

Guidelines and Programming Options for
**Protecting Vulnerable Children
in Community-based Care and
Support Programs**



Manual 2: Guidelines and Programming Options for Protecting Vulnerable Children in Community-based Care and Support Programs; FHI 360 Child Protection Toolkit
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ACRONYMS

AIDS	acquired immunodeficiency syndrome
CBO	community-based organization
CO	country office
CP	child protection
CPSAA	child protection situation analysis and assessment
CRC	Convention on the Rights of the Child
HIV	human immunodeficiency virus
IP	implementing partner
INGO	international nongovernmental organization
M&E	monitoring and evaluation
NGO	nongovernmental organization
PEPFAR	U.S. President's Emergency Fund for AIDS Relief
UN	United Nations
UNICEF	United Nations Children's Fund
VC	vulnerable children

KEY TERMS

Following is a list of concepts and terms used throughout this manual and their definitions. Additional child protection concepts and terms can be found in Manual 1 of this Toolkit: "Child Protection Basics".

Alternative care: Alternative care is a substitute for parental care and can be divided into formal care (residential or institutional care, or foster care) or informal care (family-based or community-based care). Formal care should only be provided when it is in the child's best interest. Family and community-based care are the preferred alternatives to parental care.

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

Child abuse: Child abuse is any deliberate behavior or action that endangers a child's safety, well-being, dignity and development. There are three types of child abuse: physical, emotional and sexual. Neglect is also considered a form of child abuse.¹

Child exploitation: Child exploitation is the use of children for someone else's economic or sexual advantage, gratification or profit, often resulting in unjust, cruel and harmful treatment of the child.²

Child labor: Child labor is unpaid and paid activities that are mentally, physically,

1. A Save the Children definition. From: Long S. Protecting children affected by HIV against abuse, exploitation, violence and neglect (technical report); Arlington, VA: United States Agency for International Development AIDSTAR-One, July 2011.

2. Long S; 2011.

emotionally, socially or morally dangerous and harmful to children. It is the kind of work that interferes with the development and education of children.

Child maltreatment: Child maltreatment is defined as all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power.³

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

Child neglect: Child neglect is the persistent failure of a parent or adult caregiver to provide appropriate care to a child, despite being able to do so. There are different types of neglect: physical, medical, emotional and educational.⁴

Child protection: This is a broad term used to describe efforts that aim to keep children safe from harm. The United Nations Children's Fund (UNICEF) uses the term "child protection" to refer to preventing and responding to violence, exploitation and abuse against children.⁵

Child safety: Safety refers to the condition of being safe from undergoing or causing hurt, injury, or loss.⁶ Children can be considered safe when they are not at risk of harm or when the protective mechanisms around them are adequate to manage threats to their safety.

Child violence: Child violence is defined as all forms of physical or mental violence, injury and abuse, neglect or negligent treatment or maltreatment or exploitation, including sexual abuse.⁷

Child well-being: Child well-being can be understood as the quality of a child's life. It is a dynamic state that is enhanced when a person can fulfill his or her personal and social goals. A wide variety of domains and measures are used to assess levels of childhood well-being. The United Nations Children's Fund uses six dimensions: material well-being, health and safety, education, peer and family relationships, behaviors and risks, and children's own subjective sense of well-being.⁸

Community: A community is a group of people living in an identifiable geographical area who share a common culture, and are arranged in a social structure that allows them to have a common identity as a group.⁹

Community-based child protection group or committee: A group of local people, sometimes volunteers, whose aim is to ensure the protection and well-being of children in a village, urban neighborhood or other community. These groups vary in size and composition; often they are volunteers from the ranks of community leaders, local government representatives, teachers, police, health workers, lawyers and social workers.)

Discrimination: Bias or prejudice resulting in denial of opportunity, or unfair treatment. Discrimination is practiced commonly on the grounds of age, disability, ethnicity, origin, political belief, race, religion, and gender — factors that are irrelevant to a person's competence or suitability.¹⁰

3. Butchart A, Harvey A. Preventing child maltreatment: a guide to taking action and generating evidence. Geneva: World Health Organization; Aurora, Colorado: International Society for Prevention of Child Abuse and Neglect; 2006.

4. Butchart A, Harvey A; 2006.

5. Child protection information sheets. New York: UNICEF; 2006. Available from: http://www.unicef.org/publications/files/Child_Protection_Information_Sheets.pdf

6. <http://www.merriam-webster.com/dictionary/safety>

7. A definition from the Office of the U.N. High Commissioner for Human Rights 1990, Article 19. From: Long S. Protecting children affected by HIV against abuse, exploitation, violence and neglect (technical report); Arlington, VA: United States Agency for International Development AIDSTAR-One, July 2011.

8. Child poverty in perspective: an overview of child well-being in rich countries. Florence: UNICEF Innocenti Research Centre; 2007.

9. Child poverty in perspective.

10. <http://www.businessdictionary.com/definition/discrimination.html>

Family: A family is any group of people related either biologically, emotionally or legally, regardless of where they reside.¹¹

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

Formal care: Substitute parental care provided on a temporary or long-term basis guided and facilitated by legislation, policies and admission criteria. Formal care takes the form of foster care and institutional care.

Foster care: Foster care aims to provide a temporary home to children whose parents or relatives cannot take care of them. However, the ultimate goal is to reunite children with their families. Foster care is a form of family-based alternative care.

Hazardous labor: Hazardous labor is any activity or occupation that has or leads to adverse effects on a child's safety, health and moral development.

Household: A household consists of all people who occupy a housing unit regardless of their relationship to one another. A household may consist of a person living alone or multiple unrelated individuals or families living together.¹²

Informal care: Substitute parental care provided on a temporary or long-term basis without the involvement of a third

party such as a government social worker or nongovernmental or community-based organization. Examples of informal care arrangements are children living with extended family members (uncles, aunts, cousins, grandmothers, stepparents; also called "kinship care") and children living with neighbors, friends and other community members.¹³

Juvenile justice system: A juvenile justice system is a network of agencies that deal with young people whose conduct has come in conflict with the law. These agencies include police, prosecutor, detention, court and probation. The focus of the juvenile justice system is to rehabilitate rather than to imprison and punish.

Stigma: Stigma refers to prejudice and negative attitudes toward people whose personal characteristics or beliefs are perceived to be different or against cultural norms. Stigma often leads to acts of discrimination.

Vulnerable child: In the context of HIV programming, a vulnerable child is a person under 18 years of age whose well-being is jeopardized by a combination of health and socioeconomic risk factors that are created or exacerbated by such factors as HIV, poverty, lack of adult care and protection, lack of access to basic services and stigma and discrimination. These vulnerability factors can, in turn, increase children's (and especially adolescents') risk of acquiring HIV. The term "vulnerable child" includes but is not restricted to orphans.¹⁴

11. FHI program guidelines: vulnerable children and youth; August 2010.

12. FHI program guidelines; August 2010.

13. United Nations Children's Fund. Enhanced protection for children affected by AIDS: a companion paper to the framework for the protection, care and support of orphans and vulnerable children living in a world with HIV and AIDS. New York: UNICEF; 2007: 28.

14. Doggett E, Medrano T. Integrating gender in care and support of vulnerable children: a guide for program designers and implementers. Research Triangle Park, NC: FHI 360; July 2012.



INTRODUCTION

FHI 360 sees the protection of vulnerable children enrolled in care and support programs not only as a moral and ethical charge, but also as necessary for these programs to succeed.

Purpose of the manual

FHI 360 developed this manual to facilitate the integration of child protection interventions into its community-based care and support programs for children made vulnerable by HIV. It is meant to be a practical tool that the staff of FHI 360 and implementing partners (IPs) can use to design, implement, monitor and evaluate care and support programs at the country level.

This is the second manual in FHI 360's Child Protection Toolkit. The toolkit also contains:

- **Child Protection Basics (manual 1).** This document aims to enhance understanding of fundamental child protection issues. It is intended for everyone involved in programming for vulnerable children, from senior management staff to community volunteers.
- **Guidelines for Becoming a Safe Organization for Children (manual 3).** This manual provides guidance on the elaboration of child protection policies and procedures at the institutional level to protect children from intentional or unintentional harm.

The toolkit as a whole aims to strengthen the capacity of FHI 360 and its IPs to integrate child protection measures in community-based care and support programs and other interventions on behalf of vulnerable children.

Reasons to integrate child protection in care and support programs

Everyone has a responsibility to protect children from harm — especially organizations whose mission is to ensure children's well-being. FHI 360 serves thousands of children worldwide who are in a position of vulnerability owing to a combination of health and socioeconomic factors, such as poverty and HIV. The organization takes seriously its duty to protect these children from further harm.

FHI 360 sees the protection of vulnerable children enrolled in care and support programs not only as a moral and ethical charge, but also as necessary for these programs to succeed. For instance, child abuse has been found to have a negative effect on school attendance and performance — two indicators of well-being. Sexual abuse, in particular, can contribute to drug use and puts children at risk of acquiring HIV.¹⁵

Community-based care and support programs for children affected by HIV provide FHI 360 and its implementing partners with unique opportunities to protect children. These programs serve the most disadvantaged children in poor communities, and their child-focused, family-centered and community-based approaches facilitate the implementation of child protection interventions at three key levels: the child, the

¹⁵ Long S; July 2011.

family and the community.¹⁶ As implementer of large-scale care and support programs for vulnerable children, FHI 360 often also has the opportunity to work at the national level, and can support governments in strengthening their child protection systems.

Institutional child protection responsibilities

The degree to which FHI 360 care and support programs and their implementing partners get involved in child protection depends on the specific context in which their programs are implemented. However, any organization working directly or indirectly with children, particularly those affected by HIV, will always have at least some basic responsibilities for CP. Following is a brief description of the responsibilities of staff involved in FHI 360 programs:

- Staff should be familiar with the United Nation's Convention on the Rights of the Child and what constitutes a violation of a child's rights. They should also be familiar with the child protection systems of the countries where they work: laws, policies, services and referral mechanisms.
- All staff and community volunteers involved in the implementation of a program or intervention serving vulnerable children should receive adequate training in child protection.
- As part of the care and support programs they create and run, staff will develop and implement interventions to protect children. The guidelines in this manual should help.
- Staff and volunteers should be able to recognize when a child is in special need of protection, and they should be able to link that child to appropriate protection services. They should also adhere to institutional guidelines and policies on child protection. In the absence of such guidelines and policies, staff should develop them. (See manual 3 in this toolkit for guidance.)

Structure of the manual

This manual has four main sections:

- **Getting started: Conducting a child protection analysis.** This section describes the importance of conducting a child protection analysis to understand the child protection situation in a particular context. The section presents the elements of a child protection analysis, the steps involved in conducting one, and the principles to follow during this process.
- **Developing and implementing child protection strategies and interventions.** This section describes some programmatic principles of child protection, the frameworks that exist for child protection and the key strategies and interventions that can be implemented at the child, family, community and government level to protect children, in accordance with global child protection principles and best practices.
- **Protecting children in emergencies.** This section describes the importance of protecting children in emergencies, the responsibilities in protecting children and the priority order of protection activities in these circumstances.
- **Monitoring and evaluating child protection.** This section describes some of the challenges related to monitoring and evaluating child protection; indicators, methods and tools that can be used for monitoring and evaluating child protection; and the ethics of participation by children in research and monitoring and evaluation activities.

How to use this manual

This manual was primarily designed as a reference document for integrating CP during the design of new programs and the development of project proposals. However, it can also be used to strengthen child protection efforts in ongoing programs. And it can be used as a reference for the design of child protection training.

16. These are pillars of a protective environment framework advocated by UNICEF. Agencies of the U.S. government, among many others, have adopted the framework as a basis for CP programming. See manual 1 in this toolkit for details.



Section 1:

GETTING STARTED: CONDUCTING A CHILD PROTECTION ANALYSIS

1.1 Understanding a child protection analysis

To plan and design child protection (CP) interventions that are effective in keeping children safe, program staff need to understand local CP issues. Many of these issues are invisible, because abuse, neglect and exploitation of children and violence against children do not happen out in the open. It is easy to make false assumptions if CP issues are not assessed in a systematic manner. A CPA creates the basis for assessing progress and evaluating the long-term impact of a CP intervention.

Whether the situation to be assessed is an emergency or not, the first step in a child protection analysis (CPA) is to collect information. Does a CPA even need to be conducted?

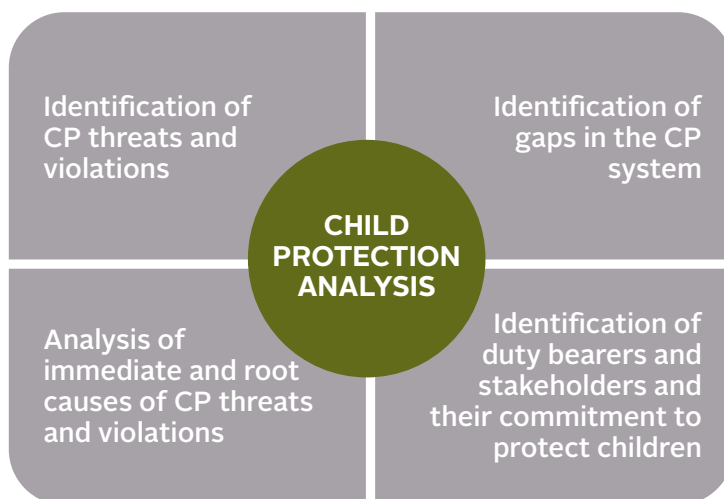
Usually the government or other agencies specialized in CP will already have done one. If they have not, then yes, a thorough analysis needs to be conducted.

By undertaking a thorough CPA, care and support program staff can identify and address key issues, and if they feel they cannot respond appropriately, pass reliable information on to other agencies that are equipped to act.

A CPA will provide the insights and information needed to plan and design CP interventions that can be integrated to care and support programs. Therefore, the CPA should be conducted prior to or at the beginning of the program. However, if this is not feasible, it is always possible to do a CPA once the program is being implemented.

Indeed, a CPA can — and should — also be a continuous process, whereby information is gathered and analyzed regularly during the life of a program. At times, such updates may prompt changes to make a program more relevant to the lives of children.

Program staff should be aware that a CPA, done well, needs time and resources. It is neither possible nor advisable to do such an analysis independently. Collaboration with other agencies and the government is vital for a CPA to be thorough.



1.2 Components of a child protection analysis

A CPA has four components:

- identification of the nature and extent of threats and violations faced by children
- identification of the gaps in the child protection system
- analysis of the immediate and root causes of threats and violations faced by children
- identification of the duty bearers and key stakeholders and their commitment and actions to protect children

Following is a description of these components.

1.2.1 IDENTIFICATION OF THREATS AND VIOLATIONS FACED BY CHILDREN

The CP threats and violations will vary according to the social, economic and cultural context of the country in which a program is implemented. Here are some examples:¹⁷

- abduction of children
- abuse (physical, sexual, emotional or psychological)
- illegal adoption
- poor access to basic social services such as health and education
- child labor
- child marriage
- living outside of family-based care (children in child-headed households, street children and children in institutional care)
- living with elderly caregivers
- living with HIV
- being in conflict with the law
- trafficking
- disability
- displacement
- lack of access to education
- lack of opportunities to participate
- female genital mutilation/cutting
- neglect (physical, medical, emotional and educational)
- recruitment by armed forces or armed groups

- separation from their families in times of emergency
- sexual exploitation
- violence (interpersonal, collective, sexual and gender-based)

Here are some questions that can help program staff identify CP violations and threats:

- What are the precise nature, pattern and scope of the violations and threats faced by children?
- What are the profiles (age, gender, religion, and ethnicity) of the children who are vulnerable to these threats and whose rights are being violated?
- What are the incidence and severity of threats and violations?
- What are the effects of violations and threats on children and their families and communities?
- Who is responsible for the violations and threats?

1.2.2. IDENTIFICATION OF GAPS IN THE CHILD PROTECTION SYSTEM

An analysis of the policy and legal frameworks for preventing and responding to threats and violations faced by children can reveal the gaps in a CP system. Here are some questions to guide this analysis:

- Is the country a party to any international human rights instruments that could be used to protect children? (Consider the United Nations Convention on the Rights of the Child (CRC) and its optional protocols, the Hague Convention on International Adoption, the Palermo Protocol regarding trafficking in women and children, and so forth.)
- What obligations does the country have in relation to these instruments?
- Which institutions are responsible for implementing these obligations?

The CP threats and violations will vary according to the social, economic and cultural context of the country in which a program is implemented.

17. See the first manual in this toolkit for details on most of these issues.



- What mechanisms exist within institutions to coordinate CP activities?
- What monitoring mechanisms are in place?
- Are statistics and other information broken out by gender, age, ability and so forth?
- What resources has the country allocated to implement its human rights obligations for CP?
- How much and what percentage of the overall budget has the government allocated to implement CP? What are the trends in budget allocations and spending?
- How much have the views of children (girls and boys from different backgrounds) been incorporated when making commitments and allocating resources?
- What independent watchdog mechanisms (e.g., child ombudsman, child protection committees) are available for monitoring that commitments are fulfilled?
- What are the government policies, strategies, and action plans for CP?
- How are the government policies, strategies and action plans for children coordinated and implemented?
- What are the relationships among local, subnational and national government agencies with responsibilities for children?

1.2.3. ANALYSIS OF IMMEDIATE AND ROOT CAUSES OF CP ISSUES

An analysis of the immediate and root causes of CP violations provides a comprehensive picture of the violations.

Examples of immediate causes are adults' attitudes towards children, failure to give children a voice in the family, social taboos, poverty, ignorance, low levels of education,

18. For more information on the problem tree method please refer to the Overseas Development Institute (ODI) website: <http://www.odi.org.uk/resources/details.asp?id=5258&title=problem-tree-analysis>.

bad laws and good laws poorly implemented. Examples of root causes are a legal system based on cultural discrimination, failure to give children a voice in society at large, stereotyping and stigma. For instance, the immediate cause of a girl's lack of schooling might be that her family expects her to carry a heavy burden of household work, but the root cause might be patriarchal social and cultural norms that subordinate women.

In this phase of a CPA, here are the steps that program staff should take to identify immediate and root causes of violations:

- Define the issues factually. Specify the nature, extent and location of the harmful outcomes of each CP violation.
- Classify the violations schematically (using the problem tree method,¹⁸ for example).
- Ask “why” the defined issue exists: that is, “What were the factors that led directly to the effect?”
- Classify these factors as immediate causes and root causes.
- If there are multiple causes, which is often the case, state them clearly.
- Identify solutions for each cause that will result in preventative, responsive or remedial actions on the issue.

1.2.4. IDENTIFICATION OF THE DUTY BEARERS AND KEY STAKEHOLDERS AND THEIR COMMITMENT AND ACTIONS TO PROTECT CHILDREN

Identifying who is responsible for CP is vital for program staff to develop appropriate responses to CP issues. This task has two dimensions: discovering those who are responsible for protecting children and those who are responsible for threats and violations. Very often, those who are responsible for protection are also the perpetrators of violations. It's important to probe for any negative actions that duty bearers might be taking that could harm children.

Here are some of the questions that should guide staff in this phase of a CPA:

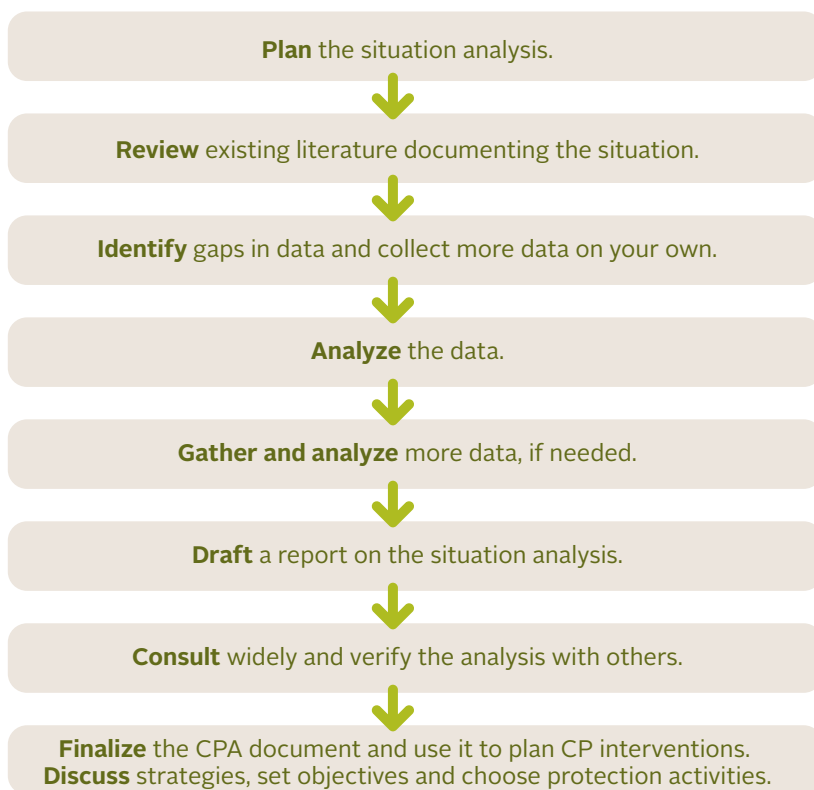
- Who are the duty bearers and stakeholders at the family, community and national levels?
- Which roles are most relevant and most effective and why?
- Do duty bearers/stakeholders accept their responsibility? If not, why not?
- Do duty bearers/stakeholders have the authority to carry out their roles? If not, why not?
- Do duty bearers/stakeholders have the knowledge, skills and organizational, human and material resources they need? If not, what do they lack?
- What do duty bearers/stakeholders do to provide treatment, rehabilitation and compensation to children who have experienced CP violations?

Here are some examples of duty bearers and stakeholders at different levels:

- Family: primary caregivers (for example, parents or guardians)
- Community: village leaders (for example, village chief, teachers, health workers, child protection committee)
- Civil society: local nongovernmental organizations (NGOs) and community-based organizations (CBOs)
- Private sector: for example, local business and multinational companies
- National government: for example, the ministries of education and finance
- International community: for example, international nongovernmental organizations (INGOs), United Nations (UN) agencies, and donors

1.3 Steps in conducting a CPA

The program team and as many local stakeholders and duty bearers as possible should collaborate to conduct a CPA. The steps are basically the same as those in any other situation analysis and participatory research. (See appendix 1 for a flow chart.)



1.4 Guidelines for data collection for a child protection analysis

As described above, CPAs often reveal gaps in information. When these emerge, the missing information must be gathered before CP interventions can be planned. Two methods exist to collect data: quantitative and qualitative.

The **quantitative data collection method** is based on the idea that social phenomena can be quantified, measured and expressed numerically. This method relies on appropriate sampling and structured data collection instruments (questionnaires) that fit diverse experiences into predetermined

response categories for an indicator (for more information on CP indicators, see 4.3: Child Protection M&E Indicators, Methods and Tools). This method produces results that are easy to summarize, compare, and generalize to the target population in order to provide estimates of the magnitude of an issue of interest. Ideally, participants are ideally randomly selected.

Here are some typical quantitative data gathering strategies:

- obtaining relevant census data and other statistical information available at the country level from such sources as reports from research institutions, government, the UN and other NGOs, donors and civil society groups
- observing and recording well-defined events (for example, counting the number of children coming to a safe house to escape abuse, and counting the number of children who have received life skills training)
- obtaining relevant data from country-based management information systems
- administering surveys with closed-ended questions (e.g., questionnaires, either face-to-face or self-administered)

Qualitative data collection methods

provide information useful to understand the processes behind observed CP issues or threats. Qualitative methods can be used to describe the characteristics of CP issues, the characteristics of children who are maltreated and of the perpetrators of maltreatment, and opinions and ideas. Qualitative methods can be stand-alone, but are often also employed to augment quantitative findings.

Qualitative data collection methods are usually open-ended. These methods rely more heavily on interactive interviews than quantitative methods and respondents may be interviewed several times to follow up on a particular issue, clarify concepts or check the reliability of data. To increase the credibility of the findings, researchers often use triangulation, relying on



During the data collection and analysis process, the following principles must be taken into account:

1. Information gathering needs to be systematic, examining a situation fully and not from a single, personal viewpoint. A mixture of quantitative and qualitative information gathering is usually required.
2. Information should be cross-checked. Identifying possible sources of bias and error can minimize their effects.
3. Data collectors and analyst must guard against community members giving inaccurate information. This can happen because of fears, issues related to the social, cultural or political context, or because community members perceive potential benefits by answering in a certain way.
4. Program staff must make the assessment process transparent. By sharing their observations, perceptions and understandings with the community, they are less likely to miss key information or misinterpret findings.

multiple data collection methods to check the reliability of their results. Usually, findings are not generalizable to any specific population; instead, each case study produces a single piece of evidence that can be used to seek patterns among different studies of the same issue.

Some examples of qualitative data collection methods are:

- questionnaires (open-ended)
- interviews (in-depth)
- observations
- focus group discussions

For more examples of qualitative collection methods, please refer to section 4.3 in this manual.

Participants in data collection will vary with the issues to be explored and the country context. However, programs can potentially involve:

- community leaders
- local authorities
- parents
- groups of children
- NGO staff
- community workers
- service providers

Staff should uphold the following ethical principles (among others):

- Obtain parental or family consent before interviewing children.
- Obtaining children's consent when they are old enough to consent.
- Preserve confidentiality of personal or sensitive information.

Take care not to create unrealistic expectations or to promise results that cannot be delivered — for example, that participants in an assessment will benefit in some way. Be especially careful not to mislead children.



Section 2:

DEVELOPING AND IMPLEMENTING CHILD PROTECTION STRATEGIES AND INTERVENTIONS

After CP issues have been identified through a CPA, the next step is to decide how to address them.

Frameworks that classify CP strategies and interventions can help with this task. Program staff should be familiar with them — particularly the CP frameworks that have been developed for children who are affected by HIV.

2.1 Child protection frameworks

For many years the work of the United Nations Children’s Fund (UNICEF) has been guided by a Protective Environment Framework.¹⁹ The framework’s eight elements inform the work of donor agencies such as the U.S. President’s Emergency Fund for AIDS Relief (PEPFAR) and the U.S. Agency for International Development (USAID).²⁰

In 2004, many agencies, including FHI 360, collaborated to develop a framework based on the UNICEF model specifically to guide action to protect children affected by HIV: “The Framework for the Protection, Care and Support of Orphans and Vulnerable Children in a World with HIV and AIDS.”²¹ This important document (henceforth called the Framework) has been endorsed and is used by donor agencies, INGOs and NGOs around the world.

The Framework classifies CP interventions in terms of five key strategies:²²

1. Strengthen the capacity of families to protect and care for orphans and vulnerable children by prolonging the lives of parents and providing economic, psychosocial and other support.

Figure 1.
Protective environment framework



Source: Enhanced Protection of Children Affected by AIDS. A Companion Paper to The Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS. New York: The United Nations Children’s Fund (UNICEF), March 2007.

19. For an explanation of this framework, please consult the first section of manual 1: “Understanding Child Protection.”

20. Long S; July 2011.

21. The framework for the protection, care and support of orphans and vulnerable children in a world with HIV and AIDS. New York: UNICEF; July 2004.

22. See Appendix 2 for a summary of the key strategies.

Rather than treat each child safety concern in isolation, the CP systems approach promotes a holistic view of children and child protection that necessarily engages the full range of actors involved in protecting children's rights.

2. Mobilize and support community-based responses.
3. Ensure access for orphans and vulnerable children to essential services — for example, education, health care and birth registration.
4. Ensure that governments protect the most vulnerable children through improved policy and legislation and by channeling resources to families and communities.
5. Raise awareness at all levels through advocacy and social mobilization to create a supportive environment for children and families affected by HIV.

Three years later a companion paper²³ to the Framework was developed to expand on the actions that can be implemented to protect vulnerable children who are affected by HIV. The paper divides these actions into five main areas:

1. Social protection²⁴
2. Legal protection and justice
3. Alternative care
4. Address stigma related to HIV, abuse and exploitation
5. Strengthen the state's social welfare system

The actions that can be implemented under each of these areas can respond to multiple strategies in The Framework.²⁵ For example, actions in the “social protection” area may strengthen the capacities of families (strategy 1 of the Framework) and ensure that government is protecting vulnerable children (strategy 4 of the Framework).

This systematic way of organizing CP interventions has been the basis for recent discussion and thinking, initiated by UNICEF and Save the Children, on a system approach to child protection.²⁶ Manual 1 (section 1.2) in this toolkit explains this approach and its

importance for CP in detail. According to a recent UNICEF report, “a systems approach differs from earlier CP efforts, which have traditionally focused on single issues such as child trafficking, street children, child labor [...]. Rather than treat each child safety concern in isolation, the systems approach promotes a holistic view of children and child protection that necessarily engages the full range of actors involved in protecting children's rights.”²⁷ When properly coordinated, the components of a CP system work together to strengthen the protective environment around each child.²⁸

There is no consensus yet on the ideal architecture of a CP system. However, there is wide agreement on a few design rules:²⁹

- Design CP interventions so that they work for the protection of all children by addressing underlying causes (see the first manual in this toolkit for details) as well as by focusing on individual groups or categories of vulnerable children.
- If possible, address the full range of CP issues in the program context (rather than focusing on one or two “fundable” concerns).
- Make efforts and structures in CP more efficient by improving coordination and collaboration with other actors (see sidebar on next page).
- Emphasize prevention, in compliance with the “best interests” principle — thereby also achieving greater long-term cost-effectiveness.
- Include measures to respond to protection violations.

23. Enhanced protection for children affected by AIDS : a companion paper to the framework for the protection, care and support of orphans and vulnerable children in a world with HIV and AIDS. New York: UNICEF; March 2007. Available from http://www.unicef.org/publications/files/Enhanced_Protection_for_Children_Affected_by_AIDS.pdf

24. Social protection is widely understood to encompass measures to prevent and respond to risk and vulnerability and help mitigate the impact of HIV by reducing poverty and the incidence of family separation, which contributes to better health, education and protection outcomes.

25. See Appendix 3 for a summary table.

26. USAID also highlights the importance of this approach. See Long S; July 2011.

27. Adapting a systems approach to child protection: key concepts and considerations. New York: UNICEF; January 2010

28. A 'rough guide' to child protection systems (draft). London: Save the Children United Kingdom; 2009. Available from <http://resourcecentre.savethechildren.se/node/5103>.

29. A 'rough guide' to child protection systems.

A Note on Interagency Complementarity in Protection Work

Complementarity is a must in protection work. Organizations cannot work in isolation to protect children in their care and support programs. It is vital for organizations — each with their different mandates, capacities, resources and networks — to think together about how their efforts to protect children mesh. Complementarity does not mean that every organization does the same thing. Instead, it requires each organization do what it does best and what it is best placed to do. Such diversity of programming but unity of effort can be a significant protection multiplier.

Care and support program staff therefore are strongly advised to assess the different mandates, strategies, capabilities and resources of the national and international organizations on the scene, and to meet with these organizations to discuss how they can work together. In some countries or areas where FHI 360 and its partners operate, interagency CP committees or task forces may already be in place and active. In emergencies, the cluster system of the UN normally goes into action, and usually CP is one of the clusters where CP agencies meet to discuss strategies and collaboration.

2.2 FHI 360 programmatic guiding principles

FHI 360 has established a set of guiding principles for care and support programs serving vulnerable children and youth³⁰ that are in line with the four core principles of the CRC.³¹ These principles should guide program staff during the design and implementation of strategies and interventions at the child, family, community and government levels to protect children enrolled in care and support programs.

Child-focused: Interventions and activities that uphold the best interests of vulnerable children address their needs according to their age, gender and developmental stage.

Best interests of the child: Interventions will protect vulnerable children from harm and ensure their basic human rights, including their right to protection from discrimination, stigma, exploitation, abuse, violence and neglect.

Child participation: Programs and interventions provide vulnerable children with opportunities for meaningful participation in program planning, implementation and monitoring and evaluation (M&E). The opinions and ideas of boys and girls are equally heard, respected and considered. The ideas and opinions of children and those of adults receive equal attention.

Rights-based: Programs and interventions recognize that supporting children and youth is not a favor but an effort to enhance the attainment of their fundamental human rights. The right to be protected from harm is also a fundamental human right, as laid out in the CRC.

Family-centered: Programs and interventions recognize that families are the most important safety net for children and that a child grows best in family care. Interventions are delivered within the family or household, and build on the family's unique strengths to improve the well-being of children.

Community-based: Recognizing that communities represent the second line of response and an additional safety net for children, the capacity of community-based organizations to support children directly is strengthened. Services and support are delivered using community structures.

Continuum of care: Programs provide a comprehensive and coordinated response to families affected by HIV and AIDS, providing a continuum of care that includes prevention, care and treatment, and impact mitigation services. It also includes the protection of children from abuse, neglect, exploitation and violence.

Comprehensive: Through partnerships with local service providers, programs provide access to services that address the multiple needs of vulnerable children and their families. This includes a child's need for protection against maltreatment.

Reduction of stigma and discrimination: The reduction of stigma and discrimination against children made vulnerable by HIV and their families is key to children's emotional, physical and social well-being and, thus, is integral to the design of programs and interventions.

Gender sensitive: The needs, concerns, and perspectives both of girls and boys are addressed in the planning, implementation and evaluation of programs. For protection interventions, this means that the specific vulnerabilities of boys and girls are taken into account and are addressed. Programs also actively promote equality between girls/women and boys/men as a means to foster a supportive environment for children.

Quality of services: Programs use quality assurance and improvement methods and tools to ensure a high level of quality in prevention, care and treatment and impact mitigation services. The same should apply to CP interventions.

30. FHI program guidelines : vulnerable children and youth. Research Triangle Park, NC: FHI 360; August 2010. Available from: http://www.fhi360.org/en/HIVAIDS/pub/res_QI_OVC_Standards.htm

31. The four core principles of the CRC are: 1) the best interests of child; 2) nondiscrimination; 3) the right to survival, well-being and development; and 4) respect for the views of the child. For more information, please see the first manual in this toolkit.

Sustainability: Programs not only address the immediate survival needs of children and youth such as food, water and shelter but also implement actions to reduce children's vulnerability in the long term. Programs will ensure that even after they end, children will receive continued and uninterrupted support. This is important for CP, because reducing a child's vulnerability reduces the child's risk of exposure to abuse, neglect, violence and exploitation.

2.3 Key child protection strategies and interventions for children in care and support programs

Even though the Framework and its companion paper provide logical ways of categorizing CP interventions, for care and support programs it is more practical to do so according to the intervention levels in these programs — that is, the individual level (the child), the family level, the community level and the national level (government). This, however, does not mean that care and support programs should work on CP issues at each level in an isolated manner. On the contrary, CP issues must be addressed in a holistic way whenever possible.

The CP interventions at each level that this manual recommends fall under the five key strategies of the Framework and the action areas of the companion paper. There are also some possible crosscutting CP interventions

that can be implemented, which will be outlined here as well. Interventions included in the Framework and its companion paper that are not relevant to care and support programs for vulnerable children are not included here.

The interventions outlined below fall within three spheres of action: responsive, remedial and preventive.³²

Responsive actions: These actions aim to stop or alleviate the worst effects of abuses (e.g. negotiating and advocating directly with owners of factories to stop using child labor, or to halt child traffickers and provide shelter for the children trafficked).

Remedial actions: These actions aim to help children after maltreatment while they live with the subsequent effects of a particular pattern of abuse. They aim to help children recover (for example, providing children with psychological or psychosocial support and necessary health care).

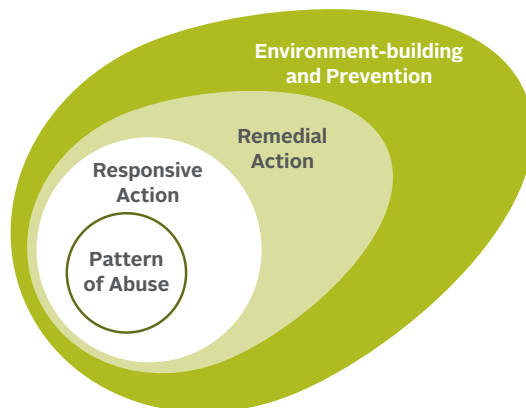
Preventive actions: Preventive actions aim to build a protective environment for children. They aim both to prevent children from becoming vulnerable and to strengthen protective mechanisms within society that will prevent maltreatment of children. This is the most long-term and structural sphere of action aimed at creating and/or consolidating an environment (political, social, cultural, institutional, economic and legal) conducive to full respect for the rights of the child. An example of a preventive action is to advocate for government funding of a national CP system.

The key strategies that FHI 360 and its partners can implement to protect children in care and support programs are these:

1. Empower children to protect themselves.
2. Improve the capacity of families to protect their children.
3. Increase the capacity of communities to protect children.
4. Support governments in enhancing their national child protection systems.

Figure 2.
Types of Protective Actions

Source: Protection – an ALNAP Guide for Humanitarian Agencies; Slim, Hugo; Bonwick, Andrew, August 2005



32. Adapted from Slim H, Bonwick A. Protection – an ALNAP guide for humanitarian agencies. London: Active Learning Network for Accountability and Performance in Humanitarian Action (ALNAP); August 2005. Available from: <http://www.alnap.org/resources/guides/protection.aspx>.

Figure 3.
Spheres of responsibility
for child protection



Source: Heise et al., 1999;
Krug et al., 2002; CDC, 2004

For each of the strategies there is a list of recommended CP interventions, which are discussed below. The list of interventions under each strategy is not exhaustive nor are all the interventions appropriate or feasible in each local program context. The decision on what interventions to implement should ultimately be based on the results of a CPA and on the program's mandate.

2.3.1. EMPOWER CHILDREN TO PROTECT THEMSELVES

Because of their physical and mental immaturity, children are particularly vulnerable to maltreatment and therefore need special care and protection. However, they can take an active role in their own protection if they have the information, knowledge, skills or self-confidence to do so. This goes far beyond numeracy and literacy skills that children learn in school. Children need to know their rights, be aware of available support and services, learn how they can avoid and respond to risks, develop healthy behaviors and know how they can advocate for themselves in the adult world. To achieve this, activities to increase children's life skills, knowledge and participation are essential. These activities are part of responsive and preventive/environment-building action.

- **Enhance children's life skills**

"Life skills education"— sometimes also called "social and emotional learning", or skills-based health education" — refers to education that helps children develop critical thinking, problem solving, negotiation and decision making skills; helps them manage challenges and risks and maximize their opportunities; and helps them solve problems in a cooperative, nonviolent way. Life skills education builds children's sense of personal worth and agency and teaches them to interact with others constructively and effectively.

Life skills are defined as cognitive, personal and interpersonal skills that enhance

such abilities. Life skills are important for all children, but particularly for children affected by HIV, because they need special skills to avoid high-risk sexual behavior and cope with daily life.³³

Care and support programs can implement life skills education interventions in schools or through community-based children's clubs or youth clubs. Besides the cognitive, personal and interpersonal skills, life skills education programs also teach children their basic human rights and lets them know who are responsible for fulfilling those rights. They are also a place for children to learn about the child protection laws and policies in their country and the services available in their community.

Care and support programs should ensure that their life skills education interventions cover key protection issues such as sexual, gender-based and family violence and exploitative labor. Helping children increase their self-esteem and self-confidence enables them to put their new self-protection skills into practice and exercise their human rights in general. Including marginalized children (for example, children who are disabled) who are at high risk of abuse or exploitation is important.

FHI 360/India has developed a comprehensive Life Skills Education Toolkit, which is available online: <http://www.FHI360.org/NRrdonlyres/edfce6xfgy3qij2nlqelwfxzcta2bdlb3d63qxffcljm2o5ushjvtqnfxx2adpe2gsujitcspf3obfm/LSEToolkit2007IndiaHV.pdf>.

- **Enhance children's ability to participate and advocate for themselves**

Providing opportunities for children to participate and express their opinions regarding issues that concern them and to advocate on their own behalf not only fulfills their human rights but also provides them with opportunities to practice key life skills.

TIP FOR PROGRAM STAFF
All interventions with children should be adapted to the needs and capacities of children of different ages and the different needs of boys and girls.

33. http://www.unicef.org/lifeskills/index_4105.html

According to the Convention on the Rights of the Child, every child has the right to participation through:

	Articles
Respect for the views of the child	12
Freedom of expression	13
Freedom of thought, conscience and religion	14
Freedom of association	15
Right to privacy	16
Access to information: mass media	17

Source: Derived from the Convention on the Rights of the Child. See "The State of the World's Children," UNICEF, 2010.



TIP FOR PROGRAM STAFF

To find more information and guidelines on child participation, please check the following resources:

FHI 360 Guidelines for Promoting Child Participation
<http://www.lac.org.na/projects/grap/Pdf/CCPA-GuidelinesforChildParticipation.pdf>

UNICEF Child and Youth Participation Resource Guide
http://www.unicef.org/adolescence/cypguide/resourceguide_conferences.html

The participation of children must be carefully planned to avoid placing them at further risk. Gender differences and the abilities of children in different developmental stages must also be taken into account. When planning and implementing child participation activities, organizations must ensure that boys and girls have equal opportunities to join in.

- Children can participate in different ways at different levels.
- At the program level, children should be engaged in program design, implementation and evaluation activities.
- At the community level, children can identify and support other vulnerable children. For instance, they can be members of child protection committees, become mentors for younger children or create their own child protection groups. Programs can also create or support discussion forums to give children the opportunity to discuss issues that affect or concern them among themselves, and with adult community leaders.
- At the national level programs can advocate for children to be given roles in the development and implementation of child-centered government policies, plans, standards and guidelines. They can also support children to speak directly with national leaders about CP concerns and be engaged in national or regional coordinating bodies or networks.
- Even very young children can participate through age-appropriate methods such as play-therapy that help children as young as two to express their concerns.

ETHICAL CONSIDERATIONS RELATED TO CHILD PARTICIPATION

When planning the participation of children, organizations must consider some ethical issues. These issues are complex and no straightforward guidelines exist.³⁴

Children's rights pertaining to their participation are established in international law, where children are defined as those up to 18 years old. However, the reality and meaning of childhood vary widely from one culture to another. Therefore, the response of care and support programs to the ethical challenges of participation by children in program and research activities must vary, too.

The CRC provides clear initial guidance for children's participation:

- All rights guaranteed by the convention must be available to all children without discrimination of any kind. Equity and nondiscrimination are emphasized.
- The best interests of the child must be a major factor in all actions concerning children, which means that program staff who encourage children's participation must consider carefully how this supports the best interests of each child.
- Children's views must be considered and taken into account in all matters that affect them.

The four CRC articles related to participation establish the parameters for the participation of children:

- Article 12 states that children who can form their own views should have the right to express those views and have their views taken into account. However, the right to participate and freedom of expression are not equated with self-determination. Each child's views are their "reality," which must be considered but which also must be weighed against the best interests of the child in any decisions eventually taken.
- Article 13 states that children have the right to freedom of expression, which includes seeking, receiving and giving information and ideas through speaking, writing or in print, through art or any other media of the child's choice. Their participation is not a mere formality; children must be fully informed and must understand the consequences and impact of expressing their opinions. The corollary is that children are free not to participate in activities and should not be pressured. Participation is a right, not an obligation.
- Article 14 establishes that State parties must respect children's right to freedom of thought, conscience and religion, as well as parents' or guardians' roles in their exercise of this right. Anyone seeking to involve children must clearly acknowledge and ideally seek to build on these roles.
- Article 15 establishes that the State parties must recognize children's right to freedom of association and peaceful assembly. As children's capacities evolve, they will increasingly participate and seek the representation of their perspectives in wider fora — community, subnational, national and global. Program staff can promote this evolution.

The CRC establishes that participation should be seen as both a process and an end in and of itself. The very act of participation should be seen as contributing to the development of the children involved. This suggests highly participatory approaches, involving children in the design of program activities, M&E and research.

2.3.2. IMPROVE THE CAPACITY OF FAMILIES TO PROTECT THEIR CHILDREN

Family relationships provide the best care and support for children; whenever possible, children should be able to remain within their own families. However, many families require support and assistance to be able to take good care of their children. Therefore, "the core of a strategy to respond to orphans and vulnerable children must be to strengthen the capacity of families to care for and protect their children."³⁵ Care and support programs should work with and support families to address factors that make children vulnerable to maltreatment, such as poverty, stress, lack of parenting skills and social isolation. Most of the interventions that can be implemented at the family level are outlined below and are part of social protection measures (strategy 1 of the Framework).

• Enhance parenting knowledge and skills

Educating children's parents or caregivers on key issues such as child development and parenting helps them understand and respond better to the developmental needs of their children and to be better equipped to deal with the problems and challenges of child-rearing. It may also be a way to foster greater engagement of men in parenting and caregiving. Parenting education will be particularly helpful for new, very young or elderly caregivers, who usually are not well prepared for child-rearing.

In parenting programs a particular emphasis must be placed on integrated early childhood development of children of pre-school age, focusing on food and nutrition, health and development, psychosocial needs and other key areas. Parents or caregivers should also be educated on children's rights and CP, and provided with information on the CP services available in their community and how they can access these services. Education can be provided one on one

34. More ethical issues as they relate specifically to M&E and research are discussed in section 4.4.

35. The framework for the protection, care and support of orphans and vulnerable children in a world with HIV and AIDS. New York: UNICEF, July 2004:15.



by community staff or volunteers during household visits, or during group sessions held at community venues, such as schools or churches.

- **Strengthen families' livelihoods**

Economic strengthening interventions and providing alternative livelihood options increase household income and assets and eliminate parents' or caregivers' stress associated with not being able to meet their children's basic needs. These interventions are preventive in nature, because they reduce stress that contributes to domestic violence and abuse; reduce the possibility of children being separated from, or abandoned, by their families as a result of extreme poverty; and prevent children from being engaged in child labor or other forms of exploitation by their parents or caregivers to help with the sustenance of their homes. These interventions are also responsive, because they can help return children to their families and take them out of situations of exploitation.

Programs cannot be "one-size-fits-all." The intervention to be implemented should be tailored to each family's specific socioeconomic situation. Therefore, programs must be able to offer a range of economic strengthening interventions that meet the needs of families in different circumstances. Also, child participation is an important aspect in these kinds

of interventions. Letting older children and young people take part in planning activities designed to improve household economic capacity will encourage their self-sufficiency and help to protect them from harmful child labor and future economic exploitation.

Examples of interventions that alleviate the most urgent needs of households are social transfers, whether in cash or in kind, or voucher transfers, insurance mechanisms, direct subsidies and material assistance. Examples of longer-term interventions are offering alternative forms of livelihood (including training and assistance to help young people start businesses); setting up savings groups; facilitating access to small loans through lending groups; creating linkages between micro enterprises and more profitable markets; and (particularly for farmers) improving efficiency.

Before initiating these kinds of interventions, care and support programs should assess and analyze existing national social assistance or social protection programs and link with these if possible, in order to ensure maximum efficiency and impact.

- **Facilitate access to key services**

Care and support programs need to provide parents or caregivers with services that will enable them to remain alive and physically healthy, so they are able to care

Communities play a vital role in the protection of children, especially in countries where CP systems are still weak. It is vital for care and support programs to work with and support communities in their CP responsibilities.

for their children. *Health and nutritional services* are particularly important, as well as access to HIV diagnosis and to inexpensive medicines and services to treat common illnesses and opportunistic infections, care and treatment services, and home-based care or home visitation. Regular *home visits* allow community staff or volunteers to become familiar with the problems and struggles of families and provide support as necessary. During these visits they can offer nutrition and hygiene education, follow up on the well-being of children and screen children for signs of abuse. Home visits can also prevent families from becoming socially isolated.

Another key service for families is *psychosocial support*. This service helps parents or caregivers (and other family members, including children) cope better with negative emotions in life. Particularly in a traumatic situation such as the presence in a household of HIV, these emotions are often aggravated by the cultural taboos about the virus as well as fear of discrimination, stigma and exclusion.

Examples of psychosocial support services are individual or group counseling, peer support and support groups. Support groups are particularly important, because they bring people with similar backgrounds and problems together and help them deal with the stresses of everyday life. These groups can also prevent parents or caregivers from becoming socially isolated.

Staff should engage children and young people in planning and implementing psychosocial support services, as well as tailoring activities to local cultural practices and beliefs. Children of different ages respond differently to trauma and loss and need different types of support. Their participation is one way to make sure that they receive support that is appropriate to their development and age.

Child-care responsibilities place a lot of stress on parents or caregivers, especially in households with numerous young children and headed by a single parent

or caregiver, especially an elderly one. Therefore, programs should link families to *child-care services*, such as day-care initiatives. In many communities these services exist, but if they don't, programs can coordinate with social welfare services, schools, health centers, local community organizations and with the private sector to establish them. Child-care services not only relieve parental stress and allow adults more time for income-generating activities. They also provide new caregivers with the support and skills they need to cope with their unfamiliar role and provide children with integrated early childhood development opportunities. Moreover, they can be used to screen young children for abuse and provide children with the opportunity to learn basic self-care skills.

2.3.3. INCREASE THE CAPACITY OF COMMUNITIES TO PROTECT CHILDREN

As previously mentioned in this document, communities play a vital role in the protection of children, especially in countries where CP systems are still weak. If families are unable to meet the basic needs of children and protect them, the community is the next safety net.

In practice, this usually means that the community provides assistance to families to ensure that they are able to provide their children with proper care and protection, allowing the children to remain at home. Only in extreme situations when there are no family members or families willing to take a child in does the community have to care for children directly.

It is vital for care and support programs to work with and support communities in their CP responsibilities. Community ownership of CP initiatives is a beginning. Some of the interventions that can be implemented to increase the capacity of communities to protect children are described below.

- **Educate community stakeholders on children's rights and protection.**

In order to create a protective environment in which child maltreatment

is unacceptable and violations are dealt with effectively, organizations should support training for local leaders and key community stakeholders on children's rights and on how to prevent, identify and respond to child abuse, neglect and exploitation. Examples of these leaders and stakeholders are service providers (for example, health and social workers, teachers and police officers), journalists and personnel of grassroots organizations.

Training should aim to increase community understanding of the consequences of child maltreatment, the ways to detect it (recognizing warning signs), the different steps in responding to maltreatment (recovery and reintegration) and the national laws, policies and regulations that protect children and the services that exist.³⁶ Developing and disseminating simple versions of the national laws and policies in the local languages will be important during this process. It is also important make communities aware of

the impact of HIV on children's lives and also of children's rights and need for protection, so that they are able to take action in support of affected children and monitor those who are most vulnerable.

- **Promote and support community dialogue, discussion and debates**

Child maltreatment, discrimination and stigma are more likely to occur in environments where custom, cultural norms and traditional ideas condone it and where children's rights are not respected. Care and support programs are an ideal vehicle to engage in dialogue with local traditional, religious and community leaders about CP concerns, social norms and traditional ideas and practices. This is urgent for children affected by the HIV pandemic, because fear and stigmatization of these children can leave them without adequate care and protection. Therefore any dialogue should also include information on HIV and AIDS in order to



36. For more information, please consult Butchart A, Harvey A; 2006.

reduce the stigma and discrimination that these children face.

Community discussions can take place in local settings such as schools, churches, and markets, at public events and on local radio and television programs. It is also useful to encourage community service providers such as teachers, health-care workers and social workers to integrate discussions of CP in their work.

Boys and girls should participate in these forums so that they can help identify the issues and solutions. However, their involvement should be handled carefully so that children aren't excluded or punished as a result of speaking out. The potential risks for children should be carefully considered and child participation must be voluntary.

- **Support child protection committees³⁷**

These committees are an important structure in national CP systems, because they allow communities to participate in and take responsibility for CP. They operate at the village or community level and are usually voluntary and informal. The committees can identify children at risk and link them to prevention, response, recovery and reintegration services. Community-based CP committees are often the first point of contact for CP violations, particularly where services and referral mechanisms are absent.

CP committees can engage in a variety of activities, such as:

- identifying vulnerable children and families
- referring cases to available local services
- pressing local and national government for better service delivery; policy reform; and improvements and effective implementation of laws and programs for CP
- providing care and support to maltreated children through mediation,

- counseling, informal education provision and other practical actions
- raising awareness and mobilizing communities on children's rights, CP and care issues and the benefits of children's participation
- enhancing children's life skills through life skills education
- monitoring and acting as watchdogs for CP
- undertaking family tracing and assessment
- mediating in the community for successful reintegration of children
- providing follow-up and ongoing support to reintegrated children

These committees don't exist in many communities and in others, their capacity is weak. Programs can work with communities and local governments to establish, assess and strengthen the capacity of CP committees. Some of the ways in which programs can support CP committees are:

- training members on such CP issues and fundamental principles as the best interest of the child and child participation
- strengthening their coordination with local government authorities and service providers
- developing standard operating procedures for committees to follow in identifying and supporting children at high risk or who have been maltreated
- developing procedures to maintain confidentiality
- providing material or financial support without jeopardizing sustainability
- training CP committees to identify and mobilize their own funds

Support of CP committees should be long-term, because changing attitudes and skills in a community does not happen overnight and children who have been maltreated often require long-term support and follow-up.

Care and support programs must ensure that CP committees do not cause

TIP FOR PROGRAM STAFF

Community dialogue, discussion and debates will:

- help increase awareness and knowledge about CP problems
- ensure community participation in the identification of strategies to address CP concerns
- promote community-owned social change for children

37. For more information on the role of child protection committees, please see: A common responsibility: the role of community-based child protection groups in protecting children from sexual abuse and exploitation; discussion paper. London: International Save the Children Alliance; 2008.

Care and support programs also need to ensure that accessible, confidential, and child-friendly mechanisms for reporting abuse, such as helplines, exist in the communities.

intentional or unintentional harm. Given the complexity of CP issues and the fact that CP committees are often made up of volunteers (without professional skills and knowledge) and have scarce resources for training and support, it is not surprising that a committee's interventions might have unintended or harmful impacts.

The following practices can help care and support program staff see to it that activities carried out by CP committees are in children's best interests:

- Run background checks on all volunteers.
- Provide high quality training for volunteers.
- Ensure that everyone knows their role and responsibilities.
- Provide close follow-up and coaching.
- Conduct regular M&E of activities.

Children can be useful to CP committees, but their participation must be safe, meaningful and ethical. They can participate directly as committee members or indirectly through linkages between committees and existing children's clubs or groups.

An example of a way children can support the work of a CP committee is to refer cases of abuse and provide their perspectives on the vulnerabilities children face at the local level. In expressing their views, children also gain confidence and skills that can further their self-protection. Organizations should follow the guidelines in section 2.2.1 to decide how best to involve children.

- **Create, strengthen and ensure access to key services**

Ensuring that children have access to essential services not only fulfills their human rights but also helps address the factors that make children vulnerable to child abuse, neglect, violence and exploitation. For example, children who lack access to education are more vulnerable to exploitative labor.

Although governments have the primary obligation to provide essential services to all

children, at the community level civil society organizations can play a critical role, particularly when these services are poor or non-existent or when certain groups of children, such as those affected by HIV, do not have access. Whenever possible, care and support programs should incorporate interventions to establish or strengthen key services such as health, nutrition, education, birth registration, legal protection and other CP services.

It is particularly important for programs to support services for recovery/rehabilitation and reintegration (remedial action) for children who have been maltreated, particularly when those services do not exist or are inadequate. Examples are medical care, counseling, psychological support and legal services (such as an attorney to prosecute perpetrators).

Children who have been abused may need other social services, such as temporary emergency shelter/safe housing, family tracing and reunification, alternative care services, and reintegration into school or clubs. Training and the development of guidelines for service providers, community leaders and other stakeholders for these kinds of services should be supported.

Recovery and reintegration services need to be child-friendly, well-coordinated, confidential and planned with national service systems whenever possible. Care and support programs also need to ensure that accessible, confidential, and child-friendly mechanisms for reporting abuse, such as helplines, exist in the communities. Program staff should coordinate their efforts with police, with legal and social work specialists and with referral and counter-referral mechanisms. They should ensure that children, families and service providers know how to report cases of abuse and can access services and support promptly and confidentially.

- **Support alternative family-based care for children**

Care and support program staff should work with local health and social welfare



professionals to keep children who have been separated from their families in informal care arrangements where these are working well. Formal family-based care such as foster care, guardianship or adoption should be provided only when it is in a child's best interests.

Preventive/environment building and responsive interventions keep children in a permanent, safe and nurturing family environment. Care and support programs should help families that provide substitute parental care with access to parental education programs and with services such as counseling, home visits, economic strengthening and alternative livelihood options.

It is good practice for children to participate in the process of finding appropriate alternative family-based care solutions; their views and preferences should be heard. However, participation must be gender-sensitive and age-appropriate; children do not make the decisions, because the principle of the best interests of the child has precedence over the right to participation. Care and support programs should facilitate a community's awareness of these nuances.

After children have been placed in alternative care arrangements, monitoring is needed to ensure that children remain safe and that they receive adequate care

and protection. Programs can work with communities to support and monitor these arrangements, identify risks and vulnerabilities and develop solutions.

Protecting children in informal alternative care arrangements

While most informal care arrangements are safe and appropriate, some put children at risk of inadequate care, abuse or exploitation. This is especially so when caregivers are not related, or when a child heads the household. Because many children live in such settings, community-based monitoring mechanisms and support services (including social assistance, legal counseling and home visits) for families providing alternative care and child-headed households are vital.

Local actors in frequent contact with children who live in alternative care settings (such as teachers, health-care workers, community leaders, youth organizations and social workers) can help to address factors that make children vulnerable to maltreatment.³⁸ Programs should provide these actors with training so that they can:

- recognize the risks associated with informal care
- support child-headed households and other families providing alternative care
- identify households where children are at risk of being left without adult care
- suggest potential foster parents or guardians
- help protect property and assets; respond to and refer violations

Wherever possible, women-led groups should be involved so that the particular vulnerabilities of girls are taken into account.

Protecting children in the formal care system

Formal care (foster care, guardianship, adoption and institutional care) should be provided only when it is in a child's best interests and as a measure of last resort. Even then, it should be temporary. Children

TIP FOR PROGRAM STAFF

An informal care arrangement is the placement of a child with extended family members or an unrelated family in the child's community without the involvement of an administrative or judicial authority or a duly accredited body.

38. Also called "vulnerability factors"; see section 2.2 in Manual 1 of this toolkit for more information.

OPPORTUNITIES FOR CARE AND SUPPORT PROGRAMS TO ENCOURAGE GOVERNMENT LEADERSHIP AND COMMITMENT TO CP

There is much that care and support programs can do to enhance government leadership, political will and commitment to CP:

- Support capacity assessment efforts to help key ministries determine and improve their capacity to implement and enforce legislation and develop clear and strategic plans to address gaps in resources.
- Support key ministries in developing and implementing training on CP.
- Support the government in developing and implementing initiatives to strengthen the social workforce available to identify children and families at risk and assess their needs for support and protection.
- Advocate with key ministries to increase their budgetary allocations for essential and CP services to a level adequate to provide quality services, coordination, data gathering and analysis, strategic planning, policy development and M&E. Also assist them in financial monitoring.
- Advocate for and support multisectoral coordination at different levels (for example, national and community) to avoid confusion, duplication of efforts and unnecessary competition.
- Advocate in parliament for the establishment of a government oversight body on CP. Raise parliamentarians' awareness of child protection issues — in particular the links between HIV and vulnerability to abuse, exploitation, neglect and violence.

between the ages 0 and 3 should never be placed in institutional care.

While community-based groups and local actors play an essential role in ensuring the well-being of children in these formal placements, clear national legislation, guidelines and procedures should guide guardianship, foster care and adoption.

Care and support programs should build the capacity of local actors in monitoring the well-being of children in formal care arrangements, recognizing signs of child maltreatment, identifying at-risk children and reporting cases of suspected abuse and exploitation to the appropriate local authorities. It is important to develop structures that are linked to and supported by local government officials, so that when a protection violation occurs, proper legal follow-up can take place.

Programs can also help communities identify guardians or foster parents while an ailing parent is still alive in order to plan for the future and avoid disputes over property and other assets. Adoption should be reserved for children who have clearly and permanently lost family ties, with the highest priority being given to adoption in the child's country of origin.

2.3.4. SUPPORT GOVERNMENTS IN ENHANCING THEIR NATIONAL CHILD PROTECTION SYSTEMS

Supporting governments in strengthening their national CP systems is one of the most cost-effective and sustainable CP strategies that care and support programs for vulnerable children can implement. National CP systems vary according to context, but they have some common components:

- government leadership and political will and commitment to CP
- a legal framework and policies to protect children
- sufficient budget allocations to and sustainable investment in CP services and groups
- coordination, multidisciplinary approach and accountability

- high-quality services for children, families and caregivers
- skilled workforce and human resources
- promotion of nonviolent attitudes and values (through awareness-raising campaigns and media, for example)
- availability of knowledge and data / statistics
- independent monitoring (for example, the establishment of a children's ombudsperson)
- partnership between government and civil society³⁹

Support for a government to strengthen national CP systems should be based on local needs and priorities. These needs and priorities can be identified through a needs assessments or situation analysis. Interventions can take many forms. Here are some examples:

- **Enhance government leadership and political will and commitment to child protection**

Without government leadership and political will, development and enforcement of CP legislation will fail. Enhancing governmental commitment to CP is vital in countries where governments do not recognize their obligation to protect children, where governments themselves are benefiting from exploitative practices (such as child labor), and/or where governments do not have the capacity, technical expertise, and resources to implement policies and enforce laws.

- **Promote legal protection and justice**

A clear and strong legislative framework and enforcement mechanisms are important aspects of a national CP system. If CP law enforcement mechanisms are weak or absent and consequences to violations are unclear, they provide little motivation to refrain from exploiting children.

- **Promote the implementation of national social protection plans**

Social protection is concerned with

39. International Save the Children Alliance; London; 2008.

Having legislation that protects children is not enough. Many of the practices that are most harmful to children are part of social traditions and cultural attitudes that have been prevalent for generations (e.g. female genital mutilation). Laws must be supported with on-going education and awareness, capacity-building, sufficient resources and collaborative partnerships, including children as full participants.

The State of the World's Children," UNICEF (2010)

OPPORTUNITIES FOR CARE AND SUPPORT PROGRAMS TO PROMOTE CHILD PROTECTIVE JUSTICE

Care and support programs can promote legal protection and justice for children by supporting and advocating for the following measures:

- the reform of national laws that affect children to align them with international guidance on CP
- the development, implementation and enforcement of national laws and policies that specifically protect children (addressing inheritance and property rights, child marriage and child labor, for example), accompanied by operational plans
- the development, strengthening and implementation of laws, policies and guidelines on specific CP issues and for specific groups of vulnerable children (for example, child labor, child trafficking, sexual abuse, exploitation disabled children, children in conflict with the law and children on the streets)
- training throughout the justice and enforcement sector in areas such as CP law, forensics and child sexual abuse
- the dissemination of laws that affect children — especially those that relate to physical and sexual abuse, labor exploitation and inheritance — ensuring that stakeholders at all levels can understand them
- the establishment of local legal clinics to provide free or low-cost legal services and raise awareness on key laws and implementation for community leaders, children and service providers
- the development and dissemination of child-friendly versions of the CRC and of national CP laws and policies in the local languages (Programs can also provide children with education on these topics. The most cost-effective and sustainable approach to providing this education is to integrate these educational contents into school curricula.)
- the improvement of civil registration systems by eliminating fees, making civil registries more accessible through decentralization and linking birth registration with other commonly used services

preventing, managing and overcoming situations that adversely affect people's wellbeing. Social protection consists of policies and programs designed to reduce poverty and vulnerability, by promoting efficient labor markets and employment; diminishing people's exposure to such economic and social risks as unemployment, exclusion, sickness (for example, HIV), disability and old age; and enhancing people's capacity to manage these risks. Social protection alleviates poverty and enables vulnerable households to meet their basic needs — thus addressing the vulnerability factors⁴⁰ that place children at risk of maltreatment.

Governments must develop and implement national social protection plans with adequate budgets, which should be integrated in national development plans and budgets. In the absence of such plans, NGOs should advocate for them. An adequate plan will include cash transfers,

the elimination of school fees, the implementation of effective social welfare programs, pension schemes that provide old-age benefits, food for work programs and other family support services. By helping households financially, such measures reduce children's vulnerability.

• Support monitoring of children in alternative care arrangements

Although the role of the government is obvious in formal care arrangements because formal care is (or should be) guided by clear legislation and procedures, local government should also have legal authority to protect children in informal care.

Protecting children in informal care

Whenever possible, care and support programs should train local government officials to recognize signs of abuse, identify vulnerable children, and respond to and refer violations. Furthermore, programs should facilitate collaboration

40. See section 2.2 in Manual 1 of this toolkit for more information about vulnerability factors.

between community actors and local authorities to set up referral systems and other structures, so that when a protection violation occurs, proper legal follow-up can take place. It is also crucial to increase the capacity of appropriate levels of government to document cases and monitor referred cases of abuse and neglect. To this end, programs can advocate with the government to ensure that an effective system is in place to do so.

Programs should also facilitate coordination and collaboration between local community actors and local government authorities in identifying children who have been left or are at risk of being left without adult care. Local government officials should be involved in finding the appropriate support and protection for these children — if necessary identifying potential foster parents or guardians.

Protecting children in formal care

As said before, formal care should only be provided when it is in the best interests of the child and institutional care should be a measure of last resort and temporary. Short-term residential facilities are sometimes needed to provide emergency care for abandoned, abused, exploited or neglected children. Longer-term arrangements, such as residential care facilities that offer a familial environment, may be an appropriate option for older adolescents, especially when this is their own stated preference. To avoid stigma and isolation, residential care facilities should be integrated in the community. Contact with family and community should be encouraged and reunification efforts supported whenever appropriate. Governments are responsible for monitoring such facilities to ensure compliance with national standards.

GOVERNMENT MINISTRIES WHOSE SERVICES SHOULD INCORPORATE CHILD PROTECTION

- Ministry of Child Development: As a nodal ministry, provides guidance to other ministries and oversees the implementation of CP initiatives
- Ministry of Education: Trains teachers and other school staff to prevent abuse and exploitation within the school environment and also to identify and report cases of abuse
- Ministry of Health: Trains health facility staff to identify and treat neglect and abuse and to ensure rapid referral to the courts and police
- Ministry of Justice: Trains judges, police officers and others involved in the juvenile justice system in CP laws and policies, equipping them to support child-friendly legal systems

OPPORTUNITIES FOR CARE AND SUPPORT PROGRAMS TO IMPROVE FORMAL CARE

Programs can work with governments to develop or strengthen legislation, policies, guidelines and procedures for formal care arrangements when their help is needed. They can, for example, offer advocacy and support for:

- developing or strengthening existing national legislation, policies, guidelines, procedures and standards for the placement and care of children in residential facilities/institutions, in order to prevent the unnecessary placement of children and the separation of siblings, and to uphold the highest quality of care possible⁴¹
- developing criteria and guidelines for recruitment and screening of foster/adoptive parents and guardians and creating social support networks or mechanisms to ensure that children and foster/adoptive families receive assistance
- in countries where inter-country adoption is allowed, advocating for and supporting the ratification and implementation of the Convention on Protection of Children and Co-operation in Respect of Inter-country Adoption (“the Hague Convention”), to ensure that adoptions are safe and offered appropriately
- developing and implementing systems and mechanisms to review placements regularly, determining whether children can or should be reunited with their families of origin or whether an alternative permanent placement should be considered
- developing or strengthening control and monitoring mechanisms of children in formal alternative care arrangements, including periodic site visits
- developing or strengthening standards and guidelines for training of care providers
- creating processes to involve children in decision-making
- creating networks of actors trained in child rights, child protection and psychosocial counseling

41. For more information on standards for children in institutional care, please consult *Raising the standards: quality childcare provision in east and central Africa*. London: Save the Children UK; 2005.



Section 3:

PROTECTING CHILDREN IN EMERGENCIES

When emergencies occur, care and support program staff need to immediately coordinate and collaborate with humanitarian agencies mandated to protect children, such as UNICEF, to implement activities that provide preventive, responsive and remedial action.

Although FHI 360 does not have a specific focus on emergency relief programming, emergencies do occur in the countries where we implement our programs and we must be well prepared to collaborate and provide support in these circumstances. An example is the earthquake that struck Haiti in 2010, which forced FHI 360 to shift the focus of its activities in that country temporarily to emergency relief.

Although ensuring survival and meeting basic needs of those affected is always the priority in disasters and other emergencies, CP requires attention, because in these situations all children are extremely vulnerable — especially those who are displaced and living apart from their parents or close family members. Because of their vulnerability, they can be forced to engage in dangerous and exploitative coping or survival strategies. For example, the lack of economic options for displaced populations may push children into commercial and exploitative sex to meet basic needs; displaced and unaccompanied children easily disappear into the hands of organized crime, such as human trafficking networks. Child protection interventions in emergencies are also vital because “the failure to protect children from these threats not only results in personal tragedy but carries a long-term social cost, which includes the spread of HIV and AIDS, an elevated maternal and infant mortality rate, a loss of education and a generation of marginalized youth.”⁴²

It is hard to protect children when the obstacles are big and complex and the usual social protection mechanisms are not in place or are no longer functioning. This manual contains general information and guidance on emergencies to help care and support programs when an emergency response is required. For more detailed information on CP in emergency programming and on the legal international framework, several humanitarian agencies offer guidelines and handbooks.

Most important, when emergencies occur, care and support program staff need to immediately coordinate and collaborate with humanitarian agencies mandated to protect children, such as UNICEF, to implement activities that provide preventive, responsive and remedial action. These coordination activities will most likely be guided by the UN cluster system, which is normally activated in times of emergencies. Child protection is one of the clusters within this relatively new system.

3.1 Child protection responsibilities in emergencies

In an emergency, the first (overall legal) responsibility to protect children lies with states as the signatories to the various instruments of international humanitarian law, human rights law and refugee law.

⁴² See section 2.2 in Manual 1 of this toolkit for more information about vulnerability factors.

Guidelines and handbooks for emergency response

Care and support program staff will find useful information on CP during national disasters and other emergencies in the following resources:

“Protection principles,” The Sphere Handbook (2011), pages 25 following:
<http://www.sphereproject.org/handbook/>

“Protecting persons affected by natural disasters,” IASC Operational Guidelines on Human Rights and Natural Disasters (2008):
www.humanitarianinfo.org/iasc/downloadDoc.aspx?docID=3429

Protection: An ALNAP Guide for Humanitarian Agencies, by Hugo Slim and Andrew Bonwick, (August 2005):
<http://www.alnap.org/pool/files/alnap-protection-guide.pdf>

Core Commitments for Children in Emergencies, UNICEF (March 2005): http://www.unicef.org/arabic/emerg/files/CCC_EMERG_E_revised7.pdf

Subsequently, several internationally mandated humanitarian and human rights organizations are charged by states to lead on particular aspects of humanitarian protection and specific groups of protected persons; UNICEF, for example, is specifically mandated to work with the state to protect women and children in emergency situations. Other impartial humanitarian NGOs are also entitled to offer humanitarian action in support of people affected by armed conflict and disaster.

3.2 Child protection activities in emergencies

Even though in most countries the UN cluster system will be activated in times of emergency, this system may not be functioning well in a particular country or situation. Where that is the case, care and support programs must take the protection of children into their own hands and start intervening, while trying to coordinate and collaborate with the various government and humanitarian agencies on the ground, until the UN cluster system takes shape and functions correctly. The following sections provide some guidance on how to plan CP activities in emergencies.⁴³

3.2.1. CHILD PROTECTION PRIORITIES IN EMERGENCIES

All protection-related activities in emergencies can be classified according to the spheres of action described in section 2.2 (preventive or environment-building action, responsive action and remedial action). These modes of activity are inter-dependent and may be carried out simultaneously during a disaster or emergency.

A useful way to think about CP is from the perspective of those who need it. This can be done by understanding children's protection needs in terms of threat, violation, vulnerability, capacity and risk. This approach uses a model of risk and response that is familiar to many humanitarian agencies from their work in natural disasters and means appreciating the precise nature of the threats

and vulnerabilities children are experiencing and the capacities communities and others around children have to prevent and cope with them.

The following equation adapted from natural disaster theory provides a good starting point:

$$\text{Risk} = \text{Threat} + \text{Vulnerability} \times \text{Time}^{44}$$

Care and support programs can use this equation to analyze children's protection needs and to plan preventive, responsive and remedial actions accordingly. In applying this equation, three main programming challenges emerge if risks faced by children are to be minimized: reducing threats, reducing vulnerability and reducing danger time.

Reducing threats: engaging responsibility

Reducing the level of threat is the first programming priority. This means that in an emergency, care and support program staff should push states, communities, families and individuals to meet their humanitarian responsibilities to protect children. Save the Children has identified seven critical types of threats from which children need protection in areas of disaster and conflict:

- physical harm
- exploitation and gender-based violence
- psychosocial distress
- recruitment into armed groups
- family separation
- abuses related to forced displacement
- denial of access to quality education⁴⁵

Reducing vulnerability: involving communities, families and children

Wherever access and contact permits, programs should work directly with affected communities, families and children to identify and develop ways in which they can protect themselves and realize their rights to assistance, repair, recovery, safety and redress. It is vitally important that communities, families and children in need of protection be seen not just as the objects but also as the subjects of their own protective capabilities.

43. For more details, please consult Protection: an ALNAP guide for humanitarian agencies; Slim H, Bonwick A (August 2005); and Core commitments for children in emergencies; UNICEF (March 2005).

44. Slim H, Bonwick A; August 2005.

45. Save the Children, policy brief; 2005.



Reducing danger time: limiting exposure

Urgency and timing are crucial in any CP program. Programs should aim to reduce the period during which children are exposed to risk. The longer children are exposed to certain threats, the more children who will suffer and die.

3.2.2 PLANNING AND DESIGNING PROTECTION ACTIVITIES IN EMERGENCIES

The essential elements in the design and implementation of protection work are usually: doing a rapid assessment of needs and opportunities to intervene; determining objectives and outcomes; choosing protection activities; and monitoring progress against protection outcomes.

This section covers the steps in a rapid assessment and guidelines for CP activities established by agencies such as UNICEF and Save the Children.

Monitoring progress against protection outcomes will be discussed in section 4.

Child protection rapid assessment⁴⁶

It is essential that care and support program staff do their rapid assessment in collaboration with other humanitarian actors and preferably within the UN cluster system. The main elements of a CP rapid assessment are:

- 1. Understanding violations, threats, and perpetrators.** Reducing threats depends on understanding the kinds of violations children experience and the intentions and organization of the perpetrators. For example, look at whether severe, systematic abuse, violence and exploitation are taking place; whether groups of children are without access to essential basic services; and whether there are reported cases of children separated from their families, children who have been abducted, and so forth.
- 2. Assessing the impact of violations and abuse on children.** To be able to reduce vulnerabilities, organizations need to know what these vulnerabilities are. So the next key element of an assessment aims to understand the general effects of threats and abuses on children in physical, social, gender, health, economic, political and emotional terms, identifying the immediate and longer-term needs for safety and assistance and understanding how different groups of children remain vulnerable to recent abuses and future threats.
- 3. Understanding and mapping community protection strategies.** How are communities, families and children already coping with violations and threats against them, what capabilities do they have to protect themselves and how might these capabilities best be supported and developed?

46. For details, please consult Protection: an ALNAP guide for humanitarian agencies; Slim H, Bonwick A (August 2005); and Core commitments for children in emergencies; UNICEF (March 2005).

Protection objectives should always be SMART: specific, measurable, achievable, relevant and time-bound.

4. Identifying relevant legal standards and responsibilities.

The next step after establishing the nature of abuses occurring in an area and their impact on particular groups of children is to relate the situation to exact standards in international law. Link activities to specific legal standards, indicating which are acceptable and which are abuses and violations. Then clearly identify those who have the responsibility to prevent, stop and remedy the violations and abuses. What are the responsibilities of authorities, specific humanitarian agencies and FHI 360 and its IPs?

5. Mapping political commitment and resources for protection.

The last critical area of protection assessment focuses on interagency complementarity. What actions (responsive, remedial and environment-building) will the agencies undertake?

Determining priorities and objectives

After the CP rapid assessment, care and support programs need to prioritize the most pressing violations and threats they will focus on. This will determine what is most devastating to the children at risk, what violations are most prevalent and persistent, and what is most appropriate and achievable for the program to address. Once there is an agreement on programming priorities, particular CP objectives and outcomes can be identified.

Protection objectives describe what the CP program or interventions will achieve in the short-, medium- and long-term. Protection objectives should always be SMART (specific, measurable, achievable, relevant and time-bound). They should also be framed in terms of an action: for example, to stop, prevent, support, change, persuade, mobilize, care for, treat, restore, redress; provide, monitor or report. **Protection outcomes**, on the other hand, describe, often in quantitative form, what will have happened by the end of the CP program. Basically outcomes are things that need to happen for children to be safe, lead more dignified lives and realize their rights.

Planning activities to protect children, by reducing risks

After the protection objectives and expected outcomes are defined, the third phase of the project cycle is to come up with the practical activities that can be implemented to meet the objectives and achieve successful protection outcomes.⁴⁷ In all activity planning it is important to involve the children, families and communities who are experiencing violations or threats.

Depending on the nature of the emergency, the CP analysis, the priorities and the objectives, innumerable activities can be implemented to keep children safe from harm. It is impossible to give a complete list. However, the following guidelines are almost always relevant in reducing the risks (and thus the threats, vulnerabilities and exposure time) that children face in emergencies:

- Register and monitor all children who have been separated from their families.
- Reunite separated children with their families using family tracing kits and databases.⁴⁸
- Prevent further harm to children by providing safe places for them to play and rest in the areas where displaced families are sheltering. Play is also a critical part of recovery from trauma.
- Support and monitor children in the community rather than in separate camps or shelters to avoid institutionalizing children and to prevent further separations. This requires rigorous screening mechanisms.
- Support family members so they can continue to care for their children.
- Ensure that adults who have key roles in the lives of children (for example, parents, grandparents and teachers) and children

47. The protection activities can be categorized as five modes of action. See Appendix 4 for more information. For details on choosing activities and examples of protection programming, please consult Protection: an ALNAP guide for humanitarian agencies; Slim H, Bonwick A (August 2005); and Core commitments for children in emergencies; UNICEF (March 2005).

48. For information on unaccompanied and separated children during emergencies, please consult Inter-agency guiding principles on unaccompanied and separated children, International Committee of the Red Cross (2004): <http://www.icrc.org/eng/resources/documents/publication/p1101.htm>

themselves are aware of possible forms of abuse and preventive measures.

- Make CP an integral part of the first phase of every humanitarian response along with food, shelter, health, water and sanitation.
- Collaborate with other NGOs, the UN and local authorities.
- Develop alternative long-term care arrangements such as adoption for children whose families cannot be traced.
- Have a CP focal point and ensure that a reporting mechanism is set up.
- Abide by the standards of the United Nations High Commissioner for Refugees for the protection of women, girls and boys in camps. Keep in mind the needs of different age groups of girls and boys in relief camps.
- Establish children's education quickly after a disaster.⁴⁹

When implementing protection activities, organizations should carefully consider unanticipated negative side effects. For example, providing aid and assistance to families who take in unaccompanied or separated children in times of emergency, or to families after family reunification to prevent re-separation, may create an incentive to purposefully separate children from families so that the families will receive assistance after reunification or placement.

3.2.3 CODE OF CONDUCT FOR HUMANITARIAN WORKERS IN EMERGENCIES

During emergencies, many people depend on humanitarian aid for their basic needs. This dependence, together with damaged protection systems (such as family networks), contributes to a power imbalance between those delivering aid and those receiving it. This

can create situations of abuse or exploitation of the affected population, while detection and reporting of abuse become more difficult.⁵⁰

Every organization involved in emergency relief needs to recognize that its staff can potentially cause harm, intentionally or unintentionally. To reduce harm, all humanitarian workers must adhere to international humanitarian principles and standards of conduct.⁵¹

Most aid, relief and development agencies have a code of conduct that their employees and volunteers agree to upon signing on with the agency: *The Code of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Relief*. It is normally known simply as "the Code of Conduct." This code is often used in practice and responsible NGOs take it very seriously.⁵²

The Code's **principal commitments** are:

1. The humanitarian imperative comes first.
2. Aid is given regardless of the race, creed or nationality of the recipients and without adverse distinction of any kind. Aid priorities are calculated on the basis of need alone.
3. Aid will not be used to further a particular political or religious standpoint.
4. We shall endeavor not to act as instruments of government foreign policy.
5. We shall respect culture and custom.
6. We shall attempt to build disaster response on local capacities.
7. Ways shall be found to involve program beneficiaries in the management of relief aid.
8. Relief aid must strive to reduce future vulnerabilities to disaster as well as meeting basic needs.
9. We hold ourselves accountable to both those we seek to assist and those from whom we accept resources.
10. In our information, publicity and advertising activities, we shall recognize disaster victims as dignified human beings, not hopeless objects.

49. Adapted from: Keeping children safe: standards for child protection. London: Keeping Children Safe; September 2007.

50 Code of Conduct. ActAlliance Website: <http://psychosocial.actalliance.org/default.aspx?subject=Code+of+conduct&di=67157&ptdi=66401>

51. Code of Conduct.

52. Code of Conduct. AID Workers Network. <http://www.aidworkers.net/?q=advice/codes-and-standards/codeofconduct>

Section 4:

MONITORING AND EVALUATION OF CHILD PROTECTION



Monitoring and evaluation (M&E) in any kind of project or program, including those working to keep children safe, is critical. The purpose of M&E in CP is to facilitate a better understanding of what works, what does not work, and what can be done to improve programming over time. It also helps to determine whether children's rights are addressed and children's well-being improved. Because M&E revolves around measurement, it helps to:

- track inputs, activities and outputs for CP
- show if targets have been reached
- measure outcomes
- keep track of CP program quality
- highlight strengths and gaps in the delivery of essential and CP services
- generate information necessary for CP advocacy and program planning and management (and particularly to develop ongoing improvements in the program)
- generate the basis for understanding intermediate outcomes and the impact over time
- develop an evidence base on program effectiveness and for advocacy activities
- ensure accountability to children and other stakeholders as well as to donors

Monitoring and evaluation activities for CP can also record the incidence and nature of CP abuses, so that strategic responses to child abuse trends can be developed and progress towards objectives tracked.

This chapter will not go into the generics of how to develop and implement an M&E plan. For this, readers are advised to consult pages 83 forward of *The Way We Care: A Guide for Managers of Programs Serving Vulnerable Children and Youth*.⁵³ Instead, this chapter only goes into some of the specifics of M&E for CP programs and activities.

4.1 Challenges in monitoring and evaluation and research for child protection

It is vital for care and support programs to work towards strong CP M&E and research. These enterprises are particularly relevant to CP, because solid data and information are crucial to break the invisibility and social acceptance of CP violations, to capture the true scale and extent of CP violations, and to identify risk and protective factors. Reliable data are also needed to identify priority areas and support planning and budgeting for effective CP interventions and services; to inform the development and implementation of actions for prevention and response; and to ensure a robust and ongoing monitoring process to assess results and impacts and to address setbacks.

Conducting M&E and research for CP poses significant challenges:

53. Steinitz L. *The way we care: a guide for managers of programs serving vulnerable children and youth*. Arlington, VA: Family Health International; 2009.

It is vital for care and support programs to work towards strong CP M&E and research. These enterprises are particularly relevant to CP, because solid data and information are crucial to break the invisibility and social acceptance of CP violations, to capture the true scale and extend of CP violations, and to identify risk and protective factors.

- Violations are difficult to monitor and research, because they frequently involve hard-to-reach groups of children or clandestine violations.
- Collecting accurate data risks exposing affected children to greater harm.
- There is often no clarity about which children to count and which children to exclude, which leads to variations in the collected data across organizations and countries.
- Some of the definitions of CP are culturally specific, so indicators cannot be used from one country to another and results are difficult to compare.
- Some of the desired results of CP programs, particularly the impact of a program (for example, improved sense of safety and resilience and improved well-being) are difficult to quantify.
- Child protection programs and activities are often implemented in unstable or dangerous contexts such as emergencies that may prevent or interrupt the M&E process. In these kinds of situations, it can be a major achievement just to get something done. To know how well it was done (efficiency), how much has changed (impact) and how far these changes are the results of an agency's own actions (attribution) can be extremely difficult to gauge.
- Child protection programs implemented during emergencies may forego baseline data collection.
- Monitoring sensitive CP issues and collecting data through M&E tools and research raise serious methodological and ethical challenges (see section 4.3).
- Even though the M&E and research process will be most efficient when children themselves participate, governments, local authorities or community members may not accept their involvement. Moreover,

children who are marginalized or socially excluded are hard to reach and involve.

Child protection M&E documents and tools exist in abundance. So far, no single set of tools and set of indicators are in standard use for CP, and large gaps in information gathering remain. Agencies have developed their own tools and indicators, which makes the sharing and harmonizing of information among organizations extremely difficult. Very often data provided from various organizations operating in the same country cannot be integrated into a national CP database, because of the differences in formulating CP indicators and ways of collecting information. Moreover, the comparison of CP data between countries is also challenging, because of the myriad ways of defining and operationalizing M&E for CP.

In response to the gaps and challenges in CP monitoring, evaluation and research, UNICEF and Save the Children established a global interagency coordination body: the Child Protection Monitoring and Evaluation Reference Group (CP MERG). The CP MERG aims to strengthen the quality of M&E, research and data collection, by developing standards, ethical guidelines, tools and methods that are relevant to realities in the field. The work plan of the CP MERG entails:

- review data collection methodologies on violence against children and develop methodological and ethical guidelines
- review data collection methodologies on children out of home care and develop guidelines
- identify promising M&E tools that could be completed and validated promote their use in the field

More information can be found at www.cpmerng.org. Program staff are encouraged to visit the website and follow the results of the CP MERG, in order to ensure that their CP M&E and research processes and systems are in line with globally accepted guidelines and tools.

4.2 Child protection Monitoring and Evaluation indicators, methods and tools

In the design and planning phase of any community-based care and support program, a logic framework should be developed. A logic framework is a table that shows the relationship between the inputs and the objectives of the program in relation to the direct outputs of activities, the outcomes of the program and impacts on children, families and communities in the long term. Program staff can either integrate CP into the logic framework for their community-based care and support programs or develop a separate one for the CP interventions within their programs.

The key to effective M&E is the choice of indicators. With precise results (outputs, outcomes and impacts) in mind, program staff should be able to choose a small number of CP indicators that will allow them to gauge over time whether interventions and activities are having the intended effect. Depending on the precise definition of the CP outputs, outcomes and impacts, an indicator might be quantitative or qualitative.⁵⁴ For examples of CP indicators, please refer to Appendix 5. Bear in mind that qualitative CP indicators require real listening and empathy to capture the subtleties of children's experiences and must be collected by highly trained and sensitive people. The logic framework should show the source of the data to be collected for the CP indicator(s) and the person responsible.

Wherever possible and appropriate, programs should choose CP indicators and collect and analyze data with participation by communities, families and children. If CP M&E is developed and implemented through a truly participatory approach, it has the added benefit of bringing all actors together and raising awareness about the M&E and data needs for CP. Where the responsible authorities are cooperative and engaged in CP, they too should be actively involved in M&E. All stakeholders

should reach consensus on CP indicators and data collection methods and tools so that the CP indicators can be fed into district and national-level databases. When district and national databases do not exist or need improvement, program staff can advocate for or support their establishment and improvement. This should be done in collaboration and coordination with the relevant CP agencies in the country, such as UNICEF. This process can sometimes be difficult and/or time consuming, but it is worthwhile.

For the collection of information on CP, various data collection methods and tools can be used. Most of them are common to any program or project, such as:

- observation
- surveys
- semi-structured or in-depth interviews
- focus group discussions
- participatory assessments
- monitored meetings
- questionnaires
- data repositories
- indexes or scales
- activity records
- case management systems
- local and national statistics
- records of institutions
- police and judicial records
- knowledge and attitude tests
- tools specifically designed to help children participate and give their opinion⁵⁵

Care and support programs are advised to share information with CP organizations and the government on the data collection methods and tools used so that program or project data can be integrated into the district and national CP database. Programs can also support the government at the community, district and national levels in its efforts to gather, analyze and disseminate routine surveillance data on CP, disaggregated by age and sex and across various sectors, to inform national planning and budgeting.

54. For examples of nationally representative data on child protection, consult www.childinfo.org.

55. See also Butchart A, Harvey A; 2006.



4.3 Ethical considerations on the participation of children in monitoring and evaluation and in research⁵⁶

As discussed in section 2.2.1, children's participation is vital for CP interventions to be relevant and effective in addressing the issues and needs of the children concerned. Because M&E and research inform strategic decision-making regarding the design and implementation of CP interventions, the participation of children is even more useful. Strategies to collect information from children in M&E and research activities are wide-ranging, from individual or group drawing and painting followed by discussion to role-plays and specially designed, child-friendly surveys or questionnaires.

Besides the considerations discussed previously in section 2.2.1., the following complex ethical issues emerge around children's participation in M&E and research.

Accountability: Researchers and program managers are accountable to a wide range of stakeholders. The involvement of the primary stakeholders — children — in CP M&E and research activities is an expression of this accountability. Thus, for accountability purposes alone, children should participate in these activities. It must be clear in initial M&E and research proposals and protocols what roles children will play and how they will be involved.

Protection of children's best interests: This has very clear and powerful implications for the process of M&E and research as well as for the dissemination of results.

- Children must not be exposed to risks. These include:
 - the psychological effects on the individual child of participating in the activity (for example, in cases of abuse where the fears and pain of past experiences re-emerge)
 - the social costs of participating, such as negative effects on family and community relations
 - more acute threats such as reprisals by people who feel threatened by children's participation
 - misuse of information, ranging from sensationalist media attention to more sinister uses in situations of conflict and humanitarian crisis

Weighing these risks against possible benefits requires careful judgment, particularly where risks to individual children are incurred in the name of broad and sometimes incremental social changes.

- Children must be protected from placing themselves at risk. Those leading and carrying out M&E and research activities are also responsible for protecting children

56. For more detailed information and practical guidelines, please consult: Schenk K, Williamson J: Ethical approaches to gathering information from children and adolescents in international settings: guidelines and resources; New York: Population Council; 2005; and Save the Children UK: Children and participation: research, monitoring and evaluation with children and young people [briefing facts]; London: Save the Children UK.

even when they are willing to participate and voice their views.

- The responsibility to protect children may entail withholding information from them when that information may place them at risk. Children may not always be able to cope with the implications of information received or may not be able to judge adequately when and with whom to share that information.
- Monitoring and evaluation and research activities must be able to ensure confidentiality. However, information may at times reveal that a child is at risk or is a risk to others, which is why the design of M&E and research activities must include guidelines for breaking confidentiality and intervening, including defining the follow-up and referrals that can be made. Children must be made aware of the limits to confidentiality and possible intervention based on what is in their best interests.

Informing children: Monitoring and evaluation and research managers are responsible for ensuring that children receive the information they need to form and express their views as well as to decide whether they choose to express them at all. To “inform” should be understood as meaning more than simply providing information. How information is conveyed must be appropriate to the context and to children’s ages and capabilities. How informed children are affects how their views can be interpreted.

Informed consent: In the West, the focus of most ethical guidelines is on research, which has often involved signed consent forms to ensure that participants in research are aware of any potential implications of their involvement (and by the same token to protect researchers from liability). Researchers must respect the consent regulations of the countries in which they are working. However, parental consent is

not an adequate standard in light of the rights of the child. Informing children of the potential implications is required.

Equity and non-discrimination: Those involved in M&E and research must ensure that the selection of those children to participate and the data collection methods used serve to correct, not reinforce, patterns of exclusion. This requires attention to socioeconomic barriers including gender and age discrimination as well as to the different ways and capacities in which children express themselves.

Respect of children and their views: Those involved in design must choose methods and processes that best allow children to express their views. Methods will most often be qualitative, and processes will likely be capacity building or participatory. However, respecting children’s views does not mean allowing them to dictate conclusions. A child’s input, like that of any other stakeholder, must be weighed as one perspective and interpreted in light of his/her experience, interests and evolving capacities.

Ownership: Children must be informed of the results of the research. Because children will likely express themselves by diagramming and drawing, they should also be given rights of ownership of the research “data.”

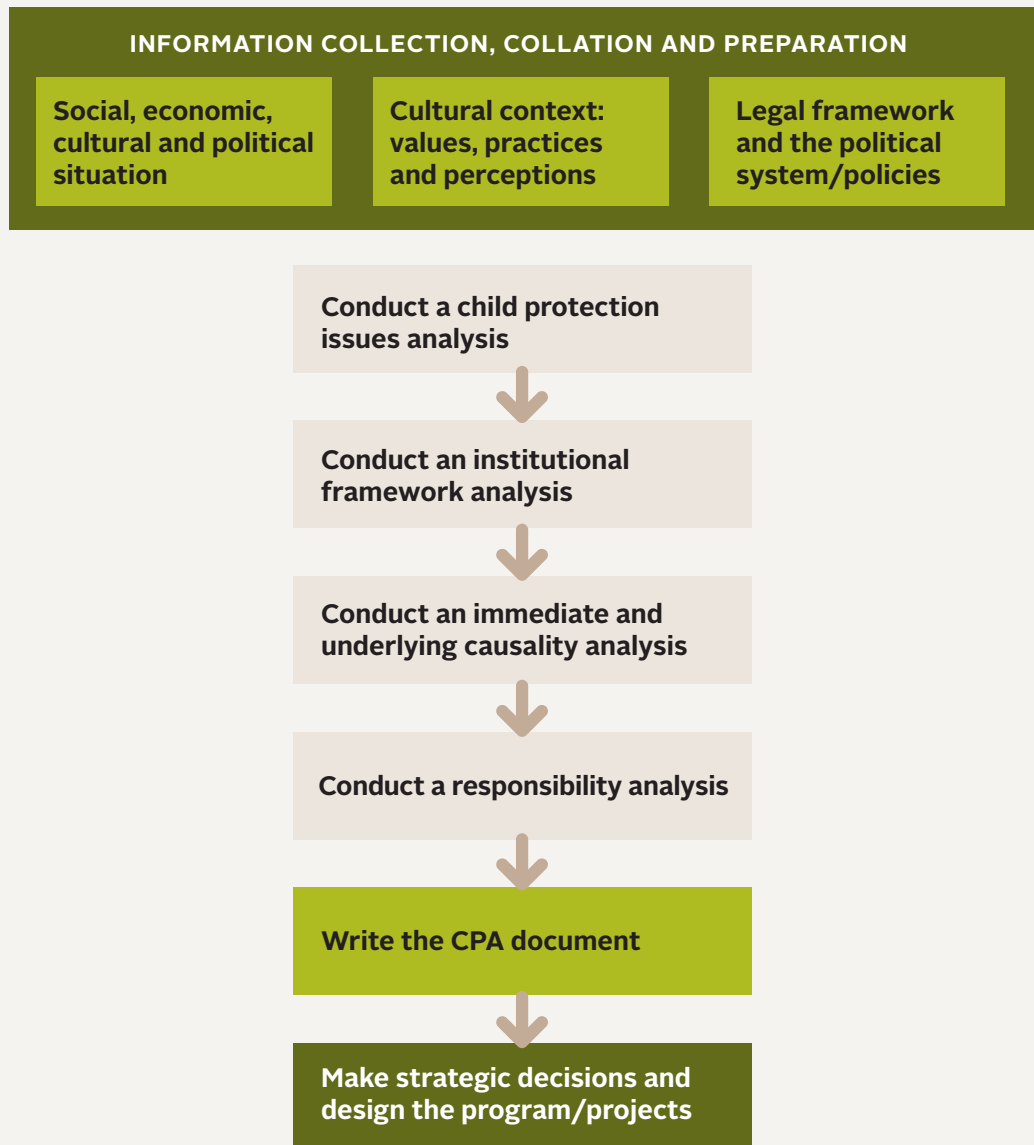
Methodological limitations: It is unethical to carry out data collection if the design will not respond to evaluation questions or achieve the research objectives. Data collection on CP should be necessary and justified. Methodological limitations, including the potential adverse consequences for children, must be considered carefully. In order to increase children’s participation, methodologies will likely be qualitative and adapted to the children involved. As a result, findings will be representative of narrower populations.

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Appendix 1
CPA FLOWCHART⁵⁷



57. Adapted from: Child rights situation analysis. Stockholm: Save the Children Sweden; 2008.

Appendix 2

SUMMARY OF KEY STRATEGIES FOR PROTECTION OF VULNERABLE CHILDREN AFFECTED BY HIV⁵⁸

STRATEGY	INTERVENTIONS
<p>1 Strengthen the capacity of families to protect and care for orphans and vulnerable children by prolonging the lives of parents and providing economic, psychosocial and other support</p>	<ul style="list-style-type: none"> • Improve household economic capacity • Provide psychosocial support to affected children and their caregivers • Strengthen and support child-care capacities • Support succession planning • Prolong the lives of parents • Strengthen young people's life skills
<p>2 Mobilize and support community-based responses</p>	<ul style="list-style-type: none"> • Engage local leaders in responding to the needs of vulnerable community members • Organize and support activities that enable community members to talk more openly about HIV • Organize cooperative support activities • Promote and support community care for children without family support
<p>3 Ensure access for orphans and vulnerable children to essential services, including education, health care, birth registration and others</p>	<ul style="list-style-type: none"> • Increase school enrollment and attendance • Ensure birth registration for all children • Provide basic health and nutrition services • Improve access to safe water and sanitation • Ensure that judicial systems protect vulnerable children • Ensure placement services for children without family care • Strengthen local planning and action
<p>4 Ensure that governments protect the most vulnerable children through improved policy and legislation and by channeling resources to families and communities</p>	<ul style="list-style-type: none"> • Adopt national policies, strategies and action plans • Enhance government capacity • Ensure that resources reach communities • Develop and enforce a supportive legislative framework • Establish mechanisms to ensure information exchange and collaboration
<p>5. Raise awareness at all levels through advocacy and social mobilization to create a supportive environment for children and families affected by HIV</p>	<ul style="list-style-type: none"> • Conduct a collaborative situation analysis • Mobilize influential leaders to reduce stigma, silence and discrimination • Strengthen and support social mobilization activities at the community level

58. From: The framework for the protection, care and support of orphans and vulnerable children in a world with HIV and AIDS. New York: UNICEF, July 2004.

Appendix 3

SUMMARY OF CHILD PROTECTION INTERVENTIONS⁵⁹

MATRIX OF ACTIONS AND RECOMMENDATIONS

The actions and recommendations presented below invite governments and donor organizations to mobilize resources in protecting children affected by AIDS and to partner with civil society and communities in designing and implementing responses appropriate to their needs.

ACTION AREA	ACTION
Social protection	Implement social transfer programmes to ensure the most vulnerable families are able to meet their basic needs.
	Invest in family support services and ensure appropriate links with social assistance programmes for maximum impact.
	Engage and partner with communities in planning and monitoring social transfers and family support services.
Legal protection and justice	Combat disinheritance , especially among orphans and widows, by amending legislation, sensitizing community leaders to existing laws, making the process of registering and executing wills easier, and promoting public education on wills and trusts.
	Improve civil registration systems by eliminating fees, making civil registries more accessible through decentralization and linking birth registration with other commonly accessed services.
	Strengthen and/or develop specialized child protective services in police, justice and social welfare systems that provide a safe environment and sensitive procedures for children who experience abuse and exploitation.
	Strengthen, develop and implement legislation and enforcement policies on child labour, trafficking, sexual abuse and exploitation that are in line with international standards to protect children and criminalize and penalize offenders.
	Support community-based monitoring mechanisms that include building the capacity of teachers, health and community workers, and youth organizations to identify children at risk, report on cases of abuse and exploitation, and provide referrals.
Alternative care	Develop effective means of supporting and monitoring informal care arrangements to ensure children are protected in extended families and other settings where parents are not present.
	Improve the formal care system to reduce overuse, guard against protection violations, encourage appropriate permanency planning, and provide opportunities for children and caregivers to express their preferences.
	Develop government and community-based protection and monitoring mechanisms that are supported by national guidelines and standards for care providers.
Address stigma related to HIV, abuse and exploitation	Facilitate open discussion to promote community-owned social change for children and ensure appropriate participation.
	Sensitize the media to issues of HIV and protection risks, and develop guidelines for reporting abuses.
	Train national and community leaders to stimulate discussion on child protection issues and HIV.
Strengthen the state's social welfare sector	Increase budgetary allocations to government agencies responsible for social welfare, alternative care and protective services within national frameworks, to a level adequate, at minimum, for providing statutory services and coordinating and regulating services provided by local government and non-governmental agencies.
	Invest in human resources within the social welfare system to increase the size, competency and reach of staff from both government and non-governmental service providers.
	Develop regulations, guidelines and coordination mechanisms aimed at improving implementation of social protection policies and ensuring more effective service provision.

59. From: Enhanced protection for children affected by AIDS: a companion paper to the framework for the protection, care and support of orphans and vulnerable children living in a world with HIV and AIDS. New York: UNICEF; 2007.

Appendix 4

MODES OF ACTION FOR PROTECTION PROGRAMMING⁶⁰

Modes of Action

- **Persuasion:** convincing authorities through private dialogue to fulfil their obligations and to protect individuals and groups exposed to violations
- **Denunciation:** pressuring authorities through public disclosure into meeting their obligations and protecting individuals and groups exposed to abuses
- **Mobilization:** sharing information in a discreet way with selected individuals, bodies or states that can influence authorities to satisfy their obligations and protect individuals and groups exposed to violations
- **Substitution:** directly providing services or material assistance to those who experience violations
- **Support for structures and services:** empowering existing national and/or local structures through project-oriented aid to enable them to protect individuals and groups

Complementarity Matrix

The complementarity matrix below is a good way to check on the organization's own humanitarian program, to see how its coverage and design fits within the wider efforts and activities of the international and national protection system.

Using the various boxes in the matrix, tick off the kinds of activities being applied, and by whom, around particular protection needs in a situation. This helps to reveal gaps where activities remain untried, and can get you and others thinking more creatively about who could do more, where and how. The matrix can be especially useful as a tool for mapping agency activities in interagency protection meetings. It can also serve as a useful tool in monitoring protection-focused work.

	DENUNCIATION	PERSUASION	MOBILISATION	CAPACITY-BUILDING	SUBSTITUTION
Responsive action					
Remedial action					
Environment-building action					

60. From: Slim H, Bonwick A. Protection: an ALNAP guide for humanitarian agencies. London: Overseas Development Institute; August 2005.

Appendix 5

CHILD PROTECTION INDICATOR EXAMPLES⁶¹

What makes a good indicator?

An indicator is a variable that measures a specific aspect of a program or project. Indicators should reflect that aspect's stated goals and objectives. They are used to show that activities were implemented as planned, or that the program has influenced a change in a desired outcome. The specific program aspect measured by an indicator can be an input, output or expected outcome. Several criteria describe a good indicator. Indicators must be valid, reliable, comparable (over time or between settings), nondirectional, precise, measurable and programmatically important.

- **Valid:** Indicators should measure the aspects of the program that they are intended to measure.
- **Specific:** Indicators should only measure the aspect of the program that they are intended to measure.
- **Reliable:** Indicators should minimize measurement error and should produce the same results consistently over time, regardless of the observer or respondent.
- **Comparable:** Indicators should use comparable units and denominators that will enable an increased understanding of impact or effectiveness across different population groups or program approaches.
- **Nondirectional:** Indicators should be developed to allow change in any direction, and not specify a direction in their wording (for example: an indicator should be worded as “the level of awareness” instead of “an increased awareness”).
- **Precise:** Indicators should have clear, well-specified definitions.
- **Feasible:** It must be possible to measure an indicator using available tools and methods.
- **Programmatically relevant:** Indicators should be specifically linked to a programmatic input, output or outcome.

Examples of process or output indicators for child protection

Expected outcome: 500 children received training on child rights, or 5 trainings on child rights for 500 children organized

- Indicator: number of children who receive training on child rights

Other examples of output indicators:

- Number of children, parents and employers who participate in child labor awareness-raising events, disaggregated by gender
- Number of active community-based child protection mechanisms
- Number of labor inspectors trained on child rights, child labor and child-friendly inspection
- Number of teachers and school managers trained to facilitate access to education
- Number of families involved in activities aimed at supporting the livelihoods of poor parents to facilitate access of children to education

Examples of outcome indicators for child protection

Expected outcome: Increased community knowledge around risks of child labor

- Indicator: # and % of children, adults and employers who demonstrate increased knowledge and changed attitudes towards under-age or hazardous child labor
- Indicator: % working children supported by FHI 360 who understand their rights to be protected from the worst forms of child labor and their legal position

61. From: Menu of outcome indicators. London: Save the Children UK; 2008.

Expected outcome: Increased number of children and adults understand the protection risks in their local community

- Indicator: # and % children and adults who can identify key protection risks in their community

Expected outcome: Increased number of children and adults who know when, where and how to access help when a child is affected by a protection issue

- Indicator: # and % children who can identify someone to go to if they have a protection concern
- Indicator: % vulnerable children and community who know where and how to formally report a protection violation
- Indicator: % vulnerable children who are aware of the local child protection committee and any local services

Expected outcome: Improved access for children without adequate family care to family based care placements and basic services

- Indicator: # children newly placed in foster care, kinship care or adoptive care in FHI 360 operational areas (reference period is last 12 months)
- Indicator: # children in FHI 360 operational areas removed from residential care and reintegrated into a family placement
- Indicator: # new entrants to residential care institutions in FHI 360 operational areas (reference period is last 12 months)
- Indicator: % children in residential care institutions in FHI 360 operational areas who access quality education

Expected outcome: Increase in separated children reunited with families and accessing support services

- Indicator: % separated children identified by FHI 360 who are reunited with their family or in a satisfactory alternative care placement
- Indicator: % separated children who access support services (counseling, medical, legal, etc.)
- Indicator: # and % returnee children who are accessing basic education

Expected outcome: Improved referral to services

- Indicator: % vulnerable children in case load referred to services (medical, legal, psychosocial, education, social services, etc.)
- Indicator: # and % children who experience sexual violence who are referred to support services within an appropriate time frame (e.g., 2 weeks from reporting)

Expected outcome: Increase in effective action taken against employers exploiting and abusing children and breaking the law

- Indicator: Evidence of whether or not labor inspectors are inspecting for child labor
- Indicator: # criminal cases brought against employers who are operating against laws on child labor
- Indicator: # and % of child workers who report a reduction in abuse and exploitation in the workplace
- Indicator: % working children in FHI 360 supported areas who report an improvement in working conditions
- Indicator: % working children in FHI 360 supported areas who are subject to hazardous working conditions

Expected outcome: Increase in effective action taken against abuse and violence

- Indicator: # child protection cases formally reported to police or community

- Indicator: # child protection cases taken to judicial system (reference period is last 12 months)
- Indicator: # people arrested and charged for protection crimes against children

Examples of impact indicators for child protection

Impact indicators measure the long-term and wider changes as a result of a program. In CP projects and programs, they measure the extent to which CP deficiencies or violations identified at the start of a project have been reduced and children's lives inside and outside project areas have been changed. Impact indicators are usually monitored at the end of a project or program. For many programs, it will be adequate to monitor at the outcome level. In some cases, where we are piloting a new and untested intervention, we should aim to monitor at the impact level. Here are some examples of impact indicators:

Exploited children

Long-term impacts on supported children

- Indicator: % under-age working children removed from labor who are mainstreamed into formal education or have completed compulsory education at follow-up (e.g., 18 months later)
- Indicator: % legal-age working children removed from hazardous labor and enrolled in vocational training who are working successfully in marketable trades at follow-up (e.g., 18 months later)
- Indicator: % working children removed from child labor whose siblings are also not working at follow-up (e.g., 18 months later)
- % working children who report a sustained improvement in working conditions
- % children reintegrated from trafficking who are enrolled in education or engaged in local work at follow-up (e.g., 18 months later)

Wider impacts at local and national level

- Indicator: # and % children in FHI 360 operational area/across child national population engaged in under-age or hazardous child labor (incidence rate)
- Indicator: # incidents of child trafficking in FHI 360 operational area/across child national population (incidence rate)
- Indicator: # villages/districts outside FHI 360 operational areas that are free from trafficking

Children without adequate parental care

Long-term impacts on supported children

- Indicator: % children reintegrated into community placements supported by FHI 360, who are still in a community-based care placement at follow up (e.g., 18 months later)
- Indicator: % children reintegrated into community placements supported by FHI 360, who are receiving better care and access to services than in the residential care institution
- Indicator: % children in identified families who are adequately fed, clothed and cared for at follow-up (e.g., 18 months later)

Wider impacts at local and national level

- Indicator: # children in FHI 360 operational areas/across child national population in residential care institutions (incidence rate)
- Indicator: # children in FHI 360 operational areas/across child national population in alternative care placements
- Indicator: % children in residential care institutions in FHI 360 operational areas/across child national population who have 1 or more living parents (who are not there for reasons of family abuse or neglect)

Children affected by conflict and natural disasters

Long term impact on supported children

- Indicator: % reintegrated children supported by FHI 360 who demonstrate an improvement in their well-being
- Indicator: % reintegrated children supported by FHI 360 who are still in the community and engaged in education, training or positive employment at follow-up (e.g. 18 months after reintegration)

Wider impacts at local and national level

- Indicator: % child population in FHI 360 operational areas/across child national population who experience sexual abuse (incidence rate)

Disaggregating indicators

Disaggregation of indicators means checking for change in the value of an indicator for separate subgroups of children, to make sure that all children are benefiting from a change. Disaggregation is important for assessing changes in equality and discrimination over time, and for understanding which children are being included or excluded in the benefits of a program, to inform programmatic design. In order to disaggregate indicators, we may need to collect and record data on the relevant characteristics of a child. For example, in a survey we would ask each child surveyed for his or her age, gender, ethnic group and other demographic characteristics where this is culturally appropriate and safe.

Categories for disaggregation are:

- gender (boys and girls)
- age (e.g. under five, adolescents)
- disability status
- ethnic group
- migrant status
- single orphan; double orphan; not an orphan
- living in a child-headed household
- living in, or coming from, a rural or urban area
- affected by conflict or disaster
- poverty status



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FHI 360 HEADQUARTERS

2224 E NC Highway 54
Durham, NC 27713 USA
T 1.919.544.7040
F 1.919.544.7261

WASHINGTON, DC OFFICE

1825 Connecticut Avenue NW
Washington, DC 20009 USA
T 1.202.884.8000
F 1.202.884.8400

NEW YORK, NY OFFICE

71 Fifth Avenue, 6th Floor
New York, NY 10003 USA
T 1.212.243.1110

BOSTON, MA OFFICE

30 California Street
Watertown, MA 02472 USA
T 1.617.926.9400

ASIA-PACIFIC REGIONAL OFFICE

19th Floor, Tower 3
Sindhorn Building
130-132 Wireless Road
Kwaeng Lumpini, Khet Phatumwan
Bangkok 10330, Thailand
T 66.2.263.2300
F 66.2.263.2114

SOUTH AFRICA OFFICE

2nd Floor, 339 Hilda Street
Hatfield 0083
Pretoria, South Africa
T 27.12.423.8000
F 27.12.342.0046

www.fhi360.org