THE ALLIANCE
for Child Protection in Humanitarian Action

MINIMUM STANDARDS
FOR CHILD PROTECTION
IN HUMANITARIAN ACTION

Humanitarian Standards Partnership

2019 Edition

THE ALLIANCE
FOR CHILD PROTECTION
IN HUMANITARIAN ACTION

The Alliance for Child Protection in Humanitarian Action (the Alliance) is a global network of operational agencies, academic institutions, policymakers, donors and practitioners. Its mission is to support the efforts of humanitarian actors to achieve high-quality and effective child protection interventions in both refugee and non-refugee humanitarian settings. The Alliance achieves this primarily by facilitating inter-agency collaboration on child protection and by producing technical standards and tools.

The Alliance envisions a world in which children are protected from abuse, neglect, exploitation and violence in all humanitarian settings.

https://alliancecpha.org

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FOREWORD

Today, one in four children lives in a country affected by conflict or disaster. Girls and boys face daily risks to their lives and threats to their future physical and mental health. Evidence shows that illness, developmental challenges and even early death are connected to childhood hardship and exposure to violence. Children's survival, well-being and healthy development are seriously jeopardised in humanitarian settings.

Given these immediate and long-term risks, it is an urgent priority for all those working in humanitarian settings to protect children from violence, abuse, exploitation and neglect. While child protection actors play a central role, all sectors need to be involved in preventing and responding holistically to the risks and vulnerabilities that affect girls and boys in crises. Humanitarian efforts must be predictable, swift, well-planned and responsive to children's and families' own priorities. Actions need to be grounded in rights, informed by evidence and measurable in their results. It is also essential to strengthen the formal and informal systems that will continue to protect children after the emergency response is over.

Taken together, all these requirements comprise the inter-*agency Minimum Standards for Child Protection in Humanitarian Action*. Since their launch in 2012, the standards have contributed significantly to the professionalisation of the sector. Widely known and used by child protection and other experts in humanitarian settings, they have markedly improved the quality of our work. As part of the Humanitarian Standards Partnership, they have strengthened our accountability to those we serve.

This second edition of Minimum Standards for Child Protection in Humanitarian Action has been realised through the hard work of over 1,900 individuals from 85 agencies and 82 countries. It is a true example of inter-agency and inter-sectoral collaboration. This edition strengthens the standards' emphasis on principles, evidence and prevention and increases their applicability to internal displacement and refugee contexts. We believe these changes will further professionalise the sector and add to the rigour and quality of programmes at the field level. We urge all those involved in humanitarian action to take this opportunity to implement and promote these standards.

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ACKNOWLEDGEMENTS

The Alliance for Child Protection in Humanitarian Action wishes to thank everybody who has collaborated on the 2019 Edition of the *CPMS*.

Full acknowledgments and other added resources can be found in the online version of the *CPMS* at *https://alliancecpha.org/en/CPMS_home*.

Special thanks are due to the following agencies and individuals who gave their time and expertise.

ICONS USED IN THE *CPMS*

CPMS-SPECIFIC ICONS

Adolescence: all children aged 9–17 years

Case management

Displacement: individuals who are forced to flee their usual place of residence, including asylum seekers, refugees and internally displaced people

Early childhood: all children aged 0–8 years

Indicators

Infectious disease outbreaks

Prevention of child protection risks

Safeguarding

INSPIRE ICONS

Implementation and enforcement of laws

Norms and values

Safe environments

Parent and caregiver support

Income and economic strengthening

Response and support services

Education and life skills

ICONS RELATED TO THE INTEGRATION OF CHILD PROTECTION ACROSS SECTORS
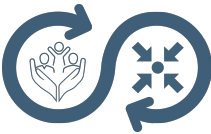
Integration across all sectors

Integration with food security

Integration with livelihoods

Integration with education

Integration with health

Integration with nutrition

Integration with water, sanitation and hygiene

Integration with shelter and settlement

Integration with camp management

ACRONYMS AND ABBREVIATIONS

3/4/5Ws	Who does what, where, when and for whom
AAP	Accountability to affected population
ACE	Alternative care in emergencies
BID	Best interests determination
CAAFAG	Children associated with armed forces or armed groups
CBCP	Community-based child protection
CCW	Certain conventional weapons
CDC	Centers for Disease Control and Prevention
CEFM	Child, early and forced marriage
CFS	Child-friendly spaces
CHH	Child-headed household
CHS	Core Humanitarian Standard on Quality and Accountability
CM	Case management
CMTF	Case Management Task Force
CTFMR	Country Task Force for Monitoring and Reporting (on grave violations against children)
CP	Child protection
CP AoR	Child Protection Area of Responsibility
CPCM	Child protection case management
CP(i)HA	Child protection in humanitarian action
CPIMS	Child Protection Information Management System
CVA	Cash and voucher assistance
DRR	Disaster risk reduction
ECD	Early childhood development
ERW	Explosive remnants of war
EO	Explosive ordnance
FTR	Family tracing and reunification
GBV	Gender-based violence
GBVIMS	Gender-based Violence Information Management System
IASC	Inter-agency Standing Committee
ICRC	International Committee of the Red Cross / Crescent
IDTR	Identification, documentation, tracing and reunification
IDO	Infectious disease outbreaks
IDP	Internally displaced persons
IED	Improvised explosive devices
ILO	International Labour Organization
IM	Information Management / Manager
INEE	Inter-agency Network for Education in Emergencies
IOM	International Organisation for Migration
IPV	Intimate partner violence
ISP	Information-sharing protocol
IYCF	Infant and young child feeding
LGBTI	Lesbian, gay, bisexual, transgender and intersex

MHPSS	Mental health and psychosocial support
MRM	Monitoring and Reporting Mechanism (on grave violations of children's rights in situations of armed conflict)
NGO	Non-governmental organisation
OCHA	UN Office for the Coordination of Humanitarian Affairs
PCM	Programme cycle management
PDNA	Post-Disaster Needs Assessment
PFA	Psychological first aid
PIM	Protection information management
PSEA	Protection from sexual exploitation and abuse
RFL	Restoring family links
SGBV	Sexual and gender-based violence
SMART	Specific, measurable, attainable, relevant, time-bound
SOP	Standard operating procedures
UASC	Unaccompanied and separated children
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations International Children's Fund
WASH	Water, sanitation and hygiene
WFCL	Worst forms of child labour
WHO	World Health Organisation

INTRODUCTION

INTRODUCTION

WHAT IS CHILD PROTECTION IN HUMANITARIAN ACTION?

Child protection is the 'prevention of and response to abuse, neglect, exploitation and violence against children'.

The objectives of humanitarian action are to:

- Save lives, alleviate suffering and maintain human dignity during and after disasters; and
- Strengthen preparedness for any future crises.

Humanitarian crises can be caused by humans, such as conflict or civil unrest; they can result from disasters, such as floods and earthquakes; or they can be a combination of both.

Humanitarian crises often have long-lasting, devastating effects on children's lives. The child protection risks children face include family separation, recruitment into armed forces or groups, physical or sexual abuse, psychosocial distress or mental disorders, economic exploitation, injury and even death. They depend on factors such as the:

- Nature and scale of the emergency;
- Number of children affected;
- Sociocultural norms;
- Pre-existing child protection risks;
- Community-level preparedness; and
- Stability and capacity of the State before and during the crisis.

Child protection actors and interventions seek to prevent and respond to all forms of abuse, neglect, exploitation and violence. Effective child protection builds on existing capacities and strengthens preparedness before a crisis occurs. During humanitarian crises, timely interventions support the physical and emotional health, dignity and well-being of children, families and communities.

Child protection in humanitarian action includes specific activities conducted by local, national and international child protection actors. It also includes efforts of non-child protection actors who seek to prevent and address abuse,

neglect, exploitation and violence against children in humanitarian settings, whether through mainstreamed or integrated programming.

Child Protection in Humanitarian Action promotes the well-being and healthy development of children and saves lives.

WHY THE *MINIMUM STANDARDS FOR CHILD PROTECTION IN HUMANITARIAN ACTION (CPMS)?*

The *CPMS* have been developed to support child protection work in humanitarian settings by:

- Establishing common principles between those working in child protection;
- Strengthening coordination between humanitarian actors;
- Improving the quality of child protection programming and its impact on children;
- Improving the accountability of child protection programming;
- Defining the professional field of child protection in humanitarian action;
- Providing a synthesis of good practice and learning to date; and
- Strengthening advocacy and communication on child protection risks, needs and responses.

WHAT DOES EACH STANDARD CONTAIN?

Each standard in the *CPMS* follows the same structure:

- **Introduction:** General information on the topic.
- **'The Standard':** One sentence summarising what should be achieved in that particular area of humanitarian action to ensure adequate protection for children in humanitarian action.
- **Key actions:** Suggested activities to help meet each standard in preparedness, prevention and response. It is critical that key preparedness actions that were not done before a crisis are considered during the response phase. Actions that are noted in the preparedness section are not repeated in the response section. Prevention actions may also take place throughout preparedness and response. They are highlighted with an icon. Not all key actions will apply to all contexts, but they should be followed wherever possible.

- **Measurement:** Indicators to measure progress (or lack of progress) towards the overall standard. Additional indicators that relate to specific key actions are available online in Annex 4: Additional indicators. All data should be disaggregated by sex, age and disability at a minimum. These are universal factors that influence the protection of children and their access to humanitarian aid. They are found in all populations and should always be considered. (See Annex 4: Additional indicators and Standard 5.) In some contexts, further disaggregation might be helpful, for example by geographical location or displacement status.
- **Guidance notes:** Further information and recommendations on priority issues, ethical considerations or knowledge gaps that relate to the standard.
- **References:** Key guidance documents and tools with practical and detailed information on critical issues related to the standard. Annex 5 of the online version of the *CPMS* includes links to these and additional resources for implementing each standard. Annex 2 lists international legal instruments that are relevant to child protection.
- **Icons:** Symbols to highlight key topics such as displacement, infectious disease outbreaks and safeguarding.

WHO SHOULD USE THESE STANDARDS?

These standards are intended for all humanitarian actors, particularly those who work in child protection or directly with children, families and communities. This includes community groups, non-governmental organisations, government personnel, policy makers, international organisations, donors, coordinators, human resources staff and those working on advocacy, media or communications. They may also be applicable to those working in the justice system, to border and immigration authorities and to security personnel.

The *CPMS* should be used throughout every phase of humanitarian action, from preparedness and contingency planning to response and early recovery. They support accountability between humanitarian workers and affected populations by (a) providing a common agreement on the quality of assistance that should be expected and advocated for and (b) promoting the implementation of feedback and reporting mechanisms.

HOW WERE THE STANDARDS DEVELOPED, AND ON WHAT ARE THEY BASED?

The first edition of the *CPMS* was published in 2012 to meet the need for a common framework and agreement on minimum quality standards across child protection in humanitarian action. The 2019 Edition updates the original handbook with the latest research, expertise and best practice. This includes the evidence-based *INSPIRE: Seven Strategies for Ending Violence Against Children*. While the 2019 Edition is much improved, there is still limited scientific research on the impact of child protection interventions in humanitarian settings. The standards are therefore equally firmly grounded in the experiences of practitioners in a wide range of contexts.

The standards were revised over a 24-month period that included multiple reviews of draft standards by child protection practitioners and other humanitarian actors. Consultation events were held in 17 different countries at national and local levels. The standards themselves were written by over 50 practitioners with specific expertise and experience in the standard or thematic area. Altogether, over 1,900 individuals contributed to the revision of the standards.

1,100 participants (including children) consulted

1,900 individual contributors

28 standards and 10 principles

82 countries and 85 agencies represented

24 months

WHAT IS MEANT BY 'MINIMUM' STANDARDS?

These standards set out a common agreement with regards to what adequate quality child protection interventions in humanitarian settings are. The degree

to which the standards can be met in practice will depend on a range of factors, including:

- The accessibility of the affected population;
- The level of cooperation from the relevant authorities;
- The level of insecurity in the local context; and
- The systems in place prior to the crisis.

A phased approach to meeting the standards might be necessary where there are limited child protection capacity and resources and urgent and rapidly changing child protection needs. When the standards cannot be met, they still apply as universal, agreed-upon benchmarks and can be used to set ambitious, longer-term goals for child protection.

These standards enable humanitarians to highlight gaps in the scope or quality of the child protection response and the investment or conditions required to close these gaps.

THE INTERNATIONAL LEGAL BASIS FOR CHILD PROTECTION IN HUMANITARIAN ACTION

The *CPMS* are grounded in an international legal framework that outlines States' obligations towards their citizens and other persons within their territories. This framework includes international human rights law, humanitarian law and refugee law. The *Convention on the Rights of the Child (CRC)* is the primary international legal human rights instrument upon which the *CPMS* are based. (See Annex 2: Relevant legal instruments.) All children in humanitarian settings are entitled to full protection and enjoyment of their human rights without discrimination. Additionally, international law provides children who are refugees, internally displaced and migrants with the right to appropriate protection and humanitarian assistance.

HOW DO THESE STANDARDS CONNECT WITH OTHER HUMANITARIAN STANDARDS?

The *CPMS* are technical standards on child protection in humanitarian action that connect with other humanitarian standards as part of a standards framework.

The Humanitarian Charter, the Protection Principles, the *Core Humanitarian Standard* and the foundation chapters of the *Sphere Handbook* are foundational for child protection work in humanitarian settings and are integrated throughout the *CPMS*. The ten principles in the *CPMS* include Sphere's four Protection Principles, four principles from the *Convention on the Rights of the Child* and two that are specific to the *CPMS*. The *CPMS* are companion standards to the Sphere standards and use the same structure.

The *CPMS* are closely linked with the other humanitarian standards as part of the Humanitarian Standards Partnership. As of 2019, the standards that are part of the Humanitarian Standards Partnership are:

- *The Sphere Handbook, including the Core Humanitarian Standard: Sphere*
- *Livestock Emergency Guidelines and Standards (LEGS): LEGS*
- *Minimum Standards for Education: Preparedness, Response, Recovery: Inter-agency Network for Education in Emergencies (INEE)*
- *Minimum Economic Recovery Standards (MERS): Small Enterprise Education and Promotion (SEEP) Network*
- *Minimum Standard for Market Analysis (MISMA): Cash Learning Partnership (CaLP)*
- *Humanitarian Inclusion Standards for Older People and People with Disabilities: Age and Disability Consortium*

The *CPMS* complement, but are distinct from, such important guidance and actors as:

- *Guidelines for Gender-based Violence Interventions in Humanitarian Settings: Focusing on Prevention of and Response to Sexual Violence in Emergencies*, IASC;
- *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings*, IASC;
- *Accountability to Affected Populations Commitments*, IASC Task Team on AAP/PSEA;
- *Professional Standards for Protection Work*, ICRC;
- *UNHCR Emergency Handbook*, UNHCR; and
- *The Global Protection Cluster*.

The *CPMS*, particularly Pillar 4: Standards to work across sectors, are part of and should be addressed when implementing broader Protection Mainstreaming activities. Similarly, the *Professional Standard for Protection Work* and the *UNHCR Emergency Handbook* provide overall guidance for protection work in humanitarian action that are consistent with the *CPMS*.
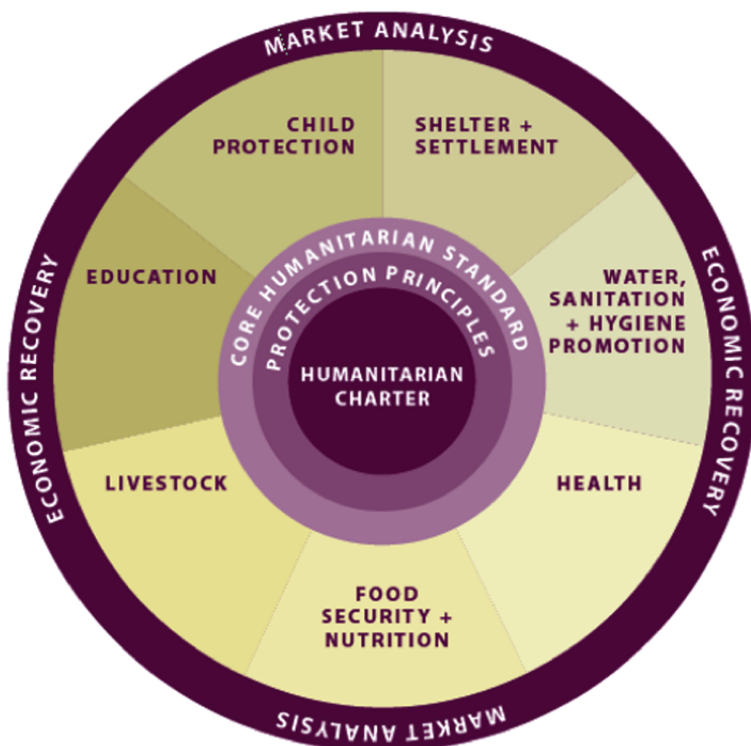
THE CORE HUMANITARIAN STANDARD

The Core Humanitarian Standard (CHS) sets out Nine Commitments that organisations and individuals involved in humanitarian response can use to improve the quality and effectiveness of their assistance. It also supports greater accountability to communities and people affected by crisis. Each commitment has key actions and organisational responsibilities that are applicable regardless of the sector or type of assistance provided. Some key actions and organisational responsibilities are more specific to age and vulnerability, but all should be taken into account in any organisation-wide approach to quality and accountability. The CHS Verification Framework includes a Protection from Sexual Exploitation and Abuse Index that lists the measures organisations need to implement to (a) ensure child-friendly consultations and feedback mechanisms and (b) prevent and respond to child abuse by humanitarian staff. *The Core Humanitarian Standard* is particularly reflected in Pillar 1: Standards to ensure a quality child protection response of the *CPMS*. Using the relevant technical standards, such as the *CPMS*, is part of meeting *Core Humanitarian Standard* Key Action 2.4.

The diagram shows concentric circles. The outer ring text reads repeatedly: "Core Humanitarian Standard – Core Humanitarian Standard – Core Humanitarian Standard – Core Humanitarian Standard –"

The center circle reads: **COMMUNITIES AND PEOPLE AFFECTED BY CRISIS**

Surrounding the center: Humanity, Impartiality, Neutrality, Independence

The nine numbered principles:

1. Humanitarian response is appropriate and relevant.
2. Humanitarian response is effective and timely.
3. Humanitarian response strengthens local capacities and avoids negative effects.
4. Humanitarian response is based on communication, participation and feedback.
5. Complaints are welcomed and addressed.
6. Humanitarian response is coordinated and complementary.
7. Humanitarian actors continuously learn and improve.
8. Staff are supported to do their job effectively, and are treated fairly and equitably.
9. Resources are managed and used responsibly for their intended purpose.

HOW DO I USE THE *CPMS* IN MY CONTEXT?

Generally, the *CPMS* can be used at both agency and inter-agency levels in the following ways:

- To plan and cost humanitarian interventions;
- To establish common and measurable expectations for the scope and quality of child protection services;
- To establish common principles between different actors, such as within a child protection coordination mechanism;
- To monitor and evaluate the quality and effectiveness of humanitarian interventions;
- To guide and evaluate the allocation of funding;
- To induct and train new staff or partners;
- To serve as a self-learning tool and a reference text;

- To develop preparedness plans;
- To advocate for child protection issues;
- To brief decision-makers on child protection principles and priorities; and
- To strengthen other humanitarian sectors' ability to protect children.

These standards need to be adapted, or 'contextualised', to the relevant context. The wording of 'The Standard' itself should not be changed. However, key actions may be prioritised, new key actions may be added or key actions that are not appropriate to the setting may be removed. Indicator targets may be adapted to allow for a phased approach to reaching the overall final target as set out in the *CPMS*. A clear justification for lowering the overall target is needed. There should always be the intent to aim for the *CPMS* target, or a higher one, in the long term. The process of contextualising the standards builds the capacity of child protection workers and creates a shared understanding of child protection needs and responses in the context. Please see the guidance on *contextualising the CPMS* on the *Alliance for Child Protection in Humanitarian Action's website*.

The *CPMS* need to be distributed and promoted so that all those with a role in protecting children can refer to them. Some suggested ways you can promote the standards include:

- Present and discuss the *CPMS* within different organisations, groups and inter-agency coordination mechanisms;
- Work with other humanitarian sectors to adapt and insert the relevant standards into their processes;
- Translate the *CPMS* into relevant local languages;
- Organise orientations and trainings on the *CPMS*;
- Produce inclusive, child- and community-friendly materials and messages based on the *CPMS*; and
- Use spot checks or more systematic reviews to monitor and improve the awareness and use of the standards in your context.

THE 2019 EDITION OF THE *CPMS*

The 2019 Edition of the *CPMS* provides improvements to the first edition, launched in 2012. The improvements include:

- Greater recognition of the role of local actors in protecting children in humanitarian action;
- Inclusion of the latest evidence and best practices;
- Increasing the types of collaboration between sectors;

- A focus on holistic programming that is based on the socio-ecological framework;
- Greater relevance for refugee, displacement and migrant contexts;
- Greater relevance for infectious disease settings;
- Increased focus on preventing abuse, neglect, exploitation and violence;
- Additional integration of key cross-cutting issues, such as cash and voucher assistance; and
- Improved, more measurable and more realistic priority indicators (with additional indicators available online).

The original text from the first version has been maintained wherever possible.

WHAT DO WE MEAN WHEN WE SAY 'CHILDREN'?

Within the *CPMS*, 'children' refers to any person under the age of 18 in a population covered under humanitarian action. Humanitarian actors must promote the inclusion of children of all genders, ages and disabilities and adapt programming to children's evolving capacities and needs. 'Children' includes those who:

- Are of all ages – early childhood, middle childhood and adolescence;
- Have or identify with diverse sexual orientation, gender identity/expression and sexual characteristics;
- Are displaced;
- Come from all kinds of social and cultural backgrounds; and
- Live in a variety of care settings.

Whenever 'children' or 'children at risk' are mentioned in the *CPMS*, you should identify which children in a population may need specialised outreach or interventions to be appropriately included in protection prevention and response programming.

Affected populations, by definition, face some level of vulnerability to crisis-related risks. Children face additional and specific risks. Identifying the groups of children who have the greatest level of risk is covered under the assessment section of Standard 4: Programme cycle management. Assessing individual children's situations is laid out in Standard 18: Case management. Humanitarian actors should always assess the well-being of children who:

- Are unaccompanied and separated;
- Have intellectual and physical disabilities;

- Are married and/or parents;
- Are heads of household;
- Are survivors of sexual violence;
- Have been recruited by or associated with armed forces or groups;
- Are or identify as lesbian, gay, bisexual, transgender or intersex; and
- Live or work on the streets.

WHAT CROSS-CUTTING ISSUES SHOULD BE CONSIDERED WHEN USING THE STANDARDS?

Each standard in the handbook includes considerations for common risk factors and adaptability. Below are the key cross-cutting issues that were purposely integrated throughout the handbook and should be considered in all child protection interventions in humanitarian action. See Annex 3: Key resources for cross-cutting issues for key child protection-focused resources on these subjects.

ADOLESCENTS

In the *CPMS*, 'adolescents' include children aged 9–17. This age group is further subdivided:

- **Pre-adolescence:** ages 9–10;
- **Early adolescence:** ages 10–14; and
- **Middle adolescence:** ages 15–17.

Adolescence is an important period of brain development, where protective environments can support children's future success and even mitigate the impact of adversity in younger childhood. In some contexts, the definition for adolescence includes persons aged 18–24 years, referred to as 'late adolescence'. However, the *Convention on the Rights of the Child*, on which the *CPMS* are based, defines children as those who are younger than 18 years of age. Therefore, the *CPMS* do not target older adolescents.

Humanitarian actors must consider the specific perspectives and needs of adolescents in both outreach and programming. Programme delivery through schools and community-level groups may not always reach adolescents. Adolescents may not want to participate in 'children's activities', and they may not be considered mature or old enough to participate in adult-led decision-making and wider community-level activities. Humanitarian actors

must focus on adolescents' capacities and their contributions to humanitarian responses in addition to their needs. Adolescents may face age-specific risk factors such as increased risk-taking behaviour or sexual and gender-based violence.

CASH AND VOUCHER ASSISTANCE

The use of cash and voucher assistance (CVA) is a growing modality for delivering humanitarian assistance. Although the evidence base is still developing, cash and voucher assistance may help prevent and respond to child protection risks. For example, cash and voucher assistance can be used to help families or communities provide for their children's needs and prevent exploitation or school dropout. The potential impact of cash and voucher assistance on the well-being and protection of children, including adolescents, must be considered when designing interventions. Cash and voucher assistance must be provided without discrimination. For example, the lack of birth registration or other identity documents cannot be a barrier to assistance. A risk assessment should be undertaken to mitigate any potential risks. Specific considerations for using cash and voucher assistance in particular areas of child protection are addressed in the relevant standards.

CHILD TRAFFICKING

Children are at risk of being trafficked due to factors that can worsen during a humanitarian crisis, such as poverty, limited livelihood opportunities, lack of education and discrimination. Traffickers may target children because they may be more easily exploited, both physically and emotionally. They may also negotiate with the child's caregivers to agree to actions that are exploitative and amount to trafficking. A child cannot voluntarily or willingly enter into a trafficking arrangement, even if a family member agrees. Instead of being criminalised, children who are trafficked need special protection during emergencies. Child protection workers can help prevent trafficking by supporting family- and community-level supports for children. Children who are trafficked often require a long-term, multisectoral response. While trafficking is a specific risk, most of the time it is done for the purposes of sexual exploitation, child labour or engaging children in armed forces or armed groups. Therefore, trafficking has been integrated into relevant standards rather than being a standard of its own.

CHILDREN WITH DISABILITIES

The UN estimates that around 10% of children worldwide have some form of disability. 'Children with disabilities' includes those who have long-term physical, psychosocial, intellectual or sensory (visual and hearing) impairments.

These impairments can lead to physical, communication or sociocultural barriers that limit their equal participation in society. This places them at greater risk in humanitarian settings. Children with disabilities have the same human rights as all children. All humanitarian actors are responsible for respecting, supporting and promoting those rights. Humanitarian actors need to identify and address risks and barriers that prevent children with disabilities from equally accessing goods, services, spaces and information. Facilities and services should be designed for all children's access and use to the greatest extent possible and should include reasonable accommodations or adjustments for children with disabilities. Throughout the programme cycle, humanitarian actors should analyse the relationships between disability and other risk factors (such as girls with disabilities, children with disabilities who live in institutions, etc.). It is always relevant and necessary to disaggregate individual and qualitative data by disability, as children with disabilities are present in every context.

CIVIL REGISTRATION

Child protection and other humanitarian actors play a vital role in promoting and supporting civil registration as they work with children, families and communities. Civil registration can mitigate child protection risks and help facilitate the response to and prosecution of specific child protection cases. Civil registration includes recording births, deaths, marriages, divorces, etc. to protect the rights of children and adults and to develop critical population statistics. Birth registration is particularly essential for children's protection. It documents children's identity, supports access to services and verifies age to protect children from exploitation, among other benefits.

EARLY CHILDHOOD

Early childhood is a period of rapid brain development and physical growth for children. A child's early experiences affect how their brain develops and adapts to its environment and has lifelong implications on learning, resilience and physical and mental health. Investing in early childhood is more effective and less costly than addressing problems at a later stage, so specific considerations for this age group should always be included in child protection interventions.

Early childhood can be broken into the following stages:

- **Babies and toddlers:** ages 0–2 years;
- **Pre-school age:** ages 3–5 years; and
- **Early school age:** ages 6-8 years.

Interventions should target expectant parents and support caring interactions between children and their parents or other regular caregivers. This age group cannot always be reached through school interventions. The impact on childcare should be assessed for all humanitarian interventions.

ENVIRONMENTAL CONSIDERATIONS

The environment in which children live greatly influences their health, well-being and protection. Disasters, climate change, noise and air pollution can make children and families more vulnerable as they can lead to or worsen forced displacement and migration, gender inequities, livelihood insecurity and health hazards.

Humanitarian operations affect the environment, both directly and indirectly. Programming must include an assessment of possible risks to the environment and then must identify means to mitigate these risks. Child protection programming should minimise its environmental impact throughout all areas of programme design, including transport, procurement processes, site selection and choice of resources.

Child protection programming can also:

- Increase children's, families' and communities' awareness of environmental concerns;
- Support child-led or child-focused advocacy on the climate crisis and environmental protection; and
- Provide supportive programming and psychosocial interventions that can increase children's resilience to potential and actual environmental crises.

GENDER

Gender plays a critical role in how children are treated and how their rights are respected within families and communities. Societies' gender norms influence girls' and boys' different experiences, potential and risks. These 'gendered norms' also affect children with non-binary gender identity or sex characteristics, such as those who identify as lesbian, gay, bisexual or transgender or who are intersex. Pre-existing gender inequalities tend to increase during a humanitarian crisis. For example, girls face greater risks of child marriage, and boys may be more vulnerable to forced recruitment. Transgender children may be at a greater risk of prejudice, stigma, violence or difficulties accessing humanitarian services. Analyses of children's risks and resilience related to gender should be conducted throughout the programme cycle. Gender also impacts family dynamics and care arrangements for children. Interventions should:

- Be sensitive to the root causes of gender discrimination and inequality;
- Avoid reinforcing or continuing gendered power relations; and
- Support gender equality whenever possible.

INFECTIOUS DISEASE OUTBREAKS

During epidemics such as Cholera or Ebola, children are particularly at risk for three reasons:

- They have specific susceptibilities to infection.
- Outbreaks can weaken their protective environments (such as the loss of a parent or a closed school).
- Measures used to control the spread of disease can increase children's risk.

Child protection and other humanitarian actors should analyse the outbreak's effects on the well-being and protection of children, families and communities. Special consideration is needed for diseases that require quarantine and/or isolation. Relevant standards include additional actions or adaptions that may be necessary for child protection interventions in infectious disease outbreak settings.

MOBILE PROGRAMMING

Mobile services may be necessary to access populations in hard-to-reach areas or to provide alternatives in limited resource settings. They may be particularly relevant for child refugees, children in migration or other mobile populations. (See Refugee, internally displaced and migrant settings.) Mobile child protection in humanitarian action teams may be deployed as stand-alone teams or as part of multisectoral mobile services. Child protection services may include:

- Identification of the most vulnerable children;
- Registration;
- Specialised referrals (such as health, nutrition);
- Documentation and tracing for children who are unaccompanied or separated;
- Emergency alternative care;
- Psychological first aid and psychosocial support;
- Mobile child and youth activities; and
- Direct assistance and distributions.

Mobile teams may also provide refugee, internally displaced and migrant populations with accurate information on their rights, available services and assistance and ways to access protection.

PREVENTION

Preventative actions are primarily designed to prevent harm to children. Responsive actions address the needs of children who have already been harmed. Both types of actions complement each other in programming. Preventative actions can and should take place in both the preparedness and response phases of humanitarian action. Some actions address both prevention and response at the same time (such as parenting skills support).

Prevention reduces or eliminates risk factors; promotes protective factors at individual, family, community and society levels; and reduces abuse, neglect, exploitation and violence. Prevention functions at three levels:

- **Primary prevention:** addresses root causes of child protection risks within a population;
- **Secondary prevention:** addresses the specific source of an individual child's risks and/or vulnerabilities; and
- **Tertiary prevention:** reduces the longer-term impacts of harm and the chances that a child who has already experienced abuse, neglect, exploitation or violence will be harmed again.

Evidence shows that prevention is more cost-effective than response. Prevention is sometimes overlooked in a humanitarian response, but it is essential for addressing the root causes of abuse, neglect, exploitation and violence. Preventative interventions are most effective when planned and implemented in collaboration with other sectors to holistically address children's needs. Key actions that address prevention within the standards are signalled by the prevention icon.

REFUGEE, INTERNALLY DISPLACED AND MIGRANT SETTINGS

Children who are refugees, internally displaced, migrants or stateless face increased risks of abuse, neglect, exploitation and violence. This requires special awareness and response from humanitarians. Children who are refugees, internally displaced, migrants or stateless have the same rights as all children, and States have obligations to protect them regardless of their status. Legal, policy and practical barriers as well as discrimination can result in children who are refugees, internally displaced, migrants or stateless (a) being denied access to essential services or (b) facing immigration, detention, lack of freedom of movement, xenophobia or exclusion. In addition, each group

has specific legal frameworks, rights and needs that must be understood and addressed in the response. (See Annex 1: Glossary for definitions.)

Refugee crises are guided by a body of refugee law, including the 1951 Refugee Convention and its 1967 Protocol which provide specific protections to refugees. Being a refugee entitles the person to a number of refugee rights, including the right not to be sent back to the country of origin (the principle of non-refoulement). Such protection also applies to asylum seekers. When refugees return to their country of origin, they are referred to as 'returnees' and require specific support to reintegrate. Working in refugee crises therefore involves specific legal frameworks, considerations and procedures which have implications for practitioners in areas such as coordination, working with governments and legal frameworks, data collection and information management, processes for registration, refugee status determination and durable solutions. For these, specific UNHCR guidance applies.

Governments have the primary responsibility for ensuring the protection of internally displaced persons. In contexts where the government is unable or unwilling to meet the needs and ensure protection is upheld, the international humanitarian community can be called upon to support.

Children who are 'stateless' are not considered nationals by any state. This condition makes them extremely vulnerable.

Some children who have fled their homes may become unaccompanied or separated from their families before, during or after their journey. Humanitarian actors who work with children who are unaccompanied, separated or in migration will need to coordinate their work across borders. Within the standards, specific considerations have been integrated which apply to refugee, internally displaced, migrant and stateless populations or a mix of these categories. (The *CPMS* do not use the term 'children on the move', but existing guidance and evidence around programming for 'children on the move' remains relevant.)

All children who are refugees, internally displaced, migrants or stateless have the right to an appropriate, sustainable ('durable') solution in accordance with their best interests. For internally displaced children, a durable solution is achieved when they no longer have specific protection or assistance needs linked to their displacement and can enjoy their human rights without discrimination on account of their displacement. For stateless children, a durable solution is achieved when they have acquired a nationality and are able to exercise all the rights and responsibilities of their fellow citizens on an equal basis and without discrimination on account of their nationality.[1] All children, in accordance with their age and level of maturity, must have a say in deciding which option is best for them.[2]

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[1] UNHCR Framework, see note 22, p. 29.
[2] CRGC, see note 16, p.25.

URBAN CONTEXTS

Urban areas often have many child protection and basic services. Access to services may be difficult, however, due to a lack of information and financial resources and the presence of marginalisation and discrimination. In urban contexts, child protection actors should conduct outreach to all groups of children during assessment, data collection, implementation, monitoring and evaluation. Creative data collection methods may be needed to develop estimates. A 'household' will not always represent a single family unit, so each child in the household should be counted instead. Child protection actors should:

- Support children's access to information, identification and referrals;
- Implement flexible programming that can accommodate different numbers and types of children; and
- Coordinate with local authorities and multisectoral service providers.

PRINCIPLES

PRINCIPLES

The principles in this section are key to fully applying and achieving the standards. They should be used and presented alongside the standards at all times. Principles 1-4 are the key principles set out by the *Convention on the Rights of the Child (CRC)* and are applicable to all humanitarian action. Principles 5-8 are the protection principles from the 2018 *Sphere Handbook*, restated here with specific references for the protection of children. Principles 9-10 are specific to the *Minimum Standards for Child Protection in Humanitarian Action*.

Safety, dignity and rights

Access to impartial assistance

Strengthen children's resilience

Assist to recover

Survival and development

Best interests of the child

Non-discrimination

Child participation

Strengthen child protection systems

Help people claim their rights

PRINCIPLES

PRINCIPLE 1:
SURVIVAL AND DEVELOPMENT

The stimulation and attachment that occur in predictable, nurturing relationships are crucial to all aspects of a baby's and young child's development. Humanitarian actors must consider the effects of both the emergency and the response on (a) the fulfilment of children's right to life and (b) children's physical, psychological, emotional, social and spiritual development. Children must be supported to use their own strengths and resilience to maximise their opportunities for survival and development in humanitarian crises.

PRINCIPLE 2:
NON-DISCRIMINATION AND INCLUSION

States are required under international law to respect children's rights and to ensure that all children within their territory can realise their rights without discrimination. This includes prohibiting all forms of discrimination in the enjoyment of rights under the Convention and requiring States to take proactive measures to ensure equal opportunities for all children to enjoy their rights. At times, it may also require taking positive measures to redress a situation of real inequality. This includes respect for the inherent dignity, diversity and acceptance of all children.

Children shall not be discriminated against on the basis of gender, sexual orientation, age, disabilities, nationality, immigration status or any other reason. The causes and methods of direct or indirect discrimination and exclusion need to be proactively identified and addressed. Humanitarian workers must be aware of their own values, beliefs and unconscious biases about childhood and the roles of the child and the family. This will help humanitarian workers to avoid imposing their beliefs and unconscious biases on children in ways that deny children their rights.

Exclusion and discrimination negatively affect children's development by preventing:

- The fulfilment and enjoyment of their rights;

- Their meaningful participation; and
- Their access to opportunities and resources.

Discrimination also increases children's risks of all forms of abuse, neglect, exploitation and violence. Humanitarian crises and responses can increase discrimination, worsen existing cycles of exclusion and create new layers of exclusion.

Humanitarian crises and responses can also offer opportunities for positive change when approached with deliberate and dedicated actions. Discrimination and exclusion can be prevented, ended or – at the very least – mitigated. Humanitarians must (a) identify and monitor existing and new patterns of discrimination, power and exclusion and (b) address them in the design and implementation of the response. There is also a need to advocate for the access of all children – regardless of their gender, age, disability, ethnicity, religion, nationality, displacement status or other aspect of diversity – to child protection systems and other services.

PRINCIPLE 3:
CHILDREN'S PARTICIPATION

Humanitarian workers must provide children with the time and space to meaningfully participate in all decisions that affect children, including during emergency preparedness and response. To promote and support their participation is to meet human rights obligations. Additional benefits and outcomes can also be expected. Participation nurtures hope, which enables children to think about the possibility of positive change. Children can work for positive change by engaging in decision-making processes according to their evolving abilities and independence. Taking responsibility and making decisions helps children develop a sense of belonging and justice. Participation strengthens accountability.

While all children can exercise their right to participation, it will take different forms depending on gender, age, communication method, level of maturity, context, safety, security, etc. Humanitarian actors should always:

- Support and facilitate developmentally appropriate participation;
- Share decision-making power with children;
- Be sensitive to how children's participation may change roles and/or the balance of power in a family or community; and
- Encourage children's participation according to Principles 4: The best interests of the child and 5: Do no harm.

The *basic requirements for effective and ethical children's participation* should be applied to any process involving children. This means children with a wide range of experience (regardless of their gender, age or disability) should be supported to share their views freely and safely. Humanitarian actors must respect children's views, take children and their opinions seriously and use children's input to inform decision-making processes.

There is a distinction between asking children for information that humanitarian actors need and supporting children's right to participate in processes or decisions that affect their lives. Always examine the motives, approaches and potential risks when involving children. Participation should always be voluntary and with the informed consent/assent of both the children and their parents/caregivers. Humanitarian actors should strive to ensure accountability and to follow up with children in any participatory process.

PRINCIPLE 4:
THE BEST INTERESTS OF THE CHILD

Children have the right to have their best interests assessed and taken into account as a primary consideration in all actions or decisions that concern them, both in the public and private spheres. The term 'best interests of the child' broadly describes the well-being of a child. Such well-being is determined by a variety of individual circumstances (such as their gender, age, level of maturity and experiences) and other factors (such as the presence or absence of parents, quality of the relationships between the child and family/caregiver, and other risks or capacities).

There are three aspects to the best interests concept. They are:

- **A child's basic right:** children have a right to have their best interests assessed and taken as a primary consideration;
- **A legal principle:** if a legal provision is open to more than one interpretation, the interpretation which most effectively serves the child's best interests should be chosen;
- **A rule of procedure:** whenever a decision will affect a child, a group of children or children in general, the decision-making process must (a) evaluate the possible impact of the decision on the child(ren) concerned and (b) show that the right of children to have their best interests assessed and taken as a primary consideration has been explicitly taken into account.

The best interests principle guides the design, implementation, monitoring and adjustment of all humanitarian programmes and interventions and should be routinely reassessed.

The best interests principle applies to all children without discrimination, whether they are nationals, asylum-seekers, refugees, internally displaced, migrants or stateless. It applies in all contexts, including humanitarian crises. The principle also applies whether children are with their parents/caregivers or are unaccompanied or separated.

The best interests principle applies equally to public and private social welfare institutions, courts of law, administrative authorities or legislative bodies. Humanitarian workers should support state actors to establish a best interests procedure that builds on existing national mechanisms wherever possible. When humanitarian actors make decisions for individual children, agreed-upon procedural safeguards should be implemented to support this principle.

Whatever the mechanism and wherever possible, children should be active participants in defining their best interests. Key strategies to include children are:

- Providing children with information;
- Encouraging children to express their concerns; and
- Giving due weight to children's and parents or caregivers' views in decision-making.

PRINCIPLE 5:
ENHANCE PEOPLE'S SAFETY, DIGNITY AND RIGHTS AND AVOID EXPOSING THEM TO FURTHER HARM

"Humanitarian actors take steps to reduce overall risks to and vulnerability of people, including potentially negative effects of humanitarian programmes."

—*Sphere Handbook*, 2018

Effective humanitarian action requires an understanding of child protection risks in any context. This comes through:

- Ongoing, participatory risk analysis;
- Monitoring and reporting systems that address child protection risks, vulnerabilities and coping mechanisms; and
- Knowledge of the expected behaviours and social norms for all children.

When planning interventions, the location, timing, transport, sanitary arrangements, etc. must all be contextually appropriate to ensure accessibility and inclusiveness.

Humanitarian assistance must be provided in ways that reduce the risks that people may face and meet their needs with dignity. Poor design and implementation can lead to unintended, negative risks such as child recruitment, abduction or family separation (*Sphere Handbook* 2018). Programme design is improved by including children's own expertise. Humanitarians need to reflect on how the relevant issues were previously addressed by children, families, communities and authorities and how the crisis has affected these strategies and behaviours.

Assistance needs to be provided in an environment that does not further expose people to physical hazards, violence or abuse. Actors need to provide inclusive services and benefits. Limiting interventions to specific categories of children or families may incentivise protection risks such as separation or recruitment. Humanitarian actors must:

- Understand and build on existing child protection and other related systems;
- Guarantee confidentiality for and informed consent/assent of children for any sensitive issues;
- Ensure inter-agency compliance with data protection standards on collecting and sharing personal information about individual children, including children with disabilities;
- Recognise that children born during crises are less likely to be legally registered and therefore face related protection risks; and
- Conduct systematic monitoring of interventions to ensure that children, including those with disabilities, are not exposed to additional risks or harm.

The humanitarian community needs to establish and follow safeguarding protocols, including child safeguarding protocols, that have accessible procedures and mechanisms for reporting and addressing suspected violations. A key step to support people's capacity to protect themselves is to promote meaningful and safe children's participation. (See Principle 3.)

PRINCIPLE 6: ENSURE PEOPLE'S ACCESS TO IMPARTIAL ASSISTANCE ACCORDING TO NEED AND WITHOUT DISCRIMINATION

> "Humanitarian actors identify obstacles to accessing assistance and take steps to ensure it is provided in proportion to need and without discrimination."
>
> —*Sphere Handbook*, 2018

> "Assistance is...not withheld from children in need or their families and caregivers, and access for humanitarian agencies is provided as necessary to meet the standards."
>
> —*Sphere Handbook*, 2018

Non-discrimination is of such importance that it is a separate principle (Principle 2) in the *Minimum Standards for Child Protection in Humanitarian Action*.

Humanitarian workers must use humanitarian principles and relevant laws to challenge any actions that deliberately deprive children and their families of their basic needs. This includes using child-centred language and methods to:

● Monitor children's and their families' access to services and decision-making processes;
● Identify and address barriers; and
● Provide all stakeholders with relevant information.

It is also critical to identify and address barriers that prevent children who are refugees, internally displaced, migrants and stateless from accessing essential services by providing translations or cultural mediators, removing or reducing costs, and making children aware of what services are available and where.

Where patterns of discrimination or exclusion have been identified, the humanitarian community must quickly adjust its interventions to provide all members of the affected population with access to assistance. This may require innovative and creative ways of reaching excluded children, including those with disabilities.

PRINCIPLE 7:
ASSIST PEOPLE TO RECOVER FROM THE PHYSICAL AND PSYCHOLOGICAL EFFECTS OF THREATENED OR ACTUAL VIOLENCE, COERCION OR DELIBERATE DEPRIVATION

"Humanitarian actors provide immediate and sustained support to those harmed by violations, including referral to additional services as appropriate."

—*Sphere Handbook*, 2018

This principle includes (a) taking all reasonable steps to ensure that the affected population is not subject to further violence, coercion or deprivation and (b) supporting children's own efforts to recover their safety, dignity and rights within their communities. All child protection responses (and actors) should seek to make children more secure, facilitate children's and families' own efforts to stay safe and reduce children's exposure to risks. (See also *CPMS* Standards 7-13, 15, 16 and 18.)

PRINCIPLE 8:
HELP PEOPLE TO CLAIM THEIR RIGHTS (SPHERE)

"Humanitarian actors help affected communities claim their rights through information and documentation, and support efforts to strengthen respect for rights."

—*Sphere Handbook*, 2018

Children are rights holders. (See Standards 3 and 14.) Actions that support children to assert their rights and to access remedies from government or other sources might include:

- Providing information;
- Assisting with documentation (such as promoting birth registration, supporting families to replace lost documents, etc.); and
- Assisting in identifying solutions.

Child protection workers and other humanitarian actors must also support others (such as parents and caregivers) to claim children's rights on their behalf.

Overall, humanitarian actors have a duty to advocate for the full respect of children's rights and the compliance with international law that support a stronger protective environment. All children should be able to access solutions (such as legal actions at local, national or international levels) and claim legal rights (such as inheritance or restitution) that may influence their ability to protect themselves and to claim other rights. Children should be supported to become informed and engaged citizens. They must:

- Know their rights;
- Learn skills for participation;
- Gain confidence in gathering and using information;
- Communicate with others; and
- Understand the government's responsibilities.

PRINCIPLE 9:
STRENGTHEN CHILD PROTECTION SYSTEMS

Children are rarely exposed to only one protection risk. Vulnerability to one risk can make a child more vulnerable to others. In humanitarian settings, the people, processes, laws, institutions, capacities and behaviours that normally protect children – the child protection systems – may have become weak or ineffective. The response phase can provide an opportunity to build on and strengthen the many levels and parts of child protection systems. This requires a systemic approach to mitigating risks and responding to urgent needs as opposed to risk- or issue-specific interventions.

Systems thinking generally considers the full range of problems facing the child, their root causes and the potential solutions. A systems approach involves:

- Identifying root causes;
- Contextualising responses;
- Strengthening local ownership;
- Using multisectoral approaches;
- Implementing both prevention and response measures; and
- Collaborating with all relevant actors.

A systems approach can serve different purposes to meet the unique needs of a specific context. Child protection systems are not only built on individual

pieces but also on the connections and relationships between them. All systems are context-specific and reflect the norms and customs of the location. There are different child protection systems in every context. These systems are not static. Each humanitarian actor affects these systems and is affected by them.

Systems should be strengthened to respond and adapt to evolving humanitarian situations. Humanitarian settings can provide opportunities to strengthen child protection systems by improving the quality and availability of services and introducing innovations into systems to improve protection outcomes for children. In settings where it is appropriate, linkages across the range of formal and informal aspects of systems should be facilitated. This can include police, social workers, health workers, child welfare services, education services, sexual and reproductive health actors, the juvenile justice system, mental health services, etc. If national legislation does not accommodate refugees, migrants, stateless or other non-nationals in formal systems, it is important to (a) be aware of and address potential discrimination or exclusion experienced by these groups and (b) refer children at risk or survivors to case management.

In some contexts, an armed force or group or other non-state actor may be the authority, and thus they may influence the systems in the context where they operate. Where relevant, possible and appropriate, neutral and impartial organisations with the right expertise can discuss child protection issues with such groups, including their legal obligations and roles related to child protection.

PRINCIPLE 10:
STRENGTHEN CHILDREN'S RESILIENCE IN HUMANITARIAN ACTION

Although children are often portrayed as passive and dependent, they are naturally active participants in their families and communities. Before a crisis, many children have family responsibilities, make their own decisions and contribute to their schools or peer groups. They attempt to cope with additional risks and pressures that crises bring by problem-solving or asking for support from family members and others, such as peers or religious leaders.

Children's success in addressing and coping with their situation depends on the patterns of risk and protective factors in their social environments and on their own strengths and abilities. Vulnerability arises when a child faces multiple risks and has few protective factors, such as living with a caring

parent, having supportive friends and having good skills for seeking help. Resilience arises when a child has enough protective factors, both individual and environmental, to overcome the distress caused by the risk factors. Children with strengths such as good problem-solving skills are often able to handle the crisis environment relatively well and to make decisions that support the well-being of themselves, their families and their peers.

One of the goals of humanitarian actors is to build children's own strengths by eliminating or reducing risk factors and by strengthening the protective factors that support and encourage resilience.   Participation is key to building resilience. Programme designs need to actively strengthen resilience, mitigate risks and support positive relations between children, families and communities.

REFERENCES

- *'Convention on the Rights of the Child'*, United Nations General Assembly, 1989.
- *The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response*, Sphere Association, 2018.
- *'Adapting to learn, learning to adapt': Overview of and Considerations for Child Protection Systems Strengthening in Emergencies*, Alliance for Child Protection in Humanitarian Action, 2016.
- *'Protection Inclusion Standards'*, *Humanitarian Inclusion Standards for Older People and People with Disabilities*, CBM International, Bensheim, HelpAge International, London, Handicap International, Lyon, 2018, pp. 92-119.
- *'General Comment No.12 (2009): The right of the child to be heard'*, CRC/C/GC/12, United Nations Committee on the Rights of the Child, 2009.
- *Guidelines on Assessing and Determining the Best Interests of the Child: 2018 Provisional Release*, UNHCR, 2018.
- *'INSPIRE: End Violence Against Children'*. [Website]

STANDARDS

PILLAR 1: STANDARDS TO ENSURE A QUALITY CHILD PROTECTION RESPONSE

PILLAR 1: STANDARDS TO ENSURE A QUALITY CHILD PROTECTION RESPONSE

Standards one to six focus on the following key programming components:

- Coordination;
- Human resources;
- Communications and advocacy;
- Programme cycle management;
- Information management; and
- Child protection monitoring.

They provide a child protection-oriented view of each area of work for humanitarian contexts. They do not replace the existing policies and tools on these subjects.

These key programming components are common across all areas of child protection programming and are applicable in all situations. Ensuring quality within these six areas is essential to all child protection preparedness and response efforts. These standards should be used in conjunction with Standards 7–28.

Several standard areas in this section are directly related to the *Core Humanitarian Standard on Quality and Accountability (CHS)*. They are complementary to the *CHS* and should be used together with the *CHS*.
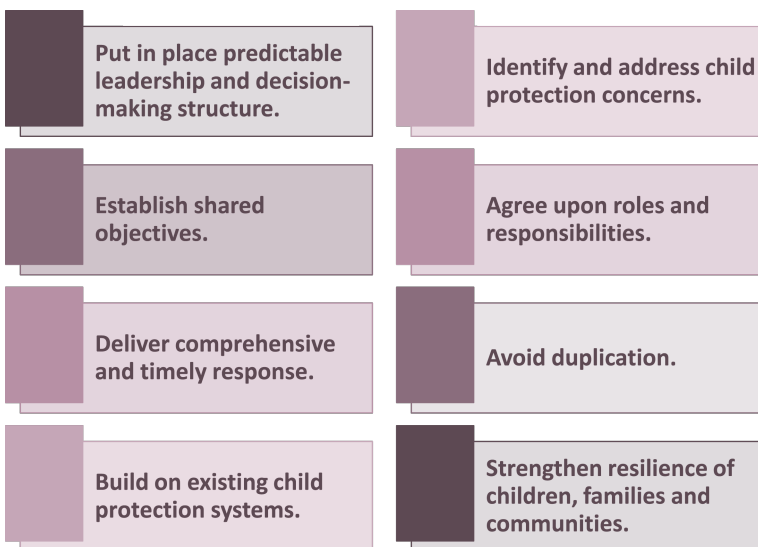
As with all standards in this handbook, the *CPMS* principles described in the previous chapter must be respected and considered when implementing these standards.

STANDARD 1: COORDINATION

The following should be read with this standard: Principles; Standard 3: Communications and advocacy; and Standard 5: Information management.

Effective coordination serves many roles in humanitarian action. These are summarised in the diagram below.

Summary of coordination's roles in humanitarian action

Put in place predictable leadership and decision-making structure.	Identify and address child protection concerns.
Establish shared objectives.	Agree upon roles and responsibilities.
Deliver comprehensive and timely response.	Avoid duplication.
Build on existing child protection systems.	Strengthen resilience of children, families and communities.

Poor coordination reduces the effectiveness and efficiency of humanitarian responses and may result in harm.

Coordination is Commitment Six of the *Core Humanitarian Standard*. Child Protection fits within broader Protection coordination. The coordination system has the same objectives in each situation, but its structure changes based on:

- The magnitude and impact of the humanitarian crisis;
- The type of humanitarian crisis (armed conflict, natural disaster, etc.);
- The characteristics of the affected populations; and

- The government's ability to address protection concerns.

The key actions in this standard target two groups of actors:

- Agencies or government departments that lead child protection coordination; and
- Members of coordination groups.

STANDARD

Authorities, humanitarian agencies, civil society organisations and affected populations coordinate actions to protect all affected children in a timely, efficient manner.

1.1. KEY ACTIONS

PREPAREDNESS (LEAD AND CO-LEADS)

1.1.1. Work with formal and informal; private, non-profit and public; local, national and international child protection systems to (a) map existing coordination groups and mechanisms and (b) determine how best to coordinate humanitarian child protection activities. Consider the relevance of cross-border coordination mechanisms, particularly for child refugees and migrants.

1.1.2. Work with the government to decide who will participate in the coordination of child protection efforts.

1.1.3. Develop and regularly review a terms of reference for coordination functions.

1.1.4. Develop and maintain service maps (at least 3Ws but aiming for 4 or 5Ws – 3/4/5Ws), contact lists and referral pathways for child protection actors.

1.1.5. Include child protection in multisectoral, inter-agency preparedness and contingency plans.

1.1.6. Conduct a desk review to:
- Disaggregate child protection information;
- Integrate child protection into multisectoral, inter-agency assessments; and
- Develop contextualised child protection assessments.

1.1.7.   Prepare member organisations and staff to perform coordination and information management responsibilities at national and sub-national levels.

1.1.8.   Support organisations and authorities to develop and implement policies, procedures and trainings on child safeguarding and protection from sexual exploitation and abuse. (See Standard 2.)

1.1.9.   Develop a community mobilisation strategy that includes child-friendly messages on child protection risks. (See Standard 3.)

1.1.10.   Develop an inter-agency capacity-building strategy to assess and strengthen the capacity of child protection partners.

PREPAREDNESS (COORDINATION GROUP MEMBERS)

1.1.11.   Contribute to response monitoring and mapping (3/4/5Ws).

1.1.12.   Contribute to the development of inter-agency, child protection-specific preparedness and contingency plans.

1.1.13.   Include children of different genders, ages and disabilities in decision-making.

1.1.14.   Participate in data collection exercises such as desk reviews, multisectoral and joint child protection-specific assessments and capacity mappings.

1.1.15.   Contribute to inter-agency capacity-building strategies.

RESPONSE (LEAD AND CO-LEADS)

1.1.16.   Appoint a national-level coordinator(s), sub-national coordinator(s) and information management staff where necessary to build on pre-existing formal and informal, local and national coordination structures.

1.1.17.   Include all relevant stakeholders in coordination.

1.1.18.   Work with coordination groups or mechanisms to determine the need for sub-national coordination groups, mechanisms, technical working groups and/or task forces that address child protection.

1.1.19.   Conduct regular evaluations of coordination groups' functioning and adapt the ways of working to address any gaps and/or challenges.

1.1.20.   Initiate multisectoral, inter-agency child protection monitoring systems and rapid assessments where needed.

1.1.21.   Initiate and oversee the development of an agreed-upon, inter-agency strategic response plan for child protection with agreed-upon monitoring systems. (See Standards 4, 5 and 6.)

1.1.22. Work with relevant stakeholders and coordination groups or mechanisms to include and prioritise child protection in strategic planning, policy making and fundraising. (See Standard 3.)

1.1.23. Coordinate the contextualisation of relevant standards from the *Minimum Standards for Child Protection in Humanitarian Action*.

1.1.24. Distribute guidance on key principles and approaches for child protection in humanitarian action. (See Principles.)

1.1.25. Decide (a) whether multisectoral, inter-agency standard operating procedures and referral pathways are needed and (b) who will lead the development process.

1.1.26. Continue to identify and strategically address capacity-building needs.

1.1.27. Use child protection response and situation monitoring to inform advocacy.

1.1.28. Coordinate with other sectors, working groups and inter-agency coordination groups or mechanisms to address child protection risks and concerns.

RESPONSE (COORDINATION GROUP MEMBERS)

1.1.29. Participate in multisectoral, inter-agency assessments and use the findings to inform programming. Avoid stand-alone or uncoordinated assessments and programming.

1.1.30. Contribute to agreed-upon inter-agency strategic plans for child protection, including mainstreaming activities.

1.1.31. Identify and address duplications and gaps in the response.

1.1.32. Use inter-agency systems – including *OCHA's Financial Tracking Service* – to document and share information on all existing child protection funding and financing gaps.

1.1.33. Consider co-chairing coordination mechanisms at national or sub-national levels and/or providing group members with technical assistance in your areas of expertise.

1.1.34. Participate in the inter-agency strategy to build the child protection work force's capacity. Share details of any trainings planned by individual agencies.

1.1.35. Provide staff, partners and other actors with (a) the *Minimum Standards for Child Protection in Humanitarian Action* in their native languages and (b) the training and technical assistance necessary to apply the standards.

1.1.36. Adapt, test and distribute child protection messages in multiple accessible formats. (See Standard 3.)

1.2. MEASUREMENT

All indicators about children should be disaggregated by sex, age, disability and other relevant diversity factors. The indicators below measure progress against the overall standard. Indicators and targets can be contextualised with the goal of meeting the indicative targets below. Additional related indicators are available *online*.

Indicator	Target	Notes
1.2.1. A strategic response plan for child protection is developed and agreed upon by members of the child protection coordination group and other relevant actors.	Yes	Members will consult with responsible authorities, national and international agencies, local civil society actors, affected populations and child-led groups.
1.2.2. Dedicated coordination staff (coordinator and information manager) in place at national level in situations of L3 system-wide activation.	Yes	To determine the need for dedicated (full-time) or a designated / double-hatting (part-time, fulfilling both coordination and programmatic functions) coordination and information management capacity, the lead agency should consider: scope and scale of the humanitarian crisis, number of child protection partners and government's coordination capacity.

1.3. GUIDANCE NOTES

1.3.1. RESPONSIBILITY FOR COORDINATION

Governments are responsible for providing protection and humanitarian assistance to affected populations in their territories. This includes initiating, coordinating and implementing humanitarian assistance. In many contexts, the government leads or co-leads the child protection coordination group or mechanism. Government leadership ensures the effectiveness and sustainability of coordination and the humanitarian response.

Where the government is unable or unwilling to perform this responsibility, specific United Nations agencies, as described below, take on a leadership role. They may act as co-chairs, provide training to members or facilitate coordination in some other way. Where it is not possible for the government to be a member of the coordination group, the leads or co-leads are responsible for communicating and engaging with the government in line with the principles of do no harm and the best interests of the child.

1.3.1.1. Situations under leadership of a Humanitarian Coordinator and early warning contexts (internally displaced persons [IDP]) settings

Since 2007 (as agreed upon by the Interagency Standing Committee) where the Cluster Approach is activated, Child Protection has been an Area of Responsibility within the Global Protection Cluster. Child protection coordination groups should engage alongside the Protection Cluster in all inter-cluster processes, such as the actions that are part of the humanitarian programme cycle (HPC). Functions and responsibilities of child protection coordination groups are equal to those of cluster lead agencies. As the designated global lead agency for child protection coordination, UNICEF is responsible at country level for supporting existing humanitarian coordination, setting-up and staffing a new coordination group or working with another organisation to do so. Co-leadership is strongly encouraged at both national and sub-national levels.

1.3.1.2. Situations of asylum seekers, refugees, stateless persons and refugee returnees ('persons of concern' to UNHCR)

The United Nations High Commissioner for Refugees (UNHCR) is responsible for supporting governments to seek solutions and provide international protection for refugees. Its mandate was established by UN General Assembly resolutions 319 A (IV) 1949 and 428 (V) 1950 and was later expanded to include stateless persons (1974, 1976), asylum-seekers (1981) and refugee returnees (1985). UNHCR refers to these populations as 'persons of concern'. UNHCR has a non-transferable mandate and accountability for persons of concern but often collaborates with governments and non-governmental organisations to fulfil its obligations.

UNHCR establishes the Refugee Protection Working Group and leads with the host government, where feasible. Establishment of a thematic sub-group on child protection is based on the context-specific coordination needs.

1.3.1.3. Mixed situations (where the affected population includes both refugees and internally displaced persons)

Where refugees and internally displaced persons (IDPs) reside in the same territory, the High Commissioner for Refugees and the Emergency Relief Coordinator jointly decide whether to use sectors or the Cluster Approach.
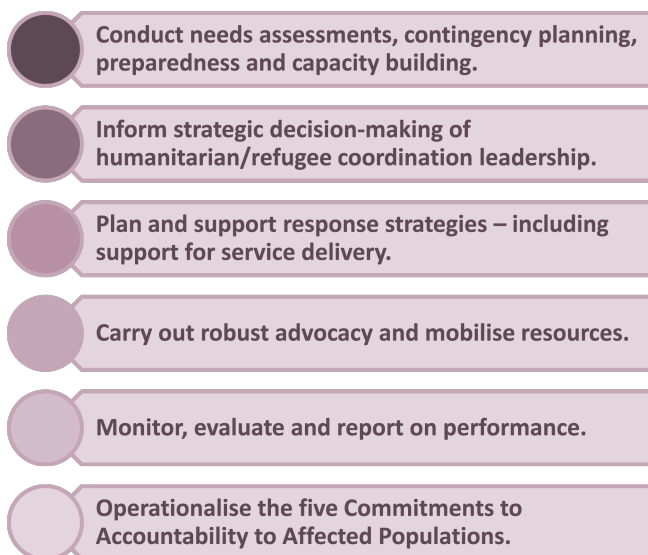
1.3.1.4. Humanitarian response to infectious disease outbreaks

In a humanitarian response to an infectious disease outbreak, it may be that neither the cluster approach nor the refugee coordination model is used. It may therefore be necessary to engage with multiple other coordination groups or systems to seek ways to incorporate child protection response actions.

1.3.2. CORE FUNCTIONS

The key core functions of coordination are summarised in the diagram below.

Summary of key core functions of coordination

Conduct needs assessments, contingency planning, preparedness and capacity building.

Inform strategic decision-making of humanitarian/refugee coordination leadership.

Plan and support response strategies – including support for service delivery.

Carry out robust advocacy and mobilise resources.

Monitor, evaluate and report on performance.

Operationalise the five Commitments to Accountability to Affected Populations.

1.3.3. STAFFING THE COORDINATION GROUP

Essential resources for effective coordination and information management at national level in large-scale emergencies are likely to include, at a minimum: a dedicated coordinator; an information management officer; and budget allocation for training, equipment, travel, translation and meetings.

Coordination at sub-national levels may also require full- or part-time staff.

1.3.4. PROVIDER OF LAST RESORT

The 'Provider of Last Resort' ensures that any gaps in the child protection response are met. UNHCR, in support to host governments, is the provider of last resort for refugees and provides an inter-agency platform for refugee contingency planning and response. UNICEF is the provider of last resort in situations under the leadership of a Humanitarian Coordinator and Early Warning Systems.

1.3.5. DECISION-MAKING

The lead agency must work with the other members of the coordination group to establish transparent inter-agency decision-making processes. Creating a core group with documented terms of reference may help strategic planning and decision-making.

1.3.6. SENSITIVE ISSUES

Some issues – particularly those that are political, sensitive or potentially dangerous – may need to be addressed in bilateral conversations or small groups. Never discuss information about individual cases, children and/or their families in a coordination group meeting.

1.3.7. ROLE OF LOCAL ACTORS

Where possible, local actors should have leadership or advisory roles in the coordination group. Strategies to strengthen participation of local actors may be needed, including language considerations. Prioritise the capacity building of local partners. Always follow the *Principles of Partnership*.

1.3.8. PERFORMANCE MONITORING

The coordination group should develop processes for (a) assessing and improving the coordination of the response and (b) monitoring the coverage and quality of the response according to the *Minimum Standards for Child Protection in Humanitarian Action* (see Standards 4 and 5) and the strategic plan.

REFERENCES

Links to these and additional resources are available *online*.

- *Child Protection in Emergencies Coordination Handbook*, CP AoR, 2016.
- *IASC Reference Module for Cluster Coordination at the Country Level*, Inter-Agency Standing Committee, 2015.
- *UNICEF Cluster Coordination Guidance for Country Offices*, UNICEF, 2015.
- '*Child Protection Area of Responsibility*'. [Website]
- *Sharing leadership: NGO co-leadership guidance and tools*, CP AoR, 2016.
- *'UNHCR Refugee Coordination Model'*, UNHCR, Geneva.
- *UNHCR Coordination Toolkit*, UNHCR.
- *'Joint UNHCR-OCHA Note on Mixed Situations Coordination in Practice'*, UNHCR-OCHA, 2014.

STANDARD 2:
HUMAN RESOURCES

The following should be read with this standard: *Principles* *and* *Standard 1:* *Coordination*.

Humanitarian agencies should ensure that (a) all people who provide child protection services in humanitarian action develop the skills and expertise needed to do their work and (b) all children are safeguarded through compliance with policies and procedures.

All staff and associates who provide child protection services (including volunteers, incentive workers, contractors, consultants, partners and anyone else associated with or representing your organisation) must know and follow safeguarding policies.

STANDARD

Child protection services are delivered by staff and associates who have proven competence in their areas of work and are guided by human resources processes and policies that promote equitable working arrangements and measures to protect children from maltreatment by humanitarian workers.

This standard describes the minimum standards for human resource practitioners and managers who are mobilising child protection resources and implementing safeguarding measures. This standard supports Commitment 8 of the *Core Humanitarian Standard*, which describes the need to support staff to do their jobs effectively and to treat staff fairly and equitably. This standard does not replace other safeguarding standards.

2.1. KEY ACTIONS

PREPAREDNESS

2.1.1.   Develop, implement and monitor a safeguarding policy that applies to all staff and associates.

2.1.2.   Implement an organisational safeguarding feedback and reporting mechanism that is accessible to all children, staff, associates and community members.

2.1.3.   Carry out induction training for staff and associates on, and ensure they sign, child safeguarding policies and procedures that define sexual exploitation, harassment and abuse and describe the consequences of violations.

2.1.4.   Carry out induction training for staff and associates on, and ensure they sign, the organisation's:

- Mission;
- Values;
- Code of conduct; and
- Disciplinary, grievance, non-harassment and non-discrimination policies.

2.1.5.   Develop an emergency preparedness human resources plan to ensure the rapid recruitment and training of new staff that avoids weakening the development staffing structures.

2.1.6.   Create rapid deployment mechanisms that include lists of global and regional standby personnel, their core competencies and countries of experience. Include expertise and experience working in infectious disease outbreaks as a competency area.

2.1.7.   Train standby personnel on child protection prevention and response during infectious disease outbreaks.

RESPONSE

Planning

2.1.8.   Determine the number of personnel with specific competencies needed to provide safe services for children.   Expect high turnover. (See the *Child Protection in Humanitarian Action [CPHA] Competency Framework*.)

2.1.9.   Keep qualified senior staff in post through transition periods to support child protection systems strengthening.

Recruitment and induction

2.1.10.   Advocate for prioritising the (safe) recruitment of child protection staff in the humanitarian response.

2.1.11.   Design assessment and selection methods for staff and associates that are inclusive; accessible; and guided by local knowledge, resources, capacities and skills.   For example, consider literacy,

language, connection to internet and accessibility of information when advertising roles.

2.1.12.   Engage key community members in relevant recruitment and selection processes. If they, for example, share details of positions being recruited and participate on interview panels they may help involve more individuals from at-risk groups.

2.1.13.   Provide new staff and associates with an introduction to the organisation, child protection and relevant roles and responsibilities.

Diversity and inclusion

2.1.14.   Advocate for hiring and fairly compensating refugees, internally displaced persons, migrants and stateless persons where applicable.

2.1.15.   Ensure all workplaces and job opportunities are accessible, non-discriminatory and inclusive.

2.1.16.   Prioritise the recruitment of staff with appropriate language, gender, age and cultural competencies, including staff with disabilities, to work with affected populations. Where appropriate, provide training to staff and recruit cultural mediators to build the skills needed for working with diverse populations.

2.1.17.   Collaborate with staff, associates and community members to develop indicators and processes for monitoring organisational diversity and inclusion.

Learning and development

2.1.18.   Use the *CPHA Competency Framework* and a capacity needs assessment of child protection staff and associates to develop and implement a capacity-building strategy.

2.1.19.   Develop and implement a plan to strengthen all staff and associates' skills in meaningful, ethical and safe child participation.

Staff feedback

2.1.20.   Provide all staff and associates with regular feedback on their performance and ongoing opportunities to ask questions and seek clarification.

2.1.21.   Conduct exit interviews with all child protection staff and associates to inform organisational learning.

Well-being

2.1.22.   Provide staff and associates with rest, recuperation, access to psychosocial support and regular supervision to promote well-being, manage stress and create a healthy working environment.

2.2. MEASUREMENT

All indicators about children should be disaggregated by sex, age, disability and other relevant diversity factors. The indicators below measure progress against the overall standard. Indicators and targets can be contextualised with the goal of meeting the indicative targets below. Additional related indicators are available *online*.

Indicator		Target	Notes
2.2.1.	% of child protection staff that demonstrate proven competencies with regards to their individual roles and responsibilities (as specified in their individual job descriptions) in line with the *Child Protection in Humanitarian Action Competency Framework* at the time of hiring.	90%	The timeline for demonstrating competencies can be amended in-country as appropriate (such as quarterly performance evaluation, annual evaluation).
2.2.2.	% of child safeguarding concerns reported that received an outcome following the existing protocol.	100%	Add a timeframe (such as 'addressed within one week').

2.3. GUIDANCE NOTES

2.3.1. CHILD SAFEGUARDING OR PROTECTION POLICY

All organisations should have a 'child safeguarding' or 'child protection' policy, procedures and related implementation plan that seek to prevent staff, operations or programmes from harming children. A child safeguarding policy explains an organisation's commitment to keeping children safe from any possible harm caused by staff, operations or programmes. All effective safeguarding policies and procedures should:

- Involve a wide range of representatives from across the organisation and the community in their development and approval;
- Build upon accepted principles for protecting children from abuse, neglect, exploitation and violence;
- Identify the actions required when staff and associates commit child safeguarding violations;
- Include protective and responsive actions that are culturally, gender-, age- and disability-appropriate; and
- Be available in both local languages and child-friendly versions.

Local and national child protection coordination groups and mechanisms and other agencies with safeguarding expertise can support this process. *Keeping Children Safe* is a good source of information and guidance on safeguarding.

Child safeguarding is part of action being taken to address all harassment, exploitation and abuse committed by humanitarian staff and associates. Child safeguarding must build on the principles of Protection from Sexual Exploitation and Abuse (PSEA).

2.3.2. PLANNING AND PREPAREDNESS

A human resources preparedness plan that can support mass recruitment should consider:

- Partnerships with formal and informal local, national and international organisations; temporary staff deployments; exchange and mentoring programmes; and other collaborations concerning direct employment and implementation of services.
- Well-being and stress management support for staff and associates.
- Mappings of all relevant local, formal and informal skills, knowledge and human resources.
- Salary structures that reflect national laws and policies and avoid weakening government, community-based, local or national partners by recruiting their staff.
- Employment policies and procedures that (a) support the inclusion of refugees, internally displaced persons, migrants and stateless persons and (b) comply with national laws and policies.
- Organisation-specific training materials that cover child protection, humanitarian principles and job roles.
- Plans for scaling down once the humanitarian response transitions to the post-crisis recovery and development phases.

2.3.3. SAFE RECRUITMENT

Safe recruiting practices should confirm an applicant's suitability to work with children and include:

- Reference checks;
- Criminal record/police checks;
- A self-declaration confirming no previous convictions, investigations or complaints involving inappropriate or unacceptable behaviour towards children; and
- A personal interview to determine the applicant's behaviour, attitudes, experience and views on child safeguarding, the code of conduct and related policies.

2.3.4. LEARNING AND DEVELOPMENT

All child protection staff and associates should have access to opportunities that strengthen their experience, skills and behaviours according to the *CPHA Competency Framework*. A staff capacity and needs assessment will help in developing appropriate capacity-building strategies. The strategy should include a combination of:

- Online and face-to-face trainings;
- Refresher workshops; and
- Supervision and coaching.

All staff and associates should receive training on (a) child safeguarding and PSEA, (b) do no harm, (c) psychological first aid, and (d) risk assessment. Supervisory staff need additional support and mentoring to develop the required management competencies and technical skills.

Prioritise inter-agency trainings where staff and associates can learn from each other's experiences, receive updates on the latest practices and develop a shared approach to child protection.

2.3.5. NON-DISCRIMINATION AND INCLUSION

Staff awareness of the humanitarian principles, particularly the principle of non-discrimination, should be introduced early in the recruitment process and be promoted throughout all humanitarian work. Training should include processes for staff and associates to recognise and account for their own biases and sociocultural norms when interacting with affected populations.

2.3.6. HIRING STAFF AND ASSOCIATES FROM AFFECTED POPULATIONS

Staff members from affected populations (including refugees, internally displaced persons and migrants) may be stateless, nationals of other countries and/or subject to specific labour laws or requirements. Follow relevant national labour laws. Organisations should support staff from affected populations to acquire work permits, maintain their legal worker status and find legal employment. This may include reviewing and revising the organisational and national or legal incentive and remuneration structures. Collaborate with existing coordination mechanisms to find solutions. Where necessary, organisations should advocate with governments for the rights of refugees, internally displaced persons, migrants and stateless persons to work in the formal economy and to have equal, non-discriminatory treatment in hiring and compensation.

2.3.7. GENDER

Recruitment interviews should determine the candidate's commitment to gender equality. Staff training should provide basic skills to promote gender equality in daily work. Whenever possible, children should have the opportunity to choose for themselves the gender of the person who provides them with support. Organisations should therefore seek to develop gender-balanced teams. Gender-balanced teams also help reduce the risks of sexual violence, harassment and abuse. Depending on the context, the following strategies may help achieve a gender-balanced team:

- Include the following text in job announcements: 'Qualified women are encouraged to apply.'
- Seek either work experience or education qualifications, not both, to broaden the pool of applicants.
- Include both women and men on interview panels.
- When scoring job candidates, add a set number of points to candidates from marginalised or minority groups to encourage diversity. This may be based on gender, race, nationality, disability or other relevant factors.
- Provide safe and appropriate offices and accommodations, including gender-specific toilets and sleeping quarters.
- Disaggregate all staffing data by gender to support monitoring.

2.3.8. DISABILITY

In job announcements, include a statement that 'qualified people with disabilities are encouraged to apply'. Use recruitment processes that

are accessible to persons with disabilities. Implement reasonable accommodations for candidates with disabilities (additional time for the interview, the use of assistive devices or interpreters, etc.). To ensure staff can deliver disability-sensitive services, assess candidates' understanding and perception of those with disabilities during recruitment.

Include people with disabilities on assessment and programme planning teams whenever possible to increase the likelihood that people with disabilities in the community will engage with interventions.

Ensure child safeguarding policies and trainings include awareness raising and specialised learning on children with disabilities. These should be developed in collaboration with people with disabilities from the affected population, wherever possible.

2.3.9. FEEDBACK AND REPORTING MECHANISMS

Organisations should implement simple, accessible, child-friendly, anonymous programme feedback and reporting mechanisms at each site. Affected populations must be aware of (a) how to use the mechanisms and (b) what response they should expect when they raise a concern or report an incident. All general programme and organisational feedback should be addressed promptly and shared with staff and associates in team meetings and performance reviews in accordance with the principles of confidentiality and need to know.

2.3.10. STAFF WELL-BEING

Child protection staff and associates are often exposed to stress from long working hours in high-pressure and difficult security situations. They may also experience 'secondary stress' from hearing the stories of affected children and their families. To support staff's mental and psychosocial health, supervisors should:

- Promote a workplace where people feel free to discuss their feelings;
- Provide rest and recuperation; and
- Address work-related stressors.

Staff and associates should participate in regular one-to-one and/or team meetings to receive feedback on their performance, raise concerns, ask questions and access psychosocial support. If funding is limited, two or more organisations may share staff support services.

REFERENCES

Links to these and additional resources are available *online*.

- *Child Protection in Humanitarian Action Competency Framework: Testing version (2019)*, The Alliance for Child Protection in Humanitarian Action, 2019.
- *The Core Humanitarian Standard on Quality and Accountability*, CHS Alliance, Group URD, and the Sphere Project, 2014.
- *'CHS Alliance Resources on People Management and Staff Learning'*, CHS Alliance. [Website]
- *'Keeping Children Safe Resource Library'*, Keeping Children Safe. [Website]
- *Child Protection Case Management Supervision and Coaching Training*, The Alliance for Child Protection in Humanitarian Action, 2018.
- *Humanitarian Inclusion Standards for Older People and People with Disabilities*, CBM International, Bensheim, HelpAge International, London, Handicap International, Lyon, 2018.
- *'IASC Six Core Principles Relating to Sexual Exploitation and Abuse'*, Inter-Agency Standing Committee, 2002.
- Davey, Corinne and Lucy Heaven Taylor, *PSEA Implementation Quick Reference Handbook*, CHS Alliance, 2017.
- *'Secretary-General's Bulletin: Special Measures for Protection from Sexual Exploitation and Sexual Abuse, ST/SGB/2003/13'*, United Nations Secretariat, 2013.
- *'Task Force'*, Protection from Sexual Exploitation and Abuse by Our Own Staff, PSEA. [Website]

STANDARD 3:
COMMUNICATIONS AND ADVOCACY

The following should be read with this standard: Principles; Standard 1: Coordination; and Standard 6: Child protection monitoring.

Effective communications and advocacy – including text, images, audio, video and other communication channels – can support children's self-expression, protection and empowerment. Communications and advocacy in humanitarian contexts should seek to influence the full range of duty bearers and rights holders.

To ensure messages accurately express children's voices and support their protection, humanitarian actors working in communications and advocacy must:

- Prioritise child protection and the principles of do no harm and the best interests of the child;
- Follow guidelines for confidentiality, data protection and images; and
- Prevent and address discrimination, bullying, hate speech and misinformation.

Poorly implemented communications and advocacy can exploit, misrepresent, demean and endanger children.

This standard outlines the child protection issues to be considered in communications and advocacy. It relates to the *Core Humanitarian Standard (CHS)* Commitment 4 that describes the need for accurate, ethical and respectful external communications.

STANDARD

Child protection issues are advocated for and communicated with respect for children's dignity, best interests and safety.

3.1. KEY ACTIONS

PREPAREDNESS

3.1.1.   Inform new and incoming communications and advocacy staff of the context-specific child protection concerns, duty bearers and child protection services.

3.1.2.   Implement, update and coordinate internal, multisectoral and multi-agency communications and advocacy policies and processes to ensure all messages support children's protection.

3.1.3.   Develop systematic policies and practices to promote children's ethical and meaningful participation and informed consent/assent.

3.1.4.   Train all staff and associates who engage with children on:
- Child protection principles;
- Referral pathways;
- Safeguarding policies and procedures; and
- Codes of conduct. (See Principles and Standard 2.)

3.1.5.   Provide guidance and support from a dedicated child protection staff member to all staff and associates who engage with children.

3.1.6.   Identify, engage and build the capacity of local actors to communicate about child protection issues.

3.1.7.   Conduct a risk assessment before engaging in communications or advocacy to identify and mitigate any potential negative impacts on children, families, communities and/or the organisation.

3.1.8.   Establish and train all staff and associates on a social media policy that supports the protection of children.

3.1.9.   Use creative, inclusive and accessible communication strategies to meet the needs of all children and community members.

3.1.10. Use popular local communication methods to distribute contextualised messages on relevant child protection risks and protective measures.

3.1.11. Avoid messages that re-traumatise children or create fear, division or violence.

RESPONSE

3.1.12. Contribute to an inter-agency advocacy strategy around child protection and child rights principles.

3.1.13. Facilitate mutual briefings for local, national and international journalists.

3.1.14. Coordinate with local, national and international duty bearers, humanitarian actors and journalists, wherever appropriate, on child protection messaging, activities and advocacy.

3.1.15. Receive informed consent/assent from children and caregivers before engaging with them or using their images, recordings or quotes.

3.1.16. Assess the potential risks to and best interests of children, families and communities before using their words or images for communications or advocacy.

3.1.17. Use simple, easily translated language in all communications.

3.1.18. Use multiple communication methods that are appropriate to the context and trusted by the target audience.

3.1.19. Provide life-saving, useful and/or actionable information: advocacy should not be used to promote your organisation.

3.1.20. Verify child protection data and sources before sharing.

3.1.21. Be frequently present and responsive on social media to keep people informed of and engaged in child protection issues.

3.1.22. Present children's contributions, ideas, life stories and quotes accurately.

3.1.23. Portray children with dignity by:
- Avoiding the use of labels such as 'orphan', 'former child soldier', etc.
- Emphasising the child before the child's experiences. For example, it is better to say 'a child who has been abused' rather than 'an abused child'.
- Avoiding language that exaggerates situations, supports stereotypes or disempowers children.
- Refusing to show children in sexually suggestive situations or poses.
- Respecting local sociocultural norms.

3.1.24. Do not use a child's real name in communications and advocacy material unless:
- A risk assessment was conducted;
- The child specifically asked to be named and gave informed consent/assent; and
- The caregiver gave informed consent.

3.1.25. Never name in any communications or advocacy material children who:
- Are or were associated with armed forces or armed groups;
- Survived physical or sexual abuse;
- Committed abuse; or
- Are living with HIV.

3.1.26. Support and mentor children to express their own opinions through communications and advocacy methods and channels that have been assessed as 'child-friendly'.

3.1.27. Do not pay children or caregivers for information or materials that will be used in communications and advocacy.

3.2. MEASUREMENT

All indicators about children should be disaggregated by sex, age, disability and other relevant diversity factors. The indicators below measure progress against the overall standard. Indicators and targets can be contextualised with the goal of meeting the indicative targets below. Additional related indicators are available *online*.

Indicator		Target	Notes
3.2.1.	% of surveyed population in target locations that demonstrate an increase in knowledge of a specific child protection issue as a result of awareness-raising campaigns and messaging.	70%	Amend indicator in-country to refer to a specific area of child protection. Use baseline data to draw comparisons. Surveys should assess both knowledge and exposure to a campaign in order to identify a connection.
3.2.2.	% of child protection advocacy campaigns that have been preceded by a completed risk assessment.	100%	
3.2.3.	% of advocacy initiatives carried out with the active participation of children.	100%	Active participation can take many forms. See the references section for guidance. Child participation must be in the best interests of the child and determined based on a completed risk assessment that takes into account the do no harm principle.

3.3. GUIDANCE NOTES

3.3.1. ORGANISATIONAL GUIDANCE

Communications and advocacy about children's concerns should build on local, national and international: laws and legal frameworks; guidelines; policies; processes; protective cultural norms and practices; and best practice communication methods.

3.3.2. NATIONAL ADVOCACY CAPACITY

The humanitarian response should strengthen the advocacy capacity of formal and informal local and national child protection actors by supporting stronger collaboration and cooperative action.

3.3.3. CHILD PROTECTION MESSAGING

Messages on child protection risks and safety should promote protective and safe behaviour among children, families, communities and other duty bearers. A child protection messaging strategy can raise awareness of:

- Protection risks and their effects on children of different genders, ages, disabilities and other characteristics or aspects of diversity;
- National and international duty bearers' roles in and responsibilities for promoting child protection; and
- All stakeholders' roles in reducing and responding to child protection risks.

The strategy should include:

- An understanding of children's legal protections under the *Convention on the Rights of the Child*;
- Details of the different groups to be targeted;
- Details of how to adapt messages and use varied methods for delivering the message depending on the target group; and
- Available communication methods and their related procedures.

Messages, and the methods used to deliver them, should be field-tested before finalisation to ensure they are contextualised, inclusive, accessible, understandable, useful, realistic and persuasive. Common communication methods and channels can include: mass media, community figures, posters and leaflets, social media and/or mobile applications. Coordinating with other formal and informal local, national and international organisations will help harmonise messaging and reduce confusion and duplication.

3.3.4. PARTICIPATION

Children's participation can improve the quality, accuracy and persuasiveness of child protection messaging. It can also empower children and help them regain a sense of control, identity, ability and resilience. Children's participation in communications and advocacy must be safe, ethical and meaningful and should only take place with the full and informed consent/assent of the child and any caregivers. (See the *Core Humanitarian Standard*.)

3.3.5. NON-DISCRIMINATION AND INCLUSION

Inclusive communications and advocacy must:

- Present the full range of affected children's experiences, including the views of children of all genders, ages, disabilities and other characteristics or aspects of diversity;
- Promote equity;
- Emphasise children's capacity, ability and resilience;
- Avoid presenting any children as victims or passive recipients of aid; and
- Be accessible to children of all capacities and backgrounds.

3.3.6. DISCLAIMERS

All communications and advocacy materials that include images or videos of children should include a disclaimer to reduce children's risk of:

- Secondary abuse, exploitation or violence;
- Stigma or rejection by their family or community; and/or
- Negative impacts related to their nationality or documentation/settlement status.

Sample disclaimer:

> *"Photos used in this document feature children from communities and groups with which [NAME OF ORGANISATION] works, but it should not be assumed that these individuals are necessarily survivors of abuse or violence or that they represent the children whose voices are heard in this campaign."*

3.3.7. SOCIAL MEDIA

Social media can provide effective two-way communication with affected communities, especially older children and adolescents. Online communications platforms support programme quality and accountability by enabling children; families; communities; and local, national and international organisations to:

- Describe their own needs;
- Find their own solutions; and
- Report their concerns.

Social media and messaging applications can also distribute early warning messages and safety tips, keep people connected with loved ones and locate/promote basic services.

3.3.8. INFORMED CONSENT/ASSENT

Informed consent/assent (a) supports participants' ownership over their personal information and its use and (b) prevents possible conflicts of interest between data collectors and respondents.

Child protection workers must carefully assess each participant's ability to give informed consent/assent because there are often risks or dangers in publicly revealing a child's identity and/or image. Children and caregivers in humanitarian contexts may have experienced distress or trauma that limits their ability to consent or assent. Children or caregivers with intellectual impairments may not fully understand the risks of sharing certain information.

Children and caregivers who have the capacity to consent/assent should sign an informed consent/assent form. For a sample consent/assent form, see *Ethical Approaches to Gathering Information from Children and Adolescents in International Settings: Guidelines and Resources*. Alternative informed consent/assent methods should be available for children or caregivers who (a) cannot read or write and/or (b) speak a language other than the one used on the form. Present all relevant information in simple, age-appropriate language or pictures (if necessary). Support the right of children with disabilities to make their own informed choices. Remind participants that they can refuse or withdraw permission at any time. Manage the expectations of all participants in communications and advocacy activities. They must understand that efforts made may not directly lead to increased assistance and resources or to a significant change in the context.

3.3.9. TESTIMONIES

Children can be powerful activists and speakers, but they may not understand the potential risks of these roles. Before allowing children to give testimony or share stories, adults must (a) assess the risks according to the principles of the best interests of the child and do no harm and (b) be able to refer children to appropriate services if needed.

Children who do share stories and provide testimonies must be allowed to use their preferred form of communication. They should not be forced to repeatedly discuss a difficult experience, as this can be distressing. Children must be informed that their participation is voluntary: they have the right to stop participating at any time, regardless of the setting.

Child advocates should be trained to deliver effective messages without necessarily disclosing their own personal experiences. They should role play potential questions before a media interview and be aware of their rights during the interview. A child should always be allowed to choose a trusted adult to support them during any interviews. This person should be prepared to speak with media personnel, stop the interview if necessary and debrief the child afterwards.

REFERENCES

Links to these and additional resources are available *online*.

- *Core Humanitarian Standard on Quality and Accountability*, CHS Alliance, Group URD, the Sphere Project, 2014.
- *Professional Standards for Protection Work Carried out by Humanitarian and Human Rights Actors in Armed Conflict and Other Situations of Violence*, ICRC, 2018, pp. 103–150.
- Kolucki, Barbara and Dafna Lemish, *Communicating with Children: Principles and Practices to Nurture, Inspire, Excite, Educate and Heal*, UNICEF, 2011.
- *Advocacy Toolkit: A Guide to Influencing Decisions That Improve Children's Lives*, UNICEF, 2010.
- *Practice Standards in Children's Participation*, International Save the Children Alliance, 2005.
- *How to Communicate with Children with Disabilities?*, Save the Children, Yerevan, 2015.
- Schenk, Katie and Jan Williamson, *Ethical Approaches to Gathering Information from Children and Adolescents in International Settings: Guidelines and Resources*, Population Council, Washington, 2005, p. 72.

STANDARD 4:
PROGRAMME CYCLE MANAGEMENT

The following should be read with this standard: Principles; Standard 5: Information management; and Standard 6: Child protection monitoring.

Programme cycle management (PCM) is the cyclical process of designing, planning, managing, monitoring and evaluating programmes. It is a framework that guides programming to enhance the quality and accountability of humanitarian interventions. This standard brings a child protection focus to PCM by integrating considerations related to child development and child rights in humanitarian action. It aligns with the *Core Humanitarian Standard*.

The programme cycle consists of five core steps: (1) preparedness; (2) needs assessment and situation analysis; (3) design and planning; (4) implementation and monitoring; and (5) evaluation and learning.

Five core steps of the programme cycle

1) Preparedness
2) Needs assessment and situation analysis
3) Design and planning
4) Implementation and monitoring
5) Evaluation and learning

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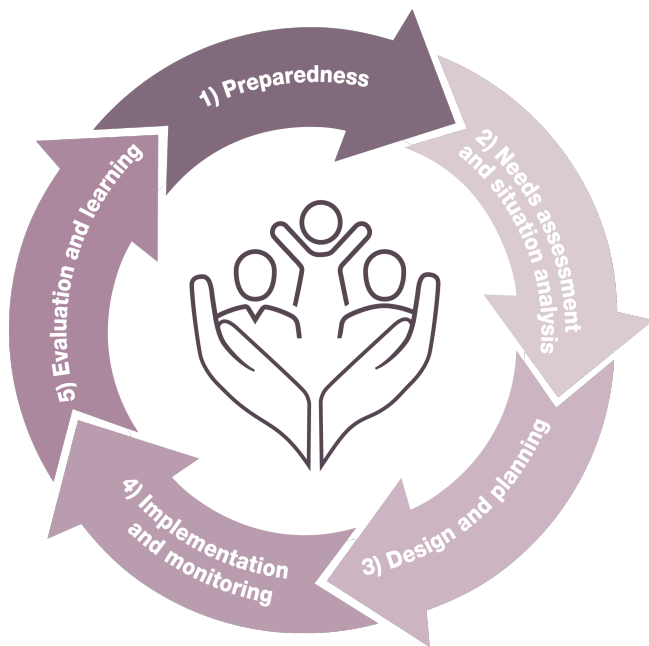
STANDARD

All child protection programmes are designed, planned, managed, monitored and evaluated through structured processes and methodologies that build on existing capacities and resources, address evolving child protection risks and needs, and are continuously adapted based on learning and evidence.

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4.1. KEY ACTIONS

PREPAREDNESS

Understand childhood and child protection risks, needs and capacities

4.1.1. Contribute to inter-agency efforts to review, update or conduct mappings and studies to understand:
- Formal and informal child protection systems at all levels of the socio-ecological model;
- Cultural and social norms related to children, their protection, gender roles and identities;
- Community-level child protection interventions and protection capacities, including traditional coping mechanisms;
- Laws and policies related to children's rights and at-risk populations; and
- Other information relevant to the protection of children.

4.1.2. Involve children, families, communities and duty bearers in mappings and studies when possible. Make sure their views are heard and respected.

4.1.3. Strengthen staff capacity so that they:
- Are knowledgeable on the pre-crisis context;
- Are aware of preparedness plans and actions (for example, strengthening partnerships or reinforcing government leadership); and
- Understand their unique roles in the humanitarian response.

RESPONSE

Assess needs and analyse the situation

4.1.4. Contribute to inter-agency situation analyses that consider the context, stakeholders, needs, vulnerabilities and capacities. Take part in developing an analysis plan to clarify which data are needed, how they are collected and from whom.

4.1.5. Support inter-agency efforts to review secondary data to identify immediate risks, their root causes and gaps in existing information. Jointly determine if an assessment is needed and which methodology is appropriate. (See Guidance Note 4.3.5.)

4.1.6. Select and train data collection and analysis teams of mixed genders, disabilities and nationalities/ethnic backgrounds so that they mirror the affected population.

4.1.7. Identify potential unintended harm that may be caused by data collection processes and actively prevent or mitigate the risks.

4.1.8. Share findings in a timely and accessible way that reflects local norms and considers gender, age and disability.

Design and plan response

4.1.9. Design programmes based on situation analysis and identified needs. Consider whether a stand-alone, integrated or mainstreamed intervention is the most appropriate.

4.1.10. Prioritise life-saving actions in the early response phase, while maintaining links to sustainable, community-level approaches. Transition to longer-term approaches as the situation stabilises.

4.1.11. Plan and implement actions that create complementarity between community-, national-, and international-level organisations so that the humanitarian response strengthens, and does not undermine, existing structures and systems.

4.1.12. Engage children and communities, where appropriate, to ensure programmes are relevant, inclusive and supportive of resilience.

4.1.13. Plan and allocate adequate budgets to ensure quality implementation, monitoring, evaluation and learning activities.

Implement and monitor response

4.1.14. Deliver programme plans and services in an inclusive and accessible way from the beginning of implementation.

4.1.15. Monitor programme quality, outputs, outcomes and, where possible, impact. Monitor changes in the child protection situation and adjust programme implementation accordingly. (See Standard 6.)

4.1.16. Undertake a risk analysis and develop strategies to mitigate risks and ensure that engaging children and communities in monitoring will not cause harm.

4.1.17. Set up child-friendly and gender-, age-, disability- and culturally sensitive mechanisms to gather and process feedback and reports from children, families and communities that:

- Allow flexibility in the programme design to incorporate feedback in a timely manner; and

- Immediately address any safeguarding issues. (See Standard 2.)

4.1.18. Prevent, identify and mitigate unintended negative consequences of programme interventions throughout implementation.

Evaluate and learn from experience

4.1.19. Share findings and learning from assessments, monitoring, feedback and accountability mechanisms with all stakeholders, including children and families. Ensure they understand how their efforts have contributed to programmes.

4.1.20. Engage in joint learning initiatives, evaluations of child protection programmes and other areas of humanitarian response that may affect children.

4.1.21. Use learning to adjust programmes and inform the design of future interventions.

4.2. MEASUREMENT

All indicators about children should be disaggregated by sex, age, disability and other relevant diversity factors. The indicators below measure progress against the overall standard. Indicators and targets can be contextualised with the goal of meeting the indicative targets below. Additional related indicators are available *online*.

Indicator		Target	Notes
4.2.1.	% of CPHA programmes that build on a pre-crisis analysis of the child protection system and actors.	100%	Programmes and proposals must demonstrate that they are informed by sound analysis of pre-existing structures, actors, values and dynamics.
4.2.2.	% of CPHA assessments that were designed based on the findings of a recent desk review.	100%	Update the desk review if it was conducted prior to the emergency or more than 3 months earlier.
4.2.3.	% of CPHA programmes developed that address the risks, needs, capacities of children as identified through child protection assessment(s).	100%	All programmes, including those developed but not yet implemented at the time of reporting, should be included in this measurement.
4.2.4.	% of programmes integrating a monitoring system able to measure change at the outcome level through SMART quantitative and qualitative indicators.	100%	

4.3. GUIDANCE NOTES

4.3.1. CORE HUMANITARIAN STANDARDS (CHS)

Consult the *Core Humanitarian Standards* for guidance on criteria, good practices, tools and indicators for quality and accountability assurance throughout PCM.

4.3.2. LIFE WITH DIGNITY

The design of the humanitarian response strongly impacts the dignity and well-being of affected populations. Programme approaches that may contribute to well-being and are an essential part of people's right to life with dignity include those that:

- Respect the value of each individual;
- Strengthen positive coping mechanisms and resilience;
- Support religious and cultural identities;
- Promote community-level approaches; and
- Encourage positive social support networks.

4.3.3. INCLUSION AND PARTICIPATION

Affected populations, including children, are the best judges of changes in their lives. Consultations throughout the programme cycle should engage whole communities, including children, using child-friendly and participatory approaches. Make particular efforts to include children who are discriminated against or at risk of discrimination. When possible, use peer-to-peer/child-to-child data collection methods and analysis. This helps children (a) regain a sense of control and agency in difficult circumstances and (b) build positive identity and resilience. In most cases, speak to children separately from adults, and women and girls separately from men and boys. When speaking with children or parents with disabilities, use accessible and inclusive communication methods, including alternatives to speech such as drawing, role-play, puppets and sign language interpretation when relevant.

4.3.4. PRE-CRISIS INFORMATION

Information about the long-term child protection situation is usually available, although it may be incomplete or may not be described as child protection. Check if a comprehensive child protection systems mapping has recently been conducted. Consult preparedness plans, national laws, policies and studies related to child rights. Consider available information on social protection systems, displaced populations, income poverty, residential care, child labour, school enrolment and attendance, health, social welfare and social norms and practices, including how children are perceived in the local context and the roles given to children of different genders, ages and disabilities.

4.3.5. ASSESSING VULNERABILITY

The vulnerabilities faced by children during a humanitarian emergency vary. Children may be vulnerable due to their sex, gender identity, age, disability, social condition, ethnic group/nationality, displacement status or other factors (such as illness or a lack of documentation) that may increase stigma or prevent fulfilment of their rights. Assess the social and contextual factors that contribute to vulnerability, such as discrimination, marginalisation, social isolation, income poverty, class/caste, poor governance, religious or political affiliations and potential future hazards, such as environmental degradation and climate variability.

4.3.6. ASSESSMENTS

Assessments are an integral part of any situation analysis process. They collect data through a variety of methods depending on the phase of the emergency. Initial or rapid assessments:

- Provide baseline information for child protection situation monitoring; and
- Are the basis for initial planning, budgeting and advocacy.

Initial or rapid assessments may be followed by more comprehensive assessments to collect the detailed information needed for holistic programmes. Assessment methods and tools must be adapted to the context so they accurately capture information on the specific needs of children and their families in that setting. Use participatory approaches where possible. Save time and resources and avoid 'assessment fatigue' (where the same individuals or communities are repeatedly consulted) by (a) checking what information is already available before planning an assessment and (b) coordinating assessments and sharing findings at an inter-agency level.

4.3.6.1. Child protection sector assessments

There are a number of inter-agency child protection assessment tools available for collecting data specifically on child protection needs. These need to be adapted according to context. Use the *Child Protection in Emergencies Assessment Flowchart* to determine which tool best fits the situation and available resources.

4.3.6.2. Multisectoral assessments

Multisectoral assessments inform initial emergency programming and funding priorities and provide an overview of priority concerns at a specific moment in time. As generalists often conduct these assessments, unless training is provided, only non-sensitive child protection questions should be included.

4.3.6.3. Integrating child protection into other individual-sector assessments

Child protection actors can obtain valuable information by adding questions to other sectors' sector-specific assessments and/or asking other sectors to disaggregate all their data. Information that can be useful to child protection that may be gathered others includes: household composition, number of children who are unaccompanied and separated, child-headed households, birth registration, positive and negative coping strategies and income-related

issues. Consult *'The Guidelines on the Integration of Child Protection into Multi-sector and Other Humanitarian Assessments'*.

4.3.7. DATA DISAGGREGATION

Detailed disaggregated data are critical for determining and responding to vulnerabilities and priority needs. Although challenging to do at the start of an emergency, at a minimum seek to disaggregate by sex, age and disability. Where possible, disaggregate further by other diversity characteristics or risk factors. Disaggregated data can indicate those most at risk and whether they are accessing humanitarian assistance. Data disaggregation must be balanced with safety and protection concerns around collecting sensitive data and the data minimisation principle.

4.3.8. PROGRAMME EVALUATIONS

Evaluations are key for accountability. They inform programmes at different stages, identify good practice and make recommendations for future programming. They should be conducted with the necessary expertise and independence. When evaluating humanitarian programmes, it is common to follow a set of seven criteria: relevance, connectedness, coherence, coverage, efficiency, effectiveness and impact. Outcomes should be shared through inclusive methodologies with affected people, including children, so that they can offer and respond to options for improving programme quality. Teams should develop a clear plan to incorporate evaluation findings and recommendations into programming.

REFERENCES

Links to these and additional resources are available *online*.

- *CPMS Programming for Child Protection in Emergencies: CPMS Standard 4 Programme Cycle Management*, CPWG, 2015.
- *Child Protection Resource Pack: How to Plan, Monitor and Evaluate Child Protection Programmes*, UNICEF, New York, 2015.
- '*Child Protection in Emergencies Assessment Flowchart*', The Alliance for Child Protection in Humanitarian Action, 2016.
- '*Child Protection Working Group Secondary Data Review (SDR): Matrix and guidance note*', CPWG, 2016.
- '*Desk Review Template and Guidance*', CPWG.
- *Child Protection Rapid Assessment Toolkit*, CPWG, 2014.

- *Child Protection in Emergencies Initial Assessment (CPIA)*, Child Protection AoR, Alliance for Child Protection in Humanitarian Action, 2016.
- *Guidelines on the Integration of Child Protection Issues into Multi-sectorial and Other Humanitarian Assessments*, CPWG, 2015.
- *Child Protection in Emergencies Monitoring Toolkit*, Child Protection Working Group (CPWG), 2016.
- *Listen and Learn: Participatory Assessment with Children and Adolescents*, UNHCR, 2012.
- *A Kit of Tools for Participatory Research and Evaluation with Children, Young People and Adults: A Compilation of Tools Used During a Thematic Evaluation and Documentation on Children's Participation in Armed Conflict, Post Conflict and Peace Building, 2006-2008*, Save the Children Norway, 2008.
- *'IASC Gender with Age Marker'*. [Website]
- *Learning Toolkit on the Use of the WGQs in Humanitarian Action*, Humanity and Inclusion, UN Washington Group tools for disability statistics.
- '*CHS Guidance Notes and Indicators*', Core Humanitarian Standard on Quality and Accountability, CHS Alliance, Group URD, the Sphere Project, 2014.
- *'Design of the Quality and Accountability COMPASS Method'*, Groupe URD.
- *Inter-agency Community-based Complaint Mechanisms: Protection Against Sexual Exploitation and Abuse (Guideline)*, IASC, 2016.
- *Evaluation of Humanitarian Action Guide*, ALNAP/ODI, London, 2016.

STANDARD 5:
INFORMATION MANAGEMENT

The following should be read with this standard: Principles; Standard 4: Programme cycle management; Standard 6: Child protection monitoring; and Standard 18: Case management.

Four broad categories of information need to be managed for child protection in humanitarian action (CPHA):

- Information about the emergency situation and supporting coordination mechanisms;
- Information about the overall humanitarian response and the child protection response in particular;
- Information about the situation of children in a given context (including the well-being of hosting families/caregivers, specific risk factors and patterns of child rights violations); and
- Information about specific children who are facing protection concerns (which are typically managed through the case management process).

These categories of information should be made anonymous, processed, analysed and shared to inform programmatic strategies and decisions for the protection of children. Whenever appropriate, information should be shared with relevant actors to strengthen coordination, inform strategic decision-making and support advocacy. Information should only be shared according to contextualised data protection and information-sharing protocols. This standard provides child protection-focused information management guidance that is intended to complement existing information management tools and trainings.

The overall information management cycle is described in the Protection Information Management (PIM) Framework. This standard is developed around four main stages that are drawn from the PIM framework:

- Data planning;
- Data collection;
- Data processing and analysis; and
- Information sharing and evaluation.

This standard complements the Protection Information Management guidance.

The information management cycle

Information sharing and evaluation → **Data planning** → **Data collection** → **Data processing and analysis** →
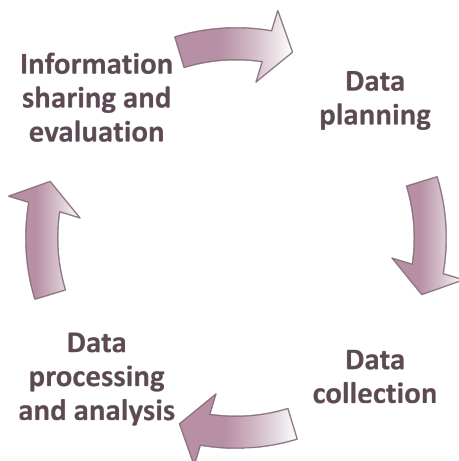
STANDARD

Up-to-date information necessary for child protection action is collected, processed/analysed and shared according to international child protection principles and with full respect for confidentiality, data protection and information-sharing protocols.

5.1. KEY ACTIONS

PREPAREDNESS

Data planning

5.1.1.   Collaborate with the relevant child protection and broader protection coordination groups to identify and collect historical and current data on child protection concerns. Use the data to establish inter-agency baseline values for agreed-upon child protection priorities.

5.1.2.   Collaborate with other child protection actors to develop, adapt, share and translate standardised information management tools

and procedures for use with national or other existing information management systems, wherever possible. Examples may include:

- Case management information systems;

- Assessment and situation monitoring tools;

- Response and quality monitoring tools to track the coverage and quality of child protection interventions; and

- Information management training (including data protection and information-sharing protocols).

5.1.3.   Train staff involved in information management on:
- Ethics;

- Principles of data collection;

- Data protection protocols;

- Management of sensitive information; and

- Child-friendly interview techniques.

5.1.4.   Collaborate with health actors to develop information-sharing protocols and referral pathways that are confidential and adhere to medical ethics for use in possible infectious disease outbreaks.

5.1.5.   Determine whether there is a need to harmonise regional or cross-border information management systems as a preparedness measure for cross-border population movements. If international population movements seem likely, collaborate with coordination groups/ mechanisms in other countries to harmonise information management systems.

5.1.6.   Work with other clusters/sectors to integrate child protection issues into their information management systems as appropriate.

RESPONSE

Data collection

5.1.7.   Follow ethical data collection protocols and apply the principles of confidentiality and do no harm at all times.

5.1.8.   Disaggregate and analyse data by gender, age and disability, at a minimum.

5.1.9.   Implement user-friendly digital systems, terms for use and data protection policies. Train staff to manage and use the systems safely and effectively.

Data processing and analysis

5.1.10.   Use interactive online platforms and tools to cross-analyse data and improve the gap analysis function, wherever possible.

5.1.11. Build the capacity of staff, partners and local focal points in data protection and analysis.

Information sharing and evaluation

5.1.12. Consolidate, analyse and share population-level information and give feedback to:
- All relevant stakeholders, including children and communities (as appropriate);
- Those who have provided information; and
- The affected population.

These efforts will strengthen accountability to affected populations and support the advocacy function of the coordination team.

5.2. MEASUREMENT

All indicators about children should be disaggregated by sex, age, disability and other relevant diversity factors. The indicators below measure progress against the overall standard. Indicators and targets can be contextualised with the goal of meeting the indicative targets below. Additional related indicators are available *online*.

Indicator		Target	Notes
5.2.1.	% of staff involved in information management that can demonstrate knowledge on confidentiality procedures.	100%	
5.2.2.	% of data collectors who receive training on data collection within one month of starting data collection.	100%	Data collectors should be trained within a month: it could be the week before data collection starts, but no later than 4 weeks before data collection begins. For any training beyond 4 weeks, they will need a refresher training.
5.2.3.	Feedback mechanism in place in affected communities to share information with children and adults.	Yes	

5.3. GUIDANCE NOTES

5.3.1. DISAGGREGATION

Disaggregate indicators by sex, age and disability whenever data is about children. This shows how risks or programmes may affect certain children differently. Sex, age and disability are universal factors; other additional factors (such as country of origin, migration or displacement status) may also be important or relevant in your context. Gender may be used instead of, or in addition to, sex when collecting qualitative data such as information on social norms, barriers, discrimination and other risks.

5.3.2. DATA COLLECTION

Best practices to be followed:

- All data collection methods must be technically and ethically sound.
- Use established data collection protocols that support the meaningful analysis and use of data.
- Coordinate and plan assessments with other organisations and sectors to avoid repeatedly asking the same population the same questions.
- Collect personally identifiable and/or biometric data only (a) when the intended use, specificity and depth are clearly defined and (b) after receiving informed consent/assent.
- Use clear, specific, measurable, attainable, relevant and time-bound indicators that are meaningfully aligned to measured outputs. Conduct all interviews with an understanding of the cultural practices and norms of the interviewees.
- Advise interviewees of your limited ability to provide assistance to avoid raising unrealistic expectations.
- Use positive language and do not label children who are at risk. Describe their behaviour; do not categorise them.
- Only gather data that you will use.
- Establish baselines to understand trends over several months or years.

5.3.3. DATA PROCESSING AND ANALYSIS

When compiling data, use methods that avoid 'double counting' – that is, counting the same child more than once if they are accessing two different programme interventions. For example, when providing data on the total reach of your child protection programme, a child who receives both case

management and psychosocial support should be counted as only one programme participant.

Accurate reporting and analysis of funding data is important for planning and accountability.

Do not use information without first comparing and triangulating it with relevant stakeholders and previously reported data according to agreed-upon inter-agency information-sharing protocols.

5.3.4. INFORMATION SHARING

Consider the risks to children and their families before sharing information. Do not share numbers that are:

- Too small;
- For too specific a geographic area; or
- In any circumstance where they may easily be traced back to particular individuals.

Do not share any personally identifiable data unless it is for the specific benefit of the person concerned and it is done with their consent/assent. Establish safeguards to ensure information collected is not shared for the purposes of immigration enforcement.

Collect feedback to make your information management cycle effective. Promptly use all data collected or received. Give feedback to all those who have provided information. You must reference the sources of all data used. Consider the local context when interpreting data. For example, high levels of child labour may indicate that children are essential to family survival.

5.3.5. ROLE OF INTER-AGENCY COORDINATION INFORMATION MANAGERS

Information management is a critical component of coordination. It requires a partnership between the information manager and child protection coordinator/coordination focal point. In most emergency responses, the information management role is located in the child protection coordination group. The child protection coordination group leads information management processes for the entire child protection sub-sector and connects with other sectors for child protection mainstreaming or integration. They will be involved in establishing a joint assessment task force and working with all stakeholders to develop or adapt standardised tools and procedures such as:

- Situation and response monitoring tools;

- Standard operating procedures;
- Data protection and information-sharing protocols;
- Inter-agency case management forms;
- Standardised training modules;
- Joint assessment task force trainings and procedures; and
- Contextualised guidance for meeting the needs of affected populations.

All tools and procedures should be contextualised and adapted to meet the needs of the different organisations that are active in a given location. If local expertise is unavailable, the Child Protection Area of Responsibility or UNHCR can provide technical support.

REFERENCES

Links to these and additional resources are available *online*.

- *'What is Protection Information Management (PIM)'*, *PIM Guide*, Protection Information Management.
- *'Information Management and the Humanitarian Context', OCHA IM Guidelines Ver.2.1, OCHA.*
- *Professional Standards for Protection Work Carried out by Humanitarian and Human Rights Actors in Armed Conflict and Other Situations of Violence*, ICRC, 2018, pp. 103–150.
- *'Whole of Syria: Child Protection Response Snapshot'*, Whole of Syria Child Protection Sector, 2017. [An example of a consolidated information sheet on the child protection and humanitarian response]
- '*Information Management Working Group*', OCHA. [Website]
- *'Child Functioning: A new way to measure child functioning'*, UNICEF, Washington Group on Disability Statistics, 2016.

STANDARD 6:
CHILD PROTECTION MONITORING

The following should be read with this standard: Principles; Standard 1: Coordination; Standard 4: Programme cycle management; Standard 5: Information management; and Standard 18: Case management.

Child protection monitoring refers to the regular and systematic examination (monitoring) of child protection risks, violations and capacities in a specific humanitarian context. The purpose is to produce evidence that informs analyses, strategies and responses.

Effective monitoring is collaborative, coordinated and multisectoral. The data and information collected should reflect the situation of all children and their protection risks. Risks are wide-ranging and vary according to the context. The Child Protection Analytical Framework identifies topics that may be measured during child protection analyses. It can be used to design the child protection monitoring system.

Child Protection Analytical Framework

Topics of analysis									
Dangers and injuries	Physical and emotional maltreatment	Sexual and gender-based violence	Mental health and psychosocial distress	Children associated with armed forces or armed groups	Child labour	Unaccompanied and separated children	Justice for children	Availability of/ access to child protection response services	Integrated analysis and child protection mainstreaming

STANDARD

Objective and timely data and information on child protection risks are collected, managed, analysed and used in a principled, safe and collaborative manner to enable evidence-informed prevention and response actions.

6.1. KEY ACTIONS

Planning

6.1.1.   Use the *Protection Information Management (PIM) Process and Principles* to design, implement and evaluate the child protection monitoring system.

6.1.2.   Define the purpose of the child protection monitoring system and the information to be collected.

6.1.3.   Map and assess existing sources of information.

6.1.4.   Ensure child protection is included in broader protection monitoring.

6.1.5.   Define a common set of contextualised, culturally appropriate indicators before beginning primary data collection.

6.1.6.   Collaborate with other child protection actors, humanitarian sectors and stakeholders (including children) to identify and agree upon roles, responsibilities and methodologies for child protection monitoring, including child-led options.

6.1.7.   Assess and mitigate the potential risks to children, families and communities during data collection, processing and storage.

6.1.8.   Establish safe, responsible, purposeful and harmonised protocols for sharing information between relevant stakeholders.

6.1.9.   Establish effective, timely and appropriate information sharing, referral processes, reporting schedules and templates for child protection monitoring that avoid duplication and minimise reporting burdens.

6.1.10. Assess and strengthen the child protection and information management capacities so that they reach a level necessary for implementing a child protection monitoring system.

RESPONSE

Data collection

6.1.11. Disaggregate all data about children by sex/gender, age and disability at a minimum. Other aspects of risk, marginalisation or exclusion may also be important depending on the context.

6.1.12. Provide staff who monitor child protection concerns with psychosocial support to mitigate the effects of secondary trauma.

6.1.13. Prioritise the best interests of the child and the informed consent/assent of children and/or caregivers when collecting information.

Data processing and analysis

6.1.14. Consider, estimate and/or analyse patterns of under-reporting (the percentage of cases not reported) or over-reporting (cases reported multiple times) wherever possible.

6.1.15. Establish and implement an analysis plan for the child protection monitoring system.

6.1.16. Establish and follow ethics, principles and good practices in managing information. (See Principles and Standard 5.)

Data evaluation and dissemination

6.1.17. Put in place protocols for staff who are monitoring child protection concerns to identify and refer children and families who are at risk of or who have survived abuse, neglect, exploitation or violence.

6.1.18. Train staff who are monitoring child protection concerns on these protocols.

6.1.19. Follow protocols developed by the Country Task Force for Monitoring and Reporting on grave violations against children, where such a mechanism exists.

6.1.20. Ensure identified protection risks, vulnerabilities, violations and trends are regularly shared with child protection actors (and other sectoral actors, where appropriate) and taken into account in the development of organisational and inter-agency strategic plans, responses and funding appeals. (See Standards 1 and 4).

6.1.21. Evaluate and document the negative and positive effects of the child protection monitoring system and information-sharing protocols on children, families and communities.

6.2. MEASUREMENT

All indicators about children should be disaggregated by sex, age, disability and other relevant diversity factors. The indicators below measure progress against the overall standard. Indicators and targets can be contextualised with the goal of meeting the indicative targets below. Additional related indicators are available *online*.

Indicator		Target	Notes
6.2.1.	% of child protection strategies and programme documents that are informed by child protection monitoring findings.	80%	Measures extent to which child protection monitoring analytical findings are used to inform strategies and programmes. It should be defined at the country level and refer to the child protection monitoring dissemination plan. Strategies and programme documents should be measured separately but can be reported on jointly.
6.2.2.	% of key preparedness actions cited in this Standard that are achieved by child protection coordination groups prior to implementing child protection monitoring.	80%	Ensure that a checklist of actions is developed in accordance with the key preparedness actions of the Standard. Identify a timeframe in which to collect information.

6.3. GUIDANCE NOTES

6.3.1. PURPOSE OF CHILD PROTECTION MONITORING

The purpose of child protection monitoring is to generate evidence that can help adapt existing or identify new interventions. Child protection monitoring informs and influences:

- Prevention and response activities at individual, family and community levels;
- Advocacy that respects, protects, promotes and fulfils the rights of children as outlined in relevant national and international laws and resolutions; and
- Priority-setting so that interventions address children's most serious protection risks and gaps.

6.3.2. PROTECTION INFORMATION MANAGEMENT (PIM)

"PIM is the: principled, systematised and collaborative processes to collect, process, analyse, store, share, and use data and information to enable evidence-informed action for quality protection outcomes" (*Protection Information Management Website*). PIM helps ensure the efficient and targeted use of resources and strengthens the coordination, design and delivery of protection responses. (See Standard 5.)

The design, implementation and evaluation of child protection monitoring systems should follow the PIM principles:

- People-centred and inclusive;

- Do no harm;
- Defined purpose;
- Informed consent/assent and confidentiality;
- Data responsibility, protection and security;
- Competency and capacity;
- Impartiality; and
- Coordination and collaboration.

These principles must be applied in addition to the *CPMS* Principles.

6.3.3. SECONDARY DATA REVIEW AND MAPPING OF EXISTING CHILD PROTECTION DATA AND SOURCES

Each child protection monitoring system should have a defined purpose that reflects:

- The identified child protection risks;
- The identified capacities and coping mechanisms of children, families and communities; and
- The intended use and users of the data and information collected.

A secondary data review can help identify existing data and information, potential gaps and appropriate methods for addressing those gaps. Sources of child protection data and information include:

- Local and national systems that monitor child rights and child protection abuses or injuries;
- Administrative data from health, law enforcement, labour and education systems;
- Assessments, monitoring systems and data collection initiatives conducted by child protection and other sectors;
- Case management systems;
- Community-based protection systems; and
- Human rights reports.

6.3.4. COORDINATION AND COLLABORATION

Coordination and collaboration support the efficient use of resources in child protection monitoring systems. Child protection stakeholders, the protection sector, other humanitarian sectors and the relevant sub-groups/areas of responsibility must develop a common understanding and approach to

collecting and managing data and information. This includes harmonising forms, indicators, minimum data sets and protocols for sharing and securing information. These efforts should connect with the relevant coordination working groups or cluster system. (See Standards 1 and 5.)

6.3.5. CAPACITY AND SKILLS

All persons involved in child protection monitoring should be trained according to their roles and responsibilities on:

- Local, national and international standards and laws on human rights, children's rights and child protection.
- Safe, responsive and timely referral mechanisms for addressing concerns revealed in monitoring activities.
- Child protection monitoring activities, including data collection, sharing and reporting methodologies that are:
  - Safe;
  - Confidential;
  - Informed;
  - Participatory;
  - Trauma-sensitive;
  - Conflict-sensitive;
  - Child-friendly; and
  - Disability-friendly.
- Appropriate initiative-specific guidelines, such as those for the *Monitoring and Reporting Mechanism (MRM) (on grave violations against children during armed conflict)*.

6.3.6. ANALYSIS

Child protection data should be regularly analysed and distributed to inform decision-making. Analysis offers the opportunity to better understand the current and future context and to respond appropriately. The child protection monitoring system's depth of analysis will determine the skills, capacities and actors that should be involved in the analysis. Deeper levels of analysis will require greater collaboration. Staff involved in child protection monitoring and analysis should hold regular meetings to review and interpret findings.

Key elements of the analysis process include:

- A defined level of analysis that child protection monitoring aims to deliver;
- An analysis plan;

- Clear roles and responsibilities supported by appropriate human and technical resources;
- Common units of analysis such as population groups, locations, time, frequency, perpetrator profiles, etc.; and
- Agreed-upon reporting templates.

6.3.7. COMMUNITY PARTICIPATION

Children, families and communities should be informed about monitoring activities and their possible outcomes to set reasonable expectations for response and accountability. Agencies should engage diverse groups of children, caregivers, community members and civil society groups in all aspects of child protection monitoring and response.

6.3.8. MONITORING GRAVE VIOLATIONS AGAINST CHILDREN IN ARMED CONFLICT

The UN Security Council established a systematic and comprehensive *Monitoring and Reporting Mechanism (MRM)* to provide timely, objective, accurate and reliable information on six grave violations against children committed in situations of armed conflict (or situations of concern). The violations monitored by the MRM are:

- Killing and maiming of children;
- Recruitment and use of children in armed forces or armed groups;
- Attacks on schools and hospitals;
- Rape and other forms of sexual violence against children;
- Abduction of children; and
- Denial of humanitarian access to children.

The MRM provides this information to enhance the accountability and compliance of parties to conflict. The MRM does not provide the total number of grave violations committed against children. The MRM should be implemented by specialised actors with the ability to report and verify according to MRM standards.

REFERENCES

Links to these and additional resources are available *online*.

- *Child Protection in Emergencies Monitoring Toolkit*, Child Protection Working Group (CPWG), 2016.
- *'Child Protection Working Group Secondary Data Review: Matrix and guidance note'*, Child Protection Working Group (CPWG), 2016.
- *'UNHCR Secondary Data Review Template'*, UNHCR.
- *'Monitoring and Reporting Mechanism on Grave Violations Against Children in Situations of Armed Conflict: Tools'*, UN.
- *Field Manual: The Monitoring and Reporting Mechanism (MRM) on Grave Violations Against Children in Situations of Armed Conflict*, UNICEF, 2014.
- *The 1612 Monitoring and Reporting Mechanism: A Resource Pack for NGOs*, Watchlist on Children and Armed Conflict, 2015.
- *'Child Protection Analytical Framework'*, Child Protection Area of Responsibility (AoR).

PILLAR 2: STANDARDS ON CHILD PROTECTION RISKS

INTRODUCTION TO PILLAR 2: STANDARDS ON CHILD PROTECTION RISKS

Grounded in the overarching international legal framework, the standards in this pillar cover core areas of work and critical issues that relate to the seven main child protection risks that children may face in humanitarian settings:

- Dangers and injuries;
- Physical and emotional maltreatment;
- Sexual and gender-based violence;
- Mental health and psychosocial distress;
- Children associated with armed forces or armed groups;
- Child labour; and
- Unaccompanied and separated children.

Child protection risks are potential violations and threats to children's rights that will cause harm to children. To understand a child's risk, we need to understand the nature of the risk and the individual child's vulnerability to that risk. Armed conflict, forced displacement, disasters, environmental degradation, economic insecurity, infectious disease outbreaks and discriminatory actions in a society are examples of risks that can impact a child's protection. A child's vulnerability may reduce his or her resilience and ability to withstand the risk. The vulnerabilities may be within the child's family, community and/or society and can also relate to the child's own knowledge, skills and physical, social and emotional development.

Because the child's individual vulnerabilities and the risks present in their environment combine to increase the possibility of exposure to harm, a child may face multiple protection concerns at the same time or one after another. The seven different risk standards are linked, as they address overlapping vulnerabilities and risks. The risks cannot be addressed in isolation. A child may be experiencing multiple risks at the same time. It is always necessary to look at the situation of the child holistically, identifying the vulnerabilities and strengths within each child and their environment.

Actions should be taken to both prevent and respond to each of the risk areas discussed in this pillar. For example, families on the move may be given advice on how to reduce the likelihood that they will become separated from their children during displacement. If a child has become separated from their family, they may need support to locate their family (Standard 13: Unaccompanied and separated children). To prevent sexual and gender-based violence, child protection actors may work with camp management colleagues to ensure accommodations are well-lit and routes to and from school are safe. A child

The interconnectedness of the risks described in Standards 7–13
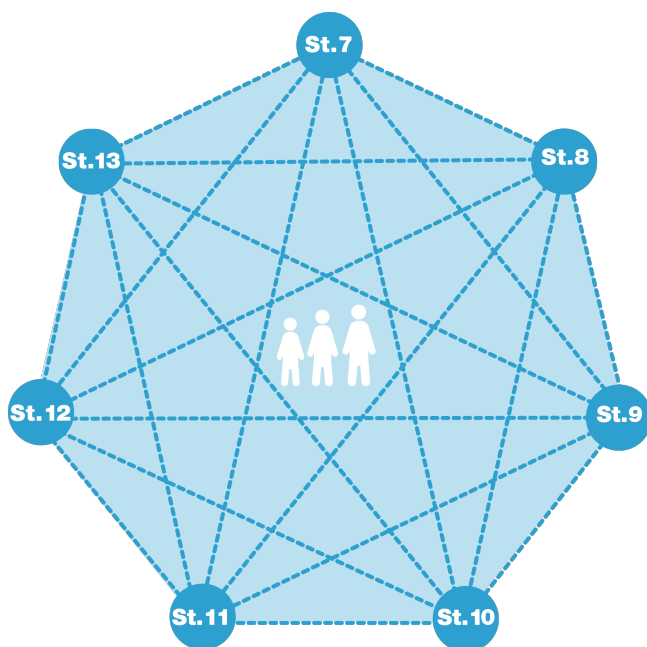
survivor who has already survived sexual violence may require psychosocial, medical and possibly legal support (Standard 9: Sexual and gender-based violence).

The standards in this pillar also provide actions to mitigate risks by increasing the resilience of the child, family, community and society and to remove or reduce the risk itself.

These standards should be used in combination with (a) Standards 14–20: Standards to develop adequate strategies (which cover the strategies used to address multiple risks, reduce children's vulnerability and increase their protective factors) and (b) Standards 21-28: Standards to work across sectors.

STANDARD 7:
DANGERS AND INJURIES

This standard addresses physical and environmental dangers that injure, impair and kill children in humanitarian crises. 'Unintentional injuries' occur when the harm was not deliberately caused by oneself or by another person, including harm caused by explosive ordnance.

'Intentional injuries' caused by deliberate violence and/or self-harm are addressed in Standards 8, 9 and 11.

Unintentional injury accounts for over 25% of deaths among children aged 5–14 and is the leading cause of death and permanent impairment among children aged 15–19. For every child killed by unintentional injury, many more are permanently impaired.

The nature of injury varies considerably according to gender, age, disability, location, socioeconomic status, roles and responsibilities, and the hazard that caused the injury. Humanitarian crises can increase everyday hazards and risks and create new ones, particularly for children who are displaced in unfamiliar surroundings.

STANDARD

All children and caregivers are aware of and protected against injury, impairment and death from physical and environmental dangers, and children with injuries and/or impairments receive timely physical and psychosocial support.

7.1. KEY ACTIONS

PREPAREDNESS

7.1.1. Collaborate with all children, communities and other humanitarian actors to identify and analyse existing and potential physical and environmental dangers.

7.1.2. Build capacity for systematic data collection, injury surveillance and priority setting.

7.1.3. Integrate priority concerns into child protection programming and information management tools.

7.1.4. Design prevention, mitigation and response efforts based on information about how, why and where children were killed or injured in similar humanitarian crises.

7.1.5. Build relevant service providers' capacity to prevent injuries and deliver coordinated, quality and accessible support to children and caregivers who are injured and impaired.

7.1.6. Develop practical and participatory risk mitigation strategies for use in preparedness, disaster risk reduction (DRR), awareness-raising activities and public education campaigns.

7.1.7. Train children, communities and humanitarian actors, as appropriate, on risk reduction and first aid.

7.1.8. Consider children's physical and environmental safety, including child safeguarding, in all coordination, training, referral and information-sharing activities, including those with other sectors.

7.1.9. Work with governments to ensure disaster preparedness and evacuation plans address and are appropriate for all children and caregivers.

7.1.10. Advocate for including risk reduction in formal and non-formal education curricula and group activities for children.

7.1.11. Establish and strengthen data-sharing protocols, injury case definitions and systematic referrals between child protection, health and other sectors' service providers.

RESPONSE

7.1.12. Collaborate with children, communities and other humanitarian actors to identify:
- Which children are killed or injured;
- By what;
- When;

- Where; and
- Under which circumstances.

7.1.13. Include the views of all groups of children in strategies and risk education messages.

7.1.14. Tailor safety messaging and risk reduction interventions for the children and caregivers who are most at risk.

7.1.15. Promote safe home environments in family-strengthening activities. (See Standard 16.)

7.1.16. Modify the environment to ensure children's safety.

7.1.17. Prioritise universal design principles and children's physical safety and accessibility in all sectors' design, construction and management of facilities and interventions. (See Standards 26, 27 and 28.)

7.1.18. Promote the supervision and safety of all children who engage with community spaces, group activities, schools, playgrounds and recreation areas.

7.1.19. Promote children's safe and accessible transport to, from and within the community, school and other places, whether on land or water.

7.1.20. Provide coordinated, multisectoral case management and referrals for children and caregivers who are injured or impaired. (See Standards 18 and 24.)

7.1.21. Work closely with health actors to support case management in health facilities. (See Standards 18 and 24.)

7.1.22. Promote children's access to tailored first aid, emergency transport, trauma care and ongoing medical care following injuries. (See Standard 24.)

7.1.23. Provide mental health and psychosocial support to children and families following injury or impairment. (See Standard 10.)

7.1.24. Collaborate with mine action actors to prioritise the marking, fencing and clearing of explosive ordnance in areas frequently used by children (such as schools, hospitals, water points, etc.). Move services to safer locations if necessary.

7.1.25. Provide child-centred victim assistance programmes and explosive ordnance risk education for communities at risk.

7.2. MEASUREMENT

All indicators about children should be disaggregated by sex, age, disability and other relevant diversity factors. The indicators below measure progress against the overall standard. Indicators and targets can be contextualised with

the goal of meeting the indicative targets below. Additional related indicators are available *online*.

Indicator		Target	Notes
7.2.1.	% of sectors whose response plans include activities aimed at protecting children from physical and environmental dangers relating to the humanitarian situation.	100%	Activities can be at the coordination, actor or community level. Data should be identified through periodic collection processes, including consultation, assessment and ongoing systematic data collection with national and local actors. It should include the cause (the hazard), circumstances and location of death.
7.2.2.	% of targeted communities with a functioning community-level referral system for children affected by injuries or impairments.	80%	A functional referral system can be measured through quality benchmarks, the inclusion of specific services for children with injuries and impairments in mappings/SOPs or by the number of children with an injury or impairment who are registered by community child protection mechanisms and who receive appropriate referrals.

7.3. GUIDANCE NOTES

7.3.1. PHYSICAL DANGERS AND HAZARDS

Common unintentional injuries include:

- Drowning (in ponds, rivers, lakes, oceans, wells, domestic water tanks, pit latrines, etc.);
- Fall-related injuries (trees, play equipment, cliffs, pits, trenches, structures, etc.);
- Burns (fire, hot liquids/food, electrocution);
- Road traffic crashes;
- Wounds or bites from animals (snakes, insects, etc.);
- Unintentional poisonings (cleaning agents, medicines, chemicals, etc.);
- Wounds from sharp objects (knives, barbed wire, glass, vegetation, etc.); and
- Exposure to hazardous waste and other environmental pollutants.

Areas affected by disaster and conflict may present additional hazards such as:

- Collapsed or damaged infrastructure (including exposed electrical and barbed wires);

- Construction sites;
- Falling or flying objects (trees or branches, bricks, rubble, roof tiles, etc.);
- Explosive ordnance (landmines and other unexploded ordnance such as cluster munitions, improvised explosive devices [IEDs], mortars, grenades, ammunition, etc.);
- Chemical weapons; and
- Exposure to crossfire, guns and other weapons.

7.3.2. THE ROLE OF CHILD PROTECTION ACTORS AND OTHERS

Children consistently identify their physical safety as a priority concern during humanitarian crises. Child protection actors must work with communities, municipal and/or local authorities, and other stakeholders/sectors to:

- Prioritise children's physical safety; and
- Develop and implement multisectoral interventions that prevent and reduce the impact of childhood injuries and impairments.

7.3.3. DATA COLLECTION

(For more detailed guidance, see Standard 5.)

Childhood dangers and injuries should be considered in all aspects of humanitarian programming and information management, including data collection. Child protection actors should coordinate with health actors to establish or strengthen systematic childhood injury surveillance. Because children's views of danger often vary greatly from those of adults, data collection and situational analyses must involve children of different:

- Genders;
- Ages;
- Disabilities;
- Occupations and activities; and
- Other aspects of diversity.

An 'injury case definition' determines whether a person has an injury or injury-related condition. The definition forms the basis of injury surveillance and data analysis and identifies specific clinical criteria and limitations on person, event, time and place. It should be developed locally and may be used for all and/or specific types of injury. People meeting these criteria should be targeted for data collection and programming.

Harmonised, coordinated and disaggregated data sets provide an evidence base for injury prevention policy and practice. Data should be disaggregated by:

- Sex/gender, age and disability; and
- Cause of injury/death, location and circumstances.

Gender analysis of qualitative data should address social norms, including girls' and boys' different roles, responsibilities and barriers to access.

Where ongoing injury surveillance is not possible, data should be updated regularly through surveys and reliable sources. Child protection actors should advocate for local civil registration services that certify and record deaths to produce disaggregated death data.

According to the *Mine Ban Treaty*, the *Convention on Cluster Munitions* and the *Convention on Certain Conventional Weapons (CCW) Protocol V on Explosive Remnants of War (ERW)*, questions should be added to identify survivors of mines/explosive ordnance among the broader population of children. The module on *Child Functioning* provides a standard method for assessing the prevalence of functional difficulties among children and monitoring their participation in services.

7.3.4. PREVENTION

Actions for primary, secondary and tertiary prevention of injuries should be based on evidence. Prevention happens across all phases of humanitarian (and development) action. See diagram below.

7.3.5. AT-RISK GROUPS

Specific groups of children face increased risks of physical dangers, barriers to information and unsafe or inaccessible physical environments. Gender, age, disability and other aspects of diversity all influence risk. Rates of injury and death from physical dangers generally increase as children get older, engage in riskier behaviour and become more exposed. Some injuries (such as drowning) disproportionately affect younger children who lack adequate supervision.

Rates of injury are higher for boys than girls in every age group. This difference increases with age, changing roles and children's involvement in harmful work. Girls may be at greater risk of specific injuries, such as being injured or killed by household fires. Children with pre-existing disabilities generally face greater risk of neglect and unintentional injury. They may also be less aware or informed of the risks/hazards around them and less able to avoid danger.

Primary, secondary and tertiary prevention interventions
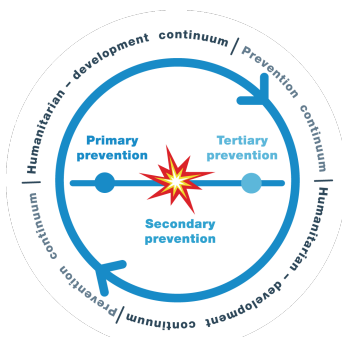
PRIMARY PREVENTION

Description
- Prevent injury before it occurs
- Build children's resilience to identify and prevent risks.

Humanitarian response
- Disaster risk reduction and emergency preparedness.
- Risk mitigation.
- Safety measures.

Surveillance
- Observation, risk assessment, injury surveillance to identify and monitor hazards.

SECONDARY PREVENTION

Description
- Reduce the impact of injuries sustained.
- Intervene early to prevent related protection violations.

Humanitarian response
- Rescue and early treatment and identification.
- Prevention of further harm during response.
- Return to original health and functioning.

Surveillance
- Observation, assessments, case management, injury surveillance to identify and monitor hazards.

TERTIARY PREVENTION

Description
- Manage on an ongoing basis long-term and often complex injuries, further harm and protection violations.

Humanitarian response
- Case management and after care to improve functioning, quality of life and life expectancy and to reduce other protection risks.
- Policy and advocacy for long-term prevention and safety measures.

Surveillance
- Injury surveillance, case management, ongoing assessment and other data to inform evidence-based policy.

7.3.6. COMMUNITY ACTIVITIES

Programmes that promote children's safety should be included in existing community-level activities, child-led initiatives and protection mechanisms to increase:

- The identification and reporting of risks;
- Timely response by service providers; and
- The likelihood that people change their behaviour to support children's physical safety.

All children should be engaged in designing and implementing prevention and awareness-raising activities to strengthen their rights, build their self-esteem and develop their sense of control over their own physical safety. Build on existing child-led initiatives and projects. Peer-to-peer education (youth radio,

role-plays, street theatre, etc.) enables individual children to share knowledge by age-appropriate means.

7.3.7. EDUCATION

Accessible educational facilities and activities can prevent and mitigate many injury risks for all children by:

- Providing safer environments;
- Facilitating efficient evacuations in emergencies; and
- Creating opportunities for large numbers of children to discuss and share safety information.

Humanitarian actors should identify and implement tailored risk education methods for children – including adolescents – who are out of school, in child labour, have disabilities or attend non-formal or religious schools or learning environments. (See Standards 3 and 23.)

7.3.8. VICTIM ASSISTANCE, INCLUDING SURVIVOR ASSISTANCE

Victim assistance (which includes survivor, family and community assistance) must be provided through a coordinated case management approach that is tailored to different genders, ages and disabilities. Services may include:

- Emergency and ongoing medical care (see Standard 24);
- Information (verbal or written) about and active participation in processes that affect them;
- Physical and functional rehabilitation (including ortho-prosthetic services);
- Psychosocial and mental health support (see Standard 10);
- Legal support and documentation (see Standard 20);
- Economic inclusion (including employment, social assistance and an adequate standard of living) (see Standards 21 and 22);
- Social inclusion (including equal access to education, cultural activities and sports) (see Standard 17);
- Support for caregivers with injuries or impairments, including access to appropriate childcare and follow-up visits (see Standard 16); and
- Buildings and community spaces that are safe and accessible for people with disabilities (including the use of ramps and rails where appropriate).

REFERENCES

Links to these and additional resources are available *online*.

- *Injury Surveillance Guidelines*, Centers for Disease Control and Prevention (CDC), World Health Organization (WHO), 2001.
- *Factsheets: How to implement victim assistance obligations under the mine ban treaty or the convention on cluster munitions*, Handicap International, 2013.
- *Emergency Mine Risk Education Toolkit: Emergency MRE Handbook (First Edition)*, UNICEF, 2008.
- *'Child Protection', Including Children with Disabilities in Humanitarian Action*, UNICEF, 2017.
- *Assistance to Victims of Landmines and Explosive Remnants of War: Guidance on Child-focused Victim Assistance*, UNICEF, 2014.
- *Preventing Drowning: An Implementation Guide*, WHO, 2017.
- *World Report on Child Injury Prevention*, UNICEF, WHO, 2008.
- *Ten Strategies for Keeping Children Safe on the Road*, WHO, 2015.
- *'Child Functioning: A new way to measure child functioning'*, UNICEF, Washington Group on Disability Statistics, 2016.
- *Inter-agency Toolkit: Supporting the Protection Needs of Child Labourers in Emergencies (Draft for Field-testing)*, Child Labour Task Force and The Alliance for Child Protection in Humanitarian Action, 2016.

STANDARD 8:
PHYSICAL AND EMOTIONAL MALTREATMENT

'Maltreatment' includes any action, including the failure to act, that results in harm, potential for harm, or threat of harm to a child. It occurs in a range of settings and may be committed by parents or caregivers, family members, those in positions of authority, strangers and even other children. Evidence indicates that maltreatment is widespread and may increase in humanitarian settings where protective environments are weakened. An estimated 1 in 4 children will experience physical abuse during their childhood, and up to 1 billion children aged 2–17 experience physical, sexual or emotional violence or neglect each year.

Maltreatment has serious short- and long-term effects on children and subsequent generations. All humanitarian actors, including those working on child protection, should engage in comprehensive and coordinated interventions to both prevent and respond to cases of maltreatment.

This standard addresses the prevention of and response to physical and emotional abuse, neglect, exploitation and violence. Other standards focus on additional types of maltreatment such as sexual violence (Standard 9), child labour (Standard 12) and the use of children by armed forces or armed groups (Standard 11).

STANDARD

Children are protected from physical and emotional maltreatment and have access to contextually appropriate and gender-, age- and disability-specific response services.

8.1. KEY ACTIONS

PREPAREDNESS

8.1.1. Collaborate with children and other stakeholders to understand how children's risk of and protection from maltreatment are influenced by:
- Existing social and cultural norms, practices and behaviours;
- Their gender, age and disability;
- Any relevant laws and policies; and
- Current practices for preventing and responding to maltreatment.

8.1.2. Assess and strengthen the capacity of relevant service providers to identify, refer and respond to cases of child maltreatment.

8.1.3. Identify and strengthen appropriate, local strategies to prevent child maltreatment.

8.1.4. Train all professionals coming into contact with children on, and ensure they sign, codes of conduct and safeguarding policies. (See Standard 2.)

8.1.5. Develop, implement and train all stakeholders, including children, on confidential referral pathways and case management protocols that support children experiencing maltreatment. (See Standard 18.)

8.1.6. Train all caseworkers and direct service providers to:
- Identify the signs of maltreatment;
- Assess children's safety;
- Determine the caregivers' ability to protect the child; and
- Provide first-line psychosocial response such as psychological first aid. (See Standard 10.)

8.1.7. Collaborate with local, national and international actors to identify neglect as a form of maltreatment and to include neglect in all relevant assessment, mapping and data collection activities.

8.1.8. Collaborate with children and caregivers to create and distribute child-friendly, inclusive awareness messages about:
- The definition and forms of maltreatment;
- The effects of maltreatment; and
- The support services available to prevent and respond to maltreatment.

RESPONSE

8.1.9. Support caregivers to develop positive coping and parenting skills and to access livelihood support. (See Standard 16.)

8.1.10. Support teachers and others who work with children to develop positive discipline skills.

8.1.11. Provide children who are experiencing, or have experienced, maltreatment with access to appropriate, comprehensive and confidential case management services. Engage children and their caregivers in each step of the process, including safety and response plans.

8.1.12. Provide children at risk with access to gender-, age- and disability-appropriate activities that support positive coping skills and healthy peer relationships, including group activities for child well-being. (See Standards 10 and 15.)

8.1.13. Collaborate with community members to raise awareness of the signs and consequences of psychosocial distress in children and caregivers. (See Standard 10.)

8.1.14. Work with community actors, including schools, to (a) reduce any stigma around maltreatment and (b) support those exposed to maltreatment. (See Standards 17 and 23.)

8.1.15. Support governments to pass and enforce laws and policies that protect children from maltreatment in all private, public and institutional settings; in quarantine; or in migration. (See Standards 14 and 20.)

8.1.16. Implement protocols and plans for isolating or quarantining children that will enable them to have their ongoing physical and psychological needs met during infectious disease outbreaks. (For example, it may be most appropriate to isolate the child with a family member.)

8.2. MEASUREMENT

All indicators about children should be disaggregated by sex, age, disability and other relevant diversity factors. The indicators below measure progress against the overall standard. Indicators and targets can be contextualised with the goal of meeting the indicative targets below. Additional related indicators are available *online*.

Indicator		Target	Notes
8.2.1.	# and % of children identified in need of response services for physical and emotional maltreatment who report receiving them.	100%	Adapt this indicator in-country to refer to specific services (health, MHPSS, case management, justice).
8.2.2.	% of strategies to prevent and respond to physical and emotional maltreatment incorporated into humanitarian response programming that are based on recent needs assessments.	90%	Determine what constitutes 'recent' in-country (such as 'within the last 3 months').

8.3. GUIDANCE NOTES

8.3.1. NEGLECT

Neglect may take many forms (physical, medical, emotional, educational, supervisory or relational) and can be difficult to identify. It can have severe, long-lasting negative impacts on a child's physical, emotional and psychosocial development and well-being. There is a lack of data on neglect in humanitarian settings. All stakeholders should be supported to recognise neglect as a form of maltreatment and consider neglect in any relevant assessments, mapping and data collection activities.

8.3.2. PHYSICAL AND EMOTIONAL ABUSE AND VIOLENCE

Abuse and violence are both intentional, but violence is only 'abusive' when committed within a relationship of responsibility and care. Violence by a stranger is not abuse. Emotional and physical abuse and violence include such varied acts as:

- Limiting movements;
- Ridiculing, threatening and intimidating;
- Hitting, beating and torturing;
- Abducting; and
- Killing.

Different forms of violence may occur together. If it is known that a child is experiencing one form of violence, monitor for any other forms of violence they may also be experiencing.

The consequences of emotional and physical abuse and violence include:

- Physical injury (burns, broken bones, brain injury, etc.);
- Decreased psychosocial well-being and mental health;
- Permanent physical or cognitive impairment;
- Long-term illnesses related to toxic stress; and/or
- Death.

Abuse and violence of a sexual nature – called 'sexual and gender-based violence' – is addressed in Standard 9.

8.3.3. SOCIAL NORMS

Certain forms of violence may be upheld by social norms, such as the 'right' of parents to hit their children. Humanitarian situations can provide opportunities to re-evaluate social norms that encourage violence and maltreatment. Evidence suggests that harmful social norms and attitudes can be changed through longer-term interventions such as those implemented in protracted crises or in transitions from humanitarian to development situations.

8.3.4. RISK FACTORS

Risks are determined by the interaction of many factors at different levels of the socio-ecological model. Humanitarian crises often increase children's risk of maltreatment due to increased stress on caregivers and weakened protective factors. Common risk factors include:

- *Individual-level factors* such as gender, age, disability and education;
- *Family- and caregiver-level factors* such as separation, death, changing family structures, parental stress, substance abuse and abandonment;
- *Community-level factors* such as poverty, poor housing, social norms and displacement; and
- *Society-level factors* such as wide-spread conflict, famine, infectious disease outbreaks, weak legal frameworks, poor law enforcement and discriminatory policies.

(See Standards 14-17 for more detailed guidance on the levels of the socio-ecological model.)

8.3.5. CHILDREN'S RESILIENCE

Humanitarian actors can strengthen children's resilience to help reduce and mitigate the risk and incidence of maltreatment by:

- Providing children with age-appropriate skills;
- Facilitating discussion forums; and
- Strengthening the protective capacities of teachers, parents, caregivers and others who have direct contact with children. (See Standards 16 and 23.)

8.3.6. CONFIDENTIALITY

Humanitarian actors should continuously work to ensure children's safety and to prevent further harm, particularly when responding to cases of child maltreatment. All individuals to whom children may disclose an incident – including social workers, community or health workers, law enforcement officers and educators – must observe the principles of confidentiality, informed consent/assent and best interests of the child. As far as possible they must take into account the wishes, rights and dignity of the child. To prevent further harm, multi-disciplinary actors should coordinate children's interviews and assessments to minimise the need for multiple interviews. (See Principles and Standards 5 and 18.)

REFERENCES

Links to these and additional resources are available *online*.

- *Preventing Child Maltreatment: A Guide to Taking Action and Generating Evidence*, WHO, 2006. [Available in Arabic, English, French, Chinese, Italian, Spanish.]
- *INSPIRE Handbook: Action for Implementing the Seven Strategies for Ending Violence Against Children*, World Health Organization (WHO), 2018.
- *Guidelines for the Health Sector Response to Child Maltreatment*, WHO, Geneva, 2019.
- *Action for the Rights of Children (ARC) Resource Pack: A Capacity-building Tool for Child Protection in and after Emergencies*, ARC Steering Committee, Save the Children, 2009.
- *'Child Abuse and Neglect'*, *NICE Guidance*, National Institute for Health and Care Excellence, 2017.

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- *'Recognising Child Abuse and Neglect'*, *NICE Pathways*, National Institute for Health and Care Excellence.
- Elliott, Leilani, Claire Whiting, Hannah Thompson and Christina Torsein, *Child Neglect in Humanitarian Settings: Literature Review and Recommendations for Strengthening Prevention and Response*, The Alliance for Child Protection in Humanitarian Action, 2018.
- *Alternative Care in Emergencies Toolkit*, Interagency Working Group on Separated and Unaccompanied Children, 2013.

STANDARD 9:
SEXUAL AND GENDER-BASED VIOLENCE (SGBV)

The following should be read with this standard: Principles; Standard 10: Mental health and psychosocial distress; Standard 12: Child labour; Standard 18: Case management; and Standard 24: Health and child protection.

'Sexual violence' is defined in this standard as any form of sexual activity with a child by an adult or by another child who has power over the child. Sexual violence includes both activities with and without bodily contact.

'Gender-based violence' (GBV) is a general term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion and other deprivations of liberty.

Sexual and gender-based violence (SGBV) has significant and long-lasting negative impacts on the well-being of survivors, families and communities. While all children can experience SGBV, girls – especially adolescent girls – are disproportionally affected by SGBV due to their gender and age. Due to stigma and opposing gender norms, sexual violence against boys remains largely underreported, and support mechanisms for male survivors are rarely in place. Children of diverse sexual orientation, gender identity and expression, and sex characteristics have specific vulnerabilities and require tailored prevention and response actions.

SGBV is widespread but often hidden and underreported. All humanitarian actors should assume that SGBV is taking place. Mitigation, prevention and response to SGBV against children are life-saving interventions that require a multisectoral response. All child survivors face unique challenges in seeking support and services due to social barriers and stigma. All child protection actors have a responsibility to prevent and mitigate risks of SGBV. Child protection actors responding to child survivors need to have the appropriate and necessary competencies to provide these specialised services such as case management and mental health and psychosocial support for child survivors.

In this standard, 'child survivors' refers to child survivors of SGBV, including harmful practices. Harmful practices may include, for example, child marriage or female genital mutilation/cutting. All the key actions here should be implemented in coordination with GBV actors to avoid duplication and to complement each other to better protect against and respond to SGBV against children.

STANDARD

All children are informed about and protected from sexual and gender-based violence and have access to survivor-centred response services appropriate to their gender, age, disability, developmental stage and cultural/religious background.

9.1. KEY ACTIONS

PREPAREDNESS

9.1.1.   Collaborate and coordinate with GBV coordination groups and actors to define and include the roles and responsibilities for preventing and responding to child survivors in standard operating procedures. (See Standard 18.)

9.1.2.   Collect and analyse information about existing SGBV risks through secondary data review. Refer to the *IASC GBV Guidelines* for details on the types of information needed.

9.1.3.   Consult with children to understand their concerns and views on safety.

9.1.4.   Develop a referral pathway by mapping types and capacity of:
- Existing formal and informal service providers who currently provide child-friendly survivor-centred services; and
- Possible entry points where child survivors may seek support in the future.

PREVENTION

9.1.5.   Ensure that basic SGBV services are available before engaging with the community on SGBV issues to avoid causing harm.

9.1.6.   Strengthen and support children and their caregivers through education, life skills training, parenting programmes and economic empowerment. (See Standard 16.)

9.1.7.   Work with children, families and communities to address social and cultural norms that encourage and promote SGBV and that stigmatise child survivors. Ensure meaningful participation of children and adults with diverse needs when developing actions to transform harmful social and gender norms. (See Standards 14–18.)

RESPONSE

SGBV risk mitigation

9.1.8.   Strengthen communities' ability to monitor and address SGBV risks and to provide children and their caregivers with information on where and how they can seek support in an ethical, safe and confidential manner.

9.1.9.   Regularly monitor and address children's SGBV risks, including (a) safety concerns about sexual exploitation and abuse and (b) barriers to accessing child protection services.

9.1.10. Build child protection service providers' SGBV prevention and response capacity.

SGBV response

9.1.11. Collaborate with GBV actors to develop, strengthen and regularly update referral pathways to facilitate timely, safe and effective referral of child survivors. During an acute crisis, establish minimum referral pathways that include priority services such as health, case management, psychosocial support and safety/security.

9.1.12. Make information on the referral pathways available to and understood by all service providers, children, caregivers and communities.

9.1.13. Strengthen formal and informal service providers' capacity to provide child-friendly services to all children. Pay special attention to diverse needs related to sex/gender, age and disability. Children with diverse gender identities and those who are married, trafficked, unaccompanied or associated with armed forces or groups may also have special needs.

9.1.14. Support child survivors' access to high-quality case management services delivered by service providers with the appropriate expertise.

9.1.15. Build the capacity of other service providers where needed so they may also provide quality case management services for child survivors. (See Standard 18.)

9.1.16. Identify appropriate alternative care for child survivors where removal from the home is in the best interests of the child. Monitor children's safety when in alternative care. (See Standard 19.)

9.1.17. Provide cash and voucher assistance and/or in-kind material support to enable child survivors to rapidly access urgent care. This should be initiated only after assessing needs and identifying suitable

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services as part of case management case planning. Consistently monitor interventions.

9.1.18.   Consult with children to incorporate SGBV messages into child protection community outreach and awareness-raising activities. Messages may include information on child survivors' rights, where to report risks and how to access SGBV response services.

9.2. MEASUREMENT

All indicators about children should be disaggregated by sex, age, disability and other relevant diversity factors. The indicators below measure progress against the overall standard. Indicators and targets can be contextualised with the goal of meeting the indicative targets below. Additional related indicators are available *online*.

Indicator		Target	Notes
9.2.1.	% of target locations where gender-, age-, disability- and culturally sensitive response services for child survivors are currently operating.	90%	Service providers must meet all criteria that were agreed upon in-country to be counted. Criteria may include having response services in place at different levels.
9.2.2.	% of children and/or their caregivers who have received response services for SGBV who report satisfaction with the service provision.	To be determined in the country or context	Measure this indicator through a structured interview (survey of identified child or caregivers during follow-up). The service provider who directly provided services to the child survivor must carry it out. Amend this indicator in-country to refer to specific services (health, MHPSS, case management, justice).

9.3. GUIDANCE NOTES

9.3.1. SOCIAL AND GENDER NORMS

(See Standard 17.)

The root causes of SGBV relate to the attitudes, beliefs, norms and structures that promote and/or excuse gender-based discrimination and unequal power. Transforming norms and systems that support gender inequality can have an observable impact on survivors' immediate health, safety and security. Interventions related to social norms and systemic change should only be implemented (a) in more stable environments and (b) when basic SGBV

response services are functional. Protracted humanitarian situations can create a culture of harmful social and gender norms that do not punish SGBV and may even encourage it. To shift harmful social norms, SGBV prevention programming needs to:

- Change social expectations, not just individual attitudes;
- Publicise the change; and
- Inspire and reinforce new norms and behaviours.

9.3.2. SURVIVOR-CENTRED APPROACH

A survivor-centred approach creates a supportive environment in which the survivor's rights and wishes are respected, their safety is ensured and they are treated with dignity and respect. A survivor-centred approach is based on the following guiding principles:

- **Safety:** The safety and security of the survivor and their family is the primary consideration.
- **Confidentiality:** Survivors have the right to choose to whom they will or will not tell their story, and any information about them should only be shared with their informed consent/assent. However, when working with children there are limits to confidentiality that must be explained clearly to children and their caregivers. These limits include the need to protect a child's physical and emotional safety and provide immediate assistance when needed. It is important that case management agencies are aware of the laws and policies in their setting. Such laws and procedures should be carefully reviewed in line with the best interests of the child principle, which must be prioritised in any action taken.
- **Respect:** All actions should be guided by respect for the choices, wishes, rights and dignity of the survivor. The role of helpers is to facilitate recovery and provide resources to aid the survivor.
- **Non-discrimination:** Survivors should receive equal and fair treatment regardless of their sexual orientation, gender identity, age, disability, religion, nationality, ethnicity or any other diversity factor.

In cases of child survivors, in addition to the above principles, the best interests of the child need to be considered. The best interests of the child principle recognises that all decisions and actions affecting them should reflect what is best for the safety, well-being and development of that particular child. It recognises that every child is unique and will be affected differently by SGBV. Children have the right to participate in decisions affecting them, appropriate to their level of maturity. Parents/caregivers should be involved in decision-making in accordance with the best interests of the child.

9.3.3. MANDATORY REPORTING

Mandatory reporting refers to state laws and policies which mandate certain agencies and/or professionals to report actual or suspected child abuse and other forms of violence. Protection from sexual exploitation and abuse (PSEA) policies typically include mandatory reporting of sexual exploitation and abuse allegedly committed by humanitarian actors. All humanitarian actors and service providers must have a thorough understanding of local, national, international and organisational mandatory reporting laws and/or policies. Service providers must (a) inform child survivors and caregivers of the reporting obligations and (b) receive child survivors' and caregivers' informed consent/assent before beginning any assessment process.

9.3.4. DATA AND INFORMATION SHARING

Obtaining specific data on the prevalence of SGBV is not a priority at the onset of a crisis. SGBV data should be managed with survivors' full informed consent/assent for the purpose of improving service delivery. It should be done in a safe and ethical way to ensure data security and the safety of everyone involved. Incident data collection is the responsibility of specialised service providers who assist child survivors and who are bound by data protection protocols such as those developed by the *Gender-Based Violence Information Management System* (GBVIMS). Information about individual or aggregated incidents even among specialised service providers is shared on a need-to-know basis and safeguarded by confidentiality and information-sharing protocols. Incident data should not be collected during assessments or used as a monitoring indicator to report programme progress to donors. Non-compliance with these agreed-upon protocols can expose survivors to risks or increase the chance of discrimination and violence towards individual children, specific families and entire communities. *Caring for Child Survivors* (Chapter 5) includes consent/assent guidelines according to age that take maturity issues or impaired cognitive functioning/disability into account.

9.3.5. CHILD MARRIAGE

(See Standard 18.)

Child marriage is a critical issue in many settings. It becomes even more critical in humanitarian crises. In collaboration with GBV actors, child protection actors must:

- Consult with children, and in particular girls, communities and other stakeholders to identify risk factors and social/cultural practices related to child marriage.

- Understand relevant case management standards for child marriage.
- Include the following in assessments and programme design:
    - The different risk factors for child marriage (for all children); and
    - The specific needs of married children, pregnant girls and child/adolescent parents. (Married girls face increased risks of intimate partner violence [IPV] and are often invisible.)
- Collaborate with multisectoral actors (including GBV and sexual and reproductive health and rights) on interventions that (a) prevent child marriage and (b) support children who are already married and/or parents.

Child protection actors might want to stop a marriage, but doing so could bring harmful unintended consequences to the child, family and other actors. The best response in this situation is to:

- Understand the child's situation and what they want to happen;
- Assess and plan for safety;
- Provide information and support; and
- Connect the child to people and services that will be supportive and useful.

The safety and best interests of the child need to be prioritised. If a child is facing an immediate safety concern, connect them with services that can provide short-term protection and potentially lead to a longer-term protective option.

REFERENCES

Links to these and additional resources are available *online*.

- *Caring for Child Survivors of Sexual Abuse: Guidelines for Health and Psychosocial Service Providers in Humanitarian Settings*, International Rescue Committee and UNICEF, 2012.
- *Inter-Agency GBV in Emergencies Minimum Standards*, 2019.
- *Child Protection: Thematic Area Guide for Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action*, Inter-Agency Standing Committee, 2015.
- *'GBV Responders Network – Keeping Women and Girls Safe: Resources for Addressing Violence Against Women and Girls in Humanitarian Settings'*, IRC. [Website]
- *Managing Gender-based Violence in Emergencies: Free Online Course*, UNFPA.
- *Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies*, WHO, 2007.

- *Interagency Gender-based Violence Case Management Guidelines: Providing Care and Case Management Services to Gender-based Violence Survivors in Humanitarian Settings*, Gender-based Violence Information Management System (GBVIMS) Steering Committee, 2017.

- *'What Works to Prevent Violence Against Girls and Women'*, Child Protection Working Group, 2014. [Website]

- *'Gender-based Violence Information Management System'*, GBVIMS. [Website]

- *Inter Agency Guidelines for Case Management and Child Protection*, Child Protection Working Group (CPWG), 2014.

STANDARD 10:
MENTAL HEALTH AND PSYCHOSOCIAL DISTRESS

The following should be read with this standard: Principles; Standard 15: Group activities for child well-being; Standard 16: Strengthening family and caregiving environments; Standard 17: Community-level approaches; Standard 18: Case management; and Standard 24: Health and child protection.

Humanitarian crises can cause immediate and long-term psychological and social suffering to children and their caregivers. Major sources of distress include:

- Exposure to traumatic events;
- Death of or separation from family members;
- Lack of basic services, accurate information, safety and security;
- Displacement; and
- Weakened family and community networks and support systems.

If distress is not mitigated or is managed through negative coping strategies (such as substance use, behavioural problems or self-harm), children and caregivers can develop mental health conditions that require specialised support. 'Mental health and psychosocial support' (MHPSS) refers to any type of support that protects or promotes psychosocial well-being and prevents or treats mental health conditions (*IASC Guidelines on MHPSS in Emergency Settings* 2007).

Children's ability to successfully cope with distress (their 'resilience') is influenced by:

- Their age, developmental stage and disability status;
- Their access to basic survival and security needs;
- The pre-existing physical and mental health status of themselves and their caregivers;
- The emotional and social support they receive from caregivers;
- The emotional and social support their caregivers receive; and
- Their overall social environment (such as community support and material resources).

Mental health and psychosocial support: Pyramid of services

Services provided by mental health clinicians and social service professionals to those with severe mental health conditions or distress beyond the scope of general social and health care services.

SPECIALISED SERVICES

Targeted, structured activities provided by trained and supervised workers (usually not mental health specialists) to individuals, families or groups with mental health conditions or continued distress.

FOCUSED NON-SPECIALISED SUPPORTS

Inclusive activities (usually provided by communities themselves) that support the recovery, resilience, mental health and psychosocial well-being of children, families and communities.

COMMUNITY- AND FAMILY- STRENGTHENING SUPPORTS

Participatory, safe and socially appropriate delivery of basic, multisectoral services and security that supports the dignity and well-being of all children and community members.

RESPECTFUL BASIC SERVICES AND SECURITY

Case management responds to mental health and psychosocial support needs across all four layers of the pyramid of services.

STANDARD

Children and their caregivers experience improved mental health and psychosocial well-being.

10.1. KEY ACTIONS

PREPAREDNESS

10.1.1.   Conduct an inter-agency, multisectoral mapping and analysis of existing information, including:
- Existing formal and informal mental health and psychosocial support services;
- Cultural understandings of mental health conditions, distress, psychosocial well-being and coping mechanisms;
- Risk and protective factors for children and caregivers;
- Existing capacities and training needs of children and other stakeholders; and

- Disaggregated data on the types and prevalence of mental health conditions.

10.1.2. Include mental health and psychosocial support in emergency preparedness plans.

10.1.3. Train child protection staff and other stakeholders on:
- Basic supportive listening skills and psychological first aid (PFA);
- Signs of mental health conditions and distress;
- Referral mechanisms and information-sharing protocols; and
- The *IASC Guidelines on MHPSS in Emergency Settings* and *IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action*.

10.1.4. Strengthen the ability of existing family-, community- and national-level systems to provide mental health and psychosocial support to children and caregivers.

10.1.5. Establish and implement organisational mental health and psychosocial support mechanisms for the well-being of all staff and associates. (See Standard 2.)

RESPONSE

10.1.6. Participate in relevant inter-agency, multisectoral coordination mechanisms and working groups.

10.1.7. Include mental health and psychosocial support services in sector-specific and multisectoral response plans and budgets.

10.1.8. Collaborate with formal and informal local, national and international actors to establish referral mechanisms that provide access to a continuum of care across the range of mental health and psychosocial support services. (Refer to the Pyramid of services.)

10.1.9. Conduct community sensitisation to:
- Raise awareness of mental health and psychosocial well-being;
- Address stigma and discrimination; and
- Provide information on available support services.

10.1.10. Use training and information sharing to strengthen existing formal and informal support systems to:
- Provide inclusive, accessible, safe, friendly and meaningful mental health and psychosocial support to all children and caregivers;
- Strengthen children's and caregivers' positive coping mechanisms (Standards 15 and 16); and
- Increase protective factors in the environment (Standard 17).

10.1.11. Design holistic, multisectoral mental health and psychosocial support programmes for children, families and communities at all

STANDARD 10

levels of the pyramid of interventions.   (Refer to the Pyramid of services.)

10.1.12. Support children and caregivers who have mental health conditions and/or show signs of serious distress to access specialised services.

10.1.13. Tailor delivery options for psychosocial interventions to the nature of the crisis. For example, group activities may not be possible during infectious disease outbreaks. In that case, community-based, home-based, peer-to-peer and one-on-one care can support or replace group activities. In refugee or internal displacement settings, community structures may be weakened, and there may be a need to encourage community cohesion as a first step. In situations where children are still exposed to armed conflict, activities must address ongoing stress.

10.1.14. Advocate for mental health and psychosocial support as a life-saving intervention that deserves strengthening and funding.

10.2. MEASUREMENT

All indicators about children should be disaggregated by sex, age, disability and other relevant diversity factors. The indicators below measure progress against the overall standard. Indicators and targets can be contextualised with the goal of meeting the indicative targets below. Additional related indicators are available *online*.

Indicator	Target	Notes
10.2.1. % of children and their caregivers who report improvement in their mental health and psychosocial well-being following programme completion.	70%	Measure children and caregivers separately. In acute emergencies outcomes for some children and caregivers may worsen due to the deteriorating situation. The provision of MHPSS helps to stablise their situation and prevent further decline. This indicator refers to interventions across all layers of the pyramid.
10.2.2. % of children identified as needing specialised mental health services who are referred to appropriate services.	100%	This indicator only tracks referrals to specialised services as per the key role of child protection actors, not the outcome of those services.

10.3. GUIDANCE NOTES

10.3.1. PARTICIPATION

All children, caregivers and community members – including those with mental health conditions – should be actively involved in the design, implementation and evaluation of mental health and psychosocial support programmes to ensure accountability and strengthen their psychosocial well-being.

10.3.2. PROGRAMMING ACROSS THE STAGES OF CHILD DEVELOPMENT

All children's cognitive, social and emotional functioning continues to develop beyond the age of 18 years. Therefore, mental health and psychosocial support programmes must be provided and tailored to all children at all ages and stages of development as follows:

- **Pre- and post-natal:** support to pregnant women, expectant fathers and families with infants.
- **Early childhood:** support for children's rapidly developing brains and their positive attachment to caregivers.
- **Middle childhood and adolescence:** support for ongoing development and social and emotional changes brought about by significant transitions. Adolescents are at increased risk of experiencing social and psychological problems. Social stress is likely to have a disproportionate impact during this phase of life. Furthermore, psychiatric disorders may be triggered, in part, by stress exposure in adolescence. Half of all mental health disorders in adulthood start by age 14, with many cases going undetected and untreated.

Child protection staff must be trained to identify and refer children who:

- Do not meet key developmental milestones;
- Show signs of mental health conditions; and/or
- Show early signs of impairments that may lead to disability.

10.3.3. SUPPORT TO CAREGIVERS, AND COMMUNITIES

Caregivers, families and communities are the most important sources of protection and well-being for children. Family-level interventions that improve caregiver well-being and promote healthy childhood development will:

- Promote caregiver self-care;

- Support positive parenting;
- Teach parents to support children in distress;
- Strengthen family attachments; and
- Support economic stability. (See Standard 16.)

Community-level interventions should promote social cohesion and prevent stigma and discrimination. (See Standard 17.)

In some cases, the child may face protection risks within the family. Child-centred and community-level systems, including alternative care arrangements, should be in place to identify and respond to such risks. (See Standard 19.)

10.3.4. WORKING WITH GOVERNMENTS AND OTHER SECTORS

Actions across the spectrum of child protection and all other sectors' activities may serve as entry points for mental health and psychosocial support interventions. Child protection actors should therefore work with all sectors and government ministries (where appropriate) to provide coordinated, holistic mental health and psychosocial support to children and caregivers. (See Pillar 4: 'Standards to work across sectors'.)

10.3.5. PSYCHOLOGICAL FIRST AID (PFA)

Psychological first aid describes a humane, supportive first response suitable for children and adults in crisis. It supports long-term recovery by helping individuals to:

- Feel safe, connected, calm and hopeful;
- Access social, physical and emotional support; and
- Feel able to help themselves and their communities.

Psychological first aid can be learned and provided by all children, community members and humanitarians.

10.3.6. SPECIALISED MENTAL HEALTH SERVICES

Specialised services are necessary for members of the affected population who show more severe or complex mental health conditions as indicated by:

- Prolonged distress;
- Self-harm;

- Suicide attempts;
- Severe behavioural problems; and/or
- Difficulty completing basic daily tasks.

Services should be accessible to children and caregivers who were experiencing symptoms before, as well as a result of, the humanitarian crisis. Child protection workers delivering services throughout the pyramid of services should be trained to appropriately identify and refer individuals who show serious and persistent signs of distress. If qualified and supervised staff are available, specialised services may be provided as part of a child protection programme. If specialised services are not available, child protection actors should provide thorough case management and alternative interventions (such as family-strengthening support and community-level support) that can prevent further harm to children's and caregivers' well-being (*Operational Guidelines – Community-based Mental Health and Psychosocial Support in Humanitarian Settings: Three-tiered Support for Children and Families [Field Test Version]* 2018). (See Standards 16, 17 and 18.) Children with mental health conditions should be supported within their family unless interim residential care is clearly in the best interests of the child. Whenever possible, children should remain in their communities. (See Standard 19).

10.3.7. MHPSS STAFF AND VOLUNTEER ETHICS, SKILLS AND COMPETENCIES

The integrity, skills and competencies of staff and volunteers directly affect the quality, safety and outcomes of mental health and psychosocial interventions. Capacity-building initiatives should strengthen providers' communication and facilitation skills to support the dignity of affected populations. Supervision mechanisms must ensure interventions meet quality standards and do no harm.

REFERENCES

Links to these and additional resources are available *online*.

- *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings*, Inter-Agency Standing Committee (IASC), Geneva, 2007.

- *Operational Guidelines – Community-based Mental Health and Psychosocial Support in Humanitarian Settings: Three-tiered Support for Children and Families (Field Test Version)*, United Nations Children's Fund (UNICEF), New York, 2018.

- *Psychological First Aid: Guide for Field Workers*, World Health Organization, War Trauma Foundation and World Vision International, Geneva, 2011.

- *Psychological First Aid Training Manual for Child Practitioners*, Save the Children, 2013.

- *Assessing Mental Health and Psychosocial Needs and Resources: Toolkit for Humanitarian Settings*, UNHCR and WHO, Geneva, 2012.

- *IASC Common Monitoring and Evaluation Framework for Mental Health and Psychosocial Support Programmes in Emergency Settings*, IASC Reference Group on Mental Health and Psychosocial Support in Emergency Settings, 2017.

- *IASC Inter-Agency Referral Guidance Note for Mental Health and Psychosocial Support in Emergency Settings*, IASC Reference Group for Mental Health and Psychosocial Support in Emergency Settings, Geneva, 2017.

- *Early Childhood Development in Emergencies: Integrated Programming Guide*, UNICEF, New York, 2014.

- *IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action*, 2019.

- *Promoting Children's Development and Wellbeing*, Save the Children, 2018. [Online training]

- *'The Mental Health and Psychosocial Support Network'*. [Website]

STANDARD 11: CHILDREN ASSOCIATED WITH ARMED FORCES OR ARMED GROUPS

The following should be read with this standard: Principles; Standard 9: Sexual and gender-based violence; Standard 10: Mental health and psychosocial distress; Standard 12: Child labour; Standard 13: Unaccompanied and separated children; Standard 18: Case management; and Standard 20: Justice for children.

Children associated with armed forces or armed groups (CAAFAG) are all children – including girls – under age 18 who are, or have been, recruited or used by any armed force or group in any capacity. 'Recruitment' refers to the compulsory, forced or unforced enlistment of any child into any armed force or armed group. 'Unlawful' recruitment and use refers to the recruitment or use of children under the minimum age allowed in relevant international treaties or national law. Recruitment and use of children are recognised as some of the worst forms of child labour. (See Standard 12.)

Children are used by armed forces or armed groups in many different roles. (See table.) These children are often forced to witness, experience and commit abuse, exploitation or violence. Recruitment and use deprive children of their rights and have immediate and long-term negative consequences for the socio-economic, psychological and physical health of children, families and communities.

Roles filled by children associated with armed forces or armed groups

Some of the ways in which children are used by armed forces or groups				
Combatant	Checkpoint or prison guard	Minelayer	Human shield	Suicide bomber
For sexual purposes	Cook or domestic labourer	Spy	Porter	Other purposes

STANDARD

All children are protected from recruitment and use by armed forces or armed groups, are released and are effectively reintegrated after recruitment and use in all contexts of armed conflict.

11.1. KEY ACTIONS

PREPAREDNESS

11.1.1.   Conduct a situation analysis that examines:
- The context, characteristics and dynamics of the conflict;
- How the conflict impacts children, families and communities; and
- How the impacts vary based on gender, age and disability.

11.1.2.   Assess context-specific risks to children, communities and implementing agencies when preventing and responding to recruitment.

11.1.3.   Establish an action plan to mitigate identified risks.

11.1.4.   Coordinate with relevant local, national and international stakeholders to ensure comprehensive and complementary preparedness and programme plans.

11.1.5.   Coordinate with mechanisms for monitoring and reporting on human rights violations (including the Country Task Force on Monitoring and Reporting, where it exists) with due consideration for risk mitigation. (See Standard 6.)

11.1.6.   Assess, support and build national actors' technical and operational capacity to design and implement programmes that effectively address the recruitment and use of children.

11.1.7.   Adapt child protection programme plans and formal and informal release and reintegration processes so that they are accessible to all children leaving armed forces or groups.

11.1.8.   Collaborate with all actors involved in formal release and reintegration programmes to establish child eligibility criteria that align with the *Paris Principles and Guidelines*.

11.1.9.   Establish and enforce organisational codes of conduct and best practices for reporting on and interviewing children that respect children's right to privacy and avoid negative impacts on children and families. (See Standard 3.)

11.1.10. Advocate for changes to any national policy or practice that allows the recruitment of children into armed groups.

11.1.11. Advocate with formal and informal armed forces, armed groups and authorities at all levels for all children's release.

11.1.12. Work with other sectors to design child protection programming that addresses the drivers of recruitment into armed forces or groups and supports sustained reintegration.

11.1.13. Monitor and report child rights violations, including recruitment, to inform child-centred prevention and response activities. (See Standard 6.)

11.1.14. Train and support staff, partners and other stakeholders to identify and support children who are vulnerable to recruitment or who have disengaged from armed forces or groups.

11.1.15. Use community-level and other approaches to strengthen the capacities and resilience of families and communities. (See Standards 16 and 17).

11.1.16. Support families and communities to:
- Monitor and report incidents of use and recruitment;
- Mitigate risk factors for recruitment and use; and
- Accept returning children. (See Standard 17.)

11.1.17. Work with communities to promote acceptance and community cohesion while ensuring the safety of children, families, communities and service providers.

11.1.18. Establish and support case management services (including referrals to health, education, mental health and psychosocial support, and livelihood services) that address immediate and longer-term needs of children who are vulnerable to recruitment or have disengaged from armed forces or groups.

11.1.19. Develop and support the use of child-centred assessments and juvenile justice procedures that (a) align with international standards and (b) respect differences related to gender, age and disability. (See Standards 14 and 20.)

11.2. MEASUREMENT

All indicators about children should be disaggregated by sex, age, disability and other relevant diversity factors. The indicators below measure progress against the overall standard. Indicators and targets can be contextualised with

STANDARD 11

the goal of meeting the indicative targets below. Additional related indicators are available *online*.

Indicator	Target	Notes
11.2.1. % of children who remain disengaged from armed forces or armed groups 12 months after completing targeted programmes.	75%	The timeframe can be amended but must be long enough to meaningfully measure impact. Define 'targeted programmes' in context.
11.2.2. % of children separated from armed forces or armed groups who were reintegrated into a family environment.	60%	'Family' refers to biological family or alternative. The target recognises that some children will not reintegrate into a family environment but will reintegrate into a community. Measure each separately. The timeframe can be amended but must be long enough to meaningfully measure impact.

11.3. GUIDANCE NOTES

11.3.1. USE OF TERMINOLOGY

Use neutral terminology when referring to (a) children associated with armed forces or groups or (b) to related prevention and response programmes. Publicly identifying them may increase stigma or place children at risk.

11.3.2. ADVOCACY

Where child recruitment and use are not yet prohibited by national law, advocate for such legislation. Where they are prohibited, authorities and stakeholders (including, where appropriate, armed forces or groups) should be encouraged to fulfil their legal obligations. After a thorough risk assessment, activities might include:

- Promote implementation of an Action Plan that is agreed-upon with the Country Taskforce on Monitoring and Reporting;
- Train government authorities, members of armed forces or groups and other stakeholders on recruitment, release and reintegration;
- Advocate for strengthened local and national legal, judicial and child welfare structures; and
- Promote children's participation in peace negotiations and agreements.

11.3.3. INFORMATION FOR CHILDREN, FAMILIES AND COMMUNITIES

Children have the right to receive regular, accessible, appropriate information about available support services. Such information should:

- Be culturally acceptable, accessible and age-appropriate;
- Be distributed through a variety of traditional, cultural, educational, social and other forms of communication;
- Explain national and international laws that prohibit or set the legal age for recruitment and use;
- Identify economic, cultural and other factors that increase the risk of recruitment;
- Explain the long-term negative effects of child recruitment and use;
- Address positive and negative community perceptions of all types of child recruitment and use;
- Explain the crucial roles of families and communities in (a) protecting children from recruitment and use and (b) supporting the psychosocial recovery of returning children; and
- Target children who are particularly vulnerable to recruitment and use.

11.3.4. FAMILY SEPARATION AND CHILD RECRUITMENT

Children who are unaccompanied or separated are at greater risk of recruitment. Without creating stigma, key community members and groups should identify and target any children who are vulnerable to family separation, recruitment or re-recruitment. Social support and assistance programmes for prevention should encourage family unity. (See Standards 13 and 16.)

11.3.5. RELEASE

Children who spend any time with an armed force or group face serious risk of harm or death. All children associated with armed forces or groups should be released immediately and without any preconditions, even during armed conflict. The release or disengagement of a child should never depend on:

- A temporary or permanent end of hostilities;
- A formal agreement or announcement of peace;
- A formal or informal disarmament, demobilisation and reintegration process;
- The role of the child within the force or group;
- A child's possession of or ability to give up weapons; or
- A lengthy verification process.

It is also necessary to identify and mitigate factors that may discourage any children from leaving such as:

- Fear of stigma;
- Loss of income, personal relationships or a sense of belonging; and
- Pride in defending their families and communities.

Children may need clothes or hygiene articles upon leaving an armed force or group. These items should be provided in accordance with accepted cultural, contextual and family/community standards. Cash and voucher assistance to children formerly associated with armed forces or groups is not recommended: it could become a pull factor for other children and families.

All children leaving armed forces or groups should receive appropriate health, education and psychosocial support services.

11.3.6. CHILD DETENTION

Children formerly associated with armed groups should be treated as victims of human rights violations. They should be:

- Protected from detention, investigation, prosecution, torture or ill treatment;
- Released if detained; and
- Provided with reintegration services.

Children who are over the age of criminal responsibility and who are alleged to have committed crimes while associated with armed forces or groups may be subject to criminal processes. However, they should only be detained in accordance with international juvenile justice standards. Alternatives to detention should be encouraged. (See Standard 20.)

11.3.7. SCREENING, IDENTIFICATION AND AGE VERIFICATION

Ongoing screening, identification and age verification can determine when there are children within the ranks of armed forces or groups. Particular attention should be made to identify children, including girls, who:

- Serve in non-combat roles;
- May be hidden;
- Are treated as wives or dependents of combatants; and
- Have escaped or left armed forces or groups independently or through informal release processes.

Consulting with children who have already been identified may help when developing screening and verification techniques.

Children must be documented immediately after exiting armed forces or groups using child-friendly interview techniques. A mixed team of male and female caseworkers should be available to allow all children, including girls, to voice their needs and concerns in comfort and safety.

11.3.8. INTERIM CARE

Many children should be able to return to their families and communities or be integrated into family-based care soon after release. Interim care should be provided for those who cannot immediately return to their families or whose families need to be traced. Family-based interim care should be prioritised above institutional care such as transit/interim care centres. (See Standard 19).

11.3.9. FAMILY TRACING AND REUNIFICATION

Preparations to reunify children must mitigate risks and threats of discrimination, violence and further recruitment. Before reunification, caseworkers should assess families' willingness and ability to accept a child and determine whether reunification is in the child's best interests. In some cases, the child may be rejected by their family. Where rejection or other serious concerns exist, alternative family-based care should be sought. (See Standards 13 and 19.)

Cross-border tracing and reunification require additional strategies to ensure release documentation will be honoured by all relevant parties.

11.3.10. REINTEGRATION

Reintegration activities seek to help (a) children transition from a military environment and develop productive lives within communities and (b) community members view and treat released children the same as other children.

The reintegration process should (a) be individually focused and community-based and (b) build on the strengths and resilience of children, families and communities. Processes should consider the individual needs of children based on gender, age, disability and setting. Reintegration should support both children who have left armed forces or groups and children who have been affected by the conflict in other ways to:

- Mitigate risks of stigma and/or reprisals;
- Reduce incentives to join armed forces or groups;
- Allow all affected children to benefit from pre-existing protection systems;
- Promote greater equity in accessing services; and
- Limit the risk of disempowering families and undermining positive community structures.

Community-level reintegration may include peace-building and social cohesion activities, awareness raising and behaviour change, and community-wide education and socio-economic initiatives.

Some children may be unable or unwilling to return to their communities of origin. Mediation and advocacy may facilitate their integration into another

community. All actions and decisions should be made in the child's best interests and with respect for their views.

11.3.11. RELEASE AND REINTEGRATION OF GIRLS

Girls may require specialised responses and services, particularly if they were sexually abused, are pregnant or have children. Release and reintegration services should account for these differences in both design and implementation. (See Standard 9.)

11.3.12. INFORMATION SHARING AND DATA PROTECTION

The personal information of children and families should be treated as highly confidential. All information management systems and data-sharing protocols used in prevention, release and reintegration programmes should comply with international standards on personal data protection and the principles of purpose, necessity and proportionality. Extra care should be taken when the government is engaged in the conflict. (See Standard 5.)

REFERENCES

Links to these and additional resources are available *online*.

- *Field Handbook on Child Recruitment, Release and Reintegration*, Paris Principles Steering Group, 2019.
- *Integrated Disarmament, Demobilization, and Reintegration Standards*, Inter-Agency Working Group on DDR, New York, 2007.
- *Operational Guide to the Integrated Disarmament, Demobilization and Reintegration Standards*, Inter-Agency Working Group on DDR, New York, 2014. [Update pending]

STANDARD 12: CHILD LABOUR

The following should be read with this standard: Principles; Pillar 2: Standards on child protection risks; Standard 16: Strengthening family and caregiving environments; Standard 18: Case management; Standard 21: Food security and child protection; Standard 22: Livelihoods and child protection; and Standard 23: Education and child protection.

Child labour is any work that deprives children of their childhood, their potential and their dignity. Child labour is work that interferes with children's education and negatively affects their emotional, developmental and physical well-being. Many child labourers are engaged in the worst forms of child labour (WFCL), including forced labour, recruitment into armed groups, trafficking for exploitation, sexual exploitation, illicit work or hazardous work. Humanitarian crises may increase the prevalence and severity of existing forms of child labour or trigger new forms. (See Standards 9 and 11.)

Forms of child labour

Child work — Not necessarily to be eliminated

Child labour — Eliminate

Worst forms of child labour — Eliminate as a matter of urgency
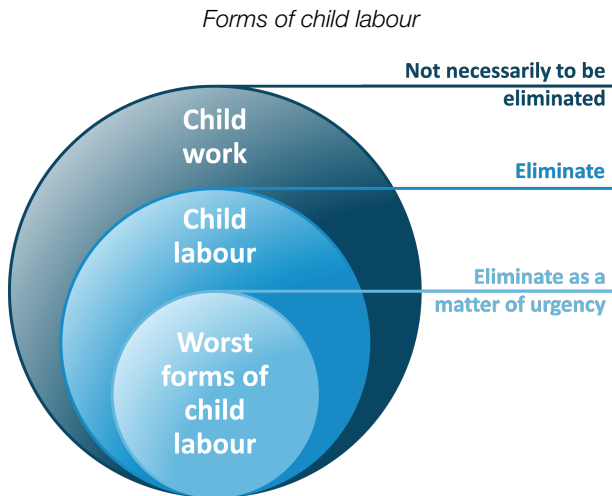
National legislation helps determine the minimum legal working age, what work is acceptable for children and what work should be eliminated. *International ILO Convention No. 182* recommends (a) prohibiting any person below the age of 18 years from engaging in the worst forms of child labour and (b) eliminating the worst forms of child labour as a matter of urgency.

STANDARD

All children are protected from child labour, especially the worst forms of child labour, which may relate to or be made worse by the humanitarian crisis.

12.1. KEY ACTIONS

PREPAREDNESS

12.1.1. Collect and analyse context-specific information on formal and informal local and national actors, legislation, policy, action plans and social norms to understand how humanitarian crises might affect child labour.

12.1.2. Include prevention and response actions in local and national humanitarian preparedness plans where child labour is a pre-existing issue.

12.1.3. Build the capacity of multisectoral humanitarian and development actors – particularly those in the social service workforce and in the child protection, education, social protection and livelihoods sectors – to adequately respond to child labour in emergencies.

12.1.4. Monitor existing risk factors and potential triggers for child labour such as food insecurity, displacement, conflict or school closures.

12.1.5. Provide age-appropriate and accessible information to children, families and communities on (a) acceptable forms of (light) work for children under and over the minimum legal age for work and (b) ways to access services that help prevent child labour and the worst forms of child labour.

RESPONSE

12.1.6. Collaborate with key actors, including children and communities, to prioritise the response to the most common and worst forms of child labour by using updated situational data and the national hazardous labour list (where it exists).

12.1.7. Estimate the prevalence of child labour and the worst forms of child labour by collecting, at a minimum, data on:
- The number of child labourers, regardless of the minimum working age;

- The number of hours they work; and
- The types of work they perform (sector, task and condition).

12.1.8. Conduct safe participatory research with children to understand:
- Their views on push and pull factors for child labour;
- The most hidden forms of work; and
- Which children are most at risk.

12.1.9. Develop strategies that address child labour by coordinating with multisectoral actors and the national committees against child labour and/or trafficking (where relevant and appropriate).

12.1.10. Distribute key messages about the risks and consequences of child labour, particularly the worst forms of child labour and forms that are related to or made worse by the humanitarian crisis.

12.1.11. Advocate for the prevention of and protection from the worst forms of child labour.

12.1.12. Conduct targeted activities to protect children from immediate and serious risks from the worst forms of child labour.

12.1.13. Support children, families and communities to develop and lead community-level initiatives to prevent and respond to child labour.

12.1.14. Prevent negative coping mechanisms, such as school dropout, by connecting children and families who are at risk of child labour with services including:
- Formal or non-formal education and vocational training;
- Basic needs;
- Family economic empowerment; and
- Pathways to decent work for children of legal working age.

12.1.15. Provide children already engaged in child labour with, at a minimum:
- Tailored child protection case management;
- Multisectoral services such as psychosocial support, education and family economic empowerment; and
- Pathways to decent work for children of legal working age.

12.1.16. Develop inter-agency referral systems and case management services that are (a) accessible to child labourers, including those who are displaced and highly mobile, and (b) connected to any existing child labour monitoring systems.

12.1.17. Advocate at local and national levels for the rights of children who are refugees, internally displaced, migrants or stateless, giving special consideration to specific barriers that they and/or their caregivers face in accessing services, education and decent work.

12.1.18. Engage employers, workers' organisations and civil society organisations in preventing and responding to child labour and promoting economic empowerment opportunities for children of legal working age and families of vulnerable children.

12.2. MEASUREMENT

All indicators about children should be disaggregated by sex, age, disability and other relevant diversity factors. The indicators below measure progress against the overall standard. Indicators and targets can be contextualised with the goal of meeting the indicative targets below. Additional related indicators are available *online*.

Indicator	Target	Notes
12.2.1. % of targeted children in at-risk families who are successfully protected from child labour through prevention support.	100%	This indicator requires a local definition of child labour risk factors. The denominator is children that are identified as at risk. Prevention interventions may include food, cash or livelihoods support, education or child protection. The target of 100% refers to the targeted children who are at risk.
12.2.2. % of children identified in child labour who are removed from it.	80%	This indicator can be re-worded specifying the type of child labour (such as children who are trafficked or children in hazardous labour). A timeframe can be added to make the indicator time-bound.
12.2.3. % of families identified as at-risk that receive prevention support.	90%	This indicator requires a local definition of family-level child labour risk factors. The denominator is families that are identified as at-risk during assessments or monitoring. Prevention interventions may include food, cash or livelihoods support, education or child protection support.
12.2.4. % of humanitarian sector strategies that include child labour prevention and response actions.	100%	Relevant sectors include: education, child protection, food security, livelihoods, and health. Determine targeted sectors in-country.

12.3. GUIDANCE NOTES

12.3.1. CHILD LABOUR RISK FACTORS

An effective response requires a good understanding of the risk factors that may lead to child labour. These commonly include:

- Income poverty;
- Social norms that support child labour; and
- Lack of access to basic services, education, food security or decent work.

Depending on the setting, children who are particularly at risk may include those who are:

- Already working;
- Living in households that are headed by children, older people or single adults;
- Living or working on the streets;
- Unaccompanied or separated;
- Living with disabilities or with caregivers with disabilities;
- Refugees, internally displaced, migrants or stateless;
- Identified with a certain social or political status;
- Undocumented; and
- Trafficked.

12.3.2. MINIMUM SERVICES FOR CHILDREN IN CHILD LABOUR

Any response should aim to assist children engaged in child labour, particularly the worst forms of child labour, by (a) removing them from the harmful work or hazards and (b) providing minimum services to meet urgent protection needs. Minimum services should include:

- Gender-, age- and disability-sensitive child protection case management;
- Referral services; and
- Appropriate alternative care (if required). (See Standard 19.)

Additional actions for children in the worst forms of child labour include:

- Engage with appropriate law enforcement and security services to immediately and safely withdraw children from illicit work in areas where criminal networks are involved.
- Facilitate negotiation or mediation between the child, family and the employer, where safe and appropriate.
- Provide trafficked children who are awaiting family tracing and reunification with:
  - Specialised screening at the first point of contact;
  - A risk assessment; and
  - Placement into a temporary care arrangement (where appropriate).
- Remove children from work who are under the minimum working age and performing hazardous work.
- Ensure that children who are over the minimum working age and performing hazardous work are (a) separated from the hazard or (b) allowed to continue working after the risk has been reduced to an acceptable level.

12.3.3. CHILD LABOUR MONITORING SYSTEMS

Child labour monitoring systems (CLMS) may exist to support the labour inspectorate. A child labour monitoring system mobilises the community to monitor child labour and refer children to services. Case management and protection monitoring systems that are established as part of the humanitarian response must be linked to existing child labour monitoring systems. All systems should be accessible to children who are refugees, internally displaced, migrants or stateless. Where a child labour monitoring system does not exist, child labour issues should be addressed by child protection case management systems.

12.3.4. DO NO HARM

Humanitarian actors across all sectors of work must ensure that their assistance does not push children into child labour or the worst forms of child labour. Mitigation strategies may include (a) implementing child safeguarding policies and (b) using age verification techniques to confirm children are not involved in hard and dangerous physical labour (such as distributions, construction or clearing debris). Cash and voucher assistance should provide safe and appropriate options for children over the minimum legal working age.

REFERENCES

Links to these and additional resources are available *online*.

- *The IOM Handbook on Direct Assistance for Victims of Trafficking*, IOM, 2007.
- *Inter-agency Toolkit: Supporting the Protection Needs of Child Labourers in Emergencies (Draft for Field-testing)*, Child Labour Task Force and The Alliance for Child Protection in Humanitarian Action, 2016.

STANDARD 13:
UNACCOMPANIED AND SEPARATED CHILDREN

The following should be read with this standard: Principles; Standard 18: Case management; Standard 16: Strengthening family and caregiving environments; and Standard 19: Alternative care.

Family separation can result from a variety of causes, both accidental and deliberate. In humanitarian settings, unaccompanied and separated children (UASC) have been separated from their caregiver or other family-level protection when they need it most. In addition to causing emotional distress, separation may create significant barriers to accessing humanitarian assistance. In many cases, separation can be prevented.

The humanitarian response can positively or negatively impact separation. Always assume that children have family with whom they can be reunited. Only refer to children as 'orphans' if it is verified that both parents are deceased.

NOTE: This standard uses the term 'unaccompanied and separated children (UASC)' because it is currently the accepted term in the sector. In all other places in the *CPMS*, the term 'children who are unaccompanied and separated' is used to demonstrate a commitment to keeping the child at the centre of humanitarian efforts.

STANDARD

Family separation is prevented, and unaccompanied and separated children receive care and protection in timely, safe, appropriate and accessible ways in accordance with their rights and best interests.

13.1. KEY ACTIONS

PREPAREDNESS

13.1.1.   Map and review community- and national-level child protection systems that (a) relate to children who lack appropriate care and (b) prevent and respond to family separation.

13.1.2. Inform families of the importance of birth registration. (See Guidance note 14.3.3.)

13.1.3. Integrate and harmonise the child protection and case management systems that prevent and respond to child separation.

13.1.4. Build the capacity of caseworkers and community volunteers to appropriately identify, care for, communicate with, monitor and protect all UASC.

13.1.5. Train relevant actors (including focal points and border and immigration officials) in areas that may receive large numbers of refugees, internally displaced persons or migrants on:

- Methods for preventing separation;

- How to identify UASC;

- Specific risks children face in the context;

- Appropriate response actions, such as immediate care and support; and

- Referral mechanisms.

13.1.6. Distribute child-friendly, accessible messaging on preventing family separation to vulnerable children, families, communities and other stakeholders wherever separation is possible. (See Standards 3, 15, 16 and 17.)

13.1.7. Support existing, appropriate alternative care options. (See Standard 19.)

RESPONSE

13.1.8. Work with children, families and communities to:

- Monitor and analyse the scale, root causes and potential risk factors for family separation during and after the crisis; and

- Develop or adapt context-specific programmes that prevent and respond to cases of separation.

13.1.9. Collaborate with government actors and coordination structures to agree upon essential elements of information, case management and referral systems within two weeks of the onset of a crisis.

13.1.10. Ensure there are sufficient trained staff and logistical equipment for case management and immediate family tracing and reunification (FTR).

13.1.11. Establish child protection help desks or screening points at key locations (such as reception and arrival areas, schools, food distribution centres, hospitals, etc.) and/or during planned population movements to identify and prevent family separation.

13.1.12. Support other actors' efforts to register and document affected children and adults. Provide technical support on child-friendly procedures during:
- Evacuations;
- Mass population movements; and
- Medical evacuations, quarantine or isolation.

13.1.13. Work with other sectors to ensure programmes and messaging do not promote voluntary or accidental family separation to receive special assistance.

13.1.14. Use case management to ensure children's best interests are assessed, determined and taken as a primary consideration in all decisions that affect them. This includes decisions related to tracing, alternative care placements and reunification. (See Standards 18 and 19.)

13.1.15. Prioritise UASC (including children who are refugees) for equal, safe access to assistance, protection and services, including education.

13.1.16. Ensure courts, national child protection systems and best interests procedures allow sufficient time for family tracing in accordance with the best interests of the child.

13.1.17. Facilitate communication and, where appropriate, contact between the child and their family when family tracing was successful but (a) family reunification is not possible or not in the child's best interests and (b) continued communication is in the child's best interests.

13.1.18. Implement timely, systematic, multisectoral monitoring and follow-up to (a) support family reunification and community reintegration and (b) verify that children who have been reunited are receiving adequate care.

13.2. MEASUREMENT

All indicators about children should be disaggregated by sex, age, disability and other relevant diversity factors. The indicators below measure progress against the overall standard. Indicators and targets can be contextualised with the goal of meeting the indicative targets below. Additional related indicators are available *online*.

Indicator		Target	Notes
13.2.1.	Contextually adapted SOPs and forms are in place that include procedures for UASC.	Yes	Refer to supplementary case management forms that reference UASC and family tracing.
13.2.2.	% of identified UASC for whom FTR has started within 2 weeks of registration.	90%	Two weeks is the maximum. It may need to be developed sooner depending on the risk level (within 3 days for high, 1 week for medium and 2 weeks for low risk).
13.2.3.	% of identified UASC who are reunited or in contact with their caregiver within 6 months of registration.	80%	Modify this indicator to add a timeframe (such as over duration of project).
13.2.4.	% of unaccompanied children who access quality interim care within X days of being registered.	100%	The timeframe can be added according to country context. Please see for definition of quality interim care.

13.3. GUIDANCE NOTES

13.3.1. FIRST DAYS

Within the first 24–48 hours after a sudden-onset humanitarian crisis, follow the key steps outlined in the diagram to prevent separation, help reunite families and start family tracing.

Key steps to prevent separation, reunite families and start family tracing

- **Assess the situation.**

- **Use common prioritisation criteria to rapidly manage the most vulnerable cases (such as infants or children with disabilities) and to organise immediate interim care where required.**

- **Document all information known about the child and keep any items they have with them, including clothing, toys and other items that may seem irrelevant.**

- **Distribute key messages using appropriate means of communication that encourage caregivers to:**
  - **Stay with their children, and**
  - **Care for children who are separated, and register them.**

- **Avoid language or programming that encourages separation.**

13.3.2. PRESERVING FAMILY UNITY

Humanitarian actors should work with authorities, communities and families to assess separations, understand the causes and identify community-level solutions. Practical actions include:

- Attaching identification tags or wrist bracelets to babies, young children and children with disabilities;
- Teaching children key information about their family identity, home and emergency meeting points; and
- Advocating with authorities and other actors to address policies, procedures or practices that are contributing to separation.

If it is safe to do so, children should carry documentation that verifies their legal identity.

Contextualised measures for preventing separation are especially important in non-camp or urban contexts where communities may be dispersed. All relevant actors should be trained to protect children and preserve family unity when:

- Delivering humanitarian aid;
- Evacuating or relocating populations; or
- Putting children or caregivers in quarantine or isolation during infectious disease outbreaks.

Child protection actors should work with other sectors to provide tailored services and support to families at risk of separation.

13.3.3. COORDINATION

All actors should coordinate their efforts to prevent and respond to child separation by (a) including UASC in standard operating procedures and (b) identifying key actors involved in national or international family tracing activities.

Context	Key actors	Services
Internal displacement	Clusters and national authorities	
Armed conflicts Cross-border movements	The International Committee of the Red Cross (ICRC) National Red Cross and Red Crescent Societies	Restoring Family Links (RFL)
Refugee contexts	UNHCR and national authorities	Best Interests Procedure
Migration contexts	The International Organization for Migration (IOM)	

13.3.4. IDENTIFICATION

Separation should be a priority concern. Initially, or when there is a high caseload, it may be necessary to focus on the children most at risk, such as children without care. The first step is to develop an inter-agency identification and referral mechanism. The community should be informed of the purpose of identifying UASC to avoid creating (a) 'pull factors' for separation or (b) fears that children will be taken away.

Child protection 'help desks' or screening points should be established in key locations (registration points, medical facilities, market areas, etc.) to support key multisectoral actors (immigration officials, detention workers, etc.). Make sensitive inquiries to ensure that girls are not missed or hidden. Camp management, distribution and refugee registration personnel should record the names, ages and relationships of all household members to help identify households with unrelated children, child heads of household and children on their own.

13.3.5. REGISTRATION, ASSESSMENT AND DOCUMENTATION

Appropriate standards and procedures for information and case management should be followed when collecting and storing data on children, including information about interim care placements and family tracing and reunification. (See Standards 18 and 19.) Trained staff should carry out registration for case management, documentation and assessments in ways that avoid unnecessary distress or further separation. Anyone who brings a very young child or a child with disabilities for care should be immediately interviewed to avoid losing important information. Full data collection for children under five and children with disabilities should be prioritised and carried out using specialised methods. Missing children should be registered and documented using information provided by family members who are looking for them.

13.3.6. TRACING

'Tracing' is the process of searching for either a missing child or a child's absent parents, primary legal or customary caregivers, or other close family members. Tracing can take months or years, so it is essential to find immediate interim care options, preferably family-based, for children without adequate care. (See Standard 19.)

Tracing may be done on a case-by-case basis or for a whole group. Tracing activities must follow appropriate guidance, which includes conducting an analysis of the risks different methods may pose to the child. It is important to remember that successful tracing may not always result in family reunification.

13.3.7. VERIFICATION

'Verification' is the process of:

- Determining whether a claimed relationship is real;
- Assessing the child's best interests; and
- Confirming that both the child and family member are willing to be reunited.

Verification assesses the conditions for reuniting children and ensures that children are not handed over to the wrong people. During verification, the parties should not be brought into contact with each other. Agreements with national civil registries can assist in identity verification where appropriate and in the best interests of the child. Depending on the situation, it may be necessary and appropriate to mediate between the child and family members.

13.3.8. FAMILY REUNIFICATION AND REINTEGRATION

'Reunification' is the process of bringing together the child and family or previous primary caregiver to establish or re-establish long-term care when it is possible, safe and in the best interests of the child. In the case of child refugees, it is essential that procedures for voluntary repatriation are followed, in addition to the Best Interests Procedure. Family reunification should be well coordinated and conducted according to international guidelines and relevant national legal frameworks. The child, family, community and interim caregiver should be prepared for reunification through coordinated, multisectoral, family- and community-level support. Approaches that address the root causes of separation are valuable when preparing families for reintegration. Remember, safe and effective reintegration is a tailored process, not a single event.

STANDARD 13

13.3.9. FOLLOW-UP

During separation, especially long separations, the child changes, matures and may experience life-changing events. The family's circumstances may also change. In some cases, these changes can make reintegration difficult. Different forms of tailored support and follow-up should be considered in response to (a) ongoing evaluations of the child's and family's situation and (b) the child's safe and meaningful participation and feedback. Community-based monitoring can support the follow-up process.

13.3.10. CONTEXTUALISATION

A contextualised definition of 'unaccompanied and separated children' should reflect local understandings of customary care and family relationships. All actors should consistently use the same definition and ensure affected populations understand it in the local language and within cultural norms.

REFERENCES

Links to these and additional resources are available *online*.

- *Field Handbook on Unaccompanied and Separated Children*, IAWG UASC and the Alliance for Child Protection in Humanitarian Action, 2016.
- *Toolkit on Unaccompanied and Separated Children*, IAWG UASC and the Alliance for Child Protection in Humanitarian Action, 2016.
- *Guidelines on Assessing and Determining the Best Interests of the Child: 2018 Provisional Release*, UNHCR, 2018.

PILLAR 3: STANDARDS TO DEVELOP ADEQUATE STRATEGIES

INTRODUCTION TO PILLAR 3: STANDARDS TO DEVELOP ADEQUATE STRATEGIES

The following should be read with Standards 15-20: Standard 14: Applying a socio-ecological approach to child protection programming and Principle 9: Strengthen child protection systems.

The standards in this section describe key strategies, approaches and interventions for preventing and responding to the child protection risks outlined in Pillar 2. Pillar 3 has been developed to reflect the socio-ecological model and child protection systems thinking (see Principle 9) and are aligned, where relevant, with the *INSPIRE* strategies.

The socio-ecological model helps identify the ways that factors at interconnected levels influence child development and well-being:

- Children actively participate in the protection and well-being of *themselves* and their peers.
- Children are mostly raised in *families*, but sometimes this layer includes other close relations.
- Families are nested in *communities*.
- Communities form the wider *societies*.

Four levels of the child protection socio-ecological model
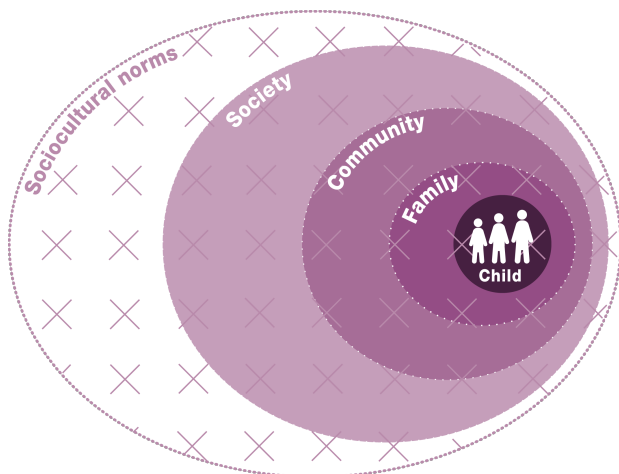
The socio-ecological model provides a concrete framework that supports systems thinking for child protection programming. The socio-ecological model looks at an entire situation to (a) identify all the different elements and factors and (b) understand how they relate to and interact with each other.

Rather than looking at a single protection issue or a specific service on its own, systems thinking considers the full range of problems facing the child, their root causes and the solutions available at all levels. It promotes flexible programming that integrates new learning and adapts accordingly throughout implementation.

The socio-ecological model and child protection systems thinking are complementary frameworks that seek to achieve the same goal: a holistic, integrated approach to protecting children. The *INSPIRE* package has a similar goal: evidence-based strategies for preventing violence against children. (See Introduction.)

CPMS standard	Ecological level	INSPIRE strategy	INSPIRE icon
Standard 14: Socio-ecological approach to child protection programming	All four levels, with a focus on society	All seven strategies	
Standard 15: Group activities for child well-being	Child	Education and life skills Safe environments	
Standard 16: Strengthening family and caregiving environments	Family	Parent and caregiver support Income and economic strengthening	
Standard 17: Community-level approaches	Community	Safe environments Norms and values	
Standard 18: Case management	Primarily the child and the family, but also society	Response and support services	
Standard 19: Alternative care	Primarily the child and the family, but also community and society	Parent and caregiver support Response and support services	
Standard 20: Justice for children	Primarily society	Response and support services Implementation and enforcement of laws	

Child protection systems are composed of more 'formal' elements and more 'informal' elements. In this Pillar, Standards 15, 16 and 17 focus on children, families and communities. They more closely align to the informal elements of the child protection system and are also some of the most important systems in humanitarian contexts. Standards 18, 19 and 20 relate more closely to the formal elements of the system. Standards 18 and 19 address specific humanitarian interventions that are critical for preventing and responding to a range of protection concerns.

STANDARD 14:
APPLYING A SOCIO-ECOLOGICAL APPROACH TO CHILD PROTECTION PROGRAMMING

The following should be read with this standard: Principles; Standard 15: Group activities for child well-being; Standard 16: Strengthening family and caregiving environments; and Standard 17: Community-level approaches.

Applying a 'socio-ecological' approach to child protection involves designing integrated approaches that work in partnership with children, families, communities and societies. (See Pillar 3: Standards to develop adequate strategies.) This standard outlines actions that:

- Address all four levels of the socio-ecological model; and/or
- Take place at the society level and are not covered in other standards. This includes strengthening laws and policies, funding for child protection, social welfare and birth registration services.

Society level of the child protection socio-ecological model

Society-level actions
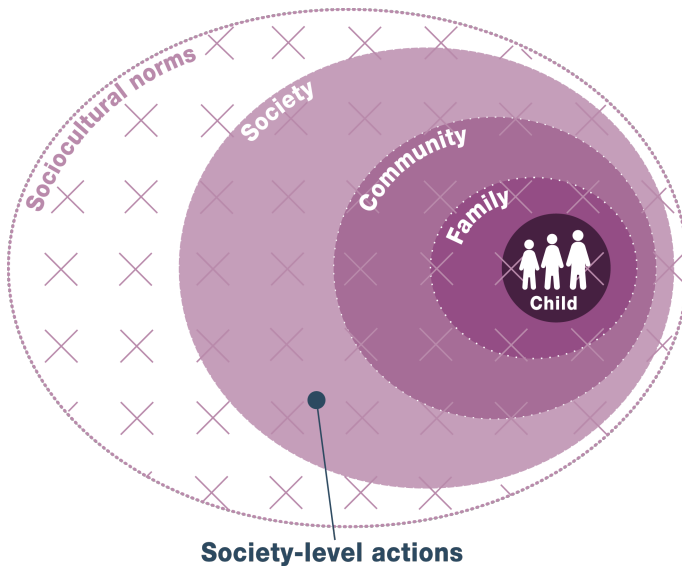
STANDARD

Children, families, communities and societies are supported to protect and care for children.

14.1. KEY ACTIONS

PREPAREDNESS

14.1.1. Conduct an analysis of child protection risk and resilience factors at child, family, community and society levels.

14.1.2. Map existing formal and traditional/customary laws, policies, procedures and services for protecting children.

14.1.3. Build the capacity of community- and national-level child protection partners, systems and services.

14.1.4. Identify and reform legislative and policy gaps in relation to child protection in humanitarian crises.

14.1.5. Identify (a) gaps in coverage and quality of services and (b) key partners who could be mobilised to respond to humanitarian crises.

14.1.6. Strengthen child-, family-, community- and society-level capacities to protect children prior to, during and after humanitarian crises.

14.1.7. Identify all existing legal, policy and practice barriers that exclude specific groups from child protection and broader protection systems.

14.1.8. Develop a plan to address these barriers and ensure non-discriminatory access to services and fulfilment of rights.

14.1.9. Address child protection risks in all disaster preparedness and response plans and advocate for sufficient funding in contingency and preparedness plans.

PREVENTION

14.1.10. Analyse and monitor the impact of the humanitarian crisis on risk and resilience factors at the four levels of the socio-ecological model.

14.1.11. Develop and regularly update local, national, international and inter-agency strategies for preventing separation and violence against children at the four levels of the socio-ecological model.

14.1.12. Ensure prevention strategies are informed by:
- Consultations with children, families and communities;
- Analysis of risk and resilience factors; and
- *INSPIRE* strategies for preventing violence against children.

14.1.13. Conduct safety audits for children (together with other relevant multisectoral actors) and develop inter-agency plans to address the identified risks.

14.1.14. Raise awareness of existing legal institutions, laws, policies and procedures for preventing violence and keeping perpetrators accountable.

14.1.15. Strengthen existing laws, policies, procedures and their implementation to prevent harm to children.

14.1.16. Develop and implement child protection capacity-building initiatives that include prevention actions led by children, families, communities and service providers.

RESPONSE

14.1.17. Address all four of the socio-ecological levels in child protection response plans and services.

14.1.18. Work together with children, families and communities to (a) identify their different knowledge, attitudes and practices related to child protection risks and (b) provide information about risks, appropriate responses and available services.

14.1.19. Review and adapt previous assessments of existing child protection systems to ensure they are:
- Relevant to the crisis;
- Appropriate, inclusive and non-discriminatory for all affected children; and
- Integrated into the response plan.

14.1.20. Identify the parts of child protection systems that need to be strengthened and develop a plan to:
- Improve quality;
- Scale up services in specific crisis-affected areas; and/or
- Adapt services to the needs of all affected children.

14.1.21. Identify which groups of children are excluded from the national child protection system, identify the specific barriers they face and develop a plan to promote non-discriminatory access.

14.1.22. Provide supplementary child protection services at all levels of the socio-ecological model to fill gaps where existing systems are insufficient for or inaccessible to specific groups of children.

14.1.23. Integrate innovative emergency child protection services, policies and procedures into existing child protection systems.

14.1.24. Build the capacity of local, national and international humanitarian actors to access and use all relevant child protection standards and tools.

14.1.25. Build the child protection capacity of humanitarian actors in all sectors.

14.1.26. Strengthen the capacity of the social service workforce.

14.1.27. Advocate for universal access to birth registration.

14.1.28. Monitor services and child protection issues and regularly update affected communities, national authorities and humanitarian actors on progress, risks and challenges.

14.2. MEASUREMENT

All indicators about children should be disaggregated by sex, age, disability and other relevant diversity factors. The indicators below measure progress against the overall standard. Indicators and targets can be contextualised with the goal of meeting the indicative targets below. Additional related indicators are available *online*.

Indicator		Target	Notes
14.2.1.	Humanitarian Response Plan includes targeted strategies for each level of the socio-ecological model.	Yes	This indicator should measure each level separately but can report on them jointly.
14.2.2.	An analysis of risk and resilience factors that includes different levels of the socio-ecological model is available.	Yes	The analysis could be part of preparedness or response (see for elements to include).
14.2.3.	% of programmes that are based on an analysis of the risk and resilience factors at the four levels of the socio-ecological model.	80%	
14.2.4.	% of programmes that reference the different levels of the socio-ecological model in their design and implementation.	80%	

14.3. GUIDANCE NOTES

14.3.1. ASSESSING AND MONITORING RISK AND PROTECTIVE FACTORS

Child protection actors should assess and monitor risk and protective factors including:

- Child well-being and protection;
- Risk and resilience factors for the main child protection issues;
- Children's roles and responsibilities within the family, community and society, including their different effects on children's empowerment or discrimination;
- Positive and negative coping strategies for children, families and communities;
- Existing community networks, norms, attitudes, community influencers and advocates;
- Parts of formal child protection systems, related services and their connections to (a) informal systems (including national laws, policies and procedures) and (b) the child protection workforce's capacity to respond to crisis; and
- Barriers faced by specific groups of children who are less likely to benefit from the child protection system, especially when the system is under stress.

14.3.2. SOCIO-ECOLOGICAL LEVELS

Children's specific strengths and vulnerabilities include the following:

- Younger children depend on their primary caregivers for basic needs and have difficulty understanding disruptions caused by a crisis.
- Older children and adolescents can address some of their own basic needs but face a greater likelihood of being separated from their families, becoming associated with armed forces or groups, being forced into labour, exploited, etc.

Families, other close relations and peers are the closest protective layer around a child. Caregivers and close peers are sources of resilience and support for children. However, they may experience stress caused by:

- Economic hardship;
- Social isolation;

- Changes in family composition and roles due to death, divorce or forced separation; and

- The loss of protective community mechanisms.

This stress can increase children's risks of violence, child marriage, child labour or voluntary family separation.

Communities have the potential to support children and families, but this is often reduced during crises. If community members do not consider the best interests of all children, particular groups of children may face increased risks related to discrimination or exclusion. Humanitarian actors should build on and strengthen protective elements within the community while also addressing risk factors, including discrimination.

The broader *social, political and cultural environments* in which children live and grow play significant roles in preventing and responding to risks. This includes (a) religious and cultural belief systems and social norms that influence how children are cared for and nurtured and (b) laws, policies and institutional structures that are responsible for protecting children during humanitarian crises.

Actions for strengthening legal and policy frameworks include:

- Assessing legal and policy frameworks that inform how and for whom child protection and broader protection services are provided;

- Strengthening the implementation of existing protective laws and policies; and

- Supporting the alignment of laws and policies with international legal frameworks and principles where necessary.

Priority should be given to changing policies that exclude particular groups of children – such as children who are refugees or stateless – from national child rights and child protection laws, standards and services.

14.3.3. BIRTH REGISTRATION AND OTHER FORMS OF DOCUMENTATION

Birth registration supports children's rights and protection and documents their identity, family relationships and nationality. Children who lack a birth certificate are at greater risk of a range of protection risks, including statelessness. Birth registration must be conducted by the government civil registration authority to ensure the birth certificates are legally recognised. Many countries have low rates of birth registration. Conflict, disasters and displacement may disrupt registration services or lead to the loss or destruction of required documents.

The following actions can support children's access to birth certificates:

- Support health actors, municipalities, traditional authorities, etc. to provide birth notifications when children are born;
- Provide financial and technical support (including mobile birth registration services) to re-establish and/or scale up birth registration services in affected areas;
- Provide information to affected families on the importance of and procedures for registering children's births;
- Advocate for changing policies and/or regulations that prevent emergency-affected families from registering their children's births; and
- Provide legal aid to families with complex cases so they can register children's births.

Child protection actors should advocate for and support children's and families' access to other forms of registration or identity documents that provide protection such as:

- Registration for refugees (including child-friendly asylum procedures) and child-friendly registration for internally displaced persons;
- Civil documentation services (including marriage and death certificates); and
- Consular services (such as passports).

14.3.4. SOCIAL SERVICE WORKFORCE STRENGTHENING

The 'social service workforce' includes different types of professionals and paraprofessionals who work on behalf of vulnerable children and families. Government and civil society social service actors at local, national and regional levels play significant roles in the care and protection of children. They are a core component of formal child protection systems.

Humanitarian actors may also work with, recruit and train paraprofessional social workers. A 'paraprofessional social worker' is a staff person or volunteer – often community-based – who is not formally qualified but has some of the competencies required to serve the needs of children and their families.

In humanitarian settings, if the workforce capacity is found to be weak, the child protection sector should develop a longer-term plan to strengthen the social service workforce. This should start as soon as possible, ideally within the first 2–3 years of an emergency. This plan should build upon the humanitarian response and should:

- Map the human resource capacity and needs in the social service workforce, including different types and levels of the social service

workforce, geographical needs and gaps. Use this to develop a costed, multi-year, inter-agency plan for strengthening the sector.

- Build upon existing national capacities and emergency innovations to sustain and institutionalise the capacity building of the social service workforce in the areas of case management, alternative care, community-based child protection, etc.

- Develop a system to monitor the quality and effectiveness of the services provided by the social service workforce, including feedback and reporting mechanisms.

- Continue improving the quality of social service workforce training by (a) using innovative and adapted learning methods and (b) ensuring that capacity building is built on local knowledge, good practices in child protection and key principles such as do no harm, confidentiality and accountability.

- Develop and/or strengthen standards for the social service workforce and, where possible, work towards integrating them into national accreditation systems.

REFERENCES

Links to these and additional resources are available *online*.

- *INSPIRE Handbook: Action for Implementing the Seven Strategies for Ending Violence Against Children*, World Health Organization (WHO), 2018.

- *Ten Steps to Creating Safe Environments for Children and Youth: A Risk Management Road Map to Prevent Violence & Abuse*, Canadian Red Cross, 2007.

- *'Adapting to learn, learning to adapt': Overview of and Considerations for Child Protection Systems Strengthening in Emergencies*, Alliance for Child Protection in Humanitarian Action, 2016.

- *Operational Guidelines – Community-based Mental Health and Psychosocial Support in Humanitarian Settings: Three-tiered Support for Children and Families (Field Test Version)*, United Nations Children's Fund (UNICEF), New York, 2018.

- *Guidelines to Strengthen the Social Service Workforce for Child Protection*, UNICEF, 2019.

- *'Guidelines on International Protection No. 8: Child Asylum Claims under Articles 1(A)2 and 1(F) of the 1951 Convention and/or 1967 Protocol Relating to the Status of Refugees'*, HCR/GIP/09/08, UNHCR, 2009.

STANDARD 15:
GROUP ACTIVITIES FOR CHILD WELL-BEING

The following should be read with this standard: Principles; Standard 14: Applying a socio-ecological approach to child protection programming; Standard 16: Strengthening caregiving and family environments; Standard 17: Community-level approaches; and Standard 18: Case management.

Children's regular and consistent engagement in group activities can positively impact their well-being, enhance their resilience and reduce their stress. Group activities provide opportunities for children to come together in a predictable and stimulating environment to be safe, to learn, to express themselves, to make connections and to feel supported. Such activities can also promote protection by (a) identifying children who are vulnerable or who are experiencing abuse, neglect, exploitation or violence and (b) supporting appropriate referrals. Group activities can provide a sense of normalcy.

Sometimes group activities take place in a fixed space, commonly referred to as a 'child-friendly space' or a 'safe space'. This space may act as a centre for outreach activities. Group activities may also be mobile, facilitated by a specific group of animators in varied, rotating locations. The locations are identified ahead of time based on an assessment that they are safe and accessible to children of different genders, ages, disabilities and other relevant aspects of diversity. This standard links to and is informed by the *INSPIRE* strategies 'Education and life skills' and 'Safe environments'.

Group activities for child well-being can include:

- Non-formal education;
- Structured and free play;
- Arts and crafts;
- Sports;
- Resilience and life skills programmes;
- Leadership training for adolescents; and
- Parenting and support groups that strengthen families' and communities' child protection capacities.

STANDARD 15

STANDARD

Children are supported through access to group-based, planned activities that (a) promote protection, well-being and learning and (b) are delivered in safe, inclusive, contextually and age-appropriate approaches.

15.1. KEY ACTIONS

PREPAREDNESS

15.1.1.   Identify available:
- Existing group activities and human resources that can be used or strengthened;
- Safe, accessible locations in which to conduct activities; and
- Safe, local and culturally appropriate recreational materials with a low environmental impact.

15.1.2.   Collaborate with other sectors to integrate their services into group activities and spaces. (See Standard 1 and 21-28.)

15.1.3.   Collaborate with the child protection coordination group to ensure that up-to-date service mapping and referral pathways are available. (See Standards 1 and 18.)

15.1.4.   Develop an accessible, child-friendly diagram of your referral pathway and share it with children, families and communities. (See Standards 1 and 18.)

15.1.5.   Train staff who will manage and facilitate activities in core knowledge and skills such as:
- Child development;
- Communicating with children;
- Child-centred approaches;
- Crises' impacts on children; and
- Identification and referral of child protection concerns (such as case management referrals).

15.1.6.   Establish a child safeguarding policy and accompanying procedures and train all staff and volunteers who will interact with children. (See Standard 2.)

15.1.7. Work with the education sector to develop joint preparedness plans that integrate educational aspects into group activities without competing with formal education. (See Standards 1 and 23.)

RESPONSE

15.1.8. Participate in an inter-agency, participatory assessment involving children, caregivers, community members, service providers and government stakeholders to decide (a) whether additional group activities are needed and (b) how group activities can be safe, accessible, high-quality and contextually/culturally appropriate. (See Standard 4.)

15.1.9. Identify existing spaces that can safely and ethically be used for group activities, as the number of available places may be limited.

15.1.10. Fully involve children, their caregivers and communities in developing a programme of activities that:
- Meets children's and families' needs;
- Develops their skills; and
- Builds their resilience.

15.1.11. Work with other sectors to increase the range of group activities by including activities such as hygiene messaging, food security distributions and environmental awareness.

15.1.12. Include children and adults from affected and host communities in processes for deciding all aspects of the set-up and running of the group activities (objectives, design, schedules, management, participation, monitoring, etc.) wherever safe and appropriate.

15.1.13. Inform affected and host communities of the final decisions made regarding plans for the set-up and running of the proposed group activities.

15.1.14. Share the schedules of all structured group activities with affected and host communities.

15.1.15. Establish a monitoring and evaluation system that includes the meaningful participation of children, families and communities.

15.1.16. Conduct outreach to identify and encourage the participation of children who may generally be excluded from group activities.

15.1.17. Fully involve children of different ages, genders, disabilities and other relevant diversity factors to develop a programme of activities that is:
- Inclusive;
- Accessible;
- Tailored to their needs and preferences;
- Skill-enhancing;
- Resilience-building; and

- Compatible with education or other essential services.

15.1.18. Register all children participating in group activities after you have secured their informed consent/assent.

15.1.19. Record attendance daily.

15.1.20. Use alphanumeric codes (not names) for record-keeping in order to protect personal data. (See Standard 5.)

15.1.21. Provide ongoing coaching, supervision and support for staff, including in relation to children with complex needs.

15.1.22. Work with a cross-section of children and their families to (a) develop an accessible, inclusive, child-friendly feedback and reporting mechanism and (b) widely distribute related information about how to report concerns.

15.1.23. Work with relevant actors to (a) develop a phase-out or transition plan that connects with broader recovery planning and/or managed transition processes and (b) inform all stakeholders, including affected and host communities, about any exit, transition or handover plans.

15.2. MEASUREMENT

All indicators about children should be disaggregated by sex, age, disability and other relevant diversity factors. The indicators below measure progress against the overall standard. Indicators and targets can be contextualised with the goal of meeting the indicative targets below. Additional related indicators are available *online*.

Indicator	Target	Notes
15.2.1. % of target locations where culturally, gender-, age-sensitive group activities are accessible to all children.	90%	Define what constitutes 'culturally, gender- and age-sensitive group activities' according to the context. 'All children' includes girl mothers, children with disabilities or in child labour, and other children who are hard to reach.

15.3. GUIDANCE NOTES

15.3.1. APPROPRIATENESS AND APPROACH

Identify, support and strengthen existing spaces, services and activities before developing additional group activities. Where they are needed, design group

activities based on an assessment of needs and protection risks in order to decide:

- Where, how, when and by whom the activities will be conducted;
- What the objectives are; and
- Whether specific facilities are required.

Minimise the environmental impact of your activities by using locally sourced, recycled and recyclable materials wherever possible. Activities should ideally take place in a number of locations in order to meet the needs of all children. Group activities run by external actors should not be long-term. Organisations should plan to transition into more sustainable, community-led initiatives.

15.3.2. INCLUSION AND NON-DISCRIMINATION

Give all children the opportunity to participate in activities adapted to their particular needs and characteristics. Conduct assessments and consult with children to identify barriers to access. Overcome these barriers by reaching out to children and families at risk in non-stigmatising ways. Develop schedules with consideration for school-related, religious and other activities. Adopt a flexible scheduling approach that supports the participation of children who have other responsibilities such as:

- Children who work;
- Children who care for siblings, unwell or older relatives, or parents with disabilities; and/or
- Children who are parents.

15.3.3. ADOLESCENTS

Adolescents have specific needs, interests, skills and capacities. It is essential to identify adolescents who are at risk in a way that does not stigmatise them. Support adolescents, including girls, to design and participate in tailored activities. Keep adolescents fully informed of decisions and plans.

15.3.4. EARLY CHILDHOOD DEVELOPMENT (ECD)

Group activities often target children aged 5 years and over. Provide separate spaces/time slots and tailored activities for children aged 0–2 years (with their primary caregivers) and 3–5 years. Work with early childhood development/other sector staff with specialised knowledge to implement group activities for children in this age range. Where possible, engage children's parents/caregivers to strengthen children's attachment. Provide

developmentally appropriate play materials to promote children's development, psychosocial well-being and brain function.

15.3.5. LIFE SKILLS

Consider children's age, different contexts, social norms and individual needs and interests in the design and delivery of all life skills activities. Always collaborate with other sectors who may offer life skills, such as education or livelihoods. Provide key life skills that strengthen children's social and emotional well-being, as well as their protection.

15.3.6. FAMILIES' AND COMMUNITIES' CHILD PROTECTION CAPACITIES

Group activities for children can improve children's protection by directly supporting their caregivers. They may also connect caregivers with community-level systems and groups such as women's groups and child protection committees. Complement and reinforce group activities for children with activities for caregivers, such as positive parenting sessions. (See Standards 14, 16 and 17.)

15.3.7. SECTOR-INTEGRATED APPROACHES

The child protection and education sectors must work together to develop group activities that complement non-formal and formal education. (See Standard 23.)

Actors providing group activities should also engage with formal and informal local and international actors from other sectors (such as health; nutrition; and water, sanitation and hygiene) through coordination groups. Together, identify opportunities for collaboration and joint implementation. This collaboration may help:

- Provide integrated or mainstreamed multisectoral services;
- Harmonise activities across sectors; and
- Prevent duplication. (See Standards 1 and 21-28.)

15.3.8. SAFETY AND SECURITY

In all locations where group activities are taking place (including outreach and mobile programming activities), consider first the safety of children and their families. A risk assessment must take place before selecting locations. Risk assessments identify:

- Potential physical hazards;
- Distance to unsafe sites such as roads, military barracks or areas of conflict;
- Potential conflict with the community; and
- The possibility for children to be targeted for recruitment, abduction or attack during or while travelling to group activities.

Any risks identified must be mitigated if a site is to be chosen for group activities. Spaces must meet minimum standards for safety, hygiene and health, including:

- Proper ventilation, shade or warmth;
- Adequate lighting;
- Access to clean drinking water;
- Access to hygienic and secure bathroom facilities separated for boys and girls;
- Supplies for menstrual hygiene management;
- Fire extinguishers; and
- First aid equipment.

Adequate staff numbers are essential to maintain safety for children and communities. The child to adult ratio will vary depending on activities and numbers of children with disabilities. The recommended ratios are two adult facilitators per:

- 20 children aged 5–9 years;
- 25 children aged 10–12 years; and
- 30 children aged 13–18 years.

15.3.9. INFECTIOUS DISEASE OUTBREAKS (IDO)

During infectious disease outbreaks, the delivery of group activities must be discussed with health and water, sanitation and hygiene actors. It may be necessary to adapt activities for (a) children who are in treatment, quarantine or isolation and/or (b) for children whose caregivers have been admitted to a care facility. Personnel implementing group activities must be trained on how to prevent the spread of any infectious diseases and how to communicate appropriately with children and communities about any infectious disease outbreaks.

15.3.10. MOBILE ACTIVITIES

A more flexible approach to implementing group activities may be necessary in contexts with (a) highly mobile, scattered or displaced populations or (b) limited access due to security concerns. This may require mobile group activities. Careful planning is essential and supports safety and sustainability (such as training and supporting members of the community to conduct activities).

In some settings children who are refugees, internally displaced or migrants may be highly mobile – they may keep moving often. Group activities and services should be adapted to their circumstances and needs. For example, provide:

● Temporary and short-term shelter and accommodation;

● Information on services available in the location;

● Internet connectivity; and

● Basic psychological first aid.

Coordinating and sharing information with other agencies that provide group activities along migration and displacement routes helps harmonise services and better support children who are mobile.

REFERENCES

Links to these and additional resources are available *online*.

● *The Toolkit for Child Friendly Spaces in Humanitarian Settings*, World Vision International and IFRC Reference Centre for Psychosocial Support, 2018.

● *Early Child Development Kit: A Treasure Box of Activities (Activity Guide)*, UNICEF.

● *Guidance Note: Protection of Children During Infectious Disease Outbreaks*, The Alliance for Child Protection in Humanitarian Action, 2018.

● *Key Considerations for Child Protection-focused Mobile Service Delivery*, Global Protection Cluster, Child Protection Area of Responsibility, 2017.

● *'SHLS Approach'*, *Safe Healing and Learning Spaces Toolkit*, International Rescue Committee, 2016.

● Hermosilla, S., J. Metzler, K. Savage, M. Musa, and A. Ager, '*Child Friendly Spaces Impact Across Five Humanitarian Settings: A Meta-analysis*', *BMC Public Health*, 19:576, 2019.

STANDARD 16:
STRENGTHENING FAMILY AND CAREGIVING ENVIRONMENTS

The following should be read with this standard: Principles; Standard 14: Applying a socio-ecological approach to child protection programming; Standard 17: Community-level approaches; Standard 18: Case management; and Standard 19: Alternative care.

All children are vulnerable to the negative effects of conflict, disaster and displacement. Continuous or repeated exposure to adversity and deprivation can harm children's mental, physical and social health, education, development and well-being.

Despite the risks, many children thrive and grow in difficult environments. This is called 'resilience'. Several protective factors are known to support resilience:

- Caring and protective environments;
- Responsive and supportive caregivers; and
- Healthy caregiver-child relationships.

A 'caregiving environment' is the child's unique, direct physical and human living arrangement. Caregiving includes both formal, legal arrangements and informal arrangements in which the caregiver does not have legal responsibility.

An immediate caregiver is a person with whom the child lives and who provides daily care to the child. An immediate caregiver can be the mother, father, another family member or even a non-relative. Immediate caregivers are responsible for:

- Meeting the child's physical, emotional, social, cognitive and spiritual needs;
- Developing a consistent and caring relationship with the child; and
- Protecting the child from harm.

They play a significant role in strengthening children's capacity to cope with stressful situations, particularly in humanitarian situations.

Caregivers can also be sources of great risk. Their caregiving capacity can be limited by their own experiences of distress and adversity during conflict, disaster and displacement. Stress that affects caregivers' well-being can be increased by economic hardship; pre-existing mental illness; social isolation;

Family level within the socio-ecological model
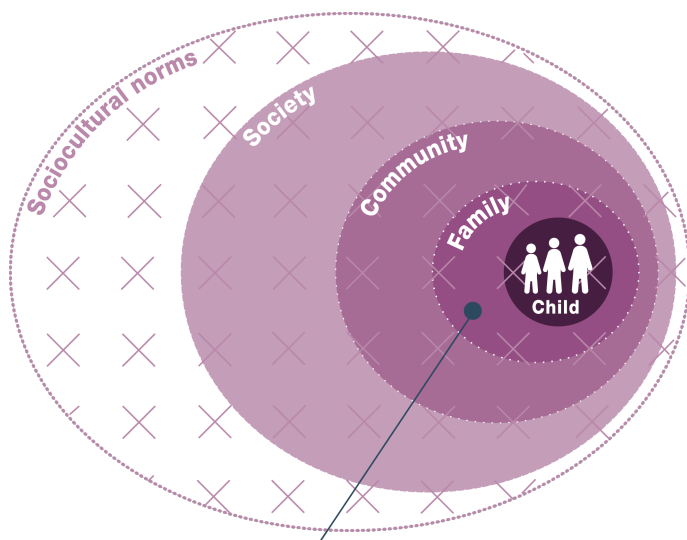
Strengthening family and caregiving environments

changes in family composition and roles due to death, divorce and forced separation; and the loss of protective community mechanisms.

In infectious disease outbreaks, the ability of caregivers to provide responsive care can also be undermined by measures used to control the spread of disease, such as quarantine and isolation. These factors can expose children to family conflict, negative coping strategies and other forms of violence.

This standard is linked to and informed by the *INSPIRE* strategies of 'Parent and caregiver support' and 'Income and economic strengthening'.

STANDARD

Family and caregiving environments are strengthened to promote children's healthy development and to protect them from maltreatment and other negative effects of adversity.

16.1. KEY ACTIONS

PREPAREDNESS

16.1.1. Consider gender, age, disability and other relevant diversity factors in all actions related to strengthening family and caregiving environments.

16.1.2. Collect gender-, age- and disability-disaggregated data wherever possible.

16.1.3. Compile and anonymise the disaggregated data collected in order to distribute it to relevant stakeholders, including children and communities, to inform the humanitarian response.

16.1.4. Work with children, caregivers and stakeholders to understand (a) cultural beliefs about 'family', 'parenting' and raising children and (b) the existing social norms and practices that serve to protect or endanger children.

16.1.5. Assess the impact of the humanitarian crisis on:
- Family systems;
- Community systems;
- The roles and responsibilities of adults and children based on gender and social norms, family dynamics, income and social background; and
- New and existing positive and negative coping mechanisms, norms and behaviours.

16.1.6. Identify traditional fostering and kinship care practices, the reasons for their use and how they affect children's care and well-being. (See Standard 19.)

16.1.7. Map and assess the quality of existing multisectoral; formal and informal; local, national and international services that support families and caregivers. Document whether and how these services are accessible to children and families who are refugees, internally displaced and migrants. (See Standards 17, 18 and 19.)

16.1.8. Plan a comprehensive family strengthening prevention and response programme that considers the different:
- Caregiving environments;
- Levels of risk; and
- Intervention options.

16.1.9. Support vulnerable families' access to services (such as livelihood and food security support, education and adequate health care) that reduce their exposure to protection concerns.

16.1.10. Work with children, caregivers and other stakeholders to identify, develop, contextualise and adapt evidence-based family strengthening interventions for the local setting and different caregiving environments. Include caregivers themselves in the design, implementation and leadership of the family strengthening response.

16.1.11. Train multisectoral actors to appropriately identify and refer caregivers who need support.

16.1.12. Train, support and coach relevant actors to implement quality family strengthening interventions and achieve positive outcomes.

16.1.13. Raise caregivers' awareness of strategies for preventing negative coping mechanisms, especially those related to the humanitarian crisis.

16.1.14. Promote the appropriate identification, outreach, inclusion and participation of all vulnerable families in family strengthening interventions.

RESPONSE

16.1.15. Implement interventions that strengthen caregivers' mental health, psychosocial well-being and parenting skills. (See Standard 10.)

16.1.16. Strengthen caregivers' social networks by supporting or establishing social groups, peer-to-peer support groups, self-help groups or alternate communication methods (such as social media and telephone). (See Standard 18.)

16.1.17. Provide targeted support to families, caregivers and child heads of household to:
- Learn and apply positive caregiving practices;
- Improve caregiver-child relationships; and
- Engage in appropriate self-care.

16.1.18. Offer tailored interventions for caregivers who are at risk, including caregivers who are themselves adolescents, to support them in caring for themselves and their children.

16.1.19. Provide equitable, inclusive services and support to caregivers and/or children with disabilities.

16.1.20. Coordinate with gender-based violence and child protection case management actors to prevent and respond to intimate partner violence (IPV). Children in households affected by intimate partner violence are significantly more likely to experience violent discipline.

STANDARD 16

16.1.21. Implement family strengthening interventions alongside interventions that are designed to change national legislation to address harmful social norms and practices at formal and informal, local and national levels.

16.1.22. Identify caregivers and families who are at risk and refer them to the appropriate multisectoral services, including case management. In cases of severe risks to the child, caseworkers must work along with the alternative care system to find a safe care arrangement for children. (See Standards 18 and 19.)

16.2. MEASUREMENT

All indicators about children should be disaggregated by sex, age, disability and other relevant diversity factors. The indicators below measure progress against the overall standard. Indicators and targets can be contextualised with the goal of meeting the indicative targets below. Additional related indicators are available *online*.

Indicator		Target	Notes
16.2.1.	% of targeted caregivers who report increased knowledge of caring and protective behaviours towards children under their care following their participation in a family strengthening programme.	90%	
16.2.2.	% of targeted caregivers who report enhanced skills to fulfil their responsibilities towards their children following their participation in a family strengthening programme.	90%	
16.2.3.	% of children aged 8–17 who report a positive change in their interactions with their caregivers following their caregivers' participation in a family strengthening programme.	90%	

16.3. GUIDANCE NOTES

16.3.1. INTERVENTION APPROACHES AND METHODS

The types of intervention approaches and methods that successfully strengthen the family environment can vary according to the:

- Target outcomes;
- Type of maltreatment being addressed;
- Genders, ages and disabilities of the children and families;
- Existing risks; and
- Context.

Evidence encourages the use of different delivery methods and entry points.

16.3.2. POSITIVE PARENTING INTERVENTIONS

Interventions that are associated with positive mental and social outcomes for children include those that (a) are organised by age group and (b) promote positive caregiving behaviours, particularly nurturing, responsive and consistent care in early childhood. Parenting programmes that target caregivers of adolescents can strengthen child and caregiver relationships and reduce risks to adolescents. Home visiting programmes implemented by trained staff can reduce abuse, neglect, exploitation and violence against children.

16.3.3. MALE CAREGIVERS' ENGAGEMENT

Research demonstrates the positive impact of male caregivers' engagement on children's social, educational, behavioural and psychological outcomes. To encourage male caregivers' involvement in parenting interventions, address their specific needs when designing the programme's content and determining the timing and location of programme delivery. Consider gender-specific programming.

16.3.4. CONSIDERATIONS FOR THE MOST VULNERABLE HOUSEHOLDS

Households that are particularly at risk, including child-headed households and households that meet locally defined risk criteria, should be identified and prioritised for intensive, targeted responses. Family strengthening interventions should adapt their approach and content to address vulnerable households' changing risks and barriers.

16.3.5. CONSIDERATIONS FOR ALL FAMILY MEMBERS

All family members play key roles in the protection, development and well-being of the children in their household. Include other family members (beyond

primary caregivers) in family strengthening preparedness, prevention and response activities. Consider inter-generational and other family dynamics.

16.3.6. CONSIDERATIONS FOR FOSTER FAMILIES

Adapt family strengthening interventions to respond to the specific needs of children who are in foster care and the families that foster them. (See Standards 18 and 19.)

16.3.7. CAPACITY BUILDING FOR THE FAMILY STRENGTHENING WORKFORCE

Train and support family strengthening actors to address all families' vulnerabilities and risks. Build the communication skills of programme facilitators and caseworkers to effectively handle high-risk and sensitive situations. Ensure regular monitoring and ongoing supervision.

16.3.8. ECONOMIC SUPPORT

Important economic interventions for vulnerable families include economic empowerment of women, cash and voucher assistance and other forms of economic support. Economic interventions should be integrated into case management when used to address the needs of children and families who are at risk and/or affected by abuse, neglect, exploitation and violence. Where possible, economic interventions should be linked to national social protection programmes. (See Standard 18.)

16.3.9. ADVOCACY

Coordinate with all relevant actors to advocate for greater family- and caregiver-focused interventions in emergency response programming and government-sponsored services and institutions. (See Standard 3.)

REFERENCES

Links to these and additional resources are available *online*.

- *'Mapping of Interventions to Support Parents/Caregivers in Humanitarian Contexts'*, The Alliance for Child Protection in Humanitarian Action Family Strengthening Task Force, 2017.
- *Alternative Care in Emergencies Toolkit*, Interagency Working Group on Separated and Unaccompanied Children, 2013.
- *Including Children with Disabilities in Humanitarian Action*, UNICEF, 2017.
- *'Resolution Adopted by the General Assembly [on the report of the Third Committee 9A/64/434)]: Guidelines for the Alternative Care of Children (A/RES/64/142*)'*, United Nations General Assembly, 2010.
- *INSPIRE: Seven Strategies for Ending Violence Against Children*, World Health Organization (WHO), 2016.
- *INSPIRE Handbook: Action for Implementing the Seven Strategies for Ending Violence Against Children*, World Health Organization (WHO), 2018.
- *Violence Prevention: The Evidence*, WHO, 2010.

STANDARD 16

STANDARD 17:
COMMUNITY-LEVEL APPROACHES

The following should be read with this standard: Principles and Standard 14: Applying a socio-ecological approach to child protection programming.

Communities play significant roles in preventing and responding to the risks children face in humanitarian settings. Communities organise themselves in a variety of ways to protect children – including adolescents – who are at risk. In displacement settings, community structures and networks may be disrupted or evolve due to significant and sudden change. This may weaken their ability to protect children. Communities can also be a source of risk. Risks may come from the physical environment or from community members themselves.

The community level within the socio-ecological model
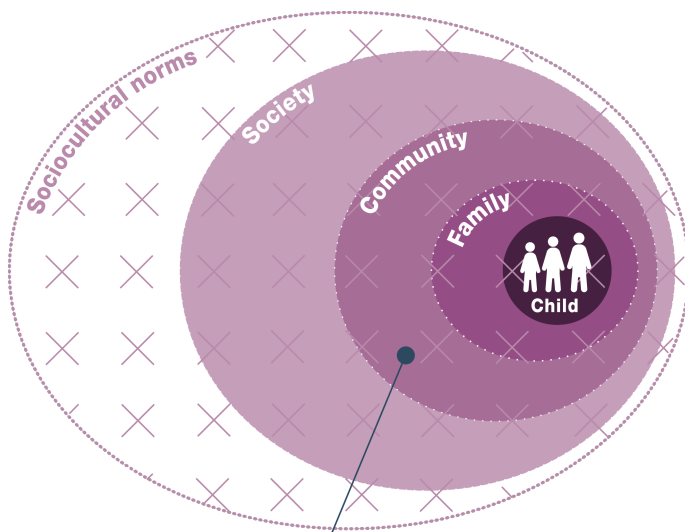
Community-level approaches

Community is understood in different ways depending upon who you are, where you grew up and how you view the world. Multiple communities can be present in the same geographical area. Children and families often identify with multiple types of communities at one time, such as those who share common social and cultural values or those who live in a specific geographical setting. For a complete definition of the term 'community', see *Community Based Child Protection in Humanitarian Action: Terminology and Definitions.*

Community-level approaches support community members to protect children and ensure their right to healthy development. There is no 'one-size-fits-all' model. Humanitarian actors should seek to understand existing community capacities that promote children's rights, safety, development, well-being and participation. These include initiatives, structures, processes and networks that are led and organised by community members, including children. Community-level approaches require:

- A thorough understanding of the context;
- An understanding and prioritisation of the needs; and
- An understanding of existing practices.

The context includes the behaviours, norms and belief systems that influence the way communities perceive and address childhood, child well-being and child protection. A community-level analysis should help determine the most relevant and appropriate ways to support and strengthen positive coping strategies and social norms and constructively address negative social norms.

Evidence shows that deep context analysis and patient facilitation of community-designed and -led processes support community ownership and positive outcomes for children. In many humanitarian settings, the scale of child protection risks is overwhelming and the response timeframe short. Humanitarian actors therefore often rely on top-down approaches that are implemented in the community but do not come from the community. These approaches can unintentionally weaken communities' existing protection capacities. There is little evidence that top-down approaches can transition to community-led processes, so all approaches should be implemented alongside efforts that strengthen existing community protection capacities.

This standard is informed by and links to the *INSPIRE* strategy "Norms and values".

STANDARD

Children live in communities that promote their well-being and prevent abuse, neglect, exploitation and violence against children before, during and after humanitarian crises.

17.1. KEY ACTIONS

17.1.1. Conduct an in-depth context analysis of social norms and attitudes that support or weaken:
- Child protection;
- Community capacities and actors who promote children's rights; and
- Children's healthy development and well-being.

17.1.2. Map existing community-level child protection capacities, interventions and risk factors.

17.1.3. Work with children and other stakeholders to identify the potential benefits and risks of involving external actors in child protection, particularly around sensitive topics.

17.1.4. Develop strategies to minimise any identified risks and to avoid exposing community members, including children, to harm.

PREVENTION

17.1.5. Map the impact of the emergency on pre-existing community networks, capacities and risks.

17.1.6. Use behaviour change strategies that address (a) negative social, power and gender norms and (b) community practices that are harmful to children.

17.1.7. Develop a collaborative strategy to:
- Support positive social norms and practices;
- Promote gender equality;
- Address the causes of child protection risks; and
- Increase the visibility of children, adolescents and at-risk groups.

17.1.8. Build relationships with local civil society organisations, religious and traditional leaders and other influential community members to monitor and support children and families who are at risk.

17.1.9. Support effective community-level information sharing and dialogue on child protection that uses appropriate technology and language, including translation.

17.1.10. Support adolescents to identify potential child protection risks and to protect themselves and other children.

17.1.11. Identify and support existing community capacities and initiatives that promote children's rights, safety, development, well-being and participation.

RESPONSE

17.1.12. Work with diverse community members, including children, to (a) prioritise and address child protection issues and (b) define the roles, responsibilities and expectations of humanitarian actors in community-led action.

17.1.13. Use participatory methods to assess changes in the root causes of child protection risks, social norms, protection capacities, structures and processes.

17.1.14. Work with local government to (a) strengthen and create sustainable links between communities and formal and informal child protection systems and (b) strengthen long-term services.

17.1.15. Support community members to identify children who are at risk and refer them to multisectoral services, including case management. (See Standards 18 and 21-28.)

17.1.16. Support adolescents to meet, interact and organise their own initiatives and advocacy activities.

17.1.17. Facilitate the creation of space within community awareness activities for younger children and groups who are at risk of discrimination.

17.1.18. Provide relevant support to community-based alternative care to prevent harm and encourage sustainable solutions. (See Standard 19.)

17.1.19. Support the creation of accessible, safe group activities for children – including adolescents – to play and access contextually appropriate, life-saving information and services. (See Standard 15.)

17.1.20. Work with community members, including children, and use methods for engaging children with disabilities to:

- Identify protection strategies that work and areas to improve;
- Adjust activities accordingly; and
- Provide feedback during and after the response.

17.2. MEASUREMENT

All indicators about children should be disaggregated by sex, age, disability and other relevant diversity factors. The indicators below measure progress

against the overall standard. Indicators and targets can be contextualised with the goal of meeting the indicative targets below. Additional related indicators are available *online*.

Indicator		Target	Notes
17.2.1.	% of child protection or multisectoral assessments that document community capacities and limitations to support children's well-being.	100%	Include questions aimed at understanding existing mechanisms, networks and individuals who support children's well-being in initial assessments and follow-up context analysis.
17.2.2.	% of actions within community action plans or strategies that are planned, led and implemented by the community.	90%	An action could include an awareness-raising activity focused on a specific issue or an identified response that reduces a risk to children.
17.2.3.	% of community members who report increased confidence in their ability to prevent and respond to child protection risks.	80%	Use a self-reported survey before and after community and external agency partnerships.

17.3. GUIDANCE NOTES

17.3.1. SUPPORTING COMMUNITY-LED PROCESSES

External agencies should build on communities' resources for and commitment to children. They should support existing capacities, structures and processes that prevent and respond to child protection risks and violations. External agencies should avoid bringing in unfamiliar processes, concepts, structures or groups that can weaken existing resources and introduce unsustainable, culturally insensitive approaches. In contexts of forced displacement, 'community' may be a mixture of different communities, not a well-defined unit. External actors should be aware of and take into account community dynamics and conflicts. Community-level child protection programming should include social cohesion efforts and conflict-prevention activities.

17.3.2. COMMUNITY ENGAGEMENT AND OWNERSHIP

Community-level approaches are most effective and sustainable when communities see them as meeting their collective responsibility to children. Agencies should work with diverse members of the community and take time to allow the community to:

● Prioritise their concerns;

- Propose solutions; and
- Mobilise resources.

Promote culturally sensitive approaches that align with international legal and human rights standards.

17.3.3. CHILD PARTICIPATION

Children are creative, resourceful and insightful, and the ethical involvement of children supports effective programming. External agencies must understand the local dynamics around children's participation in community processes to prevent potential risks and facilitate children's safe, voluntary and meaningful participation. Participation must include and be sensitive to the rights of all children who are at risk of discrimination.

17.3.4. RESOURCE INPUTS

Evidence shows that introducing large sums of financial or material resources (including payments to individuals for their participation in activities) can weaken community ownership and limit sustainability. Exceptions may be made for small supports (such as phone credit, notebooks, refreshments or uniforms) that are given in exchange for performing agreed-upon responsibilities. In such cases, inter-agency coordination is required to decide how best to provide and standardise support. It may be worth considering financial support to whole-community initiatives as opposed to resourcing individuals.

17.3.5. CAPACITY DEVELOPMENT

Capacity building should be inclusive, accessible and culturally, developmentally, age- and gender-appropriate. Use participatory methods to build on local understandings of child protection concepts and to ensure genuine inclusiveness. Include diverse representatives, not just the most powerful or influential community members. Capacity building should include key principles and strategies such as do no harm and confidentiality. Effective capacity building is ongoing and involves long-term engagement, coaching, mentoring and connection with other sectors.

17.3.6. INCLUSION

External engagement with communities affects local power structures. Ensure that no harm is done to any person or group, especially those most at risk of

discrimination. Representation and inclusion are important in community-level approaches. Identify:

- Who is at risk of discrimination or exclusion;
- Why; and
- How to safely include them.

Where multiple communities are present in the same geographical location – such as when different refugee or migrant communities live in one camp or when refugees live among host communities – it is important to understand and work with the networks of all communities.

17.3.7. CHILD PROTECTION SYSTEMS

Where appropriate, support community connections to formal child protection systems. These formal systems may include: police, social workers, health workers, child-welfare services, education services, sexual and reproductive health services, the juvenile justice system, mental health services, etc. National legislation and formal systems do not always accommodate refugees, internally displaced persons, stateless persons or other non-nationals. In that case, (a) identify and address actual and potential discrimination against these groups and (b) refer survivors or children who are at risk to case management.

REFERENCES

Links to these and additional resources are available *online*.

- *Field Guide to Strengthening Community Based Child Protection in Humanitarian Action*, Plan International and Alliance for Child Protection in Humanitarian Action, 2019.
- Wessells, M., *A Toolkit for Reflective Practice in Supporting Community-led Child Protection Processes*, Child Resilience Alliance, New York, 2018.

STANDARD 17

STANDARD 18: CASE MANAGEMENT

The following should be read with this standard: Principles and any risk or strategy standards that relate to the specific case being addressed. Case management cuts across several levels of the socio-ecological model and supports any child who requires an individualised response to their specific needs.

Case management (CM) is an approach for addressing the needs of an individual child who is at risk of harm or has been harmed. The child and their family are supported by a caseworker in a systematic and timely manner through direct support and referrals. CM provides individualised, coordinated, holistic, multisectoral support for complex and often connected child protection concerns.

CM systems are an essential part of the child protection response. CM is implemented at three levels of the social ecological model: child, family/caregivers and community.

Case management within the socio-ecological model
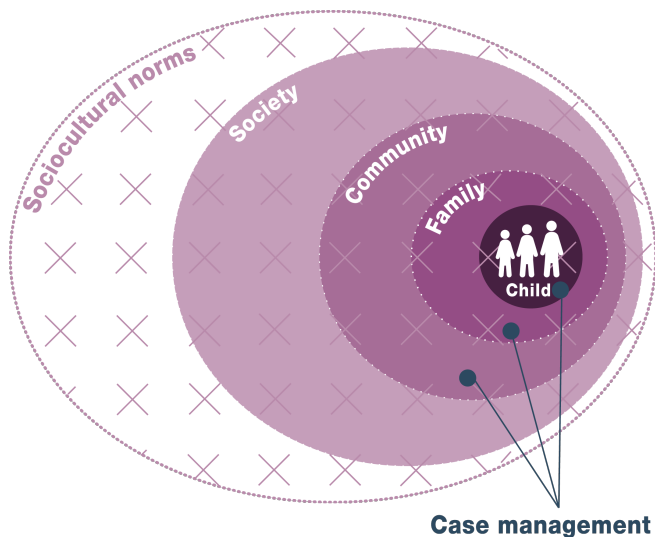
The views and decisions of the child and their family should direct the CM process. The best interests of the child are a primary consideration. Support to children should be adapted to their personal situation and characteristics (including their gender, age, developmental stage, language and cultural identity). Caseworkers should always seek to build children's sense of safety, well-being and resilience.

CM requires adequate procedural safeguards, data protection standards, staff training and supervision. These requirements must be considered when deciding whether to support and strengthen existing, or to implement new, case management systems.

STANDARD

Children and families who face child protection concerns in humanitarian settings are identified and have their needs addressed through an individualised case management process, including direct one-on-one support and connections to relevant service providers.

18.1. KEY ACTIONS

PREPAREDNESS

18.1.1. Determine if and how to implement case management:
- Assess whether CM is a current gap and is contextually appropriate;
- Analyse whether the organisation is able to provide the needed CM services in line with national systems and procedures; and
- Decide the most suitable approach. (See the assess, analyse, decide model in *Inter-agency Guidelines for Case Management and Child Protection* [*CPCM Guidelines*].)

18.1.2. Adapt globally endorsed case management processes and tools (including SOPs, case management forms, referral pathways, information-sharing and data protection policies) to the context to ensure quality and timely action in the first phase of the response, if there are no existing appropriate case management systems in the context. (See *The Alliance for Child Protection in Humanitarian Action Case Management Task Force page*.)

18.1.3. Implement a phased capacity-building plan for relevant actors:
- Develop, review and train staff and volunteers on their detailed job descriptions, roles and responsibilities;
- Build CM staff's knowledge and skills on communicating with children and families, the case management process, data protection, confidentiality, privacy and relevant tools;

- Supervise and coach CM staff to promote technical competence and practice, staff well-being and effective and supportive monitoring of casework; and

- Build the capacity of stakeholders (including children, families and communities) to safely identify and refer potential cases.

18.1.4. Develop and implement accessible, responsive and confidential feedback and reporting mechanisms for children and families.

18.1.5. Use community feedback to improve case management services.

RESPONSE

18.1.6. Implement a phased approach:

- In a rapid-onset emergency, it may be appropriate to begin by establishing services that focus on specific issues (urgent, emergency-related issues such as family separation or release from armed forces or armed groups).

- Over time, child protection actors should develop more comprehensive case management services that address the full range of child protection issues.

- Use a phased approach when developing referral pathways and standard operating procedures (SOPs) based on adapted, globally endorsed templates and tools. Add detail over time as risks change, the response progresses, and capacities and resources are improved and strengthened.

18.1.7. Follow quality CM standards (as outlined within the *CPCM Guidelines*) when planning, funding and implementing services, including:

- Ensuring 1 caseworker for every 25 children;

- Ensuring 1 supervisor for every 5-6 caseworkers (for delivering ongoing training, support and supervision);

- Providing safe, appropriate, child-friendly meeting places that support confidentiality and privacy when meeting with children and families;

- Developing holistic action plans for children and their families including (a) referrals to appropriate child protection and multisectoral support services and (b) actions to be undertaken by the child and their family;

- Developing and updating information-sharing protocols (ISPs) and procedures for case coordination and case conferences;

- Establishing a safe and confidential system for collecting, storing and sharing information;

- Ensuring that all staff understand and follow information management protocols, including those for documentation,

record-keeping (paper-based and digital), database access and use, and information sharing. (See Standard 5, the Global ISP and Data Protection Policy and p. 44 in the *CPCM Guidelines*.)

18.1.8. Support ongoing coordination between case management actors and multisectoral service providers from the beginning of the response by:

- Developing clear eligibility and prioritisation criteria for case management;
- Putting in place appropriate procedures for assessing and determining the best interests of the child when making any decisions;
- Developing safe and ethical referral pathways and maintaining updated service directories;
- Working with other sectors to safely and ethically identify and refer children who are at risk; and
- Establishing common data-sharing protocols across sectors.

18.2. MEASUREMENT

All indicators about children should be disaggregated by sex, age, disability and other relevant diversity factors. The indicators below measure progress against the overall standard. Indicators and targets can be contextualised with the goal of meeting the indicative targets below. Additional related indicators are available *online*.

Indicators		Target	Notes
18.2.1.	% of caseworkers trained and supervised in CPCM who demonstrate improvement in knowledge and competence in applying the CM process.	80%	Refer to Caseworker Capacity Assessment Tool in the . All caseworkers should be supervised. Include only caseworkers that are trained and supervised in the measure.
18.2.2.	% of children and caregivers who report satisfaction with direct services received and the response actions taken through the CM process.	90%	Measure children and caregivers separately.
18.2.3.	% of children and caregivers who report an increase to their well-being as a result of their urgent child protection needs/risks being addressed through the CM process.	90%	Measure children and caregivers separately.

18.3. GUIDANCE NOTES

18.3.1. CASE MANAGEMENT STEPS

Child protection CM is not a linear process. The steps below are interconnected, and each one may require a return to an earlier stage in the process. Steps may be repeated several times before a case is closed.

The case management steps

1. Identify vulnerable children and register according to eligibility criteria

2. Assess needs and strengths of the child and their family

3. Develop an individual case plan for the child addressing the identified needs. Set time-bound actions and measurable objectives

4. Implement the case plan, including direct support and referrals

5. Follow-up and Review

6. Close case

18.3.2. SYSTEMS STRENGTHENING

In all settings, systems exist to prevent and respond to child protection concerns. It is essential to understand and build on existing and emerging formal and informal systems and service structures that already protect children. These include traditional caregiving and parenting practices and any existing case management systems. Harmonising and integrating the

activities of humanitarian actors with those of long-term, in-country social service workforce:

- Avoids duplication or parallel CM systems;
- Ensures sustainability; and
- Promotes effective transition and exit strategies.

18.3.3. QUALITY CM

In many contexts case management systems already exist, although they may not fully or appropriately address child protection needs. If case management services are introduced in emergencies, they should build on and enhance existing processes and referral pathways whenever possible. Keep in mind the quality, accessibility, continuity and child-friendliness of services. More detailed considerations for designing quality case management can be found in the *Quality Assessment Framework*. A critical part of a CM system is monitoring and evaluation to constantly review, assess and adjust the process and delivery methods according to lessons learned. This includes the use of appropriate indicators, regular programme evaluation, child and family feedback interviews, accessible feedback and reporting mechanisms and a supervisory system.

18.3.4. STAFF CAPACITY

Ensure staff have the competencies to conduct CM in a safe and professional manner. The child-to-staff ratio should align with caseworkers' abilities, children's needs and other constraints and obligations. Staff skills and knowledge should be assessed during the recruitment process. All caseworkers should receive (a) standard introductory and ongoing training (including shadowing) and (b) regular, structured supervision and coaching. Child protection CM teams must prioritise staff care within their team to prevent burnout and promote quality care.

18.3.5. STANDARD OPERATING PROCEDURES (SOPS)

Standard operating procedures guide CM in humanitarian settings. They allow service providers across agencies and sectors to harmonise and standardise services and approaches. Standard operating procedures should be developed in a timely manner as part of the humanitarian response. They should be (a) informed by an in-context child protection risk analysis and (b) developed in cooperation with all child protection case management actors.

Emergency standard operating procedures might be necessary at the onset of a humanitarian response. However, they should be reviewed and integrated as

the response develops in order to ensure timely response and to avoid creating parallel procedures.

18.3.6. RISK ANALYSIS, ELIGIBILITY AND PRIORITISATION

Context-specific child protection risk analyses should be conducted to identify (a) key risks and violations affecting children and (b) the children who are most vulnerable. This information will inform the eligibility criteria. Consider the pre-existing definitions and understandings of risks and vulnerabilities in communities, legal frameworks and policies. Children who are marginalised and displaced may be at very high risk but are often hidden. During infectious disease outbreaks, children in quarantine, isolation, or observation or treatment centres will need adapted and specialised case management support.

Based on the analysis, eligibility criteria should be developed, agreed upon and included in standard operating procedures. Eligibility criteria should be transparent, realistic, reviewed and adjusted as knowledge is gained about the context and children's protection risks.

In humanitarian crises, it is often necessary to prioritise some urgent cases for immediate or short-term action to make sure that the most critical needs are met with the limited resources. Three main factors when deciding which cases to prioritise are: capacity, urgency and ability to take action. Cases can be prioritised as high, medium, low or no risk.

18.3.7. INFORMATION MANAGEMENT FOR CM (IM4CM)

(See Standard 5.)

Information management is a key element of case management. It improves service delivery, mitigates risk and supports accountability. Information management includes:

- Forms for documenting individual cases;
- Information-sharing and data protection protocols; and
- An information management system.

All staff should be trained on these elements, which should also be referenced or annexed in case management standard operating procedures.

Data protection is a key aspect of child safeguarding. Data protection risks should be identified and addressed at the onset of an emergency while adapting CM forms and information-sharing protocols.

Children's personal data and the sharing of data must be documented and managed using safe and appropriate systems, protocols and tools. Data-gathering organisations must (a) ensure confidentiality and (b) control access to personally identifiable data based on the need-to-know principle.

18.3.8. BEST INTERESTS PROCEDURES

Procedures to assess and determine the best interests of the child (best interests procedures) should be established by the State. Where these are in place, all actors must adhere to these procedures. In addition, it is the responsibility of each individual organisation to (a) ensure that processes exist to assess what is in each child's best interests before taking any action that affects that child and (b) take this as a primary consideration in any decisions. UNHCR's Best Interests Procedure is used for child refugees when State procedures are inaccessible and/or inappropriate.

An appropriate best interests procedure:

- Promotes adequate child participation without discrimination;
- Gives due weight to the views of the child in accordance with age and maturity;
- Involves persons with relevant expertise in decision-making;
- Balances all relevant factors to assess the best option; and
- Fulfils all the child's rights.

A 'best interests assessment' is an assessment made by staff with expertise to decide on actions to be taken with regard to individual children. It ensures that such actions give primary consideration to the child's best interests. Child protection assessments conducted in child protection CM are usually considered to be equivalent to a best interests assessment. 'Best Interests Determination' (BID) is a formal process with strict procedural safeguards designed to determine the child's best interests. This is necessary for decisions that have severe and long-term consequences, including judicial procedures.

REFERENCES

Links to these and additional resources are available *online*.

- *Inter Agency Guidelines for Case Management and Child Protection*, Child Protection Working Group (CPWG), 2014.
- *Child Protection Case Management Training for Caseworkers, Supervisors and Managers*, The Alliance for Child Protection in Humanitarian Action, 2014.
- *'Case Management Task Force'*, The Alliance for Child Protection in Humanitarian Action. [Website: features all global templates and tools.]
- *'CM Supervision and Coaching Training Package Launch'*, Case Management Task Force of the Alliance for Child Protection in Humanitarian Action, 2018. [Website]
- *Guidelines on Assessing and Determining the Best Interests of the Child: 2018 Provisional Release*, UNHCR, 2018.

STANDARD 19:
ALTERNATIVE CARE

The following should be read with this standard: Principles; Standard 13: Unaccompanied and separated children; Standard 16: Strengthening family and caregiving environments; and Standard 18: Case management.

During humanitarian crises, children may become separated from their families for many reasons:

- As a direct consequence of the emergency itself;
- When children and/or families feel it is in the child's best interests; and/ or
- When a child needs protection from abuse, neglect, exploitation and/or violence within the home.

Given that there may be many different reasons for separation, strong case management is required to determine the most appropriate response.

'Alternative care' is care provided to children by caregivers who are not biological parents or usual primary caregivers. It may be formal or informal. 'Formal care' is authorised by an administrative or judicial authority or by an accredited body. 'Informal care' is usually:

- Provided by friends, relatives or others;
- Arranged by the child, their parents or others in the child's life; and
- Has not yet been formally authorised.

Each context may have different forms of alternative care that align with local cultural norms, practices, legislation and policy. Alternative care options need to be as family-based as possible and cause the least amount of disruption to the child. For children who are refugees, internally displaced or migrants, this may be done by connecting the child to people from their community of origin who are also in the new host country or location. Where populations are highly mobile, alternative care arrangements may need to be adapted. This can be done by offering a range of options such as:

- Emergency care;
- Transit centres; or
- Supervised independent living.

19.1. KEY ACTIONS

PREPAREDNESS

19.1.1. Identify and raise awareness of relevant local, national and international laws, policies, treaties and guidelines.

19.1.2. Advocate for and support statutory frameworks that meet the needs of all children who require care.

19.1.3. Assess and map existing formal and informal alternative care arrangements, including traditional/customary mechanisms, with consideration for children of different ages and varied needs.

19.1.4. Focus on the needs of children and/or families that may face discrimination or exclusion related to disability, HIV/AIDS, possible exposure to infectious disease or the fact that they belong to a stigmatised group, community or culture.

19.1.5. Train case management staff and partners on alternative care for children.

19.1.6. Support and strengthen local actors (including governments) to plan, oversee, manage and implement alternative care.

PREVENTION

19.1.7. Strengthen existing alternative care systems by (a) focusing on family- and community-based care and (b) engaging in flexible contingency planning.

19.1.8. Support the government to improve or put in place legislation, criteria and minimum standards for formal and informal alternative care, when necessary.

19.1.9. Support the government in (a) implementing a de-institutionalisation strategy and (b) reducing the number of, and eventually eliminating, residential care institutions.

STANDARD 19

19.1.10. Work with local actors to provide targeted assistance and economic empowerment to reduce the risk of family separation. (See Standard 22.)

19.1.11. Raise caregivers' awareness of the risks of sending children away from home or into residential care settings.

RESPONSE

19.1.12. Adopt a socio-ecological approach to assessments of children that considers:
- The child's living situation and circumstances;
- The potential for safe family reunification;
- Children's sex, age and capacities;
- Existing supportive community structures and systems; and
- The most appropriate forms of support and/or alternative care. (See Standards 4, 5 and 18.)

19.1.13. Decide whether to place a child in alternative care by (a) implementing case management and (b) identifying interim and long-term care options that align with the child's best interests and national legislation and policies. (See Standard 18.)

19.1.14. Ensure children's case plans include:
- Alternative care measures and other support based on the needs and wishes of the child, caregiver(s) and other appropriate individuals; and
- Systematic follow-up and monitoring of the child's welfare and safety.

19.1.15. Review alternative care arrangements regularly to ensure that:
- They are the most suitable arrangement for the child;
- Children are not kept in alternative care unnecessarily; and
- There are no incentives for abandoning children or avoiding reintegration.

19.1.16. Explore appropriate alternative care options for older adolescents, including contextually appropriate, supported independent living.

19.1.17. Make decisions for removing abused or neglected children from their caregivers (a) only when it is in the child's best interests and (b) in collaboration with national authorities, wherever possible.

19.1.18. Support and establish coordinated alternative care services that align with national and international legal frameworks and guidelines for (a) children who are separated or unaccompanied or (b) children who are abused, neglected or exploited by their caregivers.

19.1.19. Monitor, with national authorities wherever possible:
- The registration of all children in alternative care; and

- The quality and adequacy of care compared to national and international standards.

19.1.20. Do not make alternative care arrangements permanent if there is a possibility of reuniting the child with their caregivers. (See Standard 13.)

19.2. MEASUREMENT

All indicators about children should be disaggregated by sex, age, disability and other relevant diversity factors. The indicators below measure progress against the overall standard. Indicators and targets can be contextualised with the goal of meeting the indicative targets below. Additional related indicators are available *online*.

Indicator	Target	Notes
19.2.1. % of children in interim alternative care who are placed in family or caregiving environment within 30 days of registration.	70%	
19.2.2. % staff trained on alternative care.	100%	
19.2.3. % of children in alternative care that have an agreed-upon case plan prior to placement.	100%	Collect consent/assent at the time of registration.
19.2.4. # of identified foster caregivers/mentors trained and provided with supervision support.	100%	
19.2.5. # and % of residential care facilities that meet minimum standards of care.	100%	All other facilities should be closed or supported to meet minimum standards of care.

19.3. GUIDANCE NOTES

19.3.1. FAMILY UNITY

The first and most protective factor in a child's life is a safe and nurturing family. Child protection agencies should work with other humanitarian actors to ensure that families at risk receive adequate access to basic services and social protection to prevent separation. (See Standards 21-28.)

19.3.2. ALTERNATIVE CARE OPTIONS

In each context, several alternative care options may be available. Child protection actors should choose options based on:

- The individual child's choices and wishes, age, level of maturity, relationships, schooling, language, religion and culture;
- Each child's best interests, including safety considerations;
- The community's caring traditions;
- The legal framework; and
- The principles of necessity and suitability. (Is alternative care absolutely necessary? If so, which option is the most suitable?)

Wherever possible:

- Siblings should be kept together;
- Children under the age of three should always be placed in family-based care; and
- Older adolescents should have the option of supported independent living.

Caseworkers working on alternative care should be trained to make decisions on alternative care placements, including the strengths and weaknesses of each type of care option. No form of alternative care should encourage family separation.

Children in care should:

- Receive follow-up visits to monitor their protection and well-being;
- Have opportunities to provide feedback; and
- Be able to report abuse, neglect, exploitation or violence.

STANDARD 19

When care placements are coming to an end, caseworkers should assess whether (re)integration into their family or community or a permanent alternative care option is in the child's best interests.

19.3.3. FAMILY-BASED ALTERNATIVE CARE

Family-based alternative care – care within a family that is not necessarily the child's own family – is the preferred option for children who need alternative care. Kinship care – care within a family related to or known by the child – often offers the best option and should be considered first, in compliance with national legislation.

Key considerations for all forms of family-based care include:

- The types of support caregivers need;
- Who can best support caregivers; and
- The child's ongoing safety in cases of suspected abuse, neglect, exploitation or violence from a family member or foster caregiver.

Work closely with the community to reduce discrimination and to regularly review care placements to mitigate any risks.

If kinship care placements are not possible or in a child's best interests, consider foster care. Foster care should not replace support to children's own families and should never be the only alternative care option. The types of foster care available should reflect the needs of the child and the duration that care is required (emergency temporary care, short-/medium-term fostering or longer-term fostering). The community should be consulted on who is best placed to foster children. Carefully recruit, assess, train and monitor foster caregivers. Avoid moving a child from one foster placement to another.

Family-based care *cannot* be considered when:

- Families cannot care for additional children;
- Foster care placements are unavailable or culturally unacceptable;
- Pre-existing protection concerns prevent placing a child in care;
- A child must stay in one location for rapid reunification/tracing;
- The age, maturity and wishes of the child prevent placing them in care; and/or
- Security issues require placing the child in a secure location.

Other residential care alternatives may then be considered.

STANDARD 19

19.3.4. SUPPORTED INDEPENDENT LIVING

Supported independent living may be the most suitable option for older adolescents, especially those who are in transit or have been on their own for a long period. Consider the protection risks and the community's perception of children living independently. Children in supported independent living should know whom to contact if they have any concerns. It may be good to encourage the children to engage in activities that positively support the community.

19.3.5. RESIDENTIAL CARE

Residential care covers many types of overnight care including temporary shelters, interim care centres, small group homes and institutional care. Residential care should only be a last resort for the shortest possible period when all family-based interim care options have been explored, are not possible or are not available. Residential care facilities should be regularly supported and monitored to meet minimum standards of care and child-friendly protection procedures. No new institutional care facilities should be constructed in humanitarian crises.

Residential care facilities should only be an alternative interim care option for the shortest possible time. There may be a need for temporary small-scale shelters, especially where foster care with a non-biological family is unlawful, culturally unacceptable or is not in the child's best interests. This option should be accompanied by advocacy activities to improve short-, medium- and long-term alternative care systems and establish other preferred forms of care. Every effort should be made to minimise an 'institutional culture' and to ensure the quality of care by providing:

- Appropriate staff/child ratios;
- Accessible facilities or centres;
- Opportunities for children to socialise with members of the community;
- Codes of conduct;
- Staff training; and
- Safe locations.

Children with disabilities are more likely to be placed in residential care. When a child with a disability is in residential care, efforts should be made to maintain regular contact between the child and family and to determine if, with support, family-based care can be provided. Try to reunite children with disabilities with their families and ensure community-level services for children with disabilities.

19.3.6. LONG-TERM ALTERNATIVE CARE

If family reunification is impossible or not in a child's best interest, consider alternative long-term care options. Children should not be left in interim care indefinitely. Decisions on long-term care should be made through a judicial, administrative or other recognised procedure (including, where appropriate, a UNHCR-led Best Interests Determination). Decisions should be based on an assessment of the child's best interests, gender, age, disability and available care options.

Adoption should *not* be considered during emergencies, particularly when:

- There is reasonable hope of successful tracing and reunification;
- A reasonable time has not yet passed during which all feasible tracing efforts have been conducted; or
- Adoption is against the expressed wishes of the child or parents.

Long-term placements, domestic adoption or kafalah should only be considered after tracing efforts have been exhausted. Inter-country adoptions should always follow the *Hague Convention on Intercountry Adoption*.

REFERENCES

Links to these and additional resources are available *online*.

- *Alternative Care in Emergencies Toolkit*, Interagency Working Group on Separated and Unaccompanied Children, 2013.
- *Including Children with Disabilities in Humanitarian Action*, UNICEF, 2017.
- *'Resolution Adopted by the General Assembly [on the report of the Third Committee 9A/64/434)]: Guidelines for the Alternative Care of Children (A/RES/64/142*)'*, United Nations General Assembly, 2010.
- *Strategies for Delivering Safe and Effective Foster Care: A Review of the Evidence for Those Designing and Delivering Foster Care Programmes*, Family for Every Child, 2015.
- *The Place of Foster Care in the Continuum of Care Choices: A Review of the Evidence for Policymakers*, Family for Every Child, 2015.
- *Guidelines on Assessing and Determining the Best Interests of the Child: 2018 Provisional Release*, UNHCR, 2018.

STANDARD 20:
JUSTICE FOR CHILDREN

Humanitarian child protection actors have opportunities to work with national and local actors to strengthen justice for children. Justice for children strategies cover both (a) efforts to protect children through formal and customary laws and (b) interventions that seek to overcome the risks that justice systems may present.

Justice for children can be protective. It may help enforce or establish children's rights or strengthen legal instruments that do so. Actions in this area include:

- Strengthening the implementation and awareness of existing child protection laws;
- Facilitating the alignment of and links between customary and national legal systems and international laws; and
- Advocating for or supporting the development of new laws that criminalise abuse, neglect, exploitation and violence against children.

Justice for children may also involve overcoming risks in the justice system itself. Children can interact with justice systems as witnesses, victims (survivors), accused, potential wrongdoers, convicted offenders or a combination of these. During humanitarian crises, children may come into contact with the law more frequently. Examples include:

- Care arrangements for children who are separated and unaccompanied;
- Unnecessary arrest and loss of liberty;
- Violence within the home and community;
- Worst forms of child labour; and
- Sexual abuse, exploitation or violence, including child marriage.

Unfortunately, this contact can lead to additional protection risks that are caused by formal and informal justice actors. Humanitarian actors can help mitigate those risks and support children to fulfil their rights when interacting with justice systems. Strategies for overcoming the risks that both formal and informal justice systems may present include:

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- Training service providers on the rights and best interests of children in contact with the law;
- Training justice actors on developmentally and age-appropriate ways of communicating with children;
- Supporting juvenile justice approaches that allow children to be accountable to society without being formally processed as a criminal;
- Working with States to create practical alternatives that can end the immigration detention of all children who are refugees or migrants;
- Detaining children only as a last resort and only for the shortest period possible in age- and gender-segregated facilities; and
- Communicating clearly with children in developmentally and age-appropriate ways at all stages of any judicial process.

A crisis may present a unique opportunity for child protection teams to strengthen systems that may otherwise resist change. Using the socio-ecological framework, child protection actors can collaborate with the full range of actors to (a) assess the ways in which legal and justice systems at all levels either provide protection or present risks and (b) develop interventions to reinforce protection and overcome risks.

STANDARD

All children in contact with formal and informal justice systems during a humanitarian crisis are treated in a child-friendly, non-discriminatory manner in line with international norms and standards and receive services tailored to their needs and best interests.

20.1. KEY ACTIONS

PREPAREDNESS

20.1.1.   Conduct a mapping of formal and non-formal legal frameworks and justice actors.
20.1.2.   Strengthen collaboration between the justice and social welfare systems by mapping services and establishing joint referral systems.
20.1.3.   Establish and/or strengthen child-friendly, gender-sensitive and disability-accessible courts and spaces in police stations.

20.1.4. Train both formal and informal justice actors on appropriate handling of children's cases, including cases of children formerly associated with armed forces or groups and victims of sexual exploitation or trafficking.

20.1.5. Support capacity building on child-friendly procedures and processes for all actors in formal and customary justice systems.

20.1.6. Advocate for and support a gender-balanced workforce throughout the justice system.

20.1.7. Strengthen and raise awareness of community-level reporting mechanisms for child victims and witnesses of crime.

20.1.8. Support a legal requirement for mandatory reporting for professionals in close contact with children.

20.1.9. Establish, strengthen and raise awareness of reporting mechanisms for children in contact with the law and their caregivers.

20.1.10. Promote the adoption and implementation of community-level alternatives to detention that seek to restore children's well-being and to reintegrate them.

20.1.11. Establish child-sensitive, non-discriminatory systems for child victims and witnesses that prevent re-victimisation.

20.1.12. Develop a child-centred evacuation plan for detainees if a disaster or armed attack is likely.

20.1.13. Strengthen or develop restorative justice processes that align with international standards and are facilitated by trained community members and organisations.

20.1.14. Advocate for policies that (a) end child immigration detention and (b) support alternatives to immigration detention for children and families, including family and community reception and care arrangements.

RESPONSE

20.1.15. Identify, advocate for and respond to the most urgent basic needs of children in contact with the law, including education, basic psychosocial services and contact with family.

20.1.16. Establish monitoring mechanisms aimed at identifying and correcting patterns of child rights violations within justice systems.

20.1.17. Assess, build the capacity of and offer services (such as legal aid and rehabilitation/reintegration programmes) that are complementary to the services provided by justice actors.

20.1.18. Establish an interdisciplinary team to identify and respond to cases of child victims/witnesses of crime.

20.1.19. Use advocacy, awareness raising and training to ensure that all border and reception arrangements:
- Are child-sensitive;
- Respect international standards for admission and reception; and
- Support alternatives to detention.

20.1.20. Advocate for the release of children who are in detention facilities.

20.1.21. Advocate for solutions that (a) keep families together and (b) separate child offenders from adult offenders, girls from boys and children who are accused from those who have been convicted when there are no other options than to place children in conflict with the law in detention facilities.

20.1.22. Encourage appropriate, non-discriminatory, non-State solutions that respect child rights where formal systems have collapsed.

20.1.23. Ensure standard operating procedures (SOPs) for multisectoral collaboration related to children in contact with the law are:
- Adapted to the emergency;
- Effective;
- Non-discriminatory; and
- Child-friendly.

20.1.24. Encourage the development, adoption and implementation of handover protocols for the immediate transfer of children formerly associated with armed forces or groups to civilian child protection actors.

20.2. MEASUREMENT

All indicators about children should be disaggregated by sex, age, disability and other relevant diversity factors. The indicators below measure progress against the overall standard. Indicators and targets can be contextualised with the goal of meeting the indicative targets below. Additional related indicators are available *online*.

Indicator	Target	Comments
20.2.1. % of children in contact with the justice system who report child-friendly access to legal support since the start of the emergency.	90%	Define 'contact with the justice system' and 'child-friendly' and include at a minimum gender-, age- and disability-friendly. 'Since the start of the emergency' can be modified in-country according to the context and resources available for measurement. Source of verification: Structured interview (periodic survey or assessment of children in caseload), programme document review (monitoring report).

20.3. GUIDANCE NOTES

20.3.1. DOCUMENTING VIOLATIONS

From the earliest possible stage in the emergency, it is important to document (a) patterns of violations against children in contact with the law and (b) situations that lead to that contact. It provides a basis for evidence-based advocacy in support of an effective national and international response. (See Standards 3 and 6.)

20.3.2. ADVOCACY

Advocacy should focus on (a) enforcing laws that protect children, (b) stopping current violations (beginning with those with the most severe effect on children), and (c) preventing future violations (including through legal reform). Advocacy should be supported by evidence gathered during monitoring and documentation activities. (See Standards 5 and 6.) Messages to authorities can emphasise:

- The crisis's impact on children's experiences with the justice system;
- The importance of a protective legal framework (raising the age of legal conscription, recruitment into armed forces, marriage and consent; mandatory reporting);
- The importance of upholding children's rights; and
- The accountability of relevant authorities and actors.

In any given context it is helpful to reference the recommendations from the country's *Universal Periodic Review*, published by the UN Human Rights Council, and the *Concluding Observations of the UN Committee of the Rights of the Child on the State's CRC* report. Child protection actors can

use the recommendations to guide advocacy, capacity-strengthening and awareness-raising activities.

Advocacy messages related to children who are displaced should call for, at a minimum:

- Preventing the detention of children based on their immigration status alone;
- Providing children with access to faster procedures;
- Providing resources for translation; and
- Providing family tracing and appointing guardians, if necessary.

20.3.3. INTERDISCIPLINARY TEAMS AND COORDINATION

From the beginning of a crisis, it is important to create or strengthen a coordination platform for professionals and caregivers (such as justice, security, medical, social, community, family) that builds on existing resources and structures. Standard operating procedures that clarify each actor's roles and responsibilities are critical. It may be possible to use this platform to conduct specialised training (such as caring for children with mental health conditions or disabilities). (See Standards 1 and 10.)

20.3.4. CHILDREN AS LEGAL CLIENTS

Legal advocates need knowledge of:

- General legal principles;
- Children's rights;
- Child protection principles, particularly confidentiality and best interests (see Principles);
- The impacts of crises on children (cross-border custody cases, detention on terrorism charges, asylum); and
- Mandatory reporting requirements.

If mandatory reporting is a legal requirement, this must be explained to the child in a developmentally appropriate manner. When children and their families want to address rights violations through the formal justice system, case management actors should accompany them.

20.3.5. CHILDREN AND SOCIAL WELFARE SYSTEMS

Child victims/survivors of a crime should never be treated as offenders but must be supported by child welfare services. Similar services are needed for children suspected of or alleged to have committed offences. Children below the minimum age of criminal responsibility are not subject to prosecution under the criminal justice system. They should only be in contact with the social welfare system.

20.3.6. DEPRIVATION OF LIBERTY

'Deprivation of liberty' means any form of (a) detention or imprisonment or (b) placement of a person into a public or private custodial setting.

International standards say that justice actors must consider alternatives to detention (such as probation or community service) while ensuring that human rights and legal safeguards are fully respected when dealing with children.

Any children born in detention – regardless of their status in the territory – should be (a) registered immediately in accordance with international standards and (b) issued a birth certificate.

In situations of armed conflict, 'administrative detention' is often used to hold children who are believed to pose a security threat. Often, procedures for challenging administrative detention are not clear, and timelines for review do not exist. Such administrative detention violates the rights of the child and should not be used in any situation. Handover protocols for the immediate transfer of children formerly associated with armed forces or groups to civilian child protection actors should be adopted and implemented.

Immigration detention of children may also occur. Some States have prohibited the detention of children for immigration purposes. Others only allow it for children over a certain age or prohibit it for children seeking asylum. Children should not be detained for immigration-related purposes, regardless of the legal/migratory status of themselves or their parents. Immigration detention is never in the child's best interests and cannot be justified under any circumstances.

Children formerly associated with armed forces or groups should not be charged or prosecuted based only upon their membership in the armed group. They should be treated primarily as victims of exploitation who are entitled to protection. (See Standard 11.)

Crises can increase the number of children accused of 'status offences'. These include acts that would not be criminal if they were committed by adults but

can result in arrest and detention. Examples include curfew violations, running away or living and working on the street. Detention for status offences violates the best interests of the child and should never be used.

REFERENCES

Links to these and additional resources are available *online*.

- *INSPIRE: Seven Strategies for Ending Violence Against Children*, World Health Organization (WHO), 2016, pp. 30-35.
- *'Documentation by Country'*, *Universal Periodic Review*, UN Human Rights Council. [Website]
- *Toolkit on Diversion and Alternatives to Detention*, UNICEF, 2010.
- *Introducing the United Nations Model Strategies and Practical Measures on the Elimination of Violence Against Children in the Field of Crime Prevention and Criminal Justice: A New Tool for Policymakers, Criminal Justice Officials and Practitioners*, UNODC and UNICEF, 2015.
- *'Guidance Note of the Secretary-General: UN Approach to Justice for Children'*, United Nations, 2008.
- *Justice in Matters Involving Child Victims and Witnesses of Crime: Model Law and Related Commentary*, UNODC and UNICEF, 2009.
- *United Nations Guidelines on Justice in Matters Involving Child Victims and Witnesses of Crime: Child-friendly Version*, UNODC and UNICEF, Vienna, 2006.
- *'Children Deprived of Liberty: The United Nations Global Study'*, UNHCR, (forthcoming). [Website]
- *Stateless Persons in Detention: A Tool for their Identification and Enhanced Protection*, UNHCR, 2017.
- *Detention Guidelines: Guidelines on the Applicable Criteria and Standards Relating to the Detention of Asylum-seekers and Alternatives to Detention*, UNHCR, 2012.
- *Handbook on Children Recruited and Exploited by Terrorist and Violent Extremist Groups: The Role of the Justice System*, UNODC, 2018.
- *'Vancouver Principles on Peacekeeping and the Prevention of the Recruitment and Use of Child Soldiers'*, Government of Canada, 2017. [Website]
- *Beyond Detention: A Global Strategy to Support Governments to End the Detention of Asylum-seekers and Refugees, 2014-2019*, UNHCR, 2014.

PILLAR 4: STANDARDS TO WORK ACROSS SECTORS

INTRODUCTION TO PILLAR 4: STANDARDS TO WORK ACROSS SECTORS

THE IMPORTANCE OF SECTORS WORKING TOGETHER TO PROMOTE CHILD PROTECTION AND WELL-BEING

Increasingly complex emergencies pose new risks to the well-being of affected children. These risks emphasise the need to place protection at the centre of all humanitarian response. Child protection risks are closely linked with the work of other sectors because children have needs that fall under all sectors. For example, a lack of education or family livelihood can increase risks of child marriage or child labour. Multisectoral approaches reflect the interconnected needs of children and emphasise all humanitarian actors' collective responsibility to protect children and their families.

Focused, specialised child protection interventions are critical for protecting children. However, no single sector that operates in a crisis has the knowledge, skills and resources to fully prevent risks, respond to children's protection needs and promote children's rights and well-being. All humanitarian actors have the obligation to engage in multisectoral child protection activities. Such activities are important under the '*Centrality of Protection*', which recognises that protection is the purpose and intended outcome of humanitarian action and must be at the centre of all preparedness and response actions.

Sectoral programming that fails to account for child protection risks can lead to:

- Inefficient use of resources;
- Additional harm or increased risks; and
- Reduced results for children.

On the other hand, multisectoral programming that intentionally includes and addresses child protection considerations (such as children's particular risks, vulnerabilities, developmental stages, etc.) contributes to higher-quality impacts. This improves the outcomes of other sectors, promotes positive outcomes for children and ensures their well-being.

Protection mainstreaming and integrated approaches can take different shapes depending on the context, but key aspects of these approaches are outlined below.

'Protection mainstreaming' is the process of:

Integrating child protection into the work of all other sectors
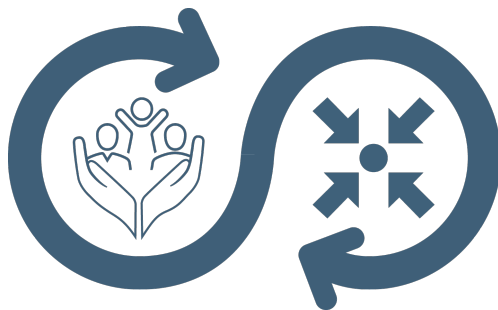
- Incorporating core humanitarian protection principles by promoting safety, dignity and access for all affected persons; and
- Ensuring accountability to, and the participation and empowerment of, affected populations.

Protection mainstreaming that specifically uses child protection considerations to inform all aspects of humanitarian action helps to maximise the protective impact of all humanitarian assistance without contributing to or perpetuating risks to children. Protection mainstreaming is critical and is part of following the do no harm principle that applies to all humanitarian action.

An 'integrated approach' allows two or more sectors to work together to achieve a shared programme outcome(s). It is based on existing capacities and joint needs identification and analysis, so it promotes beneficial processes and outcomes for all sectors involved. When child protection is included in the integrated approach, it increases opportunities for better child protection outcomes. An integrated approach to child protection programming involves deliberately designing and implementing programmes with child protection and one or more other sectors to:

- Prevent abuse, neglect, exploitation and violence against children;
- Ensure quality services;
- Promote children's development, rights and well-being; and
- Build on the cooperation, outcomes and impacts of other sectors.

This is different from protection mainstreaming, which is applicable and essential to all programmes regardless of the intended outcome.

In a sectoral approach to programme design, sectoral outcomes are the starting point for action. In an integrated approach, a holistic understanding of child well-being and healthy development is the starting point for action. This

builds on the unique capacities of each collaborating sector and uses sectoral specialties to meet that goal.

Joint programming and integrated programming take place on a continuum of varied levels of integration for situation analysis, programme design and implementation. Different opportunities for collaboration between child protection and other sectors are highlighted in the table below. The appropriate approach must be determined by organisations and inter-agency coordination mechanisms within each context. The approach must account for:

- The phase of an emergency (such as stability);
- Accessibility;
- Available capacity;
- Existing local systems;
- Funding mechanisms; and
- Other factors.

Examples of mainstreaming, joint programming and integrated programming are highlighted below, and these examples will be sharpened over time based on additional experiences.

Ways of working	Sector implications	Aim	Considerations	Examples
Child protection mainstreaming	Sector-specific: actions taken within a specific sector.	To promote a safe, dignified and protective environment and to improve the impact of all humanitarian actors by applying the do no harm principle and proactively reducing risks and harm.	Application of extensive sector-specific child protection guidelines on protection mainstreaming by contextualising and building on this CPMS guidance and guidelines produced by the Global Protection Cluster and other protection agencies.	WASH programmes consider age, gender and disability status of children when (a) designing water and sanitation facilities in schools and (b) promoting menstrual hygiene management. Mandatory health training modules include child protection considerations. Shelter responses support adolescent girls' safety and privacy, including separate spaces to sleep, change clothing, etc.
Joint programming	Sectors maintain their own sector's objectives while jointly implementing certain aspects of their programmes.	To achieve a protection outcome alongside outcomes for other sectors while optimising resources, access, operational capacity, etc.	Need for moderate levels of joint planning (workplans, costing, resource requirements, etc.) along with predictable coordination between child protection and other sectors involved in joint programming. Standard Operating Procedures (SOPs) may need to be developed for interaction, referrals, use of space, etc. In some instances, joint programming may involve staff and volunteers from one sector supporting the other sector's objectives. This will require basic training on both sides.	In remote, conflict-affected areas, child protection, health and nutrition sectors plan and implement joint missions with (a) standard operating procedures (SOPs) for identification and referral of children at risk and (b) planned responses to such referrals, including family tracing and reunification services or parenting programmes. Child protection and education actors jointly establish a safe space and deliver mental health and psycho social support, case management and education interventions in a coordinated programme. Health, mental health and child protection personnel work together to create an SOP to include a child protection social worker or counsellor in health centres to: (see next page)

Ways of working	Sector implications	Aim	Considerations	Examples
				(Continued from previous page) • Streamline multisectoral linkages for more predictable and timely case coordination and referrals; • Promote improved child-centred care (such as training on communicating with children); and • Provide individualised, specialised care to address psychosocial distress among children accessing health services.
Integration (Integrated programming)	Favouring collective over sector-specific planning, implementation, monitoring and evaluation. A holistic understanding of child well-being is the starting point for action, with sectoral specialties being used to meet that goal.	To achieve collective outcomes for children through deliberate, joint assessment, goal setting, planning, implementation and monitoring across sectors.	Similar considerations as in joint programming but with greater levels of engagement and coordination, deliberately working together towards shared goals, outcomes and maximum use of resources. Must consider access constraints, continuum of care, stability, existing resources and capacity. Need for joint goal setting, needs identification and analysis, design, resource mobilisation, implementation, monitoring and evaluation systems and continuous, context-specific situation and protection analysis.	A programme brings together food security, child protection and sexual and gender-based violence (SGBV) to reduce harmful coping mechanisms such as child marriage or family separation. A programme across child protection, cash and livelihoods addresses root causes of separation and recruitment of children through cash grants, livelihood support and family strengthening interventions. Programmes use case management, health and MHPSS interventions and livelihood opportunities to holistically respond to child survivors of SGBV or children formerly associated with armed forces or groups.

WHO SHOULD DO WHAT?

All humanitarian actors have a responsibility and role to play in contributing to the protection of affected children, caregivers and communities. Joint programming and integrated programming (two or more sectors working together to address children's needs and protection risks) can include (a) child protection experts implementing specialised protection activities and (b) non-child protection actors implementing specialised sectoral interventions while (c) both actively collaborate and work alongside one another for a holistic programme. In this situation, child protection and other-sector actors are equal partners in defining, developing and implementing programmes and interventions that achieve broader outcomes for children's well-being and development while still contributing to sectoral outcomes. (See chart from Plan International.)

Non-child protection actors can undertake dedicated activities to address protection risks that affect children and contribute to child protection outcomes through their own sectoral interventions. However, this does not mean child protection specialists are not essential. Child protection specialists are necessary to provide technical support and expertise to ensure quality and the alignment of interventions with the best interests of the child.

Plan International's integrated approach
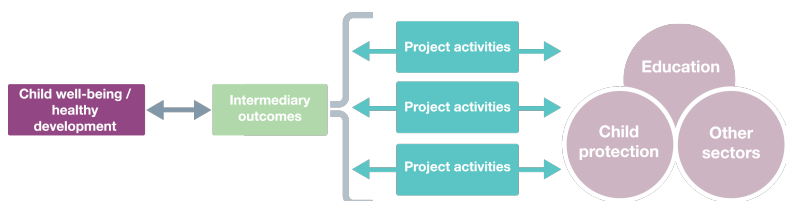
WHAT DO THESE STANDARDS COVER?

These standards provide:

- Suggested key actions for child protection and other sectoral workers related to mainstreaming and integration;
- Key indicators; and
- Guidance notes.

They do not, however, provide sector-specific guidance for each humanitarian sector. This can be found in the relevant standards for each sector such as the *Minimum Economic Recovery Standards (MERS)*, the *Minimum Standards for Education (INEE)* and the *Sphere Standards*. The two (or more) sets of standards should always be used in conjunction.

SPECIFIC CONSIDERATIONS FOR SECTOR-INTEGRATED PROGRAMMING

DISTRIBUTION

Distribution of life-saving items, including food and non-food items (NFIs), is one of the most urgent actions undertaken by multiple sectors in an emergency response. Any kind of distribution must be:

- Timely;
- Informed by consultations with affected groups;
- Well planned;
- Accessible; and
- Safe.

To do this, sectors must involve women, men, girls and boys in designing distribution systems and in determining which culturally appropriate items are needed for each target group. Sectors should enlist the expertise of child protection and gender-based violence workers in planning and implementation. Child protection staff should also brief registration and distribution teams on:

- Protection risks for children;
- Vulnerability criteria; and
- The appropriate actions to take when they come across children at risk (such as children in child-headed households, children whose primary caregivers are elderly or ill, or children with disabilities).

Affected communities must be aware that all aid and relief items are free. Confidential feedback and reporting mechanisms must be in place and accessible during distributions to address violations and abuses. For large registration processes or distributions, individuals in extremely vulnerable situations must be helped first. The timing of distributions must consider the daily activities of women and children, including school attendance. Provisions should be made for delivery to children or households who cannot access

distribution sites without risk (such as caregivers who would have to leave young children unattended).

Where polygamy is practised, all adult women in every household should be registered as main recipients. Child-headed households and children who are unaccompanied and separated should receive (a) ration cards in their own names and (b) distributions of food and non-food items in a way that does not cause further separation or harm. Targeted distribution to specific categories of children should be avoided. Instead, distribution staff should coordinate with child protection to ensure items reach the most vulnerable groups without causing unintended harm through limited or targeted distributions.

SAFEGUARDING CHILDREN AGAINST SEXUAL EXPLOITATION AND ABUSE AND OTHER HARM BY HUMANITARIAN WORKERS

All organisations have the responsibility to protect children. However, the extreme imbalance of power between humanitarian workers and the children whom they have been sent to protect makes it necessary to implement robust safeguarding policies. While national laws and practices may look different, all humanitarian actors are bound by the *IASC Six Core Principles Relating to Sexual Exploitation and Abuse, 2002*. Child safeguarding principles should be applied to all forms of assistance, including cash and vouchers. See Standard 2: Human Resources and references below for more on safeguarding policies, codes of conduct and safe, confidential and effective feedback and reporting mechanisms.

CHILDREN'S PARTICIPATION IN HUMANITARIAN ACTION

All children have the right to be heard. Their voices bring relevance and urgency to humanitarian assessments, analyses and interventions for all sectors. The vulnerability of children often comes from a lack of power and status rather than a lack of capacity. Therefore, children's meaningful participation, their best interests and the do no harm principle should be considered together throughout the entire programme cycle. (See Principles 3, 4 and 5.) It is important that the participation, opinions, concerns and suggestions of diverse groups of children inform programme design, implementation and monitoring.

Both child participation and child safeguarding contribute to meeting (a) the overarching principle or mandate of *accountability to affected populations* and (b) the commitments in the *Core Humanitarian Standard*.

CASH AND VOUCHER ASSISTANCE (CVA)

Cash and voucher assistance can be used to support families or communities to provide necessities for their children and to prevent exploitation or school dropout. However, the impact on children and their protection must be considered and included in the design. Lack of birth registration should never be a barrier to assistance. (See Introduction, Cash and voucher assistance.)

REFERENCES

- *'Statement: The Centrality of Protection in Humanitarian Action'*, IASC, 2013.
- *'Placing Protection at the Centre of Humanitarian Action: A Contribution to the World Humanitarian Summit'*, UNHCR, 2015.
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- *Core Humanitarian Standard on Quality and Accountability*, CHS Alliance, Group URD, the Sphere Project, 2014.
- *Cash Transfer Programming in the Education and Child Protection sectors: Literature Review and Evidence Maps*, Cash Learning Partnership, The London School of Economics and Political Science, The London School of International Development, 2018.

STANDARD 21:
FOOD SECURITY AND CHILD PROTECTION

The following should be read with this standard: Principles; Standard 22: Livelihoods and child protection; and Standard 25: Nutrition and child protection.
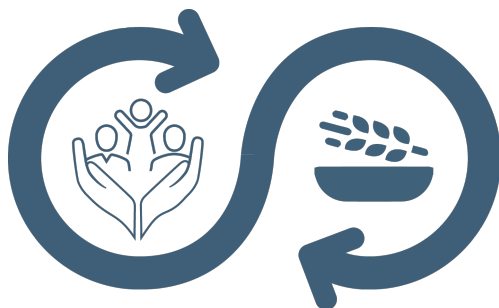
Food security is a life-saving humanitarian response that can significantly improve the safety and well-being of children. Food security exists when all people at all times have physical, social and economic access to sufficient, safe and nutritious food which meets their dietary needs and food preferences for an active and healthy life. Food insecurity increases child protection risks and the possibility of choosing negative coping strategies such as neglect, child marriage and child labour.

Child protection can be integrated within each of the four food security pillars – availability, accessibility, stability and utilisation – in order to support children's well-being and protection. This standard outlines a systematic, integrated approach between the food security and child protection sectors that is based on coordination and complementarity.

STANDARD

All children affected by humanitarian crises live in food secure environments that mitigate and respond to child protection risks.

21.1. KEY ACTIONS

KEY ACTIONS FOR CHILD PROTECTION AND FOOD SECURITY ACTORS TO IMPLEMENT TOGETHER

21.1.1. Adapt existing food security and child protection assessment and monitoring tools, methodologies and indicators for joint identification, analysis, monitoring of and response to households at risk of food insecurity and/or child protection concerns:
- Collect baseline data on children's food security and protection status;
- Establish whether child protection concerns are improving or worsening the food security situation;
- Include children's own perceptions in all monitoring and assessments; and
- Disaggregate data by gender, age and disability, at a minimum.

21.1.2. Agree upon the most effective joint mechanism for sharing information generated by assessments, evaluations and analysis.

21.1.3. Identify common areas of concern to food security and child protection through consultation with communities, including children.

21.1.4. Establish joint prioritisation criteria for targeting children and households at risk.

21.1.5. Implement response interventions for households at risk of both food insecurity and/or child protection concerns throughout all phases of the programme cycle.

21.1.6. Coordinate interventions throughout all phases of the programme cycle.

21.1.7. Ensure adequate representation of children in child-friendly, accessible and confidential decision-making processes and community-based participation structures for food security activities. This is part of *Accountability to Affected Populations (AAP)*. (See Principles.)

21.1.8. Train food security and child protection staff on child protection and food security concerns, principles and approaches so they can each correctly refer disclosed or detected cases of child protection and food insecurity.

21.1.9. Develop and implement child-friendly, multisectoral child protection referral mechanisms so food security workers can safely and efficiently refer child protection cases.

21.1.10. Establish joint data protection protocols and confidential referral mechanisms for child survivors, children at risk and their families.

21.1.11. Document and address any unintended negative consequences and reproduce promising practices in relation to the:
- Possible impacts of food security interventions on children's safety and well-being; and
- Possible impacts of child protection interventions on household food security.

21.1.12. Include child-friendly child protection messages in food security interventions.

21.1.13. Collaborate with children and other stakeholders to design, establish, implement and monitor joint, child-friendly, accessible and confidential feedback and reporting mechanisms for child protection concerns as part of Accountability to Affected Populations (AAP).

21.1.14. Ensure that all food security and child protection staff are trained on and sign safeguarding policies and procedures.

21.1.15. Review at regular intervals the links and collaboration between child protection and food security.

21.1.16. Include or advocate for measures to address the links between food security and child protection interventions in strategic, preparedness and contingency planning; response evaluations; early recovery; and resource allocation.

21.1.17. Coordinate with food security actors and community members to include child protection in the preparedness, design, implementation, monitoring and evaluation of food security programmes and interventions that:
- Are safe, inclusive, protective and accessible to all children, including the most at risk; and
- Address children's different genders, ages, disabilities, developmental stages, vulnerabilities, nutritional needs and family settings.

21.1.18. Include child protection staff in food security teams (for example as a focal point or child-friendly help desk) when:
- Identifying households and beneficiaries who are at risk;
- Distributing food and supplies; and
- Monitoring response activities.

KEY ACTIONS FOR CHILD PROTECTION ACTORS

21.1.19. Include information on and referrals to food security assistance – including in-kind, cash and voucher assistance – in child protection activities.

21.1.20. Identify the strengths and weaknesses of existing social protection services that are accessible to children. Mitigate any gaps, bottlenecks or barriers to children's access.

KEY ACTIONS FOR FOOD SECURITY ACTORS

21.1.21. Include child protection and children's participation in all phases of the food security programme cycle.

21.1.22. Involve all subgroups of the affected population in designing, implementing and monitoring food security interventions.

21.1.23. Conduct a risk analysis during programme design that:
- Provides baseline data on children's food security and protection status;
- Assesses the physical safety risks involved in accessing markets, distribution sites and other forms of assistance;
- Identifies requirements for recipients, such as literacy or identification;
- Assesses the best timing for interventions; and
- Determines the needs of specific groups, such as those caring for young children.

21.1.24. Ensure that all food security workers have signed and been trained on safeguarding procedures, codes of conducts and protection from sexual exploitation and abuse (PSEA) policies. Train all staff on the relevant reporting and referral mechanisms.

21.1.25. Apply safeguarding principles to all forms of assistance, including in-kind, cash and vouchers.

21.1.26. Ensure assistance reaches all members of the affected population by:
- Using assessments to identify children who may have difficulty accessing food;
- Identifying barriers to access for different groups;
- Collaborating with child protection actors to identify and implement strategies to overcome barriers; and
- Registering all adult women as the main recipients of assistance in contexts where polygamy is practiced to avoid excluding subsequent wives and their children.

21.1.27. Provide beneficiary cards to child heads of households and children who are unaccompanied or separated so they can access assistance – in-kind, cash and voucher – in their own names.

21.1.28. Work with child protection actors to:
- Prevent the intentional separation of families who are seeking to increase the assistance they receive;
- Avoid making children targets of theft or exploitation; and
- Ensure the timing of cash-for-work interventions does not coincide with peak livelihoods season to avoid encouraging child labour.

21.2. MEASUREMENT

All indicators about children should be disaggregated by sex, age, disability and other relevant diversity factors. The indicators below measure progress against the overall standard. Indicators and targets can be contextualised with the goal of meeting the indicative targets below. Additional related indicators are available *online*.

Indicator	Target	Notes
21.2.1. % of food security programmes in target location that include an integrated approach to child protection.	100%	'Integrated approach' refers to child protection programming interventions that are integrated into the design of food security programmes to promote the well-being and protection of children.

21.3. GUIDANCE NOTES

21.3.1. CHILDREN AT RISK

Child protection and food security workers should coordinate efforts to identify children at risk of abuse, neglect, exploitation and violence. For a full list of children who are most often at risk across different contexts, see 'What do we mean when we say "children"?'. When conducting assessments and monitoring, remember that the classic 'household' model may not apply to many children at risk, such as children living alone, on the street or in child-headed households.

21.3.2. FOCAL POINTS

To support joint identification and mitigation of child protection risks, consider:

- Establishing child protection focal points within food security teams;
- Working with colleagues in the child protection team; and/or
- Collaborating with any existing community/village child protection committees.

Focal points can support collaboration, encourage agreement on key decisions and processes, refer child protection concerns and ensure food security interventions are child-friendly, accessible and safe. The child protection focal

points must have a good understanding of child protection issues and how they relate to gender, age and disability.

21.3.3. TARGETED ASSISTANCE

Food security and child protection actors should work together to develop indicators for identifying and assisting children at risk. Collaboration will help both sectors:

- Reach vulnerable populations with appropriate services; and
- Develop joint advocacy messages when access to affected populations is restricted or resources are limited.

21.3.4. FOOD DISTRIBUTIONS

When the food security response involves food distributions, ensure that sites and processes are safe for children. Measures may include:

- Establishing safe, clearly marked and frequently used routes to distribution sites that do not require women and children to travel long distances or after dark;
- Posting visible, child-friendly messaging on child safeguarding and preventing and reporting sexual exploitation and abuse at all distribution sites;
- Hiring both male and female staff members to work with communities;
- Rotating distribution teams;
- Designing queuing arrangements that (a) ensure children remain with their parents and (b) include a lost child help zone;
- Providing shade or safe places at distribution sites for caregivers with babies and young children;
- Establishing separate waiting and entry lines at registrations and distributions for individuals who may find it difficult to stand in long queues due to physical or protection-related concerns;
- Developing alternative means of distribution for those with difficulty accessing distribution sites; and
- Including specific items for children and for pregnant and breastfeeding girls and women.

21.3.5. FEEDBACK AND REPORTING MECHANISMS

Confidential, child-friendly, accessible feedback and reporting mechanisms that receive and address allegations of harm to children should be set up in collaboration with communities. Senior staff should regularly review the number and types of reports being received. Reports should trigger immediate response and assessment of the report, as delays may lead to further harm, including repeated abuse, exploitation or intimidation of survivors.

REFERENCES

Links to these and additional resources are available *online*.

- *'Food Security and Nutrition', The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response*, Sphere Association, 2018.
- *The Gender Handbook in Humanitarian Action*, IASC, 2017.
- *'IASC Task Team on Inclusion of Persons with Disabilities in Humanitarian Action'*, IASC, 2019.
- *Protection in Practice: Food Assistance with Safety and Dignity*, World Food Programme (WFP), 2013.
- *FAO Guidance Note: Child Labour in Agriculture in Protracted Crises, Fragile and Humanitarian Contexts*, FAO, 2017.
- *'Livestock Emergency Guidelines and Standards (LEGS)'*. [Website]
- *Humanitarian Inclusion Standards for Older People and People with Disabilities*, CBM International, Bensheim, HelpAge International, London, Handicap International, Lyon, 2018.
- *Cash Transfer Briefing Package for Food Security Cluster Coordinators 2017*, Global Food Security Cluster, 2017.
- *Child Safeguarding in Cash Transfer Programming: A Practical Tool*, The Cash Learning Partnership, Save the Children, Women's Refugee Commission, 2012. [Update Pending]
- *Cash Based Assistance: Programme Quality Toolbox*, The Cash Learning Partnership (CALP), 2018.
- *Toolkit for Optimizing Cash-based Interventions for Protection from Gender-based Violence: Mainstreaming GBV Considerations in Cash-based Initiatives and Utilizing Cash in GBV Response*, Women's Refugee Commission, 2018.
- '*Keeping Children Safe*'. [Website]

STANDARD 22:
LIVELIHOODS AND CHILD PROTECTION

The following should be read with this standard: Principles; Standard 21: Food security and child protection; and Standard 25: Nutrition and child protection.
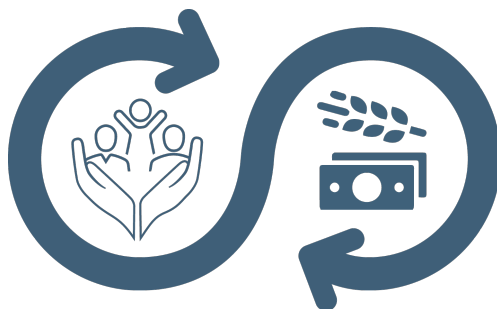
A 'livelihood' is one part of economic recovery that looks at the capabilities, assets, opportunities and activities required for individuals, families and communities to be able to make a living (to earn enough income to meet their basic and essential needs). Humanitarian crises often negatively impact livelihoods by making pre-existing difficulties such as lack of employment, poor infrastructure and lack of quality education worse.

When a family's capacity to provide adequate food, shelter, education and care is reduced, children can be at risk of all forms of child protection concerns. Economic recovery and livelihoods interventions can have a significant protective impact on children when they are:

- Well-planned;
- Targeted appropriately at caregivers and older children of working age;
- Implemented according to child protection principles; and
- Based on the *Minimum Economic Recovery Standards (MERS)*.

STANDARD

Caregivers and working-age children have access to adequate support to strengthen their livelihoods.

Child protection must be integrated into livelihoods programme activities to ensure that they do not increase risks and cause harm to children.

22.1. KEY ACTIONS

KEY ACTIONS FOR CHILD PROTECTION AND LIVELIHOODS ACTORS TO IMPLEMENT TOGETHER

22.1.1. Adapt existing livelihoods and child protection assessment and monitoring tools, methodologies and indicators for joint identification, analysis, monitoring of and response to households at risk of livelihood insecurity and/or child protection concerns:
- Collect baseline data on children's and families' livelihoods and protection status;
- Determine whether child protection concerns are improving or worsening the livelihoods situation;
- Include children's own perceptions in all monitoring and assessments; and
- Disaggregate data by gender, age and disability, at a minimum.

22.1.2. Agree upon the most effective joint mechanism for sharing information generated by assessments, evaluations and analysis.

22.1.3. Identify common areas of concern to livelihoods and child protection through consultation with communities, including children.

22.1.4. Establish joint prioritisation criteria for targeting children and households at risk.

22.1.5. Implement response interventions for households at risk of livelihood insecurity and/or child protection concerns throughout all phases of the programme cycle.

22.1.6. Coordinate interventions throughout all phases of the programme cycle.

22.1.7. Ensure adequate representation of children in decision-making processes, community-based participation structures and site governance systems related to livelihoods. (See Principles.)

22.1.8. Develop and implement joint data protection protocols and child-friendly, multisectoral, confidential child protection referral mechanisms for children (and their families) who have experienced or are at risk of abuse, neglect, exploitation or violence.

22.1.9. Train livelihoods staff on child protection concerns, principles and approaches so they can safely, correctly and efficiently refer disclosed or identified sexual and gender-based violence and child protection cases.

22.1.10. Document and address any unintended negative consequences and reproduce promising practices in relation to the impact of:
- Livelihoods interventions on children's safety and well-being; and
- Child protection interventions on livelihoods activities.

STANDARD 22

22.1.11. Include child-friendly child protection messages in livelihoods interventions.

22.1.12. Collaborate with children and other stakeholders to design, establish, implement and monitor joint, child-friendly, accessible and confidential feedback and reporting mechanisms for child protection concerns as part of *Accountability to Affected Populations (AAP)*.

22.1.13. Ensure connections between livelihoods and child protection interventions in strategic, preparedness and contingency planning; response evaluations; early recovery; and resource allocation.

22.1.14. Review at regular intervals the connections and collaboration between child protection and livelihoods.

22.1.15. Coordinate with livelihoods actors and community members to include child protection in the preparedness, design, implementation, monitoring and evaluation of livelihoods programmes and interventions that:
- Are safe, inclusive, protective and accessible to all children, including the most at risk;
- Address children's different genders, ages, disabilities, developmental stages, vulnerabilities and family settings;
- Do not interfere with school attendance; and
- Collaborate with existing (or provide new) childcare resources so primary caregivers can participate without exposing children to risk.

22.1.16. Coordinate the development and regular assessment of safe, child-friendly, inclusive and accessible facilities, mechanisms and essential services, including dedicated spaces for children's education and recreation.

22.1.17. Ensure that all livelihoods and child protection staff are trained on and sign safeguarding policies and procedures.

KEY ACTIONS FOR CHILD PROTECTION ACTORS

22.1.18. Include information on the livelihoods support available to children, caregivers and families in child protection messaging.

22.1.19. Provide referrals to economic recovery, cash and voucher assistance and livelihoods support services in child protection activities that:
- Protect the personal data of referred households; and
- Maintain the confidentiality of children and families.

22.1.20. Identify strengths and weaknesses of existing social protection services and mitigate any gaps, bottlenecks or barriers to children's access.

STANDARD 22

22.1.21. Include child protection staff in livelihoods teams (for example as a focal point or child-friendly help desk) when:
- Identifying households and beneficiaries who are at risk;
- Carrying out distributions; and
- Monitoring response activities.

KEY ACTIONS FOR LIVELIHOODS ACTORS

22.1.22. Include child protection and children's participation in all phases of the livelihoods programme cycle:
- Consider the impact of livelihoods interventions on childcare and school attendance;
- Avoid potentially exploitative or unsafe working conditions for older children and caregivers; and
- Integrate the gender-, age- and disability-related needs of working-age children into all aspects of programming.

22.1.23. Conduct a risk analysis during programme design that:
- Identifies requirements for recipients of livelihoods services, such as literacy or identification;
- Assesses the best timing for the intervention; and
- Determines the needs of specific groups, such as those caring for young children.

22.1.24. Ensure assistance reaches all members of the affected population by:
- Using assessments to identify children and families who may have difficulty accessing livelihood support. Barriers to accessing livelihoods may include:
  - Safety risks;
  - Unequal access to livelihoods opportunities; and
  - Discrimination based on gender, disability, household composition, etc.
- Collaborating with child protection actors to identify and implement strategies to overcome barriers.
- Registering all adult women as the main recipients of assistance in contexts where polygamy is practiced to avoid excluding subsequent wives and their children.

22.1.25. Involve all subgroups of the affected population in designing, implementing and monitoring livelihoods interventions.

22.1.26. Provide beneficiary cards to child heads of households and children who are unaccompanied or separated so they can access assistance in their own names. Work with child protection actors to (a) discourage families from intentionally separating to access

additional benefits and (b) avoid making children targets of theft or exploitation.

22.1.27. Collaborate with child protection, protection and cash and voucher assistance or market-based programming actors (such as the Cash Working Group) to:

- Conduct relevant institutional mapping;
- Conduct labour, market and value chain analyses; and
- Identify profitable, accessible and desirable livelihood activities that minimise the risks of child labour, exploitation, poor quality childcare and irregular school attendance.

22.1.28. Ensure livelihoods interventions:

- Follow all binding national and international labour laws and applicable standards;
- Are accessible and inclusive;
- Consider their impact on childcare and school attendance; and
- Positively impact children's overall well-being.

22.1.29. Collaborate with child protection and education actors to implement joint feedback and reporting mechanisms for referring children and households at risk to appropriate livelihoods, educational and/or vocational programmes.

22.1.30. Collaborate with child protection and education actors to provide complementary programming activities, such as:

- Support to childcare facilities or community childcare mechanisms so that caregivers may engage in livelihoods interventions;
- Life skills, literacy and numeracy training for adolescents;
- Apprenticeship opportunities for adolescents; and
- Support and opportunities for improving saving practices and household resource management.

22.2. MEASUREMENT

All indicators about children should be disaggregated by sex, age, disability and other relevant diversity factors. The indicators below measure progress against the overall standard. Indicators and targets can be contextualised with the goal of meeting the indicative targets below. Additional related indicators are available *online*.

Indicator	Target	Notes
22.2.1. % of children living in child-headed households or caregivers of children living in vulnerable situations surveyed who report earning a stable income after receiving livelihoods support.	90%	Define what constitutes 'vulnerable' in context. It may include children with elderly or ill caregivers or children released from armed forces or armed groups. A timeframe can be added to monitor this indicator (such as over 3, 6 and 12 months).
22.2.2. % of households referred for livelihoods support that report a reduction in the use of risky or harmful coping mechanisms or an improved Reduced Coping Strategy Index (RCSI) score.	90%	The Coping Strategy Index (CSI) and Reduced Coping Strategy Index are food security measurement tools of household food insecurity. The score can be interpreted as the likelihood that the household will make choices that are harmful to children when trying to meet their food needs. The use of the CSI for child protection purposes should be carried out jointly with the Food Security sector colleagues as part of an integrated approach and joint analysis between both sectors. For more information on the CSI please visit: *https://resources.vam.wfp.org/node/6* for a tutorial.

22.3. GUIDANCE NOTES

22.3.1. CHILDREN AT RISK

Child protection and economic recovery and livelihoods workers should coordinate efforts to identify children at risk. See the *CPMS* Introduction for details on children at risk. When conducting assessments and monitoring, it is important to remember that the 'household' may not be a relevant unit of measurement for all children.

Become familiar with contextualised, gendered and/or discriminatory views of work that increase certain groups' risks of:

- Economic dependence on others;
- Exclusion from formal jobs;
- Exploitative, informal work environments; and/or
- Abusive relationships.

Be aware of traditional stereotypes around appropriate work for genders or groups. Women, adolescent girls and other at-risk groups often face obstacles related to gender or cultural norms. These norms not only increase economic dependence on others but can also increase their vulnerability to violence. In the absence of formal jobs, children at risk may:

- Find work in the informal economy;
- Enter exploitative work environments;
- Become dependent on and trapped in abusive relationships; or
- Experience sexual exploitation.

22.3.2. FOCAL POINTS

To support joint identification and mitigation of child protection risks, consider:

- Establishing child protection focal points within livelihoods teams;
- Coordinating with colleagues in child protection; and/or
- Collaborating with existing community/village child protection committees, where appropriate.

Focal points can support collaboration, encourage agreement on key decisions and processes, refer child protection concerns and ensure livelihoods interventions are child-friendly, accessible and safe.

22.3.3. MANAGING HOUSEHOLD AND FAMILY DUTIES

Consult with disaggregated groups from the affected population regularly about:

- Their preferences and priorities for income generation, cash-for-work opportunities and other household needs;
- Individuals' workloads; and
- Any household tensions related to changes in traditional gender roles.

22.3.4. FEEDBACK AND REPORTING MECHANISMS

Confidential, child-friendly, accessible and harmonised *Accountability to Affected Population (AAP)* feedback and reporting mechanisms should be set up in collaboration with the communities to receive feedback and investigate allegations when required. The number and types of feedback that are received should be reviewed regularly by senior staff. Reports should lead to immediate responses and investigations, as delays may lead to further violations, including the repeated abuse, exploitation or intimidation of survivors.

STANDARD 22

22.3.5. CASH AND VOUCHER ASSISTANCE

Multipurpose cash or cash to meet basic needs has been show to, in certain circumstances, increase families' and children's abilities to meet their basic needs. When combined with other services, they may help reduce negative coping mechanisms such as child labour or child marriage. The impact of multipurpose cash on child protection outcomes should be closely monitored.

REFERENCES

Links to these and additional resources are available *online*.

- *The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response*, Sphere Association, 2018.
- *Minimum Economic Recovery Standards: Third Edition*, The SEEP Network, 2017.
- *'Convention on the Rights of the Child'*, United Nations General Assembly, 1989.
- *FAO Guidance Note: Child Labour in Agriculture in Protracted Crises, Fragile and Humanitarian Contexts*, FAO, 2017.
- *Child Safeguarding in Cash Transfer Programming: A Practical Tool*, The Cash Learning Partnership, Save the Children, Women's Refugee Commission, 2012. [Update Pending]
- *Cash Based Assistance: Programme Quality Toolbox*, The Cash Learning Partnership (CALP), 2018.
- *Toolkit for Optimizing Cash-based Interventions for Protection from Gender-based Violence: Mainstreaming GBV Considerations in Cash-based Initiatives and Utilizing Cash in GBV Response*, Women's Refugee Commission, 2018.
- '*Keeping Children Safe*'. [Website]
- *'Livestock Emergency Guidelines and Standards (LEGS)'*. [Website]
- *Minimum Standard for Market Analysis (MISMA)*, Humanitarian Standards Partnership and The Cash Learning Partnership (CALP), 2018.

STANDARD 23:
EDUCATION AND CHILD PROTECTION

The following should be read with this standard: Principles; Standard 2: Human resources; Standard 10: Mental health and psychosocial distress; Standard 12: Child labour; Standard 15: Group activities for child well-being; Standard: 18: Case management; Standard 26: Water, sanitation and hygiene and child protection. All standards in Pillar 2: Standards on child protection risks are relevant to education programming.
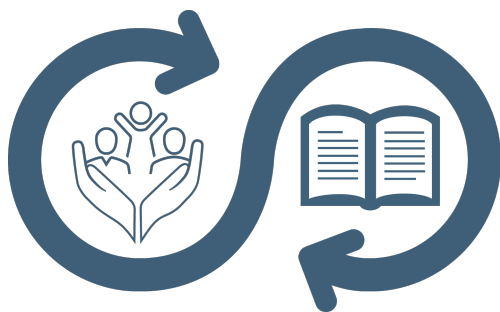
There are many natural links between child protection and education. A lack of access to education has direct negative impacts on children's well-being and development. Children who are out of school can face greater child protection risks. Child protection concerns can prevent children from accessing education or can decrease educational outcomes.

Quality education is defined by the Inter-agency Network for Education in Emergencies (INEE) as "education that is available, accessible, acceptable and adaptable" and responsive to diversity.

Strengthened collaboration between child protection and education actors can:

- Increase children's resilience;
- Support psychosocial, cognitive and physical development;
- Mitigate protection risks;
- Support positive peer relationships and social cohesion; and
- Promote essential life skills that support children's capacities and confidence.

This standard outlines how education and child protection actors can work together more systematically, based on complementarity, to support children's

well-being. For in-depth education guidance, refer to the *INEE Minimum Standards*.

Note: Both education and child protection actors target children in and/or out of formal education/schools, so most activities are conducted jointly. Therefore, all key actions in this standard apply to both sectors' actors. This means that the structure of this standard is different from others in the integrated standards section of the *CPMS*.

STANDARD

All children have access to quality education that is protective and inclusive and that promotes dignity and participation throughout all essential activities.

23.1. KEY ACTIONS

KEY ACTIONS FOR CHILD PROTECTION AND EDUCATION ACTORS TO IMPLEMENT TOGETHER

Preparedness

23.1.1. Collaborate with children and other stakeholders to design, implement and monitor joint child-friendly, accessible and confidential safeguarding feedback and reporting mechanisms.

23.1.2. Develop multisectoral referral pathways and train education workers how to safely refer children with protection needs.

23.1.3. Ensure education and child protection staff/actors have signed and been trained on safeguarding procedures and policies that prohibit corporal (physical) punishment and other degrading forms of punishment. (See Standards 2 and 8.)

23.1.4. Develop teacher training curricula that support more protective learning environments by including training on:
- Psychological first aid;
- Social and emotional learning (SEL);
- Gender- and disability-sensitive approaches;
- Positive discipline;
- Participatory methods; and
- Child protection principles and concerns. (See *INEE Teachers in Crisis Contexts (TiCC) Training and Peer Coaching Packs* and

INEE Guidance Note on Psychosocial Support (PSS) and Social and Emotional Learning (SEL).

Needs assessment and analysis

23.1.5. Promote joint education and child protection assessment and analysis that focus on:
- All children (those who are accessing education and those who are not);
- Issues related to gender, inclusion, disability, protection and the pre-crisis context;
- Barriers to accessing education (including physical, communication and attitudinal barriers); and
- Issues that impact school retention.

23.1.6. Consult children, families and other community members about barriers to accessing education, including protection concerns in and around learning environments.

23.1.7. Present assessment findings to education and child protection staff and all relevant stakeholders, including those who were consulted.

23.1.8. Map formal and non-formal educational facilities that are:
- Close to military groups;
- Contaminated by explosive ordnance (EO);
- At risk of being attacked or used by military forces;
- At risk of hazards or disasters; or
- Used as temporary communal shelters.

Planning

23.1.9. Agree upon indicators to track progress related to the protection of children who are and are not accessing formal and non-formal education.

23.1.10. Ensure both formal and non-formal educational curricula and approaches are:
- Inclusive;
- Acceptable (contextually sensitive and translated);
- Non-discriminatory; and
- Supportive of all children's participation (including through the use of assistive technology such as listening devices and educational mobile apps).

23.1.11. Design educational facilities in line with universal design standards to ensure facilities are:
- Disaster resilient;

- Safe;
- Dignified; and
- Accessible for all children.

23.1.12. Use a needs analysis to address barriers to enrolment and issues related to school retention for specific groups, such as girls, child mothers, etc.

23.1.13. Plan joint interventions for children ages 0–5 that:
- Are based on sector specialties;
- Promote early childhood development; and
- Address the particular concerns of this age group.

23.1.14. Jointly plan and organise safe spaces, group activities and temporary learning spaces to maximise complementarity. (See Standard 15.)

23.1.15. Provide appropriate formal and non-formal educational options for adolescents at all levels, including secondary education in schools, accelerated learning, vocational training and life skills. Integrate non-formal education into group activities for adolescents when they are not able to access formal education.

23.1.16. Implement staff recruitment and selection processes that are sensitive to children's protection needs and reflect a cross-section of the population (such as persons with disabilities).

Implementation and monitoring

23.1.17. Develop joint policies, strategies and advocacy briefs.

23.1.18. Establish joint coordination groups that regularly review the progress of the strategic plan, including any policy and advocacy work.

23.1.19. Distribute information about codes of conducts, school policies and child-friendly feedback and reporting mechanisms to children, caregivers and the community.

23.1.20. Support primary caregivers, parent-teacher associations and other groups to learn about:
- Positive child caregiving;
- Anti-bullying and anti-discrimination interventions; and
- Other topics related to child protection.

23.1.21. Collaborate with children and relevant sectors to improve children's safe, dignified access to educational facilities (such as appropriate sanitation facilities).

23.1.22. Jointly develop and distribute child protection and other sectoral messages to children who are both in and out of school about:
- Risk mitigation;
- Life skills;
- Sexual and reproductive health;

- Hygiene; and
- Preventing the spread of infectious diseases.

23.1.23. Advocate for access to educational opportunities for *all children*, including *girls*, children with *disabilities* and children who are refugees or stateless.

23.1.24. Disaggregate education data by sex, age and disability for children of early childhood development (ECD) and school age to inform and improve interventions.

23.1.25. Advocate for data disaggregation in national Education Information Management Systems.

23.1.26. Monitor attendance and retention by educational level to identify risks, barriers and trends related to continuing education. Collaborate with all stakeholders to address identified concerns.

23.1.27. Monitor and review:
- The use of referral pathways;
- Compliance with codes of conduct (such as incidences of corporal punishment and PSEA); and
- The child protection situation in and around educational facilities.

23.1.28. Raise children's and community members' awareness of how to identify and report (a) barriers to access and (b) child protection risks in and around educational facilities.

23.1.29. Relocate educational facilities away from risks such as military zones and natural hazards where necessary.

23.1.30. Advocate with national governments to endorse and implement the *Safe Schools Declaration*.

23.1.31. Use the *Guidelines for Protecting Schools and Universities from Military Use during Armed Conflict*.

Evaluation

23.1.32. Collaborate with children and community members to assess and document the impacts of (a) quality education on children's safety and well-being (child protection) and (b) child protection interventions' effect on the quality of and access to protection in education.

23.1.33. Reproduce promising practices and address any unintended negative consequences found during evaluations.

STANDARD 23

23.2. MEASUREMENT

All indicators about children should be disaggregated by sex, age, disability and other relevant diversity factors. The indicators below measure progress against the overall standard. Indicators and targets can be contextualised with the goal of meeting the indicative targets below. Additional related indicators are available *online*.

Indicators	Target	Notes
23.2.1. % of non-formal or formal learning centres surveyed in target location that meet 100% of agreed-upon safety criteria and universal design standards.	100%	'Safety criteria' should be determined in-country using a checklist that includes: safe and secure infrastructure, location cleared of explosive ordnance (EO), appropriate facilities, sufficient space, accessibility (both in and around the learning centre), and inclusive environments (in terms of location, gender, language, race, religion, learning environment). See glossary for definition of universal design standards. A timeframe to meet the target can be added according to context.
23.2.2. % of education staff who demonstrate knowledge of participatory, inclusive, positive discipline and gender-sensitive approaches.	100%	Appropriate approaches should align with both child protection and education minimum standards and be adapted in-country.
23.2.3. # and % of safe and ethical referrals of children to child protection services made by education workers.	To be determined in the country or context	'Safe and ethical referrals' refers to following humanitarian principles and principles of , confidentiality, respect and safety.

23.3. GUIDANCE NOTES

See *INEE Minimum Standards Domains 2–4* (Access and learning environment, Teaching and learning, and Teachers and other educational personnel) for more details.

23.3.1. EDUCATION WORKERS

In this standard, 'education workers' includes all education:

- Staff (teachers, school principals/directors, etc.); and

- Administrative staff and support workers (managers, human resource managers, administrators, policy advisers, cleaners, janitors, etc.).

This includes qualified professionals or paraprofessionals (both paid and volunteer) and personnel contracted by government or civil society organisations. It also includes staff who (a) work for humanitarian and development agencies and (b) support the education system.

23.3.2. QUALITY, PROTECTIVE EDUCATION

Educators are responsible for creating inclusive and protective learning environments that promote safety, participation and respect for all children. Educators must be trained on child-centred, participatory teaching methods, managing gender- and disability-sensitive classrooms and positive discipline.

23.3.3. ADMINISTRATIVE FLEXIBILITY

Flexibility in the way schools are administered can increase enrolment and retention.

Removing the need for children to have a birth certificate when registering for school may increase school enrolment rates. At the same time, child protection staff can continue to promote birth registration and documentation. Entry into education at any level should be based on capacity and competency-based testing to allow children without documentation to enter and progress.

It may be possible to modify class schedules, yearly timetables and facility design. Decisions regarding location, costs and temporary or permanent educational facilities should be made in collaboration with children, families, communities and relevant authorities. If it is unsafe for children to travel to school or gather in groups, flexible alternatives such as mobile classes may be appropriate.

23.3.4. EQUITY AND INCLUSION

Inequity in education can cause harm and increase school dropout rates. Equity in education requires adjustments for children with different personal, economic or social resources that influence their access to education and their ability to learn. Adjustments that promote equity include:

- Reviewing curricula for discrimination and/or harmful content;
- Providing free learning materials to children;
- Providing menstrual hygiene products and awareness;

- Supporting teachers to effectively teach children who need additional assistance (such as providing teachers' assistants or school-based family support workers); and
- Collaborating with child protection and gender-based violence specialists to encourage positive social change, particularly related to equality and safe access to education for:
  - Girls;
  - Children of diverse sexual orientation, gender identity and expression, and sex characteristics;
  - Children in conflict with the law;
  - Children accused of witchcraft;
  - Children with disabilities;
  - Children who are refugees, displaced or migrants; and
  - Any other children who may be stigmatised by their communities

23.3.5. EDUCATION PERSONNEL'S TRAINING AND WELL-BEING

Supporting and ensuring the well-being of teachers and education administrative personnel is important for promoting protective learning environments. Activities may include:

- Providing teachers with peer support and continuous professional development;
- Providing mental health and psychosocial support services to teachers who have been affected by traumatic events;
- Limiting class size; and
- Preventing unrealistic expectations of teachers.

23.3.6. APPROPRIATE LEARNING FACILITIES

Educational facilities should follow universal design principles, use quality materials and promote the safety, well-being and dignity of each learner and education worker. Educational facilities should be enclosed, with limited or monitored access, and have clean water, sanitation and hygiene facilities that promote proper hygiene and waste management, including menstrual hygiene management. (See Standard 26.)

23.3.7. PREVENTION OF AND RESPONSE TO THE MALTREATMENT OF CHILDREN IN EDUCATION

Unfortunately, education personnel sometimes discriminate against or even harm children. Students sometimes bully other students. Education personnel

must implement child-friendly measures to prevent and respond to any form of maltreatment, exploitation or harassment, including online abuse. Such measures include:

- Safe, user-friendly reporting and referral pathways;
- Community training on where and how to report or prevent incidents;
- Safe, timely and ethical responses to reports of maltreatment committed by education workers, students or others; and
- Community awareness of relevant codes of conduct.

Child protection and education workers, children, families and communities should work together to develop, monitor and evaluate feedback and reporting mechanisms.

23.3.8. ATTACKS

Educational facilities can be targets for violence against or the recruitment of children by armed forces or groups. In some contexts, educational facilities that welcome girls (and even the girls themselves) may be targeted by individuals or groups who oppose the education of girls. Risks of violence and attacks increase when educational infrastructure is used by armed actors.

If these risks are present, initial assessment and protective strategies for schools must include:

- Establishing schools and learning spaces where violence is less likely; and
- Mitigating risks related to accessing educational facilities.

Risks of harassment and physical or sexual assault on the way to and from school should be regularly monitored and mitigated with the support of education and child protection actors, children, caregivers and communities. Mitigation might also include moving the educational facility or removing dangers, such as clearing landmines.

Child protection and education actors should agree upon roles and responsibilities for advocacy, monitoring and reporting. Child protection actors should follow the guidance given in *Resolution 1612* and utilise the *Monitoring and Reporting Mechanism* as appropriate.

23.3.9. MESSAGING

Education provides children with essential academic knowledge, practical awareness and life skills. Awareness and risk mitigation materials must be accessible for all children, including children with disabilities and those who

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are out of school. Education and child protection workers must work with caregivers to identify and distribute essential protection messages including:

- Prevention and risk mitigation of family separation, explosive ordnance, recruitment, child labour, child marriage, communicable diseases, bullying, online abuse and other risks;
- Evacuation procedures and disaster risk reduction for specific hazards (see Standard 7);
- Life skills to support independence, civic engagement and inter-personal relationships; and
- Topics such as children's rights, critical thinking, conflict prevention, positive coping, healthy communication and leadership skills.

REFERENCES

Links to these and additional resources are available *online*.

- *Minimum Standards for Education: Preparedness, Response, Recovery*, INEE, 2010.
- *'Inter-agency Network for Education in Emergencies'*. [Website]
- *'Education'*, *Including Children with Disabilities in Humanitarian Action*, UNICEF, 2017.
- *'Education and Life Skills'*, *INSPIRE: Seven Strategies for Ending Violence Against Children*, World Health Organization (WHO), 2016, pp. 66–73.
- *INEE Conflict-Sensitive Education Pack*, INEE.
- *INEE Guidance Note on Psychosocial Support (PSS) and Social and Emotional Learning (SEL)*, INEE.
- *'Teachers in Crisis Contexts'*, INEE. [Website]
- *Comprehensive School Safety: A Global Framework in Support of The Global Alliance for Disaster Risk Reduction and Resilience in the Education Sector and the Worldwide Initiative for Safe Schools*, GADRRRES and UNISDR, 2017.
- *'SHLS Approach'*, *Safe Healing and Learning Spaces Toolkit*, International Rescue Committee, 2016.
- *Roundtable Report: A Framework for Collaboration Between Child Protection and Education in Humanitarian Contexts*, The Alliance for Child Protection in Humanitarian Action, Inter-agency Network for Education in Emergencies, 2019.

STANDARD 24:
HEALTH AND CHILD PROTECTION

The following should be read with this standard: Principles; Standard 7: Dangers and injuries; Standard 9: Sexual and gender-based violence; Standard 18: Case management; Standard 25: Nutrition and child protection; and Standard 26: Water, sanitation and hygiene and child protection.
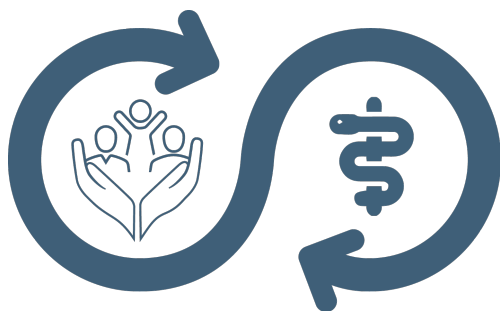
Health and child protection programming play critical and related roles in ensuring the safety and well-being of children in humanitarian action. Supporting children's health increases children's protective factors, while supporting children's protection can, and should, improve children's physical health and well-being. An integrated approach to health and child protection is one that is:

- Safe;
- Protective;
- Inclusive;
- Systematic;
- Complementary;
- Valid for all sectors; and
- Participatory for children, families and communities.

STANDARD

All children have access to quality protective health services that reflect their views, ages and developmental needs.

24.1. KEY ACTIONS

KEY ACTIONS FOR CHILD PROTECTION AND HEALTH ACTORS TO IMPLEMENT TOGETHER

24.1.1. Collaborate to adapt existing assessment and monitoring tools, methodologies and indicators for joint identification, analysis, monitoring and response of households at risk of health and/or child protection concerns:
- All monitoring and assessments should include children's own perceptions.
- Data should be disaggregated by gender, age and disability, at a minimum.
- Integrate health and child protection issues into each other's assessments and analyses.

24.1.2. Identify common areas of concern to health and child protection.

24.1.3. Agree upon the most effective information-sharing mechanisms.

24.1.4. Include interventions that address the links between health and child protection throughout all phases of the programme cycle.

24.1.5. Document the impacts of (a) health interventions on children's safety and well-being and (b) child protection interventions on children's health.

24.1.6. Address any unintended negative consequences and reproduce promising practices.

24.1.7. Collaborate with children and other stakeholders to design, establish, implement and monitor joint, child-friendly, accessible and confidential feedback and reporting mechanisms for child protection concerns.

24.1.8. Ensure that all health and child protection staff are trained on and sign safeguarding policies and procedures.

24.1.9. Train health care staff on child protection concerns, principles and approaches so they can correctly prevent, identify, mitigate and/or refer child protection cases.

24.1.10. Train child protection staff on health concerns, principles and approaches so they can correctly prevent, identify, mitigate and/or refer health issues.

24.1.11. Collaborate during infectious disease outbreaks to:
- Apply disease control protocols to any face-to-face child protection activities;
- Prevent health interventions from increasing child protection risks; and

- Train child protection actors on early detection of disease and health care referral mechanisms.

KEY ACTIONS FOR CHILD PROTECTION ACTORS

24.1.12. Include information and referrals for health services in child protection activities that:
- Protect the personal data of referred households; and
- Maintain the confidentiality of children and families.

24.1.13. Facilitate linkages between child protection and health services and mitigate any gaps, bottlenecks or barriers to children's access.

24.1.14. Consider the impact of living situations and health concerns when interacting with the affected population and invite health workers to join consultations wherever appropriate.

24.1.15. Collaborate with health actors in a multisectoral coordination system for mental health and psychosocial support and case management. (See Standard 10.)

24.1.16. Establish connections between birth registration and reproductive health (such as postnatal care and vaccinations).

24.1.17. Work with health actors to keep caregivers and children together during referrals and admissions if possible and appropriate.

24.1.18. Advocate for appropriate, tailored, inclusive and accessible medical, surgical, rehabilitative and ortho-prosthetic services for all children.

KEY ACTIONS FOR HEALTH ACTORS

24.1.19. Include child protection and children's participation in all phases of the health programme cycle.

24.1.20. Establish a mechanism for health care workers to safely and efficiently refer child protection cases.

24.1.21. Include child protection messages in health interventions where appropriate.

24.1.22. Ensure assistance reaches all members of the affected population by:
- Using assessments to identify children and families who may have difficulty accessing health services;
- Collaborating with child protection actors to identify and implement strategies to overcome barriers children are facing; and
- Registering all child heads of households and children who are unaccompanied or separated.

24.1.23. Conduct a risk analysis during programme design that:

- Provides baseline data on children's health and protection status;
- Identifies requirements for child recipients of specific health care services;
- Assesses the best timing for health interventions (considering education and other childhood activities); and
- Determines the needs of specific groups of children.

24.1.24. Share relevant health information with child protection actors.

24.1.25. Work with child protection actors to (a) discourage families from intentionally separating to access additional benefits and (b) avoid making children targets of theft or exploitation.

24.1.26. Collect disaggregated data for health and injury surveillance systems on the number of children killed or injured, by what/whom, when, where and why (what were the circumstances). (See Standard 7.)

24.1.27. Work with child protection actors to implement accessible, trauma-sensitive and child-friendly procedures for admitting, treating and discharging children who are unaccompanied.

24.1.28. Train child protection actors on health care referral mechanisms and early detection of disease.

24.1.29. Collaborate with child protection actors to promote the recruitment of social workers, child psychologists and mental health experts with expertise in addressing the needs of children, where appropriate.

24.1.30. Work with child protection actors in multisectoral coordination systems for mental health and psychosocial support and case management. (See Standards 10 and 18.)

24.1.31. Work with child protection actors to ensure all children have accessible, inclusive and age-appropriate sexual and reproductive health services, supplies and information on:

- Adolescent sexual and reproductive health;
- Sexual and domestic violence and consent;
- Marriage;
- Pregnancy; and
- Parenting.

24.2. MEASUREMENT

All indicators about children should be disaggregated by sex, age, disability and other relevant diversity factors. The indicators below measure progress against the overall standard. Indicators and targets can be contextualised with

the goal of meeting the indicative targets below. Additional related indicators are available *online*.

Indicator	Target	Notes
24.2.1. # and % of healthcare workers in target location trained on identification of children affected by abuse, neglect, exploitation or violence.	80%	Training should include physical, psychological and emotional signs of abuse, neglect, exploitation or violence. A timeframe should also be added in-country ('within one month of hire').
24.2.2. % of births per health facility that are officially registered.	100%	
24.2.3. # and % of healthcare facilities in target location providing child-friendly services.	100%	A checklist of services considered child-friendly should be developed when mapping facilities.

24.3. GUIDANCE NOTES

24.3.1. CHILDREN AT RISK

Child protection and health care workers should coordinate efforts to identify children at risk of abuse, neglect, exploitation or violence. Children who are most vulnerable to health risks or who face the greatest barriers to accessing health care might include children who are unaccompanied, separated or in alternative care arrangements; children with disabilities; children engaged in the worst forms of child labour (WFCL); children who identify as a sexual/gender minority (lesbian, gay, bisexual, transgender and intersex [LGBTI]); children associated with armed forces or armed groups; and girls, including those living in child marriages. When conducting assessments and monitoring, it is important to remember that the 'household' may not be a relevant unit of measurement for all children.

24.3.2. INTEGRATED CHILD PROTECTION AND HEALTH INTERVENTIONS

Child survivors of abuse, neglect, exploitation or violence must receive individualised health services. Female health care providers should be available for children who prefer (or are culturally required) to interact with female service providers.

All health-related facilities and services should be accessible, appropriate and inclusive for all children and should typically include:

- Emergency contraception and post-exposure prophylaxis (disease prevention) for HIV that are adapted for children;
- Child-appropriate emergency first aid supplies for survivors of explosive ordnance and other physical dangers; and
- Family planning services to prevent unplanned pregnancies.

24.3.3. CHILD SURVIVORS OF SEXUAL AND GENDER-BASED VIOLENCE

Children often find it difficult to report sexual violence and abuse. Service providers can provide a safe space to disclose (or identify) abuse by:

- Being attentive to common signs and symptoms;
- Using child-friendly communication skills;
- Asking for and listening to children's views;
- Responding compassionately, professionally, confidentially and calmly to children's disclosures; and
- Informing children about the purpose and potential outcomes of any proposed response actions.

Child protection, mental health and psychosocial support and health providers must take action based on:

- The best interests of the child;
- Confidentiality;
- Mandatory reporting requirements; and
- National and international laws related to physical or sexual violence and abuse against children. (See Standards 9 and 10.)

24.3.4. CASE MANAGEMENT

Case management is a way of organising and implementing interventions that supports the protection, health and/or well-being of individual children and their families in an appropriate, holistic, systematic and timely manner. An integrated approach to health and child protection should include protocols that ensure safe, confidential referral and information sharing between the two sectors. (See Standard 18.)

24.3.5. INFECTIOUS DISEASE OUTBREAKS

The prevention of and response to infectious disease outbreaks requires close coordination and collaboration between several sectors. At a minimum this

should include health; water, sanitation and hygiene; and child protection. They should implement:

- Standardised procedures for disaggregating, documenting and tracing cases;
- Common protocols for sharing information and protecting data; and
- Clear, coordinated, child-friendly community messaging on children's unique risks and vulnerabilities in the relevant outbreak.

All service providers should be aware of and mitigate the secondary risks children face in infectious disease outbreaks. Safe alternative care arrangements, preferably kinship care, should be provided for children who are separated from their parents for reasons such as death, illness or public health measures. Children who are temporarily separated from their parents for any reason may find comfort and support through phone calls or pre-recorded videos, preferably occurring at predictable times. Children, families and communities may require mental health and psychosocial support during and after the crisis to overcome the fear, separation, discrimination, loss and other stressors related to the outbreak. Special measures must be put in place to maintain the psychosocial well-being of children in observation or treatment centres, quarantine or isolation.

24.3.6. INJURIES

(See Standards 7, 8, 9, 11 and 12.)

The risk of experiencing physical injury varies with gender, age, disability, location, socio-economic status and hazard. Child protection and health actors can work together to minimise children's risk of injury by:

- Teaching children, families and communities to prevent common injuries;
- Providing all injured children with appropriate and inclusive emergency medical aid, trauma surgery, rehabilitation services and mental health and psychosocial support; and
- Collecting and sharing, where appropriate, anonymised and disaggregated data on injuries, maiming and impairment to inform preventative interventions. In addition to gender, age and disability, data should ideally be disaggregated by cause of injury/death, location and circumstances.

24.3.7. MEDICAL REPORTS

Doctors often have a legal responsibility to inform legal authorities of any illness, injury or death that results from criminal actions. In some settings, reporting such incidents can expose the survivor (or witnesses or their family) to further

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danger. To minimise the survivor's risk, humanitarian health care providers must, where legally possible:

- Maintain doctor-patient confidentiality;
- Observe the principle of do no harm;
- Write medical reports according to the best interests of the patient;
- Give medical reports directly to the survivor or their caregiver; and
- Collaborate with child protection actors to assess and prioritise the child's needs and potential interventions.

24.3.8. EVACUATION AND MEDICAL ADMITTANCE

Humanitarian workers, military personnel, local organisations and communities should not medically evacuate or admit a child, parent or caregiver to a medical facility before:

- Collecting detailed identification information on the child and caregiver (full names, dates of birth, next of kin, villages of origin, current residence, place of evacuation, etc.);
- Giving copies of these records to all parties; and
- Making suitable care arrangements for children who cannot remain with their caregivers.

REFERENCES

Links to these and additional resources are available *online*.

- *'Health'*, *The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response*, Sphere Association, 2018.
- *Manual for the Health Care of Children in Humanitarian Emergencies*, WHO, 2008.
- *Caring for Child Survivors of Sexual Abuse: Guidelines for Health and Psychosocial Service Providers in Humanitarian Settings*, International Rescue Committee and UNICEF, 2012.
- *Inter Agency Guidelines for Case Management and Child Protection*, Child Protection Working Group (CPWG), 2014.
- *Guidance Note: Protection of Children During Infectious Disease Outbreaks*, The Alliance for Child Protection in Humanitarian Action, 2018.
- *Clinical Care for Sexual Assault Survivors: A Multimedia Training Tool (Facilitator's Guide)*, IRC, 2008.

STANDARD 25:
NUTRITION AND CHILD PROTECTION

The following should be read with this standard: Principles; Standard 21: Food security and child protection; and Standard 24: Health and child protection.
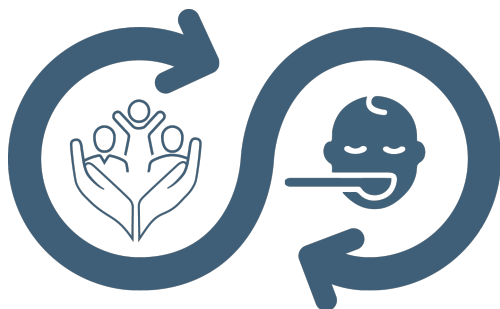
Nutrition and child protection actors have key opportunities for collaboration, particularly in children's first three years of life and during adolescence. Nutritional habits, taboos and discrimination within the home can affect diverse members of the population differently. Children, particularly pregnant girls, are vulnerable to all forms of undernutrition. Children with disabilities are particularly vulnerable to malnourishment and related impairments. Nutritional imbalances often worsen in times of crisis when caregivers struggle to provide food, income and health care for their families. Mothers' and children's health, rights and well-being are especially vulnerable.

STANDARD

Children and their caregivers, especially pregnant and lactating women and girls, have access to safe, adequate and appropriate nutrition services.

25.1. KEY ACTIONS

KEY ACTIONS FOR CHILD PROTECTION AND NUTRITION ACTORS TO IMPLEMENT TOGETHER

25.1.1. Adapt existing nutrition and child protection assessment and monitoring tools, methodologies and indicators for joint identification,

analysis, monitoring and response to households at risk of malnutrition and/or child protection concerns:

- Collect baseline data on children's nutrition and protection status;
- Include children's own perceptions in all monitoring and assessments;
- Disaggregate data by gender, age and disability, at a minimum; and
- Include measures and verification on children's perception of safety and the status of their care arrangements.

25.1.2. Agree upon the most effective multisectoral mechanism for sharing information generated by assessments, evaluations and analysis.

25.1.3. Identify common areas of concern to both nutrition and child protection through consultation with communities, including children.

25.1.4. Establish joint prioritisation criteria for inclusion of children and households at risk of malnutrition and/or child protection concerns.

25.1.5. Implement integrated response interventions for households at risk of malnutrition and/or child protection concerns for children of all ages throughout all phases of the programme cycle. Interventions may include:

- Community mobilisation;
- Mother-to-mother support groups at health facilities and in communities;
- Psychosocial stimulation activities for infants and young children;
- Therapeutic feeding services; and
- Infant feeding sensitisation programmes.

25.1.6. Document and address any unintended negative consequences where child protection concerns are improving or worsening the nutrition situation.

25.1.7. Coordinate interventions throughout all phases of the programme cycle by:

- Identifying any pre-existing coordination groups; and
- Deciding on the best coordination mechanism to use between the two sectors.

25.1.8. Review at regular intervals the connections and collaboration between child protection and nutrition. Reproduce promising practices.

25.1.9. Ensure an adequate representation of children in decision-making processes and community-based participation structures related to nutrition. (See Principles.)

25.1.10. Include child-friendly (a) child protection messages in nutrition interventions and (b) malnutrition prevention messages in child protection activities.

25.1.11. Train nutrition staff on child protection concerns, principles and approaches so they can correctly refer disclosed or identified child protection cases.

25.1.12. Develop and implement child-friendly, multisectoral referral mechanisms and standard operating procedures so that nutrition and child protection workers can safely and efficiently refer both child protection and malnutrition cases. Determine if malnutrition should be a case management criterion.

25.1.13. Establish joint data protection protocols and confidential referral mechanisms for children and families who have experienced or are at risk of abuse, neglect, exploitation or violence.

25.1.14. Collaborate with children and other stakeholders to design, establish, implement and monitor joint, child-friendly, accessible and confidential feedback and reporting mechanisms for child protection concerns.

25.1.15. Ensure that all staff are trained on and sign safeguarding policies and procedures.

KEY ACTIONS FOR CHILD PROTECTION ACTORS

25.1.16. Include information and referrals for nutrition services (including therapeutic feeding services and infant feeding sensitisation programmes) in child protection activities that maintain the confidentiality of children and families.

25.1.17. Identify existing child protection services and mitigate any gaps, bottlenecks or barriers to children's access.

25.1.18. Identify and refer to the nearest health centre or nutrition team:
- Households and children who are at risk of undernutrition;
- Breastfeeding women and adolescent girls, especially those facing difficulties producing milk; and/or
- Children with disabilities or children who have difficulty suckling or swallowing.

25.1.19. Identify breastfeeding women and/or wet nurses (or, as a last resort, appropriate replacement feeding) for babies with no mother.

25.1.20. Identify patterns in intra-household food consumption and decision-making.

25.1.21. Distribute food and supplies.

25.1.22. Perform basic nutrition screenings.

25.1.23. Conduct basic nutrition response monitoring activities.

25.1.24. Provide appropriate spaces for breastfeeding girls and women at all community gathering places run by humanitarian actors such as registration centres, distribution sites, etc.

25.1.25. Support programmes that reduce child malnutrition and protection risks. (See 25.1.5.)

25.1.26. Provide infant and young child feeding (IYCF) support or supplementary feeding when possible during child protection activities.

25.1.27. Protect, promote and support exclusive breastfeeding for the first six months and then continued breastfeeding (along with nutritious, age-appropriate, complementary foods) through the second year of life and beyond.

25.1.28. Organise breastfeeding classes and peer support groups for adolescents who are pregnant and/or breastfeeding to raise awareness of the nutritional and health benefits of breastmilk.

25.1.29. Follow up on temporary care arrangements for children whose caregivers are placed in nutritional centres.

25.1.30. Advocate for the identification of connections between nutrition and child protection in evaluation and resource allocation processes, such as the *Post-Conflict/Disaster Needs Assessment*.

25.1.31. Conduct child protection screenings in nutrition facilities and programmes to determine the safety and care status of all children in the household.

25.1.32. Work with nutrition actors to facilitate discussions on early childhood development and child protection in mother-to-mother nutrition activities.

KEY ACTIONS FOR NUTRITION ACTORS

25.1.33. Establish mechanisms for child participation that enable all nutrition interventions throughout the programme cycle to:
- Be safe, accessible, inclusive and protective for all children, even the most vulnerable; and
- Address children's different genders, gender identities, ages, disabilities, developmental stages, nutritional needs and family settings.

25.1.34. Train nutrition staff to work with child protection actors to (a) identify parents who are in distress or at risk of negative coping mechanisms and (b) provide basic psychosocial and positive parenting support.

25.1.35. Train at least one staff member in each nutrition team to be a child protection focal point, if not the whole team.

25.1.36. Train child protection teams on basic nutrition screening techniques (such as measurement of mid-upper arm circumference) where feasible.

25.1.37. Reach all members of the affected population with assistance by:

- Using assessments to identify children who may have difficulty accessing food;
- Identifying barriers to access for different groups;
- Identifying and implementing strategies to overcome barriers; and
- Registering all adult women as the main recipients of assistance in contexts where polygamy is practiced to avoid excluding subsequent wives and their children.

25.1.38. Conduct a risk analysis during programme design that assesses the:
- Safety risks involved in accessing distribution sites and markets;
- Requirements for recipients, such as literacy or identification;
- Best timing for any interventions; and
- Needs of specific groups, such as those caring for young children.

25.1.39. Involve all subgroups of the affected population in designing, implementing and monitoring nutrition interventions, particularly those for children and caregivers who require additional support.

25.1.40. Provide beneficiary cards to child heads of households and children who are unaccompanied or separated so they can access assistance in their own names.

25.1.41. Work with child protection actors to (a) discourage families from intentionally separating to access additional benefits and (b) avoid making children targets of theft or exploitation.

25.1.42. Monitor children at risk (children who are unaccompanied and separated, etc.) who are admitted into nutrition programmes.

25.1.43. Assess and address any possible impact nutrition programmes and associated activities may have on childcare practices.

25.2. MEASUREMENT

All indicators about children should be disaggregated by sex, age, disability and other relevant diversity factors. The indicators below measure progress against the overall standard. Indicators and targets can be contextualised with the goal of meeting the indicative targets below. Additional related indicators are available *online*.

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Indicators	Target	Notes
25.2.1. % of identified health facilities and nutritional feeding centres that accept referrals of children in need of services.	80%	Identify the facilities through a service mapping exercise and monitor them. These are facilities that meet quality standards as identified by child protection staff. Specify 'children in need of services' in-country (such as infants in need of lactation services or services for malnourished children).
25.2.2. % of supplementary or therapeutic feeding centres with at least one focal point trained in child protection.	100%	A timeframe by which to measure this indicator should be determined in-country since staff turnover can be high (such as monitored quarterly).

25.3. GUIDANCE NOTES

25.3.1. CAPACITY BUILDING

Child protection actors should understand how to:

- Present basic information about infant and young child feeding and the aims and activities of available nutrition programmes;
- Measure women's and children's nutritional status;
- Identify children who do not have equal access to nutrition services; and
- Identify and refer malnourished children and pregnant and breastfeeding women.

This is especially important for actors who work at community level, in integrated nutrition and child protection programmes or where no nutrition staff are available.

Nutrition actors, especially those who work without access to child protection staff, should understand how to:

- Identify and refer suspected child protection cases;
- Provide nutrition services to children at risk;
- Promote child protection in community nutrition outreach by, for example, (a) including information on safeguarding in nutrition radio messages and (b) hiring adequate numbers of female nutritional promoters;
- Promote psychosocial stimulation for infants and young children;
- Identify caregivers who might need support and implement psychological first aid for adults and children; and
- Use child-friendly communication skills.

25.3.2. CASEWORKERS

The role of child protection actors or caseworkers at nutrition sites may include:

- Helping families whose child has died;
- Supporting positive parenting, psychosocial support and child resilience programmes;
- Identifying and assessing possible child protection cases, including child separation;
- Supporting families to overcome barriers to accessing nutrition services;
- Raising awareness of child protection issues among nutrition staff, caregivers and community members; and
- Referring children and families to appropriate, multisectoral services.

25.3.3. FAMILY-LEVEL RISKS

Family separation may become more likely where malnutrition exists. Children or caregivers may leave to find paid work, including hazardous labour. Families may place their children in residential care so that their children can access food. Children may drop out of school and lose peer support. All actors must (a) understand these dynamics and the choices that families are making and (b) design nutrition interventions that do not encourage school dropout, family separation or child labour.

25.3.4. INFANT FEEDING

Breastfeeding is important for a number of health and development outcomes (such as strong mother-baby attachment). Mothers experiencing difficulties breastfeeding should receive counselling and support if so desired. Provide existing guidance to mothers living with HIV to enable them to make informed decisions about their options. Ensure programmes are informed by an understanding of traditional and cultural infant-feeding practices. Encourage mother or caregiver support groups to promote and support breastfeeding.

25.3.5. INTEGRATED MALNUTRITION/CHILD PROTECTION PROGRAMMES

There are many opportunities to integrate approaches, including:

- Joint case management;
- Holistic support for accessible services;
- Encouragement for appropriate care and nurturing;
- Joint programmes with therapeutic, supplementary or blanket feeding and positive parenting; and
- Multi-use spaces that meet both sectors' needs.

All those targeted by feeding programmes should meet the admission criteria established by national and international nutrition protocols. Services should never (a) encourage stigmatisation, (b) indicate 'favouritism', or (c) interfere with healthy family or community feeding habits.

25.3.6. CHILD PROTECTION MAINSTREAMING

If an integrated approach is not possible, mainstream child protection into nutrition interventions. For example, peer support networks and mothers' groups can help address challenges felt by adolescent mothers, adolescent mothers who were pregnant following sexual violence, etc. Include fathers and other family decision-makers, such as grandmothers, in similar activities since they often have significant influence on household food choices.

REFERENCES

Links to these and additional resources are available *online*.

- *'Food Security and Nutrition'*, *The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response*, Sphere Association, 2018.

- *'Food Security and Nutrition'*, *Guidelines for Gender-based Violence Interventions in Humanitarian Settings: Focusing on Prevention of and Response to Sexual Violence in Emergencies*, IASC, 2005, pp. 49–52.

- *Women, Girls, Boys and Men: Different needs – Equal Opportunities (IASC Gender Handbook in Humanitarian Action)*, IASC, 2006, pp. 105–110.

- *Infant and Young Child Feeding in Emergencies: Operational Guidance for Emergency Relief Staff and Programme Managers Version 2.1*, IFE Core Group, 2007.

- *UNHCR Operational Guidance on the Use of Special Nutritional Products to Reduce Micronutrient Deficiencies and Malnutrition in Refugee Populations*, UNHCR, 2011.

- *Guidelines for Selective Feeding: The Management of Malnutrition in Emergencies*, UNHCR and WFP, 2011.

- *'Nutrition'*, *Including Children with Disabilities in Humanitarian Action*, UNICEF.

- *Baby Friendly Spaces: Holistic Approach for Pregnant, Lactating Women and Their Very Young Children in Emergency*, ACF International.

- *Integrating Early Childhood Development (ECD) Activities into Nutrition Programmes in Emergencies: Why, What and How*, UNICEF and WHO.

STANDARD 26:
WATER, SANITATION AND HYGIENE (WASH) AND CHILD PROTECTION

The following should be read with this standard: Principles; Standard 7: Dangers and injuries; Standard 15: Group activities for child well-being; Standard 23: Education and child protection; and Standard 24: Health and child protection.

Child protection staff should guide and advise water, sanitation and hygiene (WASH) staff so they are able to deliver safe and appropriate WASH practices that are adapted to the needs of children. WASH workers should conduct interventions in a way that protects children and their caregivers. There are many areas of collaboration, including:

- Providing WASH services in child protection interventions;
- Adapting WASH facilities so that they (a) are accessible and child-friendly and (b) minimise potential risks to children; and
- Implementing adequate and safe menstrual hygiene management (MHM) interventions for girls.

STANDARD

All children have access to appropriate water, sanitation and hygiene services that support their dignity and minimise risks of physical and sexual violence and exploitation.

26.1. KEY ACTIONS

KEY ACTIONS FOR CHILD PROTECTION AND WATER, SANITATION AND HYGIENE ACTORS TO IMPLEMENT TOGETHER

26.1.1.   Adapt existing assessment and monitoring tools, methodologies and indicators for joint identification, analysis, monitoring and response to households at risk of WASH-related disease or infection and/or child protection concerns by:
- Including children's own perceptions in all monitoring and assessments; and
- Building on the *WASH sector's minimum commitments* to the safety and dignity of affected people.

26.1.2.   Collect baseline data on children's WASH and protection status.

26.1.3.   Assess whether child protection concerns are improving or worsening the WASH status of communities, including children.

26.1.4.   Agree upon the most effective mechanism for coordinating and sharing information generated by assessments, evaluations and analysis.

26.1.5.   Identify common areas of concern to WASH and child protection through consultation with communities, including children.

26.1.6.   Establish joint prioritisation criteria for targeting children and households at risk.

26.1.7.   Support households at risk of WASH-related disease or infection and/or child protection concerns throughout all phases of the programme cycle.

26.1.8.   Ensure an adequate representation of children in decision-making processes and community-based participation structures relating to WASH.

26.1.9.   Ensure all interventions:
- Are safe, accessible, inclusive and protective to all children, including the most at risk; and
- Address children's genders; ages; disabilities; developmental stages; water, sanitation and hygiene needs; and household and care settings.

26.1.10. Train WASH staff on child protection concerns, principles and approaches, including child-friendly communication.

26.1.11. Develop, implement and train staff on child-friendly, multisectoral child protection referral mechanisms.

26.1.12. Establish joint data protection protocols and confidential referral mechanisms for child survivors, children at risk and their families.

26.1.13. Prepare joint messages for children and their families that provide children with life-saving, disability- and gender-specific messages on:
- The importance of good hygiene; and
- Child protection risks and prevention strategies.

26.1.14. Collaborate with children and other stakeholders to design, establish, implement and monitor joint, child-friendly, accessible and confidential feedback and reporting mechanisms.

26.1.15. Ensure that all WASH workers (including subcontractors' staff) and child protection staff are trained on and sign safeguarding policies and procedures.

26.1.16. Document and address any unintended negative consequences and reproduce promising practices in relation to the impact of:
- Water, sanitation and hygiene interventions on children's safety and well-being; and
- Child protection interventions on households' risk of WASH-related disease or infection.

26.1.17. Review at regular intervals the links and collaboration between child protection and water, sanitation and hygiene. Track progress in line with *WASH Minimum Commitment 4*.

KEY ACTIONS FOR CHILD PROTECTION ACTORS

Collaborate with water, sanitation and hygiene actors to:

26.1.18. Assess the level of access that children in a range of care or household structures (such as residential care, child-headed households, children living or working on the street, etc.) have to safe water, sanitation and hygiene items.

26.1.19. Budget for necessary water, sanitation and hygiene interventions in child protection activities.

26.1.20. Require all WASH interventions to conduct comprehensive consultations with diverse children, especially those most at risk. Consultations should include:
- Girls' safety around WASH facilities;
- Girls' menstrual hygiene management and supply needs, particularly for girls with disabilities (note: menstruation may start at the age of 8);
- Children with disabilities' needs regarding hygiene management and supplies; and
- The needs of children with incontinence.

26.1.21. Prioritise, develop and distribute accessible information for children and families about WASH interventions and issues.

26.1.22. Share with WASH actors information or guidance on:
- The location of all child-targeted services; and
- How to tailor WASH interventions so they are safe and accessible to all children.

KEY ACTIONS FOR WATER, SANITATION AND HYGIENE ACTORS

26.1.23. Conduct a risk analysis during programme design that:
- Provides baseline data on children's WASH and protection status;
- Assesses the physical safety risks involved in accessing WASH facilities, particularly for women and girls;
- Identifies requirements for recipients, such as literacy or identification;
- Assesses the best timing and location for facilities and interventions; and
- Determines the needs of specific groups, such as those caring for young children.

26.1.24. Involve child protection, gender and disability experts in designing, implementing and monitoring WASH interventions.

26.1.25. Prioritise children's safety and well-being when constructing WASH facilities.

26.1.26. Support parents and communities to encourage safe water collection by children that is adapted to individual gender, age, disability, size and development.

26.1.27. Promote the hiring of female staff.

26.1.28. Provide contextually appropriate hygiene, dignity and menstrual products to (a) girls from 8 years of age (if culturally appropriate) up to 18 years and (b) children with disabilities. These interventions should be designed and monitored with affected children's feedback.

26.1.29. Provide inclusive, child-friendly guidance and educational activities when distributing WASH kits, cash and voucher assistance.

Collaborate with child protection actors to:

26.1.30. Ensure assistance reaches all members of the affected population by using assessment data to identify:
- Children who may have difficulty accessing WASH facilities and supplies;
- Children at risk of abuse, neglect, exploitation or violence;

- Barriers to access for specific groups; and
- Strategies to implement to overcome barriers.

26.1.31. Provide WASH facilities that are:
- Safe (well-lit, lockable, separated by sex);
- Durable;
- Accessible and appropriate for all children, including children with disabilities;
- Aligned with principles of universal design;
- Located where child-centred services are provided; and
- Culturally appropriate.

26.2. MEASUREMENT

All indicators about children should be disaggregated by sex, age, disability and other relevant diversity factors. The indicators below measure progress against the overall standard. Indicators and targets can be contextualised with the goal of meeting the indicative targets below. Additional related indicators are available *online*.

Indicators		Target	Notes
26.2.1.	% of WASH projects where child safety and well-being are reflected in the initial risk analysis, design, and monitoring and evaluation framework.	100%	In Cluster settings, coordinate with WASH colleagues to align the indicators with the 5 WASH commitments (, WASH Cluster, 2018).
26.2.2.	% surveyed WASH staff who can provide the name of at least one place where they can refer a child at risk.	90%	

26.3. GUIDANCE NOTES

26.3.1. CAPACITY BUILDING

Child protection workers should be trained on basic WASH practices, including:

- Hand, face and body washing;

- Safe water and food handling;
- Menstrual hygiene management;
- Appropriate disposal of faeces and menstrual pads; and
- Drainage and waste management.

WASH workers should be trained on basic child protection information such as:

- The risks children might face around WASH facilities;
- Psychological first aid;
- Child-friendly communication skills; and
- Child protection referral mechanisms.

26.3.2. MESSAGING

Engaging children and caregivers in creative activities (such as drama, play and games) can be an effective way of achieving behaviour change. Consider integrating key child protection messaging with WASH messaging. Work with children to ensure messages and formats are safe, appropriate and accessible for all genders, ages, disabilities and other relevant diversity factors. (See Standard 3.)

26.3.3. SAFE WASH FACILITIES

Consider children's physical abilities, protection and safety concerns when designing, constructing and monitoring WASH facilities. In contexts where children are expected to collect water, ensure containers are age- and size-appropriate. Be cautious about promoting the expectation that children carry water. Do not label containers as 'for children'. Minimise (a) the distances children have to walk to water points and (b) the disruption to children's school attendance. When designing children's latrines, avoid dark cabins and large holes for pit latrines.

For children:

- Open water may present a drowning risk;
- Refuse pits present a risk of disease; and
- Construction sites pose a risk of physical injury.

Provide fences, covers or other protection around these sites. Avoid the use of plastic bags in any distributions (if other options are available) to reduce the risk of suffocation and negative environmental impact.

26.3.4. AGE-SPECIFIC INTERVENTIONS

Children who feel unsafe or uncomfortable using facilities may engage in risky or harmful behaviours to avoid doing so. These include leaving populated areas to defecate or avoiding eating and drinking to use the toilet less frequently.

26.3.4.1. Infants and small children up to 4 years

Because very young children do not use sanitation facilities directly, caregivers must know how best to do laundry; dispose safely of infants' faeces; and use disposable or reusable diapers, potties or other means of dealing with bowel movements. Support parents to improve their hygiene-related care practices by ensuring they know how to:

- Clean play areas;
- Wash babies' bodies appropriately;
- Prevent babies from putting contaminated soil or animal excrement in their mouths; and
- Prevent small children from having direct contact with animals and livestock.

26.3.4.2. Small children from 5 to 10 years

WASH facilities should be adapted for accessibility and security. Girls who begin menstruating at 8 or 9 years may be overlooked by interventions that include menstrual hygiene management supplies or information.

26.3.4.3. Adolescents above 10 years

Consult adolescents of different genders, gender identities, ages, abilities, nationalities and other relevant diversity factors on their specific needs (such as suitable materials for managing menstruation or appropriate WASH facilities).

26.3.5. CHILD LABOUR

In many countries, children are responsible for collecting water and cleaning latrines. This chore should:

- NOT be assigned to a single, specific social group of children based on discriminatory practices;
- NOT interfere with children's education; and
- NOT be used to punish poor learning or bad behaviour.

To reduce the risk of child labour, involve children in decisions about what activities to perform and how. Verify that only children over the minimum working age are involved in decent WASH-related work (including cash-for-work programmes).

26.3.6. GIRLS AND WOMEN

Reduce women's and children's risks of violence or exploitation by (a) placing latrines and toilets in safe, accessible and visible locations near to houses, schools, etc. and (b) providing adequate solar- or electrical-powered lights, lanterns and/or torches. Prioritise household-level facilities over public facilities when relevant and possible. Consult with community members, particularly women and children, to design water distribution schedules that allow women and children to arrive home before dark. Women and girls should have separate toilets and bathing facilities with inside locks and pictograms for identification. There should be six female facilities for every four male facilities.

REFERENCES

Links to these and additional resources are available *online*.

- *Guidance: Safeguarding Children in 'WASH'*, Save the Children, 2019.
- *'Water Supply, Sanitation and Hygiene Promotion'*, *The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response*, Sphere Association, 2018.
- *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action*, Inter-Agency Standing Committee, 2015, pp. 281-302.
- *Women, Girls, Boys and Men: Different needs – Equal Opportunities (IASC Gender Handbook in Humanitarian Action)*, IASC, 2006, pp. 105-110.
- *A Toolkit for Integrating Menstrual Hygiene Management (MHM) into Humanitarian Response: The Full Guide*, Columbia University, IRC, 2017.
- *Water, Sanitation and Hygiene for Schoolchildren in Emergencies: A Guidebook for Teachers*, UNICEF, 2011.
- *'WASH Minimum Commitments for the Safety and Dignity of Affected People'*, WASH Cluster, 2018.
- *'Accountability and Protection'*, WASH Cluster. [Website]

STANDARD 27:
SHELTER AND SETTLEMENT AND CHILD PROTECTION

The following should be read with this standard: Principles; Standard 2: Human resources; Standard 13: Unaccompanied and separated children; Standard 17: Community-level approaches; Standard 26: Water, sanitation and hygiene and child protection; and Standard 28: Camp management and child protection.

Appropriate shelter and settlements are essential to healthy and safe families and communities. Humanitarian shelter and settlements support safe living environments that allow people to live with dignity, security and livelihoods. This sector also (a) promotes physical health by reducing the spread of disease and (b) contributes to the stability and psychosocial well-being of children and families. 'Shelter' refers to the household living space, including the items necessary for daily activities. 'Settlement' refers to the wider locations where people and communities live.

Child protection must be integrated into shelter and settlement interventions. Family size and composition in displaced populations and host communities can vary greatly. Children may be living alone or in new or altered family units, so there is a need for flexibility in the shelter provided (such as size and layout). To safeguard families from further exploitation, violence and forced eviction, knowledge of local land and property rights is central to making good decisions on where, how and to whom shelter is provided.

All children and their caregivers have appropriate shelter that meets their basic needs, including safety, protection and accessibility.

27.1. KEY ACTIONS

KEY ACTIONS FOR CHILD PROTECTION AND SHELTER AND SETTLEMENT ACTORS TO IMPLEMENT TOGETHER

27.1.1. Adapt existing shelter, settlement and child protection assessment and monitoring tools, methodologies and indicators for joint identification, analysis, monitoring of and response to households at risk of inadequate or unsafe living conditions and/or child protection concerns:

- Include the safety of children and their families as a sub-objective of each shelter and settlement intervention;

- Include children's perspectives in all monitoring and assessments; and

- Disaggregate data by gender, age and disability, at a minimum.

27.1.2. Collect baseline data on children's shelter, settlement and protection status.

27.1.3. Identify whether child protection concerns are improving or worsening the shelter or settlement situation. (For example, identify if a lack of safe, adequate shelter might be exposing more girls to sexual violence in an overcrowded camp.)

27.1.4. Agree upon the most effective joint mechanism for sharing information generated by assessments, evaluations and analysis.

27.1.5. Identify common areas of concern to shelter, settlement and child protection through consultation with children, caregivers and community members.

27.1.6. Identify solutions to address the situations of children in different living situations (such as children living in child-headed households, residential care, foster or kinship care or on the streets) and of different sexes/genders, ages and disabilities.

27.1.7. Establish joint prioritisation criteria to target children and households at risk.

27.1.8. Implement response interventions for households at risk of inadequate or unsafe living conditions and/or child protection concerns throughout all phases of the programme cycle.

27.1.9. Coordinate interventions throughout all phases of the programme cycle.

27.1.10. Ensure adequate representation of children in decision-making processes, community-based participation structures and site governance systems related to shelter. (See Principles.)

27.1.11. Develop and implement child-friendly, multisectoral child protection referral mechanisms so shelter workers can safely and efficiently refer child protection cases.

27.1.12. Train shelter staff on child protection concerns, principles and approaches so they can correctly refer disclosed or identified child protection cases.

27.1.13. Establish joint data protection protocols and confidential referral mechanisms for children and families at risk of inadequate shelter.

27.1.14. Collaborate with children and other stakeholders to design, establish, implement and monitor joint, child-friendly, accessible and confidential feedback, reporting and response mechanisms for child protection concerns.

27.1.15. Ensure that all staff have been trained on and signed safeguarding policies and procedures.

27.1.16. Include child-friendly child protection messages in shelter and settlement interventions. (For example, shelter actors can inform children and caregivers about available child protection services and children's activities when providing new shelters for families.)

27.1.17. Document and address any unintended negative consequences and reproduce promising practices in relation to the impact of:
- Shelter and settlement interventions on children's safety and well-being; and
- Child protection interventions on shelter and settlement activities.

27.1.18. Review at regular intervals the connections and collaboration between child protection and shelter actors.

KEY ACTIONS FOR CHILD PROTECTION ACTORS

27.1.19. Coordinate with shelter and settlement actors and community members to include child protection in the design, implementation, monitoring and evaluation of shelter and settlement programmes and interventions that:
- Are safe, accessible, inclusive and protective for all children, including the most at risk; and

- Meet the needs of children of all sexes, gender identities, ages, disabilities, developmental stages and family settings.

27.1.20. Include information and referrals for shelter and settlement services in child protection activities while maintaining confidentiality and protecting personal household data.

27.1.21. Identify existing social protection services and mitigate any gaps, bottlenecks or barriers to children's access.

27.1.22. Work with shelter and settlement actors to identify existing and/or develop new information-sharing mechanisms.

27.1.23. Have child protection staff work with shelter and settlement staff to:
- Identify households and individuals who are at risk;
- Address the situations of children in different living situations; and
- Conduct response monitoring activities.

KEY ACTIONS FOR SHELTER AND SETTLEMENT ACTORS

27.1.24. Include child protection and children's participation in all phases of the shelter and settlement programme cycle.

27.1.25. Ensure assistance reaches all members of the affected population by:
- Using assessments to identify children who may have difficulty accessing adequate shelter and settlement services;
- Identifying barriers to access for different groups, particularly children in child-headed households and children who are unaccompanied or living on the street;
- Collaborating with child protection actors to identify and implement strategies to overcome barriers, such as literacy and identification; and
- Registering all adult women as the main recipients of assistance in contexts where polygamy is practiced to avoid excluding subsequent wives and their children.

27.1.26. Conduct a risk analysis during programme design that:
- Assesses the physical safety risks involved in accessing shelter;
- Identifies requirements that may cause a barrier to access, such as needing to be literate or needing certain documents to access support;
- Assesses the best timing for the intervention; and
- Determines the needs of specific groups, such as those caring for young children.

27.1.27. Involve children and caregivers in identifying adequate and safe communal spaces for children, including spaces for education, children's activities, non-formal education and cultural ceremonies.

With their participation, implement shelter and settlement interventions that:

- Are in safe, appropriate locations;
- Respond to differences in family size, disability or other barriers to accessing shelters; and
- Follow principles of universal design.

27.1.28. Provide beneficiary cards to child heads of households and children who are unaccompanied or separated so they can access assistance in their own names. Work with child protection actors to (a) discourage families from intentionally separating to access additional benefits and (b) avoid making children targets of theft or exploitation.

27.1.29. Review project design and implementation to ensure shelter and settlement responses (a) prevent overcrowding and (b) encourage families to stay together.

27.1.30. Design shelters and settlements that provide privacy and physical safety, particularly for adolescent girls, women and female-headed households.

27.1.31. Design shelter responses that can be adjusted or modified for children who have difficulty reaching, entering, using and moving within/around facilities and services.

27.1.32. Ensure that all temporary shelters or constructions are safe and provide adequate privacy.

27.1.33. Advocate for gender balance in shelter and settlement workforces to support the inclusion of all children and caregivers.

27.2. MEASUREMENT

All indicators about children should be disaggregated by sex, age, disability and other relevant diversity factors. The indicators below measure progress against the overall standard. Indicators and targets can be contextualised with the goal of meeting the indicative targets below. Additional related indicators are available *online*.

Indicators	Target	Notes
27.2.1. % of shelter and settlement projects where child safety and well-being (including family unity, privacy and accessibility for children with disabilities) are reflected in design, monitoring and evaluation.	100%	Define 'safety' and 'well-being' in-country. Privacy and accessibility for children with disabilities should also be included.
27.2.2. % of constructed shelters that meet agreed-upon safety and privacy criteria for children and adolescents.	100%	'Shelter' refers to living spaces as well as community constructions. Child protection and shelter and settlement staff should develop safety and privacy criteria jointly.

27.3. GUIDANCE NOTES

27.3.1. ASSESSMENTS AND PLANNING

When identifying shelter-related protection needs, all assessments should involve:

- All adults (including women) and all children (including girls) with and without disabilities; and
- Caregivers of children at risk.

Women and girls should be consulted separately from men and boys, particularly regarding settlement planning and the times and places for distributing shelter materials. This will help reduce barriers to assistance as well as the risks of abuse, exploitation and violence. Assessment and monitoring teams and interpreters should include at least 50% women and should systematically consult with women and groups who face barriers to access.

Site planners must know the number of children and their related needs to determine the appropriate number of schools, play spaces and other spaces for children's activities. Improving accessibility for children and caregivers with disabilities has direct protection outcomes for the whole household and community. Therefore, site planners should provide dedicated support to households that require additional assistance with construction or access, including by providing them with plots closest to essential services.

27.3.2. IMPLEMENTATION

Child protection, shelter and settlement actors need to work together to address the short- and long-term shelter needs of the most vulnerable groups. Actions may include:

- Mobilising the wider community to help female-headed households, child-headed households, older people and people with disabilities to build their shelter units;
- Tailoring shelters to promote an accessible, inclusive and protective environment (such as providing more space for children with disabilities or greater privacy for adolescent girls);
- Providing adequate indoor and outdoor play spaces for children;
- Providing adequate bedding and blankets for girls and boys to sleep separately;
- Providing adequate shelter to help reduce family separation;
- Designing shelters to support the privacy and dignity of women and children, such as providing specific areas for cooking and bathing;
- Addressing physical dangers (holes in the ground, open water, etc.) to prevent injuries to children and caregivers;
- Providing sufficient lighting at all sites (including water, sanitation and hygiene facilities) within settlements;
- Providing children with safe routes for accessing schools and play spaces; and
- Screening and monitoring participants to ensure only children over the minimum working age are involved in decent shelter and settlement-related work (including cash-for-work type programmes).

Shelter and settlement actors should always work with a representative cross-section of the affected population to identify barriers, risks and solutions.

27.3.3. MULTI-DISCIPLINARY APPROACH

Shelter and settlement projects must be coordinated across all sectors, including child protection. Shelter- and settlement-related issues that should be considered throughout the whole programme cycle include:

- Protection risks;
- Social norms;
- Perceptions of the host community; and
- The available human, financial, physical, environmental and social resources.

27.3.4. CAPACITY BUILDING

Shelter and settlement specialists' formal professional training may not include child protection. Child protection actors must support shelter and settlement actors to include child protection in all shelter- and settlement-related actions. At a minimum, shelter and settlement staff should be trained on:

- Child safeguarding measures, including implementing codes of conduct and protocols;
- Protection from sexual exploitation and abuse;
- Identifying and referring child protection concerns; and
- Consulting with children on shelter and settlement assessments, planning, monitoring and evaluations.

REFERENCES

Links to these and additional resources are available *online*.

- *'Shelter and Settlement'*, *The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response*, Sphere Association, 2018.
- *Collective Centre Guidelines*, UNHCR and IOM, 2010.
- *'Shelter and Site Planning and Non-Food Items'*, *Guidelines for Gender-based Violence Interventions in Humanitarian Settings: Focusing on Prevention of and Response to Sexual Violence in Emergencies*, IASC, 2005, pp. 53–61.
- *'Gender and Shelter in Emergencies'*, *Women, Girls, Boys and Men: Different needs – Equal Opportunities (IASC Gender Handbook in Humanitarian Action)*, IASC, 2006, pp. 97–104.
- *All Under One Roof: Disability-inclusive Shelter and Settlements in Emergencies*, IFRC, Geneva, 2015.
- *The Right to Adequate Housing Toolkit*, Office of the United Nations High Commissioner for Human Rights (OHCHR).

STANDARD 28:
CAMP MANAGEMENT AND CHILD PROTECTION

The following should be read with this standard: Principles; Standard 7: Dangers and injuries; Standard 9: Sexual and gender-based violence; Standard 15: Group activities for child well-being; Standard 26: Water, sanitation and hygiene and child protection; and Standard 27: Shelter and settlement and child protection.

The main goals of camp management (also called site management) are:

- To support equitable and dignified access of refugee, internally displaced and migrant populations living in temporary settlements (including camps, collective/evacuation centres and spontaneous settlements) to life-saving assistance and protection services;
- To preserve/uphold dignified living conditions for displaced populations as well as host communities; and
- To advocate for and support the identification of durable solutions.

Camp management actors accomplish this by collaborating with national and local authorities and partners to:

- Coordinate and monitor service delivery in temporary settlements;
- Establish governance and representation structures;
- Support community participation;
- Establish communication systems, including (but not limited to) feedback and reporting mechanisms;
- Maintain and/or upgrade site infrastructure, including mitigating protection risks;
- Track data on displaced populations;
- Monitor the potential impact of camps on host communities and promote activities that are beneficial for both groups;

- Build the capacity and awareness of service providers, camp committees and authorities; and
- Support the identification of and access to durable solutions.

Camp management and child protection actors must work together to conduct these activities in a protective, child-participatory manner that reduces the risks children face. This includes identifying children and populations at risk, assessing their protection needs and responding appropriately.

STANDARD

Camp management activities address the needs and protection concerns of children affected by forced displacement.

28.1. KEY ACTIONS

KEY ACTIONS FOR CHILD PROTECTION AND CAMP MANAGEMENT ACTORS TO IMPLEMENT TOGETHER

28.1.1.   Identify common areas of concern to camp management and child protection and coordinate intervention strategies to address child protection risks throughout all phases of the response.

28.1.2.   Develop information management tools to ensure that the collected data helps to identify child protection concerns. (See Standard 5 for more information on data collection and storage.)

28.1.3.   Engage in periodic joint risk and/or safety assessments to identify urgent child protection risks in displacement sites.

28.1.4.   Implement agreed-upon integrated (child protection and camp management) activities that address any identified child protection risks.

28.1.5.   Monitor and document integrated activities to:
- Identify any impact on children's safety and well-being;
- Address any unintended negative consequences; and
- Reproduce promising practices.

28.1.6. Collaborate with children and other stakeholders to design, establish, implement and monitor joint, child-friendly, accessible and confidential two-way communication systems, including feedback and reporting mechanisms.

28.1.7. Confirm that all camp management actors and child protection staff are trained on and sign safeguarding policies and procedures.

28.1.8. Include an adequate representation of children in community-based participation, decision-making and governance systems/structures related to camp management.

28.1.9. Jointly design and set up adequate, safe and confidential channels and/or referral pathways to ensure that sensitive information, including about incidents affecting children, are immediately reported to child protection actors.

KEY ACTIONS FOR CHILD PROTECTION ACTORS

28.1.10. Share the results of child protection assessments, consultations and feedback and reporting mechanisms (including generic trends and location-specific concerns) with camp management actors to inform their activities.

28.1.11. Provide recommendations and technical/implementation support for adjustments/adaptations that will provide all children with access to dedicated, essential services (such as distributions, water facilities, sites of education, etc.).

28.1.12. Work with camp management actors to agree upon and implement effective joint coordination and information-sharing mechanisms.

28.1.13. Support camp management staff to consult with children (of various ages, genders, disabilities and living situations), caregivers and community members on questions of safety, access to services and their representation and participation in camp management.

28.1.14. Collaborate with children to find solutions for their protection concerns related to camp management and share these findings with camp management actors.

28.1.15. Establish a system of communication between (a) child protection and camp management actors and (b) state and community-based child protection services to ensure children and their families have access to:
- Appropriate services; and
- Confidential case management that aligns with national and international laws and the best interests of the child.

28.1.16. Train camp management staff on child protection principles, approaches and concerns so they can appropriately refer any disclosed or identified child protection cases.

28.1.17. Support camp management actors to continuously and appropriately identify and refer children at risk.

KEY ACTIONS FOR CAMP MANAGEMENT ACTORS

28.1.18. Work with child protection actors to mainstream child protection in camp management activities, including planning, implementation and monitoring of activities.

28.1.19. Coordinate the set-up of site infrastructures and essential services that integrate children's needs and views. Key aspects include:
- Accessibility;
- Safety and security for children of all ages, genders, disabilities and other relevant diversity factors; and
- Dedicated spaces for children, such as playgrounds, schools and safe spaces.

28.1.20. Ensure that registration systems are comprehensive, accessible and inclusive of all children, including:
- Children who are unaccompanied and separated;
- Children with disabilities;
- Children living in child-headed households; and
- Children living in households with multiple families.

28.1.21. Ensure that data collection systems disaggregate data by sex, age and disability, at a minimum.

28.1.22. Collaborate with child protection and protection actors to advocate for the provision of necessary civil documentation (birth/death certificates, identification cards, etc.) by relevant authorities.

28.1.23. Use regular safety audits and other approaches to (a) monitor children's access to service delivery and site infrastructures and (b) identify obstacles and safety risks that affect children.

28.1.24. Advocate for service delivery that is accessible to and appropriate for all children within the camp.

28.1.25. Coordinate with relevant sectors and partners to adjust programmes in ways that address children's identified risks.

28.1.26. Establish an effective communication system between camp management teams and key child protection actors to support referrals following an incident.

28.1.27. Advocate for gender balance in the camp management workforce to ensure a better inclusion of all children and their caregivers.

28.1.28. Partner with child protection actors to train camp management staff on child protection principles, approaches and concerns, including for situations where issues/incidents are disclosed to them so they can appropriately refer cases.

28.1.29. Take into account children's perspectives, including those of children with disabilities, when identifying durable solutions.

28.2. MEASUREMENT

All indicators about children should be disaggregated by sex, age, disability and other relevant diversity factors. The indicators below measure progress against the overall standard. Indicators and targets can be contextualised with the goal of meeting the indicative targets below. Additional related indicators are available *online*.

Indicators	Target	Notes
28.2.1. % of managed sites with a functioning referral pathway to report incidents and child protection concerns.	100%	'Incidents' refer specifically to events that result in harm to a child and are caused by a lack of safety and security measures in a camp (such as poor lighting or secluded water points/latrines that result in incidents of sexual violence).
28.2.2. % of managed sites with formalised structures for children's participation.	100%	

28.3. GUIDANCE NOTES

28.3.1. CHILDREN'S PARTICIPATION

Participation is a pillar of camp management. Child protection and camp management actors need to collaborate to ensure children's meaningful participation. Mechanisms may be set up to:

- Involve children in the design, monitoring and adjustment of programmes;
- Help children access information about the services available to them;
- Enable children to provide feedback;
- Provide accessible channels for children to express their views about humanitarian action;
- Include children in decision-making processes and site governance structures; and
- Ensure children are able to participate in social and recreational activities.

For example, children may act as focal points to ensure all children of various ages, genders, disabilities, and other relevant diversity factors (a) have meaningful representation in the camp management structures and (b) can receive information about actions that have been taken. Child protection actors can support and coach child focal points to strengthen children's participation.

28.3.2. COMMUNITY-BASED CHILD PROTECTION

Humanitarian action should cooperate with and build upon existing community-based child protection mechanisms and structures. Building on existing systems and structures can increase effectiveness and support community ownership. (See Standard 17.) Child protection actors should ensure community-level child protection interventions develop and implement community-based care policies and best interests procedures. In this way, the humanitarian crisis can become an opportunity to strengthen existing positive structures.

28.3.3. EQUAL ACCESS

All children have the right to access educational facilities, health care, psychosocial services, recreational opportunities and religious activities that meet their individual needs. Camp management actors can monitor the inclusion and accessibility of camp services by conducting regular spot-checks and analysing disaggregated data from in-country service providers. They may similarly ensure equal access to critical information.

28.3.4. SITE PLANNING AND SITE IMPROVEMENT

It is critical for camp management and child protection actors to jointly consider how they will meet children's need for safe, accessible spaces to learn and play. This collaboration should begin at the earliest stages of site planning and continue throughout any site improvement processes. Proper planning prevents children's spaces from being located in dangerous locations (such as camp borders or long distances from children's homes) or excluded altogether due to lack of land.

28.3.5. SAFETY

Camp management should monitor security concerns such as sexual and gender-based violence, abductions, physical attacks, child labour and other dangers (such as explosive ordnance, drowning or fire). Child protection actors can work with camp management to:

- Conduct accessibility and safety audits;
- Develop profiles of the specific child protection risks and needs; and
- Address identified risks and needs in security provisions.

Common risk mitigation activities include placing appropriate lighting in areas frequently used by women and children (both girls and boys), patrolling firewood collection routes, monitoring school routes, marking areas contaminated by explosive ordnance or fencing off areas with open water.

REFERENCES

Links to these and additional resources are available *online*.

- *Camp Management Toolkit*, International Organization for Migration (IOM), Norwegian Refugee Council (NRC) and UN Refugee Agency (UNHCR), 2015.
- *Humanitarian Inclusion Standards for Older People and People with Disabilities*, CBM International, Bensheim, HelpAge International, London, Handicap International, Lyon, 2018.
- *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action*, Inter-Agency Standing Committee, 2015.
- *'Shelter and Settlement'*, *The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response*, Sphere Association, 2018.
- *Site Planning: Guidance to Reduce the Risk of Gender-based Violence, Third Edition*, Global Shelter Cluster, 2018.
- O'Kane, Claire, *Guidelines for Children's Participation in Humanitarian Programming*, Save the Children, 2013.

ANNEXES

ANNEX 1: GLOSSARY

See online version for more detailed definitions and full list of terms.

A

Abuse

A deliberate act with actual or potential negative effects upon a child's safety, well-being, dignity, and development. It is an act that takes place in the context of a relationship of responsibility, trust, or power.

Access

The proportion of the population that can use a service or facility.

Accessibility

Entails the removal or mitigation of barriers to people's meaningful participation. These barriers and the measures needed will vary according to disability, age, illness, literacy level, status of language, legal and/or social status, etc.

Accountability

The process of using power responsibly, taking account of, and being held accountable by, different stakeholders, and primarily those who are affected by the exercise of such power. See **Quality.**

Adequate care

Where a child's basic physical, emotional, intellectual and social needs are met by his or her caregivers and the child is developing according to his or her potential.

Adolescents

Defined generally as a person 9–19 years. In the *CPMS*, the term refers specifically to persons aged 9–17 years old, given the focus on children as defined in the Convention on the Rights of the Child.
Adolescence can be broken down into the following sub-group: pre-adolescence (9–10), early adolescence (10–14), middle adolescence (15–17) and late adolescence (18–19).

Alternative care

The care provided for children by caregivers who are not their usual primary caregiver. See **Kinship** care and **Foster care**. See online version for **Institutional care** and **Residential care**.

Alternatives to detention or to deprivation of liberty

Measures (legislation, policy, or practice) aimed at preventing the unnecessary detention of persons, including children being formally processed through the

criminal justice system and children who are migrants. Alternatives to detention do not involve deprivation of liberty.

Assent
See **Informed assent**.

Assessment
The process of establishing the impact of a crisis on a society, including needs, risks, capacities and solutions.
See Standard 4 on Programme Cycle Management for information on types of assessments for Child Protection.

At-risk groups / individuals
Children who are at risk of their protection rights being violated. See **Risks** and **Vulnerability**.

B

Best interests of the child
The right of the child to have his or her best interests assessed and taken as a primary consideration in reaching a decision. It refers to the well-being of a child and is determined by a variety of individual circumstances (age, level of maturity, the presence or absence of parents, the child's environment and experiences). See Principle 4.

Best Interests Determination (BID)
A formal process with strict procedural safeguards designed to determine the child's best interests for particularly important decisions affecting the child. It should facilitate adequate child participation without discrimination, involve decision-makers with relevant areas of expertise and balance all relevant factors in order to identify and recommend the best option. (UNHCR Best Interests Determination Handbook 2011, p. 110)

Best Interests Procedure (BIP)
UNHCR's individual case management procedure to ensure that the best interests principle (set out in Article 3 of the UN Convention on the Rights of the Child) is respected in work with individual children of concern. It is a multi-step process that goes through identification, assessment, case action planning, implementation, follow-up and case closure. It includes two important procedural elements: the Best Interests Assessment (BIA) and the Best Interests Determination (BID). States and other actors are also obliged to establish formal procedures for assessing and determining the best interests of an individual child or a group of children where decisions would have a major impact on the child or group of children. (See CRC General Comment No. 14)

C

Caregiver
An individual, community, or institution (including the State) with clear responsibility (by custom or by law) for the well-being of the child. It most often refers to a person with whom the child lives and who provides daily care to the child.

Caregiving environment
The direct physical and human environment children live in, which is unique for every child.

Case management
An approach to address the needs of an individual child and their family in an appropriate, systematic and timely manner, through direct support and/or referrals.

Caseworker
The key worker in a case who maintains responsibility for the child's care from case identification to case closure, in a case management approach. Other social service practitioners (such as social workers) or even other professionals (such as health workers) may take on a caseworker role as well.

Cash and voucher assistance (CVA)
All programmes where cash transfers or vouchers for goods or services are directly provided to recipients.

Centrality of Protection
Refers to the recognition that the protection of all persons affected and at risk must inform humanitarian decision-making and response, including engagement with States and non-State parties to conflict. Protection is recognised as the purpose and intended outcome of humanitarian action and must be central to preparedness efforts, as part of immediate and life-saving activities, and throughout the duration of humanitarian response and beyond.

Child
Persons below the age of 18 years.

Child-friendly
Working methods that do not discriminate against children and that take into account their age, evolving capacities, diversity and capabilities. These methods promote children's confidence and ability to learn, speak out, share and express their views. Sufficient time and appropriate information and materials are provided and communicated effectively to children. Staff and adults are approachable, respectful and responsive.

Child-friendly spaces (CFS)

Safe spaces where communities (and humanitarian actors) create nurturing environments in which children can access free and structured play, recreation, leisure and learning activities.
See Standard 15: Group activities for child well-being.

Child-headed household

A household in which a child or children (typically an older sibling) assumes the primary, day-to-day responsibility for running the household, and providing and caring for those within it.

Child in contact with the justice system

Any child who comes into contact with the juvenile justice system or the criminal justice system as a victim/survivor, witness or in conflict with the law, and/or any child who comes into contact with the civil and/or administrative justice systems. This term is broader than 'child in conflict with the law'.

Child labour

Work carried out to the detriment and endangerment of a child, in violation of international law and national legislation. It either deprives children of schooling or requires them to assume the dual burden of schooling and work.
See Standard 12: Child labour and Worst Forms of Child Labour.

Child participation

The manifestation of the right of every child to express his or her view, to have that view given all due consideration, to influence decision-making and to achieve change. It is the informed and willing involvement of all children, including the most marginalised and those of different ages, genders and disabilities, in any matter concerning them.
See Principle 3.

Child protection in humanitarian action (CPHA)

The prevention of and response to abuse, neglect, exploitation and violence against children in humanitarian action.

Child safeguarding

The responsibility that organisations have to make sure their staff, operations, and programmes do no harm to children. It includes policy, procedures and practices to prevent children from being harmed by humanitarian organisations as well as steps to respond and investigate when harm occurs.

Child well-being

A dynamic, subjective and objective state of physical, cognitive, emotional, spiritual and social health in which children:
- Are safe from abuse, neglect, exploitation and violence;

- Have their basic needs, including survival and development, met;
- Are connected to and cared for by primary caregivers;
- Have the opportunity for supportive relationships with relatives, peers, teachers, community members and society at large; and
- Have the opportunities and elements required to exercise their agency based on their evolving capacities.

Child marriage

Child marriage is a formal or informal union where one or both parties are under the age of 18. All child marriage is considered forced, as children are not able to give full consent to marriage.

Civil society

Citizens who are linked by common interests and collective activity but excluding for-profit, private sector organisations. Civil society can be informal or organised into NGOs or other associations.

Code of conduct

A clear and concise guide of what is and is not acceptable behaviour or practice when employed or engaged by the organisation.

Community-led child protection

Approaches that are led by a collective, community-driven process rather than by an NGO, UN agency or other outside actor.

Community-level approaches

Approaches that seek to ensure that community members are able to protect children and ensure their right to healthy development.

Confidentiality

The obligation that information about an individual will not be disclosed or made available to unauthorised persons without prior permission. There may be limits on confidentiality for children in accordance with their best interests as well as mandatory reporting obligations.

Contextualisation

The process of interpreting or adapting the standards according to context; the process of debating, determining and agreeing upon the meaning of global guidance in a given local situation; 'translating' the meaning and guidance of the Child Protection Minimum Standards for the context of a country (or region) so as to make the content of the Standards appropriate and meaningful to the given circumstances.

Crisis

See **Humanitarian crisis** and **Humanitarian action**.

Consent
See **Informed consent**.

D

Danger
An immediate threat to a child's safety, indicating circumstances where hazards are present that have the potential to cause harm or injury.

Dignity
The capacity to make one's own deliberate choices and consequently to be acknowledged as a free subject. It reflects the integrity of the person and is the source from which all human rights derive.

Disability
Results from the interaction between persons with physical, psychosocial, intellectual or sensory impairments and barriers of attitude and the environment that prevent their full and effective participation in society on an equal basis with others.

Disaggregated data
Statistics separated according to particular criteria. As a minimum level of data disaggregation, *CPMS* proposes sex, age and disability data disaggregation.

Disaster
See **Humanitarian crisis**.

Disaster risk reduction (DRR)
The concept and practice of reducing the risk of disaster through systematic efforts to analyse and manage causal factors. It includes reducing exposure to hazards, lessening the vulnerability of people and property, wise management of land and the environment, and improving preparedness for adverse events.

Do no harm
The concept of humanitarian agencies avoiding unintended negative consequences for affected persons and not undermining communities' capacities for peace building and reconstruction.

Duty bearers
Those responsible for fulfilling the rights of rights holders.

E

Early childhood
Early childhood refers to children from 0–8 years. This can be further specified as:
- Infants: 0–2 years

- Pre-school age: 3–5 years
- Early school age: 6–8 years.

Early childhood development (ECD)
A comprehensive approach to policies and programs for children from the prenatal period to eight years of age.

Early recovery
A multi-faceted process of recovery guided by development principles that build on humanitarian programmes and encourages sustainable development opportunities.

Economic recovery
The process of stimulating the growth of an area's local economy through developing markets, strengthening new and existing enterprises and creating jobs in the private sector and public institutions.

Emergency
See **Humanitarian crisis**.

Emotional maltreatment
Maltreatment that causes harm to the psychological or emotional well-being of the child. Also called psychological maltreatment.

Epidemic
Occurs when an infectious disease spreads rapidly to many people. See **Infectious disease outbreak**.

Exploitation
When an individual in a position of power and/or trust takes or attempts to take advantage of a child for their own personal benefit, advantage, gratification, or profit. This personal benefit may take different forms: physical, sexual, financial, material, social, military, or political.

F

Feedback and reporting mechanism
A formal system established and used to allow recipients of humanitarian action (and in some cases, other crisis-affected populations) to provide information on their experience with a humanitarian agency or the wider humanitarian system. Such information is then used for different purposes, including taking corrective action to improve some element of the response.

Foster care

Situations where children are cared for in a household outside their family. Fostering is usually understood to be a temporary arrangement, and in most cases the birth parents retain their parental rights and responsibilities. The care arrangement is administered by a competent authority whereby a child is placed in the domestic environment of a family who have been selected, prepared and authorised to provide such care, and are supervised and may be financially and/or non-financially supported in doing so. See online glossary for definitions of **Traditional or informal fostering, Spontaneous fostering, and Arranged fostering**.

G

Gender

The social attributes and opportunities associated with being male and female and the relationships between women and men and girls and boys. It differs from sex which is defined most often at birth based on biological anatomy. Non-binary gender identity refers to any gender identity or expression which does not fit the male/female or boy/girl binary.

Gender-based violence

An umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (i.e. gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty. See **Sexual violence** and **Sexual and gender-based violence**.

Gender-transformative approach

Interventions that are designed to address the root causes of gender-based discrimination and hence question gendered power relations.

H

Harmful practices

Traditional and non-traditional practices which inflict pain, cause physical or psychological harm and 'disfigurement' of children. In many societies, these practices are considered a social norm and defended by perpetrators and community members on the basis of tradition, religion, or superstition. Harmful practices perpetrated primarily against girls, like female genital mutilation and child marriage, are also forms of gender-based violence.

Hazard

Potentially damaging physical events, natural phenomenon or human activity that may cause loss of life, injury or other health impacts, property damage, loss

of livelihoods and services, social and economic disruption or environmental damage. Some definitions suggest hazards are dangers that can be foreseen but not avoided.

Hazardous work
Work which, by its nature or by the circumstances in which it is carried out, is likely to harm the health, safety and morals of children, and which must be prohibited for children under the age of 18 years (even when this is above the general minimum working age).

Human rights / child rights
Rights that every human being is entitled to enjoy simply by virtue of being human. They identify the minimum conditions for living with dignity that apply to all of us. They are universal and inalienable: they cannot be taken away. As human beings, children are human rights holders. Additionally, they have a specific set of human rights – often referred to as child rights – pertaining to persons under the age of 18 and enshrined in the Convention on the Rights of the Child (CRC), 1989.

Humanitarian action
The objectives of humanitarian action are to save lives, alleviate suffering and maintain human dignity during and in the aftermath of human-made crises and disasters, as well as to prevent and strengthen preparedness for the occurrence of such situations. Humanitarian action has two inextricably linked dimensions: protecting people and providing assistance. It is rooted in humanitarian principles – humanity, impartiality, neutrality and independence. See **Humanitarian response**.

Humanitarian actors
Wide range of authorities, communities, organisations, agencies and inter-agency networks that all combine to enable humanitarian assistance to be channelled to the places and people in need of it. This include UN agencies, the International Red Cross/Red Crescent Movement, local, national and international non-governmental organisations (NGOs), local government institutions and donor agencies. The actions of these organisations are guided by key humanitarian principles: humanity, impartiality, independence and neutrality.

Humanitarian crisis
Serious disruption of the functioning of a community or a society involving widespread human, material, economic or environmental losses and impacts that exceeds the ability of the affected community or society to cope using its own resources and therefore requires urgent action.

Humanitarian response

One dimension of humanitarian action. It focuses on the provision of services and public assistance during or immediately after a specific emergency in order to save lives, reduce health impacts, ensure public safety, maintain human dignity and meet the basic subsistence needs of the people affected. It should be governed by the key humanitarian principles.

I

Impairment

A significant deviation or loss in body functioning or structure. Impairments may be either temporary or permanent, and people may have multiple impairments.

Inclusion

A rights-based approach to programming, aiming to ensure all people who may be at risk of being excluded have equal access to basic services and a voice in the development and implementation of those services.

Infectious disease outbreak

When an infectious disease occurs in greater numbers than expected in a community or region or during a season. An outbreak may occur in one community or even extend to several countries.

Informal justice system

Forms of justice enforcement and dispute resolution that are not an integrated part of the formal justice system and which have a degree of effectiveness, stability and legitimacy within a designated local constituency. Also called customary justice systems.

Informed assent

The expressed willingness to participate in services. Informed assent is sought from children who are by nature or law too young to give consent, but who are old enough to understand and agree to participate in services. When obtaining informed assent, practitioners must share, in a child-friendly manner, information on: services and options available, potential risks and benefits, personal information to be collected and how it will be used, and confidentiality and its limits.

Informed consent

Voluntary agreement of an individual who has the capacity to take a decision, who understands what they are being asked to agree to, and who exercises free choice. When obtaining informed consent, practitioners must share, in a child-friendly manner, information on: services and options available, potential risks and benefits, personal information to be collected and how it will be used, and confidentiality and its limits. Informed consent is usually not sought from children under age 15. See also **Informed assent**.

Integrated approaches

An integrated approach allows two or more sectors to work together towards a shared programme outcome(s), based on capacities and joint needs identification and analysis, and, thus, promotes equal benefits or mutually beneficial processes and outcomes among all involved sectors.
See Pillar 4: Standards to work across sectors.

Internally displaced persons

Persons or groups of persons who have been forced or obliged to flee or to leave their homes or places of habitual residence and who have not crossed an internationally recognised state border.

International human rights law

The body of international treaties and established legal rules (including customary international law) that govern States' obligations to respect, protect and fulfil human rights.

International humanitarian law

Besides the provisions of human rights law, situations of armed conflict are also governed by international humanitarian law. The specific provisions that apply depend on whether the conflict is international or non-international (civil) in character.

International refugee law

A set of rules and procedures that aims to protect, firstly, persons seeking asylum from persecution and, secondly, those recognised as refugees under the relevant instruments.

K

Kinship care

The full-time care, nurturing and protection of a child by someone other than a parent who is related to the child by family ties or by a significant prior relationship.

L

L3 Emergency

The Interagency Standing Committee's classification for the most severe, large-scale humanitarian crisis. It requires a system-wide mobilisation to significantly scale up a humanitarian response and improve overall assistance.

Life skills

Skills and abilities for positive behaviour that enable individuals to adapt to and deal effectively with the demands and challenges of everyday life. They help

people think, feel, act and interact as individuals and as participating members of society.

Livelihood
The capabilities, assets, opportunities and activities required to make one's living. Assets include financial, natural, physical, social and human resources.

M

Maltreatment
Any action, including the failure to act, that results in harm, potential for harm, or threat of harm to a child. Maltreatment is commonly used as an umbrella term for abuse and neglect.

Mental health and psychosocial support (MHPSS)
Any type of local or outside support that aims to protect or promote psychosocial well-being and prevent or treat mental health conditions. MHPSS programmes aim to (1) reduce and prevent harm, (2) strengthen resilience to recover from adversity, and (3) improve the care conditions that enable children and families to survive and thrive. See **Mental health, Psychosocial** and **Child well-being**.

Minimum standards
Specify the minimum qualitative levels to be attained in humanitarian action.

Mitigation
Reducing harmful impacts or consequences. For humanitarian action, it may include physical infrastructural measures as well as improvements to the environment, strengthening livelihoods or increasing public knowledge and awareness. See **Response**.

Monitoring
At programme level, monitoring is an on-going, internal process of data collection focused on inputs and outputs. At coordination level, monitoring both the situation and the response is central to optimising the impact of efforts to protect children in emergencies. See Standard 6: Child protection monitoring.

N

Neglect
The intentional or unintentional failure of a caregiver – individual, community, or institution (including the State) with clear responsibility by custom or law for the well-being of the child – to…

(a) protect a child from actual or potential harm to the child's safety, well-being, dignity and development or
(b) fulfil that child's rights to survival, development, and well-being,
… when they have the capacity, ability, and resources to do so.

Non-discrimination

The principle that unfair distinctions should not be made between children, people or communities on any grounds, including age, sex, gender, race, colour, ethnicity, national or social origin, sexual orientation, HIV status, language, civil documentation, religion, disability, health status, political or other opinion, or other status. See Principle 2.

P

Participation

The processes and activities that allow crisis-affected people to play an active role in all decision-making processes that affect them. Participation is a right and is voluntary. See **Child participation** and **Principle 3**.

Preparedness

Activities and measures taken in advance of a crisis to ensure an effective response to the impact of hazards, including issuing timely and effective early warnings and the temporary evacuation of people and property from threatened locations.

Prevention

Primary Prevention addresses the root causes of child protection risks among the population (or a subset of it) to reduce the likelihood of abuse, neglect, exploitation or violence against children.
Secondary Prevention addresses a specific source of threat and/or vulnerabilities of a child who is identified as being at particularly high risk of abuse, neglect, exploitation or violence, due to characteristics of the child, family and/or environment.
Tertiary Prevention reduces the longer-term impact of harm and reduces the chance of recurring harm to a child who has already suffered abuse, neglect, exploitation or violence.
(Adapted from the Center for Disease Control [CDC])

Primary data

Any data that is collected directly from its original source for the objective in question. See **Secondary data**.

Protection

All activities aimed at ensuring the full and equal respect for the rights of all individuals, regardless of age, sex, gender, ethnicity, social or political affiliation, religious beliefs, or other status.

Protection from sexual exploitation and abuse (PSEA)
Term used by the UN and NGO community to refer to measures taken to prevent, mitigate and respond to acts of sexual exploitation and abuse by their own staff and associated persons, including community volunteers, military and government officials engaged in the provision of humanitarian assistance.

Protection mainstreaming
The process of incorporating protection principles and promoting meaningful access, safety and dignity in humanitarian aid.

Psychological distress
Unpleasant feelings or emotions that can impact a person's level of functioning and ability to navigate and participate in social interactions. Sadness, anxiety, distraction, disruption in relationships with others and some symptoms of mental illness are manifestations of psychological distress.

Psychosocial
The interaction between social aspects (such as interpersonal relationships, social connections, social norms, social roles, community life and religious life) and psychological aspects (such as emotions, thoughts, behaviours, knowledge and coping strategies) that contribute to overall well-being.

Psychosocial disabilities
Persons with psychosocial disabilities include those who have what is known in medical terms as 'mental health conditions', and who face significant barriers to participating in society on an equal basis with others.

Q

Qualitative data
Data collected through case studies, interviews, etc. to provide description, experience and meaning.

Quality
In the humanitarian sector, quality means effectiveness (impact), efficiency (timeliness and costs), appropriateness (taking account of rights, needs, culture, age, gender, disabilities and context), and equity (non-discrimination and equal access) of elements of a humanitarian response.

Quantitative data
Data focused on numbers and statistics.

R

Referral
The process of directing a child or family to another service provider because the assistance required is beyond the expertise or scope of work of the current service provider.

Refugee
All persons who are outside their country of origin for reasons of a well-founded fear of persecution on one of the grounds listed in the 1951 Convention or because a conflict, generalised violence or other circumstances that have seriously disturbed public order and who, as a result, require international protection.

Resilience
Children's ability to overcome the damaging effects of adversities, their adaptive capacity to find ways to realise their rights, good health, development, and well-being. More generally in humanitarian context, resilience refers to the ability of an individual, community, society or country to anticipate, withstand and recover from adversity - be it a natural disaster or crisis. See Principle 10.

Response
See **Humanitarian Response**.

Risk
In humanitarian action, risk is the likelihood of harm occurring from a hazard and the potential losses to lives, livelihoods, assets and services. It is the probability of external and internal threats occurring in combination with the existence of individual vulnerabilities.
For child protection, risk refers to the likelihood that violations of and threats to children's rights will manifest and cause harm to children. See **Hazard**.

Risk assessment
A methodology used to review a hazard, how it may cause harm, and determine the probability of occurrence of harm and the severity of that harm. In child protection, it is used to determine the nature and extent of risk by taking into account potential hazards and existing conditions of vulnerability that together could harm children and families.

S

Safe spaces
Interventions used by humanitarian agencies to increase children's access to safe environments and promote their psychosocial well-being. These include for instance Child-friendly Spaces and Women and Girls Safe Spaces.

Secondary data
Data collected by someone other than the user.

Secondary trauma or stress
Changes in psychological, physical or spiritual well-being experienced by practitioners over time as a result of seeing and listening to other's distressing experiences. Practitioners may become overwhelmed by what they see and hear.

Separated children
Children separated from both parents or from their previous legal or customary primary caregiver, but not necessarily from other relatives.   These may, therefore, include children accompanied by other adult family members.

Sex
The biological attributes of a person, and, therefore, generally unchanging and universal. See **Gender**.

Sexual abuse
Actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions. See **Sexual violence against children**.

Sexual and gender-based violence (SGBV)
Any act that is perpetrated against a person's will that is based on gender norms and unequal power relationships. It encompasses threats of violence and coercion. It can be physical, emotional, psychological, or sexual in nature, and can take the form of a denial of resources or access to services. It inflicts harm on women, girls, men and boys.

Sexual exploitation
Any actual or attempted abuse of position of vulnerability, differential power or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another.

Sexual violence against children
Any form of sexual activity with a child by an adult or by another child who has power over the child. Sexual violence includes both activities that involve body contact and those without body contact. (Also referred to as child sexual abuse.)

Social norms
Rules of behaviour that are generally expected and supported in a given context. Violence, abuse, neglect and exploitation can be prevented by positive social norms or can be upheld by negative social norms, such as the 'right' of parents to hit their children.

Stakeholder
A person, group or institution with interests in a project or programme.

Sustainable
Economically viable, environmentally sound and socially just over the long term.

U

Unaccompanied children
Children who have been separated from both parents and other relatives and are not being cared for by an adult who, by law or custom, is responsible for doing so.

Unexploded ordnance
Explosive ordnance that has been primed, fused, armed, or otherwise prepared for use and used in an armed conflict. It may have been fired, dropped, launched or projected and should have exploded but failed to do so.

Universal design
The design of products, environments, programmes and services to be usable by all people, to the greatest extent possible, without the need for adaptation or specialised design.

Urban contexts
The definition of 'urban' varies from country to country. An urban area can be defined by one or more of the following: administrative criteria or political boundaries (e.g., area within the jurisdiction of a municipality or town committee), a threshold population size, population density, economic function or the presence of urban characteristics (e.g., paved streets, electric lighting, sewerage).

V

Violence against children
All acts that involve the intentional use of power or verbal or physical force, threatened or actual, against a child or against a group of children that either results in or has a high likelihood of resulting in actual or potential harm to the child or children's safety, well-being, dignity, and development.

Vulnerability
The extent to which some people may be disproportionately affected by the disruption of their physical environment and social support mechanisms

following disaster or conflict. Vulnerability is specific to each person and each situation.

For child protection, vulnerability refers to individual, family, community and societal characteristics that reduce children's ability to withstand adverse impact from violations of and threats to their rights.

W

Well-being
See **Child well-being**.

Worst forms of child labour
A term defined in ILO Convention No. 182. These forms of child labour must be prohibited for all people under the age of 18 years and include the following:

All forms of slavery or practices similar to slavery, such as the sale and trafficking of children, debt bondage, serfdom and forced or compulsory labour, including forced or compulsory recruitment of children for use in armed conflict;

Using, procuring, or offering a child for prostitution, the production of pornography, or for pornographic performance;

Using, procuring, or offering a child for illicit activities—in particular, for the production and trafficking of drugs as defined in the relevant international treaties; and

Work which, by its nature or because of the circumstances in which it is carried out, is likely to harm the health, safety, or morals of the child. See also **Hazardous work**.

Ws - Who does what, where and when (and for whom)
The 4Ws is a coordination tool used to provide key information regarding which organisations (Who) are carrying out which activities (What) in which locations (Where) in which period (When). This information is essential to child protection and other sector coordinators and organisations to coordinate their activities effectively and ensure that humanitarian needs are met without gaps or duplication. The 5Ws add the element of "for Whom" to the 4Ws.

ANNEX 2: RELEVANT LEGAL INSTRUMENTS

GENERAL HUMAN RIGHTS INSTRUMENTS AND RELATED SOFT LAW

Global:

- Universal Declaration of Human Rights (1948) (Articles 2, 26)
- Convention on the Prevention and Punishment of the Crime of Genocide (1951)
- International Covenant on Civil and Political Rights (1966)
- International Covenant on Economic, Social and Cultural Rights (1966)
- Convention on the Elimination of All Forms of Discrimination against Women (1979)
- Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (1984)
- International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families (1990)
- Guiding Principles on Internal Displacement (1998) (Paragraph 23)
- Rome Statute of the International Criminal Court (1998)
- Palermo protocol to prevent, suppress and punish trafficking in persons, especially women and children, supplementing the Convention on Transnational Organized Crime (2000)
- Convention on the Rights of Persons with Disabilities (2006)
- International Convention for the Protection of All Persons from Enforced Disappearance (2006)
- UN Standard Minimum Rules for the Treatment of Prisoners (the 'Mandela Rules') (2015)
- Global Compact on Safe, Orderly and Regular Migration (2018)

Regional:

- American Declaration of the Rights and Duties of Man (1948)
- European Convention for the Protection of Human Rights and Fundamental Freedoms (1953)
- European Social Charter (1961)
- American Convention on Human Rights (1969)
- African Charter on Human and Peoples Rights (1981)
- Protocol No. 7 to the European Convention for the Protection of Human Rights and Fundamental Freedoms (1984)

- Additional Protocol to the American Convention on Human Rights in the Area of Economic, Social and Cultural Rights, 'Protocol of San Salvador,' (1988)
- Arab Charter on Human Rights (2004)

CHILD-SPECIFIC HUMAN RIGHTS INSTRUMENTS AND RELATED SOFT LAW

Global
- Convention on the Rights of the Child (1989)
- Optional protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict (2000)
- Optional protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography (2000)
- Optional protocol to the Convention on the Rights of the Child on a Communication procedure (2011)
- UN Committee on the Rights of the Child (CRC), General comment No. 14 (2013) on the right of the child to have his or her best interests taken as a primary consideration, 29 May 2013, CRC /C/GC/14.
- UN Committee on the Rights of the Child, General Comment No. 20 (2016) on the implementation of the rights of the child during adolescence, 6 December 2016, UN Doc. CRC/C/GC/20, para. 76.
- ILO Convention No. 138 on the minimum age for admission to employment and work (1973)
- United Nations Standard Minimum Rules for the Administration of Juvenile Justice ('The Beijing Rules') (1985)
- United Nations Rules for the Protection of Juveniles Deprived of their Liberty ('The Havana Rules) (1990)
- United Nations Guidelines for the Prevention of Juvenile Delinquency ('The Riyadh Guidelines') (1990)
- ECOSOC Guidelines for Action on Children in the Criminal Justice System (1997)
- ILO Convention No. 182, Worst Forms of Child Labour Convention (1999)
- Paris Principles and Guidelines on Children Associated with Armed Forces and Armed Groups (2007)
- Paris Commitments to Protect Children from Unlawful Recruitment or Use by Armed Forces or Armed Groups (2007) (the 'Paris Commitments')
- Safe Schools Declaration (2015)

Regional
- European Convention on the Exercise of Children's Rights (1996)

- African Charter on the Rights and Welfare of the Child (1999)
- Council of Europe Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse (2007)

INTERNATIONAL HUMANITARIAN LAW AND RELATED SOFT LAW

Global

- First Geneva Convention for the Amelioration of the Condition of the Wounded and Sick in Armed Forces in the Field (1864)
- Second Geneva Convention for the Amelioration of the Condition of Wounded, Sick and Shipwrecked Members of Armed Forces at Sea (1906)
- Third Geneva Convention relative to the Treatment of Prisoners of War, (1929)
- Fourth Geneva Convention relative to the Protection of Civilian Persons in Time of War (1949)
- Protocol I relating to the Protection of Victims of International Armed Conflicts (1977)
- Protocol II relating to the Protection of Victims of Non-International Armed Conflicts (1977)
- Convention on Prohibitions or Restrictions on the Use of Certain Conventional Weapons Which May Be Deemed to Be Excessively Injurious or to Have Indiscriminate Effects (1983)
- Amended Protocol II to the 1980 Convention: Protocol on Prohibitions or Restrictions on the Use of Mines, Booby-Traps and Other Devices (1996); and Protocol V on Explosive Remnants of War (2006)
- Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on their Destruction (1999)
- Convention on Cluster Munitions (2010)

INTERNATIONAL REFUGEE LAW AND RELATED SOFT LAW

Global

- Convention Relating to the Status of Refugees (1951)
- Convention relating to the Status of Stateless Persons (1954)
- Convention on the Reduction of Statelessness (1961)
- New York Declaration for Refugees and Migrants (2016)
- Global Compact on Refugees (2018)
- UN High Commissioner for Refugees (UNHCR), Children at risk, 22 February 2007, EC/58/SC/CRP.7, available at: *http://www.refworld.org/docid/49997afa27.html*

Regional

- Bangkok Principles on Status and Treatment of Refugees (adopted at the Asian-African Legal Consultative Committee in 1966)
- Protocol relating to the Status of Refugees (1967)
- OAU Convention Governing the Specific Aspects of Refugee Problems in Africa (1969)
- European Union's Council Directive on minimum standards for the qualification and status of third country nationals and stateless persons as refugees or as persons who otherwise need international protection and content of the protection granted (2004)

ANNEX 3: KEY RESOURCES FOR CROSS-CUTTING ISSUES

Links to these and additional resources are available online at: *https://alliancecpha.org/en/CPMS_refs*.

ADOLESCENTS

- *A Time of Transition: Adolescents in Humanitarian Settings*, Plan International, 2016.
- *'Adolescent Girls'*, Women's Refugee Commission. [Website]
- *Girl-Centered Program Design: A Toolkit to Develop, Strengthen and Expand Adolescent Girls Programs*, Population Council, 2010.
- *'I'm Here: Adolescent Girls in Emergencies'*, Women's Refugee Commission, 2018. [Website]
- *'Gender-Age Marker Toolkit'*, ECHO, 2014.

EARLY CHILDHOOD

- *Early Childhood Development and Child Protection in Emergencies: Technical Note*, Plan International and UNICEF, 2016.
- *Early Childhood Development and Child Protection Brief for Emergencies*, Plan International and UNICEF, 2016.
- *Early Childhood Development Resource Pack*, UNICEF.
- *Care for Child Development Package*, UNICEF, 2012.
- *Excessive Stress Disrupts the Architecture of the Developing Brain: Working Paper 3*, National Scientific Council on the Developing Child, 2005/2014.
- *A Good Start: Advances in Early Childhood Development, Early Childhood Matters*, Bernard van Leer Foundation, 2015(24).

CHILDREN WITH DISABILITIES

- *'Child Protection'*, Including Children with Disabilities in Humanitarian Action, UNICEF, 2017.
- *Humanitarian Inclusion Standards for Older People and People with Disabilities*, CBM International, Bensheim, HelpAge International, London, Handicap International, Lyon, 2018.

- *IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action*, 2019.
- *Gender-based Violence Against Children and Youth with Disabilities: A Toolkit for Child Protection Actors*, Child Fund, 2016.
- *Individual Case Management: Identifying and Responding to the Needs of Persons with Disabilities [Training Tools]*, Women's Refugee Commission, 2013.

GENDER

- *Promoting Gender Equality Through UNICEF-Supported Programming in Child Protection: Operational Guidance*, UNICEF, 2011.
- *Child Protection: Thematic Area Guide for Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action*, Inter-Agency Standing Committee, 2015.
- *The Gender Handbook in Humanitarian Action*, IASC, 2017.
- *Transforming Inequalities, Transforming Lives: Save the Children Principles for Gender Equality*, Save the Children, 2014.
- *Engendering Transformational Change: Save the Children Gender Equality Program Guidance & Toolkit*, Save the Children, 2014.
- *Caring for Child Survivors of Sexual Abuse: Guidelines for Health and Psychosocial Service Providers in Humanitarian Settings*, International Rescue Committee and UNICEF, 2012.

CHILD PARTICIPATION

- *Interagency Study on Child-Friendly Feedback and Complaint Mechanisms Within NGO Programmes*, Educo, Plan International, Save the Children UK, War Child UK and World Vision International, 2015.
- Bennouna, Cyril, Hani Mansourian and Lindsay Stark*, 'Ethical considerations for children's participation in data collection activities during humanitarian emergencies: A Delphi review'*, Conflict and Health, 2017 (11:5).
- *Children's MIRA: Listening to Children During Emergencies (A Tool for Conducting Multi-Cluster Initial Rapid Assessments with Children)*, Save the Children, 2016.
- *'Compact for Young People in Humanitarian Action'*, World Humanitarian Summit, 2016.
- *Children and Young People's Participation: An Essential Approach for Ending Violence Against Children*, World Vision, 2017.

- *Children's Participation in Decision Making: Why Do It, When to Do It, How to Do It*, Inter-Agency Working Group on Children's Participation (IAWGCP), 2007.
- *Every Child's Right to Be Heard: A Resource Guide on the UN Committee on the Rights of the Child General Comment No 12*, Save the Children Fund, 2011.
- *Guidelines for Children's Participation in Humanitarian Programming*, Save the Children, 2013.
- *A Toolkit for Monitoring and Evaluating Children's Participation*, Save the Children, 2014.
- *Children's Right to be Heard and Effective Child Protection: A Guide for Governments and Children´s Rights Advocates in Involving Children and Young People in Ending all Forms of Violence*, Save the Children Sweden, 2010.
- *Take Us Seriously! Engaging Children with Disabilities in Decisions Affecting Their Lives*, UNICEF, 2013.

ENVIRONMENTAL CONSIDERATIONS

- *The Neglected Link: Effects of Climate Change and Environmental Degradation on Child Labour*, Terre des hommes, 2017.
- *'UN Environment/OCHA Joint Unit: Environment Marker'*, UNEP and UNOCHA, 2014.
- *Danger in the Air: How Air Pollution May Be Affecting the Brain Development of Young Children Around the World*, UNICEF, 2017.
- *Unless We Act Now: The Impact of Climate Change on Children*, UNICEF, 2015.
- *The Challenges of Climate Change: Children on the Front Line*, UNICEF, 2014.

REFUGEES, INTERNALLY DISPLACED AND MIGRANT POPULATION SETTINGS

- *Inter-agency Guiding Principles on Unaccompanied and Separated Children*, Inter-Agency, 2004.
- *Field Handbook on Unaccompanied and Separated Children*, IAWG UASC and the Alliance for Child Protection in Humanitarian Action, 2016.
- Bhabha, Jacqueline and Mike Dottridge, *Child Rights in the Global Compacts: Recommendations for Protecting, Promoting and Implementing the Human Rights of Children on the Move in the Proposed Global Compacts (Working Document)*, 2017.

- *Guidelines on Assessing and Determining the Best Interests of the Child: 2018 Provisional Release*, UNHCR, 2018.
- *A Framework for the Protection of Children*, UN High Commissioner for Refugees (UNHCR), 2012.
- *'The 10-Point Plan in Action'*, UN High Commissioner for Refugees (UNHCR), 2016. [Website]
- *'Recommended Principles to Guide Actions Concerning Children on the Move and Other Children Affected by Migration'*, 2016, OHCHR.
- *Children on the Move*, IOM, 2013.
- *IFRC Position Paper: Protection and Assistance for Children on the Move*, IFRC, 2017.
- *Manual on Smart Practices for Working with Migrant Unaccompanied and Separated Children in the Europe Region*, IFRC, Geneva, 2017.
- *'Joint General Comment No. 3 (2017) of the Committee on the Protection of the Rights of All Migrant Workers and Members of Their Families and No. 22 (2017) of the Committee on the Rights of the Child on the General Principles Regarding the Human Rights of Children in the Context of International Migration (CMW/C/CG/3-CRC/C/GC/22)'*, United Nations Committee on the Protection of the Rights of All Migrant Workers and Members of Their Families (CMW), 2017.
- *'Joint General Comment No. 4 (2017) of the Committee on the Protection of the Rights of All Migrant Workers and Members of Their Families and No. 23 (2017) of the Committee on the Rights of the Child on State Obligations Regarding the Human Rights of Children in the Context of International Migration in Countries of Origin, Transit, Destination and Return (CMW/C/GC/4-CRC/C/GC/23)'*, United Nations Committee on the Protection of the Rights of All Migrant Workers and Members of Their Families (CMW), 2017.

INFECTIOUS DISEASE OUTBREAK SETTINGS

- *Guidance Note: Protection of Children During Infectious Disease Outbreaks*, The Alliance for Child Protection in Humanitarian Action, 2018.
- *Care and Protection of Children in the West African Ebola Virus Disease Epidemic: Lessons Learned for Future Public Health Emergencies*, UNICEF, 2016.

URBAN SETTINGS

- *'Resolution adopted by the General Assembly on 23 December 2016: 71/256. New Urban Agenda (A/RES/71/256)'*, United Nations General Assembly, 2017.

- *The State of the World's Children 2012: Children in an Urban World*, UNICEF, 2012.
- *Making Sense of the City: Developing Evidence Through Action Research and Learning (Revised Edition)*, World Vision International, 2016.
- *Violence in the City: A Systematic Review of the Drivers of Violence Against Displaced Populations in Urban Crisis and Post-crisis Settings*, IRC, 2017.
- *Child-centred Urban Resilience Framework: A Holistic, Systematic and Action-based Framework for Making Cities More Resilient for Children and Youth, Girls and Boys*, Plan International, Australian Aid, the Government of Sweden and ARUP, 2016.

MOBILE PROGRAMMING

- *'Child Protection in Emergencies (CPiE) Mobile Teams'*, Child Protection Sub-Cluster Iraq, 2017.
- '*Emergency Mobile Teams: Gender-based Violence (GBV)*', GBV Sub-Cluster Iraq.
- *'Mobile SGBV Prevention and Response Services: Lebanon'*, *Gender Equality Promising Practices: Syrian Refugees in the Middle East and North Africa*, UNHCR, 2017.

CASH AND VOUCHER ASSISTANCE

- Thompson, H., *Cash and Child Protection: How Cash Transfer Programming can Protect Children from Abuse, Neglect, Exploitation, and Violence*, Save the Children Fund, 2012.
- *Child Safeguarding in Cash Transfer Programming: A Practical Tool*, The Cash Learning Partnership, Save the Children, Women's Refugee Commission, 2012. [Update Pending]
- *Safer Cash Toolkit*, IRC, 2019.
- *Child Safeguarding for Cash and Voucher Assistance Guidance*, Save the Children, 2019.
- *Cash Transfer Programming in the Education and Child Protection sectors: Literature Review and Evidence Maps*, Cash Learning Partnership, The London School of Economics and Political Science, The London School of International Development, 2018.
- Mishra, Anjini and Francesca Battistin, *Child Outcomes of Cash Transfer Programming: A Synthesis of Evidence Around Survival, Education, and Protection in Humanitarian and Non-humanitarian Contexts*, Save the Children, 2018.
- *Cash Based Assistance: Programme Quality Toolbox*, The Cash Learning Partnership (CALP), 2018.

- *Guide for Protection in Cash-based Interventions: Improving Cash-based Interventions, Multipurpose Cash Grants and Protection (Enhanced Response Capacity Project 2014-2015)*, UNHCR, 2015.
- *'Appendix: Delivering Assistance Through Markets'*, **The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response**, Sphere Association, 2018.

SYSTEMS STRENGTHENING

- *'Adapting to learn, learning to adapt': Overview of and Considerations for Child Protection Systems Strengthening in Emergencies*, Alliance for Child Protection in Humanitarian Action, 2016.
- *A Better Way to Protect ALL Children: The Theory and Practice of Child Protection Systems (Conference Report)*, UNICEF, UNHCR, Save the Children and World Vision, 2013.
- *Core Humanitarian Standard on Quality and Accountability*, CHS Alliance, Group URD, the Sphere Project, 2014.

CHILD TRAFFICKING

- *The World's Stateless*, Institute on Statelessness and Inclusion, 2014.
- *Birth Registration in Emergencies Toolkit*, Plan International, 2017.
- *Harrowing Journeys: Children and Youth on the Move Across the Mediterranean Sea, at Risk of Trafficking and Exploitation*, IOM and UNICEF, 2017.
- *'New Data From the World's First Data Portal to Include Human Trafficking Data Contributed by Multiple Agencies'*, Counter-trafficking Data Collaborative (CTDC), 2017.
- *Addressing Human Trafficking and Exploitation in Times of Crisis: Evidence and Recommendations for Further Action to Protect Vulnerable and Mobile Populations (December 2015)*, IOM, 2015.
- *Caring for Trafficked Persons: Guidance for Health Providers*, IOM, 2009.
- *The IOM Handbook on Direct Assistance for Victims of Trafficking*, IOM, 2007.
- *Guidelines on the Protection of Child Victims of Trafficking: UNICEF Technical Notes,* UNICEF, 2006.

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2. Human resources

3. Communications and advocacy

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6. Child protection monitoring

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8. Physical and emotional maltreatment

9. Sexual and gender-based violence

10. Mental health and psychosocial distress

11. Children associated with armed forces or armed groups

12. Child labour

13. Unaccompanied and separated children

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15. Group activities for child well-being

16. Strengthening family and caregiving environments

17. Community-level approaches

18. Case management

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20. Justice for children

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22. Livelihoods & CP

23. Education & CP

24. Health & CP

25. Nutrition & CP

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27. Shelter and settlement & CP

28. Camp management & CP

Strengthen child protection systems

Assist to recover

Help people claim their rights

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Child participation