



CHILD PROTECTION ASSESSMENT REPORT

Dadaab refugee camp, Kenya

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Executive Summary

The Dadaab refugee complex consists of three camps, namely Dagahaley, Hagadera, and Ifo. The first camp is Dadaab, which was established in 1991. As of January 2022, a total of 234,040 refugees and asylum seekers resided in the Dadaab Refugee Complex. More than half of them (56%)¹ are children.

Terre des hommes (TdH) has identified hundreds of children at risk of violence, neglect, exploitation and abuse. Most of these children are survivors of sexual and gender-based violence, unaccompanied minors in need of alternative care, adolescent mothers or children having to look after their families.

Moreover, the vulnerable children and families are particularly at risk: they have inadequate access to medical care, restrictions on referrals outside the camps, interruptions in education, and increased trauma and intra-family conflicts that directly impact children's well-being.

In January 2022, TdH conducted a child protection assessment in Dadaab through IMPACT Initiatives to inform evidence-based strategic planning among child protection actors through the provision of relevant information on protection needs, vulnerabilities, gender dynamics and access to protection and other multi-sectoral services of refugee and asylum seekers' children in the Dadaab Refugee Complex.

The assessment used a mixed-methods approach, with both qualitative and quantitative data being collected. The quantitative data was collected using individual interviews with male and female caregivers, and children, and key informant interviews with various community leaders in the camps. The quantitative data was complemented with qualitative data collected through focus group discussions (FGDs).

Findings from the individual interviews, key informant interviews and FGDs indicate that there are different groups of vulnerable refugees and asylum seekers' children in Dadaab. The most common groups of vulnerable children were children with disabilities, children with chronic illnesses, children living in extreme poverty conditions, separated or unaccompanied children, orphans and children living with single parents. In particular, 20% of girls and 21% of boys from the individual interviews were reportedly living with a disability. The vulnerable children reportedly experienced various challenges with difficulty in accessing education and health services being the most reported challenges.

This assessment reveals that some children in Dadaab face violence, maltreatment, and negative practices. From the individual interviews, 29% of girls and 25% of boys reported having faced violence, maltreatment, or negative practices at least once in their lifetime. FGD participants, caregivers as well as key informants (KIs) reported that some vulnerable children had faced physical and sexual violence among other protection concerns. These children were reportedly in need of psychosocial support, education, health, and counseling services.

Findings from this assessment reveal that some children did not have capacity to deal with protection concerns. When asked if they knew how to protect themselves from child abuse, 14% of girls and 11% of boys reported that they did not know what to do when they were harmed or abused. On the other hand, of the children who reported knowing how to protect themselves from child abuse, 61% reported that they avoided being alone and 58% reported.



talking to adults that they trusted whenever they perceived being exposed to the risk of being harmed. Caregivers and KIs reported knowledge of several measures in place to prevent or reduce chances of abuse or harm on children. For instance, training on protection concerns and referral pathways were reportedly offered in Dadaab.

The assessment sought to find out how different groups of children in Dadaab access humanitarian goods and services. Findings from FGDs suggest that access to humanitarian assistance varied among different groups of children generally because different actors aided specific groups of vulnerable children based on their programming. In addition, children who are not perceived by actors to be vulnerable may not fit in any programming in the camps and therefore their needs remain unmet.

FGD participants further suggested that despite humanitarian actors providing targeted assistance, some needs were still unmet. For instance, children with disabilities received wheelchairs but they needed people to push their wheelchairs to access health and education services or be provided with transportation to school. Findings indicate that most of the children reported barriers in accessing humanitarian assistance, including inaccessibility of humanitarian actors' offices.

How humanitarian aid is delivered may directly affect access to the assistance. This assessment found out that some children of different ages, gender and vulnerable groups perceived being at risk when they or their caregivers received humanitarian assistance. In particular, 35% of children reported having ever feared to be discriminated by other refugees when receiving humanitarian assistance. Others reported fearing experiencing physical violence (26%), verbal harassment (12%), sexual violence (9%) and 12% being asked to pay bribes. In addition, FGD participants perceived children being exposed to discrimination, bullying, physical and sexual abuse, gender-based violence and disrespect when receiving humanitarian assistance.

About TdH NL.

Terre des Hommes Netherlands (TdH NL) is an international child rights organization committed to stopping child exploitation. TdH NL goal is hinged on the need to identify, expose, and respond to hidden and emerging forms of child exploitation taking place all over the world, so children can be children.

Our vision is 'a world in which children are no longer exploited' and our mission is 'to prevent child exploitation, remove children from exploitative situations and ensure these children can develop in a safe environment.'

Our vision and mission are inspired and guided by international human rights instruments and standards, in particular the United Nations Convention on the Rights of the Child, the Council of Europe's Lanzarote Convention, the International Labor Organization Conventions and aligned with achievement of the SDGs, in particular Goals 5, 8 and 16.

In Africa, Terre des Hommes Netherlands works in Kenya, Uganda, Tanzania, Ethiopia and Madagascar. In Kenya, TdH NL programmers are implemented in Central, Rift Valley, Coastal, Western and Northern regions of Kenya where we collaborate with other CSOs and networks in the execution of projects aimed at preventing child exploitation and aiding exploited children.



About the Project

Child Protection in Dadaab refugee camp.

Terre des Hommes Netherlands and Terre des Hommes Foundation (Tdh F) engaged in a co-creation and joint implementation of the child protection project in Dadaab Refugee Camps (Hagadera, Dagahaley, and Ifo). The project titled, Enhanced child protection prevention and response for the most vulnerable children in Dadaab refugee camps, was a one year (1st July 2021 to 30th June 2022) project funded by the European Union. The aim of the project was to strengthen refugee and asylum-seeking communities' access to sustainable quality child protection services for children at risk of abuse, neglect, exploitation, and violence.

The overall objective of the project is to ensure that children and adolescents experience reduced levels of violence, abuse, exploitation, and neglect.

The project has 3 Result Areas:

1. R1: Child protection concerns are addressed by promoting child safety and wellbeing: The children's level.
2. R2: Families are enabled to be more resilient and more able to provide adequate care to promote wellbeing and protection: The family level.
3. R3: Community capacities have been enhanced to protect and promote the wellbeing of children: The community level.

Methodology

This assessment used a mixed-methods approach, with both qualitative and quantitative data being collected between 12 and 31 January 2022 in Dagahaley, Hagadera and Ifo. The quantitative data was collected using individual surveys and Key informant interviews while the qualitative data was collected using FGDs. A total of 426 individual survey were conducted with female caregivers and 377 with male caregivers who are randomly sampled to fulfill a 95% confidence level and 5% margin of error. In addition, individual surveys were conducted with 210 girls and 210 boys aged between 12 and 17 years to fulfill a 95% confidence level and 7% margin of error. Caregivers provided

information about children living in their households (HHs).

On the other hand, 42 KIs were purposively sampled from the leaders who know the circumstances of children in regard to child protection in Dadaab. They provided community level information. (Table 1 shows the leaders who were interviewed). In addition, 42 FGDs were conducted with children aged 12 to 17 years and adults. (Table 2 shows the different groups of children and adults who participated in the FGDs.) Each FGD contained between eight and ten participants and was moderated by one facilitator and detailed notes were taken by a note-taker.

The tools for individual interviews and key informant interviews data collection were prepared using open data kit with the guidance of TdH. The entire field team, including the enumerators, received a two-day training from IMPACT Initiatives and TdH that covered research ethics, an overview of the assessment, child protection principles, child safeguarding, referrals, consent and review and practice with the tool. Data was collected using android smart phones and data checks and data cleaning were done on a daily basis. At the end of data collection, the cleaned individual interviews data and key informant interviews data was analysed using R statistical package while the FGD notes were grouped into thematic topics. The number of individual interviews, key informant interviews and FGDs conducted in each camp can be found on map 1. More information on methodology can be found in the Terms of reference.



Challenges and Limitations

The assessment used a stratified random sampling technique to select respondents of the individual interviews, hence there is a possibility that all possible groups comprising of children, men and women in the camps were not represented in the sample.

Findings referring to a subset of the total population may have a wider margin of error and a lower level of Precision. Therefore, may not be generalizable with a known confidence level and margin of error.

Findings from the key informants and FGDs cannot be generalized to the entire population but are rather indicative of the respondents' perspectives because participants were purposively selected.

Some indicators may have been under- or over- reported due to the subjectivity and perception of the respondents. Some individuals, KIs and/or FGD participants who were interviewed may have responded according to what they think is the 'right answer' to certain questions.

Table 1

42 Key informant interviews conducted with:

Section leaders	8	Youth leaders	8
Religious leaders	7	Women group representatives	6
Community resource persons	5	Child welfare committee representatives	5
Female camp chair	3		

Table 2

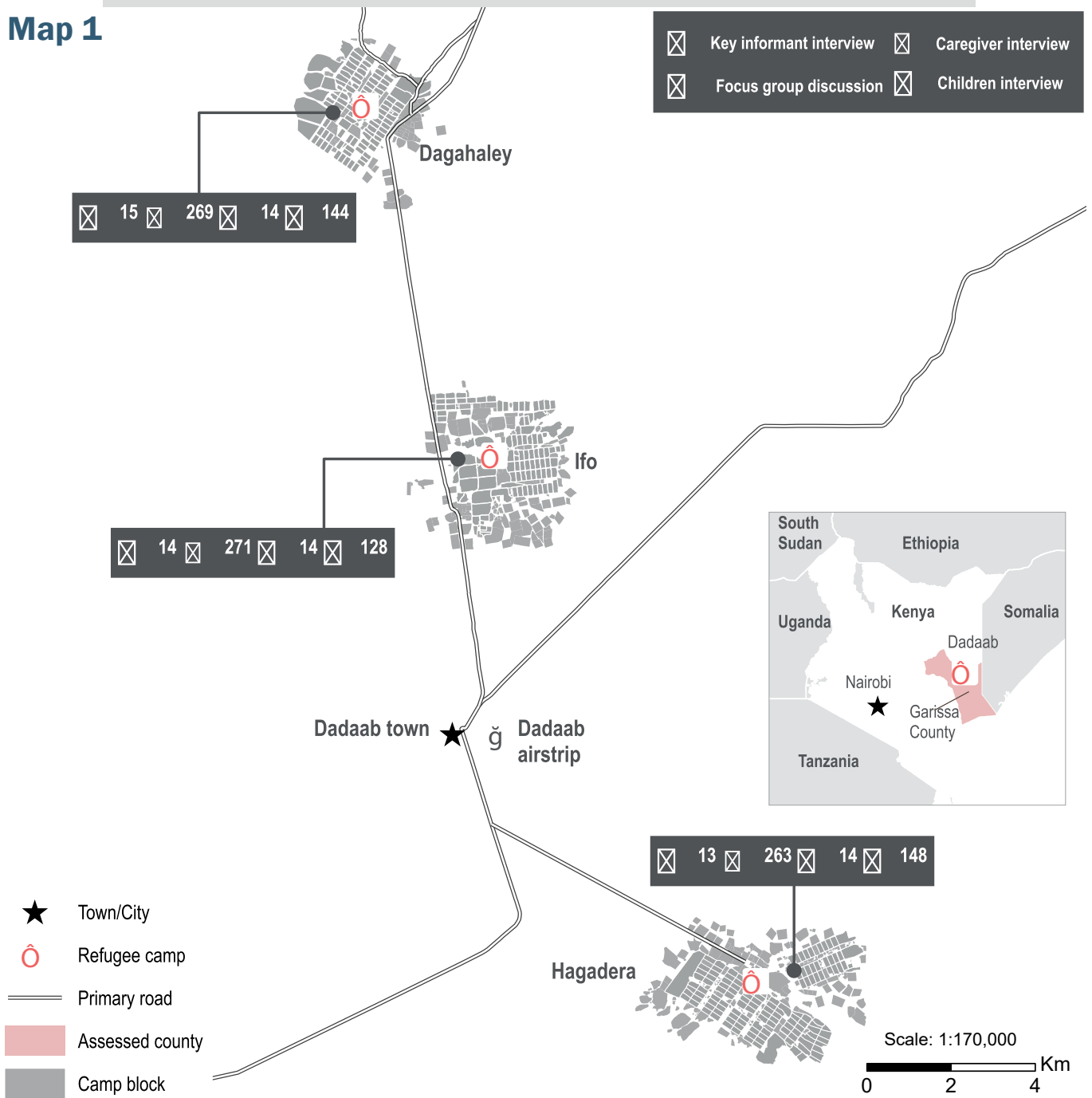
42 FGDs conducted with:

Children living with disabilities (12 to 17 years)	3	Unaccompanied and separated children (12 to 17 years)
Children in labour (12 to 17 years)	3	Undocumented children (12 to 17 years)
Children not attending school (12 to 17 years)	3	Children from minority groups (12 to 17 years)
Foster children (12 to 17 years)	3	Other children (12 to 17 years)
Women 18 years and above from minority groups	3	Men 18 years and above from minority groups
Women 18 years and above	3	Men 18 years and above
Foster mothers	3	Foster fathers



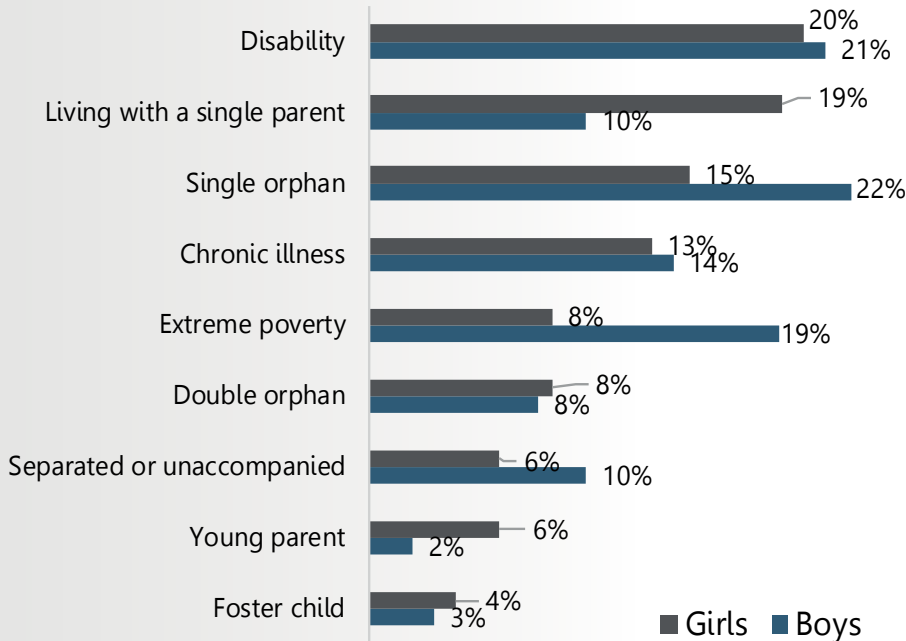
LOCATIONS OF DATA COLLECTION

Map 1



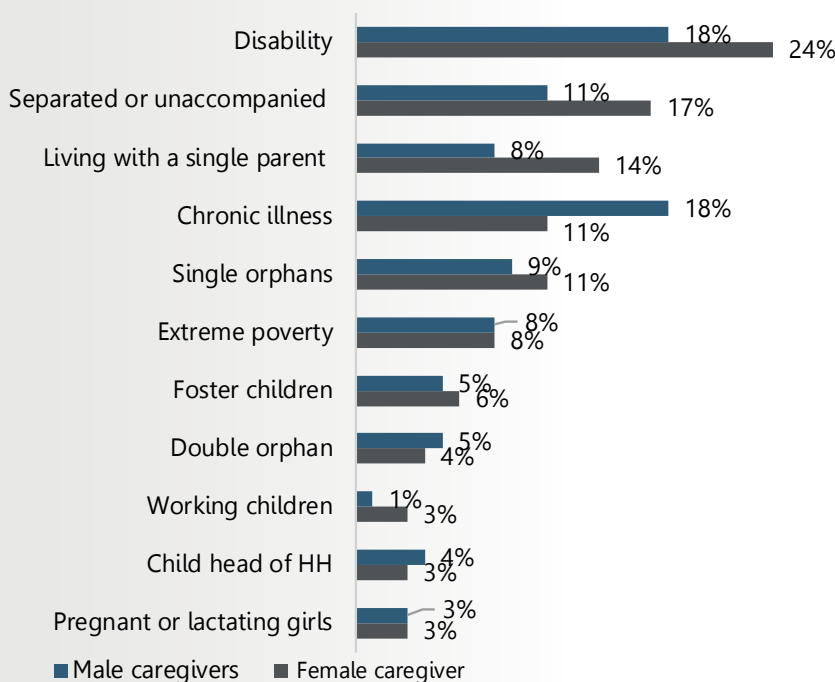
A considerable proportion of girls (45%) and boys 43% from the individual interviews reported living in situations that could expose them to the likelihood of being harmed. Of these, a high proportion of boys (21%) and girls (20%) were living with disabilities. Most of the children with disabilities were aged between 12 and 14 years.

Most common situations that boys and girls were living in, that could expose them to the likelihood of being harmed as reported by children from the individual interviews:2



In addition, 38% female caregivers and 32% male caregivers reported being aware of children in their households (HHs) who were living in situations that could expose them to the likelihood of being harmed. A high proportion of caregivers (24% females and 18% males) reported living with children with disabilities.

Most common situations that children were living in, that could expose them to the likelihood of being harmed as reported by male and female caregivers:2



2. Respondents could select multiple choices



Findings suggest that children with disabilities were common in Dadaab since they were among the top reported vulnerable groups of children by children themselves, caregivers, KIs and FGD participants. An FGD participant from a minority group reported, "I have a child living with disability, (she has mental problems) and she is commonly bullied and discriminated against."

KIs and FGD participants reported that separated and unaccompanied children, children with chronic illnesses, double orphans, pregnant and lactating girls and foster children were commonly exposed to the likelihood of being harmed. In addition, FGD participants reported that some parents neglected their children hence exposing them to the likelihood of being harmed. In particular, one foster child said, **"I lack the care of my mother and father."** A foster father said, **' We have seen lack of parental care leading to sexual defilement, especially for girls aged between 12 and 18 years"**.

FGD participants cited peer pressure, ethnicity-related discrimination, religion-related discrimination, household child heads, foster children, minority group children, children abusing drugs, child marriages, child pregnancies, and lack of documentation as common situations that exposed children in Dadaab to the likelihood of being harmed. One FGD participant said, **"Most of the children cannot access food because they do not have ration cards and they are not registered"**.

In general, some children reported having multiple vulnerabilities which likely exposed them to a higher likelihood of being harmed than other vulnerable children.

Challenges experienced by vulnerable children.

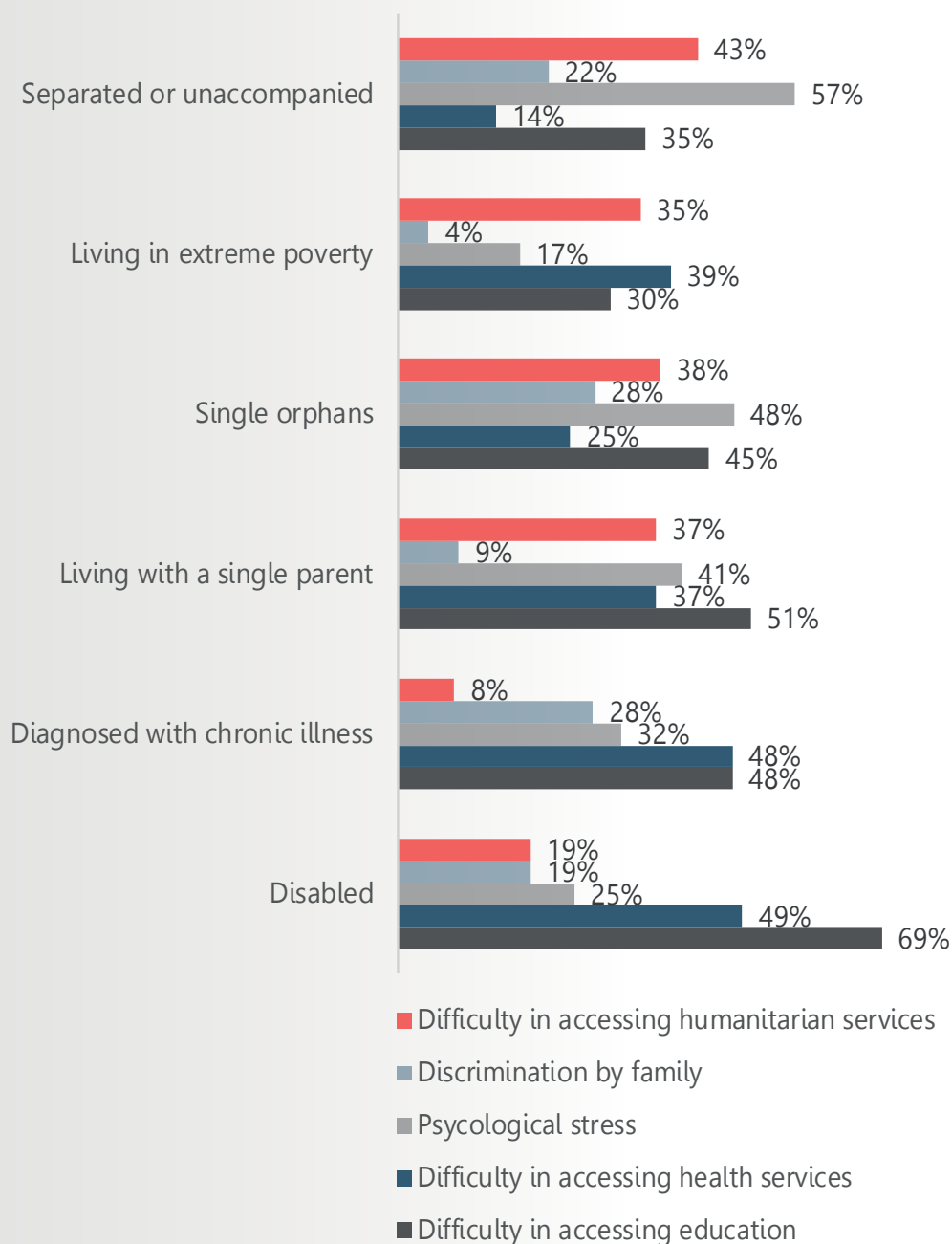
Of the 6% **young mothers** aged between 12 and 17 years, **a majority of them reported experiencing psychological stress** while the rest faced discrimination from their family members. On the other hand, a few young fathers aged between 15 and 17 years report facing difficulties in accessing health services and humanitarian assistance.

In addition to these challenges, **KIs reported that young mothers and fathers aged between 12 and 17 years faced challenges in accessing education.** Some FGD participants reported that these children are at times chased away from their homes. **An FGD participant said, "I know of a girl who got pregnant and was chased away from their home because she refused to abort the child."**

Foster boys commonly reported experiencing psychological stress and a lack of access to humanitarian services. Caregivers, KIs and FGD participants reported that foster children mostly experienced psychological stress, discrimination from family and relatives, a lack of access to humanitarian assistance, health care and education. In addition to these, **foster children from FGDs reported being married off which leads them to dropping out of school, and engaging in child labour and drug abuse.**



Most common challenges experienced by categories of vulnerable children:2



Some separated or unaccompanied children from the FGDs reported that **children with disabilities mostly lacked assistive devices and experienced social discrimination.** A child living with disability from an FGD said, **"We cannot talk about our problems due to fear of revenge and social discrimination."**

FGD participants reported that **unaccompanied and separated children mostly lacked basic needs, experienced difficulties in accessing education as well as sexual and physical abuse.**

During FGDs, children in labour reported being physically abused by their employers, their wages being delayed and lacking parental care. A child in labour from one FGD said, **"We work as house helps and we are sometimes abused and beaten."**

"Generally, the most common challenges experienced by vulnerable children seemed to be difficulty in accessing education and health services. These challenges were reported by a considerable proportion of vulnerable boys and girls, caregivers, as well as by a few KIs and some FGD participants.

Challenges in accessing education experienced by vulnerable children

Findings suggest that considerable proportions of girls and boys living in different situations that could expose them to the likelihood of being harmed were experiencing challenges in accessing education.

Of the vulnerable groups of children, proportion of girls and boys aged between 12 and 17 years who reported experiencing challenges in accessing education:²

	Boys	Girls	
Disability	68%	63%	<div></div>
Chronic illnesses	38%	58%	<div></div>
Separated or unaccompanied	33%	44%	<div></div>
Living with a single parent	24%	38%	<div></div>
Single orphans	33%	33%	<div></div>
Extreme poverty	40%	31%	<div></div>

Most commonly reported barriers in accessing education as reported by % of children with disabilities:²

	Boys	Girls
School is far	46%	50%
Perceived that education is not important	31%	33%
Lack money to cover for school items	31%	25%
Fear of violence in school	31%	8%
School is not accessible	15%	8%
Lack money to cover for school fees	8%	8%
Required to perform domestic chores instead	8%	8%
Lack gender segregated facilities	8%	0%
Discrimination by children in school	8%	0%
Fear of violence on the way to school	15%	0%



The most commonly reported barrier to accessing education by children with disabilities was schools being far. In addition, a considerable proportion of boys living with disability reported fearing experiencing violence on their way to school, facing discrimination by other children in the schools and lacking gender segregated facilities in school. Girls living with disability did not mention these as barriers for accessing education.

In addition to the barriers reported by children with disabilities, caregivers and KIs reported that schools were not disability-friendly and they offered low teaching quality. FGD participants also reported that schools were not accessible to children with disabilities mainly because children lacked means of transport.

Most commonly reported barriers in accessing education as reported by % of single orphans:²

	Boys	Girls
School is far	12%	25%
Perceived that education is not important	12%	0%
Lack money to cover for school items	62%	50%
School is not accessible	15%	8%
Lack money to cover for school fees	38%	75%
Required to perform domestic chores instead	0%	25%
Discrimination by children in school	12%	0%
Fear of violence on the way to school	12%	25%

Findings suggest that **girls were required to perform domestic chores instead of going to school** while no boy reported this as a barrier to accessing education.
January 2022 08

Most commonly reported barriers in accessing education as reported by % of separated or unaccompanied children:²

	Boys	Girls
School is far	33%	50%
Lack money to cover for school items	67%	50%
Fear of violence in school	33%	50%
Lack money to cover for school fees	33%	50%

Most commonly reported barriers in accessing education as reported by % of children living with a single parent:²

	Boys	Girls
School is far	33%	38%
Perceived that education is not important	0%	12%
Lack money to cover for school items	33%	50%
Fear of violence in school	67%	25%
Lack money to cover for school fees	33%	50%
Negative influence by peers	0%	12%
Discrimination by children in school	0%	12%
Fear of violence on the way to school	0%	12%



Girls living with single parents seemed to encounter a wider range of barriers in accessing education than boys living with single parents. In particular, discrimination by children in school, perceiving education not to be important, fear of **violence on the way school and negative influence by peers** were commonly reported by these girls.

Most commonly reported barriers in accessing education as reported by % of children suffering from chronic illnesses:²

	Boys	Girls
School is far	60%	29%
Fear of violence in school	20%	29%
Discrimination by children in school	0%	29%
Perceived that education is not important	40%	14%
Lack money to cover for school items	0%	14%
Fear of violence on the way to school	0%	14%
School is not accessible	20%	0%
Lack money to cover for school fees	40%	14%
Lack gender segregated facilities	8%	0%

The most commonly reported barrier to accessing education by children suffering from chronic illnesses was schools being far. In addition, **discrimination by children in school, fear of violence on the way to school and lack of money to cover for school fees were barriers specific to girls living with chronic illnesses while in accessibility of schools and lack of gender segregated facilities were barriers specific to boys living with disability.**

On the other hand, 67% of girls and 50% of boys living in extreme poverty reported a lack of money to cover for school items as their most common barrier to accessing education.

FGD participants reported that a lack of money to cover for school items and school fees, lack of support by parents and guardians, schools being far and children being bullied and discriminated in school were common barriers in accessing education for all groups of vulnerable children in Dadaab. A child living with disability from the FGDs said, **"I am harassed and abused at school."**

A number of KIs reported that **caregivers in the camps commonly perceived education not to be important for their vulnerable children.** According to KIs, this resulted in some caregivers failing to enroll vulnerable children in schools. Findings from a multi-sectoral needs assessment conducted by Reach Initiative in Dadaab, in November 2021 indicated that 32% of HHs had at least one boy and 36% of HHs had at least one girl aged between 4 and 17 Years who were not attending school in the 12 months prior to data collection.



Challenges in accessing health services experienced by vulnerable children

Of the 14% children with chronic illnesses, 75% reported that a lack of medicine in health facilities was a major barrier in accessing health services for them. Other barriers in assessing health services reported by vulnerable children were facilities being far, lack of money to cover for consultation fee, lack of transport and long waiting time at the health facilities, among others. Caregivers also reported similar challenges for vulnerable children in accessing health services.

KIs also highlighted that health facilities were located far from homes and there was a lack of transport means to the health facilities. In addition, some services were not available in the health facilities located in the camps.

FGD participants reported that children having severe health conditions were not having access to specialized treatment and they were facing a difficulty in accessing referral to other health facilities especially for children lacking registration documents. An FGD participant said, **“I know malnourished children who have no access to special treatment”**. Another FGD participant reported that there is a lack of proper health care in Dadaab because of lack of specialist doctors.

FGD participants reported that some medicines were not available in the health facilities and vulnerable children did not have money to purchase the prescribed medicine from pharmacies. In addition, children were required to wear face masks and to buy medical records’ booklets when visiting health facilities. However, some of them did not have money to purchase the medical records’ booklets and face masks. A child from one of the FGDs said, **“When we go to the hospital we are told to buy a medical records’ booklet for prescription of drugs and wear face masks but we do not have money.”**

FGD participants reported that some children lacked information about where they would access health services. In addition, children from minority ethnic groups (non-Somalis) faced language barrier at health facilities. A child from one FGD said, **“I am from a minority group and when I go to the hospital I may face a language barrier with the health care providers.”**

FGD participants reported that some health care providers did not treat children with respect. During one of the FGDs, a child from a minority group said, **“Health care providers do not respect us and children from minority groups are commonly harassed.”**

FGD participants also reported that health facilities were mostly overcrowded which resulted in long waiting time before receiving health services. In addition, FGD participants reported that the **overcrowded health facilities posed a high risk of contracting and spreading diseases.**

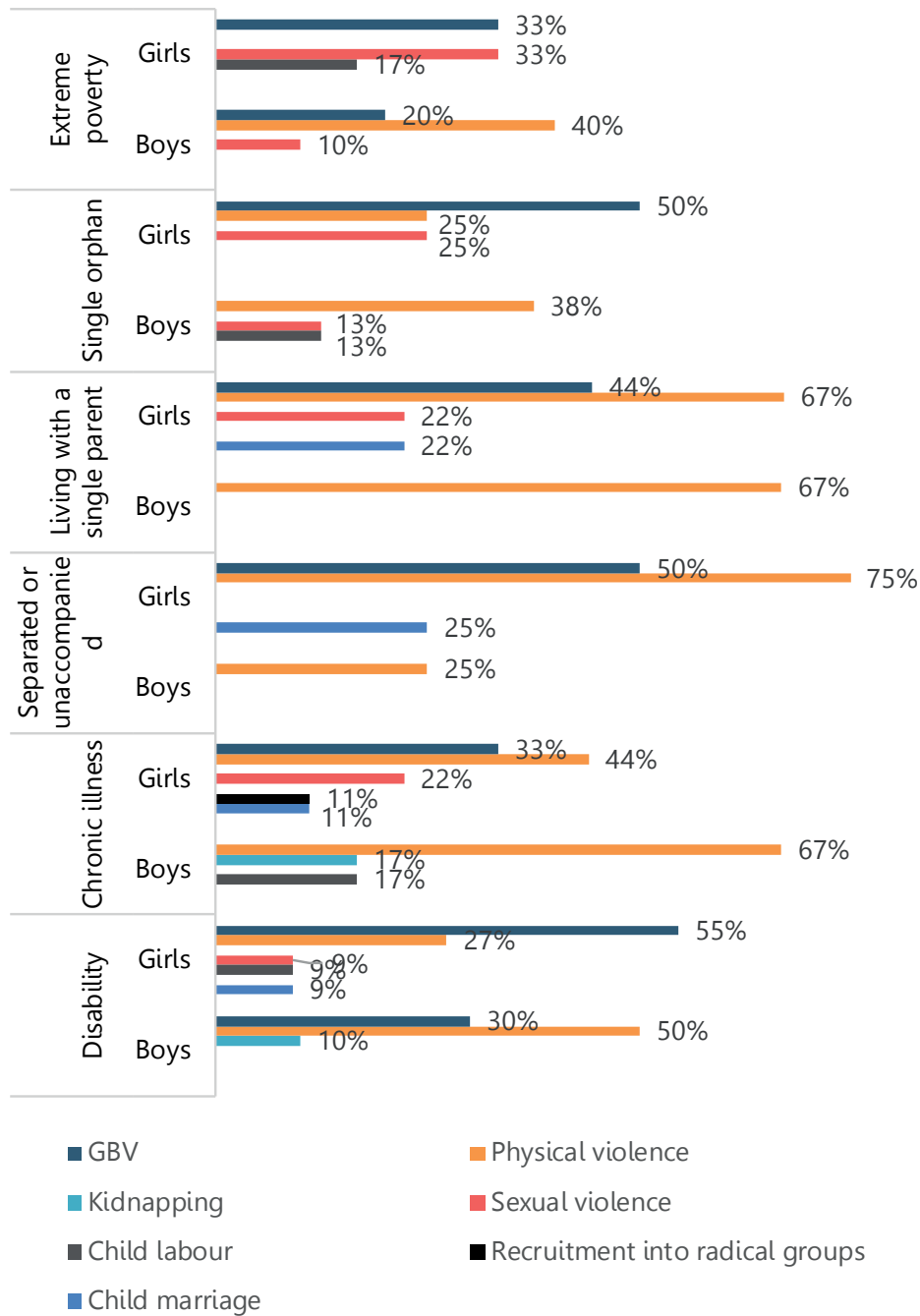
PROTECTION CONCERNS

A higher proportion of girls (16%) than boys (10%) reported not understanding what child abuse or exploitation was at the time of data collection. On the other hand, 14% of male caregivers and 11% of female caregivers reported not understanding what child abuse or exploitation was at the time of data collection. About a quarter of children (29% girls and 25% boys) reported having faced violence, maltreatment or negative practices at least once in their life time.

About three quarters of them (79% of girls and 70% of boys) reported having faced the violence, maltreatment or negative practices in the 12 months prior to data collection, with 33% of them having experienced this in the 30 days prior to data collection.

Of the 29% girls and 25% boys, a considerable proportion (42% boys and 40% girls) reported having faced violence, maltreatment or negative practices on multiple occasions. They mostly reported family members, neighbors, friends and relatives to be the perpetrators.

Most commonly reported violence or negative practices faced by categories of vulnerable children aged between 12 and 17 years:²



Most commonly reported violence or negative practices faced by vulnerable children aged between 12 and 17 years as reported by children from the individual interviews:²

	Boys	Girls	
Physical violence	51%	43%	<div><div></div></div>
Gender based violence	13%	32%	<div><div></div></div>
Sexual violence	8%	17%	<div><div></div></div>
Child marriage	4%	10%	<div><div></div></div>
Child labour	8%	3%	<div><div></div></div>

Findings suggest that generally, a higher proportion of boys had faced physical violence and had been involved in child labour than girls. The most common form of labour that both boys and girls were involved in was reportedly casual labour. Boys were commonly involved in livestock keeping while girls were commonly involved in farming. In addition, FGD participants reported that girls were commonly involved in domestic chores by mostly working as house helps in other people's homes.

On the other hand, a higher proportion of girls encountered sexual violence, child marriage and gender based violence including female genital mutilation (reported by 37% of girls who had experienced gender based violence).

Twenty-nine percent (29%) of female caregivers and 19% of male caregivers reported being aware of children in their HHs who had faced violence, maltreatment or negative practices in the 12 months prior to data collection. They mostly reported family members, friends and relatives to be the perpetrators.

Most common violence or negative practices faced by children aged between 5 and 17 years as reported by caregivers:²

	Boys	Girls	
Physical violence	56%	61%	<div><div></div></div>
Gender based violence	2%	18%	<div><div></div></div>
Sexual violence	4%	15%	<div><div></div></div>
Child marriage	7%	9%	<div><div></div></div>
Child labour	13%	4%	<div><div></div></div>

The most common age groups of children, who caregivers reported being aware that had faced violence, maltreatment or negative practices in the 12 months prior to data collection, were girls and boys aged between 5 and 17 years. These children had mostly faced physical violence. In addition, some caregivers, KIs and FGD participants reported being aware of vulnerable groups of children who had experienced violence, maltreatment or negative practices in the 12 months prior to data collection

Categories of vulnerable children that faced violence, maltreatment or negative practices in the 12 months prior to data collection as reported by % of caregivers:²

	Male caregivers	Female caregivers
Children with disabilities	1%	9%
Single orphan	3%	6%
Extreme poverty	4%	4%
Chronic illnesses	1%	4%
Separated or unaccompanied children	5%	2%
Children living with single parents	3%	4%

FGD participants reported that children aged between 5 and 17 years, and various groups of vulnerable children including children with disabilities and chronic illnesses, children living with single parents, single orphans, double orphans, undocumented children, separated and unaccompanied children, children in labour and female children head of households experienced violence, maltreatment or negative practices in the 12 months prior to data collection. A considerable number of KIs also reported similar groups of vulnerable children as reported by FGD participants having faced violence, maltreatment or negative practices in the 12 months prior to data collection.

KIs reported that the vulnerable children had experienced physical violence, sexual violence, gender-based violence and child marriage.

Participants from FGDs reported that a number of girls aged between 10 and 17 years lacked access to education and health services, were involved in child labor, experienced female genital mutilation, sexual abuse, abduction, pregnancies, abortion and child marriages. An FGD participant said, **"Girls aged between 10 and 15 years are facing sexual abuse such as being raped and being married off."**

In addition, **FGD participants reported that some pregnant or lactating girls were mostly experiencing sexual exploitation, domestic violence, and psychological stress.**

FGD participants reported that some boys aged between 10 and 17 years lacked access to education, were involved in child labor, experienced sexual abuse, bullying and engaged in drug and substance abuse in the 12 months prior to data collection.

FGD participants further reported that some children with disabilities lacked access to education and they were discriminated in school, at home and at social places by their peers or adults. The discrimination reportedly caused emotional distress to them.

FGD participants reported that some unaccompanied and separated children lacked access to basic needs including education and had experienced sexual and physical abuse.

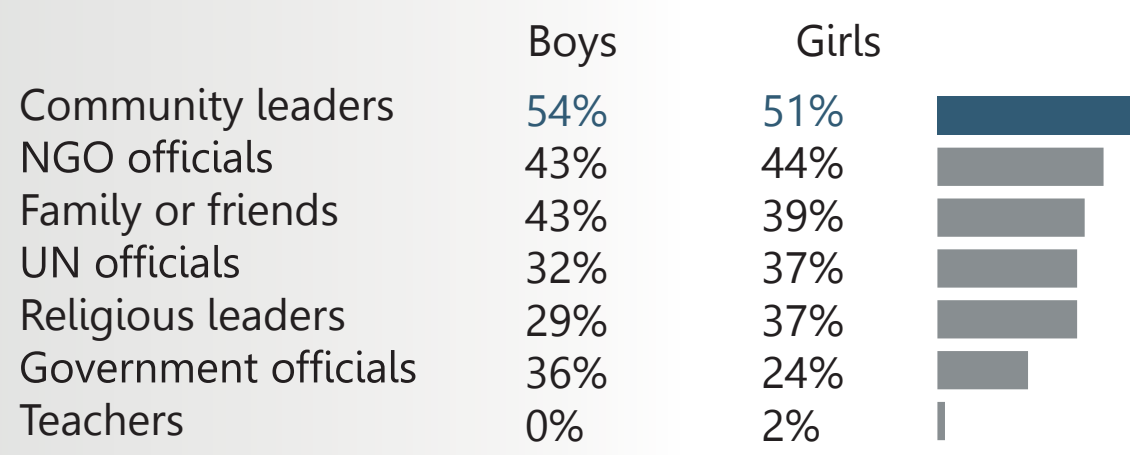
FGD participants reported that some children in labour were mostly facing physical violence, and their wages were delayed or given to their caregivers without their assent. In addition, FGD participants reported that some caregivers commonly neglected children in labour. A child in labour from an FGD said, **"Our parents do not follow up on us or monitor our working conditions."**

FGD participants also reported that some children living with single parents were living in extreme poverty. In addition, some children below the age of 5 years were reported to lack access to basic needs such as food which resulted in these children becoming malnourished. On the other hand, some children suffering from chronic illnesses lacked access to medical care.



Of the 29% girls and 25% boys who reportedly faced violence, maltreatment or negative practices, a higher proportion friends on some or all occasions when they experienced violence, maltreatment or negative practices. On the other hand, **25% of boys and 20% of girls never reported such negative practices** mostly because they perceived no assistance could be provided. In addition, 10% of these girls perceived receiving assistance to be unsafe.

Channels used by children from the individual interviews for reporting violence, maltreatment or negative practices in the 12 months prior to data collection:²



Community leaders seemed to be the most preferred channel for reporting violence by boys and girls while teachers were the least preferred. **Teachers were the least preferred channels for reporting possibly because they did not provide the needed assistance.** The girls who reported violence to teachers reported that they did not receive any assistance. Among caregivers who reported being aware of children in their HHs who had faced violence, maltreatment, or negative practices, **over 15% did not report when their children experienced such negative practices mostly because they perceived no assistance could be provided.** However, for the caregivers who reported when children in their HHs experienced violence, maltreatment or negative practices, a majority reported to community leaders.

KIs reported that some children in the camps reported protection concerns to community leaders, family, friends, relatives, religious leaders, NGO officials and UN officials.

In addition, FGD participants reported that when children encountered protection concerns, they mostly reported to their caregivers. However, **if their caregivers were their perpetrators, they mostly resorted to running away from their homes to places where they perceived to be safe.** However, a number of relatives, religious leader, NGO officials and UN officials.

A considerable proportion (22%) of children and 29% of caregivers who had reported violence, maltreatment or negative practices said that **they did not receive any assistance when they reported.** KIs reported that the children who had reported protection concerns had received assistance. They had received psychosocial support, food and non-food items assistance.

On the other hand, KIs reported that **some children did not report protection concerns** that no assistance would be provided, thought that reporting protection concerns was not necessary, feared the discrimination that would follow the reporting and did not know where to report. FGD participants reported that some children did not report when they encountered protection concerns because they did not know where to report, they perceived that no assistance would be provided and they did not have access

to agency's offices or help desks. A child from one FGD said, **"Children are not allowed to access humanitarian actors' offices because there are restrictions due to COVID-19."** Another child said, **"Security personnel at humanitarian offices gates refuse to allow us into those offices."**

Top reported reasons by % of children for failing to report cases of violence, maltreatment or negative practices in the 12 month prior to data collection:²

	Boys	Girls
Perceived no assistance could be provided	33%	35%
Feared discrimination	33%	33%
Perceived it was not necessary	27%	22%
Did not know where to report	21%	17%
Perceived assistance to be unsafe	0%	10%

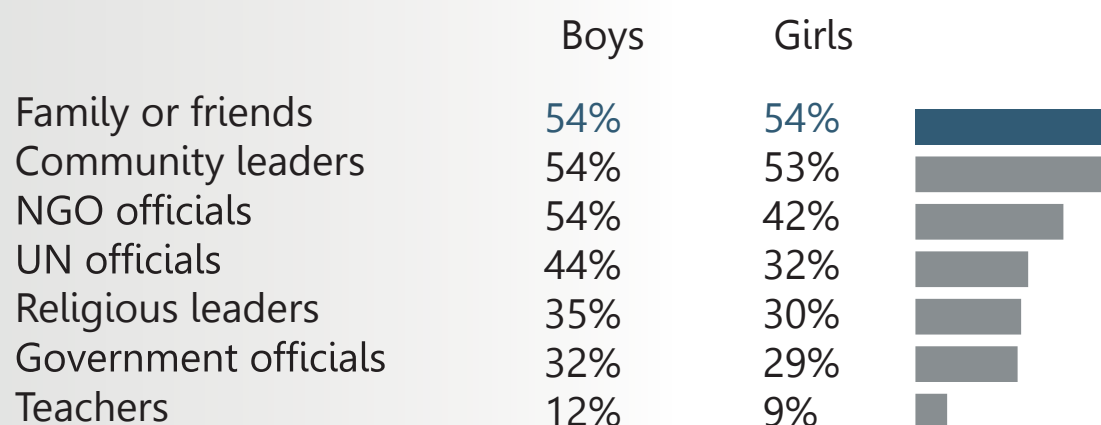
Top reported reasons by % of caregivers for failing to report cases of violence, maltreatment or negative practices on vulnerable children in the 12 month prior to data collection:²

	Male caregivers	Female caregivers
Perceived no assistance could be provided	25%	50%
Feared discrimination	33%	21%
Perceived it was not necessary	29%	36%
Did not know where to report	17%	14%
Perceived assistance to be unsafe	4%	0%

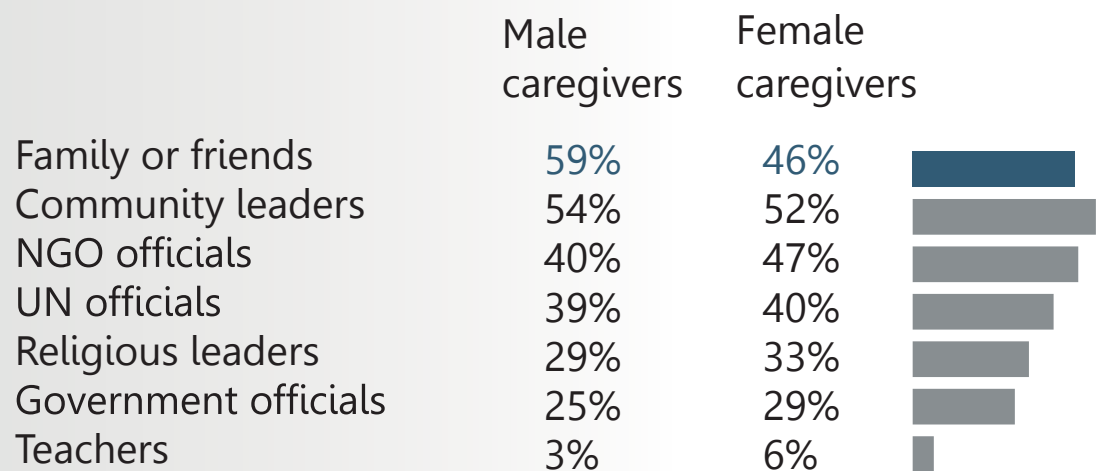


About a quarter of girls (31%) and 23% of boys reported not being aware of where to seek help when they are harmed or abused. In addition, 27% of male caregivers and 22% of female caregivers reported not being aware of where to seek help when their children are harmed or abused. Of the children and caregivers who reported knowing where to seek help, a considerable proportion reported that they would seek help from family, friends and community leaders. A considerable proportion of children and caregivers reported that they would seek help from teachers even though no caregiver and boy had reported protection concerns to teachers in the 12 months prior to data collection.

Over half of KIs reported that majority of children knew where to report when they were harmed or abused. A common personnel that children would turn to for reporting protection concerns.



Caregivers reported that they would seek help from the following when children in their HHs are harmed or abused:²



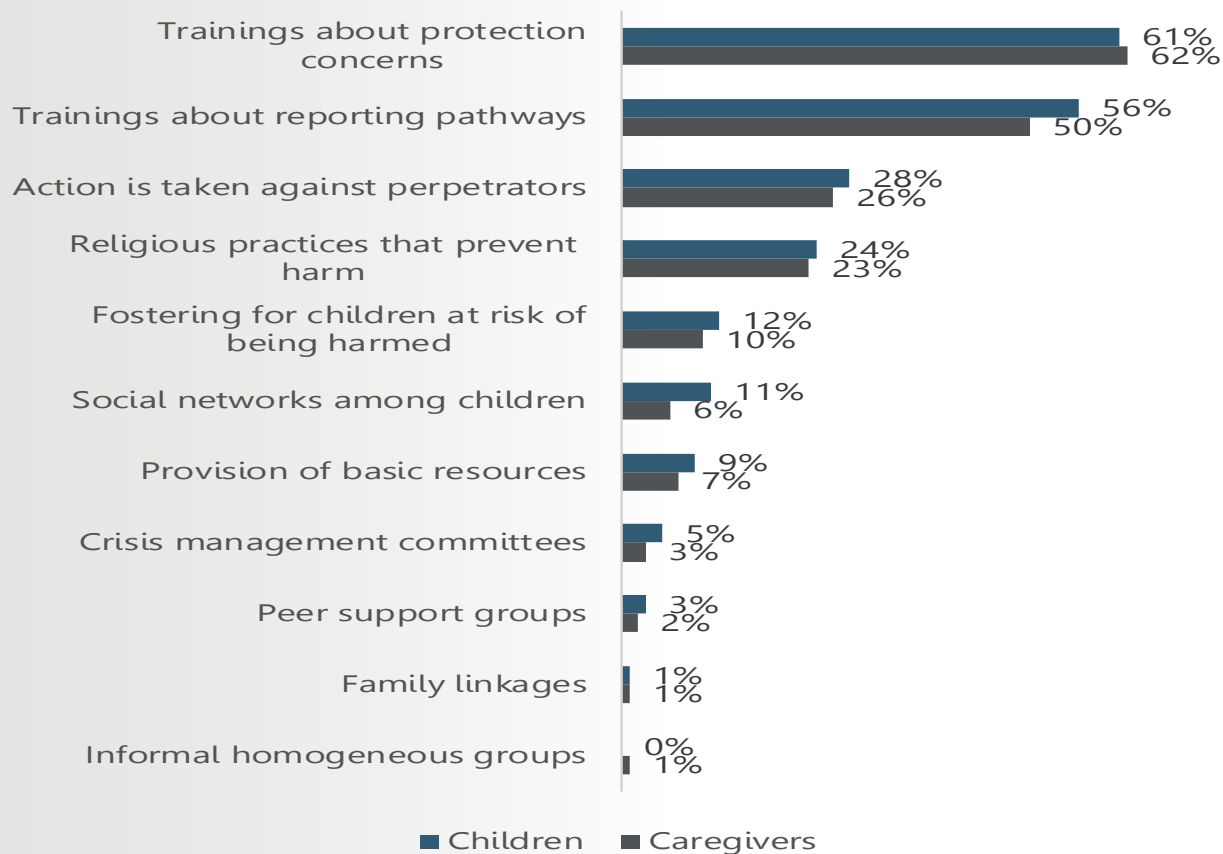
A considerable proportion of girls (14%) and 11% of boys reported not knowing how to protect themselves from child abuse. Of the children who reported knowing how to protect themselves from child abuse, 61% reported that they avoided being alone and 58% reported talking to adults that they trusted whenever they perceived to be exposed to the risk of being harmed.

FGD participants reported that children mostly avoided going to places they perceived could expose them to the likelihood of being harmed, avoided being alone when they went out of their homes and instead went in the company of their peers or caregivers. A child from one FGD said, "I avoid going to places I perceive to be hostile."

In addition, FGD participants reported that when children are approached by people seeking to harm them, they mostly shout for help, try to defend themselves by fighting or run away. In particular, if members of their HHs seek to harm or abuse them, the children run away from their homes to places they perceive to be safe for them.

FGD participants reported that some children seek trainings, and guidance from humanitarian actors, teachers, and caregivers on how to protect themselves from being harmed or abused. Children, caregivers and KIs suggested that **NGO staff, UN staff, teachers, family and friends, should provide assistance to children on where to seek help when they got harmed or abused.**

Fifty-eight percent (58%) of caregivers, 57% of boys and 50% of girls reported being aware of measures put in place in Dadaab to prevent or reduce the chances of children from experiencing abuse. Trainings about protection concerns was the most commonly reported measure that children and caregivers were aware about.



Most commonly reported violence or negative practices that children aged between 12 and 17 years were concerned about in the 12 months prior to data collection:2

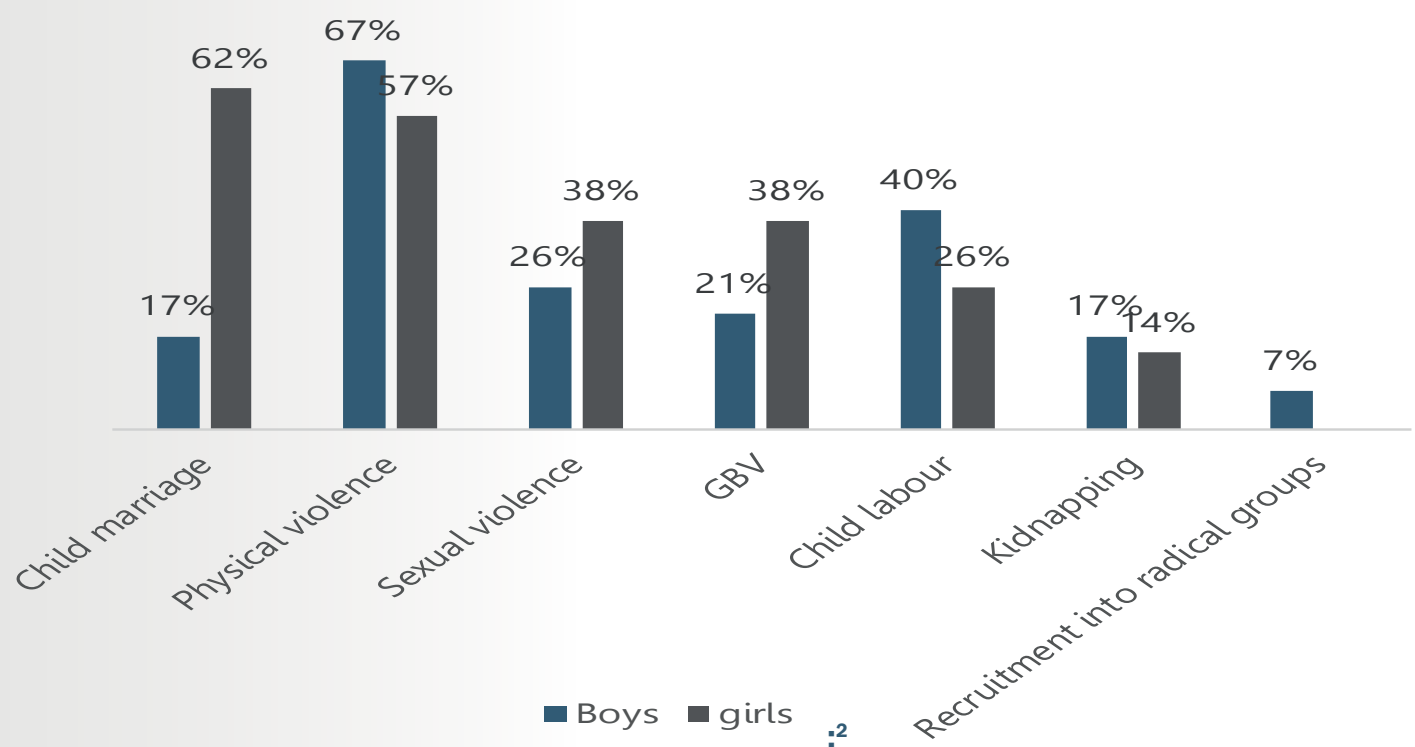
	Boys	Girls	
Physical violence	25%	21%	<div></div>
GBV	6%	12%	<div></div>
Child marriage	5%	9%	<div></div>
Sexual violence	2%	6%	<div></div>
Child labour	9%	6%	<div></div>
Kidnapping	6%	5%	<div></div>

Care givers and KIs also reported that both boys and Girls were at risk of being harmed or abused in the 12 months prior to data collection. With a higher proportion of them perceiving physical violence as the most common threat for children. A higher proportion of them perceived this to be a threat for boys.

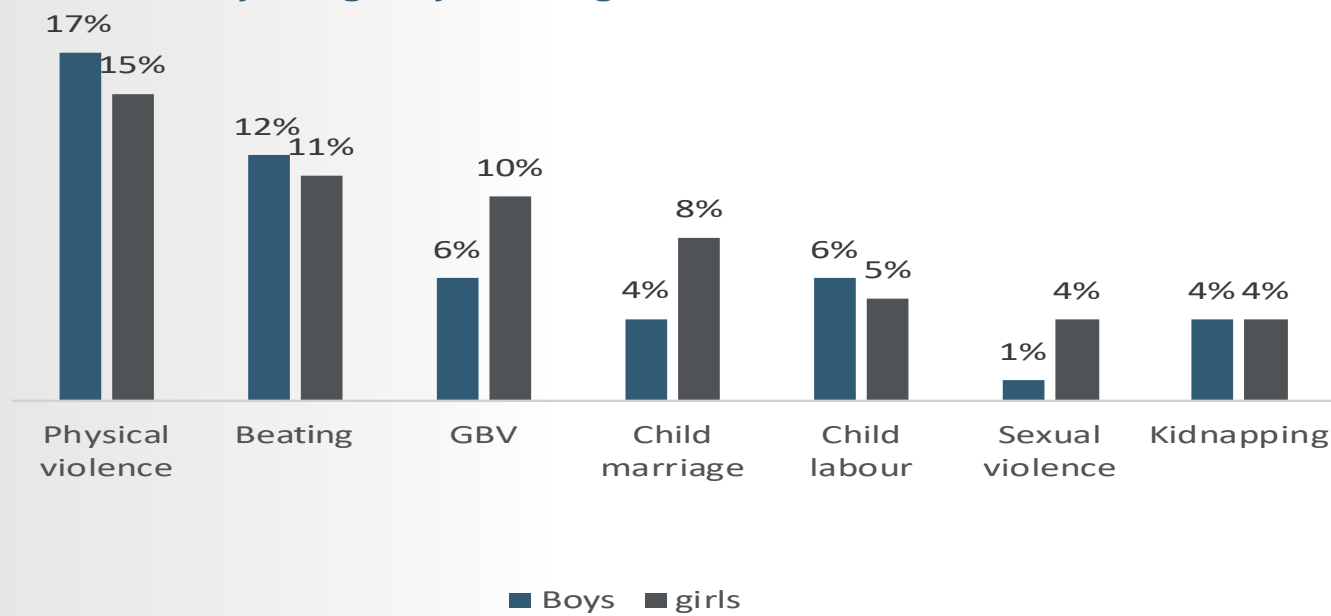
Child marriage was seemingly a higher risk for girls than boys since a higher proportion of caregivers and KIs reported this as a threat for girls than for boys.

In addition, some KIs reported that **boys were at a risk of being recruited into radical groups.**

Perceived threats for boys and girls by % of KIs:²



Perceived threats for boys and girls by % of caregivers



A majority of FGD participants reported that **girls were mostly concerned about the risk of being married off, being sexually abused and experiencing female genital mutilation.** These risks were unique to girls mostly because of the cultural practices and norms as well as the community perceiving girls to be weak.

The FGD participants also reported that **girls were concerned with the risk of not being able to access education mainly because their caregivers perceived that education was not important for girls.** On the other hand, FGD participants reported that **boys were more likely to engage in labor to support their families financially and they were also likely to engage in drug abuse.**

HUMANITARIAN ASSISTANCE

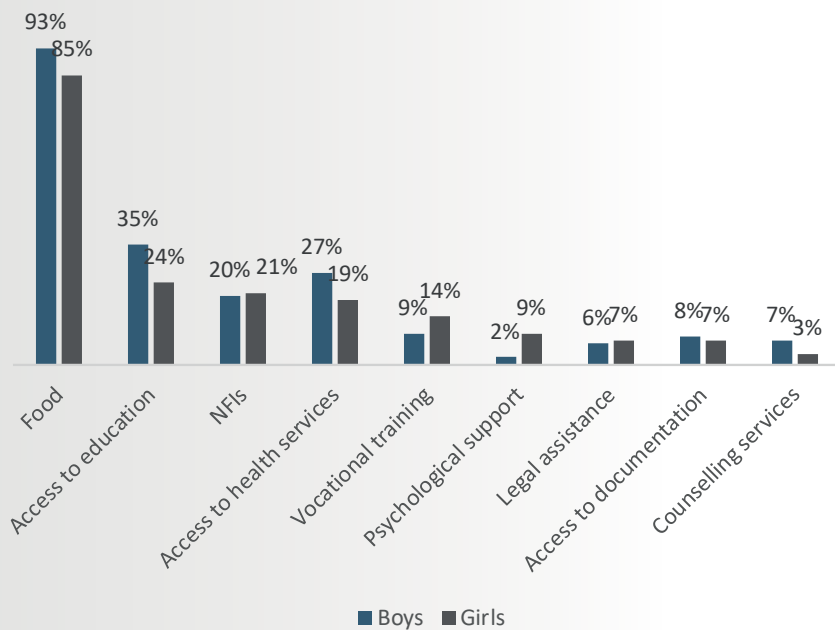
Sixty percent (60%) of boys and 58% of girls reported having received some humanitarian assistance in the 12 months prior to data collection. They mostly received food, non-food items and assistance in accessing education and health services.

KIs reported that a majority of children in the camps had received food and non food items assistance, shelter assistance, psychological support and counseling services.

On the other hand, FGD participants reported that **humanitarian assistance is provided to children on priority basis**. They reported that most children with disabilities have access to assistive devices, support cash, physio-therapy services and are visited by community workers. Young mothers are commonly provided with counseling services, while children aged below five years are provide with nutrition support. Children from poor backgrounds were reportedly assisted to enroll for education, children with chronic illnesses were provided access to medication and girls were provided with sanitary towels.

FGD participants reported that access to humanitarian assistance varied among different groups of children mainly because humanitarian actors perceived children to have different needs depending on their vulnerabilities, backgrounds and social status and they provided the assistance based on their programming.

Top reported humanitarian assistance received by % of children in the 12 months prior to data collection:²

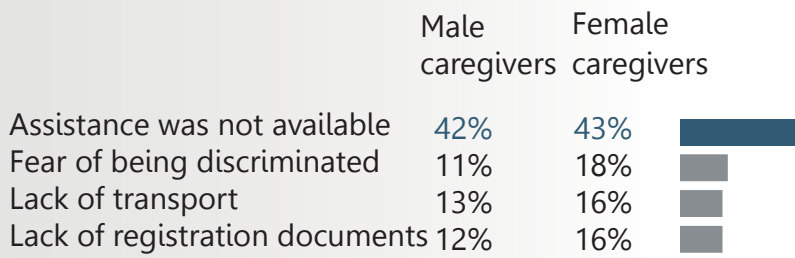


A high proportion of **girls (64%), 60% of boys, 64% of female caregivers and 61% of male caregivers reported needing humanitarian assistance in the 12 months prior to data collection but they were not able to access the assistance needed** mainly because the assistance was not available. About two thirds of them were in need of food items.

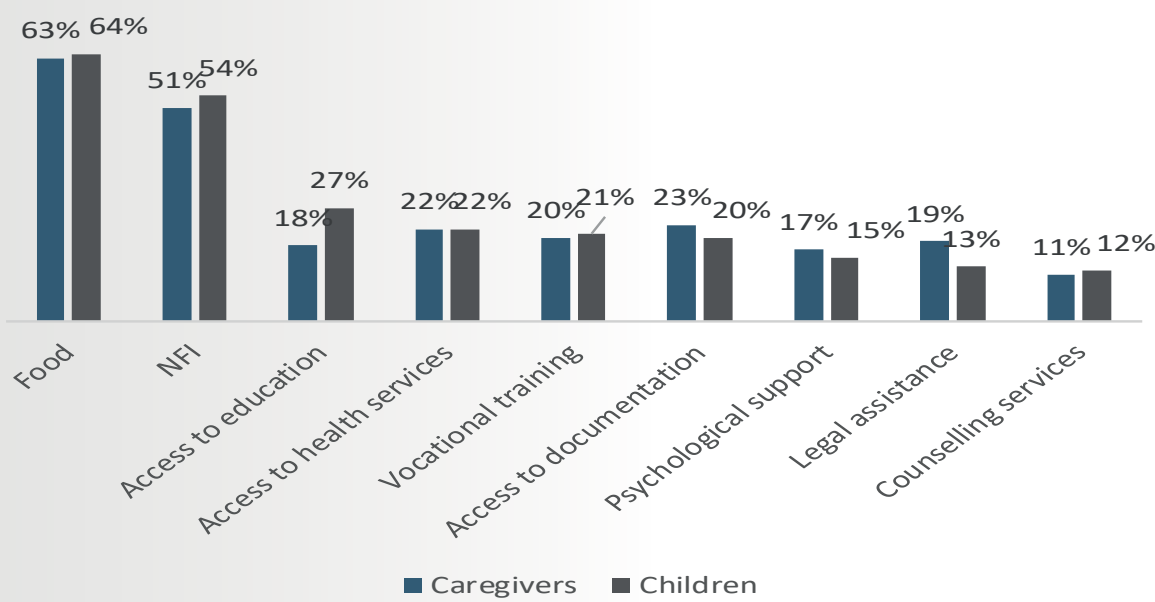
Most common barriers to accessing humanitarian assistance as reported by % of children²

	Boys	Girls
Assistance was not available	54%	57%
Lack of transport	11%	18%
Fear of being discriminated	14%	14%
Lack of registration documents	12%	13%

Most common barriers to accessing humanitarian assistance as reported by % of caregivers:²



Top reported humanitarian assistance needed by % of caregivers and children in the 12 months prior to data collection:²



FGD participants also reported that children with disabilities needed assistance to access education and health Services, assistive devices such a wheelchairs and transportation for those who had difficulties in walking, social support, including cash transfers and disability friendly recreational facilities. A child living with disability from one FGD said, **"We need a playground since we are living with disability and we cannot play with other children."** Another child from one of the FGDs said, **" Children with disabilities need assistive devices such as wheelchairs and specific learning institutions separate from other children,"**

FGD participants reported that with the right documentation, it was much easier to receive humanitarian assistance in Dadaab. They therefore reported that undocumented children needed support to access documentation so that they are able to access humanitarian assistance. Findings from the FGDs indicate that children head of HHs needed cash assistance to be able to provide basic needs for their HH members, while children aged below 5 years were reportedly in need of nutrition services.

KIs and FGD participants reported that children in the camps required assistance in the 12 months prior to data collection **but they were not able to access it mainly because of a lack of registration documents and assistance being unavailable.**

FGD participants also reported that children lacked information about the availability of humanitarian In addition, FGD participants reported that humanitarian assistance is mostly provided to targeted groups and at some needy children to be left out.

FGD participants reported that some police and community workers extorted resources from children or caregivers when they are seeking assistance, and some humanitarian workers discriminated against them, resulting in a failure to provide them with the needed assistance.

Children with disabilities reportedly faced discrimination, mobility challenges and lack of disability friendly infrastructures when accessing humanitarian assistance.

Twenty-two percent of children (22%) and 23% of caregivers reported having ever **feared to be discriminated, to face verbal, physical and sexual violence, and to be asked to pay bribes when receiving humanitarian assistance.**

KIs and FGD participants also reported that most children in the camps perceived to be at risk when receiving humanitarian assistance. They reported that **most children were exposed to discrimination, bullying, physical and sexual abuse, gender based violence and disrespect. They were also at a risk of contracting or spreading diseases such as COVID-19 as well as not receiving the assistance required.**

Children, caregivers, KIs and FGD participants reported that **security personnel and community leaders were present during distribution of humanitarian assistance** and caregivers mostly collected humanitarian assistance on behalf of their children or they accompanied them in order to reduce the risk of negative practices during distribution of humanitarian assistance.

On the other hand, FGD participants reported that **some children did nothing to protect themselves from experiencing negative impacts during distribution of humanitarian assistance while others committed suicide due to psychological stress.**

Children involvement in decision making about humanitarian assistance:2

A slightly higher proportion of girls (35%) than boys (33%) reported having ever been asked about what children in their camps would need and how humanitarian assistance could be delivered.

Children involvement in decision making about humanitarian assistance:2

A slightly higher proportion of girls (35%) than boys (33%) reported having ever been asked about what children in their camps would need and how humanitarian assistance could be delivered. A slightly higher proportion of girls (35%) than boys (33%) reported having ever been asked about what children in their camps would need and how humanitarian assistance could be delivered. The children were asked about this by community leaders (60%), 38% by humanitarian actors and 26% by family and friends. The children were mostly asked about this through HH surveys. The children were asked about health and education services, legal assistance, psychological support, vocational trainings and access to documentation.

A slightly higher proportion of girls (35%) than boys (33%) reported having ever been asked about what children in their camps would need and how humanitarian assistance could be delivered. The children were asked about this by community leaders (60%), 38% by humanitarian actors and 26% by family and friends. The children were mostly asked about this through HH surveys. The children were asked about health and education services, legal assistance, psychological support, vocational trainings and access to documentation. In addition, 25% of caregivers, some KIs and FGD participants reported being aware of children in the camps who were asked about what children needed and how humanitarian assistance could be delivered. However, Participants in some FGDs with children, reported that they were not involved in any decision making by humanitarian workers and caregivers with regard to humanitarian assistance.

FGD participants reported that the most common groups of children involved in the discussions were boys and girls aged 12 years and above, school-going children, young mothers, orphans, separated and unaccompanied children, children with disabilities, and chronic illnesses and victims of child abuse. FGD participants reported that caregivers, teachers, community workers, community leaders, sports coaches, family and relatives involved children in decision making on implementation of humanitarian assistance.

Most FGD participants reported that children were involved mostly in discussions regarding distribution of education materials, food items and livelihood trainings.



Top reported channels used to involve children in decision making about humanitarian assistance as reported by % of children:²



IMPACT OF EXTERNAL FACTORS TO CHILDREN

A considerable proportion of children and caregivers (78%) reported perceiving that there were some situations that would have negative impacts to children if they occurred. The most commonly reported situations were COVID-19 and camp closure.

Top reported external factors that could have negative impacts to % of children:²

	Boys	Girls
Camp closure	40%	44%
Covid-19	45%	43%
Drought	21%	26%
Flooding	5%	7%

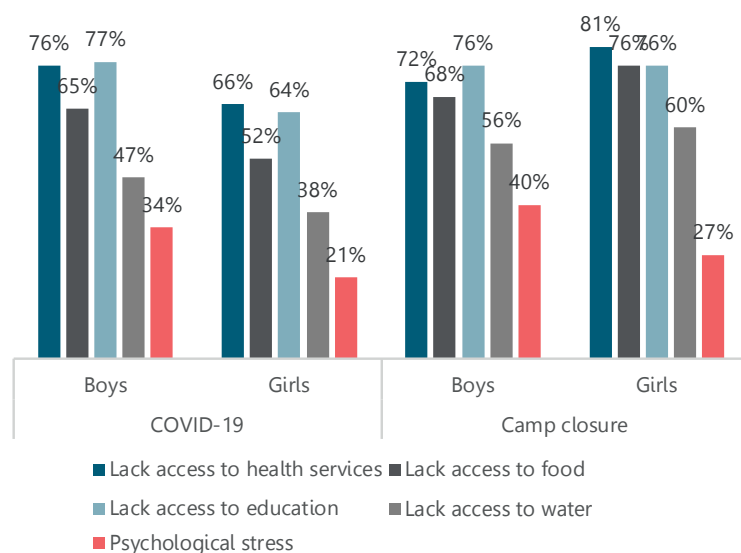
Top reported external factors that could have negative impacts to children as reported by % of caregivers:²

	Male caregivers	Female caregivers
Camp closure	42%	46%
Covid-19	38%	38%
Drought	26%	26%
Flooding	5%	7%

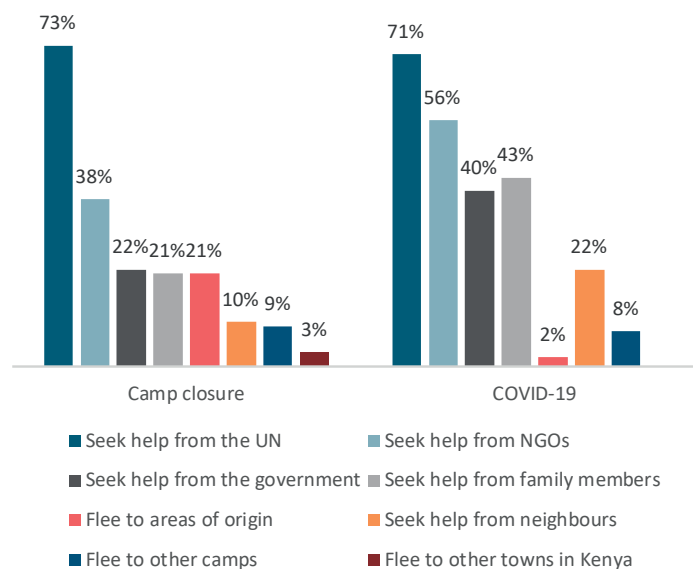
A slightly higher proportion of girls than boys reported that camp closure would have negative impacts to them. A majority of them (81%) reported that the camp closure would cause a lack of access to health services. On the other hand, a higher proportion of boys (40%) than girls (27%) reported that camp closure would cause psychological stress to them.

COVID-19, drought and flooding were also reported to cause psychological stress, lack of access to food, water, health services, education and result in economic hardships if they occurred. Similar negative impacts to children when COVID-19, camp closure, drought and flooding occurred, were reported by caregivers.

Perceived negative impacts of COVID-19 and camp closure to % of children:²



Top reported responses to COVID-19 and camp closure by % of children:²



KIs and FGD participants also reported that camp closure, COVID-19 drought and flooding would have negative impacts on children if they occurred. In addition, FGD participants reported that outbreak of communicable diseases, climate change, fire outbreaks, water shortage, insecurity, and unfavorable cultural norms, humanitarian policies, and government policies would have a negative impact to children.

FGD participants reported that COVID-19 and insecurity could lead to economic challenges and loss of loved ones. A child from one of the FGDs said, "My friend contracted COVID-19 and died." On the other hand, some FGD participants reported that schools were closed between March 2020 and January 2021 due to COVID-19 which resulted in child marriages. **Camp closure and insecurity would cause fear and panic, and lead to children not accessing education and other services, which would force children** FGD participant said, **"If insecurity occurs children will run away from the camp."** In addition, the FGD participants Reported that in the event of flooding, schools would be closed and children and their caregivers would be displaced. FGD participants shared their previous experiences when schools were closed and indicated that child marriages and child labor would likely happen if schools were closed. A child from one of the FGDs said, **"When the schools were closed, many of my peers were married off."** Another child living with disability said, **"Many of our school mates were married off during the long holiday."**

FGD participants, KIs, children and caregivers reported that the In the events of camp closure, COVID-19, drought or flooding, the children who seek help from the UN officials, NGO officials, the government, families, friends, relatives, and neighbors. **In addition, a number of KIs, FGD participants, 21% of children, and 22% of caregivers reported that** in the event of camp closure, children would flee to their areas of origin. On the other hand, some children would reportedly not respond in any way to the external factors.

CONCLUSION AND RECOMMENDATIONS

This assessment provides an overview of different vulnerabilities and capacities among refugees' children in Dadaab, specific needs of these children and how children finding reveal that children with disabilities, separated or of concern access humanitarian goods and services. The reportedly experience difficulties in accessing education unaccompanied children, single orphans, children living with single parents and children living in extreme poverty were living in situations that could expose them to the likelihood of being harmed. These groups of children and health services, they face discrimination by family members, experience psychological stress and lack access to humanitarian assistance among others. Findings further suggest that if children had access to documentation, then access to services would be much easier.

Therefore, child protection actors should consider:

- Providing assistance to the undocumented children to receive documentation.
- Providing psychological support to children who experience protection issues, pregnant or lactating girls, young fathers, foster children, children with disabilities, children with chronic illnesses among other vulnerable children.
- Providing access to education to pregnant or lactating girls, children with disabilities, separated or unaccompanied children, single orphans and children living with single parents among other vulnerable children.
- Providing access to health services for children suffering from chronic illnesses, among other children.
- Providing nutrition services for children aged below five years.

The assessment found that a considerable proportion of **children (29% girls and 25% boys) had faced violence, maltreatment or negative practices at least once in their life time**. Some of these children reported having ever experienced physical and sexual violence, with a considerable proportion having experienced these protection concerns on multiple occasions. Despite some children reporting protection concerns, some did not receive any assistance. On the other hand, some did not report because they perceived that no assistance could be provided, they feared discrimination by other children, they perceived reporting was not necessary while others did not know where to report.

Recommendations to address the barriers faced by children who experience protection concerns include:

- Providing counseling services to children who experience protection issues.
- Following up protection cases reported by children.
- Creating awareness of the importance of reporting protection concerns.
- Creating awareness of the available reporting pathways for children who experience protection concerns.
- Making protection actors more accessible to children and caregivers, likely by removing any barriers to accessibility Of the actors' offices, setting up help desks in the camps, etc.

The assessment found that despite trainings about protection concerns and referral pathways being offered in Dadaab to prevent or reduce the chances of children being harmed or abused, some children were reportedly not aware of how to protect themselves from the likelihood of being harmed or abused.

Therefore, protection actors should consider:

- Coming up with more measures to prevent or reduce the chances of children facing protection concerns.
- Conducting intensified trainings for children on how to protect themselves from the likelihood of being hurt.
- Conducting intensified trainings for caregivers, on how to protect children in their HHs from the likelihood of being hurt.

Findings indicate that a high proportion of children (67% of boys and 65% of girls) had never been asked about what children in their camps would need and how humanitarian assistance could be delivered. **To understand children's perceptions of their needs and their preferred humanitarian assistance, humanitarian actors should consider engaging children in discussions about their needs.**

TERRE DES HOMMES NETHERLANDS

Kenya Country Office
P.O. Box 76340, 00508,
Physical Address: Riverside Lane West,
Nairobi, Kenya.

- ✉ kenya@tdh.nl
- ☎ +254 722 209 581.
- 🌐 www.terredeshommes.nl/en
- 📘 @Terre des Hommes Netherlands in Africa,
- 🐦 @tdhnl_africa.



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