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Summary Report on Child Protection Assessment; September, 2021.

Protection risks face by children affected by both Conflict and drought in Cadale District, Middle Shebelle Region.

ACKNOWLEDGEMENT

The Child Protection Rapid Assessment (CPRA) for Cadale district became possible through the joint efforts of the Child Protection Area of Responsibility (CP AoR) leadership. Without their dedication and participation, the CPRA would not have been implemented. SOYDA is thankful to all participating and contributing organisations and the assessors who conducted the data collection.

Special thanks to, Save the Children and UNICEF for the technical support, contribution and supervision of the assessment at the field level which proved to be crucial for the success of the CPRA.

Table of Contents

Acronyms

AMISOM	African Union Mission in Somalia
AS	Al Shabab
CAAFAG	Children Associated with Armed Forces or Armed Groups
CFS	Child Friendly Spaces
CPRA	Child Protection Rapid Assessment
ERW	Explosive Remnants of War
GBVFGM/C	Female Genital Mutilation/Cutting
FGS	Federal Government of Somalia
GBV	Gender-Based Violence
IDP	Internally Displaced Person/Peoples
IDTR	Identification, Documentation, Tracing and Reunification
IED	Improvised Explosive Device
KII	Key Informant Interview
MRM	Monitoring and Reporting Mechanism
PSS	Psychosocial Support
UASC	Unaccompanied and Separated children
SOP	Standard Operating Procedure
UXOs	Unexploded Ordinance
WASH	Water, Sanitation and Hygiene

INTRODUCTION AND OVERVIEW OF CRISIS

Somalia has been affected by conflict since 1992, and conflict continues to affect people's lives, livelihood and safety. Roughly 63 percent of the total population in need are children[1]. During displacements traditional protection 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.

Middle Shabelle has continuously recorded exacerbated child protection concerns namely, family separation; gender-based violence (GBV); child recruitment and use by armed forces and groups; child trafficking and labour; forced and early marriage etc.

SOYDA therefore with guidance from the National CP AoR undertook a rapid assessment to better understand information on child protection needs and priorities have been very limited if not missing from most of the assessment reports.

With focus in **Cadale district,** the assessment provides an understanding of urgent child protection needs, priorities, and recommendations for subsequent response for the betterment of children affected by both conflict and drought. The assessment also provides basic information for assessing the impacts of the emergencies on children and situation monitoring.

OBJECTIVES

- To identify the child protection needs and risks among the conflict and drought affected population.
- To understand availability of services and capacity of service providers in Cadale District.
- To share overall understanding of child protection needs in order to inform programming and humanitarian response to affected children in the district.

METHODOLOGY

Secondary data review: A desk review of secondary data was conducted to understand the pre and post conflict, drought crisis and likely impact on children in the affected areas. The desk review also helped to understand What We Need to Know (WWNK) in the assessment and customize the tools accordingly, this process was led by National CP AoR Coordinators and Information Management Officer Somalia Child Protection AoR.

Sampling and selection of sites for data collection: Following the Assessment Tools, SOYDA used purposive sampling method in order to target the affected populations. The tables below show distribution of sites by type in addition to estimate population. From the eight (8) locations that were targeted, five (5) had both IDP population and host community while two (2) sites were considered as rural areas and one (1) site had only IDP population.

[1] HNO Somalia, Issued January 2021

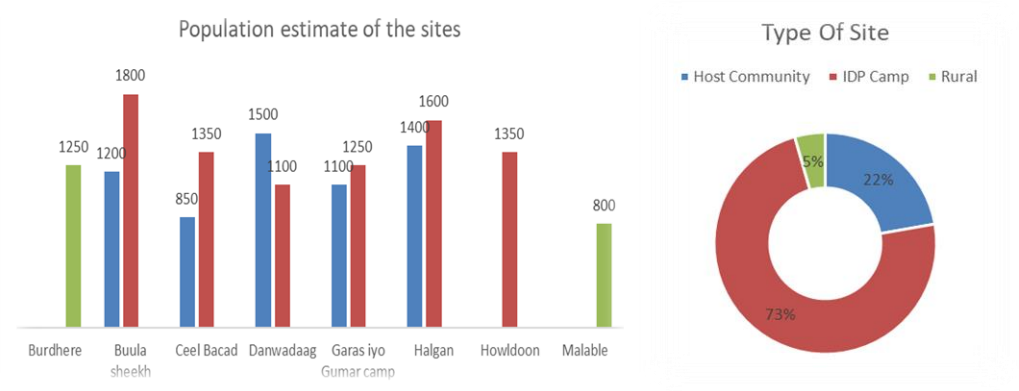


Chart 1: Site population and type

All the eight regions consisted of conflict and drought affected. The assessment scenario included two categories: second layer of geographic coverage, anticipated the urban which both IDP (displaced) and host community (un-displaced) while rural consisted of host only.

Data collection tools: The CPRA used the Child Protection Rapid Assessment Tool kit for data collection developed by the Global AoR, and contextualized with the help of Somalia CP AoR Coordinators, who also supported the SOYDA team capacity building prior to the assessment.

Key Informants Interview: Key informant interviews were conducted to understand the perspectives of those individuals who work closely with children or have experiences of the issues under assessment (including the those in positions expected to protect children). In total, 45 KI were interviewed.

DATA MANAGEMENT AND ANALYSIS

Data Management and analysis: The data entry from sites were uploaded directly into Kobo Collect tool which had been designed for the exercise, the cleaning, and analysis was supported by the Information Management Officer, for Somalia Child Protection AoR.

The data was collected by a team of three (3) to cover the sample sites in the eight (8) selected locations. Each member of team was trained by the Somalia CP AoR leadership via MS Teams. Based on the geographic area, population size, and remoteness but presence of SOYDA and prevailing capacity, the assessment reach was limited to Cadale district.

The data collected were analyzed based on the frequency rate of key informant (KI) interview responses. The key findings of the assessment are based on the opinions and perceptions of the KIs and possibility of bias exist. However, efforts to mitigate the influence was taken through the direct observation, cross reference with available secondary data, for interpretation and validation.

KEY FINDINGS

The assessment covered eight thematic areas related to protection risks for children in humanitarian settings. The themes are

1. Threats to children's safety and security;
2. Separated and Unaccompanied Children;
3. Psychosocial support, Wellbeing and Community Mechanisms
4. Protecting excluded children;
5. Child labour;
6. Children associated with armed forces and groups;
7. Access to CP and GBV services (including relevant information)

All the KI responding to all the question for the selected thematic areas, their representation of the community was based on selection of people likely to be in contact, work with and/or provide protection for children. See the table below on the roles they play within their communities.

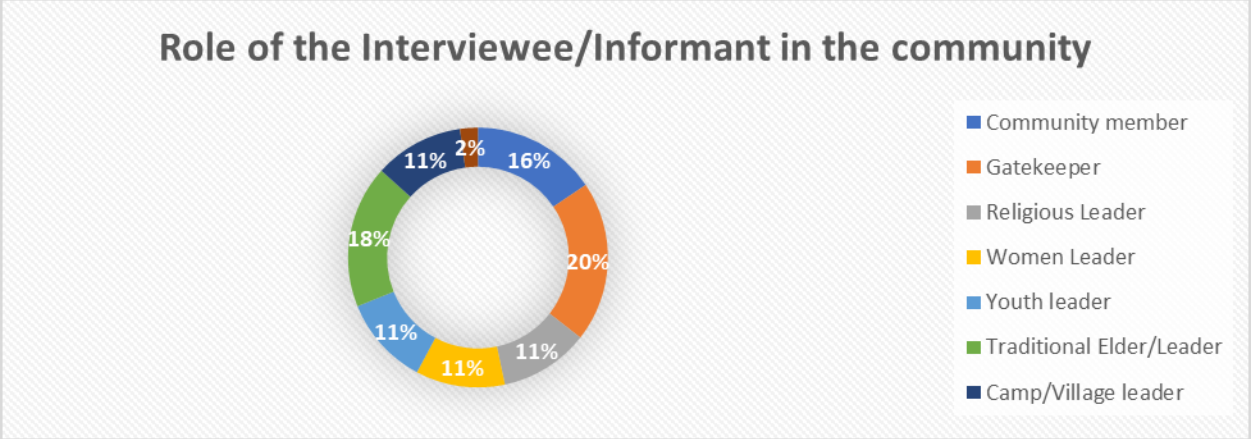


Chart 2: Role of KI

A total of 45 key informants were interviewed from eight (8) sites, 60% of them we men and 40% were women. 27% were from the host (not displaced) communities' (including 4% from rural) while 73% were from IDP camps sites. The KI included seven (7) members of the respective Communities, nine (9) IDP community gatekeepers, five (5) religious leaders, five (5) representatives from women forums, five (5) representatives from youth groups, 8 traditional elders/leader, five (5) camp/village leaders and one (1) teacher. The selection of these KI was based on their unique positions to identify child protection needs, as they are better positioned to interact with most vulnerable groups, through advocacy or/and community-based support mechanism.

Majority of the KI were between 35 to 60 years of age, representing members of the community who have experience the dynamics relating to both natural disaster as well as conflict (relating to both civil war and clan dynamics), hence providing a more objective view of the impacts to children across varied generations.

The data was collected for thematic areas and has been analyzed based on the frequency rate of key informant (KI) interview responses. This report provides the findings of the assessment into key thematic areas to provide an understanding of the child protection issues, needs, and gaps followed by recommendations for each of the key thematic areas. Recommendations are presented for each of the

themes, articulated for relevant stakeholders and guided by the child protection minimum standards in humanitarian settings.

The assessment findings highlighted the child protection concerns faced by children and their caregivers in Cadale (and Somalia by extension) due to their continuous exposure to conflict, drought and challenges linked to access of basic services. The findings suggest that these risks should be addressed comprehensively and in a holistic manner using a multi-sector approach.

SAFETY AND SECURITY CONCERN

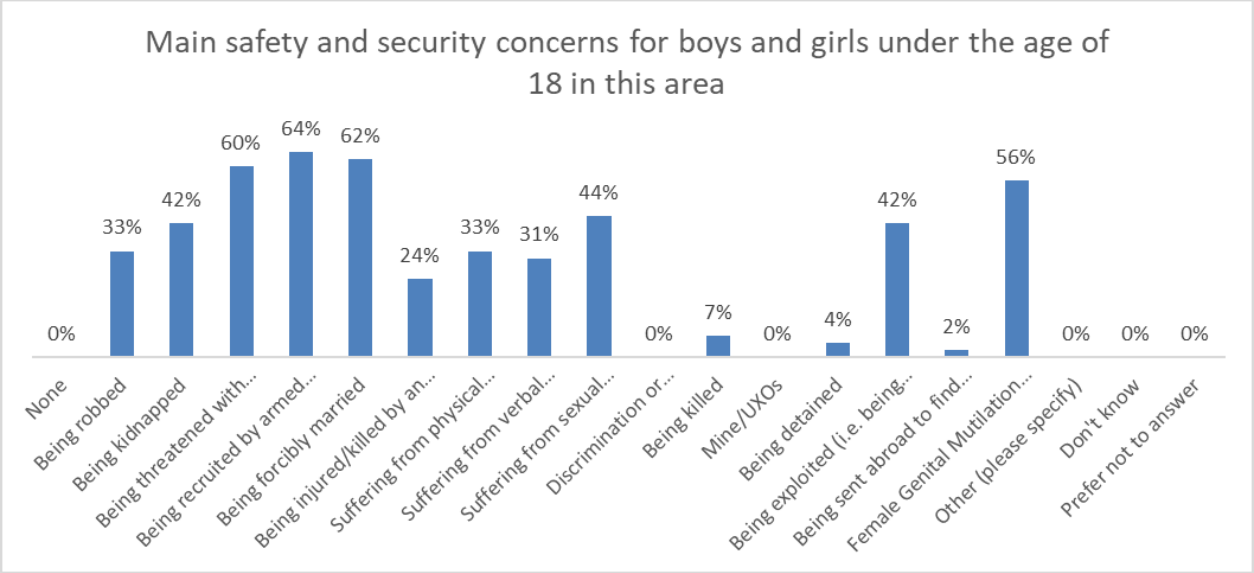


Chart 3: Security and safety concern

PHYSICAL VIOLENCE, INJURIES AND HARMFUL PRACTICES

The assessment highlighted that in Cadale children face risks including the risk of being recruited by armed groups (reported by 64% of KI), followed by risk of girls being forcibly married reported by 62% of the KI then the risk of being threatened with violence (recorded from 60% of the KI) as well as risk of Female Genital Mutilation (FGM) recorded by 56% of the KIs.

Other risks of considerable thresholds include suffering from sexual harassment or violence (at 44%), risk of exploitation (at 42%), risk of physical harassment or violence (not sexual) at 33%, risk of verbal harassment (at 31%) risk of being robbed (at 33%) and risks of being injured/killed by an explosive hazard at 24%

Risks recorded by less than 10% of KIs include; risk of being killed, being detained and risk of children being sent abroad to find work which were recorded at 7%, 4% and 2% respectively. However, despite the low ratio, these may reflect on new trends that might rapidly grow if not addressed.

Other risk not recorded but anticipated based on generic toll include; Discrimination or persecution (because of ethnicity, status, etc.) and Mine/UXOs/ explosive remnants of war (ERWs).

The KI also did not indicate absence of risk (None and Don't know are at 0%), and all identified at least one or more risks highlighted above (0% for Prefer not to answer).

Environmental risks in the camps or outside homes are considered to be the main threats to children's physical safety;

- unfamiliar risks such as road traffic
- unstable debris around the camps/settlements,
- and barbed wire or open pit latrines

Were also observer by the data teams

PLACES OF HIGH RISKS IDENTIFIED

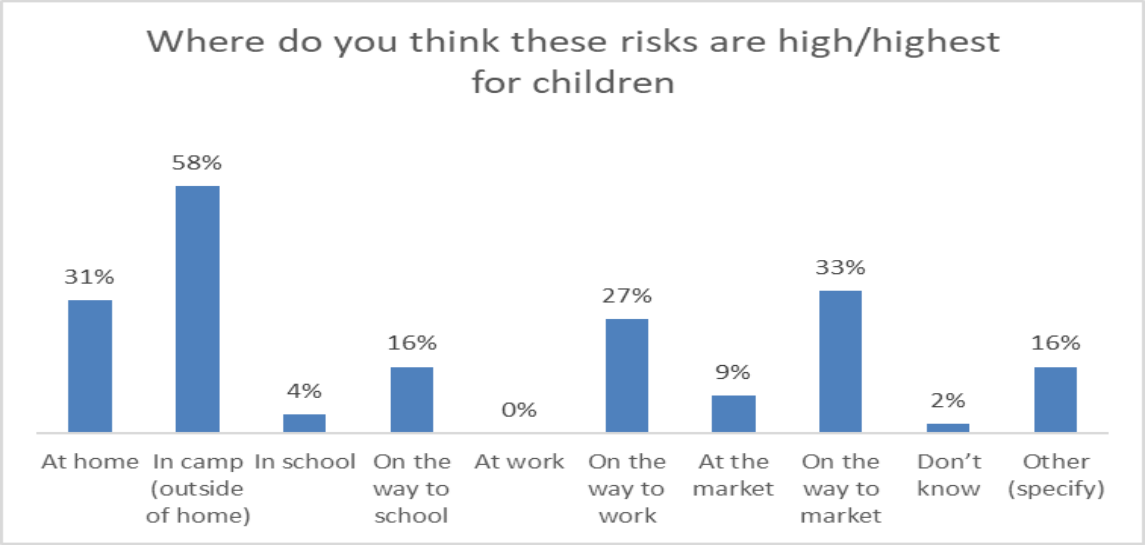


Chart 4: High risk locations

Families and other sources of protection are often put under immense strain, and the weakened protective environment around the child may result in family or community members abusing children, putting those children at greater risk of domestic violence.

Families may also resort to harmful practices such as child marriage and child labour as a coping mechanism during the emergency.

The KI identified risks are highest in camps (outside of homes) at 58%, followed by on the way to market at 33%, then at home 31%, on the way to work at 27%, on the way to school 16%, at the market 9%, in school 4% and 16% of the informants believed there were other more places children could be at risk. None of the key informants identified work (at 0%).

To mitigate the vulnerability of children to violence and physical harm child protection measures need to put in places identifying the protection risks on boys and girls in and around the areas where people have moved and settled. All clusters need to work together to identify the risks and develop the preventive measures.

RECOMMENDATIONS TO ENHANCE SAFETY AND SECURITY FOR CHILDREN

- Awareness raising for prevention of all forms of violence
- Community mobilization on safety from hazardous objects in and around the camps.
- Conduct safety walks the IDP camps in conjunction camp managers, community leaders, care

givers, as well as children themselves to identify hazards and risks to children.
- Coordinate with WASH cluster to reassess that access to water points for the safety of girls.
- Coordinate with Shelter and Food Security clusters should work with camp management to ensure environmental risks are mitigated

SEPARATION FROM FAMILY AND USUAL CARE GIVERS

In all sites visited 96% of respondents stated that there are separated children in their communities (camp, village, or settlements). The majority of KIs believe that family separation is an on-going issue that has escalated due to various factors as represented in the chart below.

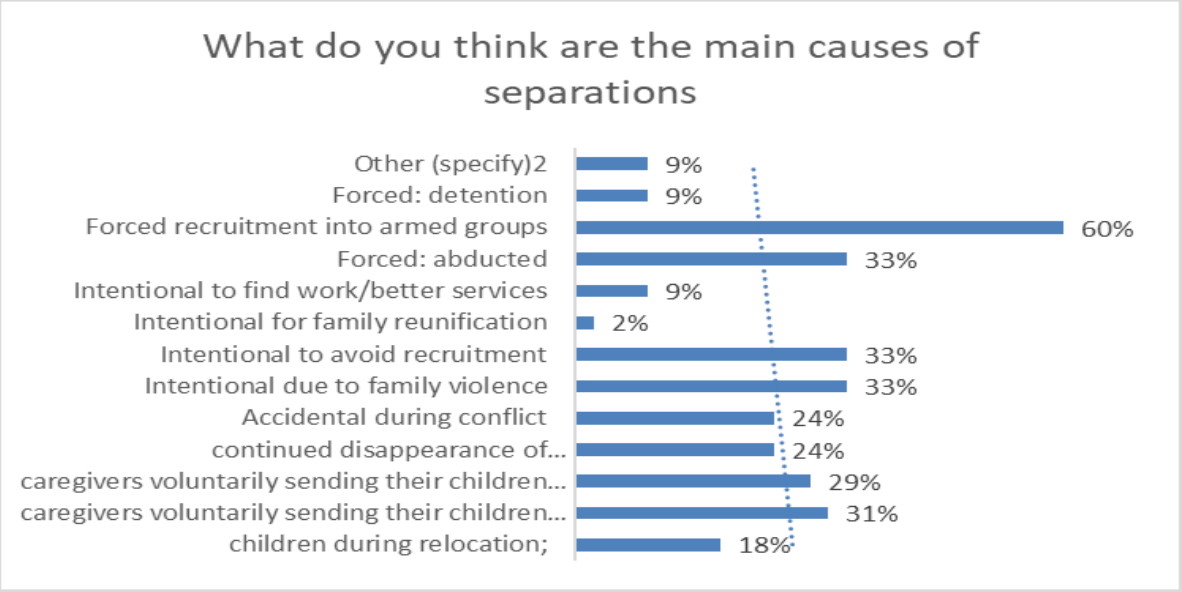


Chart 5: Causes of separation

The results showed that up to 60% of the KI believed that forced recruitment by armed groups contributed to separation of children. Followed by 33% of KI also believed that separation is as a result of intention to avoid family violence as well as intention to avoid recruitment and by abduction (all the three recorded 33% on their own). 31% of the respondents mentioned the role of caregivers by voluntarily sending their children to extended family/friends, closely followed by caregivers voluntarily sending their children to work far from parents/usual caregivers at 29%.

24% of the respondents' pointed to continued disappearance of children/caregivers as well as accidental separation during conflict, while 18% attributed to separation during relocation. 9% attributed separation to situation of intentions which children set out for family reunification with caregivers (without right information) or detention while 9% also pointed to other causes including natural disaster or access to humanitarian services.

UNDERSTANDING FAMILY SEPARATION IN CADALE DISTRICT

The assessment covered elements of **accidental/forced separation**, where the separation is not planned or anticipated, and occurs against the will of the parent/caregiver and child(ren). It generally occurs when communities are under attack or forced to flee from danger. Specific factor identified included

1. Forced recruitment into armed groups (represented by 60%) happens when children escape and join the community or the IDP where they do not have relatives, other also come from the government forces who conduct screening to their forces to disengage children from their ranks or facilitate release of children captured from armed groups. Considering the involvement of the children with armed actors, most of them are not able to go back home for fear of retaliation from their community in absence of formal reintegration process. The children also upon return might not find families at their previous address (their location of origin) due to various factor including but not limited to displacement or migration.
2. The 33% KIs on forced (abduction) gave example of children who end up separated or unaccompanied after traffickers' panic and abandon children in IDP camps. Also, other children whose primary cause of separation is abduction but are fleeing from armed groups or have been rescued and released by government / allied forces.
3. Accidental separation due to conflict which was recorded by 24% of the KIs. This happens when family members are split up during the chaos of flight; children, especially those with disabilities, may be unable to keep up during population movements.
4. The 18% of KIs who recorded separation of children during relocation sighted poor recording of children's data against caregivers. Or poorly organised movements for example, moving children who appear to be alone without adequately investigating their circumstances or keeping records.
5. Other 9% of KIs who mentioned forced detention mention the apprehension of caregiver or children by authorities on unverified chargers. Most of the common reasons for detention is usually suspicion of association to AS armed group. Children when released or caregivers who are never release contribute to UASC since they end up alone in IDP camps or the surrounding communities especially for families on the move, detained at check-points along their routes.

as well as **deliberate/intentional separation** occurs when parents, caregivers or children themselves make a conscious decision to separate, whether during or after the emergency. Deliberate separations do not always have a negative impact on children (for example, children can be placed in a more beneficial situation like foster/kinship care, children fleeing to avoid recruitment or use by armed force but these scenarios do not usually have the best or even good outcomes).

> ***"Children and caregivers who are against use or recruitment by armed groups or those who do don't what their daughter to experience harmful practices will send children away."***

Quote 1: From one the KIs

However, there are negative aspects where children are sent to work or even in scenarios which end up as bondage and servitude. Therefore, the conclusion is that deliberate/ intentional separation can increase children's vulnerability in some especially considering that even though separation is not intended to be prolonged or permanent, new emergencies may hinder self-reunification (return of children back to primary care providers)

For instance;

1. Although forced recruitment has been discussed under accidental separation, intentional to avoid recruitment (recorded as 33%) also exist. Children and families willingly separate for their safety when armed groups (especially AS) demand children to join their ranks. When the children are sent form home to perceived safe locations, the arrangement are made in hurry

with very little assessment. Children may end up getting lost midway or eventually end up in IDP camps on their own with no one to care for them.

2. Intentional due to family violence (recorded at 33%) which happens when children runaway from home. This might be more common for girls who have been known to run from harmful traditional practices like force/early marriage or/and FGM.
3. 31% of the KI felt that caregivers voluntarily sending their children to extended family/friends this could be from reasons already mentioned like protecting their children from armed groups, however, majority of families in Cadale send their children to other relative expecting better care when they under stress (for example, in by poverty, or where one parent dies/become disable).
4. The 29% of KI who felt caregivers voluntarily send their children to work far from home mentioned livelihood challenges. The children may live in IDP on their own and periodically visit their care providers, or their situations might be made worse with other shocks which may trigger secondary separation.
5. There were 24% of KI who mentioned the continued disappearance of children/caregivers (i.e. more recent disappearance) where UASC are left back in the camps as caregivers try to explore other options to improve their livelihood (including visits back to their address of origin).
6. There were 9% of KI who mentioned separation caused by intentional to find work/better services. This approach usually takes form of rural to urban migration, it can either lead to children are left unaccompanied in rural areas or children ending up in IDP while searching for their parents in urban areas.
7. Other causes of separation mention included sickness which currently could be linked to the COVID-19 pandemic where due to risk of infections, families can willingly separate. This was recoded by 9% of the KIs.
8. Finally, only 2% of the KI recorded intentional for family reunification. A case where children may leave from locations where they were left by care providers in the hope of early reunification. When communication channels breakdown and children fail to hear from their parents, their impulse is usually to go look for them. In absence of proper guidance for successful reunification, the movement might cause secondary separation.

Both Accidental and Deliberate separation brough to light of the relationship of different degrees of separation in Cadale district. From the findings the UASC living in the location are from both primary separation (emergency induced) as well as secondary separation (after emergency).

95% of the respondents also believed that the number of separated children had increased in the two weeks preceding the assessment. Additionally, the respondents based on the villages estimated total of 4,165 children as represented by the chart below;

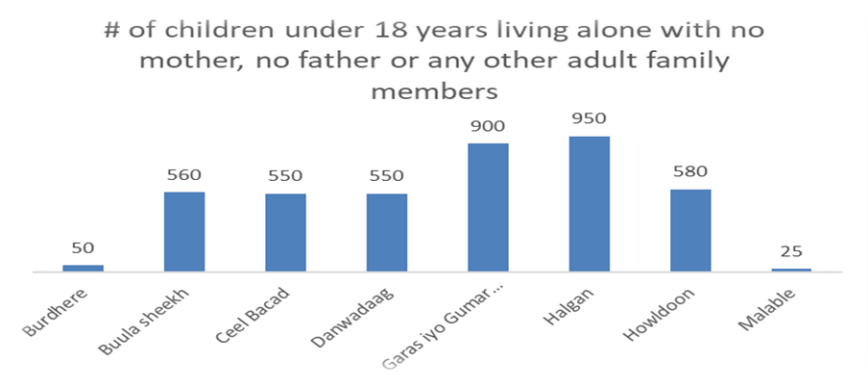


Chart 6: Estimated children living alone

Regarding children who have been separated from their usual caregivers since the displacement (last one month) the 84% of the KI believed that there are more boys than girls who have been separated while 9% believed there are more girls than boys who have been separated and 7% believed there was no clear difference (anticipating 50% split). Additionally, 86% of KIs also felt the separated children were between 6 years to 14 year of age and 2% older than 14 years while 12% no clear difference.

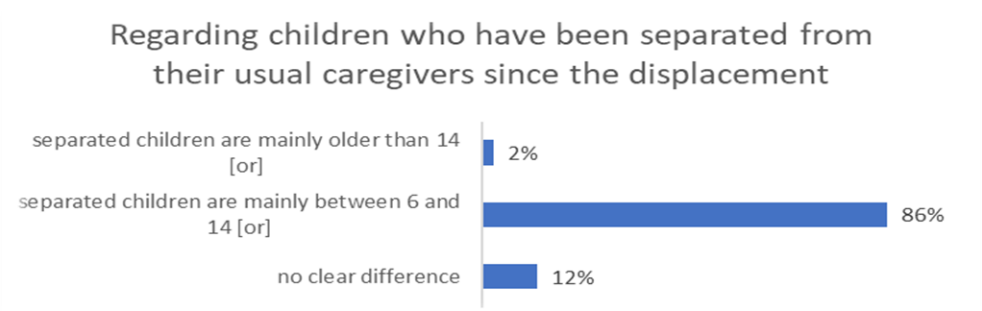


Chart 7: Children age group

To affirm abduction as cause of separation, 60% of the KI confirmed attempts to abduct children from their communities (e.g. outsiders who want to remove children from the community).

CARE PROVISION TO UASC

60% of the respondents pointed out that separated and unaccompanied children live on their own without external arrangement, this could be based on the perception that children (over the age of 15 years) are traditionally perceived not to require parental care. Based on the causes of separation, the low level of commitment by the community could also point to the children left on their own based on perception that they were / or suspected to be liked to former use by armed groups (on the lead by 60%). It could be possible to concluded that without proper training (on positive parenting) and resources (such are formal foster system or interim care centers and safe houses), the community members do not have the capacity of supporting Ex-CAAFAG children. It is also important to note that care for children formerly associated need to include community-based reintegration aspect as well to ensure DDR strategies are followed.

Structured support for UASC who are CAAFAG or at risk of recruitment within recommended the minimum standards can have a great impact in ensuring adequate care for UASCs whom are alone or on the street out of fear from community members.

42% of the KI pointed to informal foster care in the community 42%, which may apply to younger UASC. 31% of the KI also believe separated children live on the street and/or with extended family (e.g. grandparents, uncle, aunt) also known as kafalah. Other arrangement (including but not limited to institution care accounted for 11%). The KI, however, believed there was no care by foster arrangement outside the community (0%). See the chart below;

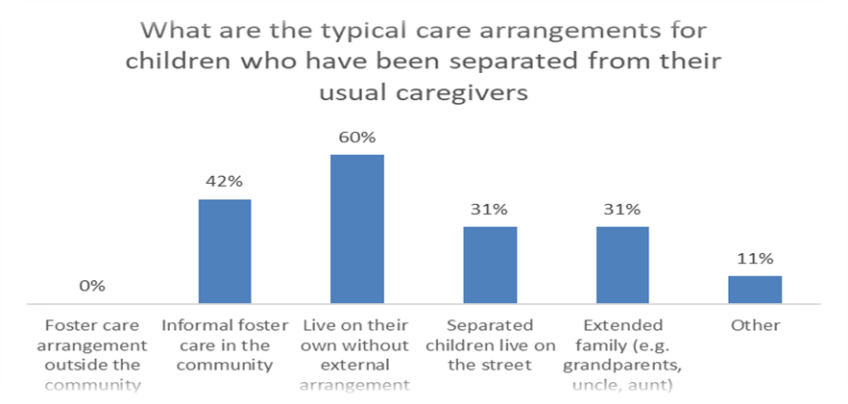


Chart 8: Typical care arrangements

On interim care, 71% of the KI felt that they would keep the child for a short time while they find a long-term solution, additionally 42% also felt that they could care for the child themselves or find someone in the community to care for the child. 18% thought they would additionally inform the police about the child's situation. 11% of the KI though finding someone outside the community to adopt the child provided better chances for children as they would be removed from the identified risks (in that community). 4% also felt they would inform others to find solutions as they felt they could not be able to do anything based on their personal situations. 2% felt they did not know what to do, and would take children to NGOs who work with children like SOYDA. See analysis based on the chart below.

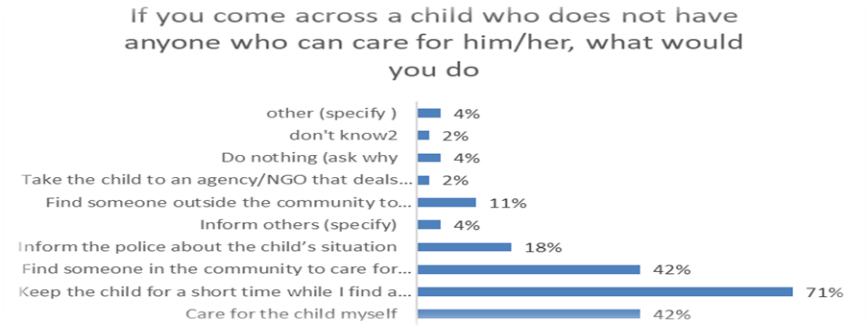


Chart 9: KI reaction to UAC (children alone)

The findings also show that there is weak referral system. The community knows little on where the children should be referred to for family tracing, interim care and reunification. This poses a risk of significant delays in family tracing and reunification.

It is also noticeable that a big percent of respondents (60%) indicated that children live on their own or on the street (31%) as the families are becoming more and more vulnerable due to the continuous and prolonged humanitarian situation. This group of children are amongst the most vulnerable with limited access to services, care, and protection.

Therefore, informal care system needs to be strengthened with extensive focus on prevention of family separation and establishing proper referral mechanisms. Prevention activities need to target vulnerable families in conflict and drought affected areas. A mechanism for early warning to people in offensive targeted areas needs to be established in order to inform families on how to prevent family separation, as well as to educate them on the referral mechanisms. Service providers need to include UASC and their care providers among the beneficiaries.

RECOMMENDATIONS FOR UNACCOMPANIED SEPARATED CHILDREN AND CARE PROVISION:

- Case management should be implemented by well-trained teams to link with local mechanism for reporting separation by setting up a network of stakeholder (CP advocates) ranging from local NGOs, authorities, clan leaders, and community leaders in line with guidance from Somalia case management SOP especially on IDTR for UASC.
- Address root causes of voluntary separation by improving access to services to vulnerable families/caregivers and children at risk to be able to effectively prevent separation in future.
- Through guidance and leadership from CP AOR, agencies working on IDTR case management should design and target identification of vulnerable children (at risk of separation) and respond to their specific needs.
- Awareness needs to be raised on available comprehensive case management services and risks associated to family separation. Very few respondents in all areas knew about the existence of family tracing or child protection case management and many do not know where to go for help.
- Conduct identification of all UASC in the camps and the communities; ensure documentation and proper case management of those cases;
- Establish/strengthen a referral system for UASC identification, with follow up and interim care, tracing and reunification support.
- Train the community-based child protection committees and support them to play a vital role based on minimum standards on humanitarian action to identify, refer, support tracing as well as family reunification.
- Child headed families in the camps and children living on their own on the street should be prioritized in advocacy and programming including access to basic services, tracing, and reunification with family.

PSYCHOSOCIAL SUPPORT, WELLBEING AND COMMUNITY MECHANISMS

Based on the protracted emergency in Somalia, girls, boys, women and men experience different impacts of the crisis. They face different risks, respond/react differently and are affected in different ways. The assessment tried to gauge the changes in behavior of girls, boys, and the care givers, and show a comparison of the causes of psychosocial wellbeing of girls and boys during or after the crisis.

40% of the KII acknowledged increase in manifestations of psychosocial distress among children since last two weeks. Among the behavior changes noticed included violence against younger children (including siblings), general sadness (e.g. not talking, not playing, etc.) and reports of children having nightmares

and/or not being able to sleep as recorded by 13% of the KI. Unusual crying and screaming or engaging in high-risk behavior (including sexual) recorded by 11%. 9% of KI noted the that there are children anticipating to join/joining armed forces or groups. 7% pointed out children are less willing help caregivers and siblings or exhibit disrespectful behaviour in the family or engage in substance abuse. 4% of KI also noted more aggressive behaviour from children, links to children committing crimes, less willing to go to school (dropping out of schools) and elements of anti-social behaviours (isolating themselves). 2% of KI noted children preference to spending more time with friends or other less know activities. No KI reported changes relating helping parent more than before, or spending more time on sport and playing, caring for others in the community, or attending school regularly/interested in education. The chart below represents both negative and positive behaviour recorded.

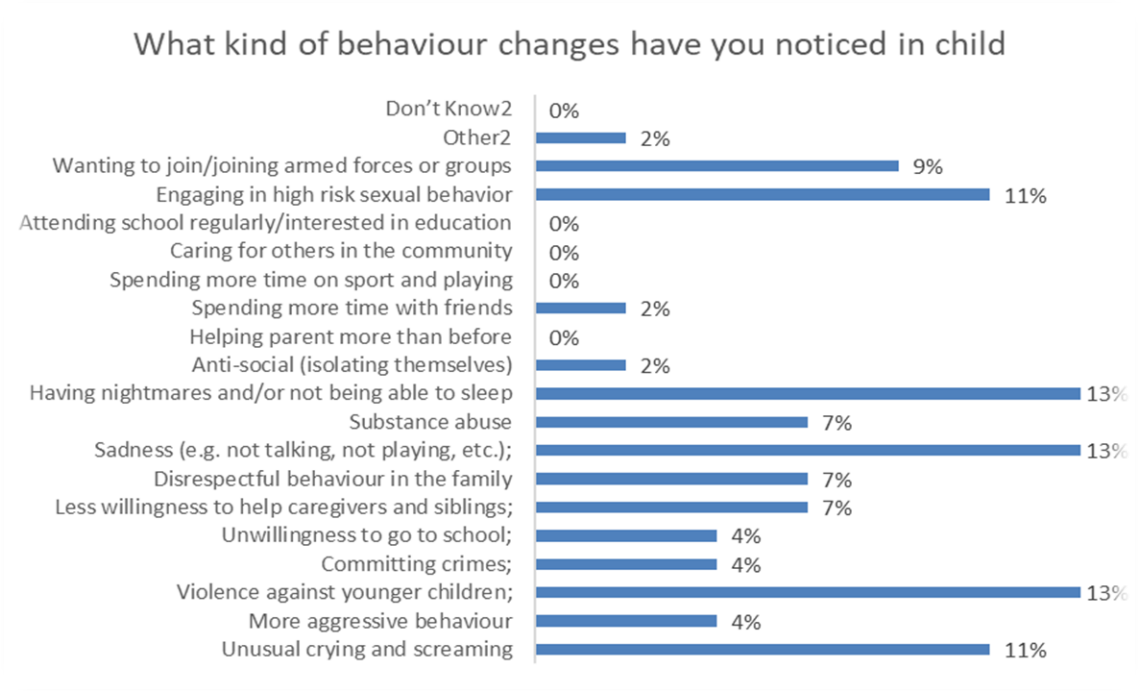


Chart 10: Behaviour changes

The common reported negative behavioral changes for both boys and girls are unusual crying and screaming, unwillingness to go to school, sadness, fear, more aggressive behavior, and inability to go to sleep. Crying and screaming can be a normal reaction to the experiences they had due to the conflict. This is also supported by the children's sadness and fear of becoming a victim of shooting or explosions, resulting in injuries and death. Unwillingness to go to school can be linked with the existing situation such as destroyed school facilities, materials, lack of place to play, occupation of schools by armed forces and groups, unsafe access to schools and fear of sexual violence on the way. This is also linked with risks highlighted in the next section on physical violence and environmental risks.

The KIs noted causes of psychosocial to included lack of food (by 71%), lack of shelter (by 69%), experience of sexual violence (including the risk) noted by 44%. Being separated from their families noted by 38% and children at risk or whom have been kidnapped/abducted reported by 36%. Due to challenge in the community, 27% of KI also noted extra hard work also contributed to psychosocial distress and stress.

KIs also noted stress caused by being separated from their friends (recorded by 22%), risk of trafficking (by 18%), they also noted that some children also feel psychosocial distress due to missing opportunities for going back to school or when they experience tension within their families (by another 18%).

13% of KIs also noted that attacks /conflict around the community, 9% of KIs felt there were other factors also contributing to distress.

KIs also noted that UASCs typically suffer emotionally if they are not being able to return home (recorded by 7%), this also affect other children living in IDP centers. KI also that children feel stressed when they lose their belongings, when the experience nightmares or bad memories (noted by 2%).

No KIs mentioned going far from home for work (by care givers) or bullying (record of 0%) although these also do influence children emotional state. Table below show record of the causes of PSS distress.

Table 1: Causes of stress in children

Q 2.2 What do you think makes children stressed most?	Percentage
Attacks	13%
Kidnapping/abductions	36%
Trafficking	18%
Not being able to go back to school	18%
Not being able to return home	7%
Losing their belongings	2%
Being separated from their friends	22%
Being separated from their families	38%
Tension within the family	18%
Nightmares or bad memories	2%
Sexual violence	44%
Extra hard work;	27%
Lack of shelter	69%
Going far from home for work;	0%
Lack of food	71%
Bullying	0%
Don't Know3	2%
Other	9%

The findings also indicated significant changes in care givers' behavior towards their children. With lack of shelter being the main cause (recorded at 100%), lack of food (at 98%), lost livelihood (at 84%), loss of property (at 82%). Changes in care givers' behavior have direct impact on children, whether it is positive change like being overly protective and keeping children inside the house, or negative change like paying less attention or being aggressive.

Care giver also stressed due to children's safety (noted by 36% of respondents), those living in IDP centers also felt stressed for being separated from their community (36%), 18% of the respondents also mentioned violence within community, 7% mentioned ongoing conflict while 2% feel emotional stress due to not being able to return home (especially IDPs) among other factors other like drought or floods. No respondents mentioned inability to carry out cultural or religious rituals (e.g. proper burial rituals) which reflect that they are still able to access these activities.

In order to strengthen the coping mechanism and resilience all response programs need to integrate psychosocial support to adults and care providers as well. In addition, in a stressful environment, children rely heavily on families and community members for support. Given that, caregivers such as parents are at the core of the community support, they are in need of proper skills to support their children together with access to services and livelihood. Table below show results of the interviews.

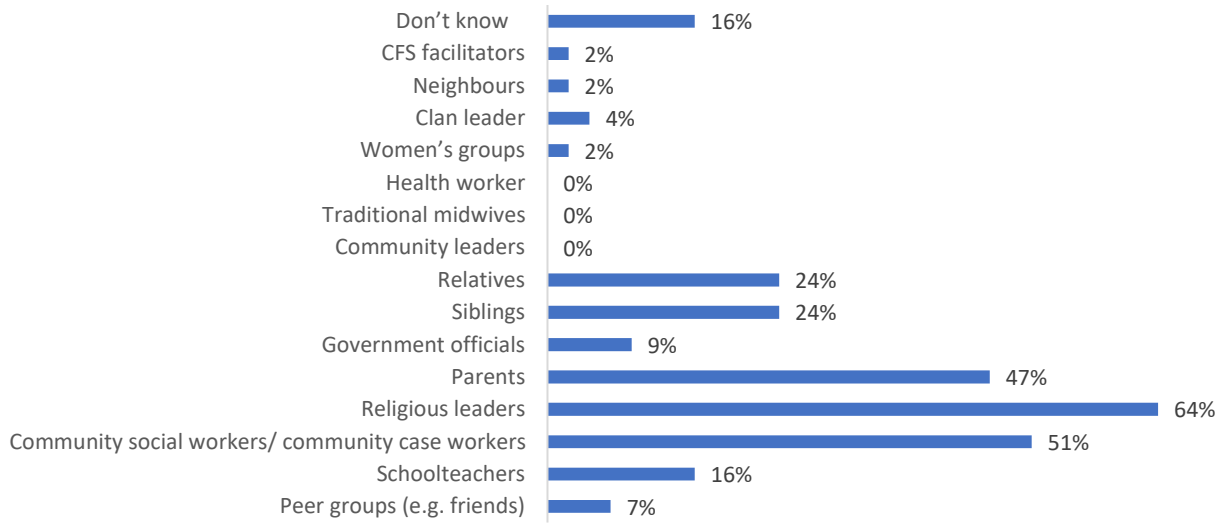
Table 2: Causes of stress for children

Q 2.3 What do you think are the main sources of stress for parents and caregivers in the community?	Percentage
Ongoing conflict	7%
Lack of food	98%
Lack of shelter	100%
Loss of property	82%
Lost livelihood	84%
Children's safety	36%
Violence within community	18%
Not being able to return home [if displaced]	2%
Being separated from their community	36%
Inability to carry out cultural or religious rituals (e.g. proper burial rituals)	0%
Don't know	0%
Other factors	2%

Additionally, children also mentioned that they do not feel relaxed, and are not in the best mood most of the time. Consequently, they had not been getting along well with people and never had enjoyed their days. This was mainly due to the external factors surrounding them. The findings show that psychosocial wellbeing is a serious child protection concern which has a long-term impact on children deteriorating their coping capacity and affecting their resilience.

Moreover, perhaps the humanitarian assistance focused on food security also needs to be thoroughly assessed in the context of ongoing conflict. Food distribution and livelihood generation opportunities together with others need to be used for peace building and stability.

COMMUNITY SUPPORT MECHANISMS FOR BOYS AND GIRLS



Based on a general approach to campaigns seek to educate traditional elders, women and youth in mental health and psychosocial support techniques to act as moderators in unstable situations and transform the way communities deal with stress. This respondent highlighted that at the top of the pyramid, boys and girls are likely to approach religious leaders when facing stress. This was noted from 64% of the KIs. 51% of the respondents that children also are currently aware of the role of community social workers/ community case workers in helping them cope with psychosocial distress. 47% of the KIs also felt parents are also able to support their children if their capacity is built on positive parenting. Through family support, 24% of the respondents believe boys and girl can also get help form siblings and/or relatives . 16% of KI felt children can get support from teachers, while there are similar ration who are unaware of where children can get support (hence need awareness on service maps). 9% of the respondents believe the government officials also have capacity and duty to support children.7% consider peer groups (e.g. friends) can also have positive influence. 4% believe clan leaders can also support children especially in relation to access basic needs or access to services through referrals, similarly women groups, neighbors' and CFS facilitators can also provide referrals, however, this is believed to be so by only 2% for each group. There was little to no confidence on capacity of community leaders, traditional midwives or health workers which recorded 0% from the KIs. However only 2% of the KIs believe there are services and activities available in within Cadale to support children cope with stress.

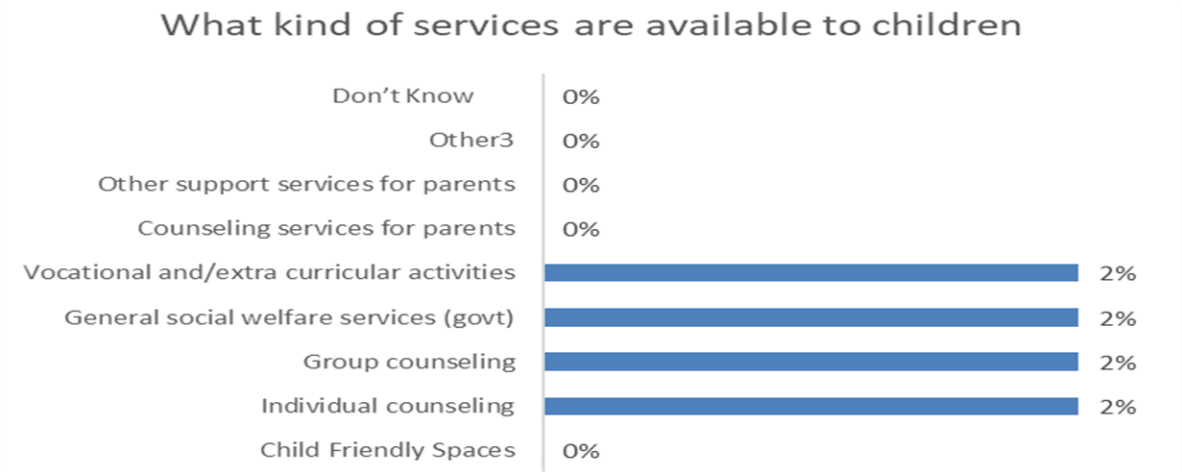


Chart 11: CP service availability

RECOMMENDATIONS FOR PSYCHOSOCIAL WELLBEING:

- Support community-based child forums ensuring they are immediately made available and geared towards all ages of children prioritizing those affected by conflict and natural disasters.
- Other sectors should join hands to expand the services through including but not limited to non-formal and formal education, life skills, recreational activities, and general protection awareness raising.
- Ensuring focused approach, where care providers should also be part of psychosocial programs and should also participate in managing children's forums / safe spaces.
- Most of the families' stress revolves around daily survival, food, water, shelter, livelihood, safety and protection of their children; including protection from sexual violence, physical violence, and recruitment. Subsequently, children turn to their parents or peers for help, the psychosocial support. Program should be expanded to the communities and families to build skills for basic psychosocial support (positive parenting).

PROTECTING EXCLUDED CHILDREN;

In order to engage actively with the community, to identify excluded children who may be in need of assistance, the assessment explored the KI perceptions if girls, boys of different ages and children of different ethnic, religious and tribal groups have equal access to existing services. 42% of the response believe in there are equal access while 58% think there are excluded children.

24% of the KI admitted that they do not know the basis of exclusion, 9% however, believed exclusion could be based on children living with disabled caregivers (hence usually neglected at home and equally lack caregiver whom can be able to access services on their behalf). The 9% also believe that the children from poor households are as well excluded, when service target schools or facilities accessible to middle class or targets linked to influential members of the community. Other 9% also believe, that children with other characteristic that the community are unfamiliar with also face exclusion.

7% of the KI believed that children with disabilities also face exclusion hindered by access or due to discrimination. 4% of the KI also recorded that, children without clan affiliation are also excluded. 2%

believe age, sex and HIV status can also contribute to exclusion. This is inconsideration of in the communities, boys over the age of 15 years are considered as adult and are expected to behave accordingly including supporting the family. Whilst girls constantly face the risk of sexual violence, or be forced in early marriage excluding them from continuing with education. No KI linked exclusion to ethnicity, religion or language dialect (0%). Chart below represent the response.

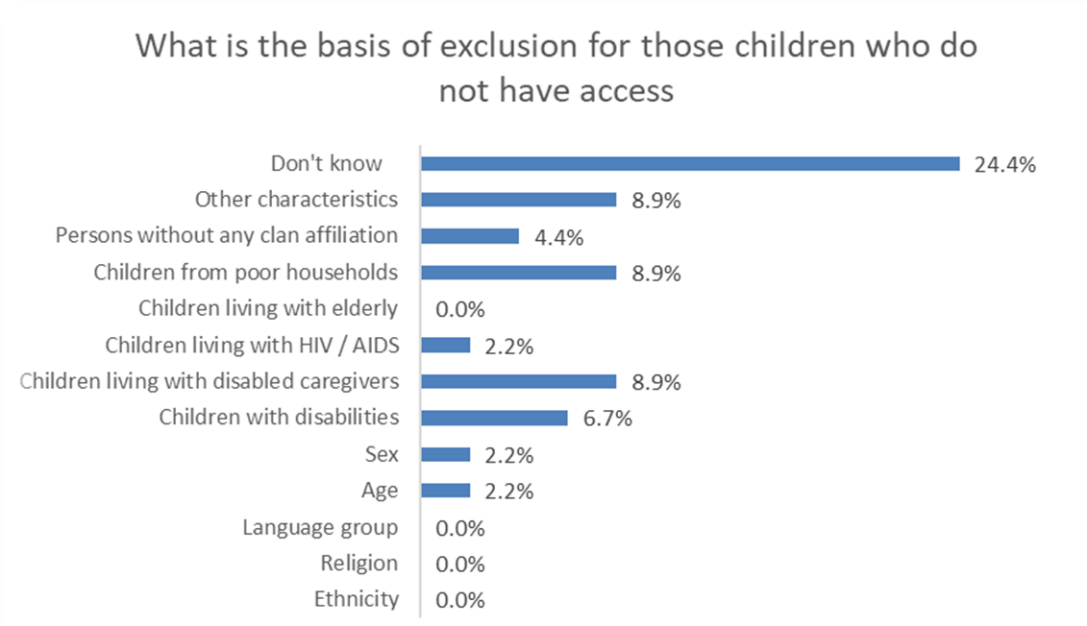


Chart 12: Factors influencing exclusivity

42% of the KI could not provide information on this subject, this could be based on their need for awareness and capacity building on the subject, which can also have influence on how they perceive the issue.

The data also identified exclusion specific to impaired hearing or mental disorder under disabilities as well as children whose whereabouts are unknown (missing children). Young children also in various forums experience exclusion when their views are not included. Only 9% of the KI felt that there are other types of exclusion or discrimination apart from those represented above.

4% of the KI noted that minorities are exploited by the community and their children are not reached by assistance by extension, in some case, they believe minority group are treated differently which in some cases might mean prioritization. 2% pointed out that both young boys and girls as they are rarely asked for their view's hance excluded from participation (their views usually end up represented by their care givers due to consent procedure).

RECOMMENDATIONS ON PROTECTING EXCLUDED CHILDREN

- Need for targeted awareness and mobilization to sensitize communities on exclusion and support to increase their access to services by boys and girls of all ages, ethnic background including those with disabilities.
- Training of community-based committees including duty barriers (both formal and informal authorities) on how to identify excluded children and support the children's best interest.

- Supporting schools to roll-out inclusion programs and facilitate access to services irrespective of the children background.
- Reach out to stakeholders to advocate for supportive aid needed by children of various disabilities (including for mobility, hearing or sight challenges).

CHILD LABOUR

Child labour affecting both boys and girls is a key protection issue in Somalia driven by family poverty, separation from parents/ caregivers, violence, conflict, displacement and loss of livelihood among other causes. However, from all the sites assessed 51% of respondents said that they have observed children involved in labour.

38% of respondents stated felt that children are involved on other harsh and dangerous labour, 29% mentioned suspicion of sexual transactions and domestic labour, 9% observed that children are increasing involved in transporting people or goods (fishing, hanging on the vehicles calling the passengers, jumping in and out from the moving vehicles, collecting fare, using the three wheelers and motorbikes). 7% of respondents mention possibilities of other forms of work not listed (shoe shining, construction work, in the street or restaurant). 4% were unspecific and did not know the kind of works children do. 2% felt that children were involved in farm work. To their knowledge the KI could not tell of any children working with factories (which recorded 0% despite presence of small-scale factories in the district and neighboring districts). See chart below.

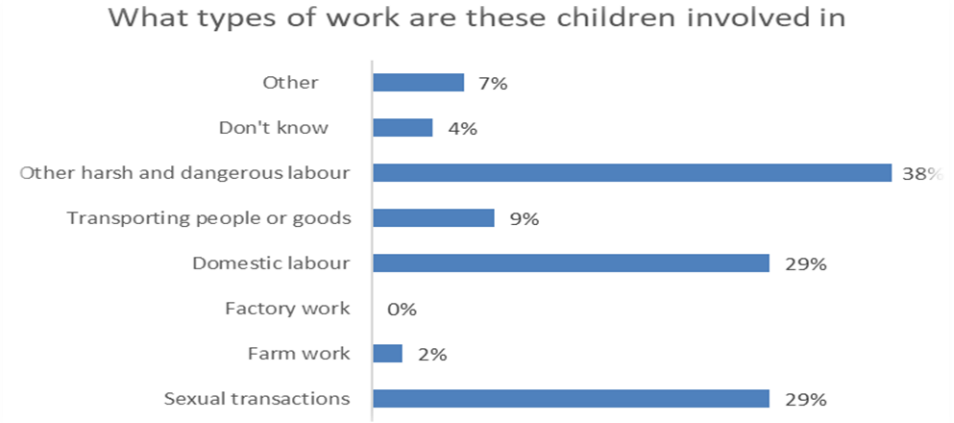


Chart 13: Types of work children are involved in

91% of KI also felt the number of children working under harsh conditions have increased since last displacement. 60% of the KI feel the children engage in work voluntarily to support themselves and/or their families (this however still reflects that they have been forced by circumstances. 53% of KI believe that the children are sent to engage in such work by their parents/caregivers. 27% of the KI think that the children are working for other reasons. While 4% of the KI admitted that they did not know reasons why children work. Although there are chances of children sent to engage in such work by people other than their caregivers, none of the KI could support the theory.

Many children are working as domestic laborer's, farm workers and at risk of transactional sex. This is also compounded by the fact that girls are in some scenarios forced into marriage with old men with key motivation of family receiving (or having received) dowery in exchange.

Most children at risk have never had chance to go to school nor participate in recreational activities that are constructive. Some are forced by circumstances to beg in front of mosques when they cannot find work, these factors contribute to other risk such as being apprehended by the security forces, high risk of exposure to violence, sexual and physical abuse and exploitation.

In comparison of girls and boys, most girls work in homes, or as domestic help, selling goods, and working in farms. Working on the street or begging was reported as a common means of raising income for both boys and girls.

Marriage was also mentioned as an alternative means for girls to raise income for their families.

Both boys and girls were commonly reported to move away from their families to work, or to find work. Boys were mostly sent to live on their own and find work after a certain age while girls were sent to live and work as house help. Children involved in the worst forms of child labour are likely to harm their health, safety, development, and psychosocial wellbeing.

Child labour contribute to child recruitment, on basis of access to basic services, further child labour contributes to bondage where spend long hours of work which deprives them from attending schools.

RECOMMENDATIONS ON PROTECTION CHILDREN FROM HARMFUL LABOUR

In order to prevent and reduce the involvement of children in harsh and dangerous labour and to support children to be children living a normal life, the Education Cluster and relevant authorities must ensure access to education, recreational and other activities for all vulnerable children.

The Livelihood and Early Recovery Clusters must provide livelihood opportunities and support to families who are mostly affected by the conflict and drought.

- In order to prevent child labour, job opportunities should be increased for care providers, adolescents by setting up safe income generating activities.
- All stakeholders should identify child headed households, children living with elderly, and from the poor families and include them in the income generation activities that also provides them with an opportunity to learn and develop their capacities and skills.

The Child Protection AoR should work with all child protection actors to build a protective environment, and advocate for access to services and protection assistance to survivors. It should be noted that these group of children are easy target for recruitment and use by armed forces and group, exploitation, and even trafficking due their vulnerability and meagre access to basic services

CHILDREN ASSOCIATED WITH ARMED FORCES AND GROUPS;

Somalia as a whole is dealing with the issue of children being used by armed forces, armed groups including clan affiliated militias. Children have been observed in uniform, working at checkpoints, and supporting soldiers by cooking or carrying water, or as informers.

In Cadale district 49% of the respondents stated that children are working or being used by armed forces and groups, the other 49% denied of use of children by armed actors, while 2% did not express a point of view. This can be attributed to the risk communities perceive to be associated with providing information on the subject. Most community fear being targeted in retaliation by armed groups of the protest or provide information of use of children.

38% of KI reported most recruitments happen on the road (e.g. to school or to collecting wood), the respondents noted the persuasive approaches are usually timed when children are away from their care providers. This usually by peer pressure. The techniques usually used to persuade the children included offering them payout alternative instead of strangling with school work or house chores.

While 31% of the respondents pointed out that service points (e.g. health center or food/water access point) can also be exploited to manipulate vulnerable children especially in the water points which are considered gathering point to hire a potential child soldier. Considering the economic and social conditions needed for children to maintain life, livelihood and dignity in relation to challenges experienced to access services, armed groups use propaganda and promises renumeration and power to children to try and influence children to join them. Additionally access to health and food is usually challenging when children are on their own (for example UASC) since families require registrations by of head of the house hold. When children fail to access these services, they are promises guns which they are told come with power for to get all their wishes (including using the guns to force women and girls to bring them water or food whenever they need).

16% of the KI reported that children can be easily recruited from IDP camps, 4% mention schools and other sites frequented by children (included the streets) while 2% did not know.

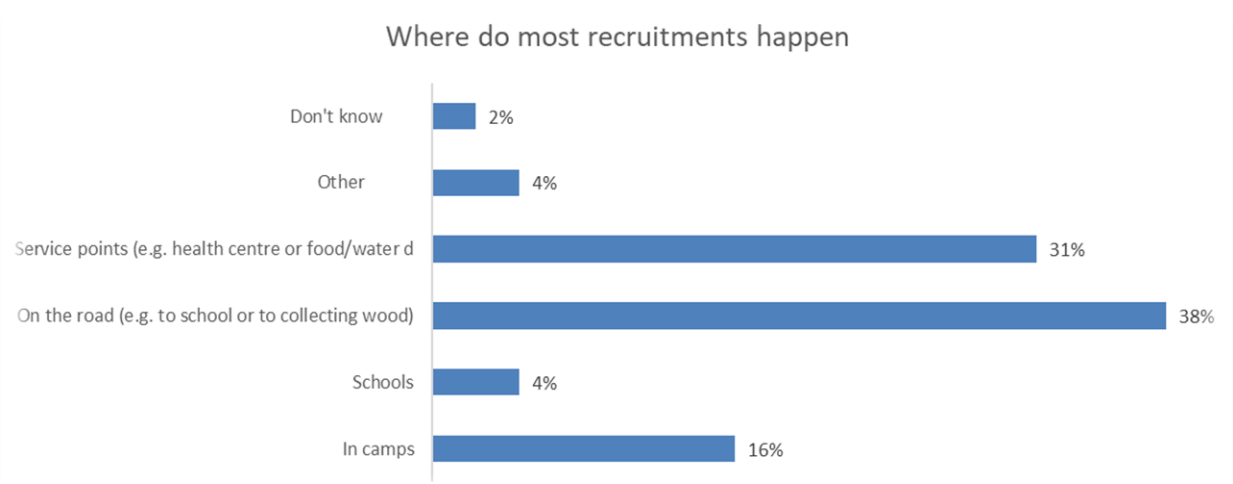


Chart 14: Points of recruitment

Other dynamics on recruitment included kidnaping/ abductions, villages are forced to send their children by the armed groups. Peer pressure from other children previously forced into the armed group and armed forces.

Effects linked to use of children formerly associated to armed groups and armed forces include suffering from physical abuse, sexual abuse, emotional abuse and these may lead children into drug addiction. Some families have experienced loss of lives in connection to use and recruitment of children.

In most of the site's respondents mentioned children from the age of 5 years to 18 years, however a subset of 10 years to 18 years are anticipated to be more active roles with the armed forces and armed groups. Boys are usually targeted more compared to girls. The KIs believe both host and IDP children facing similar risks of recruitment.

Risks of recruitment and use by armed forces and are groups are increased by lack of basic need among vulnerable families, loss of livelihood, displacement, and desperate condition children and care givers. Children are in most cases offered small amounts of money, goods such as mobile phones, food, or are taken to the Madrasa in order to join the armed groups. Assessment show schools are also not safe enough for children and madrasas are being used by both AS and clan militia for recruitment of children. The assessment teams and some anecdotal reports have indicated that in some areas under the AS control, clan leaders collaborate with the AS and convince families to send their children to the madrasa where the children are misled to join armed groups.

The findings stress the fact that various armed forces and groups are involved in use and recruitment of children in Somalia and the ongoing crisis is contributing to it further. The FGS has signed two action plans for;

i. To End Recruitment and Use of Children in Somali National Armed Forces, and
ii. Eliminating Killing and Maiming of Children in Contravention of International Law.

An additional road map for implementing the action plans is in place and subject to review annually.

Implementation of these action plans need to be advocated vigorously, and monitoring and reporting of grave violation of child rights should be expanded. Clan leaders and religious leaders need to be targeted in advocacy and awareness raising for prevention.

It is also apparent that lack of livelihood, education, life skills, and development opportunities for young boys and their families are the driving factors, hence the humanitarian response needs to take an integrated approach to prevent and reintegrate CAAFAG. Additionally, the livelihood and peace building programs for the district should be designed to include youth and adolescents and facilitate their meaningful participation.

RECOMMENDATIONS FOR CHILDREN ASSOCIATED WITH ARMED FORCES AND ARMED GROUPS:

- Reintegration program should be supported specific to Cadale district and surrounding villages as respondents have reported that recruitment and use of children by armed forces and groups is a major concern.
- The reintegration project should target at risk and most vulnerable children (UASC, child headed, school drop outs, and children living in the street) with objective to improve their access to livelihood, basic services, and economic reintegration.
- Advocate for CP helpdesks to coordinate and respond together with other service providers so as to ensure children in need are also able to be supported in line with minimum standards.

- Support capacity building of frontline staff on orientation on child protection minimum standards, especially offering life saving services and are likely to be in contact with children like WAHS and food distribution teams.
- Need to scale up awareness raising to families, communities, and children to prevent recruitment should be conducted at IDP camps, communities and schools specifically targeting young boys.
- Religious leaders and clan leaders should be educated and involved on the awareness campaigns advocating for the prevention of using schools/madrasa as recruitment grounds.

ACCESS TO BASIC CHILD PROTECTION AND GBV SERVICES

98% of the KI did not know of availability of child protection service listed below.

1) mental health and psychosocial support services,
2) social services, and
3) supportive group activities (e.g. play and recreational, MHPSS, etc.)

53% of the KI noted that difficulties to reach as the key barrier while, 49% of respondents pointed out when there are services available, there are always too many people and long to wait. 24% of the KIs also identified safety and security concerns (on the road) to access services which could be compounded when beneficiaries stay late waiting for services. 24% of the KI mentioned that they don't know the exact services which are available. 13% presented concerns over distance (i.e. beneficiaries may lack of transportation/ cannot afford transportation). 9% believe that in some case perception/cultural barriers play a role as community could end up discriminating against the beneficiary. 9% of KIs also noted services are not always functional (opened half of the day or some days a week). 7% of KI also felt the beneficiaries could be discriminated against. 4% of KI also felt that the quality of services is might not good. 2% of KI also think beneficiaries could be busy with house hold chore, or feel shame to access service or might not be eligible to services are not accessible to children with disabilities/ UASCs (children without a resisted adult), additionally for GBV, the risks relating to safety and security concerns (fear of reprisals)

Other berries not mentioned but perceived included lack of permission from parents, safety and privacy concern (from those who do not trust the staff or trust that their information will be kept private), other concerns (risks of Covid-19 transmission for children in CFS) and lack of information on CP services (uncertain of what type of help is available and offered) which all had 0% as presented in the chart below

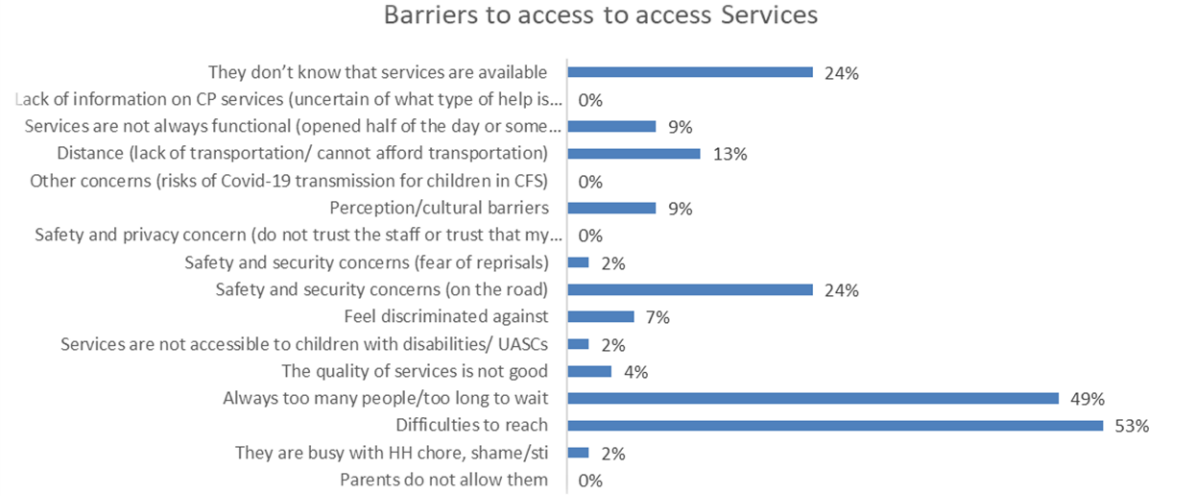


Chart 15: Barriers for CP access to services

When asked to provide context on service availability, 68% KIs recorded those services to children are nor regular through the week, while 26% believe on continuous access (which could be based on geographical location of the KIs) additional 6% were uncertain of the services.

96% of the KI felt the children (girls and boys) and parents / caregivers know about these services and how they can access them.

The findings also indicate that poor households or elderly parents/care providers are generally not aware of any existing services, therefore children living with them are excluded because of ignorance and lack of information. It was also mentioned that minority groups always have lower access to services compared to other groups.

It should be noted that children who are living on their own or in the street are not even included as recipients of aid unless they are accompanied by an adult (as recorded by 60% of the KIs). Certainly, this is a gap in the strategy of service delivery that needs to be corrected by installing a system of identifying these children and providing aid and information to all.

RECOMMENDATIONS FOR MULTI-SECTOR RESPONSE:

The results of the assessment show that there is an urgent need to reinforce and improve multi-sectoral responses in camps. Services targeting displaced population living in and outside of the camps as well as the host communities should be expanded. The information about such services needs to be widely disseminated.

- All humanitarian actors/clusters should make special efforts to inform the affected population about the available services, especially targeting the excluded girls and other most vulnerable children.
- Coordination groups need to develop strategies to address the special needs of children and women who have lower access or are excluded from receiving services.

- Child protection should be mainstreamed in all interventions, across sectors and in particular WASH, Health, Food, Nutrition and Education.
- Raise awareness with WASH cluster on risk factors for girls in terms of sexual violence while collecting water and using public WASH facilities (i.e., latrines).
- Work with Education cluster to ensure routes to school are safe, removing barriers to retain girls in schools to delay marriages, training teachers and community members to provide basic psychosocial support, and rolling out educational packages on physical safety in hostile environments including mine-risk education.
- Distribute core child protection messages and child protection minimum standards to all sectors to mainstream child protection issues in their assessment and response plans. Coordinate and designate child protection focal points at distribution centers/ camps in order to support and refer children for case management.
- Agencies with child protection programs should expand their programming in the district to building upon and strengthens existing child protection systems. For example, the “Kafalah” system should be further explored for providing family-based care to UASC.
- The Education, CP AoR, Health, Shelter, WASH clusters, responsible government agencies and humanitarian organisations should ensure that safety and security concerns of children and women are incorporated in the planning and design phases of establishing structures and facilities to guarantee security and prevent further injuries. Camp management should be supported to clean up the hazardous objects in and around the camps.
- Ensure effective coordination of protection responses to facilitate collective response, common advocacy, and a coherent interface with other sectoral responses including monitoring and further investigating child protection and GBV issues.
- Provision of clinical management of rape to child survivors.