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# Inter-Agency Child Protection Rapid Assessment Summary Report

A report on the protection risks for children as a  
result of the famine in South/Central Somalia

Child Protection Working Group Somalia



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## Acronyms

AS- Al Shabab  
CAAFG- Children Associated with Armed Forces or Groups  
CFS- Child Friendly Spaces  
CMR- Clinical Management of Rape  
CPA- Child Protection Advocate  
CPRA- Child Protection Rapid Assessment  
CPWG- Child Protection Working Group  
ERW- Explosive Remnants of War  
FGD- Focus Group Discussion  
FGM- Female Genital Mutilation  
IDP- Internally Displaced Person/Peoples  
IDTR- Identification, Documentation, Tracing and Reunification  
IED- Improvised Explosive Device  
KI- Key Informant  
KII- Key Informant Interview  
MCH- Mother Child Health Facility  
MRE- Mine Risk Education  
MRM- Monitoring and Reporting Mechanism  
OCHA- United Nations Office for the Coordination of Humanitarian Affairs  
PSS- Psychosocial Support  
SOP- Standard Operating Procedure  
S/UAC- Separated/Unaccompanied Children  
SV- Sexual Violence  
TFG- Transitional Federal Government  
UNHCR- United Nations High Commission for Refugees  
UXOs- Unexploded Ordinance  
WASH- Water and Sanitation

## Executive Summary

The Child Protection Working Group for Somalia conducted an inter-Agency Rapid Needs Assessment to better understand the impact of the famine on children in terms of the protection risks in South/Central Somalia from September-November 2011. This assessment is intended to provide a snapshot of urgent needs on child protection issues which are outlined below along with some key recommendations:

### ***Separated & Unaccompanied Children***

- Separation of children has occurred as a result of displacement as well through daily survival in the camps when children are sent out of the house to run errands such as collecting food where children between 4-15 years of age are most at risk of separation.
- Separated children are often cared for by relatives or friends (Kafala), however, unaccompanied children often end up living alone in the camps or move to the streets where they are more vulnerable to exploitation and abuse.
- Awareness needs to be raised on IDTR services as they are available in all regions, however, respondents in all areas with the exception of Lower Shabelle, did not know of any services available or believed they are non-existent.
- Children living on the street should be prioritized in advocacy and programming interventions and further assessment needs to be done in order to develop effective programs.

### ***Threats to Children's Safety & Security***

- ERWs, armed attacks, sexual violence and violence associated with aid distribution were identified as the major violent risks to children's safety whereas car accidents; unsafe places (old buildings, rivers, etc) and unsafe objects were the main environmental threats.
- Mine Risk Education (MRE) services should be expanded to IDP camps particularly in Mogadishu, Hiran, Lower Shabelle, Bay and Gedo Regions.

### ***Gender Based Violence***

- GBV was identified as a major issue by respondents in all regions where children were considered to be most vulnerable in public areas without protection including while collecting firewood, water and food, around WASH facilities, during population movements and during armed attacks.
- Respondents reported very low awareness of GBV services available and reported that child survivors of GBV would most likely report incidents to their mothers. Very few respondents reported that they would seek support from health services.
- Outreach programs should be developed for mothers (as the primary resource people identified for child survivors of GBV) to promote awareness of GBV services (medical and PSS) and strengthen understanding of confidentiality and risks of not accessing services.
- Risk mitigation programs already in existence should be expanded such as the provision of fuel efficient stoves, solar lamps, whistles (all included in dignity kits), etc., in coordination with livelihood programs.

### ***Recruitment and Use of Children by Armed Forces and Groups***

- Recruitment of children was reported as an issue in all regions specifically targeting young boys between 5-14 years of age in camps, at schools or at social gatherings in community.
- Release and reintegration programs should be scaled up as well as programs targeting at risk children in terms of livelihood alternatives and economic reintegration.
- Continue documenting MRM and working to develop action plans for the immediate release of children.

### ***Community Support Mechanisms and Coping Strategies of Children***

- While the major concerns of caregivers revolve around daily survival (lack of food, water and shelter) their sources of stress regarding their children revolve around their safety and security (physical violence, attacks, recruitment, and sexual violence). Parents have also been identified as the main support for children who are reportedly suffering from nightmares and fears of attack and recruitment.
- Children need support to help cope with the level of psychosocial distress caused by the emergency and respondents reported that often they are engaging in negative coping mechanisms including violence and drug abuse.
- PSS programs for children are essential and should continue to support the recovery of children.

## Background & Context (Famine and Conflict- Displacements)

In July 2011, famine was declared in two regions of South/Central Somalia and by August had spread to six regions. Two seasons of poor rains coupled with high levels of insecurity caused hundreds of thousands of people to leave their homes and their belongings to find safety, security and humanitarian assistance wherever they could. According to UNHCR, approximately 289,000 Somalis have fled Somalia to neighbouring countries this year alone mostly to Kenya and Ethiopia. Within Somalia, UNHCR reports approximately 1.5 million displaced peoples mostly in south/central Somalia.<sup>1</sup> During displacements (and conflict), traditional protective and support mechanisms are destroyed leaving families more vulnerable to family separation, violence, abuse and exploitation. Traumatic events and separation of families often leave children alone and without any form of care or support.

Despite the massive humanitarian need, access to provide this assistance has been severely restricted in many regions of south/central Somalia, particularly those controlled by Al-Shabab (AS). Solid information regarding child protection issues, or any protection issues in general was seriously limited.<sup>2</sup> However rapid assessments carried out by the Education Cluster in August along with the Protection Cluster rapid assessment in Badbaadho camp (Mogadishu) briefly highlighted urgent child protection issues that required further information including incidents of separated and unaccompanied children, gender based violence, threats to children's safety and security and recruitment and use of children in armed forces/groups. This is the first comprehensive protection assessment carried out in South/Central Somalis since the beginning of the emergency.

At the time of the assessment, famine had been declared in 6 regions and IDP movements were on-going throughout south/central Somalia. As of November, the emergency status has been lifted in three of the regions (Bay, Bakool and Lower Shabelle),<sup>3</sup> however, the emergency is likely to have long term effects on children and could sharply increase the vulnerability of children in the near future.

## Introduction to the Rapid Assessment

Eleven organizations participated in the assessment in six regions throughout South/Central Somalia. The assessment was carried out as a group process including the planning, data collection, analysis and report writing. Due to the nature of the emergency with limited access to areas of on-going conflict, considerations of the safety and security of the staff and the general sensitivities involved in the child protection issues, the methodologies of each organization varied slightly from place to place. This section will outline the methodology employed by different organizations who took part in this exercise. The following methods/tools were used in the data collection:

- Key Informant Interviews
- Direct Observation
- Focus Group Discussions (in some cases)

The Global Child Protection Rapid Assessment (CPRA) tool was used as the base for this exercise. However, the tools were adapted to the context and in some areas they were translated into Somali, the local language.

## Timeframe & Objectives

The data collection was carried out from 5-29<sup>th</sup> of September 2011. The assessments were then all sent to Nairobi where data entry took place from mid-October (see limitations) to mid-November when the data analysis and report writing took place. The CPWG coordinator met with all assessment teams to debrief and go through the interpretation of the results.<sup>4</sup> At different stages of this process, specifically during data analysis and interpretation, support was provided from the global CPWG.

<sup>1</sup>UNHCR-East and Horn of Africa Update: Somali Displacement Crisis at a Glance Nov 26 2011- <http://www.unhcr.org/4ece547f9.html>

<sup>2</sup> Protection Cluster Conducted Rapid Assessment in Badbaadho IDP camp in August, however, child protection information was limited

<sup>3</sup> <http://ochaonline.un.org/somalia/Home/tabid/2713/language/en-US/Default.aspx>

<sup>4</sup> With the exception of Bay Region where insecurity prohibited travel and transportation of materials.

## INTER-AGENCY CHILD PROTECTION RAPID ASSESSMENT (SUMMARY REPORT)

The main objectives of the assessment were:

- To obtain a quick snapshot of urgent child protection issues that emerged as a result of the drought/famine
- To understand thematic and geographic trends
- To identify programmatic gaps and advocacy shortfalls
- To identify ways forward for child protection programming, advocacy and mainstreaming

## Methodology

### Sampling, Geographic Scope & Assessment Teams

Based on the model presented in the CPRA Tool, the assessment used purposive sampling in order to target the affected populations. Coordination to select the sites for assessment was carried out at two levels, through the CPWG in Nairobi, and through a separate coordination meeting with CPWG members in Mogadishu. The number and the locations of the sites were determined by the availability of resources of each participating organization. While the information was collected at the site level, this report reviews the findings per region. See Table #1 for the breakdown of sites and KIIs per region.

REGION	Sites (#)	KIIs (Total)	M	F	C
Banadir	38	1,509	-	-	-
Bay	13	399	200	199	-
Gedo	18	341	-	-	-
Hiran	7	250	0	187	63
Lower Juba	2	195	78	117	-
Lower Shabelle	5	160	0	160	-
<b>TOTAL</b>	<b>83</b>	<b>2,854</b>	-	-	-

Table 1: Breakdown of Sites by Region

### Assessment teams

Assessors were all experienced human rights monitors, psychosocial counselors and child protection advocates and were well versed in the issues addressed by the assessment with the exception of two organizations. For those organizations that used new staff, training was provided on child protection in emergencies and the rapid assessment tool prior to data collection.

Where possible, all assessment teams were made up of both male and female assessors and were divided into teams to conduct the assessment. At most sites, briefings were held with community members about the purpose of the assessment. See Table #2 for breakdown of assessment teams by region.

REGION	Assessor	M	F
Banadir	76*	36	33
Bay	-	-	-
Gedo	46	28	18
Hiran	4	2	2
Lower Juba	10	2	8
Lower Shabelle	4	3	1
<b>TOTAL</b>	<b>140</b>	<b>71</b>	<b>62</b>

Table 2: Breakdown of Assessment Teams by Region

## Limitations & Challenges

### Access & Security

- Due to the on-going conflict, access was limited throughout South/Central Somalia particularly in AS controlled areas. Where the assessment was conducted in AS areas (particularly L.Shabelle, Hiran and Bay regions) special precautions were taken that may have an impact on the accuracy of the data. In some cases interviews were conducted in hidden buildings in group settings and in other cases the interview forms had to be filled out in retrospect due to potential threat to the assessor's safety.
- In AS areas the majority of assessment teams did not include male respondents because they felt their security was at risk when talking about issues of SV or recruitment. In some cases the assessors also made the decision to remove questions on sexual violence and recruitment and use of children in armed conflict in order to protect themselves and the key informants.

### Cultural & Gender Dynamics

- Cultural sensitivities towards issues of gender including sexual violence restricted the ability of assessors to discuss the questions in some areas particularly where male assessors were asking the questions. In most cases, efforts were made to always include females in the assessment teams to overcome this challenge; however, this was not always possible.

## INTER-AGENCY CHILD PROTECTION RAPID ASSESSMENT (SUMMARY REPORT)

- In many areas, there was a low response rate<sup>5</sup> to questions on GBV, possibly due to the sensitivity of the questions and whether they were deemed culturally appropriate.
- Because of the context, sometimes it was difficult to find female members of the community in roles of influence or that could be considered key informants to represent the views of the community.

### Sampling Methodology

- The use of purposive sampling in order to target affected populations means that the information cannot be used to make generalizations for the entire population.
- Because the CPRA uses the community (or site) as the unit of measurement, all questions are geared towards the community level and not the individual. This means that the results are limited to the perception of respondents on issues that exist within the community.

### Data Collection & Logistical Constraints

- Sites were primarily chosen in areas where organizations had on-going programs and available resources on the ground which may have excluded other areas of need.
- In areas of poor access and high insecurity, organizations had to conduct their own training of assessors in the field, meaning that the standard of training was not the same across the board and in some areas assessors could not be trained.
- In some cases, the collected data was not well marked per site, but rather only by region. Additionally, the definition of a site was determined at the field level and as such there is no standard definition of a site.
- Delay of transportation of questionnaires in areas of poor access. In Bay region, the security constraints did not allow for the transportation of the questionnaires and the data was inputted in the field. This was the only region where the CPWG coordinator was not able to debrief the team and go through the analysis of results.
- Slight discrepancies existed between the English version and Somali version of the data collection tools. This was rectified in the data entry phase where the data was recorded based on the altered questions.

### Community Expectations

- Considering the dire conditions that most communities are faced with, the sites were selected in areas with on-going child protection interventions. Service provision was used as platform to justify the assessment otherwise assessors felt that the communities would have been unwilling to participate.

## Key Findings

### Separated & Unaccompanied Children<sup>6</sup>

- All regions reported separation of children from their families as a major issue. Separation both as a direct result of the emergency as well as an on-going issue (occurred within two weeks of the assessment) was highlighted.
- The two most frequently cited causes of separation included separation during population movements and when caregivers send children to find food.
- Respondents in all regions reported that separated children most commonly are taken care of under the traditional community foster care system of *Kafala*, whereas unaccompanied children more often live on their own within the camps or live on the streets.
- Respondents believed that children between the ages of 5-14 were the most susceptible to separation as they believed this was the age group most active around the camp (collecting food, firewood and water) while at the same time less aware of their surroundings than older children and easier to manipulate.
- While IDTR services are available in all regions (through CFS), respondents in all areas with the exception of Lower Shabelle, did not know of any documentation services available or believed that none existed.

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<sup>5</sup> Response Rate refers to the percentage of KIs who responded to the question

<sup>6</sup> Separated children are children who have been separated from their parents but are in the care of other relatives. Unaccompanied children are children who are not in the care of either parents or any relative or adult caregiver.

**BANADIR (Mogadishu)**

The most frequently cited cause for separation related to the emergency was separation during population movements. KIs reported that children were behind or sent ahead with other family members, neighbours, and at times even strangers. In these cases, children often ended up in different locations than their families and now have no way of finding them. Assessors at all sites have documented these cases throughout Mogadishu.

The majority of KIs believed separation is an on-going issue that went beyond the initial emergency phase. The second most frequently identified cause of separation in Mogadishu was parents voluntarily sending their children to find food within the camp and sometimes to other districts within the city for food distributions. Getting lost and being separated during attacks at distribution centers were believed to be the main risk factors for separation of children while finding food. Children who have been sent to work outside the community (shining shoes, begging or working in restaurants) also face the same problems of getting lost.

KIs most frequently believed that unaccompanied children as a result of the famine ended up living on the street. Because a ‘head of household’ is required to register for humanitarian assistance, children who are unaccompanied are often not eligible to receive support.

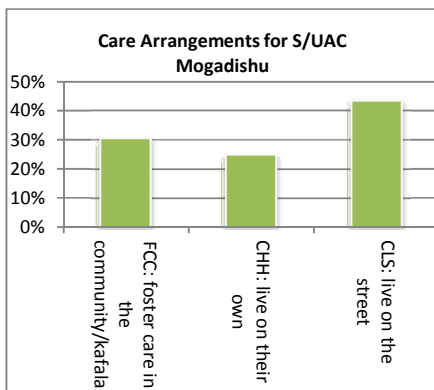


Figure #1: Reported Interim Care Arrangements for Children in Banadir Region

Children who have been sent with other families or who have travelled alone are vulnerable to move to the streets if they are unable to find support. Assessors reported that children living on the street are suffering from substance abuse, violence and increased vulnerability to recruitment, exploitation and physical and sexual violence. Assessors reported seeing children as young as 5 years of age living on the streets throughout the city. Respondents also believed that many children live on their own within the camp and work to make a living washing cars, cleaning houses, selling food, and when near military compounds reportedly cook for soldiers. Assessors have observed that in many cases these children live in child-headed households.<sup>7</sup> See Figure #1 for the breakdown of interim care arrangements for S/UAC in Mogadishu.

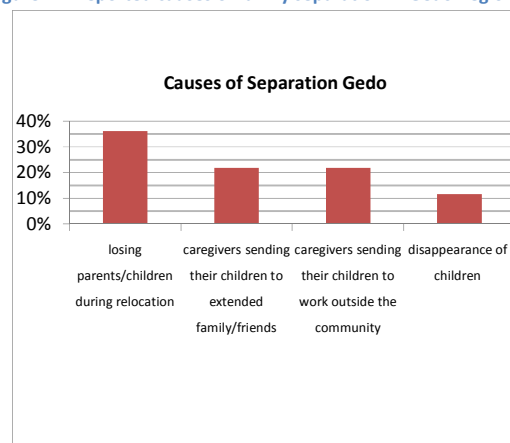
**BAY**

Similar to Mogadishu, the KIs in Bay region most frequently identified separation during relocation (15%) and caregivers sending children to find food within the camp and other food distribution sites (21%) as the major causes for separation. Additionally, KIs most frequently believed that unaccompanied children live on the streets and live on their own within the camps and find jobs to sustain themselves. Assessors reported seeing children as young as 7 years of age living on the streets.

**GEDO**

As a border region that experiences a large flow of IDPs, the majority of respondents reported that the main cause of separation of children was through losing parents/children during displacements and population movements (36%) (see Figure #2). Other causes included separation due to caregivers sending their children to work outside their community so that they can raise money to purchase food and other basic amenities (22%) or that caregivers willingly sent their children to extended family and friends to be taken care of (22%). Respondents believed that separated children are mostly care for through *Kafala* and unaccompanied children live mainly on the streets or on their own.

Figure #2: Reported causes of family separation in Gedo Region



<sup>7</sup> Child Headed Households are families where the primary caregiver is a child (person below the age of 18).



### HIRAN

The most frequently cited cause of separation was during relocation (46%). Located within AS control, Beletwein has been a centre of high IDP populations with people from Bay, Bakool and even from within Hiran Region and there has been high level of movement of IDPs within the area. The second most frequently cited reason was disappearance of caregivers (28%). According to assessors, this refers to the fact that many parents were forced to leave to find food and supplies and often did not return. The majority of KIs (68%) of respondents believe that separation disproportionately affects boys over girls. According to the assessors, girls are kept closer to the home and boys are outside more.

*Kafala* (33%), children living on their own (35%) and children living on the street (31%) were the most frequently cited care arrangements for S/UAC by the KIs. Many children reportedly work doing odd jobs to make a living including shoe shining, garbage collecting and washing dishes in restaurants. Assessors observed that children living on the street suffer from substance abuse including ghat, alcohol and drugs.

### LOWER JUBA

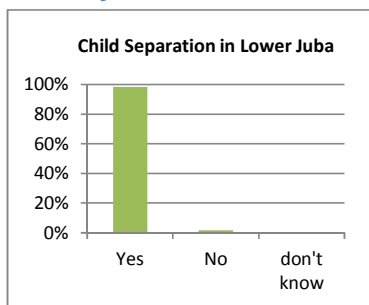


Figure #3: Reported Child Separation in Lower Juba in Last Two Weeks

Almost all (96%) of KIs believed that there were reports of parents in the community who were missing children. The main causes of separation were identified as losing parents/children during relocation (51%) and caregivers sending their children to extended family and friends (11%). Most respondents believed that boys were more vulnerable to separation than girls.

Regarding the common interim care arrangements for separated and unaccompanied children, 35% identified *kafala*, 28% said that the children live on their own with another 28% saying that children live in the streets.

### LOWER SHABELLE

Losing children or parents during relocation (37%), disappearance of children (30%) and sending children to seek care from friends or family members (17%) were the most cited reasons for separation. The two most frequently cited care arrangements for S/UAC were through *Kafala* (44%) and children living on the street (30%) (see Figure #4). According to the assessors, the traditional system *kafala* is weakened in the case of emergency where children are left alone with no care. Tracing has been done through local FM radio, however, more awareness needs to be raised on the issue of separation. In Lower Shabelle most KIs reported that they did know of documentation services for S/UAC and parents missing children.

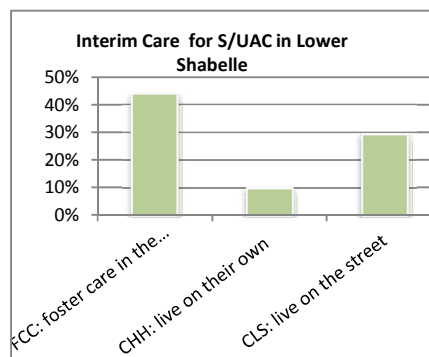


Figure 4: Reported Interim Care Arrangements for S/UAC in Lower Shabelle

### Threats to Children's Safety and Security

- ERWs were identified as a major threat to children's safety in five of the six regions particularly in areas of AS control or former AS control including Banadir, Lower Shabelle, Bay and Hiran regions. Since the Kenyan incursion in Somalia in October, Gedo has also been identified as an area of concern along the border.
- Armed Attacks and violence related to aid delivery was considered a major threat in all regions
- The most commonly cited environmental risk for children was children being hit by cars while playing on the roads (especially with the lack of recreational areas within the camps).
- Areas around military compounds or military presence were identified in all regions as the areas that pose the gravest dangers towards children as well as WASH facilities including latrines and other public areas particularly for sexual violence.

**BANADIR (Mogadishu)**

Respondents believed that violent risks towards children are very high particularly violence relating to aid distribution and ERWs. According to assessors, many of the IDP camps within Mogadishu are located in newly captured AS territory where high concentrations of ERW’s including IEDs, mines and other munitions, were left behind as they retreated. Assessors observed children playing with ERWs at one of the camps while conducting the assessment.

The dangers for children with violence associated with aid delivery are strongly emphasized by the respondents. Violence in relation to aid delivery was often referenced in relation to criminal acts and civil conflict (clan based). In the context of Mogadishu, criminal acts are very much connected to the distribution of humanitarian assistance where militias occasionally raid distribution centers and pose a significant threat to children who are either with their families or children who are alone and have been sent to find food (see Figure # 5). Additionally, assessors also observed a high number of civilians within the camps bearing arms as well as soldiers living with their families. Assessors have witnessed acts of violence perpetrated by soldiers, such as beatings, to children around the camp. In one example, assessors reported seeing a child get hit by the butt of a gun while waiting for food distributions.

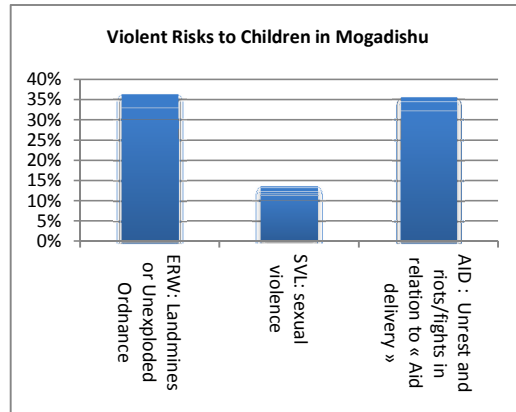


Figure #5: Reported Violent Risks to Children in Mogadishu

**BAY**

Located within AS territory, many respondents (45%) believed that the most serious violent risk towards children are attacks by armed groups/forces and threats from ERWs (18%). According to the assessors many of the IDP camps within Baidoa are located near military areas and assessors have observed ERWs at a number of the sites.

The greater part of respondents (20%) believed that boys are more targeted by violence than girls since they are more integrated in the daily life of the camps. Many respondents also believed that children under the age of 14 are primarily targeted for violence. Assessors noted that this is possibly owing to the fact that culturally, a child is generally classified as below the age of 14.

**GEDO**

Respondents in Gedo reported a high level of violence present in and around the camps with most KIs believing that violence targeting children happens either every day (39%) or a few times a week (22%). The most frequently reported violent risks at all sites included attacks by armed forces or groups, political and civil violence, violence in relation to aid delivery and sexual violence such as rape. ERW’s were not seen to pose a major threat with only a minority of respondents referencing landmines. The majority of KIs (65%) believed that girls were more targeted for violence than boys.



Figure #6: Gender Distribution of Violence Targeting Children in Gedo Region (Dolow)

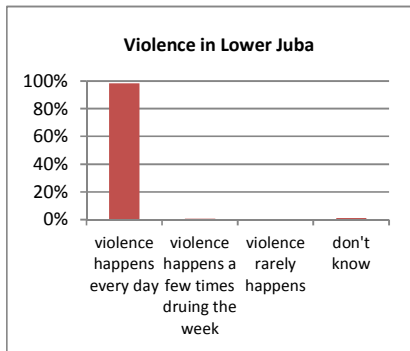
**HIRAN**

KIs believed that violence towards children is a major issue with 90% who believed that violence occurs a few times a week. 20% of respondents cited ERWs as a major threat towards children. Located within AS territory, the likelihood of this risk factor will increase if AS are forced to retreat (such as in Mogadishu). 12% of respondents reported the risk of armed attacks by AS and 25% reported the risk of civil violence (gang violence). As in Mogadishu, the assessors reported a high level of risk associated with aid distribution. In

## INTER-AGENCY CHILD PROTECTION RAPID ASSESSMENT (SUMMARY REPORT)

Beletwein, a one year old child was reportedly killed after being trampled during a fight that erupted at a distribution site. 78% of respondents believed that girls were more targeted by violence than males.

### LOWER JUBA



Almost all (98%) of KIs believed that violence targeting children happens every day (see Figure #7). Attacks by armed forces/groups (19%) and political violence (18%) were the most frequently cited violent risks. Sexual violence (14%) and domestic violence (12%) were also cited. The most reported non-violent environmental risks by KIs included fire (30%) and unsafe objects (28%). Other risks identified were unsafe places and children getting hit by cars (19% each). The respondents were of the view that risks are high for children while on the way to market (30%), to work (30%) and to school (14%).

Figure #7: Frequency of Children Targeted for Violence in Lower Juba

### LOWER SHABELLE

As an area under AS control for the last few years, many of the IDP settlements are located along the old frontline. As a result, many ERWs have been left behind and respondents (22%) believed they pose a great danger to children as evident in Figure #8.

Violence in relation to the distribution of food aid was believed to be the main risk (21%) towards children. Assessors reported that AS control food distributions in many locations where much of the aid is not distributed to the public. Additionally, 20% believed SV as a major threat to children.

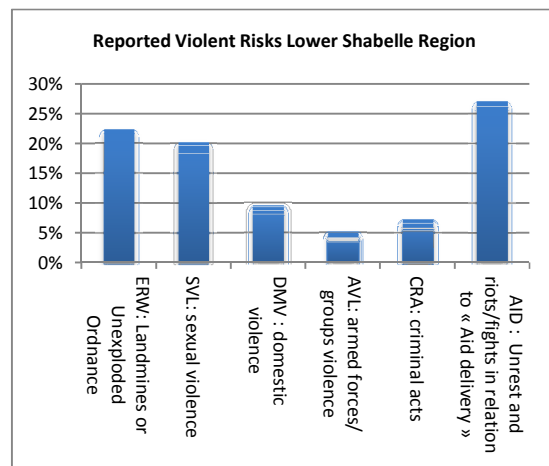


Figure #8: Reported Violent Risks to Children in Lower Shabelle Region

### Gender Based Violence

- Respondents in all regions believed that sexual violence is mainly targeted towards girls and the most vulnerable age group are adolescents
- Public areas where children are forced into public areas without protection (latrines, while collecting firewood and water and at food distributions) were identified by respondents in all regions as the main situations during which children are most at risk to SV
- While there is some form of GBV service available in each region, the majority of respondents in all regions were unaware of these services. However, it is clear that in most regions, the services available are insufficient. For example, in Lower Shabelle and in Bay region, the only services include PSS and no CMR.
- Respondents in all regions reported parents or close relatives as the main resource people for survivors of GBV. Very few respondents reported that they would seek support from health care professionals.

### **BANADIR (Mogadishu)**

The majority of respondents reported that young girls are most susceptible to SV when alone in areas without protection such as while collecting firewood (30%) and water (21%) or during population movements (15%) (see Figure #9). In one case, a respondent reported that her young sister was raped while she was in her house during the day when people went to collect food rations.

The majority of KIs reported that they would seek help if survivors of sexual violence; however, very few respondents reported knowing of any existing services, while most respondents believed they do not exist. In most cases, respondents identified the mother or peers as the main resource person in cases of sexual violence. Only 3% of respondents reported that they would seek assistance from health care providers which is reflective of the stigma that is present regarding GBV as well awareness on what services are available for SV. In Mogadishu, services include CMR and PSS services at health facilities.

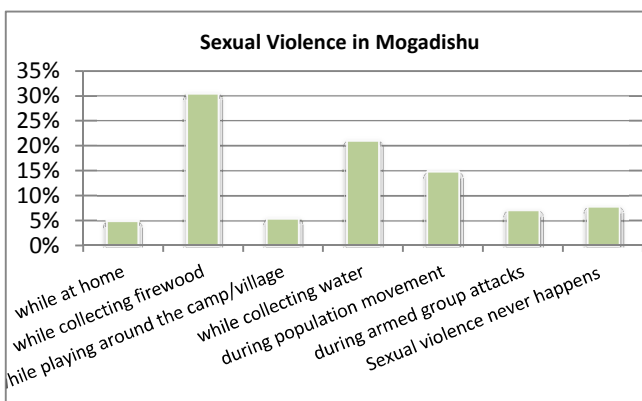


Figure #9: Reported Situations of Sexual Violence in Mogadishu (Banadir)

According to the assessors, the majority of child survivors of GBV do not report incidents. At the TB center site for example, the medical practitioners reported that they receive many cases of children who have been sexually abused. According to the doctor, the violated children come in for other reasons and not to seek help for GBV. At times, discussing or reporting GBV violations can even endanger the child because of the taboos that exist within the community. In a case reported to some of the assessors, the mother of a young girl reported that her child was raped by her neighbours. Later the mother received threats from within the community. Assessors witnessed girls as young as 13 married to men at least 30 year their senior.

### **BAY**

The issue of SV was very sensitive in Baidoa which is under AS control. Armed attacks (24%) and collection of firewood (5%) were the most commonly cited situations where children are most vulnerable to SV. In Baidoa, the only service available to GBV survivors is PSS services, however, almost all respondents (95%) did not know of any services available. Nevertheless, 29% reported that they would seek support from their mothers. 43% did not know who they would go to in case of sexual assault and only 4% reported that they would seek assistance from a health worker.

### **GEDO**

In an area with high number of displaced people, 25% of respondents believed SV occurs during population movements and 36% reported during armed attacks. According to respondents, children are very vulnerable in common areas such as around latrines and showers, while collecting firewood (15%) or while fetching water (9%). KIs reported that when children are abused, they usually turn to their close relatives for support (parents or grandparents). Some reported that they would seek assistance from a health worker; yet, there was very little awareness on the GBV services available. The main hospital in Gedo provides CMR services.

### **HIRAN**

‘During armed attacks’ and ‘while collecting firewood’ were the two most frequently referenced situations during which sexual violence occurs (28% each). The assessor reported a case of a young girl who left the camp to collect firewood and was attacked by two men along the road approximately 5km outside of Beletwein. According to the assessors, the location of most of the IDP sites is along the front line between TFG troops and AS and as such, young girls are more vulnerable to sexual violence by soldiers.

Harmful traditional practices such as FGM and early marriage were also raised during the discussion with respondents. The assessors have witnessed 5 cases of early forced marriage that have occurred in Beletwein. KIs identified parents as the primary support mechanism for violations of GBV cases. While many people

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responded that they would seek support in they or their children were survivors of sexual violence, almost 70% did not know if any services existed or they believed they did not. The main hospital in Beletwein is providing CMR services.

### **LOWER JUBA**

KIs reported that SV usually occurs to children while collecting firewood (35%), while collecting water (27%), during armed group attacks (15%) and during population movements (11%). Most KIs reported that victims of sexual violence would normally seek help from their mother (48%) or father (46%). CMR services are available in Lower Juba, however, the majority (62%) were not aware of any GBV services. Of those that did, half of them said that they did not know whether children can seek help and 36% believed that children cannot seek help there.

### **LOWER SHABELLE**

Almost half of the respondents (47%) believed that sexual violence mostly happens while young girls are collecting firewood and water. Another 21% believed that it happens during armed attacks and 21% of reported that SV happens upon arrival at the camps. Assessors reported that a lack of secured shelters and latrine facilities create unsafe conditions where sexual attacks are possible during the night in the dark. In many cases, women and girls who are without a husband or father are considered to be more vulnerable to attacks.

Only 3% of respondents knew of any services or support for survivors of sexual violence. In Lower Shabelle, all protection programs have been implemented in a 'low-profile' manner. Because it is under AS control, awareness raising, particularly on issues of GBV, has been severely limited. For the most part, people are not aware of the PSS and protection services that do exist.

## **Children Associated with Armed Forces and Groups**

Due to the sensitive nature of this issue, few questions were asked on this issue and the findings were the same for all regions. In Lower Shabelle this question was omitted from the questionnaire. The key findings have been outlined together:

- Respondents in all regions reported that children were being used by armed forces or groups including AS, TFG and other allied militias.
- Children have been observed in uniform, working at checkpoints and supporting soldiers by cooking and carrying water.
- Almost all respondents believed that adolescent boys were the most vulnerable group to recruitment.
- In Hiran, recruitment efforts are reportedly on-going within the camps, at schools and during community gatherings both forcefully and voluntarily. Children are offered telephones, money or even food in order to join. In the desperate circumstances that children are living in, a high number of children are at risk for recruitment. This is particularly true for those children without caregivers such as children living on the street and children living alone, such as child headed households.

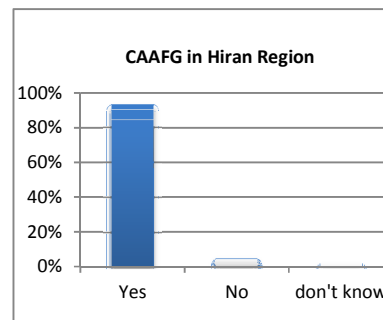


Figure #10: Reports of Children Associated with Armed Groups or Forces Hiran Region

## **Community Support Mechanisms and Coping Strategies of Children**

- The main sources of stress for caregivers in all regions revolved around the day to day survival including lack of food, lack of water and lack of shelter.
- Sources of stress regarding children varied by region from attacks, recruitment, loss or death of family members and nightmares.
- Parents and peers were identified as the major support groups for children in all regions.

### **BANADIR (Mogadishu)**

In Mogadishu, the stress of caregivers regarding their children according to respondents is a combination of daily stresses (lack of food and water) and the safety and security of their children (recruitment, attacks by

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armed groups, loss or death of family members and physical violence). Parents (60%) and peers (20%) were listed as the main support mechanisms for children.

### **BAY**

Nightmares (57%) and loss or death of family members (43%) were cited by KIs as major sources of fear for children which is indicative of a high level of psychosocial stress (see Figure #11). However, the main sources of stress for caregivers within the community were reflective of their day to day struggles including lack of shelter (44%), lack of food (22%), and loss of property (28%). Resource people identified for children within the community varied between peer groups (30%), parents (20%), social workers (13%), and school teachers (13%). Considering this, unaccompanied and separated children are less likely to find a resource person within their family and may rely on peer groups (30%) for support, who are also in dire need themselves.

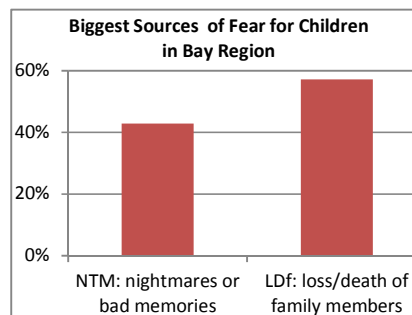


Figure #11: Reported Sources of Fear for Children in Bay Region

### **GEDO**

The main sources of stress identified by the KIs for caregivers were lack of food and water and shelter for children. Parents and caregivers were very worried about the wellbeing of their children especially when they are unable to provide the basic necessities to them. According to the respondents, children migrate to other places so as to be able to cope with stress derived from the emergency. Other coping mechanisms included talking with friends and family members and sports and recreational activities. Many respondents considered parents to be the most important resource in providing support to children.

### **HIRAN**

The most frequently cited causes of stress for caregivers regarding their children included attacks by armed groups (20%), loss or death of family members (26%) and physical violence (17%). According to assessors, attack also suggests that there were children who participated in fighting and were killed or injured. Recruitment and use of children in confrontations in Hiran and Galgaduud between AS and pro-TGF militias has been voiced as a major concern of the KIs. Assessors have reported 5 cases of children who have been killed or maimed during the fighting in Beletwein. Respondents reported that children deal with stress primarily by attending CFSs (46%) or by engaging in violence (48%), particularly gang violence (see Figure #12).

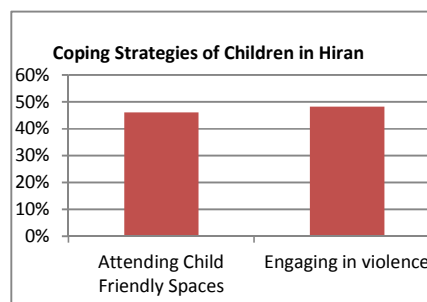


Figure #12: Reported Coping Strategies of Children in Hiran Region

### **LOWER JUBA**

Attacks (43%), nightmares or bad memories (17%) and lack of food and water (13%) were highlighted by KIs as the main worries of caregivers regarding their children as well as recruitment of children (12%). In order for children to cope with the stress derived from the emergency, 48% of the respondents were of the view that they talk with family members while another (43%) said that children spend time with friends.

### **LOWER SHABELLE**

Most respondents (80%) reported that the main source of stress for caregivers was the day to day survival (lack of food and water and lack of shelter). 12% reported that their children's safety was their major concern. In terms of their children however, the KI's most frequent responses were physical violence (35%), lack of food and water (20%), and attacks (11%). In addition the respondents reported that caregivers and parents are also worried child recruitment and early forced marriage of the young girls during the FGDs. Respondents reported that often parents are offered money to in exchange for their daughters and that this practice is common in AS controlled areas. Parents and social workers were the two most frequently cited resource people for children in the community.

## Key Recommendations

### Recommendations for Child Protection Priorities

#### *Separated & Unaccompanied Children*

##### **Immediate Recommendations**

- Raise awareness of IDTR services among the population in areas where services are currently being provided and how to deal with S/UAC in areas where there are no services through directed messaging.
- Disseminate CPWG messages on the prevention of family separation through CFS, community mechanisms, radio and other humanitarian agencies
- Incorporate IDTR into the formal referral mechanisms for CP to have standard procedures for S/UAC.

##### **Long-Term Recommendations**

- Expand IDTR services to deal with the issue of on-going separation.
- Invest time and resources to learn more about how the *Kafala* system can be used to afford more protection for both S/UAC. The registration and formalization of this system should be explored in order to follow up on these children.

#### *Children Living on the Street*

##### **Immediate Recommendations**

- Prioritize the issue of children living on the street in advocacy and programming interventions as unaccompanied children as a result of the emergency as an immediate intervention.

##### **Long-Term Recommendations**

- Conduct an in-depth analysis of the situation of children living on the street. More information needs to be obtained on the issue in order to develop longer term programs including where the children have come from, what are their specific needs and which geographic locations should be prioritized.
- Explore and raise awareness on alternative care arrangements for these children. More attention should focus on rebuilding the traditional care systems that have been disrupted through the emergency/conflict.

#### *Mine Risk Education*

##### **Immediate Recommendations**

- Develop map of priority locations listed in assessment to target MRE programmes.
- Develop and disseminate more child friendly MRE materials and messages for children and parents targeting illiterate groups.

##### **Long-Term Recommendations**

- Expand MRE services to IDP camps particularly in Mogadishu, Hiran, Lower Shabelle and Bay Regions. With the Kenyan incursion into Somalia, MRE services should also be targeting border areas.

#### *Gender Based Violence*

##### **Immediate Recommendations**

- Finalize GBV and CP referral SOP in Mogadishu and roll out to other regions to map services and standardize referral practices.
- Disseminate CPWG messages on GBV including risks involved with collection of firewood and water and public areas
- Develop outreach programs for mothers (as the primary resource people identified for child survivors of GBV) to promote awareness of GBV services (medical and PSS) and strengthen understanding of confidentiality and risks of not accessing services. Outreach could be incorporated into existing services such as CFSs, communal kitchens, or any other area where mothers can come together.

##### **Long-Term Recommendations**

- Increase and strengthen risk mitigation programs already in existence such as the provision of fuel efficient stoves, solar lamps, whistles (all included in dignity kits), etc., in coordination with livelihood programs.

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- Develop strategy to strengthen link between medical and GBV services in AS areas in order to provide the services while maintaining a low-profile approach.

### *Children Associated with Armed Forces and Groups*

#### **Immediate Recommendations**

- Follow up and develop action plan for the immediate release of children associated with TFG and to immediately cease recruitment of children.

#### **Long-Term Recommendations**

- Scale up of release and reintegration programmes in Somalia for formerly associated children.
- Development and scale up of economic reintegration/livelihood programs for children formerly associated with armed forces or groups and children at risk of recruitment. Liaise with vocational training/livelihood organizations.
- Continuation of Monitoring and Reporting Mechanism (MRM).

### *Psychosocial Support for Children*

#### **Immediate Recommendations**

- Continuation of PSS services for children through CFS and other on-going programs targeting children.
- Disseminate CPWG messages on how to parents and communities can support children cope with stress particularly through radio or other oral media.

#### **Long-Term Recommendations**

- Develop strategy to target unaccompanied children who currently are not accessing CFS facilities.
- Increase scope of CFS programs to outreach to parents and families (who have been identified as main resource persons for children) to support with PSS through discussions, briefings and trainings on reactions of children to stress and traumatic events. This outreach can be done through CFS with facilitators to encourage community participation and ownership of CFS and child care.

### *Community Mobilization for Community Support Mechanisms*

#### **Immediate Recommendations**

- Conduct mapping of youth groups and youth clubs to engage youth to participate in CFS activities (i.e. as trainers) or other child protection community activities (because peers have been identified as major resource for children).

#### **Long-Term Recommendations**

- Encourage and support existing community support mechanisms by expanding on-going community mobilization programs and targeting youth groups.

## **Recommendations for Child Protection in a Multi-Sector Response**

#### **Immediate Recommendations**

- Develop strategy to address the special needs of separated and unaccompanied children to receive entitlements to aid distribution if not accompanied by a 'head of household'.
- Organize presentations, trainings, briefing sessions and updates for all sectors on the child protection issues in the response to raise awareness of CP concerns relating to humanitarian aid distribution particularly for WASH, Health, Food and Nutrition.
- Raise awareness with WASH cluster on risk factors for girls in terms of sexual violence while collecting water and while using public WASH facilities (i.e. latrines).
- Target distribution agencies to commit to DO NO HARM principles of humanitarian aid.
- Distribute Core Child Protection Messages to all sectors to mainstream child protection issues

#### **Long-Term Recommendations**

- Coordinate and designate child protection focal points at distribution centres in order to support and refer S/UAC.
- Advocate for free education for children at risk of moving to the streets.