GUIDANCE NOTE FOR
REVIEWING CHILD PROTECTION
IN EMERGENCIES PROPOSALS

ALLIANCE FOR CHILD PROTECTION IN HUMANITARIAN ACTION

IN COLLABORATION WITH

THE CHILD PROTECTION AREA OF RESPONSIBILITY

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Contents

1. Purpose

These notes have been developed by the Alliance for Child Protection in Humanitarian Action (the Alliance) in collaboration with the Child Protection Area of Responsibility (CP AoR) as a practical aid for assessing standalone Child Protection in Emergencies (CPiE) proposals and multi-sector proposals with CPiE components. The guidance is designed to complement the Minimum Standards for Child Protection in Humanitarian Action (CPMS).

Child Protection in Emergencies (CPiE) is defined as the **prevention** of and **response** to **abuse**, **neglect**, **exploitation** and **violence** against children in humanitarian settings. When assessing CPiE proposals, both prevention and response activities should be considered. Interventions should adhere to the four CPMS key principles of survival and development, non-discrimination, child participation, and the best interests of the child.

Upon use of this guidance document, we request that you fill out a short survey (see Annex 1) and provide us with feedback.

2. Essential Knowledge

Child Protection Risk	Evidence on the Impact on Children
Dangers and Injuries	Unintentional injuries are the leading cause of death for children and young people aged 10-19 years old.[i] **In the 2015 Nepalese earthquake, 28 percent of the deceased were children.[ii]**
Physical Violence and other Harmful Practices	Violence against children contributes disproportionately to overall health burdens, with greater medical needs across affected children's lifespans.[iii] Children who suffer physical abuse may manifest a variety of life-threatening internal and external injuries, as well as far-reaching psychosocial consequences. **In 2016, at least 652 children were killed in Syria, a 20 percent increase from 2015.[iv]**
Sexual Violence	The consequences of sexual violence are far-reaching and include injury and death, unwanted pregnancy, contraction of sexually transmitted infections, physical injuries, mental health disorders, psychosocial distress, and social and economic exclusion. Both boys and girls are at risk of sexual violence. As children's bodies are smaller and less developed, they may suffer more severe injuries than adults who are subjected to the same form of violence. Physical injuries as a consequence of sexual violence include broken bones, bruising and wounds. **In the Democratic Republic of Congo, in 2009 UNFPA reported 15,996 new cases of sexual violence. More than 65 percent of victims were children. An estimated ten percent of victims are children less than ten years old.[v]**
Psychosocial Distress and Mental Disorders	Children exposed to violence in conflict settings or harsh conditions such as those experienced in refugee camps show higher rates of serious psychological problems. Signs of distress may include loss of appetite, change in sleep patterns, nightmares, withdrawal and regression in certain skills. After a natural disaster, the psychological impact may persist for up to three to five years.[vi] **In 2010, 7 years after the conflict began, it was estimated that over a quarter of Iraqi children, or 3 million, suffered varying degrees of Post-Traumatic Stress Disorder.[vii]**
Children associated with Armed Forces or Armed Groups	Children recruited into armed groups and forces are often exposed to high levels of violence, abuse, exploitation, and injury. They may face sexual exploitation and violence (both girls and boys), detention for engagement in conflict, threats to life, possible injury and exposure to explosive remnants of war.[viii] **UNICEF estimates that by late 2016, at least 17,000 children have been used by armed forces and groups in the South Sudanese civil war that began in December 2013. [ix]**

Child Labour	Children's vulnerability to child labour, especially in its worst forms, increases in all emergency contexts. Working children are exposed to situations that make them vulnerable to trafficking, abuse, violence and exploitation. They may be living and working on the street, lacking the care and support of their families, in situations of domestic labour, on factory floors or in agricultural labour. Working children, particularly those in "hidden" jobs such as domestic labour, are at great risk of abuse and exploitation. **A 2015 vulnerability survey of 4,105 Syrian families in Lebanon found that 12% of male headed and female headed households had used child labour as a negative coping mechanism within the last 30 days, compared with 8% in 2014, and 2% had engaged in 'exploitative work' (high risk, illegal, socially degrading), which rose to 4% in the capital.[x]**
Unaccompanied and Separated Children	Children who become separated from their caregivers in emergencies lose their primary protection mechanism. When external risks increase, children need the security of family even more: the separation from or loss of relatives increases the possibility of negative social, economic and psychological impacts of emergencies.[xi] Children may be abducted into forced labour, conscripted into armed groups or forces or trafficked.[xii] Separation from adult carers may reduce the possibility of children gaining access to required humanitarian aid and services.[xiii] Research demonstrates significant long-term psychosocial and developmental impacts on children. A correlation has been found between separation from caregivers and death.[xiv] **More than 33,800 unaccompanied or separated children arrived in Greece, Italy, Bulgaria and Spain in 2016, 84 percent reported fleeing war, conflict, or political violence.[xv]**
Justice for Children	There is a high correlation between detention or imprisonment and torture – including sexual torture, abuse and violence – painful restraint, blindfolding, strip-searching, verbal and physical abuse, solitary confinement and threats of violence during arrest, transfer, interrogation and detention. [xvi] **There has been reports of detention, interrogation, ill-treatment, torture and physical and verbal abuse of Palestinian children as young as 12 years old by the Israeli Military Forces since the second intifada that began in 2000.[xvii] As of March 2016, 316 Palestinian children were being held in Israeli prisons.[xviii]**
Children at Risk of Exclusion	Exclusion can severely hamper the development of a child´s full potential, by blocking his or her access to rights, opportunities and resources. Excluded children are more vulnerable to violence, abuse, exploitation and neglect. Humanitarian crises can make cycles of exclusion worse or even create new layers of exclusion. Some of the categories of children most often identified as excluded are children with disabilities, children living with disabled or senior caregivers, child-headed

	households, unaccompanied children, LGBTI children, children living and working on the streets, children born as a result of rape, children from ethnic/religious minorities, children affected by HIV/AIDS, adolescent girls, adolescent boys, children in the worst forms of child labour, children without appropriate care, children born out of wedlock, children formerly associated with armed groups or forces, children living in residential care, children in conflict with the law, children in detention. If humanitarian response does not take children's vulnerabilities into account, it can contribute to the cycle of exclusion.

3. Coordination

The purpose of coordination mechanisms, such as a child protection coordination group, is to ensure a well-coordinated, strategic, adequate, coherent and effective response, as outlined in the IASC Reference Module for Cluster Coordination at the country level and in accordance with the Principles of Partnership.[xix] Coordination mechanisms are responsible for supporting service delivery, informing HC/HCT strategic decision making, planning and implementing cluster strategies, monitoring and evaluating performance, building national capacity (also in preparedness and contingency planning), and supporting robust advocacy.

In humanitarian contexts where the cluster system is activated, the representative of the Cluster/AoR lead agency is accountable to the Humanitarian Coordinator for ensuring effective coordination. In contexts where the cluster system is not activated, the child protection coordination mechanisms is usually established as part of the sectoral system, often led by the government. Therefore, the primary difference between a sector and a cluster is in its accountability structure.

Within the international humanitarian cluster system, child protection is an Area of Responsibility (AoR) as part of the Protection Cluster. Activation of the Protection Cluster means activation of all aspects of protection. Child protection coordination is normally achieved through the establishment of/support to a child protection coordination group (sometimes called a sub-cluster). UNICEF leads the Child Protection AoR and is responsible for setting up/supporting and staffing coordination mechanisms and promoting co-leadership with government and/or NGO.

3.1 Dos and Don'ts

Do's

- Build on existing coordination structures – making use of international inputs (and staff) as a last resort.

- Establish structures for coordination including terms of references and agreed responsibilities, strategic plans etc.

- Dedicate resources to a full time coordinator for the child protection coordination group or equivalent as well as an information management officer.

- Maintain and strengthen sub national linkages with the overarching aim of the national coordination mechanism being to support improved quality and coverage of service delivery in the

field.

- Support participation of local agencies and government as part of the coordination structure, including local co leadership (taking into account situations where national and local actors are parties to conflict).

- Promote local participation including mentorship programs for local counterparts.

- Plan for transition away from international leadership from the outset (as much as possible).

- Work closely with the protection cluster and other Areas of Responsibility to collaborate as a cohesive whole and to carry out activities under a comprehensive protection strategy – e.g coordinators should participate in Protection Cluster meetings, share discussions, and ensure systematic reporting on progress/barriers in meeting response targets committed to under Humanitarian or Strategic Response Plan frameworks (HRP/SRP).

- Ensure representation of child protection in inter cluster and HC/HCT meetings to highlight specific child protection needs and concerns.

- Mainstream child protection into other clusters such as WASH, education, shelter, food security, nutrition, etc.

- If necessary, plan and carry out an inter-agency Child Protection Rapid Assessment (CPRA) and establish a mechanism for ongoing situation and response monitoring (where appropriate). Ensure that the needs of children with special needs and/or at risk of exclusion are assessed.

- Ensure a system is in place for ongoing mapping and documentation of services (geographical and by intervention type) and that this is checked against all needs assessments to identify critical gaps.

Don'ts

- Assume that the coordination system will be short term and that links with existing systems can happen at a later stage.

- Exclude local agencies because they have insufficient capacity.

- Develop new standards or guidance (rather than contextualize and adapt what is in place).

- Undertake single agency assessments when an inter - agency effort is possible

- Conduct primary data collection for situation analysis when good-enough information can be acquired through secondary sources or ongoing assessments and monitoring activities by other sectors.

- Conduct an assessment without following established methodologies such as the Child Protection Rapid Assessment and without necessary technical expertise on data collection and analysis, such as the WHO guidance on collecting data relating to gender based violence. Collect data on the situation and response before clearly defining how the results will be used.

3.2 Additional Resources

- Child Protection in Emergencies Coordination Handbook, 2016
- Minimum Standards on Child Protection in Humanitarian Action, Standard 1
- Child Protection Rapid Assessment Toolkit
- Child Protection Situation and Response Monitoring Toolkit
- How field based protection clusters and sub-clusters work together Q&A
- Sharing Leadership: NGO co-leadership of Child Protection Coordination Groups at Country Level

4. Case Management

Case management systems strive for girls and boys with urgent child protection needs to be identified and registered, to receive age and culturally appropriate information, and to be accompanied by a competent case worker through an effective, multi sectoral and child friendly response, including referrals to other services (e.g. medical support, interim care, psychosocial support, legal assistance, safety and security, etc.). Case management is most effective when it is conducted in a coordinated and accountable manner.

4.1 Contexts for Establishing and Strengthening Case Management Services

There are five main contexts in which you might be considering introducing case management services:

1. In emergencies, with the intention that once the emergency is over, the case management services are phased out. This would be appropriate where the case management services being established do not serve the general population and are not appropriate for transition once the emergency is over, where no existing system is in place, or where the system is not functional to respond to the rapid needs of the caseload.

2. In emergencies, with the idea that the processes established will form the basis of the national child welfare system.

3. In emergencies or development contexts, where existing case management services require significant additional capacity building to meet the needs of affected populations.

4. In development contexts, where no system is in place. In this context, the government must be involved from the start in negotiations about how to introduce a case management services, what this will look like and how it will interact with existing government structures.

5. In middle income or developed countries where the child protection system and case management services are in place, with trained staff and resources but not reaching a particular group of the population such as asylum seekers.[xx]

Relevant indicators can be accessed in the *Child Protection Working Group, Minimum Standards on Child Protection in Humanitarian Action, Standard 15*

4.2 Do´s and Don´ts

Do´s

- Before starting case management, determine if a standard Child Protection Case Management System exists, including interagency tools and an Information Management System. If not, set up a system and use inter-agency database and tools.

- Contextualize all forms/tools whether from CPMS or agency´s own in collaboration with other Case Management actors, when possible.

- Use Standard Operating Procedures (SOPs) for case management with clearly defined roles and responsibilities, both internally and externally (when possible).

- Implement activities according to the case management cycle and guiding principles.

- Map and document referral pathways for services and ensure information provided to children and their families is age, gender and culturally appropriate.

- Ensure that service providers are aware of the information sharing protocol.

- Ensure that excluded groups of children are considered within case management systems and that case managers are trained on different strategies to improve access and inclusion for such children

- Make special efforts to identify, locate, register, and follow-up with at risk of exclusion/excluded/with special needs children and other vulnerable groups

- Ensure caseworkers are trained in the appropriate skills to support children eg. Psychological First Aid (PFA)

Don´ts

- Set up a case management system unless there is proven capacity to do so (for example case management is not recommended for short term funding of three-months, lack of sufficient and trained staff and availability of services to refer cases to).

- Automatically close cases and destroy files when a programme finishes. Closed files should be stored for an additional six months at the end of a programme and all open cases transferred

before the programme ends.

- Set up a case management system without an exit strategy and plan for handover of cases (both open and closed.).

4.3 Additional Resources

- Child Protection Working Group, Minimum Standards on Child Protection in Humanitarian Action, Standard 15
- Interagency Guidelines for Case Management and Child Protection
- International Rescue Committee (IRC) (2012). Caring for Child Survivors of Sexual Abuse Guidelines for health and psychosocial service providers in humanitarian settings
- UNHCR Guidelines on Determining the Best Interests of the Child
- Field Handbook for the Implementation of UNHCR BID Guidelines

5. Child Friendly Spaces

Child Friendly Spaces (CFSs) refer to safe spaces where communities create nurturing environments in which children can access free and structured play, recreation, leisure and learning activities. CFSs may provide educational and psychosocial support and other activities which restore a sense of normality and continuity. CFSs also provide a space in which to assess children's needs and make referrals to appropriate protection and assistance services.

The 2015 Columbia University and World Vision International Evaluation of Child Friendly Spaces concluded CFS has the potential for positive, albeit modest, impact on the lives of children and their families, particularly with regard to psychosocial well-being and protectionxxi. Program quality is a major influence on impacts achieved and may be linked to the ongoing training and support of program facilitators. Furthermore, greater psychosocial impacts were observed in younger children, which calls for more innovative and contextually-appropriate approaches to program design to better fit the needs of older children.

5.1 When to Use

An assessment should be conducted together with affected communities to determine if child friendly spaces are the right intervention, and if so, what the most appropriate ways are to establish them. The following should be taken into consideration:

- **Is a CFS needed?** Find out if children have access to other means of meeting their needs for formal and non-formal education, protection and psychosocial support. For example, if community centres or schools are still operating, it might not be necessary to open a CFS and doing so could undermine community based mechanisms of support, care and protection. On the other hand, in a camp environment where these structures have yet to be developed, or in a community that has suffered severe damage from a natural disaster, establishing such a space could be fundamental for children´s safety and wellbeing – provided it is done so with communities driving all aspects of its development.

- **Is a CFS safe and accessible?** In some settings, CFSs might not be appropriate because they could become a place where children are attacked and/or recruited by armed groups/forces, or because girls could be easily harassed on the way to and from the CFS. In some cases, mobile CFS activities might be more appropriate to mitigate some of these risks and/or when affected populations are

spread out over a large geographical area. Accessibility to excluded populations such as children living with disabilities needs to be particularly taken into account.

- **Is a CFS contextually appropriate?** Societal, cultural and religious norms of the affected population should be taken into consideration when deciding if a CFS is the most appropriate intervention.

- **If a CFS is deemed necessary and appropriate, how and where should the CFS be set up and operated?** Find out from children and communities what they expect from a safe space, where they think is the best location, and who from the community can be involved in setting the CFS up.

Relevant indicators can be accessed in the *Child Protection Working Group, Minimum Standards on Child Protection in Humanitarian Action, Standard 17*

5.2 Do´s and Don'ts

Do´s

- Work with existing formal and informal community-based child protection mechanisms to gauge the appropriateness of CFS and mobilise support for its development.

- Prioritise the use of existing physical spaces over constructing new ones.

- Plan for active engagement of excluded children or those who are at risk of exclusion – including encouraging and supporting outreach services; and engaging community members as well as groups and organisations representing children with special needs to identify those who are not accessing services.

- Invest in capacity building and support for facilitators, as well as adequate supervision and ongoing trainings related to life skills and other psychosocial support activities.

- Hire staff from different backgrounds, including from excluded/marginalised groups, to promote community acceptance and improve access to children from these groups.

- Take into consideration the following children to facilitator ratios, which differ per age group:

  - 2-4 years – 15:2

  - 5-9 years – 20:2

  - 10-12 years – 25:2

- - 13-18 years – 30:2

  - Ensure that children under two do not attend without an adult.

- Link CFS to other services for the community. For example, when caregivers gather in and near the CFS, consider ways in which they can be engaged or connected with services relevant to their needs.

- Connect with other sectors and leverage the role and location of the CFS to provide a link to available services, resources and information for children and their families.

- Use the CFS as an entry point to assess the needs of children and identify vulnerable children who require additional support services and refer them to these services where available.

- Keep clear and concise records related to registration, attendance, activity timetables, referrals and CFS quality standards. Strengthening staff capacity and allocating sufficient resources to regularly monitor CFS programmes is critical in its pathway of success.

- Engage adolescents in age and gender appropriate activities. It is easier to engage younger boys and girls and more innovation is required to engage adolescents, especially in urban areas where there is more choice of activities.

- Put in place feedback mechanisms for children and caregivers to comment on activities, the role of the CFS, make suggestions and express concerns. This can take form of a hotline, comment/suggestion box, satisfaction/happiness rating activities, promise cards, etc.

- Promote child protection awareness in CFSs with facilitators, children, caregivers, and community members.

- Encourage active child protection awareness (through training on identification of child protection concerns and referral pathways for services) from the beginning of CFS projects. This can help create a strong community-based protective environment for children in the aftermath of an emergency.

- Ensure children's water and sanitation needs are catered for by the CFS or safely locate nearby.

Don´ts

- Open a child-friendly space without conducting an assessment, together with the community, to decide whether the CFS is needed, safe, accessible and contextually appropriate

- Run CFS for school-age children during school hours (if schools are open or when they reopen).

- Run a CFS which provides only unstructured recreational activities for able-bodied children – this means the CFS is not reaching the most vulnerable nor responding to specific protection needs.

- Duplicate local child protection mechanisms – all engagement and partnership should enhance and facilitate local structures.

5.3 Additional Resources

- Child Protection Working Group, Minimum Standards on Child Protection in Humanitarian Action, Standard 17
- Child Friendly Spaces Research Collaboration, University of Columbia and World Vision International, 2015
- Safe Healing and Learning Toolkit, International Rescue Committee (IRC)

6. Community Based Child Protection Mechanisms

A community-based child protection mechanism (CBCPM) is includes networks or groups of individuals or groups at community level who work in a coordinated way to support children´s wellbeing through local structures or traditional ways. Effective CBCPMs include local structures and traditional or informal processes for promoting or supporting the wellbeing of children. CBCPMs are a way to mobilise and support communities in their own protective function. They can act both as response to child protection concerns and as prevention, by helping communities reduce risks and better protect children from violence, abuse, neglect and exploitation.

Evidence shows that CBCPMs are the most successful when they are based on pre-existing indigenous structures (such as women´s groups, youth groups, etc.) and when they are not entirely reliant on external funding or resources. They can also comprise existing partnerships of formal and non-formal organisations. Since CBCPMs are made up of community members (volunteers), they are continuously present in communities and can be better placed to respond quickly to child protection concerns. Because they are rooted in the community, CBCPMs have the potential to sustain child protection interventions long after local and/or international agencies have exited.

6.1 When to use

Because of their extensive knowledge of the people, traditions, and potential risks and threats in their community, CBCPMs are key to identifying child protection trends, sharing information, providing linkages to more formal CP systems – such as case management and other referrals – and can reach a wide group of affected populations. This is especially useful when under budget restrictions, and when indigenous mechanisms already exist that can be strengthened and supported. Working with CBCPMs can also support community acceptance and can be an entry point for addressing sensitive CP issues such as recruitment, SGBV, and harmful traditional practices.

Relevant indicators can be accessed in the *Child Protection Working Group, Minimum Standards on Child Protection in Humanitarian Action, Standard 16*

6.2 Do´s and Don´ts

Do´s

- Ensure that, where they exist, traditional structures and processes are central components and form the basis of CBCPMs.

- When considering compensation or provision of material resources to CBCPMs, ask whether the resources are essential and whether they will create dependency, corruption, unequal power dynamics or community divisions.

- Consider the following resources in budgets:

  - Staff salaries: including a percentage devoted to monitoring and supporting CBCPMs.

  - Trainings: venue, transport, meals, handouts etc.

  - Material resources for CBCPMs (if decided appropriate): Including visibility, bicycles/transport incentives, notebooks/pens and means of communication (phones/radios).

- Mobilize a diverse group of trusted CBCPM members:

  - Ensure even mix of genders and range in ages, ethnicities, religions and abilities.

  - Consider targeting sub groups to make sure marginalized groups are not inadvertently excluded.

  - Aim for 6-15 members per community (however size can vary based upon interest and culture).

  - Ensure there is a supervisor/mentor for every 5 – 10 volunteers.

- Provide supportive supervision to CBCPMs through ongoing coaching, support and monitoring in the form of monthly meetings.

- Link work on community-based mechanisms to the State and development initiatives to support child protection system.

- Encourage and support outreach services, community members, groups and organisations representing children/people with special needs to identify those who are not accessing services.

- Consider links to other sectors – e.g. nutrition programmes, which often have a strong community based focus.

Don´ts

- Build new mechanisms/networks if there are existing structures already in place.

- Pay members of community-based child protection groups unless absolutely necessary– they should be based upon volunteerism, mutual benefit for their respective organizations they are representing as members of the group and not on incentives. Expectations of the CBCPMs should be aligned with this from the start of a programme.

- Deliver standard child rights and child protection trainings without prior assessment and consideration of the community's own priorities.

- Build a quick CBCPM program – CBCPMs are processes that take time to develop and require sustained engagement to build relationships, trust and respect.

- Exclude children and youth in CBCPMs – always ensure children and youth groups/individuals are part of the mechanisms.

6.3 Additional Resources

- Child Protection Working Group, Minimum Standards on Child Protection in Humanitarian Action, Standard 16
- The Child Protection Forum
- Community-based child protection mechanisms – Global synthesis report of Plan International's support to CBCPMs", Plan International, 2015

7. Protecting Excluded Children in All Child Protection in Emergencies Interventions

All girls and boys in humanitarian settings should have access to basic services and protection, and the causes and means of exclusion of children should be identified and addressed in all CPiE interventions. Exclusion fundamentally affects the development of a child's full potential, by blocking his or her access to rights, opportunities and resources. Exclude children are more vulnerable to violence abuse exploitation and neglect. Humanitarian crises and responses can make cycles of exclusion worse and create new layers of exclusion, or can offer opportunities for change.

Relevant indicators can be accessed in the *Child Protection Working Group, Minimum Standards on Child Protection in Humanitarian Action, Standard 18*

7.1 Do´s and Don'ts

Do´s

- When conducting an assessment ensure that:

  - The desk review strives to identify excluded groups, and the causes and consequences of their exclusion.

  - The capacity of national and local child protection systems to protect the excluded is assessed.

  - Data is disaggregated to identify specific characteristics of exclusion such as: age, sex/gender identity, religion, ethnicity/linguistic group, health, impairment, social status, and other environmental/societal barriers.

- Be sensitive to protection risks that could arise from targeting specific excluded groups (stigma, theft, violence).

- Keep records in a secure place and appropriately coded (e.g. with unique identifying numbers) to ensure confidentiality in managing information related to groups at risk of exclusion, such as children born as a result of rape.

- Conduct specific outreach activities to ensure that excluded groups are aware of their entitlements, the targeting criteria being used and the mechanisms through which they will receive assistance.

Ensure children have access to information by:

- Taking into account risk factors of exclusion such as age, sex, language, faith, type of disability. This can be done for example through specific communication programs such as large-print/Braille media and radio broadcasting for the visibility impaired, pictures or photos, audio, demonstrations, face-to-face explanations, clear/slower speech and simple language.

- Specifically targeting information at excluded groups for example children living on the streets, in residential care and in detention centres.

- Hire staff from excluded/marginalised groups to promote community acceptance and improve access to children from these groups and contribute to developing and maintaining the knowledge and skills of humanitarian actors so they are able to identify the needs of marginalised people and deliver appropriate and accessible assistance.

- Monitor, prevent and respond to risks and incidences of physical and/or psychological harm, GBV and other forms of violence or abuse affecting at risk of exclusion/excluded/with special needs children. Address barriers to identification and reporting of incidents, e.g. through monitoring and outreach activities. Ensure support services for survivors are accessible, safe, confidential, and respond to the survivor's individual wishes and needs.

- Conduct advocacy for the inclusion of children who do not have identity documents or are not represented by an adult caregiver as well as for more inclusive national child protection systems.

- Define and use appropriate age- and disability indicators in baseline data, monitoring forms and evaluations.

- Ensure that children at risk of exclusion participate in monitoring and evaluation alongside other people affected by crisis. Include their experiences in lesson-learning and actions to improve the accountability, accessibility, and safety of humanitarian responses.

Don´ts

- Victimize children unnecessarily, which can lead to further stigmatization, exclusion and disempowerment of children. This can happen through inappropriate labelling of children's vulnerabilities (e.g. psychosocially distressed) or criminalizing families and caregivers of children

when no illegal act has taken place.

- Conduct an assessment without diverse staff who represent the diversity within the group/population they are working with (consider: language, ethnicity, religion and other defining characteristics etc).

- Define risk factors of exclusion without considering the views of a wide and diverse range of concerned children.

- Provide specialized services or conduct activities in a way that further stigmatizes excluded children.

7.2 Additional Resources

- Working with Persons with Disabilities in Forced Displacement, UNHCR (2011)
- Gender-Age Marker Toolkit, European Union´s Directorate-General for European Civil Protection and Humanitarian Aid Operations (ECHO)
- Inclusion Charter: five steps to impartial humanitarian response for the most vulnerable
- Minimum standards for age and disability inclusion in humanitarian action, ADCAP – Age & Disability Capacity Building Programme (2015)
- A time of transition – Adolescents in humanitarian settings, Plan International (2016)
- Protect us! Research on child protection and disability full report, Plan International (2016)

8. Mainstreaming Child Protection

Mainstreaming child protection aims to minimize risks of harm to children by programs designed without proper consideration for children's safety or wellbeing. It is an essential part of compliance with the 'do no harm' principle that applies to all humanitarian actions. Mainstreaming child protection can also promote the prevention of child protection risks. Integrated programming that includes child protection should be promoted whenever possible.

8.1 Key considerations

Sector	Considerations
All Humanitarian sectors	• Ensure that safety of the population is a sub-objective in every intervention. • Ensure the presence of a trained child protection focal point throughout program design, implementation and monitoring. • Ensure key staff/workers have been trained and have signed a code of conduct and other child safeguarding policies. • Ensure all field staff are trained to respond to children showing signs of distress eg. PFA • Ensure children's protection and participation is considered in all assessments and monitoring and evaluation systems. • Ensure children have access to appropriate information about their relief entitlements, targeting criteria, and means of assistance, considering how best to target and disseminate information to vulnerable groups, such as children with disabilities, or children living on the streets, in residential care and in detention centres. • Ensure there are accessible and confidential reporting mechanisms for complaints, violations and abuses, thinking about how children can access these processes, as well as their caregivers.
Economic Recovery	• Ensure interventions consider child caregivers and child heads of households, children on the street and children with disabilities. • Ensure interventions directly targeting children are safe, allow them to access education and follow any relevant laws on child labour.

	• Review activities to check for any incentives for children to move out of family based care, or incentivising parents to work instead of caring for children in order to access to economic recovery. • Work with cash coordination groups to ensure that cash and voucher programmes consider potential child protection risks or outcomes.
Education	• Ensure temporary learning spaces and child friendly spaces complement and do not compete with existing or planned educational programmes. • Set up and utilize existing referral systems so that those in educational facilities can efficiently refer children with protection needs to child protection workers, and children who are out of school can receive the support required to access school. • Ensure schools/learning spaces are protective environments (suitable WASH facilities, equitable access, code of conduct, non-violence). • Conduct mapping of schools that are at risk of being attacked or occupied by military groups, are close to military groups/barracks or may be contaminated with ERWs. • Ensure education programs are accessible to all children, including excluded children
Health	• Recruit social workers and child psychologists, at least during the peak of emergencies, and where possible use community health workers to identify and refer child protection cases. • Put in place child-friendly, safe, accessible and confidential services to respond to child survivors of violence, abuse, exploitation and neglect (including GBV), including links and referrals (for example, HIV testing and reproductive health services). • Ensure health workers are trained in basic child protection as relevant to their work, including prevention of separation.
Nutrition	• Ensure there is at least one staff trained in basic psychosocial support, including building parental confidence, coping with stress, and identification of survivors of violence and abuse. • Identify and monitor unaccompanied and separated children that are admitted into nutrition programmes and ensure coordination with child protection staff to follow up in cases of default. Consider if the services can meet the needs of these children. • Include child protection messages, including on prevention and response, as well

	as referral mechanisms, in activities related to nutrition, community outreach and raising awareness.
WASH	• Identify places where child-targeted services take place and provide sustainable access to safe water, sanitation and hygiene facilities that are well-lit, lockable, separated by sex, designed for children's needs, culturally appropriate and accessible for children with disabilities. • Make sure hygiene promoters know where and how to refer child survivors, separated children and children at risk of violence, exploitation, abuse and neglect to appropriate services.
Shelter	• Explore the link between shelter and child protection in evaluations and resource allocation processes such as post disaster/conflict needs analyses. • Ensure that personnel in shelter and settlement projects have training on child protection issues, including unaccompanied children, sexual exploitation and abuse, and exploitative child labour.
Camp Management	• Consider safety and access for children when planning a camp, including spaces where children can congregate and play under the supervision of community members. • Appoint a specific children´s focal person within the camp management structure. • Involve community-based and formal child protection actors in referral mechanisms. • Use population registration exercises to identify children with vulnerabilities.
Distributions	• Ensure that child-headed households and unaccompanied children are given ration cards in their own names, and that special provisions are put in place for them to safely receive food and NFIs. • Actively consider the impact of food distribution on children and families to actively avoid incentivising further separation. • Help children at risk, identified by child protection actors, to have access to distribution points (including for example children associated with the streets, injured children, children living with disabilities, child-headed households, etc.).

Annex 1: Feedback Form

Dear Guidance Note User,

The Advocacy Working Group of the Alliance for Child Protection in Humanitarian Action develops guidance notes and other advocacy products aimed at influencing humanitarian decision makers, including donors, to increase attention and funding for life-saving CPiE interventions. In order to improve this Guidance Note and inform future efforts of the Advocacy Working Group, kindly provide us with feedback based on your use of this guidance note. Please complete this short survey either online at https://www.surveymonkey.com/r/AllianceDonorGuidanceNote or by sending it to us by email at AdvocacyWG@Alliancecpha.org. We very much appreciate your time.

Donors are invited to share with us any feedback related to quality of CPiE proposals or programs at the field level by sending an email to: CPiEdonorfeedback@alliancecpha.org. The Alliance and the CP AoR will use this feedback to better support relevant bodies, including CP agencies and CPiE Coordination mechanisms to improve quality of programming at the field level.

1. **What type of organisation do you work for currently?**
    a.   Academic
    b.   Donor agency-governmental
    c.   Donor agency-private philanthropy
    d.   Government
    e.   Independent Consultant
    f.   INGO
    g.   National NGO
    h.   UN
    i.   Other (please describe): _____

2. **At which level is your current position/role primarily focused:**
    a.   National/country-based response
    b.   Regional position
    c.   Global position
    d.   Other: _____

3. **(if regional position) In what region are you based (choose all that apply)?**

    a.   Americas (including Latin America and Caribbean)
    b.   East Africa

c. East Asia and Pacific

d. Europe

e. Northern Africa

f. Middle East

g. South Asia

h. Southeast Asia

i. Southern Africa

j. West and Central Africa

k. Other: _____

4. **For what purpose did you use this Guidance?**

    a. As a donor, reviewing a proposal

    b. Developing a CPiE Proposal

    c. To review a CPiE Proposal before submitting to a donor

    d. Other: _____

5. **When using the guidance note to design or review proposals:**

5.a. which sections did you find to be most useful (please justify your selection, making reference to specific sections)?

5.b which sections did you find to be least useful (please justify your selection, making reference to specific sections)?

6. **Please specify if there are any CPiE interventions not covered by this Guidance Note that you think should be included?**

7. **What are the key challenges you face when designing or reviewing CPiE Proposals (beyond this guidance note)?**

8. **What support or resources would you like to have in the future to help you address those challenges? Please be as specific as possible on the types of information and level of detail and guidance that would be most useful.**

9. **Could we contact you for more information?**
    Yes ( )   no ( )

    9.a (If yes) please fill the information below:

Name: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Title: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Agency: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Email: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

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