one special message they liked to send to development partners, boys aged 13-17 years from Tawakal Camp talked about construction of secondary schools, health facilities, improvement of sports, building a stadium, installing electricity and closing open pits. Those from New Doonyaale Camp said they were in need of food, good shelter, clothes, MCH and an established general hospital. Girls aged 13-17 years from Barwaqo Camp said they wished to get education, food, hospitals, MCH services, clean water, a market centre, toilets and play ground.

The adult women said due to the distance between camps and the hospital women delivered on the way which often led to death due to post-partum haemorrhage. Girls aged 13-17 years said they would like to get education, food, hospitals, MCH services, clean water, a market centre, toilets and playing ground while a male adult respondent said they needed food, good shelter, clothes, MCH and a general hospital.

As an urgent action point there was need for MCH services in order to curb maternal deaths as women were dying from complications that could clinically be managed for example bleeding. A case was reported of a girl who was raped by her relative and she became pregnant as a result. The community was asking for PSS for these children and their parents to be able to cope with their situations as such cases were rampant

Boys from Salama 1 and 2 camps said they still communicated well with their parents except for those who had been separated from their parents, a view that was also expressed by girls from Ala-Amin 1 and 2 camps while those from Tawakal Camp maintained that due to the war and drought parents had become more protective of them thus strengthening family bonds. Asked about what they disliked, boys from Salama 1 and 2 camps mentioned lack of rain, food and shelter while those from Ala-Amin talked about having to walk for miles in search of food and water. Girls from Ala-Amin 1 and 2 camps said they disliked hunger while those from Tawakal Camp said they disliked the idea of having to leave their friends from their places of origin and only wished for peace to prevail and food to be available in plenty.

**Table 40: Key Observations and Recommendations**

<b>Key Observations</b>	<b>Recommendations</b>
☞ Children are optimistic about their future despite the searing drought and conflict situation.	☞ Use platforms like school to harness the children's potential and skills, including leadership and like skills.
☞ Symptoms of post-traumatic stress are evident among some children who should be targeted for paediatric counselling.	☞ Initiate psychosocial support interventions for children.
☞ The effects of the war and drought are still severe and continue to impact adversely on the lives of the children.	☞ Develop short term and long term interventions that are child and youth centred.
☞ The drought and conflict have created a strong need for strengthening parenting skills.	☞ Initiate evidence based parenting programmes for parents (Families Matter!) <sup>37</sup>

<sup>37</sup> An evidence based parenting programme developed by PATH and KEMRI in Kenya which encourages communication between parents and children.

## 5.0 Discussion

This section of the report presents a synthesis of the report in accordance with the objectives that guided the assessment.

### 5.1 Status of Children's Needs and Protection Concerns

The study established several pertinent issues regarding the current status of children and youth in the various camps in light of the drought and the protracted conflict. The camps are still receiving an influx of children from diverse locations, including neighbouring countries like Ethiopia. The comparatively better services in the camps have triggered the influx that draws movement of populations from even host community settings. Children who are separated and unaccompanied across all ages are among those who are drifting into camps. Similarly, populations drifting out of the camps are significant as a result of disenchantment with the conditions in the camps. It is also evident that huge family sizes have contributed to the constraint that families are facing during the drought as most families were reported to be having between 5 -7 dependent children. Reportedly, majority of the separated and missing children are girls which puts them at risk of sexual violations. Losing parents or caregivers/children during relocation, death of parents/caregivers and caregivers willingly sending their children to institutional care are the main factors cited for the exodus of children to the camps. Abandoned, disabled and orphaned children were widely cited by all study respondents as the most vulnerable who have benefitted from the foster care provided by willing community members. Documentation aimed at tracking and tracing missing and separated children was a noticeable gap in the current responses besides lack of institutional mechanisms for caring for the children. Women and men and to some extent youth participate in camp management structures but children have been completely marginalized.

The camp environment is replete with physical dangers that put children's lives at risk. Objects such as razors, wires and electric cables, and car accidents are among the leading causes of the dangers that children face in camps. Starvation disappearance and existence of unexploded objects are similarly critical sources of risk for children in the camps. Community members acknowledge the children face the highest risk while in camps and while on their way to school. Vectors are an equally significant source of danger for children especially during the drought season when foraging by children takes them away from the safety of homes. Violent risks were also acknowledged, including sexual and domestic violence that mostly affected women and girls. Gunshots and general violence and lawlessness made the camps risky for children, a situation that gets worse with the drought as they eke out a living through desperate means. Risky places for children were reported as play grounds, camps (outside the house), and on their way to school. Children were also indicted as perpetrators of violence which could spike during the drought due to heightened desperation and destitution.

Sexual violence is reported to have increased by almost two-thirds since the onset of the drought. Majority of the survivors of acts of rape and attempted rape are girls but victimization of boys was also acknowledged. The vulnerability of girls is apparently associated with their gender roles like collecting firewood and fetching water. It was also noted that gender based violence occurred on a significant level in domestic settings mostly due to the ill-disposition of men for compromised ability to provide for their families. Harmful traditional practices such as child marriage have similarly escalated. Majority of the survivors of sexual violence and other forms of gender based violence sought support mostly from parents and other family members. Although mothers were the most widely preferred source of interventions to address sexual violence, social workers, health workers and religious leaders were also recognized as critical response actors. An attitude of normalization of acts

of sexual violence and weak institutional structures to provide effective deterrents are some of the factors that underpin girls' vulnerability.

Study findings vouched for occurrence of child labour which mostly involved domestic and farm work. The magnitude of child labour is likely to expand in light of the severe drought that has constrained livelihood choices for households. Emergence of new forms of child labour beyond traditional work as domestic staff validates the impact of the drought on the community. It was pointed out that most of the child labour victims do it themselves in order to earn a living for themselves and their families but they also did it the behest of their families. Child labour could therefore amount to exploitation of children by families as way of coping with the livelihood adversities occasioned by the drought. Paucity of information on child labour is major barrier to formulation and implementation of interventions.

Susceptibility of children to activities of armed groups is a recognized threat especially as the severity of the drought deepens. The study established that despite low indication of children, mostly boys, being sucked into schemes of militant formations, the propensity to involve children in armed activities should be addressed. Child care institutions, camps, schools and open places along roads were identified as sites where the recruitment of children takes place. An increase in recruitment activities and the disappearance of children are manifestations of clandestine activities that seek to draw children into armed conflict activities. Family and child care institutions should be strengthened to ensure they monitor the movement of children and are involved in measures aimed at reclaiming children who have been lured into existing formations of militancy in camps and host community.

The psychosocial well-being of both children and adults during the drought period is an integral prerequisite to their resilience in the face of the drought. Children intimated that most of their worries revolve around potential attacks, food and shelter. Experiences of sexual violence were also cited especially by girls as a source of their psychosocial challenges. Lack of food, lack of access to education, lack of shelter, sexual violence and getting hurt during attacks were similarly articulated by caretakers as their main source of stress and anxiety. Food shortage as a result of the current drought situation would therefore aggravate the psychosocial experiences of both children and adults. This should be alleviated in order to forestall the attraction of children to escapist delinquent behaviour, including drug and substance abuse as a coping strategy. Importantly, both children and adults remain optimistic that the situation will improve, emphasizing education, food security and reduction in violence as some of the areas where they would wish to witness amelioration.

Capacity to address children's needs is apparently weak in the camps. One of the contributing factors is the dearth in relevant skills for child protection in a holistic manner. Reportedly, teaching is the only skill that attracts over 25% of human resource people with the requisite skills. The skill to keep children safe was lowly rated, meaning there is need for building the capacity of actors to respond to protection challenges including those that specifically emerge out of the drought disaster. Equally inadequate is children's access to services. The most affected children, according to respondents, among them children themselves, are children with disability, children from poor backgrounds, sick children and those under the care of elderly parents and caregivers. Sectoral challenges faced by children and youth are as indicated in Table 41.

**Table 41: Sectoral Challenges Faced by Children and Youth**

Sector	Challenges
<b>Education</b>	<ul style="list-style-type: none"> <li>• Inadequate availability of both primary and secondary schools, and vocational training centres.</li> <li>• The distance between home and school (lack of transport) – famished children are too weak to walk long distances.</li> <li>• Fees and related levies – most households are prioritizing food due to drought.</li> <li>• Girls being involved in household work which has become more demanding as they have to walk long distances to fetch water and collect firewood.</li> <li>• Lack of resources to pay teachers and purchase materials required for effective teaching.</li> <li>• Unwillingness of parents to send their children to school.</li> <li>• School learning environment that is used for recruitment of militants and that has been associated with perpetration of sexual violence.</li> </ul>
<b>Health and Nutrition</b>	<ul style="list-style-type: none"> <li>• High disease burden including malnutrition.</li> <li>• Few and distant health facilities.</li> <li>• Payment for health services.</li> <li>• Superstitions and traditional beliefs do to with child care</li> <li>• Lack of balanced diet –shortage of food due to drought and conflict.</li> </ul>
<b>Food distribution</b>	<ul style="list-style-type: none"> <li>• Inadequate supply of food</li> <li>• Lack of participation by some sections of the population e.g. leaders and some men.</li> <li>• Lack of variety of food</li> </ul>
<b>WASH</b>	<ul style="list-style-type: none"> <li>• Inadequate water supply in some camps due to drought</li> <li>• Cholera outbreaks</li> <li>• Dangerous objects and vectors in camps and environs.</li> </ul>
<b>Childcare and recreation</b>	<ul style="list-style-type: none"> <li>• Few and congested child friendly spaces.</li> <li>• Child friendly spaces lacking furniture and other amenities, including routine supplies and sports equipment</li> <li>• Lack of facilities and equipment for the recreation of children (foot balls, etc.).</li> </ul>
<b>Access to information and services</b>	<ul style="list-style-type: none"> <li>• Limited access to information through community level outlets such as religious leaders and aid workers</li> <li>• Limited role of government in the provision of services.</li> <li>• Lack of information about mandate and service provision obligations of aid agencies.</li> </ul>

The situation of children in the camps in light of the drought remains dire and calls for urgent interventions to alleviate their exit from the normal developmental pathway. They need food, education, secure home and community environment, and reassurance that their future is a societal priority. The youth are equally in a precarious position where inadequate opportunities and unemployment have compromised their ability to provide for their families and live in dignity and social and physical security.

## 5.2 Priority Needs of Assessed Population (Immediate, Medium and Long Term)

The foregoing situation of children, youth and adults require immediate interventions through the concerted efforts of diverse stakeholders. The following measures are proposed according to the findings of the study (Table 42).

**Table 42: Priority Needs of Assessed Populations**

Population	sex	Priority Need			Comment
		Immediate	Short Term	Long Term	
Children	Boys	<ul style="list-style-type: none"> <li>✓ Food and water</li> <li>✓ Shelter</li> <li>✓ Healthcare support (malnutrition, cholera and MNCH)</li> <li>✓ Security</li> </ul>	<ul style="list-style-type: none"> <li>✓ Education</li> <li>✓ Environmental sanitation</li> <li>✓ Reunification and foster care</li> </ul>	<ul style="list-style-type: none"> <li>✓ Recreation</li> <li>✓ Participation</li> <li>✓ Life skills</li> </ul>	<ul style="list-style-type: none"> <li>✓ Make the response camp specific</li> <li>✓ Address the specific plight of children with disabilities, separated, orphaned, sick children, and children with histories of involvement in military activities.</li> <li>✓ Tailor responses to specific age categories of children.</li> </ul>
	Girls	<ul style="list-style-type: none"> <li>✓ Food</li> <li>✓ Shelter</li> <li>✓ Healthcare support (malnutrition, cholera and MNCH)</li> <li>✓ Security</li> <li>✓ Address sexual violence</li> </ul>	<ul style="list-style-type: none"> <li>✓ Education</li> <li>✓ Environmental sanitation</li> <li>✓ Reunification and foster care</li> </ul>	<ul style="list-style-type: none"> <li>✓ Recreation</li> <li>✓ Participation</li> <li>✓ Life skills</li> </ul>	
Youth	Male	<ul style="list-style-type: none"> <li>✓ Food and water</li> <li>✓ Shelter</li> <li>✓ Healthcare</li> </ul>	<ul style="list-style-type: none"> <li>✓ Vocational training</li> <li>✓ Employment / source of income</li> <li>✓ Security</li> <li>✓ Access to information</li> </ul>	<ul style="list-style-type: none"> <li>✓ Life skills</li> <li>✓ Parenting skills</li> <li>✓ Leadership and participation</li> </ul>	<ul style="list-style-type: none"> <li>✓ Address diversities based on age, sex, ability.</li> </ul>
	Female	<ul style="list-style-type: none"> <li>✓ Food and water</li> <li>✓ Shelter</li> <li>✓ Healthcare</li> <li>✓ Address sexual violence</li> <li>✓ Security</li> </ul>	<ul style="list-style-type: none"> <li>✓ Vocational training</li> <li>✓ Employment / income generation</li> <li>✓ Access to information</li> </ul>	<ul style="list-style-type: none"> <li>✓ Life skills</li> <li>✓ Parenting skills</li> <li>✓ Leadership and participation</li> <li>✓ Sexual and reproductive health</li> </ul>	

### 5.3 Existing Formal and Informal Support and Psychosocial Services for Vulnerable Children and Youth within the Targeted Locations

Table 43: Existing Formal and Informal Support

Name of Service Provider	Camp	Mandate		Services
		Formal	Informal	
<b>Save the children International</b>	All	x		<ul style="list-style-type: none"> <li>▪ Child Protection</li> <li>▪ Funds transfers</li> <li>▪ Distribution of food aid</li> <li>▪ Health care support</li> <li>▪ Nutritional support</li> <li>▪ Counselling services</li> <li>▪ Legal support</li> <li>▪ School enrolment and provision of education materials</li> <li>▪ Family support</li> </ul>
<b>World Food Program</b>	All	x		<ul style="list-style-type: none"> <li>▪ Food distribution</li> <li>▪ Nutritional care</li> </ul>
<b>GECPD</b>	All	x		<ul style="list-style-type: none"> <li>▪ Livelihood support</li> <li>▪ Facilitate access to health care</li> <li>▪ Education support</li> <li>▪ Child protection</li> <li>▪ Youth programs e.g. games</li> <li>▪ Skills training</li> </ul>
<b>MOWDAFA</b>	All	x		<ul style="list-style-type: none"> <li>▪ Advocacy</li> <li>▪ Access to water</li> <li>▪ Education support</li> <li>▪ Access to health care</li> <li>▪ Counseling services</li> <li>▪ Community awareness raising on physical violence and other harmful practices</li> <li>▪ Advocate for recreational activities</li> <li>▪ Food distribution</li> <li>▪ Child protection</li> </ul>
<b>SBACO</b>	All	x		<ul style="list-style-type: none"> <li>▪ Family reunion</li> <li>▪ Access to health care</li> <li>▪ Establishing education centres</li> <li>▪ Drug distribution</li> <li>▪ Distribution of food items</li> <li>▪ Awareness creation on sexual abuse</li> <li>▪ Child protection</li> <li>▪ Financial aid</li> <li>▪ Recreational activities</li> </ul>
<b>SWCRPO</b>	All	x		<ul style="list-style-type: none"> <li>▪ Food distribution</li> <li>▪ Nutritional support</li> <li>▪ Medical support</li> <li>▪ Advocate for education issues</li> <li>▪ Child protection</li> </ul>
<b>UNHCR</b>	All	x		<ul style="list-style-type: none"> <li>▪ Care for unaccompanied children</li> <li>▪ Create awareness on effects of FGM</li> <li>▪ Medical referrals</li> <li>▪ Psychosocial support for GBV victims and minors</li> <li>▪ Child protection</li> <li>▪ Skills training for adolescent girls and boys</li> <li>▪ Livelihood support for boys and girls</li> </ul>

				<ul style="list-style-type: none"> <li>▪ Train on and refer GBV cases to support services</li> </ul>
<b>Camp committees</b>	All	x	x	<ul style="list-style-type: none"> <li>▪ Receive population needs</li> <li>▪ Buy water for the camp</li> <li>▪ Conflict resolution</li> <li>▪ Welfare issues for the disabled through contributions</li> <li>▪ Solve problems within the camp</li> <li>▪ Maintain law and order</li> <li>▪ Mediation</li> <li>▪ Reporting to police</li> <li>▪ Represent the camp</li> </ul>
<b>Foster parents</b>	All		x	<ul style="list-style-type: none"> <li>▪ Take in separated and orphaned children</li> <li>▪ Link between child, Government and aid agencies.</li> </ul>
<b>School committees</b>	All		x	<ul style="list-style-type: none"> <li>▪ Overall responsibility for leadership of school</li> <li>▪ Employ teachers</li> <li>▪ Resource mobilization</li> </ul>

## 6.0 Summary and Recommendations

This part of the report articulates an abstract of the report and proceeds to enumerate measures that are necessary for alleviating the situation of children in North Galkaacyo, Puntland.

### 6.1 Summary

The interface between drought and protracted conflict has imperilled the lives of children and limited opportunities for youth to optimise their potential in the nascent state entity of Puntland. The drought continues to aggravate deprivations that children and the youth have been grappling with for the almost three decades of the Somalia conflict. Separation of children from parental care and displacement are rampant experiences that continue to deny children the opportunity to grow up under responsible and consistent parental care. Acute food insecurity has led to malnutrition and heightened mortality among children. Many children are out of school and face insecurity, including sexual violence. The youth are deprived off opportunities for skills development and income generation for self-sustenance. The assessment takes these experiences into cognizant and proposes remedies as articulated in the recommendations below.

### 6.2 Recommendations

The recommendations proposed here reinforce those that are embedded in the findings and analysis sections of the report.

**Table 44: Recommendations**

Thematic Area	Challenges	Interventions			Responsible
		Immediate	Medium	Long Term	
<b>Food</b>	-Food shortages and limited coverage of population in need.	-100% coverage of households with food supplies, especially child headed households	-Identification of vulnerable households for specific food security support (foster families, sick children, elderly)	-Cash Transfer initiatives (cash money or food for work) and training on livelihood, including business skills.	-Government -WFP -UNHCR -SCI -GRT -GECPD -SBACO -SWCRPO -Camp leaders
<b>Education</b>	-Few and distant schools. -Fees levies and insecurity. -Inadequate learning materials -Exclusion of children with disability	-Increase capitalization for expansion and improvement of physical structures. -Abolish school levies and subsidize cost. -Initiate school feeding programmes for children walking long distances to school. -Ensure primary education is	-Expand access to secondary education through establishment of more schools, teacher training and supply of learning materials. -Establish vocational training centres -Upgrade informal learning centres to deliver approved curriculum.	-Develop a basic education strategy for the camps focused on access and equity -Link camps to tertiary institutions in the country and region for advanced training of schools leavers.	-Government -UNHCR -SCI -GRT -GECPD -SBACO -SWCRPO -Camp leaders -WFP

		<p>mandatory for all children.</p> <ul style="list-style-type: none"> <li>-Develop and implement safe schools policy.</li> <li>-Strengthen participation of parents and the community in school management.</li> <li>-Involve parents and community in enhancing mobility for children with disability.</li> </ul>	<ul style="list-style-type: none"> <li>-Focus on developing a disability friendly and gender sensitive environment.</li> </ul>		
<b>Health and nutrition</b>	<ul style="list-style-type: none"> <li>-High disease burden</li> <li>-Few health facilities</li> <li>-Payment for health care</li> <li>-Traditional practices</li> <li>-Inadequate MNCH</li> <li>- Environmental hazards.</li> </ul>	<ul style="list-style-type: none"> <li>-Undertake immunization campaigns targeting all children.</li> <li>-Address under-5 malnutrition.</li> <li>-Strengthen MNCH services</li> <li>-Ensure availability of drugs and supplies</li> <li>-Use medical camps to deliver services closer to communities.</li> <li>-Create awareness on sanitation and hygiene practices.</li> <li>-Strengthen vector control measures.</li> <li>-Expand ambulance services.</li> </ul>	<ul style="list-style-type: none"> <li>-Engage and train youth to deliver community health services.</li> <li>-Sensitize on community health and environmental safety.</li> <li>-Expand capacity and increase number of current health facilities and staff.</li> <li>-Train community members on first aid services.</li> </ul>	<ul style="list-style-type: none"> <li>-Develop health and nutrition policies.</li> <li>-Establish community health programme.</li> <li>-Address rehabilitation of disability cases.</li> </ul>	<ul style="list-style-type: none"> <li>-Government</li> <li>-UNHCR</li> <li>-SCI</li> <li>-GRT</li> <li>-GECPD</li> <li>-SBACO</li> <li>-SWCRPO</li> <li>-Camp leaders</li> </ul>
<b>Shelter</b>	<ul style="list-style-type: none"> <li>-Inadequate and low quality housing</li> <li>-Separated and child headed households</li> </ul>	<ul style="list-style-type: none"> <li>-Prioritize child headed and foster care households for shelter and non-food items.</li> <li>-Engage community in putting shelter structures for vulnerable members of society.</li> <li>-Engage camp committees in addressing demands for shelter.</li> </ul>	<ul style="list-style-type: none"> <li>-Upgrade and expand the number of child friendly spaces.</li> <li>-Assess shelter structures to ensure high level protection is guaranteed (gender sensitive)</li> </ul>	<ul style="list-style-type: none"> <li>-100% coverage of shelter for all camp residents.</li> </ul>	<ul style="list-style-type: none"> <li>-Government</li> <li>-UNHCR</li> <li>-SCI</li> <li>-GRT</li> <li>-GECPD</li> <li>-SBACO</li> <li>-SWCRPO</li> <li>-Camp leaders</li> <li>-OCHA</li> </ul>

<b>Security</b>	<ul style="list-style-type: none"> <li>-Explosives in the environment</li> <li>-Recruitment / involvement of children in activities of armed groups.</li> </ul>	<ul style="list-style-type: none"> <li>-Documentation of all children and adults in the camps and new arrivals</li> <li>-Initiation and strengthening of community policing</li> <li>-Advocacy and awareness creation on peaceful co-existence and individual security measures.</li> </ul>	<ul style="list-style-type: none"> <li>-Rehabilitation of ex-child militants.</li> <li>-Mopping up of unexploded objects.</li> <li>-Provide child tracing and family reunification services.</li> </ul>	<ul style="list-style-type: none"> <li>-Strengthening peace and governance capacity of all actors involved in the political situation.</li> </ul>	<ul style="list-style-type: none"> <li>-Government</li> <li>-UNHCR</li> <li>-SCI</li> <li>-GRT</li> <li>-GECPD</li> <li>-SBACO</li> <li>-SWCRPO</li> <li>-Camp leaders</li> </ul>
<b>Sexual violence</b>	<ul style="list-style-type: none"> <li>Reported cases of sexual violence.</li> </ul>	<ul style="list-style-type: none"> <li>-Code of conduct for humanitarian staff.</li> <li>-Provide referral and treatment services for GBV and other abuses.</li> <li>-Monitor and manage aid distribution points to prevent GBV incidents.</li> <li>-Disseminate information on GBV issues to raise awareness.</li> <li>-Track and report GBV incidents.</li> <li>-Provide psychological first-aid activities for survivors.</li> </ul>	<ul style="list-style-type: none"> <li>-Strengthen legal capacity of local staff to address GBV.</li> <li>-Train community members and protection officers to raise issues, advocate for GBV services, and sensitize populations and responders.</li> <li>-Train and supervise community health workers, teachers and community leaders on psychosocial knowledge and skills.</li> </ul>	<ul style="list-style-type: none"> <li>-Improve access to rule of law, justice and legal services for survivors and their families.</li> <li>-Monitor and evaluate separate and integrated GBV programs.</li> <li>-Introduce community-based care-giving mechanisms for victims of GBV.</li> </ul>	<ul style="list-style-type: none"> <li>-Government</li> <li>-UNHCR</li> <li>-SCI</li> <li>-GRT</li> <li>-GECPD</li> <li>-SBACO</li> <li>-SWCRPO</li> <li>-Camp leaders</li> </ul>
<b>Livelihood</b>	<ul style="list-style-type: none"> <li>-Limited opportunities for vocational training</li> <li>-Youth unemployment</li> <li>-Violence and psychosocial challenges among men as a result of inability to provide.</li> <li>-Household poverty</li> </ul>	<ul style="list-style-type: none"> <li>-Provide adequate food supplies, non-food items, gardens, and income-generation activities.</li> </ul>	<ul style="list-style-type: none"> <li>-Address disaster-related land, housing, inheritance and property issues.</li> <li>-Establish vocational training centres</li> <li>-Establish cash transfer programme for vulnerable households</li> </ul>	<ul style="list-style-type: none"> <li>-Promote skill-building and life-skills programs for youth, men, and women</li> <li>-Initiate voluntary savings and loans associations.</li> </ul>	<ul style="list-style-type: none"> <li>-Government</li> <li>-UNHCR</li> <li>-SCI</li> <li>-GRT</li> <li>-GECPD</li> <li>-SBACO</li> <li>-SWCRPO</li> <li>-Camp leaders</li> </ul>
<b>Childcare and Recreation</b>	<ul style="list-style-type: none"> <li>-Separated and missing children</li> <li>-Orphaned children</li> </ul>	<ul style="list-style-type: none"> <li>-Provide supervised, safe sites for children and youth to play and learn.</li> </ul>	<ul style="list-style-type: none"> <li>-Provide child tracing and family reunification services.</li> <li>-Expand and upgrade all CFS</li> </ul>	<ul style="list-style-type: none"> <li>-Train children on positive participation in activities that concern them.</li> </ul>	<ul style="list-style-type: none"> <li>-Government</li> <li>-UNHCR</li> <li>-SCI</li> <li>-GRT</li> <li>-GECPD</li> <li>-SBACO</li> </ul>

	<ul style="list-style-type: none"> <li>-Children under foster care.</li> <li>-Children with disability</li> <li>-Congestion in child friendly spaces</li> <li>-Inadequate play materials for children</li> <li>-Limited skills for child care.</li> </ul>	<ul style="list-style-type: none"> <li>-Identify and provide support to all child headed and foster care family households.</li> <li>-Provide psychosocial services (paediatric counselling).</li> </ul>	<ul style="list-style-type: none"> <li>-Supply adequate play materials for all CFS.</li> <li>-Train community members and social workers on child care skills.</li> <li>-Integrate needs of children with disability into programmes for other children.</li> </ul>		<ul style="list-style-type: none"> <li>-SWCRPO</li> <li>-Camp leaders</li> </ul>
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## 7.0 Child Well-Being Index and Glossary of Terms

This section of the report explains broadly accepted indices of child protection and related terms and concepts.

### 7.1 Child Well-Being Index

The child-well-being index developed by Plan International focuses on holistic developmental milestones that children should go through under a normal environment that is disaster free. This is provided here as checklist / guide against which the project can evaluate itself to establish how children's rights are being promoted in order to achieve their normal growth and development.

**Table 44: Child Well-Being Index**

<b>Health / Growth</b>	<b>Cognitive/ Psycho-social</b>	<b>Protection/ Participation</b>
1. Fully immunised, takes vitamin A supplement, and is de-wormed.	1. Child likes self and feels valued.	1. Birth is registered and certificate provided.
2. Breastfed exclusively for first six months; includes colostrum; no other food or drink provided.	2. Has at least one friend.	2. Knows name, address and guardian's name.
3. Eats three nutritious meals every day; includes protein, fruit and vegetable; eats breakfast before going to school; eats from own bowl to measure sufficient quantity forage; girls and boys served same amount and quality.	2. Shows acceptance of people who are different.	3. Receives consistent love and support from primary caregivers.
4. Has shelter that is hygienic, safe, warm and dry.	3. Solves conflicts without aggression.	4. Neighbours provide caring support and supervision against physical and emotional abuse/harm.
5. Has clean place to sleep and gets approximately 10 hours sleep per night; girls and boys have the same quality bedding and hours of sleep.	4. Follows through on simple tasks to take care of self and help others.	5. Begins to sense dangers and seeks help from trusted adults.
6. Uses toilet and washes hands with soap after toilet and before eating.	5. Is learning to practise cultural and spiritual values.	6. Can distinguish between right and wrong; truth and lies.
7. Drinks safe water.	6. Curious about things around them and actively engaged to 'find out.'	7. Can resist peer pressure.
8. Brushes teeth before sleep.	7. Persistent and creative in solving problems.	8. Child's guardians are aware of where and what child is doing at all times.
9. Girls and boys participate in recreational activities every day.	8. Asks questions without fear.	9. Child and guardians know how to report and respond to child protection violation.
10. Provided time for physical exercise in a clean and safe outdoor environment every day.	9. Has time and materials for enriched play and learning with friends and mentors in the community.	10. Can identify at least one source of adult support.
11. Can identify health worker within their community and seeks their support when in need.	10. Has a conversation with adults that builds language, knowledge, thinking skills and sense of competence every day	11. Child understands, can follow and achieve positive guidelines for behaviour.
12. Weight and height normal for age.	11. Is read to and told stories	12. Able to control own behaviour and impulses
13. Provided medical care when ill, without gender discrimination.	12. Engaged in learning; participates in ECCD centres (aged four to five years) and primary classrooms that promote social, emotional, physical, cognitive, and language development; and achieves quality scores for emotional and instructional support.	13. Shows empathy for peers; stands up for what is fair and right.
14. Knows/practises accident prevention relative to setting.		14. Able and allowed to make small decisions appropriate to age and capacity.
		15. Communicates needs and views and feels that views are taken seriously.
		16. Participates in activities that cross gender barriers.

Source: Plan International, 2012

## 7.2 Glossary of Terms

**Adolescent:** Any person between the ages of 10–19 years old.

**Caregiver:** Persons (usually adults) in charge of providing protection and basic care for a child.

**Child:** The United Nations Convention of the Rights of the Child defines a child as a human being younger than 18, unless majority under the law applicable to the child is attained earlier.

**Child abuse:** Child abuse is any deliberate behavior or action that endangers a child's health, survival, well-being and development. There are three types of child abuse: physical, emotional and sexual. Neglect is also considered a form of child abuse.

**Child and youth development:** Refers to the psychological, social, emotional, cognitive and physical changes that human beings undergo from birth to adulthood.

**Child exploitation:** Child exploitation is the use of children for someone else's economic or sexual advantage, gratification or profit, often resulting in unjust, cruel and harmful treatment of the child.

**Child labour:** Child labour is unpaid and paid activities that are mentally, physically, emotionally, socially or morally dangerous and harmful to children. It is the kind of work that interferes with the development and education of children.

**Child maltreatment:** All forms of physical and/or emotional ill-treatment, (sexual) abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power.

**Child marriage:** Also referred to as early marriage, this term refers to any marriage of a child younger than 18 years old, in accordance with Article 1 of the Convention on the Rights of the Child.

**Child neglect:** Neglect is the persistent failure of a parent or adult caregiver to provide appropriate care to a child, despite being able to do so. There are different types of neglect: physical, medical, emotional and educational.

**Child protection:** This is a broad term used to describe efforts that aim to keep children safe from harm. The United Nations Children's Fund (UNICEF) uses the term "child protection" to refer to preventing and responding to violence, exploitation and abuse against children.

**Child protection system:** A child protection system consists of laws and policies, meaningful coordination across government departments and between sectors at different levels, multiple governmental and nongovernmental actors working in synergy, knowledge of and data on child protection issues and good practices, minimum child protection standards and oversight, preventive and responsive services, a skilled child protection workforce, adequate funding, children's voices and participation and an aware and supportive public.

**Child trafficking:** Child trafficking is the recruitment, transportation, transfer, harbouring or receipt of children for the purpose of exploitation.

**Child Survivor:** A person under the age of 18 who has experienced any form of gender-based violence.

**Child well-being:** Child well-being can be understood as the quality of a child's life. It is a dynamic state that is enhanced when a person can fulfil his or her personal and social goals. A wide variety of domains and measures are used to assess levels of childhood well-being. The United Nations Children's Fund uses six dimensions: material well-being, health and safety, education, peer and family relationships, behaviours and risks, and children's own subjective sense of well-being.

**Culturally sensitive:** Knowledge of cultural practices and observance of them.

**Female genital mutilation (FGM):** Female genital mutilation (also referred to as cutting) refers to all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for nonmedical reasons.

**Foster care system:** A foster care system aims to provide a temporary home to children whose parents or relatives cannot take care of them. However, the ultimate goal is to reunite the child with his or her family.

**Gender-based violence (GBV):** An umbrella term for any harmful act that is perpetrated against a person's will; it is based on socially ascribed (gender) differences between males and females.

**Gender norms:** Gender norms refer to the expectations constructed by society or culture for how women or girls and men or boys are supposed to behave, think and feel. Harmful gender norms increase the vulnerability of girls and women to violence, poverty and disease.

**Humanitarian worker:** An employee or volunteer, whether internationally or nationally recruited, or formally or informally retained from the beneficiary community, engaged by a humanitarian agency to conduct the activities of that agency.

**Perpetrator:** A person who directly inflicts or supports violence or other abuse inflicted on another against his/her will.

**Protective Factors:** External factors that are supportive for the child, reduce risk and encourage the development of acquired resilience or learned coping mechanisms. These factors include mechanisms at the family and community levels, conditions such as socioeconomic status, and proximity to services and other people.

**Service provider:** Health and psychosocial service providers charged with providing direct services to children and/or survivors of gender-based violence. These professionals include caseworkers, social workers, health workers, child protection workers, etc.

**Sexual exploitation:** Practice by which a person, usually an adult, achieves sexual gratification, financial gain or advancement through the abuse or exploitation of a child's sexuality.

**Survivor/victim:** A person who has experienced gender-based violence.

**Unaccompanied child:** A child who is separated from both parents and other relatives and is not being cared for by an adult who, by law or custom, is responsible for doing so.

Violence against children: **Violence against children is defined as all forms of physical or mental injury, abuse, neglect or exploitation.**

## 8.0 References

1. Global Protection Cluster, Child Protection Working Group. 2012. Child Protection Rapid Assessment Toolkit at <https://childprotection.wikischolars.columbia.edu/file/view/Annexes+to+UNICEF+Child+Protection+Toolkit.pdf>
2. Keeping Children Safe. Standards for Child Protection.
3. Medrano T., Tabben-Toussaint A. Manual 1: Child Protection Basics, FHI 360 Child Protection Toolkit. Research Triangle Park, NC: FHI 360; 2012.
4. Plan International Australia. 2012. Enhancing Child Protection Through Early Childhood Care and Development.
5. Tearfund. 1999. Child Development Study Pack
6. UNICEF. Child Protection Systems Mapping and Assessment Toolkit
7. UNICEF. Assessment Guidelines UNICEF Child Protection Assessment Tool
8. UNICEF. PARTICIPATORY ASSESSMENT TOOL (PAT).
9. USAID. 2009. A Guide to Programming Gender Based Violence Prevention and Response Activities
10. World Vision International. Children in Emergencies Manual.

## 9.0 Annexes

### Annex I: Key Informant Interview Questionnaire

<b>General Information [to be filled in by the assessor]</b>	
<b>Identification</b>	
Assessor's name: _____	
Date of assessment (dd/mm/yyyy): ____/____/____	Questionnaire NO. _____
<b>Location of the camp</b>	
Camp Name _____	
<b>Type of camp:</b> Official camp <input type="checkbox"/> Makeshift camp <input type="checkbox"/>	Population estimate of the Camp: _____
Population type: Non-displaced <input type="checkbox"/> single-displaced <input type="checkbox"/> multiple – displaced <input type="checkbox"/>	
<b>Source of information (Key Informant)</b> [if key informant prefers not to reveal his/her identity, it should be respected]	
Name / code of the key informant: _____ Role in the community: _____ _____	
Age group: 18-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35- 60 <input type="checkbox"/> >60 <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/>	
<b>Informed Consent Form:</b>	
My name is _____ and I am working with <b>Global Consult Ltd</b> that has been contracted by <b>GRT</b> to conduct an assessment on the situation of children affected by recent conflict and/or drought in your country.	
This interview cannot be considered a guarantee for any direct or indirect support to you or your community, but the information you provide will help us define child protection priorities and programmes. I would like to ask you some questions about the situation of children in this camp. The interview should only take about 45 minutes.	
Your identity will be kept strictly confidential and will not be shown to others unless your written agreement is received to do so. Your participation is voluntary and you can choose not to answer any or all of the questions. [After asking each of the following questions, look at the KI and get implicit approval that s/he has understood]	
<ul style="list-style-type: none"> <li>• All the information you give us will remain confidential.</li> <li>• Your participation in this interview is voluntary.</li> <li>• You can stop answering questions at any time.</li> <li>• Do you have any questions? [Note any questions from the KI in the space here]</li> </ul>	
Do you agree to continue with this interview? Yes <input type="checkbox"/> No <input type="checkbox"/> [if no, thank the KI and leave]	
<b><i>For Team Leader / Supervisor use only:</i></b>	
Verification done by: _____	Date: ____/____/____ Signature: _____

[start by saying: "I will start by asking you some questions about ..."]

### Children separated from usual caregivers

1. Are there children in this camp who have been separated from their parents or usual caregivers as a result of the recent drought?

- Yes     No     [don't know]    [if NO or Don't know, skip to 1.5]

1.1.1 [If YES to 1.1] How many children do you think have been separated from their usual caregivers as a result of the drought?

[read out the options if necessary]

- 1-10     11-20     21-50

- 51-100     >100

- Other (specify \_\_\_\_\_)     [Don't know]

[if "don't know", skip to 1.2]

How do you know this?

- personal observation
- government data or reports
- camp management
- word of mouth
- community leaders / duty bearers
- other (specify) \_\_\_\_\_

1.2 Have you heard of any new cases of separation in this community during the past (6 months) that were not directly caused by the drought?

- Yes     No

- [don't know]

[if NO or Don't know, skip to 1.3]

1.2.1 [If YES to 1.2] What do you think are the main causes of separation that occurred during the past 6 months? [tick all that apply]

- losing parents or caregivers/children during relocation
- caregivers willingly sending their children to institutional care
- caregivers willingly sending their children to relatives/friends;
- caregivers voluntarily sending their children to work far from usual caregivers;
- disappearance of children
- disappearance of parents or caregivers
- abandonment of children by parents/caregivers
- death of parents/caregivers
- [other (specify) \_\_\_\_\_]

1.3 Have you heard of cases of missing children or parents who have lost their children in the past 6 months?

- Yes     No

1.4 [If yes to 1 and/or 1.2] Do you think that ... [read out each block separately and allow the KI to respond block by block. Do **not** read out "do not know"]

- 1.4.1     there are more girls than boys who have been separated [or]  
 there are more boys than girls who have been separated [or]  
(Sex)     no clear difference  
 [do not know]

- 1.4.2     separated children are mainly 5 and under [or]  
(Age)     separated children are mainly between 5 and 14 [or]  
 separated children are older than 14 [or]  
 no clear difference  
 [do not know]

1.5 Do you know if there are any infants or any young children under the age of 2 years who have been separated from their usual caregivers?

- Yes     No     [do not know]

1.6 Are there children in this camp who live with adults not related to them?

- Yes     No     [don't know]    [if NO or Don't know, skip to 1.8]

1.7. Are there children in this camp who live on their own, without any adults (unaccompanied minors)?     Yes     No   

[do not know]    [if NO or Don't know, skip to 1.5.1]

<p>1.7.1 [If YES to 1.5 and/or 1.7] How many unaccompanied children do you think there are? <i>[read out the options if necessary]</i></p> <p> <input type="checkbox"/> 1-5  <input type="checkbox"/> 6-10  <input type="checkbox"/> 11-20  <input type="checkbox"/> 21 – 50  <input type="checkbox"/> &gt;50  <input type="checkbox"/> Other (specify _____ )  <input type="checkbox"/> [don't know] </p> <p><i>[if “don't know”, skip to 1.5.1]</i></p>	<p>(1.7.2) How do you know this?</p> <p> <input type="checkbox"/> personal observation  <input type="checkbox"/> government data or reports  <input type="checkbox"/> camp management  <input type="checkbox"/> word of mouth  <input type="checkbox"/> community leaders / duty bearers  <input type="checkbox"/> other (specify) _____            – </p>
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1.7.3 [If yes to 1.7] Do you think that ...*[read out each block separately and allow the KI to respond block by block. Do **not** read out “do not know”]*

<p>1.7.3.1</p> <p>(Gender)</p>	<p> <input type="checkbox"/> there are more unaccompanied girls than boys <b>[or]</b>  <input type="checkbox"/> there are more unaccompanied boys than girls <b>[or]</b>  <input type="checkbox"/> no clear difference  <input type="checkbox"/> [do not know] </p>
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<p>1.7.3.2</p> <p>(Age)</p>	<p> <input type="checkbox"/> unaccompanied children are mainly 5 and under <b>[or]</b>  <input type="checkbox"/> unaccompanied children are mainly between 5 and 14 <b>[or]</b>  <input type="checkbox"/> unaccompanied children are older than 14 <b>[or]</b>  <input type="checkbox"/> no clear difference  <input type="checkbox"/> [do not know] </p>
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1.8 Are there persons unknown to the community who have offered to take children away from this camp promising to provide them with jobs or better living conditions (e.g. foreigner who want to provide care for separated children in another country)?

Yes  No *[if NO, skip to 1.9]*

*[if YES to 1.8] Tell us what happened: Who came? What did they want? What happened? Were children taken away? If so, how many girls and how many boys were taken away? What is the age group of removed children?*

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*[Guide respondent to give number of children of each age group and insert in “Total” column. After that, ask him / her for a breakdown of these “Total” figures for each age group by gender]*

Age group	Total	Boys	Girls
<input type="checkbox"/> 5 and under			
<input type="checkbox"/> 6 to 10			
<input type="checkbox"/> 11 to 14			
<input type="checkbox"/> 15 to 17			
<input type="checkbox"/> no clear difference			
<input type="checkbox"/> [don't know]			

1.9 Are there members of the community who have taken or want to take children away from this community to provide them with assistance, jobs or better living conditions?

Yes  
 No *[if NO, skip to 1.6.1]*

*[if YES to 1.9] Can you describe who this person is and what s/he promises? Has s/he taken some children already? If so, how many girls and how many boys were taken away? What is the age group of taken children? [collect contact information if possible]\_\_\_\_\_*



- keep the child for a short time while I find a long term solution
- find someone in the community to care for the child
- inform the local authority about the child's situation
- inform community leaders
- find someone outside the community to adopt the child
- take the child to an agency/NGO that deals with children (specify \_\_\_\_\_)
- do nothing (ask why \_\_\_\_\_)
- other (specify \_\_\_\_\_)
- don't know

2.3 Are there institutions /care centers / children homes in this area that provide care for orphans or separated children?  
 Yes  No  [don't know]  
*[If NO, skip to 3]*

2.3.1 [If YES to 2.3] What kind of services do they provide? [tick all that apply]

- Day care       Home care       Temporary care
- Education       Feeding program
- Recreational activities only, such as Child Friendly Spaces
- Other (specify) \_\_\_\_\_

Collect contact info if appropriate and possible: \_\_\_\_\_

**[thank the KI for answering the questions to the previous section and continue to the new section]  
 Threats to Children's Physical Safety and Security**

3.1 What are the existing (non-violent) risks that can lead to death or injury of children in this community?

- Unsafe objects (e.g. razor, wire, electrical cables, etc.)
- Unsafe places (e.g. riverside, open pits, etc.) ;
- Work-related accident (e.g. mine workers) ;
- Car accident
- Starvation due to acute food shortage.
- None *(If NONE, Skip to 4)*

3.2 Where do you think these risks are highest for children? *[if not clear, refer the KI to the previous question]*

[Tick all that apply]

- 1. at home       2. in camp (outside of home)       3. in school       4. on the way to school       5. at work
- 6. on the way to work       7. at the market       8. on the way to market       9. Cattle camps
- 10. On the way to water point       11. On the way to collect firewood/wild fruits       12. Proximity to military/ armed groups
- 13. Isolated Sites       14. Local services facilities (hospital, CFS etc)       15. Safe spaces
- other (specify) \_\_\_\_\_       [don't know]

4. What would you say are the main violent risks that have or could lead to death or injury of children in this camp?

- Landmines and unexploded Ordinance
- Civil violence (e.g. religious, tribal, etc.)
- Political violence
- Sexual violence
- Domestic violence
- Armed forces/groups violence
- Criminal acts (e.g. gang activities, looting, etc.)
- None *(If NONE, Skip to 4)*

<p>4.1 Can you estimate the number of deaths and serious injuries to children due to any and all of the above causes during the last 6 months</p> <p><input type="checkbox"/> 1-5    <input type="checkbox"/> 6-10    <input type="checkbox"/> 11-20</p> <p><input type="checkbox"/> 21 – 50    <input type="checkbox"/> &gt;50    <input type="checkbox"/> Other (specify) _____</p> <p><input type="checkbox"/> don't know</p> <p><i>[if “don't know, skip to 3.4]</i></p>	<p>4.2 How do you know this?</p> <p><input type="checkbox"/> personal observation    <input type="checkbox"/> government data or reports</p> <p><input type="checkbox"/> camp management    <input type="checkbox"/> word of mouth</p> <p><input type="checkbox"/> community leaders / duty bearers</p> <p><input type="checkbox"/> other (specify) _____</p>
<p>4.3 Where do you think children are most at-risk of violence? [Tick all that apply]</p> <p><input type="checkbox"/> At playground</p> <p><input type="checkbox"/> In school</p> <p><input type="checkbox"/> On the way to school</p> <p><input type="checkbox"/> In camp (outside of home)</p> <p><input type="checkbox"/> At work</p> <p><input type="checkbox"/> On the way to work</p> <p><input type="checkbox"/> At the market</p> <p><input type="checkbox"/> On the way to the market</p> <p><input type="checkbox"/> Safe spaces</p> <p><input type="checkbox"/> Other (specify)</p> <p><input type="checkbox"/> [Don't know]</p>	
<p>4.3.1 (Gender)</p>	<p><input type="checkbox"/> More girls are being targeted or affected by violence than boys <b>[or]</b></p> <p><input type="checkbox"/> More boys are being targeted or affected by violence than girls <b>[or]</b></p> <p><input type="checkbox"/> No difference</p> <p><input type="checkbox"/> [do not know]</p>
<p>4.3.2 (Age)</p>	<p><input type="checkbox"/> Younger children (under 14) are mostly affected/targeted by violence <b>[or]</b></p> <p><input type="checkbox"/> Older children (over 14) are mostly affected/targeted by violence <b>[or]</b></p> <p><input type="checkbox"/> No difference</p> <p><input type="checkbox"/> [do not know]</p>
<p>4.3.3 (Frequency)</p>	<p><input type="checkbox"/> Violence happens every day <b>[or]</b></p> <p><input type="checkbox"/> Violence happens a few time during the week <b>[or]</b></p> <p><input type="checkbox"/> Violence rarely happens <b>[or]</b></p> <p><input type="checkbox"/> [do not know]</p>
<p>5 Are there any children in this camp who have been or are committing acts of violence? <i>[if unclear to the KI, use answer options from question 5.1 as examples]</i></p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> [don't know]    <i>[If NO or “don't know”, skip to 6]</i></p>	
<p>5.1 [If YES to 5] What kind of violence are children participating in?</p> <p><input type="checkbox"/> Criminal or gang activities;</p> <p><input type="checkbox"/> Looting and/or pillage;</p> <p><input type="checkbox"/> Civil violence (e.g. communal level ethnic or religious violence)</p> <p><input type="checkbox"/> Sexual assault;</p> <p><input type="checkbox"/> Attack on schools and/or community infrastructure;</p> <p><input type="checkbox"/> Attack on civilians;</p> <p><input type="checkbox"/> Recruitment of other children into armed groups;</p>	
<p>thank the KI for answering the questions to the previous section and continue by saying: “Now I will ask you some questions about ...”]</p> <p style="text-align: center;"><b>Sexual Violence [use a culturally appropriate term for SV]</b></p>	
<p>6. Do you think the number of sexual violence cases has increased since the drought started?</p>	<p>6.1 In what situation does sexual violence occurs? [Only read out the options if the KI needs examples. Tick all that apply]</p>

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> [Don't know] [skip to 10] <input type="checkbox"/> Sexual violence never happens here [skip to 10]	<input type="checkbox"/> while at home; <input type="checkbox"/> while at school; <input type="checkbox"/> on the way to school; <input type="checkbox"/> while collecting water; <input type="checkbox"/> while collecting firewood <input type="checkbox"/> while playing around the camp <input type="checkbox"/> when at workplace; <input type="checkbox"/> while working in the fields <input type="checkbox"/> during displacement <input type="checkbox"/> in common areas, such as around latrines /showers, etc; <input type="checkbox"/> [don't know]; <input type="checkbox"/> Other (specify)
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7. Who is most affected by sexual violence?

7.1.1 (Gender)	<input type="checkbox"/> more girls are being targeted for sexual violence than boys [ <b>or</b> ] <input type="checkbox"/> more boys are being targeted for sexual violence than girls [ <b>or</b> ] <input type="checkbox"/> no difference <input type="checkbox"/> [do not know]
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7.1.2 (Age)	<input type="checkbox"/> mostly younger children (under 14) are targeted for sexual violence [ <b>or</b> ] <input type="checkbox"/> mostly older children (over 14) are targeted for sexual violence [ <b>or</b> ] <input type="checkbox"/> no difference <input type="checkbox"/> [do not know]
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8. If a child or an adolescent suffers from sexual violence, would she normally seek help [if not clear say: "is it culturally acceptable to seek help"]?

Yes  
 No  
 [Don't know] [If NO or "don't know", skip to 9]

8.1 [if yes to 8] Who do they normally turn to for help?

Mother  
 Father  
 Friend  
 Grandparents  
 Other family member  
 Religious leader  
 Health worker  
 Teacher  
 Social worker  
 Camp leader  
 Other [specify]  
 [Do not know]

9. Do you know of a place where people of this camp can get help if they have suffered sexual violence?

Yes  
 No  
 [Don't know] [If NO or "don't know", skip to 10]

[Collect more information appropriate \_\_\_\_\_ if \_\_\_\_\_]

9.1 [If YES to 9] Can children also go there to seek help in that place?

Yes  
 No  
 [Don't know]

[Comments \_\_\_\_\_]

**[thank the KI for answering the questions to the previous section and continue to the new section]  
Child Labour**

10. Are there any children in this camp who are involved in types of work that are harsh and dangerous for them?

Yes     No     [don't know] [if NO or don't know, go to 11]

10.1 [if yes to 7.1] What types of work are these children involved in?

<input type="checkbox"/> 1. Sexual transactions/prostitution	<input type="checkbox"/> 2. Farm work	<input type="checkbox"/> 3. Hawking
<input type="checkbox"/> 4. Mining, quarry and construction work	<input type="checkbox"/> 5. Domestic labour	<input type="checkbox"/> 6. transporting people or goods (using wheelbarrows, donkey carts etc)

<input type="checkbox"/> 7. Other harsh and dangerous labour (e.g. weapon porters)	<input type="checkbox"/> 8. Cooking in hotels	<input type="checkbox"/> 9. Begging
<input type="checkbox"/> 10. Armed forces and armed groups	<input type="checkbox"/> 11. Criminal gangs	<input type="checkbox"/> 12. Logging
<input type="checkbox"/> 13. Other (specify)	<input type="checkbox"/> Don't know	
10.2 Can you estimate the number of children in your community who are involved in the types of work mentioned above since the drought began? <input type="checkbox"/> 1-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> 21 – 50 <input type="checkbox"/> >50 (specify) _____ <input type="checkbox"/> don't know [if "don't know", skip to 7.2.2]	10.2.1 How do you know this? <input type="checkbox"/> personal observation <input type="checkbox"/> government data or reports <input type="checkbox"/> camp management <input type="checkbox"/> word of mouth <input type="checkbox"/> community leaders / duty bearers <input type="checkbox"/> other (specify) _____	
10.3 Are there new types of harsh and dangerous labour that children are engaged in that did not exist before the drought? [if NO or don't know, go to 10.4] <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> [don't know]		
10.3.1 [if yes to 10.3] which new types of harsh and dangerous labour have emerged since drought began? _____ _____ _____		
10.4 What are the main reasons that these children are involved in harsh and dangerous labour?: [and ask the respondent to tell the most important reason(s) as the answer] <input type="checkbox"/> 1. are working voluntarily to support themselves and/or their families <input type="checkbox"/> 2. are sent to engage in such work by their parents/caregivers <input type="checkbox"/> 3. are sent to engage in such work by people other than their caregivers (ask for examples: _____ ) <input type="checkbox"/> 4. peer pressure <input type="checkbox"/> 5. forced labour <input type="checkbox"/> 6. forced recruitment <input type="checkbox"/> 7. for other reasons (specify _____ ) <input type="checkbox"/> [don't know]		
thank the KI for answering the questions to the previous section and continue by saying: "Now I will ask you some questions about ..."]		
<b>Children and Armed Forces and Groups</b>		
11. Do you see children working with or being used by armed forces and groups around this camp? E.g. children with guns, operating checkpoints, cooking or cleaning for military, etc. <input type="checkbox"/> Yes <input type="checkbox"/> No [if NO, go to 12]		
11.1 [if YES to 11] During the past 6 months how many of these children have you seen around this camp? <input type="checkbox"/> 1-10 <input type="checkbox"/> 11-50 <input type="checkbox"/> 51-100 <input type="checkbox"/> Over 100 <input type="checkbox"/> Other [specify] <input type="checkbox"/> Cannot tell	11.2 [if YES to 10] Are these children, [read out the options] <input type="checkbox"/> mostly boys? <input type="checkbox"/> mostly girls? <input type="checkbox"/> only boys? <input type="checkbox"/> only girls? <input type="checkbox"/> no difference? *don't know+	
12. Has the number of children joining/being recruited or used by armed groups increased since the beginning of the drought? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> [Don't know] [if NO or "don't know", skip to 12]		
12.1 [if YES to 12] How do you know this? [Read out the options as examples. [Tick all that apply] <input type="checkbox"/> there are more recruitment events;		

- many children have disappeared and are suspected to have joined;
- you see more children working with or being used by armed forces & groups;
- you personally know children who are recruited after the emergency;
- [don't know]
- Other (specify)

12.2 [If YES to I2] Where do you think most recruitments happen?

- Child care institutions
- In camps
- Schools
- On the road (e.g. to school or to collecting wood)
- Service points (e.g. health center or food/water distribution)

**[thank the KI for answering the questions to the previous section and continue to the new section]**

### Psychosocial Wellbeing

13.1 What makes children scared since the drought began? *[if unclear to the KI, use answer options below as examples]* [Tick all that apply, but try to guide the KI to prioritize his/her responses and tell you which ones are the most important]

- |  |  |
|--|--|
| attacks  | <input type="checkbox"/> kidnapping/abductions/trafficking   |
| <input type="checkbox"/> trafficking   | <input type="checkbox"/> not being able to go back to school |
| <input type="checkbox"/> not being able to return home                               | <input type="checkbox"/> losing their belongings             |
| <input type="checkbox"/> being separated from their friends                          | <input type="checkbox"/> being separated from their families |
| <input type="checkbox"/> tension within the family                                   | <input type="checkbox"/> nightmares or bad memories          |
| <input type="checkbox"/> sexual violence   |  |
| <input type="checkbox"/> Ill health  |  |
| <input type="checkbox"/> extra hard work;  |  |
| <input type="checkbox"/> lack of shelter   | <input type="checkbox"/> going far from home for work;       |
| <input type="checkbox"/> lack of food  | <input type="checkbox"/> Bullying                            |
| <input type="checkbox"/> Feeling unsafe  | <input type="checkbox"/> Recruitment into armed groups       |
| <input type="checkbox"/> Recruitment into armed groups                               | <input type="checkbox"/> Child headed household              |
| <input type="checkbox"/> Death of parent / caregiver                                 | <input type="checkbox"/> Early marriage                      |
| <input type="checkbox"/> Harmful cultural practices such                             |  |
| <input type="checkbox"/> Lack of future prospects in life                            |  |
| <input type="checkbox"/> [don't know] <input type="checkbox"/> other (specify) _____ |  |

13.2 What are the main worries of caregivers/families regarding their children? *[if unclear to the KI, use answer options as examples. Tick all that apply, but try to guide the KI to prioritize his responses and tell you which ones are the most important]*

- forced recruitment or use by armed groups
- getting hurt during attacks
- kidnapping/abductions/trafficking
- lack of education
- lack of shelter
- lack of food
- sexual violence
- Harmful traditional practices
- Exclusion from decision-making

13.3 What are the main sources of stress for caregivers in the community?

- Lack of food
- Lack of shelter
- Lost property
- Lost livelihood
- Children's safety

**[thank the KI for answering the questions to the previous section and continue to the new section]**

**Access to Services and Children with least access**

14. Are there people in this camp who are capable of organizing recreational and/or educational activities for children?

- Yes       No       [Don't know]

*[if 'No' or 'Don't know' skip to 14.2]*

14.1 [if yes to 14] What kind of skills do these people have? [tick all that apply]

- |  |   |
|--|---|
| <input type="checkbox"/> 1. Teaching   | <input type="checkbox"/> 2. Organizing collective activities for children |
| <input type="checkbox"/> 3. Supporting distressed children                                     | <input type="checkbox"/> 4. Keeping children safe                         |
| <input type="checkbox"/> 5. Working/supporting with children living with physical disabilities |   |
| <input type="checkbox"/> 6. Teaching children with learning difficulties                       |   |
| <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> [Don't know]           |   |

14.2 Are there children who have less access to services like food distributions, educational and recreational activities, and health care?     Yes     No     [Don't know]

14.2.1 [If yes to 14.2] Is it more of boys or girls who have least access to the services?

- girls       boys       No difference       [Don't know]

14.3 [If yes to 14.2] What groups of children have least access to these services? *[Read out the answer options and guide the KI to prioritize which groups are most excluded. Tick all that apply]*

Please explain why, if possible: \_\_\_\_\_

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> 1. children living with disease        | <input type="checkbox"/> 2. children living with elderly | <input type="checkbox"/> 3. children from poor households            |
| <input type="checkbox"/> 4. children who are newly arrived      | <input type="checkbox"/> 5. children with a disability   | <input type="checkbox"/> 6. children living with disabled caregivers |
| <input type="checkbox"/> 7. Children living without proper care | <input type="checkbox"/> 8. [don't know]                 |  |

9. Other (specify) \_\_\_\_\_

**[thank the KI for answering the questions to the previous section and continue to the new section]**

**Access to information**

15.1 What are the most important sources of information for your community now? [Tick up to three]

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> 1. Radio (name?) _____       | <input type="checkbox"/> 2. TV (name?) _____                  | <input type="checkbox"/> 3. Newspapers/magazines (name?) _____ |
| <input type="checkbox"/> 4. Telephone call            | <input type="checkbox"/> 5. SMS                               | <input type="checkbox"/> 6. Internet/ Social media             |
| <input type="checkbox"/> 7. Notice boards and posters | <input type="checkbox"/> 8. Community leader / duty bearer    | <input type="checkbox"/> 9. Friends, neighbours and family     |
| <input type="checkbox"/> 10. Religious leader         | <input type="checkbox"/> 11. Government official              | <input type="checkbox"/> 12. Military official                 |
| <input type="checkbox"/> 13. Aid workers              | <input type="checkbox"/> 14. Magicians / traditional prophets | <input type="checkbox"/> Other (specify) _____                 |

**[thank the KI for answering the questions to the previous section and continue to the new section]**

**Community Support Mechanisms**

16. What resource persons, groups and/or institutions in the community are in place that can help or provide support to children?

- Peer groups
- Social workers
- School teachers
- Religious leaders
- Parents
- Political leaders
- Community leaders
- Security officers
- Volunteers
- [don't know]
- Other [specify] \_\_\_\_\_

**[thank the KI for answering the questions to the previous section and continue by saying: "Now if you have any other points to make, please mention them in the order of importance to you."]**

[note issues raised by the KI that are not captured in the questionnaire]

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**Baseline Report on Child  
Protection Needs Assessment  
in Galkaacyo North, Puntland**