



**THE ALLIANCE**  
FOR CHILD PROTECTION  
IN HUMANITARIAN ACTION

# Child Protection Rapid Assessment (CPRA) Toolkit Review

June 2019



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## Acronyms

AME WG	Assessment, Measurement and Evidence Working Group
AoR	Child Protection Area of Responsibility
CP	Child Protection
CPHA	Child Protection in Humanitarian Action
CPIA	Child Protection Initial Assessment
CPRA	Child Protection Rapid Assessment
CPWG	Child Protection Working Group
FGD	Focus Group Discussion
HNO	Humanitarian Needs Overview
HRP	Humanitarian Response Plan
IDP	Internally Displaced Person
IM	Information Manager
KI/KII	Key Informant / Key Informant Interview
MIRA	Multisector Initial Rapid Assessment
MSNA	Multisector Needs Assessment
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WoS	Whole of Syria



## Executive summary

### Overview

This report provides findings and analysis on the use of the Child Protection Rapid Assessment (CPRA) Toolkit between 2014 and 2018. It includes recommendations for (a) improving the CPRA Toolkit and (b) more effectively situating it within the broader framework of child protection analysis and assessment in humanitarian contexts. This is the second review of the CPRA toolkit and builds upon the findings of the first review conducted in 2013.<sup>1</sup> This review aims to identify the following:

- How and when assessments were undertaken;
- Whether they were conducted appropriately and accurately in order to achieve intended objectives;
- Whether the assessments produced new knowledge on child protection risks and concerns;
- Whether there was added value from the CPRA;
- What time and capacity were required to properly undertake the assessments and which of these resources were available to assessment teams;
- Whether and how tools were adapted and contextualized;
- Whether appropriate methodologies and tools were used to gather critical information to inform initial response activities; and
- Whether the information gathered was used to influence initial programming decisions.

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<sup>1</sup> CPWG (2013) [Examining Child Protection Rapid Assessment: A Structured Review of Field Learning from the Child Protection Rapid Assessment \(CPRA\) Toolkit](#)



### Method

Key informant interviews were conducted with 21 individuals and covered 20 unique assessments<sup>2</sup> performed in 15 countries between 2014 and 2018. Key informants included coordinators, team leaders, and other core members of assessment teams who were purposefully selected due to their ability to provide an overview of the assessment process from inception to the use of results.

In addition to the key informants, an online survey was sent to child protection practitioners who had played a role in conducting a child protection assessment during the same period. The survey questionnaire included a combination of both closed and open-ended questions similar to those included in the key informant questionnaire. Fifty-seven people responded to the survey, with 43 of them completing it.

### Findings and discussion

#### **How and when tools are used**

According to the CPRA guidance, assessments should begin during [Phase III of the humanitarian response](#) and be completed in less than five weeks. The intention of the CPRA is to obtain a snapshot of child protection issues in order to inform initial response planning and programming. In reality, the findings were available too late to truly inform an *initial* response, although in some cases validation workshops helped to share findings sooner. These results question whether the CPRA Toolkit should be used for informing 'an initial response' (in sudden onset emergencies) or be recommended for later stages of an emergency. In fact, the findings indicate that the CPRA may be more useful when undertaken in a protracted crisis than in a sudden onset emergency.

#### **Meaningful new knowledge**

The rapid assessments were widely considered to have generated meaningful new knowledge on child protection risks. Although the depth of the knowledge was limited, there was an understanding among key informants that this limitation was due to the rapid nature of the assessment. Key informants felt that the knowledge gained fulfilled the purpose of the assessment.

The added value of the CPRA as compared to other assessments was threefold according to key informants who used all or parts of it:

- 1) The CPRA is a well-known toolkit that child protection practitioners trust is appropriate. There is usually some familiarity with its methods and tools among international partners.
- 2) The tool is adaptable, practical, and user-friendly.
- 3) Technical support is available, for example through the CPWG (up to 2016) and CP AoR Help Desk (since 2016).

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<sup>2</sup> This included 9 CPRAs, 2 Child Protection Initial Assessments, 2 Site-specific CPRAs and 7 other child protection assessments that used some CPRA methodologies.

### **Available resources and capacity**

Based on responses provided by the key informants, implementing a CPRA is a time- and capacity-intensive process. Much of the work often fell on one individual even when additional technical resources were available to support one or more stages of the process. Both the availability and quality of support was variable. In general, both survey respondents and key informants identified a need to build capacity specifically on child protection data analysis and interpretation. This echoed an issue identified during the 2013 CPRA review.

### **Contextualization and appropriate methodology**

Data collection tools in the CPRA were adapted and contextualized in every case, and the teams did not generally face major difficulties in doing so. However, the scope of the assessment was identified as an issue by a number of key informants and survey respondents who wanted to gain more than a 'snap-shot' of child protection issues. While inter-agency discussions to define scope sometimes required substantial time, they were usually successful in building understanding about the purpose of a CPRA.

Another issue that emerged in relation to both full CPRAs and other assessments that employed the CPRA methodology was the relatively frequent use of focus group discussions to supplement CPRA methodology. The CPRA guidance note does not include FGD as part of its methodologies and only recommends it when there is sufficient capacity among the team to properly conduct FGDs and analyze the data.

### **Informing programmatic decisions**

There was consensus that the CPRA is a valuable tool for obtaining useful information relatively quickly. Overall, key informants and survey participants said that the information acquired from the assessment process made an important contribution to the knowledge of child protection issues related to the humanitarian situation and was used in some way. There was no significant distinction between those using full CPRAs versus other assessments with CPRA components.

### **Conclusion**

The CPRA has been a useful approach for gathering child protection information in humanitarian contexts. It is widely appreciated to be a user-friendly, adaptable, and reliable toolkit that provides a snapshot of child protection issues. It provides valuable information relatively quickly to help humanitarian actors develop strategies and programmatic responses that would not otherwise have been informed by sufficient data. However, it is not always used as intended: to inform an initial response.

There is a need to consider the 'initial' nature of the CPRA toolkit, the best time and context to conduct a CPRA, and the cost of a CPRA in effectiveness and capacity. More specifically, the CPRA needs to be considered alongside other tools and approaches to better support practitioners in understanding when and how to use it.

There is greater recognition within the child protection sector of the need to develop and support integrated assessment processes as part of the Grand Bargain Needs Assessment Workstream and the focus on multisector analysis overseen by OCHA. Moving forward, it will be important for the AME Working Group to continue to work together with other key CPHA actors to identify how the toolkit can be positioned within the broader frameworks that are being developed. This will help maximize the analysis of available data to inform child protection responses and promote the integration of child protection in humanitarian action (CPHA) into other sectors.

### Recommendations

#### **Recommendations for the next revision of the CPRA Toolkit**

- Include guidance in the CPRA toolkit and other relevant material (such as the assessment flow chart) to help practitioners select the right tools for their context. The full CPRA may not be appropriate for informing initial programming in rapid onset emergencies.
- Provide additional guidance on whether and how to use each of the available assessment toolkits or approaches (such as the full CPRA, CPIA, site-specific CPRA, Situation and Response Monitoring Toolkit, etc.).
- Strengthen guidance on the use of the CPRA toolkit itself to emphasize the need to:
  - (a) conduct a desk review,
  - (b) establish data protection protocols, and
  - (c) field test and adjust tools.
- Include additional guidance for actors interested in:
  - (d) supplementing the toolkit with focus group discussions, and
  - (e) collecting information on highly sensitive issues such as sexual and gender-based violence and recruitment and use of children by armed forces or armed groups.
- Provide guidance on disseminating CPRA findings and linking with monitoring systems.

#### **Recommendations for building CPHA assessment capacity**

- Develop a comprehensive capacity-building plan for humanitarian child protection analysis, assessment, and monitoring.
- Ensure that appropriate, consistent capacity is in place to support the implementation of the CPRA and other assessment approaches, including:
  - (a) team members with experience in all aspects of child protection assessments,
  - (b) a dedicated team lead, and
  - (c) ongoing support from an Information Management Officer.

**Recommendations for placing the CPRA within a broader framework of humanitarian child protection assessment and analysis**

- Situate the toolkit within a broader framework of CPHA and multisectoral assessment and analysis.
- Maintain a repository of humanitarian child protection assessment reports to support the accessibility of information and to promote consolidation and synthesis of findings.



# 1. Introduction and background

## 1.1. The Child Protection Rapid Assessment (CPRA) Toolkit

The Child Protection Rapid Assessment (CPRA) Toolkit was one of the first inter-agency child protection assessment tools developed, endorsed, and launched by the Child Protection Working Group (CPWG) and has been widely used since 2011. The objectives of the toolkit are to (a) provide a snapshot of urgent child protection needs amongst crisis-affected populations; (b) support prioritization and targeting of interventions; and (c) improve the quality of programming. The CPRA aims to ensure predictable, accountable, and effective child protection responses in emergencies.

The Care and Protection of Children (CPC) Learning Network conducted a structured review of the first version of the toolkit from May-September 2013. The main findings from the review included the following points, which were incorporated into revisions for use from 2014 onwards:

- Usage of the tool is dependent on technical assistance from the CPWG; additional training and capacity building is needed to make it more accessible.
- While assessments that were conducted in earlier stages of emergencies (the toolkit recommends conducting the assessment during Phase 3<sup>3</sup>) are more likely to be used by actors, most of the assessments using the CPRA were conducted well after Phase 3 (around two months or later).
- Overall, users were satisfied with the toolkit, but methodologies varied widely and, in some cases, contravened guidance in the toolkit.

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<sup>3</sup> The Inter-Agency Standing Committee (IASC) distinguishes the assessment time frame of emergencies into four as below, and recommends that cluster-specific assessments begin during the third phase of emergencies

- 1) Initial assessments carried out during Phase 1 (the first 72 hours)
- 2) Rapid assessments carried out during Phase 2 (the first and second weeks)
- 3) In-depth assessments carried out during Phase 3 (the third and fourth weeks)
- 4) In-depth assessments, including on recovery needs, carried out during Phase 4 (fifth week onwards)

For more information, see [IASC Operational Guidance for Coordinated Assessments in Humanitarian Crises, 2011](#).

## 1.2. Types of applications of CPRA Toolkit

There are three types of CPRA: a full CPRA, a site-specific CPRA, and a Child Protection Initial Assessment (CPIA). The latter two were only released in 2016.

Table 1: Full CPRA, site-specific CPRA, and CPIA

	Full CPRA	Site-specific CPRA	CPIA
When to use	Rapid-onset: Phase III After a one-time population movement, during a protracted or recurring emergency, anytime	When less than 15 crisis-affected communities / sites can be reached by assessment teams	Early stages (first 2-4 weeks) of new rapid onset emergency <i>or</i> Protracted / chronic contexts where there are insufficient time/resources/access for full assessment
Methodology	Desk review, direct observation, key informant interviews, site report, urgent action form FGDs only if trained staff is available / time allows – generally discouraged. Information from each site is compiled into a site report to inform the all-sites report.	Guidance to adapt sampling approach found in the CPRA; beyond that, same as CPRA	Desk review and practitioner interviews (face-to-face or virtual) → structured expert consultation (observation optional)
Sampling for interviews	KIIs: Purposive, ensure gender balance At least 3 KIIs per site: <ul style="list-style-type: none"> <li>• Two individuals with direct/daily interactions with children</li> <li>• One with someone responsible for the population</li> <li>• If site is large (3000+), select more</li> </ul>	KIIs: Purposive, one representative per site to speak to community experience + head of household interviews to speak for own household + 5 neighbors	Practitioner interviews: Stratified purposive sampling, strata based on scenarios (geographical area with affected population) <ul style="list-style-type: none"> <li>• Small-scale or large-scale with distinct scenarios: Interview 15 practitioners per scenario</li> <li>• Large-scale without distinct scenarios: 30 in total</li> </ul>
What it can do	Determine: <ul style="list-style-type: none"> <li>• Scale of needs and protection risks</li> <li>• Priorities for the required response</li> <li>• How the response should be configured</li> </ul>	Determine (in one site only): <ul style="list-style-type: none"> <li>• Scale of needs and protection risks</li> <li>• Priorities for the required response</li> <li>• How the response should be configured</li> </ul>	Determine: <ul style="list-style-type: none"> <li>• Validated and prioritized set of child protection issues</li> <li>• Proposed programmatic interventions</li> </ul>
Rigor	Representative of the sites	Data is indicative, not representative	Data not representative of population Data less likely to be valid and reliable

### 1.3. Objective of the review

The [Alliance for Child Protection in Humanitarian Action \(the Alliance\)](#) formed out of the UNICEF-led Child Protection Working Group (CPWG).<sup>4</sup> As a global network of operational agencies, academic institutions, policymakers, donors, and practitioners, the Alliance facilitates inter-agency technical collaboration on child protection in all humanitarian contexts. It sets standards and produces technical guidance for use by the various stakeholders. The Alliance's working groups, task forces, and technical focal points implement its workplan.

During the Alliance's Assessment, Measurement, and Evidence Working Group (AME WG) meeting in 2016, members agreed that there was a need to commission another structured review of the CPRA to (a) determine how assessment data is used to inform programming and advocacy efforts and (b) identify the barriers to using assessment findings.

This report provides findings, analysis, and recommendations on the usage of the CPRA in comparison to other existing inter-agency rapid child protection assessments conducted between 2014 and 2018. This work was conducted by Save the Children from July to October 2018 on behalf of the Alliance AME WG in order to determine the degree to which child protection rapid assessments produce added knowledge about the situation of children in humanitarian contexts and whether this knowledge informs program design, targeting, and implementation. The specific objectives were to determine:

- How and when the assessment tools were used and whether they were used appropriately and accurately in order to achieve intended objectives;
- If the CPRA provided added value and produced meaningful new knowledge on child protection risks and concerns;
- The resources and supports that were available, the scope and size of the assessments, the degree to which tools were adapted and contextualized, and the average length of time it took to complete the assessments;
- Whether appropriate methodologies and tools were used to gather critical information to inform initial response activities; and
- Whether the information acquired was used to influence initial programming decisions, and if not, why.

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<sup>4</sup> For ten years, the CPWG united NGOs, UN agencies, academics and donors into the global-level forum for child protection collaboration and coordination in humanitarian settings. In 2016, the CPWG divided into The Alliance and the Child Protection Area of Responsibility (AoR). The Alliance develops and promotes high-quality, effective standards and guidance for national and international actors working to protect children in humanitarian settings. UNICEF co-leads the Alliance with a rotating NGO co-lead. The AoR remains in the cluster system under UNICEF's leadership and aims to ensure the coordination of those same efforts. See <https://alliancecpa.org/en/child-protection-hub/about-us> for more information.



## 2. Methodology

### 2.1. Methodologies applied

#### Key informant interviews (KIIs)

Key informant interviews were conducted to cover 20 unique assessments in 15 countries<sup>5</sup> between 2014 and 2018. The humanitarian contexts varied from country to country and included countries experiencing complex emergencies. The key informants (KIs) included coordinators, team leaders, and other core members of assessment teams who were purposefully selected for their ability to provide an overview of the assessment process from inception to the use of results. Interviews were transcribed and coded in Excel following the questions and response options provided in the questionnaire. Reports generated from these assessments (n=16) were used to triangulate information and fill in details that were not recalled by the key informants.

*Table 2: Assessments captured by key informants*

Assessment ID	Country	Emergency	Type of emergency(ies)	Date of assessment	Phase conducted	Duration of assessment from step 1 to dissemination of results
1	Afghanistan	Protracted conflict	Protracted conflict, Displacement	2016	Protracted	1.5-2 years <sup>6</sup>
2	Bangladesh	Rohingya displacement	Displacement	2017	Post-Phase III	4 months
3	Fiji	Cyclone Winston	Sudden onset natural disaster	2016	Phase III	4 months
4	Gaza	Israel attacks	Protracted conflict, sudden siege	2017	Protracted	3 months
5	Guinea	Ebola	Epidemic	2014	Post-Phase III	1 month

<sup>5</sup> Five of the assessments were informed by two different key informants each; two of those key informant interviews were conducted with two people at the same time (Philippines Mindanao and Nepal) and the other two key informant interviews with two people separately (Syria Protection Cluster Assessment, Bangladesh Joint Ed CP). One key informant worked on two CP-related assessments and was interviewed for both (Fiji and Bangladesh). One key informant was involved in both a CPRA and a CPIA (Zimbabwe) and was interviewed for both; another was involved in a protection cluster assessment that had two discrete components at different points in time (one a form of SEC; another involved field research, both in Syria) that were treated as separate assessments.

<sup>6</sup> There was a very long gap between inception and training of data collectors (sometime in 2013, actual date not certain) and data collection and analysis (April/May/June 2015) and a shorter gap between completion of data collection (June 2015) and analysis, validation, and reporting (August 2015).



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6	Iraq Erbil displacement	IDPs Kurdistan	Complex: Protracted conflict, sudden siege, displacement	2014	Phase III	2 months
7	Iraq Bagha camps	Bagha camps Kurdistan	Complex: Displacement, protracted conflict	2016	Phase II	1 month
8	Nepal	Flooding	Sudden onset natural disaster	2017	Phase III	3-4 months
9	Nigeria	Boko Haram conflict	Protracted conflict; displacement	2016	Protracted	4-5 months
10	Philippines Typhoon	Typhoon Haiyan (Yolanda)	Sudden onset natural disaster	2014	Post-Phase III	4 months
11	Philippines Mindanao	Marawi displacement	Displacement	2017	Post-Phase III	5 months
12	Senegal	Casamance instability	Non-emergency (stabilizing)	2016	Protracted	2 months
13	Somalia	Drought, food insecurity	Complex: Slow onset natural disaster with protracted conflict	2017	Protracted but kicked up; Post Phase III	1-2 months
14	South Sudan	Displacement in MingKaman IDP Camp	Complex: Conflict, sudden siege within protracted, displacement	2016	Protracted; Phase III	1-2 months
15	Southern Africa	El Nino	Slow onset natural disaster	2016	Protracted	4 months
16	Syria Protection Cluster Northern Region	Civil war	Complex: Protracted conflict	2017	Protracted	5 months for one hub; 9 months whole of Syria (WoS)
17	Syria SEC WoS	Civil war	Complex: Protracted conflict	2016	Protracted	2 months
18	Syria WoS MSNA	Civil war	Complex: Protracted conflict	2018	Protracted	6 months
19	Zimbabwe Floods	Flooding	Sudden onset natural disaster	2017	Phase II	2 days
20	Zimbabwe Drought	Drought	Slow onset natural disaster	2017	Protracted	3 months

### Online survey

In addition to the key informants, an online survey (using the application Survey Monkey) was sent to child protection practitioners who had played a role in conducting a child protection assessment during the same period. The survey was sent out through the Alliance and the Child Protection Area of Responsibility (AoR) mailing lists as well as social media. The survey

questionnaire included a combination of both closed and open-ended questions similar to those included in the key informant questionnaire. There were 57 valid respondents who began the survey and 43 who finished to the end<sup>7</sup>. The 57 survey respondents represented 25 different countries; 7 respondents did not specify the country, and 3 were involved in assessments across more than one country. The survey respondents were different people than those individuals who participated in the key informant interviews.

### 2.2. Review methodology limitations

#### Key informant interviews

There are a few limitations to consider in this method. First, it often happened that a key informant did not know the answer to one or more questions, either because of the time that had passed since the assessment was conducted and/or because they were not closely involved with that step of the assessment, so the questions were skipped and no information was obtained. In these cases, attempts were made to fill in the blanks using the reports, if they were available, but this was not always possible. When summarizing responses across all key informants, a note is provided to indicate where there is missing information from one or more key informants to avoid confusing a low number with, for example, low incidence. Relatedly, while it would have been ideal to interview multiple people on each assessment team to provide a full and rich picture of the entire assessment process, time did not allow for this. Nor could it be ensured that bias or incomplete recall was not an issue as a result of the length of time that had passed since the assessment had been conducted.

Another limitation was the relatively few key informants that were available for interviews related to the site-specific CPRA (n=2) and the CPIA (n=2), which limits the extent to which we can disaggregate the data collected to compare to the full CPRA. Also important to note, one interviewee (linked to one CPIA) needed to end the interview before all questions were completed and was not available again, so not all questions on the questionnaire were answered in relation to this assessment.

#### Surveys

A limitation of the survey, common in such research, is that it was completed only by those willing to take it with an invitation, and therefore bias is introduced into the sample. Also, there are some areas where it appears respondents were confused by terminology in the survey; these

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<sup>7</sup> A total of 121 people opened the survey to answer the first question asking whether they had completed a child protection assessment. Of those, seven responded 'no', and the survey ended. Of the 114 who remained, 41 did not answer any more questions after the first one. Of those who remained, nine respondents said the assessment they conducted was neither inter-agency nor related to the CPRA or associated tools and were excluded. Of those who remained, ten, though indicating it was an inter-agency assessment, did not specify the tool used and were therefore excluded, leaving 57 valid responses. Nearly all of the remaining who did not complete the entire survey dropped off after responding to capacity building questions and before questions on method, fieldwork, analysis, reporting, and use. N-values for each question are reflected in the associated tables.

instances are detailed as they occur in the findings. In addition, the response rate for the survey was low and is not representative of the population of individuals who may have been involved on any individual rapid child protection assessment. Therefore, survey data should be treated carefully in terms of its ability to provide valid findings.

Finally, only three government staff and eight respondents from national NGOs completed the survey (in addition to 1 national NGO key informant and no government key informants). As a result of the low numbers of respondents representing governments or national NGOs, there is limited information presented about the expectations, roles, and opportunities for local actors.

### 2.3. Characteristics of respondents and assessments

The table below provides the number of respondents for each type of assessment, including a full Child Protection Rapid Assessment (CPRA), Child Protection Initial Assessment (CPIA), site-specific CPRA, and other sector/multisector assessments that did or did not include aspects of the CPRA toolkit. Some of the other assessments were included because they used portions of the CPRA toolkit, while those that did not were included in order to conduct some comparative analysis to determine if there was guidance lacking in the CPRA toolkit or whether there were specific contexts in which conducting a CPRA may be less relevant.

*Table 3: Type of child protection assessment conducted*

Type of assessment	# key informant interviews representing (n=20 assessments)	# surveys representing (n=57 beginning survey)	# surveys representing (n=43 completing survey)
CPRA	9	30	22
CPIA	2 (one regional)	8	8
Site-specific CPRA	2	15	9
Joint child protection and other sector or multisector rapid assessment that used CPRA to some extent	7	1	1
Joint child protection and other sector or multisector assessment that did not use CPRA to any extent (or unclear if it did)	0	3	3

Roles and organizations of key informants and survey respondents are provided below:

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*Table 4: Role during child protection assessment (multiple choices allowed) and agency working for at time of assessment (one response)*

	# key informant interviews representing (n=21 people)	# surveys representing (n=57 beginning survey)	# surveys representing (n=43 completing survey)
<b>Role in assessment</b>			
Assessment lead / coordinator (including co-lead)	18	36	26
Information Management Officer	3	11	10
Data collector (in the field)	0	20	14
Data analyst	20	12	8
Report writer	19	18	14
Technical advisor (at various stages)	2	3	2
<b>Agency at time of assessment</b>			
UN	13	12	9
INGO	5	27	21
National NGO	1	12	8
Government	0	3	3
Consultant	2	2	1
Donor	0	1	1

There were a wide variety of humanitarian contexts represented, with most related to protracted conflict and displacement. Respondents were able to select multiple contextual descriptors.

*Table 5: Type of emergency, key informants, and surveys (multiple responses allowed)*

Type of emergency faced where assessment conducted	# key informant interviews representing (n=20 assessments)	# surveys representing (n=57 beginning survey)	# surveys representing (n=43 completing survey)
Natural disaster, sudden onset	4	18	13
Natural disaster, slow onset	4	8	7
Conflict, sudden (includes a sudden escalation within a protracted conflict)	8	14	8
Conflict, protracted	11	32	24
Displacement (IDP or refugee)	8	27	24
Epidemic	1	4	2
Complex emergencies (involving more than one emergency listed above) <sup>8</sup>	8	18	13

<sup>8</sup> Among KIs: Syria (3), Iraq (2), South Sudan (1), Somalia (1), Afghanistan (1)

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The majority of assessments represented by the key informants were conducted during a protracted emergency or Post-Phase III, and the majority of assessments represented by the surveys were conducted during Phase II or a protracted emergency.

*Table 6: Phase of assessment*

Type of assessment	# key informant interviews representing (n=20 assessments)	# surveys representing (n=57 beginning survey)	# surveys representing (n=43 completing survey)
Phase II	2	18	14
Phase III	5 (1 also protracted)	12	7
Post-Phase III	3	13	9
Protracted emergency <sup>9</sup>	11	22	18

The table below provides additional details for the assessments described by KIs by the type of toolkit used:

*Table 7: Timing of assessments (inception, establishment of task force) relative to emergency, KIs only*

	# KIs (n=20)			
	CPRA (n=9)	CPIA (n=2)	Site-specific CPRA (n=2)	Other rapid assessment (n=7)
Phase II	1	1	0	0
Phase III	3	0	0	2
Post-Phase III	2 (4 and 6 months after)	0	0	1 (4 months after)
Protracted (includes one that had a surge, counted above)	4	1	2	4

Most key informants provided support in some capacity during all phases of the assessments with the exception of dissemination, where fewer were involved. Two key informants, who were Information Managers (IMs), were only involved in the data analysis. The picture is different among survey respondents, where there was a high degree of variability in terms of what support respondents provided.

<sup>9</sup> The survey allowed multiple responses. Of the 57 respondents, 1 selected more than one phase; 4 of them selected a phase in addition to 'protracted' emergency. In the KIs, two of the protracted emergencies had a recent sudden surge that encouraged actors to consider the assessment.

Table 8: Support provided during assessment, multiple responses allowed, key informants and surveys

Support provided during assessment	# key informant interviews representing (n=24 roles played) <sup>10</sup>	# surveys representing (n=57 beginning survey)	# surveys representing (n=43 completing survey)
Coordination and planning	15	43	32
Developing assessment plan	17	33	26
Designing, reviewing, adapting tools	20	31	23
Recruiting or training assessment teams	19	19	14
Data collection or management	21	22	16
Data analysis or interpretation	24	24	19
Report writing	24	29	24
Disseminating results	14	21	16

Among the key informants coordinating and leading teams, some also led the technical side as well: developing methodology and questionnaires, training teams, reviewing and analyzing data, and writing reports. Others provided high-level oversight for those completing the technical work at various phases. Fewer key informants were involved in disseminating results because some had moved onto other work while the report was finalized for dissemination. This was particularly true among the key informants who (a) had been brought on to provide technical assistance specifically for the assessment (e.g. consultants), (b) had moved to different postings soon after completion of the shared version of the report, or (c) had provided inputs to the report but were then not further consulted (e.g. IMs or those brought on to advise).

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<sup>10</sup> KIs are counted twice if they were on two different assessments. If two people informed one assessment, then both are counted. Therefore, n=24 roles played across the 20 assessment KIs.



## 3. Findings

The findings of this review are organized around the layout of the KII and survey questionnaire:

- 1) objective and scope of assessment,
- 2) coordination and establishment of a task force,
- 3) capacity building,
- 4) tools and methodology,
- 5) analysis and reporting, and
- 6) use of results.

Additionally, the findings are discussed with reference to the main objectives of the assessment as outlined in the Introduction and summarized in the Discussion section that follows.

Throughout the report, ‘child protection assessment’ or sometimes only ‘assessment’ refers to any of the rapid assessments with a child protection focus or component that were included in the review (including joint needs assessments with a child protection component, multisector needs assessments with a child protection component, CPRAs, site-specific CPRAs, and CPIAs). Where specific types of assessment are described, they are referred to by name.

### 3.1. Objective and scope of assessment

#### Objective

When asked what the **objective of their assessment** was (open-ended question), all key informants’ answers indicated that it was **to produce a snapshot of child protection issues in a given humanitarian situation. Responses varied in regard to how such a snapshot may then be used in subsequent child protection programming.** All key informants (20) and nearly all (51/57) survey respondents noted that the specific objective of the assessment was to identify key child protection concerns resulting from the humanitarian situation and to identify gaps in information. Fewer, but still a majority (12 of 20), said they used it to specifically inform the initial program response<sup>11</sup>. As will be explained in more detail in the following sections, what respondents considered to be ‘initial’ varied.

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<sup>11</sup> For key informants, this was an open-ended question about all the objectives (primary, secondary, etc.) that were coded subsequently. For survey participants, they were asked to ‘select all that apply’ but not asked to provide any further details.

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*Table 9: ‘What was the objective of the assessment’, key informants and surveys (multiple choices allowed)*

	# KIs (n=20)				# Surveys (n=57)			
	CPRA (n=9)	CPIA (n=2)	Site-specific CPRA (n=2)	Other rapid assessment (n=7)	CPRA (n=30)	CPIA (n=8)	Site-specific CPRA (n=15)	Other rapid assessment (n=4)
Identify key child protection concerns	9	2	2	7	26	7	14	4
Inform initial response	6	1	0	5	16	4	9	2
Fill gaps / information not known (e.g. adding data to known gaps)	9	2	2	7	14	4	6	2
Fulfill donor requirement	0	0	0	0	7	2	5	0

### Deciding which assessment tool to use

The reasons for using the CPRA were varied among the 18 KIs who used it in some way (i.e. a full CPRA or portions of it for the CP component of a joint assessment). In six cases, CPRA-related tools were specifically recommended by members of the task force, the sub-cluster/coordination group, or the global CP AoR. This included both of the CPIA applications. In five of the assessments, members of the team had previous experience with the CPRA and therefore wanted to use it again. In six cases, respondents knew the CPRA broadly to be the most cross-cutting tool and the only one of its type to rapidly measure child protection in emergency settings.

*Table 10: Why CPRA Toolkit (full or partial) was used for, or as part of, assessment (multiple responses allowed)*

	# KIs (n=20)			
	CPRA (n=9)	CPIA (n=2)	Site-specific CPRA (n=2)	Other rapid assessment (n=7)
Suggested or requested by task force / sub-cluster / CP AoR	2	2	1	1
Knew it to be good from past experience with it including being trained on it	3	0	0	2
Generally knew it to be the most cross-cutting / only available tool of its type	3	0	1	2
Used as a basis but adjusted it significantly	0	0	1	2
CPRA tools not referenced directly	0	0	0	2
Don't know	3	0	0	0



A summary of reasons for selecting a CPIA (n=2) or a site-specific CPRA (n=2), rather than a full CPRA, is provided below.

Table 11: Summary of KIs involving CPIAs and site-specific CPRAs

Assessment	Reason for selecting (vs. full CPRA)
CPIA: Southern African El Nino	Broad geographical area; inaccessibility of some regions for primary data collection
CPIA: Zimbabwe	Urgent response needed (flooding); previous use of CPRA indicated it took longer than desired, so a faster assessment was preferred
Site-specific CPRA: Senegal	Conflicts were limited to one area in the country (Casamance); UNICEF pushed for toolkit to be used though some on team were not certain it was an appropriate tool to use (because it was difficult to identify a sufficiently recent emergency – had to go back months in time from date of assessment)
Site-specific CPRA: Northeast Nigeria	Accessibility limited throughout NE, so went wherever possible in region (Borno); CPRA adapted quite a lot to reflect specific questions team had about region: <i>“We really developed our own questions to ask – and used tools that were adapted to Nigeria context. The CPRA as far as I’m aware didn’t have much on this specific issue to help us dig down deep enough. So we developed our own FGDs and KIs.”</i>

The table below provides details on how joint or multisector assessments incorporated components of the CPRA toolkit.

Table 12: CPRA components used in non-CPRA child protection assessments

Assessment	Child protection tool(s) used
Philippines Typhoon Haiyan Child Protection and Education Joint Needs Assessment	Full CPRA (adapted and contextualized) methods, tools, and Excel database (modified)
Bangladesh Rohingya Displacement Child Protection and Education Joint Needs Assessment	CPRA KI questionnaire (adapted and contextualized) but not in sync with education components because of time limitations
Bangladesh Education and Child Protection Integrated Assessment	CPRA used as guide for child protection component; separate questionnaires used for education and child protection components
Fiji Inter-organizational Protection Assessment	Toolkit and methodology based on the CPRA; GBV sections added
Syria Protection Cluster Northern Region + WoS Protection Cluster Assessment	Full CPRA (adapted and contextualized) methods and KI tools adapted (initial assessment followed by more in-depth research not using CPRA toolkit, ultimately to inform final report)
Expert panel for protection cluster: Syria	Internally developed survey for practitioners; CPRA toolkit broadly used ‘as a basis’ but not directly because the scope was considered not at all fitting for a CPRA: virtual interviews only while permissions were obtained for field research. CPIA not considered at this time (not clear why – possibly not yet available)
Syria WoS MSNA	CPRA not reflected directly except that data used in this was informed by protection assessment which included CPRA

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In deciding which tool to use, the CPRA decision flow chart was rarely consulted by key informants (yes; n=0) and survey respondents (yes; n=15/46). However, this was not necessarily because it was not considered to be useful. Often respondents were unaware of it. One respondent to the survey noted upon answering ‘no’ to this question: *“This has given me an idea to actually share the flow chart from the Child Protection Alliance with our Country Protection Cluster Group to use for CPHA Rapid or other assessments,”* suggesting that there is room for further awareness-raising in regards to use of this tool.

Table 13: Use of flow chart in deciding which assessment tool to use

	# KIs (n=20)				# surveys (n=46)			
	Full CPRA (n=9)	CPIA (n=2)	Site-specific CPRA (n=2)	Other rapid assessment (n=7)	CPRA (n=24)	CPIA (n=8)	Site-specific CPRA (n=10)	Other rapid assessment (n=4)
Yes	0	0	0	0	7	4	4	0
No	2	2	1	6	16	3	5	3
Don't know	4	0	0	0	1	1	1	1
n/a <sup>12</sup>	3	0	1	1	-	-	-	-

### 3.2. Coordination and establishment of task force

Most (n=18/20) of the key informants stated that an inter-agency task force within the Child Protection sub-cluster was formed to conduct the assessment. However, in two<sup>13</sup> contexts the assessments – both full CPRAs – were considered to be particularly urgent, so this step was skipped or expedited. In these situations, a single organization implemented the assessment: *“We ended up doing an assessment ourselves...because it took so long for WG to do it.”* Among the surveys, the majority were inter-agency assessments, though a sizeable proportion of CPRAs were single-agency (8/29) or site-specific CPRAs (4/11). One of the seven CPIAs was single-agency.

<sup>12</sup> Indicates that the flow chart was not available at time of assessment (before 2016); this information is not available for the surveys.

<sup>13</sup> Iraq Bagha Camps (TdH) and Somalia (Save the Children). One of these organizations sought initial feedback from an inter-agency working group, but once the feedback was obtained, carried out the remainder themselves.

Table 14: Inter-agency vs. single agency by assessment type

	# KIs (n=20)		# surveys (n=57 <sup>14</sup> )	
	Inter-agency	Single agency	Inter-agency	Single agency
CPRA	7	2	21	8
CPIA	2	0	7	1
Site-specific CPRA	2	0	11	4
Other rapid assessment with child protection component	7	0	3	0

It is important to note that the two single-agency assessments (CPRAs) took the least amount of time of all the assessments included in this review. Both took approximately one month to complete, and both occurred during Phase III of a sudden surge within a protracted crisis.

Respondents in inter-agency working groups often mentioned that, despite challenges and delays, it was important and beneficial to work together:

*The success...depends on the collective efforts of the child protection actors, including the government. One organization will not have all the necessary resources and expertise for this process.*

Another noted:

*When you share the idea, you involve everybody, then you will see that at the end of the day whatever outcome or product you have, it is everybody’s product. Sometimes we make the mistake and don’t coordinate; of course it is easier with just 1 or 2, then you can just focus on those with capacity. But you have to involve national actors – they make up 60% membership in our WG – and we talk about building capacities [to ensure they are involved].*

Local data collection teams

According to key informants, local organizations were involved in every assessment (20/20), at a minimum as members of the data collection team. They also frequently contributed to the adaptation and contextualization of the tools (described in *Adaptation and contextualization* below).

3.3. Capacity building

All of the key informants reported that there was training for the data collection team about how to use the toolkit and data collection tools and how to conduct interviews. This was the case

<sup>14</sup> One survey respondent did not know whether it was inter-agency or not.

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regardless of the type of assessment tool used. Less often was there training for the assessment team, leaders included, on how to adapt or contextualize tools or how to conduct data analysis. Despite a lack of specific training on these latter two components, the key informants were generally proficient in research methods already.

*Table 15: Type of training or capacity building for assessment (you or any actors involved)*

Type of training	# key informant interviews representing (n=20)				# surveys representing (n=56)			
	Full CPRA (n=9)	CPIA (n=2)	Site-specific CPRA (n=2)	Other rapid assessment (n=7)	CPRA (n=29)	CPIA (n=8)	Site-specific CPRA (n=15)	Other rapid assessment (n=4)
None	0	0	0	0	11	2	5	4
How to use the tools	8	2	2	5	15	5	8	0
Conducting data collection	8	0	2	4	9	3	7	0
How to adapt or contextualize the tools	2	0	1	0	6	1	8	0
Data analysis	2	0	1	0	9	0	4	0
Don't know	1	0	0	1	0	0	0	0

### Support

Among the key Informants who reflected on the assessment process, most identified that there were multiple actors who provided them with support throughout, or at key phases, of the assessment process. This support included human, financial, and technical support. Technical support was mainly around three areas: (1) sampling, methods, and tools; (2) data maintenance and analysis; and (3) interpretation and reporting. Most often support came in the form of data maintenance and analysis (usually from IMs/monitoring and evaluation staff) and on sampling, methods, and tool development (often from members of the inter-agency working group, for the 18 assessments that had one). Interpretation and report writing were the only areas where three KIs felt less supported, though the vast majority felt supported.

*Table 16: Support provided to child protection assessment processes; type 'Did you receive any support for conducting the assessment; if so, what type?' (KIs only)*

		CPRA (n=9)	CPIA (n=2)	Site-specific CPRA (n=2)	Other rapid assessment (n=7)	No support
Technical	Sampling, methods, tools	7	1	2	0	0
	Data maintenance/analysis	7	1	2	0	0
	Interpretation/reporting	5	1	2	5	0
Financial		3	0	0	4	0
Human		5	1	0	4	0
None		3	0	0	0	0

This support came from a variety of sources, summarized below.

*Table 17: Support provided to child protection assessment processes, type, and by whom “Did you receive any support for conducting the assessment”*

	CPRA (n=9)	CPIA (n=2)	Site-specific CPRA (n=2)	Other rapid assessment (n=7)
Individual agency (members of task force or own agency)	5	1	2	5
CP AoR rapid response team	3	1	1	4
IM or M&E personnel	7	0	1	5
In-country coordination group	6	0	2	5

In both of the single-agency CPRAs, informants said that no additional support was needed than what they were able to do themselves. One explained: *“Since it was such a limited exercise, it was fine; none needed”*.

In short, most key informants felt supported. However, six informants (four working on full CPRAs and two on other rapid assessments that included CPRA components) did stress that it was challenging to carry out the assessment due to a lack of stable leadership, staff turnover, or limited time for key members of the team to dedicate to the work. In five of the nine CPRAs and one of the seven ‘other’ rapid assessments, those who led the assessment from start to finish or who contributed to substantial portions of it (e.g. as IMs or technical advisors) were doing it ‘in addition to their day jobs’, as one put it. These assessments were considered by the KIs to have been successful primarily because of the extensive work (both coordination and technical aspects) they put in outside of their typical roles, including working overtime in order to complete their usual daily tasks and the assessment process:

*We need to look carefully at the difference between being a Coordinator and doing the research [CP-related assessment]...to understand that this might be distinct types of work. If it is a small-scale exercise maybe they can be combined, but we need to understand that the larger the scale of the exercise the more we need to differentiate the different roles.*

It was also pointed out by 11 of 18 key informants (two did not know) that receiving help from external actors was essential. In total, six of nine CPRAs, one of the two CPIAs, one of the two site-specific CPRAs, and three of the seven ‘other’ rapid assessments utilized non-local technical assistance for substantial portions of the exercise. As one informant who worked on a CPRA explained:

*“It is very rare that people actually responding to emergency have the capacity and time to do this work. For example, I had to be requested and [lead organization] had the*

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*resources and ambition to do the CPRA with me. It is not done by the actual people responding. I came in to do most of the writing, we had to bring a data analysis expert; everyone [local] is consulted and participates but the heavy lifting is done by external actors...Getting external help – you also have to face the reality for the region – the technical capacity was very low in terms of doing the process and even our IM who had experience before was overloaded and limited.*

### 3.4. Tools and methodology

#### Summary of methods

The most widely used tools used during the assessments – including the CPRA, CPIA, site-specific CPRA, and other joint or multisector assessments – were key informant questionnaires, direct observation, FGDs, and desk reviews. The table below summarizes the methods used according to key informants and survey respondents and disaggregates by toolkit used.

*Table 18: Methods used in child protection assessments, multiple responses allowed (where available, reports used to triangulate and fill in gaps)*

	# key informant interviews representing (n=20)				# surveys representing (n=46)			
	Full CPRA (n=9)	CPIA (n=2)	Site-specific CPRA (n=2)	Other rapid assessment (n=7)	CPRA (n=29)	CPIA (n=8)	Site-specific CPRA (n=15)	Other rapid assessment (n=4)
Desk review / secondary data review	8	2	1	7	15	4	6	3
Key informant interview questionnaire (CPRA-specific or other)	9	0	2	6	19	4	8	4
Practitioner interviews	4	2	1	2	10	4	6	2
Direct observation	5	0	1	4	20	2	7	3
Data management tools	8	0	1	5	9	5	4	2
Structured expert consultation	1	2	0	0	3	2	2	0
FGD with children	6	0	0	5	16	6	8	1
FGD with adults	6	0	1	3	17	4	8	2
Identification of vulnerability through registration	2	0	0	0	3	1	2	0
Household survey	1	0	0	0	5	2	4	2
School-based survey	1	0	0	0	6	2	2	1
Urgent action report	3	0	0	0	14	3	7	0
Site report	8	0	2	5	0	0	0	0

Below, the methods prescribed by the individual tools that were used (see Table 1 in the Introduction) are compared with the methods that were used, according to respondents.

### CPRA and site-specific CPRA methods

As prescribed by the toolkit, a full CPRA consists of desk review, direct observation, key informant interviews, site reports, and (as needed) completion of urgent action forms. A site-specific CPRA involves these same methods, but the sampling of sites is done differently. FGDs are not recommended unless it is certain that teams have sufficient time and expertise on the data collection team to conduct them.

**Desk review:** According to the key informants who recalled, all but one (a site-specific CPRA) of the CPRA applications conducted a desk review. Among the surveys, approximately half (15/29) of CPRA respondents said it was not done (unclear why not). Among the key informants, desk reviews were particularly important in helping teams to determine the topics to explore in the assessment and, in particular, to identify the ‘what we need to know’ component. A wider question remains, however, as to why some of the assessments were conducted prior to the completion of a desk review.

*Table 19: How desk review was used, key informants, based on coding of open-ended response asking how information from desk review was used to inform development of assessment tool(s)*

	Full CPRA (n=9)	CPIA (n=2)	Site-specific CPRA (n=2)	Other rapid assessment (n=7)
To select topics to explore (e.g. questions to ask) / identify gaps	5	2	0	3
To share with people joining team	0	0	0	2
To determine sites to do field research	2	0	0	0
To determine whom (which people) to interview	0	0	0	0
Not really useful – not enough time to do carefully	1	0	0	0
Not really useful – no information available	0	0	1	0
Not really useful – already knew a lot internally	0	0	0	1
Not sure / don't recall	3	0	1	2

As part of the desk review, half of the key informants recalled using other sector to obtain data, though nearly half were not sure how it was used.

Table 20: Key informant responses to whether they obtained data from other sector assessments

	Full CPRA (n=9)	CPIA (n=2)	Site-specific CPRA (n=2)	Other rapid assessment (n=7)
Yes	4	2	0	4
No	1	0	1	0
I don't know	3	0	1	3
Missing	1	0	0	0

In general, sector assessments were used to help reduce the scope of the assessment (i.e. to identify data gaps and to avoid asking questions where the information was already known) and to inform planning.

Table 21: How sector assessment was used, KIs only

	Full CPRA (n=9)	CPIA (n=2)	Site-specific CPRA (n=2)	Other rapid assessment (n=7)
To reduce scope	0	0	0	0
To inform assessment planning	2	0	0	1
Both	2	1	0	2
No, neither	4	0	1	2
I don't know	0	0	0	0

**Key informant interviews:** According to key informants, the CPRA-specific KI Questionnaire was the most commonly used tool among those facilitating CPRAs (12/12) and site-specific CPRAs (2/2). Versions of the CPRA KI Questionnaire were also confirmed to have been used in five of the seven non-CPRA assessments (see Table 12 above).

According to the key informants who used KIs (including any type of KI questionnaire) in their assessment (n=17),<sup>15</sup> purposive sampling was most commonly used. All of those using a CPRA-related tool used purposive sampling as their primary sampling approach, in line with the guidance provided in the toolkit. Survey response data is unclear about sampling, since respondents were asked to select the sampling method more generally and not relative to a particular tool. Also, half (23/46) of the survey respondents did not specify or were not sure of the sampling method used. Even then, the majority of survey respondents said they used random sampling in their assessment—including in CPRAs, CPIAs and site-specific CPRAs—which is not in line with the prescribed methods.

<sup>15</sup> The two CPIAs and one preliminary virtual research activity did not use a KI Questionnaire but rather used Practitioner Interview (PI). Although the PI may be considered a type of KI, they are treated separately in this report to distinguish them from the CPRA-specific tool.



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Table 22: Main sampling method(s) used. Among KI respondents, question specific to KI Questionnaire; among survey respondents, question referred to all tools

	# key informant interviews representing (n=20)				# surveys representing (n=46)			
	Full CPRA (n=9)	CPIA (n=2)	Site-specific CPRA (n=2)	Other rapid assessment (n=7)	CPRA (n=24)	CPIA (n=8)	Site-specific CPRA (n=10)	Other rapid assessment (n=4)
Purposive	9	2	2	6	4	1	0	0
Convenience	1	0	0	0	1	0	0	0
Snowball	0	0	0	0	1	0	0	1
Random	1	0	1	1	10	2	2	1
Don't know / recall	0	0	0	0	2	0	0	0
Not specified	0	0	0	0	6	5	8	2

**Urgent action reports:** Based on the survey, the majority of respondents (24/26) reported that they used urgent action reports to respond to urgent needs.

Table 23: Urgent action reports used to respond to urgent needs in CPRA applications, survey only (direct question not asked to KIIs)

	# surveys representing(n=46)			
	CPRA (n=24)	CPIA (n=8)	Site-specific CPRA (n=10)	Other rapid assessment (n=4)
Yes	14	3	7	0
No	8	4	2	2
Don't know	2	1	1	2

### CPIA methods

The broad method for a CPIA is to conduct a desk review, practitioner interviews (face-to-face or virtual), and a structured expert consultation. This was the approach used in the regional (Southern Africa) CPIA application. A desk review was conducted; followed by practitioner interviews completed via electronic surveys (with paper surveys also distributed at the country level to practitioners in the field); followed by regional, in-person, structured expert consultations. In the other CPIA application (Zimbabwe), flooding occurred and, in order to respond quickly, a CPIA was conducted (using the previously-conducted CPRA as the primary resource) along with practitioner interviews and a validation meeting. The key informant mentioned that the previous experience with the CPRA took too long (3 months) to form a rapid response, so when she heard about the CPIA, she used it and was satisfied with the outcome<sup>16</sup>.

<sup>16</sup> More details are not available for this CPIA as the interview needed to be cut short and the key informant was not available again. No additional documentation is available.

In another assessment in Syria, a similar approach was used when field teams had not yet been granted permission to visit conflict-affected areas. The method did not follow CPRA or CPIA guidance, but the informant did acknowledge that she was familiar with the CPRA and used it as somewhat of a 'basis'. A desk review was conducted, and practitioners were interviewed virtually. This step was preliminary to a larger field-based assessment also covered in this review (the Protection Cluster assessment in Syria). The KI explained that these interviews were illuminating in terms of finding out the degree of support that would be required for partners to address some of the emerging protection issues in-country. For example, this assessment identified that there was extremely low capacity for case management, so partners were able to consider this limitation during initial response planning. Additionally, such information was used to inform more in-depth field research (via the WoS Protection Cluster assessment) that was conducted once approvals were obtained.

According to the survey, FGDs were said to have been used in six of the CPIAs, while four of them used a desk review and two used structured expert consultation. This suggests that either:

- (a) Respondents were not certain as to what a CPIA entailed or whether the assessment they conducted was actually a CPIA, or
- (b) The CPIA they were involved with strayed significantly from the prescribed methods in the toolkit.

There were no further details provided to determine what happened.

### Supplementary methods

As shown in the table above, the assessments, including the CPRAs, often used additional methods to what was prescribed in the CPRA toolkit. In particular, among the key informants, focus group discussions with adults and/or children were said to have been used in six full CPRAs and one site-specific CPRA. However, the CPRA guidance specifically says that FGDs in general should not be used given the sensitive nature of the questioning that requires more highly trained data collectors (but that they may be used if such qualified team members are available). The survey data shows that just over half of the CPRAs (full and site-specific) involved FGDs with both adults and children.

Key informants who used FGDs in their assessment process did so for two main reasons. First, they desired to hear a diversity of community voices directly, which would not be possible through the prescribed KIIs only. Second, teams were confident that the data collectors who conducted those interviews were sufficiently trained (with previous experience and subsequent training on the tools specifically) to do so. Four key informants were not sure why FGDs were used or what specific protocols were in place to ensure that facilitators were trained.

In one of the 'other' rapid assessments that used the CPRA as the main method for the child protection component (Northern Syria Protection Assessment), it was said that not using FGDs in the assessment resulted in findings that were considered too limited to sufficiently inform the report. Therefore, follow-up research was conducted that included FGDs (and did not use the

CPRA method) and informed the final report. The report was released and then used in the WoS Protection Assessment.

According to the surveys, five of the CPRAs involved household surveys and six involved school-based surveys. However, respondents did not mention why these were included.

Adaptation and contextualization

All 20 key informants reported that tools were both adapted and contextualized, as did 39 of 45 survey respondents. Among those who adapted and contextualized the tools, a slight majority of survey respondents said they translated, piloted, and verified key terminology. Key informants were not specifically asked about whether they had translated, piloted, or verified CP terms, but some did offer this information during the interviews indicated in the table below.

*Table 24: Were assessment tools adapted and contextualized?*

	# key informant interviews representing (n=20)				# surveys representing (n=45)			
	Full CPRA (n=9)	CPIA (n=2)	Site-specific CPRA (n=2)	Other rapid assessment (n=7)	CPRA (n=23)	CPIA (n=8)	Site-specific CPRA (n=10)	Other rapid assessment (n=4)
Yes, adapted and contextualized	9	2	2	6	21	6	9	3
No, they were developed on the ground	0	0	0	0	1	2	1	1
I don't know / do not recall	0	0	0	1	1	0	0	0

According to key informants, the main challenges faced in modifying the assessment tools were adaptation and contextualization, including challenges related to local understanding of certain technical areas. Seven of 20 key informants and 18 of 38 survey respondents said there were no challenges with this phase.

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Table 25: What were the challenges in modifying the assessment tool?

	# key informant interviews representing (n=20)				# surveys representing (n=38) <sup>17</sup>			
	Full CPRA (n=9)	CPIA (n=2)	Site-specific CPRA (n=2)	Other rapid assessment (n=7)	CPRA (n=21)	CPIA (n=6)	Site-specific CPRA (n=8)	Other rapid assessment (n=3)
Linguistic	1	0	0	1	-	-	-	-
Translation	2	0	0	1	5	1	1	0
Difficulty understanding / interpreting guidance	1	0	0	0	-	-	-	-
Insufficient guidance	0	0	0	0	4	0	1	0
Challenges related to local understanding of certain technical areas	1	0	0	1	10	2	3	0
Contextualizing tools	2	0	1	2	-	1	-	-
Adapting tools	4	0	1	1	-	-	-	-
None	4	2	0	1	9	2	4	3
Don't know	2	0	1	2	-	-	-	-

Key informants adapted the tools to address the gaps in knowledge identified during the desk review and to respond to the ‘what we need to know’ questions (as mentioned in Table 19 above in the ‘desk review’ section). In particular, this meant selecting only certain topics prescribed within the toolkit as it related to the issues that were (a) anticipated in the context; (b) not known, and (c) feasibly addressed with an initial programmatic response.

**The main challenges related to adaptation** were around scope of the assessment and, in particular, what topics to explore and how deeply. For example, in two cases (one CPRA and one Protection Cluster assessment) it was said partners (in one case an international NGO and in another multiple partners from government and international NGOs) pushed to try to learn the actual scale of child protection violations (e.g. how often XY actually happens) and not just the perceived scale of them (e.g. how many people think XY happens). As one key informant explained:

*Another thing that left people confused was that you're reporting on perceptions - % of people who you've spoken to reporting things, not exactly prevalence. So people want the number of unaccompanied children – you are instead getting people's feelings about how many there are; there's some dissatisfaction with it. So we always say this is not an assessment, it is a snapshot. So in terms of how CPRA could be supported to get more data, people are left hanging, or feel as such.*

<sup>17</sup> ‘Translation’, ‘insufficient guidance’, and ‘challenges related to local understanding of certain technical areas’ along with ‘other’ were the only four options on the survey. One person (CPIA lead) responded to ‘other’ with information about complications contextualizing the tool, thus its inclusion here.

In two more cases (both CPRAs), partners wanted to probe deeper into issues and were displeased to leave specific issues unelaborated on at this phase, as an informant explained:

*People really wanted to use the CPRA, but on the other hand, they kept asking questions that the tools were not built for. For example, what is the relationship between poverty and a child protection concern like violence against children in households. Or the lack of electricity and child protection concerns. That would require the type of data that the CPRA hasn't been built for. So everyone wanted to keep the method, but on the other hand they wanted answers that weren't going to be provided. It went on and on for the entire process.*

In three other cases (two CPRAs and one 'other' assessment), there were concerns about too many topics being covered, which could become problematic: *"you can easily become over ambitious with a very long tool that is not practical."* These key informants pointed out that it was critical to remember that the questions being asked should be essential and relate only to that which could be feasibly followed up.

In one CPRA, the working group was not initially clear that they could add questions (though this was clarified later by members). In two CPRA applications where additional topics were added to the tools (in particular the KI Questionnaire), there were some questions from the key informants about whether the adaptation was still within the scope of a CPRA. For example, one leader wondered whether it was acceptable to add questions that may or may not directly relate to child protection (for example, mines and child health and if so, how it should best be achieved).

The assessment tools were always contextualized in order to ensure that they were appropriate and relevant to the context and that questions were phrased in a manner that was culturally sensitive. Challenges related to contextualization were generally related to these points (translation and appropriate phrasing), but teams were generally confident in the contextualization that was informed through processes summarized in the table below.

Table 26: How tools were contextualized/tested

	# key informant interviews representing (n=20 <sup>18</sup> )			
	Full CPRA (n=9)	Site-specific CPRA (n=8)	Site-specific CPRA (n=8)	Site-specific CPRA (n=8)
Data collection team gave input	3	0	1	2
Working group input	6	1	2	4
Tool validation meeting	1	0	0	3
Field pilots	1	0	1	3
Don't know	3	0	0	2

<sup>18</sup> Note this information was not provided through pre-defined multiple choices but coded based on open-ended responses about how tools were contextualized and what the challenges were.

Three key informants noted challenges to contextualization that were the result of not field testing the tool prior to conducting the assessment despite taking other steps to contextualize (e.g. inputs from data collection team and feedback from the Child Protection working group). Not field testing the tool was understood to be an acceptable tradeoff when trying to do a truly rapid assessment.

In one CPRA, it was mentioned that there was a particularly sensitive issue that the working group wanted to explore, but there was concern that it was not appropriate and that data collection team members were not equipped to ask it:

*The group wanted data on grave child rights violations but there were some debates and arguments about really [sic] we needed to have them because of the sensitivity. But because the group in Mindanao had these reported cases; also global tool had it in there, so we did it. Whether or not we'd be able to yield some results. When it comes to grave child rights violations piece too because we noticed that they weren't skilled enough to ask questions, we had backup support and more experienced people, but we also put in a clause that if they weren't comfortable asking questions then they didn't have to. But then nobody answered any questions and we had no findings on the grave child rights violations.*

In the case of the regional CPIA described in the survey, the challenge was how to contextualize given the broad regional scope of the assessment. One survey respondent wrote:

*The decision was made to give comparability primacy over contextualization. So while the tools were contextualized for the overall context and emergency, the more detailed contextualization was deemed less important than being able to have comparable data points across countries.*

### Data collection

According to KIs, eight of 18 assessments involved no notable data collection challenges (two respondents were not sure about this phase). Commonly noted challenges are listed below.

*Table 27: Data collection challenges*

Challenges with data collection phase	# KIs representing (n=20, based on coding of open-responses, not a checklist)				# surveys (n=44 respondents, based on checklist that specified each item below)			
	Full CPRA (n=9)	CPIA (n=2)	Site-specific CPRA (n=2)	Other rapid assessment (n=7)	CPRA (n=23)	CPIA (n=8)	Site-specific CPRA (n=9)	Other rapid assessment (n=4)
Staff needed to be retrained	2	0	1	1	7	4	3	1
Financial barriers / budget limitations	0	0	1	1	5	2	2	1

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Insecurity in the region prevented data collection	0	0	0	1	5	1	3	0
Community members or local authorities didn't support	0	0	0	2	2	3	4	1
Lack of access to assessment area	0	0	1	3	6	3	1	1
Some data collected not useable	2	0	0	0	4	2	1	1
Issue related to IT-based data collection tool (e.g. Kobo)	1	0	0	1	1	2	0	1
Participants upset or disturbed by questions	1	0	0	0	1	1	3	1
Participants fatigued by assessment	1	0	0	0	2	0	1	0
Methodology changed	1	0	1	1	2	1	1	0
People's expectations high	1	0	1	1	0	0	0	0
No challenges / nothing unusual	4	1	0	3	4	2	3	2
Don't know	1	0	0	1	0	0	0	1

The most common challenge among KIs was that staff needed to be retrained. In one case (a CPRA) the training had occurred over a year before the assessment was finally carried out (and it was unclear whether retraining had occurred). In two cases (both CPRAs), the data coming in was not usable. One of these required retraining when data coming in did not make sense; the IM noticed and alerted the assessment lead. In the other, translation had not been done properly as teams were instructed to translate on-the-spot (a consequence, it was said, of not having sufficient time to translate all the tools or doing a full field testing). In this case, the data were discarded.

Some unintended consequences of the research activity were described by KIs, though most (n=12) were unsure of whether there were or were not unintended consequences. In one case, a KI described participants as upset because they had recently fled their home and were too tired to be interviewed. This KI noted it 'was all ok' in the end. 'Raised expectations' of the respondents was the unintended consequence most often noted (n=1 in KII; n=8 in surveys), but KIs said none of these unintended consequences were beyond what is often encountered when conducting assessments in humanitarian settings.

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*Table 28: Were there any unintended consequences of the assessment and if so, what were they?*

	# key informant interviews representing (n=20)				# surveys representing (n=43)			
	Full CPRA (n=9)	CPIA (n=2)	Site-specific CPRA (n=2)	Other rapid assessment (n=7)	CPRA (n=22)	CPIA (n=8)	Site-specific CPRA (n=9)	Other rapid assessment (n=4)
Upsetting participants	1	0	0	0	0	0	1	0
Risks to children	0	0	0	0	0	3	2	0
Confidentiality compromised	0	0	0	0	0	0	1	0
Raised expectations of population	1	0	1	1	3	3	2	0
Unable to meet urgent needs	0	0	0	0	2	1	1	0
Risks to those doing research	0	0	0	0	1	0	0	0
None	2	2	0	2	15	3	4	1
Don't know if there were any unintended consequences	5	0	2	5	2	1	2	3

### Data protection protocols

Most key informants (n=12) were unsure of the extent to which such protocols were utilized in their contexts. They generally did express confidence that those involved—being child protection actors—would take such concerns seriously and such protocols were, therefore, likely in place. Most of the remainder (n=6) said they were in place and were adhered to, while two (both CPRAs) said they were not in place. Most survey respondents said they were established and mostly adhered to.

*Table 29: Data protection protocols established and adhered to*

	# key informant interviews representing (n=20)				# surveys representing (n=44)			
	Full CPRA (n=9)	CPIA (n=2)	Site-specific CPRA (n=2)	Other rapid assessment (n=7)	CPRA (n=23)	CPIA (n=8)	Site-specific CPRA (n=9)	Other rapid assessment (n=4)
<b>Were data protection protocols established?</b>								
Yes	5	0	0	1	20	6	6	2
No	2	0	0	0	2	2	1	2
Not certain / no reason to believe not (for KIs); 'don't know' for surveys	2	2	2	6	1	0	2	0
<b>[If yes], were they adhered to? (n=34)</b>								
Strongly agree (KI 'yes')	4	-	-	1	6	2	3	1



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Agree or neutral (KI 'mostly')	1	-	-	0	14	4	3	1
Don't know	0	-	-	0	0	0	0	0

### 3.5. Analysis and reporting

Nearly all key informants (n=19) said that analysis was carried out at least partially in-country, and most (n=11) said it was done using Excel databases. Among those who used the CPRA Excel database, there were no complaints or suggestions for modification. In one application of a site-specific CPRA, it was explained that the consultant hired to conduct the analysis insisted on using SPSS, which was problematic because it did not enable sufficient analysis of non-numerical data.

*Table 30: Data analysis*

	# key informant interviews representing (n=20)				# surveys representing (n=44)			
	Full CPRA (n=9)	CPIA (n=2)	Site-specific CPRA (n=2)	Other rapid assessment (n=7)	CPRA (n=23)	CPIA (n=8)	Site-specific CPRA (n=9)	Other rapid assessment (n=4)
<b>Location</b>								
In country	8	1	2	5	15	5	7	3
Remotely	0	1	0	0	0	1	0	0
Both	1	0	0	2	6	2	2	0
Don't know	0	0	0	0	2	0	0	1
<b>Data analysis tools used</b>								
Excel	6	2	0	3	14	8	6	2
Access	0	0	0	0	2	1	0	0
SPSS	1	0	1	0	6	1	1	1
MaxQDA	0	0	0	1	0	0	0	0
ODK	1	0	0	0	0	0	0	0
Don't know	1	0	0	0	5	0	2	1

According to KIs, almost half (9 of 20) had no challenges doing the data analysis. Of those who noted challenges, lack of technical capacity on the ground to analyze data was the most noted challenge (9 of 20); lack of technical capacity to interpret data followed (6 of 20). In the survey, 44 respondents were involved in the analysis phase, and of those, 20 said they experienced difficulties with technical capacity.

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Table 31: Challenges with data analysis

	# key informant interviews representing (n=20)				# surveys representing (n=44)			
	Full CPRA (n=9)	CPIA (n=2)	Site-specific CPRA (n=2)	Other rapid assessment (n=7)	CPRA (n=23)	CPIA (n=8)	Site-specific CPRA (n=9)	Other rapid assessment (n=4)
No challenges	3	2	1	3	8	1	4	1
Lack of technical capacity on the ground to analyze data	4	0	1	4	6	3	3	1
Insufficient time	0	0	1	2	7	2	3	1
Lack of technical capacity on the ground to interpret data	4	0	0	2	6	3	1	0
Poor quality data	2	0	0	1	5	1	1	1
Rapidly changing situation on the ground	0	0	0	0	2		2	1
Difficult to recruit qualified staff	1	0	0	0	1	2	2	0
Lack of remote technical support	1	0	0	1	2	2	1	0
Lack of capacity to clean and organize data	2	0	1	1	0	0	0	0
Don't know	0	0	0	0	5	2	1	2

An important point to note is that the key informants interviewed reported that they did not typically face challenges related to technical capacity to analyze, interpret, and report the data. This was primarily due to the fact that these individuals were already sufficiently experienced in such tasks. Rather, the major challenge noted was related to the fact that those doing the analysis, interpretation, and reporting were often left to do it themselves with limited support and under intense time constraints because of a lack of technical capacity on the ground. In the case of CPRAs, having a reliable and competent IM made the analysis stage significantly less problematic, but IMs were not always available or sufficiently competent as reported by the KIs. Multiple key informants suggested that a CPRA should not even be attempted if there was no IM (or individual with similar skill set) present and available throughout the entire duration of the assessment process. One key informant said that if there is not organizational capacity for a full-time worker in this role on the CPRA, regular technical support must be made available, ideally based in-country:

*If you don't have the capacity, find someone in country who does. Like the sub-cluster IM. You just need one technical person in the country who understands how it works. Even if it is not from the lead organization – hopefully local – who really understands it and is there to help. So if there's a question people can get back to that person.*

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These pressures were compounded when there were issues with, for example, poor quality data which meant it would take more time to sort through the analysis and revert back to the data collection teams to see if better data were available.

### Dissemination

Summarized in the table below, most assessments (16/20 from key informants and 37/44 from survey respondents) of every type resulted in a written report that was shared at a minimum amongst partners involved in the assessment. In addition to reports, eight assessments (six of them CPRA-related) involved a sharing-out workshop or meeting. In seven cases, this occurred before the report was finalized, and findings from that session helped improve the report. Key informants were generally not certain whether findings were used in Humanitarian Response Plans (HRPs), Humanitarian Needs Overviews (HNOs), or other strategic plans. (For the more recent assessments, e.g. 2017 and later, such plans had not yet been published).

Table 32: Dissemination methods

	# key informant interviews representing (n=20) – some individual items were checklist and some yes/no/don't know (see footnotes)				# surveys representing (n=44)			
	Full CPRA (n=9)	CPIA (n=2)	Site-specific CPRA (n=2)	Other rapid assessment (n=7)	CPRA (n=23)	CPIA (n=8)	Site-specific CPRA (n=9)	Other rapid assessment (n=4)
Final written report	8	1	1	6	19	7	7	4
Dissemination and/or validation workshop (not asked specifically)	3	1	2	2	12	4	7	2
HNO <sup>19</sup>	2	1	0	2	2 <sup>20</sup>	1 <sup>21</sup>	4 <sup>22</sup>	1 <sup>23</sup>
HRP <sup>24</sup>	3	1	0	2				
Cluster or other strategic plan <sup>25</sup>	2	1	1	1	7 <sup>26</sup>	5 <sup>27</sup>	1 <sup>28</sup>	0
Don't know	0	0	0	0	1	0	0	0
Not disseminated	0	0	0	0	1	0	1	0

<sup>19</sup> Philippines Mindanao, Afghanistan Conflict, Zimbabwe Drought, Syria Northern IDPs. Nine KIs did not know.

<sup>20</sup> Somalia, Philippines (Marawi)

<sup>21</sup> Ukraine (NGCA)

<sup>22</sup> Afghanistan (Khyber), DRC (Bukavu), Niger (Ngalewa); one site not specified

<sup>23</sup> MIRA Burundi (South Provinces)

<sup>24</sup> Philippines Mindanao, Afghanistan Conflict, Zimbabwe Drought, Syria Northern IDPs, Iraq Northern IDPs. 10 KIs did not know.

<sup>25</sup> Philippines Mindanao, Afghanistan, Zimbabwe Drought, Syria Northern IDPs, Nepal. 11 KIs did not know.

<sup>26</sup> Somalia, Philippines (Marawi), Pakistan, Belarus, Burundi, Chile, one site not specified

<sup>27</sup> India, Ukraine, Somalia (Baidoa), Afghanistan, one site not specified

<sup>28</sup> Niger (Ngalewa)

KIs remarked frequently that feedback and validation phases / workshops were especially helpful when used in CPRA processes, even though this step was not formalized in the CPRA itself. Multiple key informants suggested specific guidance be added to the toolkit to incorporate this step at some stage in the process. In some cases, having a ‘sharing out’ event was the best way to quickly disseminate the findings, even if preliminary, because finalizing and publishing reports would add additional days, weeks, or in some cases months when there was no time to spare. Additionally, if timed correctly, workshop learning could be incorporated into the final report while simultaneously allowing actors to react to the initial findings. In one case, the validation workshop was the only opportunity for findings to be shared and therefore used by partners when the report was delayed for months.<sup>29</sup>

### 3.6. Use of results

Ultimately, most of the key informant interviews (14 of 20) and survey respondents (39 of 43) said that they believed their rapid assessment provided sufficient information to inform an initial response. As this section will detail, a significant issue with this perception is that often the findings, however released, were not actually available in time for the initial response, as per CPRA guidance (that is, an assessment should be conducted in Phase III and a report released three to five weeks after). The table below summarizes the length of time between establishment of a task force and release of a report and also the length of time between the the beginning of emergency and release of a report (for contexts in which it was a sudden conflict, rapid-onset natural disaster or epidemic, or some sort of surge within a protracted crisis).

Table 33: Duration of assessments, by type of assessment, KIs only<sup>30</sup>

Inception to report		Full CPRA (n=9)	CPIA (n=2)	Site-specific CPRA (n=2)	Joint assessment (n=7)	Total (n=20)
	Mean	3.9 months	0.2 months and	2 months and	3.9 months	3.7 months
	Median	2 months	2 months	5 months	3 months	3 months
Emergency to report (non-protracted)		Full CPRA (n=6)	CPIA (n=1)	Site-specific CPRA (n=0)	Joint assessment (n=3)	Total (n=10)
	Mean	3.5	0.2 months	Both protracted	5 months	3.8
	Median	3.7			6 months	3.5

Key informants often acknowledged that the assessment was not truly rapid. According to one informant, it seemed impossible to complete a child protection assessment like a CPRA in such a short time: “It was really just ideal conditions that you have nowhere in [country]. Even then, still it took 12-14 weeks, it was not short”.

<sup>29</sup> This delay was attributed to a member of the task force who was unhappy with the work for reasons previously described and related to misunderstanding and miscommunication of the scope of the assessment.

<sup>30</sup> As the samples collected are of small size with skewed data, both mean and median were used to measure the central tendency.

Despite the time it took to complete a child protection assessment, nearly all key informants were overwhelmingly positive about the work that had been done and felt confident it would be effectively used in the future, even if it was not done in time for the initial response (initial as intended in the rapid assessment toolkits – within weeks).

Table 34: Did the findings of the assessment provide sufficient information to inform an initial response?

	# key informant interviews representing (n=20)				# surveys representing (n=43)			
	Full CPRA (n=9)	CPIA (n=2)	Site-specific CPRA (n=2)	Other rapid assessment (n=7)	CPRA (n=22)	CPIA (n=8)	Site-specific CPRA (n=9)	Other rapid assessment (n=4)
Yes	7	2	1	4	20	7	9	3
No	1	0	1	3	1	0	0	0
I don't know	1	0	0	0	1	1	0	1

One KI suggested to reconsider what a CPRA could accomplish, acknowledging that it is faster than a detailed review or research but not as truly rapid as it presents itself to be:

*We put so much thought and time into collecting data and so forth but a good month plus was consumed by the reviews, the different approvals. I felt generally that the rapid assessment was not built to be rapid. Overall, I felt it somehow sits in the middle of things – it's kind of too demanding for the 'quick and dirty' when you have an onset of crisis or a major change of situation where you need to quickly ascertain what is going on. For that I think it is quite demanding as a process but also as a multitude of components for people to pull off. But on the other hand if you look for a comprehensive understanding of a situation it doesn't quite get you there. By design it's not built to answer some of the questions e.g. quantitative impact of something on something. And frankly I'm not even convinced it is needed in the time of acute crisis. Maybe it creates a little bit of frustration in general.*

While KIs generally agreed that much was learnt from the assessment, and in particular with CPRAs, some still believed that there was more that could have been known. This was not considered by anyone to be a major limitation, as one respondent maintained: 'You can always learn more'.

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*Table 35: Was more information needed to inform an initial response and programming?*

	# key informant interviews representing (n=20)			
	Full CPRA (n=9)	CPIA (n=2)	Site-specific CPRA (n=2)	Other rapid assessment (n=7)
Yes	5	1	0	6
No	4	1	2	1

As seen in the table below, the main uses of the rapid assessments were broadly to ‘inform initial program development’ which, as explained above, was not necessarily interpreted by KIs to mean ‘initial response’ as defined by the CPRA. Equally important to remember is that, among the key informants, 9 of the emergencies were protracted crises without a major recent event. Therefore, a response did not necessarily need to correspond with a sudden or new event, though it was recognized that in such contexts a rapidly changing situation would benefit from such an assessment for new or adapted programming. In addition to programming, nearly half of the CPRAs were done to mobilize resources and influence the sector strategy.

*Table 36: Use of child protection assessment, multiple responses allowed<sup>31</sup>*

	# key informant interviews representing (n=20)				# surveys representing (n=42)			
	Full CPRA (n=9)	CPIA (n=2)	Site-specific CPRA (n=2)	Other rapid assessment (n=7)	CPRA (n=22)	CPIA (n=8)	Site-specific CPRA (n=9)	Other rapid assessment (n=4)
HNO <sup>32</sup>	2	1	0	2	2 <sup>33</sup>	1 <sup>34</sup>	4 <sup>35</sup>	1 <sup>36</sup>
HRP <sup>37</sup>	3	1	0	2				
Cluster or other strategic plan <sup>38</sup>	2	1	1	1	7 <sup>39</sup>	5 <sup>40</sup>	1 <sup>41</sup>	0
Used to mobilize resources	4	1	1	2	15	4	9	1
Influenced formation of a child protection sector strategy	4	1	1	4	10	6	7	2

<sup>31</sup> Note: Data on HNO/HRP and cluster assessments also appears above in ‘dissemination’ table where the question was asked on the survey related to this topic; repeated here for convenience.

<sup>32</sup> Philippines Mindanao, Afghanistan Conflict, Zimbabwe Drought, Syria Northern IDPs. Nine KIs did not know.

<sup>33</sup> Somalia, Philippines (Marawi)

<sup>34</sup> Ukraine (NGCA)

<sup>35</sup> Afghanistan (Khyber), DRC (Bukavu), Niger (Ngalewa); one site not specified

<sup>36</sup> MIRA Burundi (South Provinces)

<sup>37</sup> Philippines Mindanao, Afghanistan Conflict, Zimbabwe Drought, Syria Northern IDPs, Iraq Northern IDPs. 10 KIs did not know.

<sup>38</sup> Philippines Mindanao, Afghanistan Conflict, Zimbabwe Drought, Syria Northern IDPs, Nepal. 11 KIs did not know.

<sup>39</sup> Somalia, Philippines (Marawi), Pakistan, Belarus, Burundi, Chile, one site not specified

<sup>40</sup> India, Ukraine, Somalia (Baidoa), Afghanistan, one site not specified

<sup>41</sup> Niger (Ngalewa)

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Informed initial program development	7	1	1	6	11	5	4	3
Contributed to program baseline	0	0	0	0	8	6	5	2
Led to additional research	1	0	1	2	5	2	5	1
Further issue-specific assessments were conducted	0	0	0	3	-	-	-	-
Internal advocacy	2	2	1	0	-	-	-	-
Helped individual orgs with proposals / strategies	3	1	1	0	-	-	-	-
Don't know	0	0	0	0	1	0	0	0

One KI explained its significant impact:

*It fed into HNO / HRP process for the sector. The CPRA report was utilized by humanitarian actors; presented to task force. It really did have a lot. It also became the basis for the joint protection working group to develop a strategic action plan. Used in HNO, HRP or Cluster strategic plans... [it had] more of an impact than we were even anticipating. Everyone talking about CPRA...and it has been adapted; it was really taken seriously in [country]. Lots of this was to do with validations and interagency approach; the engagement and feedback. Now people use it in all of their proposal writing.*

Another key informant said, when reflecting on the initial difficulty in explaining the limited scope to stakeholders, that in the end it was still very useful:

*Honestly it worked, despite [stakeholders] wanting more. I come very much from a program development and design background so I'm aware that the needs of organizations are pragmatic and they need it to design their proposals. So the report is user-friendly, they can use it quickly, they don't need to go through background research – they can cut and paste as needed. Whether we like it or not, things like child protection don't function in a vacuum. Whatever my academic interest, we want to respond. So it helps proposals and maybe it'll make it easier to design and apply more quickly. Initial feedback I've gotten is that it has helped.*

All KIs agreed that their assessment filled gaps in information that were identified prior to conducting the assessment.

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Table 37: Did the assessment data and analysis fill the gap in information that was identified prior to conducting the assessment?

	# key informant interviews representing (n=20)			
	Full CPRA (n=9)	CPIA (n=2)	Site-specific CPRA (n=2)	Other rapid assessment (n=7)
Yes	9	2	2	7
No	0	0	0	0
I don't know	0	0	0	0

For some assessments, particularly in contexts where very little was known about child protection issues and minimal humanitarian programming existed, the findings were described by one informant working on a site-specific CPRA as “game changing” in uncovering the nature and perceived scale of such issues:

*I think the report was a huge game changer – nobody else at the time had attention on this conflict...The scale of this was only starting to be understood. It showed it was an issue of immediate and urgent support. It informed our programming and continues to do so in terms of prioritization. (NE Nigeria CPRA)*

KIs were not always certain whether the findings led to different programmatic decisions, but most were quite confident that they would have.

Table 38: Did the findings lead the team to different initial programming decisions than they would have made exclusively off pre-existing data?

	# key informant interviews representing (n=20)				# surveys representing (n=42)			
	Full CPRA (n=9)	CPIA (n=2)	Site-specific CPRA (n=2)	Other rapid assessment (n=7)	CPRA (n=21)	CPIA (n=8)	Site-specific CPRA (n=9)	Other rapid assessment (n=4)
Yes	7	2	1	3	8	5	6	2
No	1	0	0	1	6	1	2	1
I don't know	1	0	1	3	7	2	1	1

Another limitation was highlighted in contexts where the situation was changing quickly and unpredictably (for example in refugee or IDP situations with sudden influxes). Even a relatively quick analysis and reporting could be too slow to capture the specific issues in time, and therefore it was unclear the extent to which such an assessment could inform programmatic response immediately: “One day there were 50 people; the next day it was 5,000, how can you keep up when it changes so fast?”



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According to key informants, the findings in such situations were nonetheless considered useful and could lead to actionable implementation points. These assessments may have identified key issues at a prior point in time, but often such issues would still be present even if the overall context appeared changed. As such, the assessments were not considered to be a waste of resources.

Further knowledge gaps were identified, but it was not clear whether they were always followed up.

*Table 39: Did the assessment result in the identification of further knowledge gaps?*

	# key informant interviews representing (n=20)				# surveys representing (n=42)			
	Full CPRA (n=9)	CPIA (n=2)	Site-specific CPRA (n=2)	Other rapid assessment (n=7)	CPRA (n=21)	CPIA (n=8)	Site-specific CPRA (n=9)	Other rapid assessment (n=4)
Yes	4	1	1	5	17	8	7	4
No	2	0	0	0	2	0	1	0
I don't know	3	1	1	2	2	0	1	0

*Table 40: If knowledge gaps were identified, were further issue-specific assessments conducted?*

	# key informant interviews representing (n=20)				# surveys representing (n=36)			
	Full CPRA (n=9)	CPIA (n=2)	Site-specific CPRA (n=2)	Other rapid assessment (n=7)	CPRA (n=21)	CPIA (n=8)	Site-specific CPRA (n=9)	Other rapid assessment (n=4)
Yes	1	0	0	4	7	3	3	0
No	0	0	0	0	5	2	3	2
I don't know	3	0	1	1	5	3	1	2
N/A	5	1	1	2	4	0	2	0
Missing	0	1	0	0	0	0	0	0

Key informants agreed that it was important to follow up and determine if new, additional child protection issues were present, especially in rapidly changing situations. How to accomplish such follow up was, of course, beyond the scope of the CPRA. It was noted that the initial knowledge was a good starting point for future research and programming. Still, many were unsure of what that follow-up should look like (e.g. what kinds of additional assessment or research and by whom).

Two key informants (CPRA team members) suggested an additional section on 'what to do after a CPRA [or related child protection assessment] is completed' that could help teams focus on appropriate follow-up measures for specific issues that emerged but for which more information is needed. This section would include, for example, additional lines of inquiry or approaches for

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a more in-depth methodology or actions when the situation has changed dramatically. The alternative, according to some, was simply to do more rapid child protection assessments, which may be of limited utility:

*Now the question is 'what is prevailing in the camp' and you can't keep doing CPRAs. You have to figure out a way to keep yourself updated, using the CPRA as the baseline but being able to systematically update yourself on what is the changing situation and context about the children.*



## 4. Conclusion and recommendations

### 4.1. Conclusion

**The CPRA has been a useful toolkit for conducting assessments related to child protection in humanitarian settings.** It is widely appreciated as a user-friendly, adaptable, and reliable toolkit that provides a snapshot of child protection issues in humanitarian situations. However, the time and technical resources required to do a quality CPRA means that it is not always used as intended: to inform an initial response. Still, it provides valuable information, relatively quickly, to help humanitarian actors develop data-informed strategies and programmatic responses. Where done well and with strong inter-agency collaboration, it is useful in bringing child protection actors together with common priorities and approaches. Given the time and resources that are required to implement the CPRA, it appears to be most useful when used in the context of protracted crisis.

There is greater recognition within the Child Protection sector of the need to build capacities in integration and localization. There is a move within the sector towards use of broader data sets and analyses to identify key child protection risks, the severity of these risks, and those who are most impacted (by location). There is also recognition of the importance of engaging with other sectors in more integrated approaches to data collection and making better use of available data, which will in turn lead to greater cost effectiveness. Moving forward, the key issue is not so much the effectiveness of the CPRA toolkit itself as it is how the toolkit fits within and contributes to a broader process of needs identification and data analysis. In light of the World Humanitarian Summit commitment to improve joint and impartial needs assessments, it will be important for the AME Working Group of the Alliance to continue working together with other key CPHA actors, including the CP AoR and UNHCR, to identify how the toolkit can effectively be integrated into ongoing processes.

This review provides some key findings about the use of the CPRA toolkit in emergency responses, answering [key questions](#) introduced at the beginning of the report.

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The CRPA provided a snapshot of child protection issues to inform emergency responses, though the recommended timeline was rarely met.

According to the CPRA guidance, assessments should begin during Phase III and be completed within five weeks. This guidance is more relevant to rapid-onset emergencies. The intention of the CPRA is to obtain a snapshot of child protection issues in order to form the *initial* response's planning and programming. While most respondents explained that they believed the assessment achieved this goal, for five rapid onset CPRAs that were included in this study, the findings were available too late to truly inform an *initial* response.

Out of 15 CPRAs conducted in a protracted or slow-onset emergency, seven were completed (from inception to dissemination of results) within two months. Only one of the five rapid-onset emergency CPRAs were initiated before Phase III and completed in less than five weeks, per CPRA guidance. The remainder started later, and most took about two months to complete. For protracted crises, the longer timeframe was not considered to be so problematic because it was known that subsequent programming would still be addressing an ongoing issue. Two CPRAs that occurred during Phase III and took less than five weeks were both single-agency assessments, suggesting that the inter-agency component may be a constraint to a truly rapid assessment. These findings indicate that the application of the CPRA may be most appropriate in protracted crises due to the more flexible time boundaries. When limited time is a primary consideration, it may make sense for a single agency to lead on the assessment on behalf of the wider coordination group or sub-cluster.

It is important to note that the durations above are based on dissemination of final results. In at least eight assessments (four CPRAs, two CPIAs, two 'others'), the results were shared during an interpretation/validation workshop, as recommended in the CPRA process. During this time, preliminary findings were shared verbally, via PowerPoint, or in a draft report so that partners could ask questions, provide input, and request more information. While these meetings prompted useful contributions to the final report, they also ensured that preliminary findings were shared earlier and were able to inform the response prior to the report's release date. There was no systematic method for documenting this step or the content shared, but key informants noted that at this point, 'we knew what was happening'.

What the assessments all did reliably, according to both key informants and survey respondents, was to provide a snapshot of child protection issues in an emergency situation to inform a response.

These findings lead to the wider question of whether the toolkit and the nature of the assessment process itself should be considered 'initial' or whether this term needs to be re-evaluated. An important topic for reflection is the phase in which a CPRA should be conducted. In rapid-onset emergencies, it is important that further focus be placed on identification and analysis of all available data per existing guidance within the CPRA and beyond (e.g. desk review, secondary data analysis, and other needs identification and analysis frameworks). This should include child protection-related data that are collected by other sectors in order to determine key protection concerns, priority groups, and geographic locations.

The next revision of the CPRA should include:

- Better guidance on how to use existing data to further focus the use of CPRA (both thematically and geographically) based on desk review/secondary data analysis; and
- The current flowchart and clear references to other existing tools for different contexts/phases.

The CPRA is trusted as an effective and adaptable tool for gaining meaningful new knowledge on child protection risks and concerns.

The joint assessments and CPRAs (full CPRAs, CPIAs, site-specific CPRAs) were widely considered to have been effective at generating meaningful new knowledge on child protection risks and concerns. Although the knowledge was limited, there was an understanding among key informants that this was the innate limitation of any rapid assessment and that the knowledge gained was enough to fulfil the purpose of the assessment.

**The added value of the CPRA** as compared to other assessments was threefold according to key informants who used all or parts of it:

- 1) The CPRA is a well-known toolkit that child protection practitioners trust is appropriate, increasing the likelihood that international partners are familiar with its methods and tools.
- 2) Support resources available, particularly in regard to technical support (e.g. the CP AoR help desk).
- 3) The CPRA is practical, user-friendly, and adaptable, featuring a flexible menu of options.

The CPIA, though represented by only two key informants, shows clear potential for providing another route for exploring child protection issues. The two applications of it were quite different: one was conducted in response to a rapid-onset flood emergency, and the other was used in a slow-onset natural disaster. In both cases, the methodology provided a snapshot – albeit limited – of both situations significantly faster than would have been possible with a larger assessment.

Based on the responses from key informants, the added value of a site-specific CPRA is unclear. In one application, the KII acknowledged that the assessment was significantly adapted beyond the initial methodology: most of the team's own questions were written instead of utilizing what was in the toolkit. In the other application, it was generally agreed that the methodology was not appropriate in the context, as an emergency situation had not occurred recently. In other settings, most clearly in Syria's protection cluster assessments where accessibility was an issue, a site-specific CPRA could have been used but was rejected in favor of other rapid assessments. In short, the site-specific CPRA has not gained the attention it needs in order to be used as intended.

A CPRA requires a substantial level of technical capacities and support, including data analysis and interpretation capacities.

Key informants affirmed that implementing a CPRA is labor-intensive. Aside from data collection (which was completed by a designated team in each assessment), the majority of the technical and administrative responsibilities fell on one individual. When additional resources and support were available at one or more stages, their quality and nature depended upon the context and actors involved, not necessarily the tool used. That said, those using CPRA-related tools, including in joint assessments, felt it was both possible and helpful to reach out to others who had experience using the toolkit and its tools. Where CPWG/CP AoR recommended CPRAs or CPIAs, they provided more substantial technical support.

It was made clear that an effective CPRA (or joint assessment including a CPRA component) requires a significant level of resources and support:

- **Technical:** Someone with relatively advanced technical skills needed to contribute (especially during the tool development, including adaptation and contextualization; analysis; and reporting). This person was generally not in-country. Information management capacities were essential in assessments to help with the analysis, but if IMOs were not involved in other steps of the process (in particular, the tool adaptation and contextualization) or had limited capacity, it made analysis significantly more challenging.
- **Human:** Having one team leader / coordinator throughout the entire process was important to maintain consistency and to move the process forward. Only on rare occasions were team leaders able to dedicate all of their time to the assessment. Most often, they were working extra hours to do so. While consultants were able to devote all of their time to an assessment for the duration of their contract, they were generally not based in the country where the assessment was conducted. Thus, they were not included in initial stages of the assessment or in dissemination of results.
- **Financial:** Interagency assessments were generally supported by contributions from partners, so funding was not an issue. However, in some less-visible emergencies (e.g. Northern Nigeria site-specific CPRA), it was necessary to reduce the scope and to use the findings to advocate for more funding. While a costing analysis was not included as part of this review, anecdotal evidence shows that the CPRAs have not required significant financial resources.

In general, survey respondents and key informants emphasized **the need to build capacity on child protection data analysis and interpretation**. This finding echoes those of the 2013 CPRA review and reinforces the need to strengthen these capacities throughout the entire sector.

CPRA tools are adapted and contextualized, but recommended methodologies were not always used.

Tools in the CPRA were adapted and contextualized in every case, and in general the teams did not face major difficulties in doing so. The exception was determining the intended scope of an assessment: partners sometimes objected to the scope being just a snapshot with only ‘what we need to know’ issues being explored. While these inter-agency conversations sometimes required substantial time, they were generally (though not always) resolved by stressing the purpose of a CPRA.

Contextualization was generally not problematic for the CPRA or related applications (including CPIA and joint assessments that included components of the CPRA), but key steps facilitated this process. At a minimum, this included working with local data collection teams to review translations and terminology and to ensure questions were appropriate to the context. When possible, additional steps were useful in further contextualizing the tools (e.g. interpretation/validation workshops or field-testing activities). With respect to a regional CPIA, it was pointed out that contextualization could be difficult when one needs to compare data across different contexts/locations.

Another issue that emerged was the relatively frequent use of FGDs in CPRA applications (both in full CPRAs and in joint assessments that employed the CPRA methodology). FGDs are not recommended by the toolkit unless data collection teams are sufficiently trained. In four of the CPRA applications that used FGDs, key informants were not certain about the process by which FGDs were determined to be used or whether the data collection teams were, in fact, qualified. For the two CPRAs where key informants knew about this step, they were clear that (a) the voices of community members were essential to their assessment, and (b) the data collectors were sufficiently qualified.

CPRA results have contributed to future CPHA programming, but it is unclear how the information influenced initial programming decisions.

Overall, key informants and survey participants said that the information acquired from rapid assessments was used in some way and contributed to the knowledge on child protection concerns related to the humanitarian situation. There was no significant distinction between those using full CPRAs versus joint assessments with CPRA components, but there was a common understanding that the CPRA was a particularly valuable tool for obtaining useful information relatively quickly.

At the same time, few KIs were able to articulate specifically how, if at all, the information derived from the assessment was used. They were confident that it would be used for future programming because the assessments were believed to fill a gap with primary evidence not previously known about the child protection issues. The toolkit was also used, sometimes as its

primary objective, for advocacy purposes since it enabled actors to quickly obtain data about issues they knew were happening but for which evidence had not been previously gathered.

### 4.2. Recommendations

The CPRA is effective at generating valuable child protection information in humanitarian settings. According to the review, however, there is room for improvement. The following recommendations highlight areas for strengthening the toolkit's guidance, the sector's capacity, and the CPRA's position in the broader framework of humanitarian child protection assessment and analysis.

#### [Recommendations for the next revision of the CPRA Toolkit](#)

##### **1. Adjust guidance to reflect a realistic timeframe for implementation.**

- De-emphasize the concept of 'initial' assessment to reflect the longer timeframe required for effective implementation.
- Adjust timelines to reflect an implementation period of two months.
- Identify and emphasize the toolkit's usefulness beyond the initial phases of a humanitarian response.

##### **2. Improve guidance to help users determine when and how to use the toolkit.**

- Provide guidance to support decision-making around its use by including:
  - an adapted version of the assessment flow chart as in the toolkit,
  - a list of the resources/ capacities necessary for a CPRA, and
  - suggestions for accessing the necessary resources/capacities.
- Provide guidance for informing stakeholders from the planning stage that the primary purpose of the CPRA Toolkit is to provide a snapshot of urgent child protection needs.
- Provide guidance to help determine when an analysis of existing data can adequately identify child protection needs and inform strategy and when a more in-depth assessment (CPRA) is required.
- Provide guidance to help users define the thematic and geographical scope of the assessment based on desk review/secondary data analysis and taking into account the financial and human resources available.

##### **3. Strengthen guidance on the use of the CPRA toolkit itself.**

- Elaborate further on the need for a desk review to:
  - define what is already known about child protection, and



- guide further information gathering as a critical ethical step during capacity building and roll-outs of the CPRA.
- Include a template and related guidance on developing data protection protocols within the section on 'Ethical considerations for undertaking a CPRA'.
- Expand the guidance on focus group discussions and child participation to require:
  - a risk assessment and mitigation measures for engaging children, and
  - data collectors that have skills and experience in child participatory approaches.
- Emphasize the requirement to field test the contextualized CPRA tools in order to validate and finalize them during initial training of assessors.
- Expand the guidance on ethical data collection and analysis related to highly sensitive issues to require that users:
  - Consult experts on the risks and appropriateness of asking questions on highly sensitive issues such as sexual and gender-based violence or recruitment and use of children by armed forces or armed groups;
  - Use a risk analysis for children, communities, and assessors when deciding whether to include questions on highly sensitive issues;
  - Implement appropriate risk mitigation measures;
  - Include questions related to sexual and gender-based violence ONLY when basic services are available for urgent action referral, in line with WHO Ethical and Safety Recommendations; and
  - Train assessors on safe and ethical referral BEFORE collecting data on sexual and gender-based violence.
- Explore the potential systematic use of software such as Open Data Kit (ODK) or Kobo to produce real-time analysis during data collection.
- Add the following roles and Terms of References to those already in the toolkit:
  - **Assessment Lead:** Guides the CPRA process for the entire timeframe.
  - **Information Management Officer:** Supports all phases of the CPRA, particularly tools development and data analysis.

#### 4. Provide guidance on disseminating CPRA findings.

- Expand guidance on how to include CPRA findings in key documents such as the Humanitarian Response Plan and Humanitarian Needs Overview.
- Provide guidance on how to work with an in-country information management system or, if this does not exist, how to monitor data going forward.
- Formalize a step between analysis and reporting for sharing preliminary results with key stakeholders in order to:
  - validate and refine findings, and
  - use key findings in fundraising and strategy development.

- Provide guidance on preparing preliminary findings and structuring a consultation.

### Recommendations related to the CPHA assessment capacity building

#### **5. Build appropriate, consistent capacity to support the implementation of the CPRA.**

- Ensure that appropriate global-level mechanisms have deployable and remote technical capacity to support CPRA processes, including:
  - research,
  - data collection, and
  - data analysis.
- Staff CPRA team with members who are experienced in conducting all aspects of child protection assessments, including data analysis and interpretation.

#### **6. Develop a comprehensive capacity-building plan for humanitarian child protection analysis, assessment, and monitoring.**

- Support collaboration between the AME Working Group, UNHCR, and the CP AoR in designing and delivering capacity building on humanitarian child protection analysis, assessment, and monitoring.
- Include a specific focus on data analysis and interpretation, potentially through an online training module.
- Clarify the technical support required for assessment and analysis, including the roles of:
  - Information Management Officers,
  - the CP AoR Help Desk, and
  - the AME Working Group.

### Recommendations for placing the CPRA within the broader framework of humanitarian child protection assessment and analysis

#### **7. Ensure the AME Working Group work together with key CPHA actors to place the toolkit within a broader framework of humanitarian child protection assessment and analysis.**

- Determine the role of the CPRA within a broader framework of complementary initiatives and multisectoral assessments.
- Provide guidance on the circumstances in which the CPRA can be most useful and tailor the toolkit to those circumstances.
- Present the CPRA as one tool within a wider menu of tools and approaches.

- Strengthen linkages with other sectors during the secondary data review phase to maximize the use of existing humanitarian assessment and monitoring data (including Food Security, Livelihoods, Education, Nutrition, and Health).
- Include key elements of the CPRA within multisectoral assessment and monitoring processes to minimize additional data collection activities.

### **8. Consolidate and maintain a repository of humanitarian child protection assessment reports.**

- Maintain an online repository of humanitarian child protection analysis, assessment, and monitoring reports, including CPRAs, so field users can easily access information.
- Consider synthesizing data from humanitarian child protection analysis, assessment, and monitoring in order to identify key issues and trends in different geographical and humanitarian contexts.