MINIMUM STANDARDS FOR
CHILD PROTECTION
IN HUMANITARIAN ACTION

Global Protection Cluster
Child Protection

The Child Protection Working Group (CPWG) is the global level forum for coordination on child protection in humanitarian settings. The group brings together NGOs, UN agencies, academics and others under the shared objective of ensuring more predictable, accountable and effective child protection responses in emergencies. In the humanitarian system, the CPWG constitutes an "area of responsibility" within the Global Protection Cluster.

http://www.cpwg.net

ACKNOWLEDGEMENTS

FOREWORD

In humanitarian settings across the world today, children are likely to make up half or more of the population affected by conflicts or disasters. The many risks facing these girls and boys have a devastating impact on their well-being, physical security, and future. Some children are killed or injured. Others face separation from their families and caregivers or recruitment into armed forces or armed groups; and far too many suffer sexual violence or other forms of exploitation and abuse.

The protection of children from violence, exploitation, abuse and neglect is an urgent priority for all those working in humanitarian situations, including, of course, protection actors but also the broad range of sectoral specialists. Our efforts need to be quick, well planned and effective – and we need to be able to measure whether they are reaching children and properly protecting them. Furthermore, in our humanitarian action, we need to ensure that we strengthen systems that will protect children in the longer term, when the emergency response is over.

These long-awaited inter-agency minimum standards for child protection have the potential to transform the quality and the rigour of our work to protect children, and they will hold us to account against our commitments as humanitarians. We urge all those involved in humanitarian action to seize this opportunity, and to implement and promote these Standards.

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TABLE OF CONTENTS

Standards to mainstream child protection in other humanitarian sectors — 163

Annexes and glossary — 215

INTRODUCTION

WHAT IS CHILD PROTECTION IN EMERGENCIES?

The definition of child protection, as agreed by the Child Protection Working Group, is "the prevention of and response to abuse, neglect, exploitation and violence against children". Thus, child protection is not the protection of all children's rights, but refers instead to a subset of these rights.

A crisis or emergency is broadly defined as a threatening condition that requires urgent action. Effective emergency action can avoid the escalation of such an event into a disaster, which is seen as a serious disruption of the functioning of a community or a society involving widespread human, material, economic or environmental losses and impacts that exceeds the ability of the affected community or society to cope using its own resources, and which therefore requires urgent action.

Emergencies can be man-made, such as conflict or civil unrest; they can result from natural hazards, such as floods and earthquakes; or they can be a combination of both. They often have devastating effects on children's lives. They result in girls and boys being killed or injured, becoming orphaned, becoming separated from their families, being recruited into armed forces or groups, being sexually abused, becoming children with disabilities, being trafficked or, worse, experiencing several of these at the same time.

The child protection risks in an emergency will depend on factors such as: the numbers of children affected; the types of child protection problems; the level of organisation and stability of the state before and during the emergency; the country's capacity to respond; and the nature of the emergency.

Child protection in emergencies includes specific activities by child protection actors, whether national or community-based, and/or by humanitarian staff supporting local capacities. It also includes activities in other humanitarian sectors that have the effect of improving children's safety, even where this is not their specific purpose.

THE INTERNATIONAL LEGAL BASIS FOR CHILD PROTECTION IN EMERGENCIES

The Minimum Standards for Child Protection in Humanitarian Action are grounded in an international legal framework that regulates the obligations of the State towards its citizens and other persons in that State, and therefore references to relevant international legal instruments have been made under each standard. The standards do not, however, set out to provide an exhaustive explanation of the various legal instruments; instead, they provide a starting point from which humanitarian workers can seek more information if necessary.

The international legal framework is mainly composed of three interrelated and mutually reinforcing bodies of treaty law: international human rights law, humanitarian law, and refugee law.

International human rights law sets out the rights of persons, and applies both in peacetime and in conflict. Certain rights can be suspended (derogated) in times of emergencies, but fundamental rights such as the right to life and the right not to be tortured can never be suspended. The responsibility of the State to protect, respect and fulfil human rights has been agreed between States in different treaties or conventions (formal contractual agreements between States that carry legal obligations). It is important to know which conventions each government has ratified, as only those conventions will be legally binding on that State.

International humanitarian law regulates the behaviour of combating parties during conflicts, both international and internal, and provides special protection for civilians. International humanitarian law can be found in the Geneva Conventions. Additional Protocol I of the Geneva Convention relates to international armed conflict, and Additional Protocol II relates to internal armed conflict.

International refugee law deals with the rights and protection of refugees. Refugees are individuals who:

1. Are outside their country of nationality or normal residence

2. Have a well-founded fear of persecution because of their race, religion, nationality, membership of a particular social group or political opinion

3. Cannot or do not want to be protected by that country, or to return there, for fear of persecution.

There are some international standards – referred to as "soft" law – that are not legally binding. In other words, they cannot trigger State responsibility. Nevertheless, they are considered as morally binding, and they provide important guidance.

FOUR KEY PRINCIPLES SET OUT BY THE CRC, AND THEIR RELEVANCE TO HUMANITARIAN ACTION:

SURVIVAL AND DEVELOPMENT

As well as children's right to life, humanitarian workers must also consider the effects of the emergency and the response on the physical, psychological, emotional, social and spiritual development of children.

NON-DISCRIMINATION

Emergencies often magnify existing differences and further marginalise those already at risk of discrimination.
Humanitarians must identify and monitor existing and new patterns of discrimination and power, and tackle them in the response.

CHILD PARTICIPATION

Humanitarian workers must ensure that girls and boys are given space and time to meaningfully participate at all possible stages of an emergency preparedness and response. Boys and girls of different ages and abilities, and with different perspectives, should be supported to express their views in safety, and these views should be regarded with respect and taken seriously. Humanitarian workers must be aware of their own values, beliefs and assumptions about childhood and the roles of the child and the family, and avoid imposing these on children. They should enable developmentally appropriate ways of child participation, share power with children in decision making, and be sensitive to how children's participation can, when done poorly, upset children's social roles and power relations.

THE BEST INTERESTS OF THE CHILD

In all actions concerning children, the best interests of the child shall be a primary consideration. This principle should guide the design, monitoring, and adjustment of all humanitarian programmes and interventions. Where humanitarians take decisions regarding individual children, agreed procedural safeguards should be implemented to ensure this principle is upheld.

HOW DOES CHILD PROTECTION FIT WITHIN HUMANITARIAN ACTION?

There are threats to the safety and wellbeing of children in every emergency. For this reason, child protection is an important consideration in all humanitarian action, and child protection objectives are often an explicit component of humanitarian preparedness and response.

Sphere defines Humanitarian Action and Humanitarian Response as follows:

HUMANITARIAN ACTION: The objectives of humanitarian action are to save lives, alleviate suffering and maintain human dignity during and in the aftermath of man-made crises and natural disasters, as well as to prevent and strengthen preparedness for the occurrence of such situations. Humanitarian action has two inextricably linked dimensions: protecting people and providing assistance (see Humanitarian response). Humanitarian action is rooted in humanitarian principles – humanity, impartiality, neutrality and independence.

HUMANITARIAN RESPONSE: Humanitarian response is one dimension of humanitarian action (see Humanitarian action, above). It focuses on the provision of assistance in a given emergency situation.

In the initial humanitarian response, urgent child protection needs in an emergency are likely to include interim care for unaccompanied and separated children, family tracing, quick interventions to prevent families from being separated, psychosocial support for distressed children and their families, and protection from different kinds of violence and risks such as recruitment into armed forces or groups or other forms of exploitation. In most cases, families and those from the affected community will naturally respond to these needs as best they can, and outside agencies may find ways to support and supplement these efforts.

Humanitarian action for child protection also involves preparedness, including the strengthening of child protection systems before, during and after an emergency, to increase state, community, family and child resilience to the emergency and mitigate its effects.

The international humanitarian system recognises child protection as life-saving, and as such child protection activities are included in the criteria of the UN's Central Emergency Relief Fund (CERF). UNICEF is the lead agency for child protection within the cluster system, and child protection is embedded within the UNHCR-led global protection cluster.

WHAT IS THE PURPOSE OF THESE STANDARDS?

In 2010 the members of the global Child Protection Working Group agreed on the need for child protection standards in humanitarian settings, to tackle what was seen as a critical gap. The Minimum Standards for Child Protection in Humanitarian Action have been developed to support child protection work in humanitarian settings. In such contexts, the standards are intended to:

• Establish common principles amongst those working in child protection, and to strengthen coordination between them
• Improve the quality of child protection programming, and its impact for children
• Improve accountability within child protection work
• Further define the professional field of child protection
• Provide a synthesis of good practice and learning to date
• Enable better advocacy and communication on child protection risks, needs and responses.

HOW DO THESE STANDARDS LINK WITH THE SPHERE PROJECT AND OTHER STANDARDS?

The Sphere Project is an initiative aimed at improving the quality of humanitarian assistance and the accountability of humanitarian actors to their constituents, donors and affected populations.

The Sphere Handbook, which comprises the Humanitarian Charter, four Protection Principles and a series of Minimum Standards in Humanitarian Response, is a universal guide and reference for all humanitarian action. The handbook has been developed by humanitarians from a range of different sectors, on the premise that all people affected by disaster or conflict have a right to receive protection and assistance to ensure the basic conditions of life with dignity.

The Minimum Standards for Child Protection in Humanitarian Action are grounded in this same basic premise, and their structure is consistent with that of the Sphere standards. It is intended that the Minimum Standards for Child Protection in Humanitarian Action be used in conjunction with the Sphere Handbook, and that they provide a complementary set of agreed norms that relate specifically to child protection work in humanitarian settings. Accordingly, references are made to the Sphere project throughout this handbook.

Other protection policies that informed these child protection-specific standards include:

• The UNICEF Core Commitments for Children in Humanitarian Action (CCCs, updated 2010)
• The ICRC's Professional Standards for Protection Work (ICRC, 2009)
• The Guiding Principles on Unaccompanied and Separated Children (Save the Children, UNICEF, IRC, ICRC, UNHCR, Word Vision, 2004)

The standards also built on existing inter-agency policy and tools, namely:

• The IASC Guidelines on mental health and psychosocial support in emergency settings (2007)
• The Minimum standards for education: preparedness, response, recovery (INEE, updated 2011)
• Working with people with disabilities in forced displacements (UNHCR, 2011)

Further important resources were found on platforms such as the website for the Child Protection in Crisis (CPC) Network, the Better Care Network (BCN) and the Violence Prevention Alliance (VPA).

Questions that were used to test and improve each standard include the following:

• Do the activities reflect considerations for children below 5 years as well as adolescents?
• Do the activities reflect considerations for boys and girls?
• Do the activities reflect considerations for different ethnic, religious or cultural groups?
• Do the activities reflect an inclusive approach for children with different types of disabilities?
• Do the activities provide considerations for strengthening child protection systems?

WHAT DOES EACH STANDARD CONTAIN?

The Minimum Standards for Child Protection in Humanitarian Action follow the structure of the Sphere standards. Each standard is accompanied by key actions, measurements (including indicators and targets), and guidance notes.

• Each standard describes in one sentence what should be achieved in one area of humanitarian action, to ensure adequate protection for children.

- The key actions are suggested activities to help meet each standard. They are not necessarily applicable in all contexts but give an idea of the kind of steps to consider when the context allows.
- The measurements include two types of indicators, with targets, to use as "signals" indicating whether a standard has been achieved.
  Outcome indicators relate to the one sentence standard, whilst action indicators relate to some of the key actions for that standard.

  Standards have several indicators. Those working on child protection in the same context should agree which are most relevant and meaningful to use. In some contexts targets may need to be adjusted, and other adaptions may be necessary. Data should always be disaggregated at least by age and sex. Depending on the context further disaggregation may be helpful, for example by geographical location, (dis)ability, or population group.
- The guidance notes provide further information and advice on priority issues relating to the standard. Some provide practical suggestions, while others highlight ethical considerations or gaps in current knowledge.
- The references signal relevant international legal instruments relating to the standard, as well as useful guidelines and training materials. The references are not exhaustive, but rather are intended to provide a starting point for the search for more information, as needed.

WHO ARE THE STANDARDS INTENDED FOR?

These standards are intended for use by those working on child protection or related areas of humanitarian action. This includes those working directly with children, families and communities; planners and policy makers; coordinators; donors; academics; and those working on advocacy, media or communications. It includes government personnel and those working in independent or multilateral organisations; and it may also include those working in the justice system and security personnel, as well as armed forces and groups.

The standards also aim to support relationships of accountability between survivors of conflict or disaster and humanitarian workers, through participation by survivors providing the possibility to influence decisions about the assistance they receive, and through the provision of information and channels to complain if humanitarian assistance is not well provided.

The following are some ways in which the standards can be used:

- To plan and cost humanitarian interventions
- To establish common and measurable expectations regarding the scope and quality of child protection services provided to children, their families and their communities

- To establish agreement on common principles between different actors, such as the different members of a child protection coordination mechanism
- To monitor and evaluate the quality and effectiveness of humanitarian interventions, including those of peer and partner organisations
- To guide and evaluate the allocation of funding to partners. For example, the standards can be used as a reference for funding applications, contracts and partnership agreements
- To induct and train new staff or partners
- As a self-learning tool and a reference text for child protection workers and others
- To enable advocacy on child protection issues, and to brief decision-makers on child protection principles and priorities
- To motivate and enable those working in other sectors of humanitarian action to protect children better.

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

There is currently limited evidence on which child protection interventions are most effective and appropriate in different contexts. These standards are therefore based on the expertise and experience of practitioners working in the sector today.

The standards were formulated between January 2011 and September 2012. A team containing child protection practitioners, other humanitarians, academics and policy makers, based in different countries and organisations, worked together to develop an initial draft. This was done through careful review of existing policies, tools and learning from different humanitarian situations. Following this, the draft standards were reviewed for their relevance and applicability in a range of humanitarian contexts by practitioners at national and local levels, and subsequently revised and refined.

Altogether, over 400 individuals from 30 agencies and 40 countries around the world contributed to the development of the standards.

WHAT IS MEANT BY "MINIMUM" STANDARDS, AND WHAT HAPPENS IF THEY CANNOT BE MET?

The standards set out a common agreement on what needs to be achieved in order for child protection in humanitarian settings to be of adequate quality. Those planning and budgeting for child protection in humanitarian settings should therefore use the entire set of standards as a starting point when determining the scope and quality of action to be taken.

The degree to which the standards can be met in practice will depend on a range of factors, including access to the affected population, the level of cooperation from the relevant authorities and the level of insecurity in the local context. Limited capacity and resources of those working in child protection, combined with urgent and fast-changing child protection needs, is likely to necessitate prioritisation of some standards above others, or a phased approach to meeting the standards. Another consideration is that if child protection was extremely weak in a context prior to an emergency, it may not be realistic or appropriate to try and meet the standards in the response phase. Finally, some standards may simply have limited relevance in the local context.

There may therefore be important reasons why at times it is not possible, or advisable, to meet all the standards. Where the standards cannot be met, however, they still apply as an agreed universal benchmark, and they can be used – for example – to articulate eventual or aspirational goals for child protection.

Used in this way, the standards may enable humanitarians to highlight gaps in the scope or quality of the child protection response, and the investment or conditions required to close these gaps. An emergency may highlight challenges and specificities in the context which restrict the standard of child protection in the response, but it may also be an opportunity to make changes – immediate or more gradual – that strengthen child protection for the longer term.

HOW DO I USE THE STANDARDS IN MY CONTEXT?

In order to be properly used, the standards need to be adapted to the relevant context. They also need to be disseminated and promoted so that all those with a role in child protection can refer to them.

Adaptation should not be understood as an opportunity to reset the level of child protection that each standard applies, and the one sentence standard should not normally be changed. In order to attain each standard, however, it may make sense to prioritise key actions, and adjust or remove others or add new ones. The guidance notes may be helpful in this exercise.

Additionally, the indicators and targets may need to be adapted or reset – although there should be a clear justification if a target is lowered, and, wherever possible, a clearly signalled intention eventually to aim for the original target, or a higher one.

The following are some suggested ways to adapt and promote the standards in your context:

- Begin by selecting a few standards that cover priority or weaker aspects of child protection work in your context
- Discuss and agree targets and target definitions (where relevant) to the key actions and measurements, and, where targets need to be lowered, agree on subsequent steps to promote eventual attainment of the original target
- Present and discuss the standards within different organisations and groups, including inter-agency coordination mechanisms
- Work with those covering other sectors of humanitarian action to adapt and insert the relevant standards into their processes
- Use the relevant standard and agreed indicators to structure and inform preparedness plans, response plans, and the tools used to monitor implementation
- Translate the standards, simplifying as required and using relevant headings
- Include information on the standards in induction packs for humanitarians new to the response
- Consider using an event to raise awareness about the standards and promote the visibility of child protection issues. The event could be focused on the standards specifically (such as a launch) or another event on a related topic (such as a mother's day celebration or the issue of a new report about humanitarian issues in the context)
- Arrange briefings on the standards for senior policy makers, decision-makers and spokespeople working in different aspects of the humanitarian response

- Organize orientations and training on the standards for child protection workers and other humanitarians
- Discuss the standards with girls and boys as well as parents and other community representatives, including those with particular influence, such as faith leaders and role models for children
- Produce child- and community-friendly materials and messages based on the standards, thinking about how to reach adults and children with disabilities
- Use spot checks or more systematic reviews to monitor and improve the level of awareness and use of the standards in your context.

AT WHAT STAGE OF HUMANITARIAN ACTION DO THE STANDARDS APPLY?

The standards aim to strengthen all stages of humanitarian action. The key actions in each standard are divided into "preparedness actions" and "response and early recovery actions". In situations where there has been nil or minimal preparedness, preparedness actions should be considered alongside the response and early recovery actions.

Only a few specific disaster risk reduction (DRR) actions have been incorporated in the standards, most notably in Standard 7. This reflects the limited guidance and learning to date on combining DRR and child protection actions. It is expected that DRR considerations will be more fully included in future versions of the standards.

PRINCIPLES
AND APPROACHES

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The considerations in this section are key to the full application and attainment of the standards, and should be used and presented alongside the standards. Principles 1- 4 are the Protection Principles in the Sphere Handbook, restated here with specific reference to child protection.

PRINCIPLE 1:
AVOID EXPOSING PEOPLE TO FURTHER HARM
AS A RESULT OF YOUR ACTIONS

"Those involved in humanitarian response must do all they reasonably can to avoid exposing people affected by disaster or armed conflict to further harm", in particular the risk of exposing children to increased danger or abuse of their rights.

In addition to the guidance provided in the Sphere handbook, the following points, which are more specifically focused on child protection interventions, should be considered.

- Before introducing new interventions, find out how the issues to be addressed were handled previously by children, families, the community and the authorities;

- Analyse existing relations between children and adults and between different groups of children, trying to reduce potential causes of tension or conflicts of interest;

- Gain a full understanding of the expected behaviours and social norms for girls and boys of different ages, and take this into account when planning interventions, including timings, transportation and sanitary arrangements;

- Promote meaningful and safe child participation in programme planning and evaluation so that the views and interests of children, as well as those of adults, can be determined;

- Avoid restricting services and benefits to specific categories of children or families – for example "separated children" or "ex-combatants" – as this may incentivise separation or recruitment;

- When dealing with sensitive issues, guarantee confidentiality and informed consent for children, and ensure that interventions are carefully planned to respect privacy;

- Set up and adhere to Child Safeguarding Protocols, including procedures for reporting and addressing suspected infringements.

PRINCIPLE 2:
ENSURE PEOPLE'S ACCESS TO IMPARTIAL ASSISTANCE

"Ensure that humanitarian assistance is available to all those in need, particularly those who are most vulnerable or who face exclusion on political or other grounds." Assistance is provided without discrimination and is not withheld from children in need or their families and caregivers, and access for humanitarian agencies is provided as necessary to meet the standards.

In relation to this principle, a central consideration for child protection workers and other humanitarians is the need to identify pro-actively those children who may be inadvertently or deliberately excluded from interventions.

Girls or boys of different ages may be less able to access child protection or other services. Some children may be excluded because of their social position or their ethnicity, reflecting broader discrimination patterns in the population. Specific children may also be excluded because of their own circumstances, including domestic duties (including care of other children and of sick or elderly adults), their working hours, their mobility or disability or their care arrangement (for example if they are in residential care or in a child-headed household, or if one or more of the adults in the family has died or left the family in search of work).

Child protection interventions need to use innovative and creative ways to reach these children, who are often those most in need of protection. Child protection workers and other humanitarians need to respond quickly when patterns or cases of discrimination or exclusion are identified. Following consultation with these children and their families and communities, adjustments should be made to interventions to maximise access for these children.

PRINCIPLE 3:
PROTECT PEOPLE FROM PHYSICAL AND PSYCHOLOGICAL HARM ARISING FROM VIOLENCE AND COERCION

Children are protected from "violence, from being forced or induced to act against their will," and from fear of such abuse.

Although the primary responsibility to protect children from harm rests with government, all child protection responses should seek to make children more secure, facilitate children's and families' own efforts to stay safe, and reduce children's exposure to risks.

PRINCIPLE 4:
ASSIST PEOPLE TO CLAIM THEIR RIGHTS, ACCESS AVAILABLE REMEDIES AND RECOVER FROM THE EFFECTS OF ABUSE

Children are assisted to claim their rights, through information, documentation and assistance in seeking remedies. Children are supported appropriately in recovering from the physical, psychological and social effects of violence and other abuses.

Children are rights-holders. Child protection workers and other humanitarians must ensure that wherever possible, interventions support children in claiming their own rights, and support others such as parents and carers in claiming children's rights on their behalf. This includes the promotion of birth registration and efforts to secure or replace lost documents. It also includes enabling children to access remedies such as legal redress at local, national or international levels. Finally, it includes supporting children to claim entitlements under law, such as inheritance or restitution of property – which may be an important factor in children's ability to protect themselves, and to claim other rights.

PRINCIPLE 5:
STRENGTHEN CHILD PROTECTION SYSTEMS

In humanitarian settings, the people, processes, laws, institutions and behaviours that normally protect children – the child protection systems – may have become weakened or ineffective. However, the response phase may provide an opportunity to develop and strengthen national child protection systems, including community-based systems.

The following considerations may be helpful in ensuring that humanitarian interventions, as far as possible, rebuild and strengthen elements of the prior or potential child protection system at national and community levels (see also next section on strengthening children's resilience in humanitarian action).

- Identify and build on existing capacities and structures. Avoid the creation of parallel structures, such as agency-based staff that replace or bypass government- or community-employed social workers.

- During the response, build the capacity of national and state-level authorities as well as civil society. In some contexts it may be more effective and appropriate to channel support to the more informal parts of the child protection system, such as families and community-based child protection mechanisms.

- Ensure and systematize representative participation of the community, including meaningful participation of children, in analyses, planning and evaluations.

- Link and coordinate with others working on child protection and related issues. Each actor will have different strengths and opportunities in relation to strengthening the overall system. Try to generate interest in, and commitment to, this shared goal.

- Prioritise local ownership of child protection interventions wherever possible.

- Engage early on with development actors and processes to plan the transition to the post-emergency phase, if appropriate. This phase may see significant investments, newly established national agendas or other opportunities to extend and intensify efforts to strengthen the child protection system.

In some contexts, an armed force or group or non-state actor may be the de facto authority. Where relevant, possible and appropriate, neutral and impartial organisations with the right expertise can discuss child protection issues with such groups, including the legal obligations of the group in relation to child protection, and their role in the practice of child protection.

PRINCIPLE 6:
STRENGTHEN CHILDREN'S RESILIENCE IN HUMANITARIAN ACTION

Although children are often portrayed as passive and dependent, they are naturally active participants in their families and communities. Before a crisis, many children have family responsibilities, take their own decisions, and may be leaders in their schools or peer groups. During crises, children attempt to cope with the added risks and pressures that emergencies bring by problem solving or obtaining support from others, including family members and others such as peers or religious leaders.

How successful children are in addressing and coping with their situation depends on the pattern of risks and protective factors in their social environments, and also on their internal strengths and capabilities. Vulnerability arises when a child faces multiple risks and has few protective factors, such as living with a caring parent, having supportive friends, and having good skills for seeking help. Resilience arises when a child has more protective factors than risk factors. Similarly, children with strengths such as good problem-solving skills are often able to navigate the crisis environment relatively effectively, and to make decisions that support their wellbeing and that of their families.

From this standpoint, the task of child protection programming in emergencies is to strengthen protective factors that reinforce children's resilience, and to deal with those that expose children to risk. In designing programmes that strengthen resilience and deal with threats, and which support positive relations between children, families, and communities, the following questions are relevant:

• Are programmes accessible to all children, and do they build on and reinforce children's skills and strengths? Consider the characteristics of individual children that may influence their vulnerability or resilience (for example, their age, ability, ethnic background, language, sex, health, mental health, religion, and so on).

• Do programmes involve those close to children, and reinforce supportive relationships between children and their parents, caregivers, peers and other important people? Consider the characteristics of children's family relationships and other close relationships (for example, care arrangements, close and supportive family environments, positive relationships with peers and teachers, and so on).

- Do programmes strengthen the structures, practices and services that help to protect children in the community? Consider the roles, skills, accessibility and regulation of community leaders, groups, institutions and services. For example, identify aware and active leaders, relevant information about child protection risks, accessible and child-friendly health centres, skilled and available social workers, and so on.

- Are programmes taking account of the social and legal norms that influence children's lives and circumstances? Consider the legal context and the culture and how these affect children's safety and wellbeing (for example, laws and policies, regulation practices, economic activities, cultural and religious beliefs, structural inequalities, and so on).

- Do programmes tie all of the above elements together and take a consistent approach? Consider the relationships between children, other children, families, communities and cultures, and how one part influences the others.

STANDARDS

STANDARDS TO ENSURE A QUALITY CHILD PROTECTION RESPONSE

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These standards focus on key programming components, including:

- Coordination
- Human resources
- Communication, advocacy and media
- Programme cycle management
- Information management
- Child protection monitoring

They do not aim to replace the existing policies and tools on these issues, but rather to provide a child protection-oriented view of each area of work.

The standards that follow in the next section are related to specific areas of child protection, but each is linked to the standards described in this first section.

STANDARD 1
COORDINATION

Coordination helps to make sure that child protection responses are prioritized, efficient, predictable and effective. It avoids partial responses or duplication, and ensures that a provider of last resort is identified when partners are not able to respond to identified needs. It also allows everyone involved in child protection to agree on a shared set of objectives and division of labour. In doing so, it can help create an inter-agency or multi-sectoral response that strengthens the national or community-based child protection system in the long run. Poor coordination can reduce the effect of programming and may even result in harmful programming – for example, programming that weakens family or community protection structures, or which responds only to certain risks to which a child may be exposed, while continuing to leave them exposed to other risks.

A number of the key actions in this standard specifically relate to lead agencies – the organisations or government departments that have been agreed or designated as responsible for meeting the coordination function. Other key actions relate to the members of the coordination mechanism (and this is likely to include lead agencies). This does not mean they have to be formal members for these actions to be relevant: their scope includes all those organisations that are active in the context and which therefore have a duty to ensure their actions are coordinated with those of other actors, and for which the coordination mechanism provides this opportunity.

STANDARD

Relevant and responsible authorities, humanitarian agencies, civil society organisations and representatives of affected populations coordinate their child protection efforts in order to ensure full, efficient and timely response.

KEY ACTIONS

PREPAREDNESS

- Assess existing coordination mechanisms and determine how issues of humanitarian child protection interventions can best be coordinated, including with local civil society;
- identify a lead for child protection coordination;
- identify the latest available statistics on child protection issues and, if possible, agree on priority child protection concerns (for example family-

based care, child wellbeing, the worst forms of child labour and violence) (see Standards 4 and 5);

- develop a joint preparedness or contingency plan, building on existing (community and other) structures as well as lessons learned from previous emergencies, and make sure that preparedness actions (such as staff training, translation of tools, creation of MoUs and stockpiling) are completed and up to date;

- ensure that the child protection rapid assessment has been adapted to the local context (see Standard 5);

- translate and adapt key inter-agency tools such as WWWW ("Who does What, Where, When") tools, child protection monitoring tools and performance monitoring tools;

- identify and prepare staff who can take up national and sub-national responsibilities in terms of coordination and managing information;

- lobby to develop child safeguarding policies by agency, as well as inter-agency child safeguarding cooperation;

- prepare child protection messages addressing likely protection risks for children (separation, sexual violence, psychosocial support, injury, etc.) and agree on a strategy to share and use them in the event of an emergency (see Standard 3);

- advocate for the importance of coordinating funding for child protection;

- ensure inter-agency child protection and coordination training is carried out;

- set up internet platforms and mailing lists;

- identify sources of information and data on child protection issues and, if possible, establish a baseline data set for child protection; and

- where necessary, translate these standards, and disseminate them widely.

RESPONSE (LEAD AGENCY)

- Build on pre-existing coordination structures, including those in government and civil society;

- appoint a national-level coordinator, sub-national coordinators and information management staff as necessary;

- assess the needs for establishing local coordination mechanisms;

- promote the involvement of local civil society in terms of coordination (for example, local non-governmental organisations (NGOs), community-based organisations (CBOs) and community leaders as well as government and local authorities where appropriate;

- establish to what degree participants have a mandate to take decisions on behalf of their organisation, authority or group;

- develop objectives and terms of reference for the national coordination mechanism;

- clarify division of responsibilities and means of coordination with other groups (for example, areas of responsibility may include protection, gender-based violence, psychosocial interventions, mine action, education, economic recovery, etc.);

- initiate and oversee the development of an agreed, inter-agency strategic response plan for child protection that builds on existing structures and capacities, and agree common indicators for this;

- initiate and oversee the process to develop agreed performance systems, including a WWWW tool, to track progress towards objectives set out in the strategic plan, and systems to monitor the quality of interventions in relation to these standards;

- set up common tools for joint communication and to support coordination, such as web pages, reporting templates and so on (see Standard 5);

- ensure the most relevant standards in this handbook are available to members of the coordination mechanism in the appropriate language(s), and that briefing or training on the standards is available as soon as possible;

- initiate inter-agency rapid assessments as required (with situation or context analyses in later phases) and establish joint ongoing child protection monitoring systems;

- lobby decision-makers in government and the humanitarian system in-country to ensure that child protection priorities are included in strategic planning and fundraising processes;

- advocate on behalf of the members of the coordination mechanism on urgent issues arising, such as access to affected children, or government policy in relation to care, adoption, or other priorities;

- use information from the WWWW tool, rapid assessments, situation or context analyses and ongoing child protection monitoring to prioritize interventions, identify gaps in the response, and ensure that these gaps are dealt with; and

- identify gaps in the capacity of the humanitarian workforce to address child protection issues, and organise briefings, trainings and technical assistance for the collective as required.

RESPONSE (COORDINATION MECHANISM MEMBERS)

- Consider co-leading or leading the coordination mechanism at the national or sub-national level, or providing leadership, training or technical assistance to the membership of the group on your organisations' areas of expertise;

- take an active part in strategic planning and sign off on the common strategic plan as soon as possible;

- organise and take part in joint or coordinated assessments, avoiding single-agency or uncoordinated assessments, and use the assessment findings to orient programming;

- share information on planned and current programming, including progress against agreed targets, and challenges;

- share information on current funding for child protection programming and make sure that all funding received is documented in OCHA's Financial Tracking Service or another relevant inter-agency mechanism for tracking funding;

- agree on a joint child protection strategic plan, including identification of priority needs, division of labour, agreed indicators, and a common performance monitoring system to track progress against objectives;

- agree procedures for addressing shortcomings in programme quality or deviations from agreed objectives that are identified through the performance monitoring system;
- identify pro-actively any duplications, inconsistencies or gaps in the response, and work with others to ensure these are addressed quickly;
- make sure that agency staff, partners and other relevant actors have access to these standards in their language(s), and that they have access to the training and technical help they need to apply them in their programmes;
- agree on a joint information-sharing procedure (see Standard 5);
- adapt, test and disseminate child protection messages (see Standard 3);
- set up agreements with other child protection actors for referrals or common advocacy;
- agree shared rates of pay or incentives for child protection workers;
- keep to agreed policies in relation to the media (see Standard 3);
- share relevant resources using the coordination mechanism;
- raise relevant child protection concerns with the protection sector or other sectors; and
- develop a coordinated strategy for building capacity of child protection workers.

MEASUREMENT

OUTCOME INDICATOR	OUTCOME TARGET	NOTES
1. A documented strategic plan for the child protection response has been agreed by relevant and responsible authorities, humanitarian agencies and local civil society actors	Yes	Some targets can be modified for emergencies which happen often, or slow-onset emergencies

(5) Timeline should be defined for each context |
2. Implementation against the strategic plan is regularly monitored	Minimum once/ quarter	
ACTION INDICATOR	ACTION TARGET	
3. Terms of reference for the child protection working group exists at national level, with responsibilities clearly defined	Yes	
4. Child protection and coordination training were organised before an emergency	Yes	
5. A dedicated coordinator appointed no later than one week after the onset of the emergency	Yes	
6. Percentage of coordination mechanism members who regularly send in WWWW information	90%	
7. Percentage of surveyed CP practitionners who find the CP coordination mechanism satisfactory	80%	

GUIDANCE NOTES

1. Responsibility for coordination:

In most contexts the government has the main responsibility for co-ordinating child protection activities, and may lead or co-lead the coordination mechanism. Where this does happen, it is likely to make the eventual transition or phase out of the coordination mechanism following the emergency simpler and more effective. In situations where it is not possible for government authorities to be permanent members of the coordination mechanism, it is the responsibility of the members of the coordination mechanism to liaise with them, as much as is possible and appropriate. Within the international humanitarian cluster system, UNICEF is responsible for the Child Protection Area of Responsibility and is responsible for setting up and staffing the coordination mechanism, or making sure that another organisation does this. Co-leadership or leadership by another organisation altogether are possible at both the national and sub-national levels. The child protection coordination mechanism at the national level usually forms part of a broader protection coordination mechanism. In contexts where a cluster system is activated, the area of responsibility on child protection is placed within the protection cluster and its coordinator(s) should work with the protection cluster coordinator(s) and other humanitarian coordination groups to make sure that the child protection response is well coordinated within the overall protection response and with all other aspects of humanitarian activity.

2. Staffing the coordination mechanism:

Allocating resources is important for coordination and managing information. Coordination mechanisms in large-scale emergencies are likely to need at least one dedicated coordinator at national level and one information management officer, as well as a budget for equipment, travel, translation, meetings and training events. Coordination at sub-national level may also involve full- or part-time staff. Coordination roles, such as coordinating thematic technical groups, organising or hosting inter-agency meetings or events, or sub-national coordination, are not restricted to the lead agency and may be taken on by anyone depending on the situation. Sometimes it may be efficient for organisations to share the role of managing information with another sector, such as when addressing gender-based violence, MHPSS, or education.

3. Provider of last resort:

Within the international humanitarian cluster system, the lead agency also has the 'provider of last resort' responsibility. This means that the agency is responsible for making sure that gaps in the child protection response are dealt with. Strategies for addressing gaps include advocacy and using further resources. Gaps may be geographic but may also be thematic – for instance, inadequate responses for adolescents, working children, or children with disabilities.

4. Decision-making:

There must be clear and transparent inter-agency processes for making decisions within the coordination mechanism. Decisions will include those affecting geographical zones, types of action, strategic priorities, and funding, and are made by the group. Consider having a core group for strategic planning and decision-making within the coordination mechanism. Working groups may be set up to oversee training, induction for new members, management of information, and representation in other groups, sectors or clusters. As much as possible, women should be fairly represented in the working groups.

5. Sensitive issues:

Coordination mechanisms for child protection, protection, or other sectors may be good platforms to discuss and find ways to address challenging cultural issues, such as abortion, adoption, early marriage, social perceptions of disability and sexual orientation. However, issues which are particularly political, otherwise sensitive, or which may put people at risk – such as violations committed by the authorities or a member of the coordination mechanism, or specific information on a conflict zone – may be more appropriately addressed more discreetly, in bilateral conversations or smaller groups. Specific case information should never be shared openly in a coordination mechanism.

6. Involving actors in the coordination mechanisms:

Active measures may be required to involve local people and organisations with less experience in humanitarian responses. Strategies include reaching out to local CBOs and NGOs, reaching out as broadly as possible in terms of gender, ethnicity, religion, work focus, etc.; organising meetings in local languages; holding meetings in different organisations' premises; organising meetings between different stakeholders; and producing technical materials in accessible formats. This will help create greater understanding and commitment, as well as ensuring the child protection response is sustainable and does not create parallel structures.

7. Global-level CPWG:

The global-level CPWG, or Child Protection Working Group, led by UNICEF and based in Geneva under the auspices of the Global Protection Cluster, is mandated to support coordinated inter-agency child protection responses at country level. Support is available in the form of personnel (e.g. coordinators who can be deployed on short notice), tools (e.g. assessment tools and training materials), and technical assistance. More information is available at http://www.cpwg.net.

8. Performance monitoring:

Once set up, the coordination group should develop agreed processes for (1) assessing and improving the coordination of the response; and (2) monitoring the coverage and quality of the response in line with these standards and the targets agreed in the strategic plan. Online resources for doing this are available at http://www.cpwg.net and from the global level CPWG coordinator.

REFERENCES

- CPWG (2009). *Child Protection in Emergencies Coordinator's Handbook*
- GBV Area of Responsibility Working Group (2010). *Handbook for Coordinating Gender-Based Violence Interventions in Humanitarian Settings*
  http://oneresponse.info/GlobalClusters/Protection/GBV/
- IASC WG (2012). Cluster coordination Reference Module (4). Transformative Agenda Reference Document PR/1204/4066/7
- The Sphere Project (2011). *The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response; Core standard 2: coordination and collaboration*

- www.cpwg.net
- www.humanitarianinfo.org

STANDARD 2
HUMAN RESOURCES

Humanitarian agencies have been taking progressive steps to ensure child protection staff develop the skills and expertise needed to work on child protection in emergencies, and to ensure that all staff are safeguarding children through appropriate policies and procedures. This standard does not aim to replace standards developed elsewhere, but rather provides a focus for human resources when mobilising child protection staff and implementing safeguarding requirements.

STANDARD

Child protection services are delivered by staff with proven competence in their areas of work and recruitment processes and human resource (HR) policies include measures to protect girls and boys from exploitation and abuse by humanitarian workers.

KEY ACTIONS

PREPAREDNESS

- Develop, implement and monitor a child safeguarding policy or child protection policy that applies to all staff and partners. Include references to the Secretary-General's Bulletin on the Special Measures for Protection from Sexual Exploitation and Sexual Abuse, the Keeping Children Safe Standards and the IASC Six Core Principles Relating to Sexual Exploitation and Abuse;
- ensure that all staff have signed and received orientation on the code of conduct, particularly the rules governing behaviours related to the protection of children against sexual exploitation and abuse, and including the consequences if they violate the code;
- train focal points and implement a monitoring and complaints mechanism within the organization; and
- at global level, set up a pool of standby personnel and mechanisms for rapid deployment, preferably including flexibility to deploy them from as near the emergency as possible.

RESPONSE

- Take stock of existing human resources in the context – such as social workers or trainee social workers, teachers, staff of local organisations and community volunteers (such as those in faith communities), and identify

the best way to support, use and develop these human resources in the response;

- identify the actual expertise that is needed by developing job profiles that specify responsibilities in line with the CPWG competency framework;
- recruit new staff as necessary by using relevant technical expertise on the selection panels;
- make sure that child protection vacancies for humanitarian responses are filled as a matter of priority;
- when hiring, make sure to provide equal opportunities and treatment for women and men and for people with disabilities and different ethnic or religious groups (as relevant), and ensure a non-discriminatory environment within the workplace;
- ensure that line managers inform staff of their roles and responsibilities;
- organise inductions for staff on organisational policies and processes, including signature of the code of conduct and awareness of appropriate mechanisms for reporting breaches;
- ensure that line managers have probationary reviews 30 days after deployment, and regular appraisal meetings at suitable intervals thereafter;
- ensure that senior-level personnel remain in the country all through the transition period, when child protection systems building results are consolidated;
- analyse salaries for child protection workers and limit the pull factor of government staff to join international NGOs (INGOs);
- develop a capacity building strategy that addresses the identified capacity building needs of volunteers, staff and partners;
- promote staff wellbeing by creating a healthy working environment and providing rest and recuperation periods; and
- at the end of staff contracts, carry out exit interviews to inform organisational learning. Make references available to staff as appropriate.

MEASUREMENT

OUTCOME INDICATOR	OUTCOME TARGET	NOTES
1. Percentage of child protection terms of reference (ToRs) that were developed considering the CPWG child protection competencies framework	80%	(2) Information could be collected either through specific questions about their organization's code of conduct or through general questions such as: "Did you sign a code of conduct?" and "If so, can you describe it?" (4) The time limit could be adjusted if appropriate
ACTION INDICATOR	**ACTION TARGET**	
2. Percentage of surveyed staff currently active within the humanitarian response who have signed and understood their organisation's code of conduct	90%	
3. The female-to-male ratio for child protection workers with different levels of responsibility	0,5	
4. Percentage of surveyed CP staff who took part in developing their performance monitoring framework within one month of the starting date	70%	
5. Percentage of staff who have finished their contracts that had an exit interview	70%	
6. Percentage of surveyed CP staff that have left a government job to join an international organization	Less than 5%	

GUIDANCE NOTES

1. Organisational commitment:

Agencies and organisations should ensure that staffing is well planned and that roles and responsibilities are well defined, staff are supported through adequate line management, and there is a focus on building staff capacity. Risk assessments, which should include the level of contact with, or effect on, children, must be carried out, with appointment depending on the appropriate pre-employment references and security checks.

2. Competencies:

Staff who have special responsibility for child protection need particular skills and attributes. Depending on the situation, specific competencies might be needed, such as resilience to stress and multi-tasking. Recruitment needs to assess behaviour and attitude, as well as skills and experience, using appropriate competency frameworks and useful recruitment processes.

3. Staff capacity:

Having an adequate number of qualified child protection staff is an essential part of any child protection system, and capacity building might be needed before, during or after any emergency. The knowledge and local understanding

of cultural norms and practices that has been gained before or during an emergency is an important asset, not least for strengthening child protection systems in emergencies.

4. Gender:

Recruitment interviews should include a question to test candidates' commitment to gender equity, and staff training should aim to provide basic skills to promote gender equity in daily work. Attention should be paid to having an equal mix of men and women at all levels of responsibility. Girls and boys often feel more comfortable interacting with an adult of their own sex and may be more able to access services where staff of their own sex are present. Having a balanced team also helps reduce the risks of sexual violence and abuse. The following are some strategies to achieve a balanced team of women and men:

- Check that experience and education requirements are not too narrowly defined
- Do not assume that some jobs are too difficult or dangerous for women (only)
- Include the following text in the job announcement: "qualified women and men are encouraged to apply"
- Include both women and men on interview panels
- Consider alternative arrangements for women where appropriate (for example, safe sleeping quarters and separate toilets)
- Keep all information on staffing separated by gender so it is easy to monitor.

5. Disability:

During recruitment, candidates' understanding and perception of disability need to be considered. All candidates should be evaluated against the same criteria. Also, if the candidate has a disability, reasonable accommodation, depending on the nature of the disability and requirements of the candidate, should be made in the interview process. When hiring, a standard clause that says "qualified people with disabilities are encouraged to apply" should be included in all job advertisements. When working with child protection in emergencies it is recommended to include people with disabilities on the teams that will carry out assessments and plan programmes. Experience has shown that when the focal points are people with disabilities, it is more likely that the affected population, if they have become disabled, will be able to relate to staff.

6. Non-discrimination and inclusion:

In addition to ensuring gender balance and including people with disability, managers and workers need to ensure the working environment is non-discriminatory and inclusive to everyone, regardless of their ethnic or religious background or sexual orientation. Staff sensitivity towards different groups needs to be addressed as early as the recruitment process, and promoted throughout all humanitarian work. In addition to preventing discrimination, the specific needs of groups and individuals need to be taken into account, including dealing with the fears of those around them (e.g. in relation to homosexuals or transgender individuals and dormitory accommodation).

7. Capacity building:

In the field of child protection, appropriate learning and development needs to be made available to all staff. An assessment of staff capacities and needs should help to develop a capacity-building strategy that includes online training, face-to-face training and regular refresher workshops. Supervision and peer-support opportunities should be offered to staff so that they are able to discuss challenges and ways of addressing them. Prioritising inter-agency trainings allows staff to learn from each other's experiences, receiving updates on the latest practice and developing a shared language.

8.Feedback mechanisms:

Appraisal and development should be informed by the views of the beneficiaries on how humanitarian staff behave and act. As the primary users of the services of humanitarian organisations, beneficiaries can provide important information, and should have the opportunity to influence how services are planned and delivered by staff and volunteers. Organisations need to put in place simple and accessible mechanisms for providing anonymous feedback that will be used in staff appraisals.

9. Child protection policy:

Every organization should have a Child Protection Policy, Safeguarding Policy or Code of Conduct. This policy should make clear, strong and positive statements of commitments to safeguard children and should stand as a public declaration of the organization's intention to keep children safe. It should be accompanied by a thorough implementation plan that also includes reference to consultants, volunteers and partners. To create a child protection policy and procedures, it is important to involve the right people – and the right number of people (not only one) – when planning and developing it. For approval, all staff need to be involved – including those responsible for partnership agreements, finance, resources, staff and management – to ensure the policy is workable and effective. Keeping Children Safe or the local or national child protection coordination mechanism can provide support.

10. Staff wellbeing:

Child protection workers tend to work many hours in situations of extreme stress, under pressure and in difficult security situations. At the very least, supervisors should promote wellbeing in emergencies, help create healthy working environments, provide rest and recuperation, address possible work-related stressors and make sure access to support is available if necessary.

REFERENCES

- IRC, OHCHR, Save the Children, Terre des Hommes, UNHCR, Unicef (2009). *Action for the Rights of Children*

- Keeping Children Safe Coalition (2009). *The Keeping Children Safe: A Toolkit for Child Protection*

- Keeping Children Safe Coalition (2011). *Safeguarding children in emergencies*

- The UN Secretary-General's Bulletin (2003). *Special Measures for Protection from Sexual Exploitation and Sexual Abuse.* ST/SGB/2003/13

- www.arc-online.org

- www.cplearning.org

- www.un.org/en/pseataskforce/index.shtml

- www.hapinternational.org

- www.keepingchildrensafe.org.uk

- www.peopleinaid.org

STANDARD 3
COMMUNICATION, ADVOCACY AND MEDIA

Humanitarian organisations communicate with large audiences all the time using their websites, the reports and public documents they issue, their work with the media, and their programme and advocacy projects. When used in a careful and strategic manner, texts, images, radio, TV and video that include children can be very effective tools to protect children. When they understand fully the implications of not acting, decision-makers take quicker steps to tackle child protection issues. However, if used wrongly, communication and advocacy can negatively affect the way children are perceived, and bad communication or advocacy can actually put children and their families in danger.

Advocacy is a set of planned actions aimed at influencing a target group to make a positive change. Advocacy can be conducted through lobbying of persons of influence, or by creating external pressure on persons of influence through communication or through the media. Advocacy necessarily requires working with others. This often involves setting up platforms (networks and alliances) and supporting civil society – especially groups including children – so that these groups can themselves advocate for change, and hold authorities and others to account.

STANDARD

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

KEY ACTIONS

PREPAREDNESS

- Identify child protection leaders and actors who can communicate on child protection issues, including local journalists and community members, and strengthen their capacity to do this;
- ensure that agencies have a policy and process for communicating on issues involving children that is in line with best practice for child participation. Discuss these policies with partners, authorities and other child protection actors to promote a shared approach;
- pre-identify the child protection issues that you are likely to advocate on and target specific messages that will be used at national and international level;
- identify advocacy partners, including the UN, INGOs, local NGOs and other civil society, communities and children where appropriate; and

- ensure advocacy and fundraising are kept distinct and that the aims of both are transparent.

RESPONSE (ADVOCACY)

- Develop an advocacy strategy that includes goals, tools for each audience being targeted, and timelines;
- publish the results of research, analyses and policy recommendations in order to stimulate debate with governments, other organisations, experts and the general public;
- ensure that key child protection issues are discussed in the relevant forums (coordination mechanisms, humanitarian country teams, government bodies etc.) and included in advocacy responses;
- ensure that the national or local duty bearers and journalists are well-briefed on the main child protection issues; and
- always try to promote gender equity, giving full consideration to local social norms and cultural restrictions.

RESPONSE (COMMUNICATIONS)

- Identify priority child protection risks in each particular emergency and adapt and share child protection messages with communities, families, children, and authorities;
- share priority child protection issues with humanitarian actors in other sectors;
- train humanitarian workers in other sectors on child protection principles and best practices;
- regularly update and involve national authorities and affected communities on findings and evidence on child protection issues; and
- use language that is as simple as possible, and translate into relevant local language(s), to ensure the messages are clearly and successfully communicated.

RESPONSE (MEDIA)

- Always consider whether a publication is in the best interests of the individual child shown in the material, their family, and their community;
- ensure children, parents and guardians have been properly informed and have signed an informed consent form before using any image, recording or quote of them;
- always make sure the stories and images used are accurate and sensitive;
- avoid labelling children, exaggerating situations or depicting children as powerless;
- avoid using images of boys and girls that could be viewed as sexual by others;

- avoid exposing children to further harm, for example by maintaining stereotypes;

- do not use the real name of the child unless they have asked for this and the parent or guardian has agreed;

- never reveal the identity of current or former child combatants, survivors of physical or sexual abuse, perpetrators of abuse or children living with HIV or AIDS;

- where possible, give children access to media to express their own opinions;

- bring together information provided by different sources;

- do not pay children, parents or caregivers for information or materials which will be used; and

- ensure that children who testify or who give evidence to media are in no way at risk.

MEASUREMENT

OUTCOME INDICATOR	OUTCOME TARGET	NOTES
1. Surveys indicate that the visibility and understanding of child protection issues has increased in a positive way	Yes	(1) "In a positive way" includes respect of children's dignity, best interests and safety, and possible other criteria tbc in country
ACTION INDICATOR	**ACTION TARGET**	
2. Number of humanitarian workers in other sectors trained on CP principles and best practices	To be determined in country	
3. Number of media reports, from a selection of news sources, that include opinions or quotes from children	To be determined in country	(2) Relevant forums should be identified by the working group in the country
4. Percentage of surveyed children, parents or caregivers who have given informed consent before an interview	100%	
5. Percentage of surveyed children, parents or caregivers who declare they have been paid or received any other benefits (e.g. material or food aid) in exchange for information	0%	(7) The "do no harm" criteria can be further developed in the country to make this indicator more specific
6. Percentage of reports through which children can be traced through publications by using specific locations or identifying markers	0%	
7. Percentage of communication material related to children that meet agreed "do no harm" criterion	100%	

GUIDANCE NOTES

1. Organizational guidance:

Where possible, communication and advocacy about children's issues should build on the existing guidelines and processes of local and international agencies and organisations. It should always take into account local cultural norms and practices in terms of child protection risks and responses, as well as local communication practices. In contexts where such guidelines do not exist, child protection staff should refer to this standard.

2. Building national capacity for advocacy:

If those working on child protection – in any context, whether formal or informal, at national or local level – have the capacity and knowledge to advocate on child protection issues before an emergency, they will also be better equipped in an emergency. If the capacity of these actors can be strengthened during the emergency, the systems that protect children will also be strengthened in the longer term.

3. Child protection messaging:

Messages on child protection risks and safety are used to minimise risks to children by raising awareness among children themselves, their caregivers, other individuals, and communities, and by promoting protective and safe behaviour. A child protection messaging strategy can include:

• Awareness raising on risks and the different effects they have on children of different ages, genders, disabilities, etc.
• The role that children, caregivers, community and relevant stakeholders can play in reducing and responding to the risks
• The nature of the target groups and how to adapt messages
• Which channels to use for communication and how to deliver the messages.

Messages and ways to deliver them should be based on the appropriate context, and field-tested before they are finalised to ensure that they are understandable, socially acceptable, non-discriminatory, relevant, realistic and persuasive. Messages can be shared through – for example – mass media (e.g. TV and radio), targeted professionals (e.g. teachers or medical personnel), local celebrities, small media (e.g. posters and leaflets), or a mix of all of these.

4. Participation:

The participation of children and young people in advocacy, communication and media is fundamental. Children's participation will improve the quality, accuracy and persuasiveness of the communication. It will also empower the children involved and help them to regain a sense of control and agency amidst difficult circumstances and contributes to their positive identity, coping, and life skills. Methods of involving children should be considered to ensure that they are safe and informed, and do not put any child or adult at risk.

5. Disclaimer:

When communication or advocacy material includes images or videos of children who may or may not be associated with it, the material should include a disclaimer. This reduces the risk of children becoming more vulnerable to sex tourism, drug trafficking, recruitment, corruption, rejection by the community and so on. If in doubt, refer to the following example.

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

6. Informed consent:

Informed consent prevents possible conflicts between the person collecting information and the person giving the information. An informed consent form should generally show the purpose, nature, method and process of collecting the information, the role and rights of the person giving the information, and the potential risks and benefits of providing the information. It should also make sure that the information is accurate and will be kept confidential, or that it will be used for public communication or in advocacy if the person consents to it. The form should include the full name and signature of the parent or guardian and the date. Be aware of, and prepared for, the need for alternative solutions for children or parents/guardians who cannot read or write, or who speak a language different from that used on the form. Children or parents/guardians with intellectual impairments might be more likely to give permission without having fully understood the information they have been given. Give children and their parents all the information in age-appropriate, plain language, or use pictorial communication if necessary so they have the knowledge necessary to make an informed decision. State clearly that they are allowed to refuse permission.

7. Testimonies:

Young people often become effective activists and can be powerful speakers. Governments, journalists and national or international organisations and others realise this, and are sometimes ready to offer young people to provide testimony to the press. These young people may not realise the risk they may be running in doing so, and the pressure that can arise following press interest. This is a delicate issue and the young person must be allowed to express their feelings in this matter, and in their preferred form of communication. Use discretion and take care of the young person involved, including by refusing to profile them if it is not in their best interests to do so. Do not ever feel that their safety is someone else's responsibility. Where possible, ensure there is more than one person representing the issues – this prevents others feeling excluded and protects those giving testimonials from constantly reliving their experiences.

REFERENCES

- ICRC (2009, revision forthcoming). *Professional Standards for Protection Work* (Chapter 5; Managing Sensitive Protection Information)

- Handicap International (2011). *Using testimony: supporting our denunciation and advocacy actions*

- UNICEF (2011). *Communicating with Children: Principles and practices to nurture, inspire, excite, educate and heal*

- UNICEF (2010). Advocacy Toolkit: *A guide to influencing decisions that improve children's lives*

- UN Committee on the Rights of the Child (2009). *General Comment No 12*. RC/C/GC/12

- Save the Children (2005). *Practice Standards in Children's Participation*

STANDARD 4
PROGRAMME CYCLE MANAGEMENT

For this standard, the term "programme cycle management" is used rather than "project cycle management". The main difference between a programme and project is the finite nature of a project – a project has a specific end date. Child protection programmes must build on pre-existing information together with assessments (if needed). This should then be monitored and evaluated to inform any further adjustments and plans. Each programme should have specific objectives, and children and their communities should be fully engaged in situation analysis, programme design and monitoring and evaluation. Analysis and considerations of existing child protection systems and how these can be strengthened should always be integrated into the programme. As programme cycle management is a wide area, the focus of this standard is on elements specifically relevant to the child protection response.

UNDERSTAND childhood and child protection issues

KNOW the law and child rights

LEARN from your experience

ANALYSE the situation

PLAN AND IMPLEMENT your programme

STANDARD

All child protection programmes build on existing capacities, resources and structures and address the evolving child protection risks and needs identified by girls, boys and adults affected by the emergency.

KEY ACTIONS

PREPAREDNESS

- Carry out a review of existing information as soon as possible, to be followed by a situation or context analysis, to identify immediate and root causes of threats to children and to inform further actions;

- involve children in analysis and planning, and make sure their views are being heard, respected and given due weight; and
- review mappings of national child protection systems, including community-based systems, to understand existing policies, regulations, services, practices and capacities.

RESPONSE

- From the assessment phase, and in each phase of the programme, make efforts to understand the existing formal and informal mechanisms that already protect children, and then build on these;
- set up or support a joint or coordinated inter-agency assessment coordination structure (see Standard 1);
- share information in a timely and accessible way;
- prioritise inter-agency assessments over single-agency assessments, using existing structures for collecting information as much as possible;
- ensure that child protection considerations are included in multi-sectoral assessments;
- carry out child protection rapid assessments within the first five weeks of the response;
- follow up with in-depth assessment and ongoing situation monitoring, including consultation with children and adults, as time and the situation allow;
- make sure that assessment teams are mixed in terms of gender, ability, ethnic background etc., so that they mirror the target population;
- disaggregate population by sex, age and geographical location (and disability and ethnic background where relevant);
- design the programme to meet needs that cannot or will not be met by the state or population, while building on existing, functioning and positive structures where they do exist;
- design the response to consider marginalised and children and children most at risk;
- prioritise life-saving action;
- set up mechanisms to gather feedback and complaints from beneficiaries;
- monitor the quality, outputs, outcomes and, where possible, impact of the programme;
- share findings and outcomes with stakeholders, including affected children and families;
- ensure that findings feed back into adjustments to the programme;
- initiate or take part in joint learning initiatives or evaluations of child protection programmes and other aspects of the humanitarian response which may affect child protection; and
- share learning and use it to inform the design of further interventions.

MEASUREMENT

OUTCOME INDICATOR	OUTCOME TARGET	NOTES
1. Percentage of child protection programmes with objectives that correspond to the documented child protection priorities identified by children and adults	80%	
2. Percentage of child protection programmes which are designed with explicit intent to use identified, pre-existing capacities, resources and structure	90%	
ACTION INDICATOR	**ACTION TARGET**	(4) Where an assessment has been carried out during the past 6 months
3. A desk review was done or updated during the first two weeks after the start of the emergency	Yes	
4. A rapid assessment that covers CP concerns was carried out within the first five weeks of the response or onset of the emergency	Yes	
5. Percentage of females in the child protection assessment teams	Between 40% and 60%	
6. Percentage of child protection programmes that have been evaluated	90%	
7. Percentage of CP projects where adjustments have been made and recorded in response to information collected from children and adults	90%	
8. System to monitor programme quality and outputs was set up within 3 weeks of the start of the project	Yes	

GUIDANCE NOTES

1. Information from before the emergency:

Information is almost always available about the child protection situation, although this may be partial and may not be presented as child protection information. Quantitative data on residential care facilities, child labour, displaced populations and school attendance may be available, as well as factual information on laws and policies and national preparedness and response plans. Qualitative information may be available about behaviours and social norms. Check to see if a comprehensive child protection system mapping has been done, and/or whether information is available on child protection in previous humanitarian situations.

2. Coordination structure:

An inter-agency assessment coordination structure (within a child protection coordination mechanism if there is one) should serve as a way of gathering and sharing information, promoting the adaptation of common tools and methods,

doing joint planning, and analysing information together. Good coordination promotes transparency, supports ownership of the assessment findings, and helps prioritise programmes and funding. Coordination also promotes a more overall approach to child protection issues, making sure that children are less likely to fall between the cracks, and that there are fewer capacity gaps. Children may be at risk of several child protection threats, and coordination around assessment, planning, implementation and evaluation helps to create a more holistic response (see Standard 1).

3. Multi-sectoral assessments:

Coordination should be carried out with other sectors where relevant, especially those dealing with protection, gender-based violence, and mental health and psychosocial support. Initial multi-sectoral assessments often inform initial emergency programming and funding priorities, and can provide a snapshot of priority child protection concerns. Inter-agency indicators for this purpose can be found in the IASC Operational Guidance for Coordinated Needs Assessment. As these assessments are often carried out by generalists, only non-sensitive considerations should be included at this stage.

4. Phased assessments:

Assessments could be seen as a process rather than a single event. Initial assessments should provide the basis for ongoing monitoring of the situation and of child protection issues, while making sure there is a balance between information gathering and a corresponding response. It is important to be aware of, and not to cause or contribute to, "assessment fatigue" (where the population is constantly assessed by numerous people and organisations). When possible, adapt and use the Child Protection Rapid Assessment toolkit for the rapid phase, or use the more comprehensive Inter-Agency Child Protection Assessment toolkit if time and resources allow (see Sphere Protection Principle 1 and Core Standard 3 on assessment).

5. Data disaggregation:

Detailed disaggregation is rarely possible at the start of an emergency. As soon as possible, information should be disaggregated by sex, age and disability for children aged 0 to 5, male and female; children aged 6 to 12 male and female; and children aged 13 to 17 male and female. Above this information should be disaggregated in 10-year age brackets, for example, 50 to 59, male and female; 60 to 69, male and female; 70 to 79, male and female; and 80 and over, male and female.

6. Inclusion:

Assessments should reflect the views of the whole community, including marginalised children such as, children with disabilities, ethnic minority groups, children living with HIV/AIDS, and LGBTI (Lesbian, Gay, Bisexual, Transgender or Intersexual) children. Speaking openly may be difficult or dangerous for some people. Talk with children separately as they are unlikely to speak in front of adults, and because doing so may put the children at risk. In most cases,

women and girls should be spoken to separately from men and boys. When discussing with children or parents with disabilities, adapt communication to their type of disability.

7. Information management:

Consult information management specialists throughout the planning, design, analysis and interpretation of an assessment. Methods of collecting information must be technically sound. Where local expertise on information management is not available, technical support can be found through the CPWG (see Standard 5).

8. Life with dignity:

The way in which humanitarian response is designed strongly affects the dignity and wellbeing of the population affected by disaster. Programme approaches that respect the value of each individual, strengthen coping mechanisms, support religious and cultural identities, promote community-based self-help and encourage positive social support networks all contribute to psychosocial wellbeing and are an essential part of people's right to life with dignity.

9. Programme evaluations:

Evaluations can inform strategies in real time, at a mid-point through a project or programme, or at the end point to assess results, identify good practice, and make recommendations for future programming. They should be carried out in line with technical standards specific to this field, including the use of independent evaluators. It is possible to share evaluation outcomes with affected people so that they can share their ideas on alternative options to improve the quality of programmes. There should be a clear plan to incorporate the findings of the evaluation into programming.

10. Ensuring the views of affected people, including children:

The assessment of impact (in other words, the wider effects of interventions, positive or negative, intended or unintended) is viewed as both realistic and essential for humani¬tarian response. The people affected, including children, are the best judges of changes in their lives. Therefore, impact assessment, programme monitoring, and programme evaluation must include children's and adult people's feedback, open-ended listening and other participatory approaches focusing on quality, as well as those focusing on quantity. For children, in addition to this being their right, it helps them to regain a sense of control and agency in difficult circumstances and contributes to their positive identity, coping, and life skills.

REFERENCES

- CPWG (2012). *Child Protection Rapid Assessment toolkit*
- Save the Children (2005) *Practice Standards in Children's Participation*
- The Sphere Project (2011). *Sphere Core Standards*
- UN Committee on the Rights of the Child (2009). *General Comment No 12*. CRC/C/GC/12

- www.cpwg.net
- www.cpmerg.org
- www.oneresponse.net/assessments

STANDARD 5
INFORMATION MANAGEMENT

In the context of humanitarian response there are three categories of activity to which the standard on information management applies:

(1) Information about a specific child is collected, stored and shared if and when necessary (see Standard 15 on Case Management)

(2) Information is collected or collated on the overall situation of children in a given context, looking into overall risk factors and violation patterns (see Standard 6 on Monitoring)

(3) Information is collected, processed and used to illustrate an overall picture of the response (see Standard 4 on Programme cycle management).

The two last categories of information will be consolidated, analysed, summarised and used to inform programmatic decisions for the protection of children. When appropriate, information should be shared with relevant actors for a coordinated response. This standard does not aim to replace existing tools and trainings on information management, but rather provides a child protection perspective on information management.

STANDARD

Up-to-date information necessary for effective child protection programming is collected, used, stored and shared, with full respect for confidentiality, and in accordance with the "do no harm" principle and the best interests of children.

KEY ACTIONS

PREPAREDNESS

- In collaboration with other humanitarian workers, develop, adapt and translate standardized inter-agency information tools and procedures based on national or other existing information management systems and relevant national privacy laws and requirements (e.g. registration and case management forms; assessment and situation monitoring tools; performance monitoring tools to track the scope and quality of child protection interventions; trainings related to information management; and information sharing protocols); and

- in collaboration with others working on child protection, identify the latest available statistics on child protection in the context and establish an inter-agency baseline value for an agreed set of priority child protection concerns

(e.g. concerns related to family-based care, child wellbeing, the worst forms of child labour and violence, etc.) using the data available (see Standard 4).

RESPONSE

- Engage in joint or coordinated assessments using agreed tools; avoid agency-specific assessments wherever possible;
- prior to any data collection, train data collectors on interviewing skills, techniques for interacting with children and confidentiality measures;
- seek informed consent from the source of information (i.e. children, their caregivers and community members);
- in coordination with other humanitarian workers, set up the most appropriate information management systems to support key elements of the child protection response, such as case management, situation monitoring, performance monitoring, or monitoring of individual children, building on whatever already exists in-country;
- develop reference codes that connect personal information to other information without using names;
- only share case information once it has been agreed to by the child or caregiver;
- store written information (case files) in locked (fireproof and metal) cabinets or transfer it out of the country or elsewhere;
- protect electronic data with passwords and only send it through the web as encrypted files;
- ensure that persons that are analysing/compiling/encrypting the information are trusted and made aware of the nature of the information they are handling, and ensure that the information is handled in a safe place;
- design an emergency/exit strategy that ensures confidentiality in case of evacuation or other force majeure incidents;
- ensure that population-level information is consolidated, analysed and shared with all relevant actors, including the community and children as appropriate; and
- train all CP staff on basic and secure information management.

MEASUREMENT

OUTCOME INDICATOR	OUTCOME TARGET	NOTES
1. Number of the following processes for which agreed inter-agency tools are currently in use: assessment or situation monitoring, WWWW, and case management	3/3	(1) May need adjustment as some agencies will not engage in case management
ACTION INDICATOR	**ACTION TARGET**	
2. Percentage of surveyed member agency staff that can express knowledge of the procedure for sharing information when managing cases	90%	(2) An ethical approach to information at the population level should be defined at the country level, but can include respect for principles such as: 'do no harm,' best interests of the child, confidentiality of information, etc.
3. Percentage of data collectors who have been trained for at least one day before starting to collect information	100%	
4. Percentage of data collectors who can list at least 5 ethical principles that need to be followed in data collection	90%	
5. Percentage of studied CP project proposals within the emergency response that demonstrate critical linkages with the information collected during inter-agency assessment(s)	90%	
6. Percentage of surveyed children, parents or caregivers who remembers giving an informed consent before an interview	90%	

GUIDANCE NOTES

1. Coordination:

In most emergency responses OCHA forms an Information Management Task Force (IMTF), in which child protection need be included through the active participation of child protection information management focal points. Some emergencies require a specific child protection information coordination mechanism, while others incorporate information management coordination within the overarching child protection mechanism. This coordination body can lead the activities related to information management, and ensure linkages with other information management processes (for example in other sectors). It can also take responsible for developing, or cooperating with others to develop or adapt standardized tools and procedures such as: standard registration forms; standard training modules; guidance on urgent action during assessments; guidance on sharing assessment results; and guidance on how information needs of affected populations should be addressed. Such tools should be shared with the Global CPWG. Coordination efforts must take into consideration all organisations present in a given location and their respective mandates.

2. Common mistakes:

Be wary of the following common mistakes in information management:

- Not using existing case management systems
- Gathering "good to know" data
- Not knowing how the information will eventually be used
- Gathering data in an uncoordinated manner
- Gathering but not analysing data
- Use of complex indicators
- Generalising data that should not be generalised
- Not considering local context when interpreting data
- Use of inappropriate data collection methods
- Not triangulating information
- Not explaining to those giving information why it is needed and how it will be used
- Raising expectations during the collecting of information (making false promises)
- Delayed use or non-use of information.

3. Security precautions:

In certain circumstances, highly sensitive information may require security precautions such as restrictive access. Information should be held in a secure location, inside or outside of the country, with a limited number of named people given access to non-transferable passwords. All paper records require a lockable filing cabinet or cupboard available exclusively for this purpose. All electronic information must be protected. Defining whether to use paper files or an electronic database to store and manage the information collected should be done depending on the size of the case load, the geographic location of the children and the resources available to set up an electronic database system, such as the Inter-agency Child Protection Information Management System (IA CP IMS).

4. Who owns the information:

When appropriate, governments (through the Ministry of Social Affairs or equivalent) should be involved in information management, including data collection and storing of information. While this may not be possible at the onset of an emergency, special attention needs to be paid to working within existing structures and building government capacity on information management in order to ensure long term sustainability, avoid undermining existing practices, and strengthen the child protection system. When working with governments, special attention needs to be paid to data security and confidentiality. Specifically, when information is collected about children associated with armed forces or armed groups (CAAFAG) or survivors of violations committed by government forces or their proxies, special attention needs to be paid to ensure that government involvement does not pose unintended harm to the children.

5. Information sharing:

It is important to develop Information Sharing Protocols (or SOPs on information sharing) between the different partners (including the government) working together on any project where data and information on individual girls and boys is collected and stored. These protocols should guide how information is collected and stored and what the basis for sharing all or part of the information on an individual child should be. Information sharing should be guided by the best interests of the child and should follow the principles of 'do no harm' and "need to know".

6. Mandatory Reporting:

Some countries have mandatory reporting requirements that require child protection staff to report cases of abuse or neglect to the relevant government authorities. It is important to be familiar with the local laws and standards applicable in the context and to adhere to these where possible. Where there are concerns that some actors may not be able to maintain confidentiality, or if reporting may put them or the child at risk, decisions should be made on a case-by-case basis and should be guided above all by the best interests of the child.

7. Data confidentiality:

Information collected on any individual child, caregiver or community member must be treated confidentially. It is therefore important to keep the number of professionals who have access to the information to a minimum: the fewer people involved, the easier it is to ensure confidentiality. Within their work, case workers must ensure that cases are given appropriate reference codes with which they can be identified without disclosing personal information unnecessarily. The only function of reference codes is to connect personal information and other information. Similarly, any personal information that is passed on/shared electronically should be sent as a separate attachment and be password protected. Sharing of information should be strictly on a need-to-know basis and done only if it is in the best interests of the child. Another way to protect personally identifiable information is to share only aggregated data, depending on its intended use.

8. Informed consent:

Informed consent is the voluntary agreement of an individual who has the capacity to give consent, and who exercises free power of choice. To provide "informed consent" the individual must be able to understand, and take a decision regarding, their own situation. Informed consent may be sought from a child or from the child's caregiver, according to the age of the child and their level of maturity. As a guide, informed consent should be sought from the child when the child is deemed mature enough to understand. Usually 15-18 year olds should be able to give oral or written informed consent. For younger children, decisions should be made on a case-by-case basis. If the interviewer decides that the child cannot fully understand the content of the informed consent, written informed consent should be sought from a parent or caregiver. In all cases, even for very young children (i.e. those aged

under 5), efforts should be made to explain in simple language appropriate to the age why information is being sought and what it will be used for, including how it will be shared. This prevents potential conflicts between the information collector and the informant. An informed consent form should generally detail: the purpose, nature, method and process of information collection; the role and rights of the informant; and the potential risks and benefits. It should also ensure the accuracy and confidentiality of the information. Consent can be obtained verbally or in written form. In either case, the form should include the full name and signature of the informant and the date (unless this information is kept separately for confidentiality reasons).

REFERENCES

- ICRC (2009, revision forthcoming). *Professional Standards for Protection Work* (Chapter 5: Managing Sensitive Protection Information)

- UNHCR and IRC (2011). *Field Handbook for the implementation of UNHCR BID Guidelines*

- www.childprotectionims.org

STANDARD 6
CHILD PROTECTION MONITORING

Systematic monitoring of child protection concerns should be carried out from the first stages of an emergency. Monitoring refers to the ongoing collection of information indicating levels and patterns of violence, exploitation, abuse and neglect. In some cases this will include collection of information about specific incidents or violations. The concerns or issues to be monitored will vary greatly according to context, and can include, for example: abduction; abuse; arbitrary detention; hazardous child labour; mental and physical wellbeing; killings; maiming; recruitment; separation; sexual exploitation; sexual violence; and trafficking.

Monitoring should always be combined with response and referrals in order to take immediate action to respond to risk to a child's life or wellbeing. In conflict-affected contexts, and where parties to the conflict have been listed in the UN Secretary-General's annual report on children and armed conflict, the Secretary General will request the establishment of a monitoring and reporting mechanism (MRM) on grave violations against children. In relevant countries, the monitoring, analysis and reporting arrangements (MARA) on conflict-related sexual violence will also be activated. These reports provide verified information on violations to the UN Security Council for them and others to act upon.

STANDARD

Objective and timely information on child protection concerns is collected in an ethical manner and systematically triggers or informs prevention and response activities.

KEY ACTIONS

PREPAREDNESS

- Map the child protection system, from national level to community level, including existing referral systems and gaps in existing referral systems;
- use existing sources of data to establish an agreed baseline on key child protection information;
- together with other humanitarian workers, agree common indicators and processes for monitoring and determine the roles of different actors;
- develop a referral system between and within government or community institutions/bodies and make sure that all staff are aware of their responsibility to refer individual cases;

- make sure that child protection staff involved in monitoring, and involved community members, receive training specific to their roles in monitoring, including ethical considerations, and are kept up to date;
- consider financial and logistical requirements and methods for communication to make sure reports and referral take place in a timely manner; and
- in situations of armed conflict, identify partners that can undertake monitoring of grave violations against children, including conflict-related sexual violence.

RESPONSE

- Analyse existing research, assessment, surveillance or other relevant available information;
- agree on the concerns to be monitored, including definitions and indicators, data collection methods and the information management system(s) (paper and electronic) to be used;
- train data collectors;
- harmonise procedures for sharing information with other child protection monitoring systems;
- be aware of, and estimate if possible, under-reporting (the percentage of cases not reported) or over-reporting (cases reported multiple times), and analyse the causes of both;
- agree on the criteria for disaggregated data, in addition to age and sex;
- in armed conflict situations, and where the UN has set up an MRM country task force, monitor and report on grave violations against children, and verify that alerts regarding conflict-related child protection concerns are channelled to the relevant task forces;
- ensure that existing organisations or people responsible for coordination discuss how information is collected through monitoring activities, and use it safely;
- at coordinated inter-agency level, identify appropriate responses to cases and violations (see Standards 3, 4 and 15);
- maintain the best interests of the child as the primary consideration when collecting information as well as informed consent; and
- ensure good practice is followed in managing information (see Standard 5).

MEASUREMENT

OUTCOME INDICATOR	OUTCOME TARGET	NOTES
1. Percentage of regular reports (for example, situation reports) that include information on child protection concerns	100%	
2. The information included in the CP monitoring system is, at least, disaggregated by sex and age	Yes	
ACTION INDICATOR	**ACTION TARGET**	
3. Percentage of data collectors trained on data collection on child protection, including ethical considerations	100%	(1) "Regular report" can be defined in country
4. The average percentage of female membership in monitoring teams	50%	
5. A common monitoring framework is agreed upon, including indicators, data collection methods and frequency of data collection	Yes	
6. In armed conflict situations, and where the MRM is activated, grave violations against children are monitored in compliance with the MRM Field Manual, and conflict-related sexual violence is monitored in accordance with relevant guidance	Yes	
7. Number of cases that went through a "best interest determination process"		

GUIDANCE NOTES

1. Mapping:

Existing monitoring and surveillance systems need to be mapped in order to understand the situation and the main gaps. If there are no monitoring systems, they need to be set up and, where possible and appropriate, be linked to existing systems with a view to improving and strengthening them further as appropriate. Existing monitoring and reporting mechanisms could include:

- Community-based monitoring or reporting
- Refugee and IDP camp-protection committees, or management committees
- National methods for monitoring child rights or child protection
- National or local incident or injury surveillance systems
- Routine administrative data (e.g. from the health system, police, education system)
- Monitoring and Reporting Mechanism (MRM) on grave violations against children in situations of armed conflict, set up through the Security Council
- Monitoring, Analysis and Reporting Arrangements (MARA) on sexual violence, set up through the Security Council

- The joint UNHCR and UNFPA system for monitoring gender-based violence (GBVIMS), and the Child Protection Information Management System (CPIMS).

Other monitoring mechanisms, including a systematic review of media information, police reports, and so on, must be established in addition to any MRM or MARA requirements, and should exchange information with these two mechanisms.

2. Assessments:
Analyse existing information in order to identify trends and the main child protection concerns and risks, including the context under which these are arising and whether and how they are being responded to. The analysis should consider the security context and potential risks to monitoring, resource implications, available sources of information and, where possible, an assessment of violations. Use evidence-based analysis to say who in the crisis-affected community is most at risk of the forms of violence, exploitation or abuse – whether girls or boys, female or male adolescents or more specifically those with disabilities. The analysis should allow development of profiles of the different needs and realities of males and females in at-risk populations, and identify how and whether their needs are being met by existing child protection systems coupled with the response of the child protection sector. When possible, analyse trends and patterns.

3. Coordination:
Make sure child protection monitoring activities are coordinated, including with other humanitarian sectors if and when appropriate, to avoid duplication and help make sure the whole geographical area is covered and specific violations and risks are monitored. It is important to have an agreed system for managing information and collecting information on paper as well as electronically, including shared forms, indicators, minimum data sets, security guidelines, and so on. Where this is relevant, these efforts should be part of the wider coordination working groups or cluster system (see Standards 1 and 5).

4. Training:
As a preparedness measure, all child protection staff should be trained on international human rights and humanitarian law and on national legislation on child protection issues. During a response, all humanitarians should be aware of how to refer cases safely to monitoring systems. All staff, including partner agencies and civil society members, and also national/local authorities involved in child protection monitoring (except for MRM and MARA where national authorities do not participate) should receive specialised training on child- and disability-friendly interviewing, risk assessment, safety, conflict-sensitive reporting, reporting processes and methodologies and collecting information. Training should include: girls' and boys' right to privacy, protection of identity and confidentiality; children's rights to have their opinions heard and to take part in decisions affecting them; and children's right to protection from harm and retribution. For Security Council mandated initiatives such as the MRM and the MARA, monitoring staff should be trained in line with the relevant specific guidelines.

5. Programmatic response:

It is important to have a clear aim for monitoring activities. Monitoring should be carried out to report on child protection concerns, trigger accountability and inform programmatic prevention and response activities from relevant actors. Where there is a child protection coordination mechanism, the membership of this mechanism should provide all relevant actors with information on:

- Reporting referral – where specialised and non-specialised actors can refer cases and violations to an appropriate monitoring mechanism
- Case referral – where monitors can refer specific cases of children who survived violence to appropriate assistance and response services.

6. Community participation:

Community and civil society groups should be consulted, with a view to strengthening their existing roles in protecting children. Girls, boys, caregivers and community leaders should be informed about monitoring activities and possible outcomes of monitoring, so that their expectations for a response and accountability are realistic. When appropriate, communication on child protection concerns identified through monitoring should be standardised among partners, making them general, thereby making individual sources difficult to identify.

7. Monitoring grave violations against children in armed conflict:

A specific monitoring and reporting mechanism (MRM) focussing on six categories of "grave violations" in situations of armed conflict or situations of concern was created by the Security Council Resolution 1612 (2005) and reinforced by resolutions 1882 (2009) and 1998 (2011). The six categories are:

- Recruitment and use of children
- Killing and maiming
- Abduction
- Sexual violence
- Attacks on schools and hospitals
- Denial of humanitarian access.

Credible and verified information on the trigger violations (recruitment or use of children, sexual violence, killing and maiming, attacks on schools and hospitals) may lead to the Secretary-General listing responsible parties in the annexes to his annual report to the Security Council on Children and Armed conflict (CAAC). Situations where there are "listed parties" are generally then included in the Security Council Working Group on CAAC's work plan, which then requires the UN to set up the MRM in that situation. The Security Council Working Group considers the reports that come out as a result of the MRM, which in turn may trigger a response from the Security Council. This could include targeted actions against specific individuals who continue to commit these grave violations against children. In addition to monitoring and reporting on the six grave violations to the Security Council, the MRM makes it possible to involve parties to the armed conflict in developing and implementing an action plan to address the violations for which the parties are listed, and to make sure the information generated from the MRM triggers a coordinated response by appropriate stakeholders. For monitoring and reporting on conflict-related sexual violence related to Security Council resolution 1960, see Standard 9 on sexual violence.

REFERENCES

- Ager, Akesson & Schunk (2010). *Mapping of Child Protection M&E Tools*

- Bloom, Shelah (2008). *Violence Against Women and Girls: A Compendium of Monitoring and Evaluation Indicators*

- IASC (2005). *Guidelines on Gender-Based Violence Interventions in Humanitarian Settings*

- ICRC (2009, revision forthcoming). *Professional Standards for Protection Work* (Chapter 5: Managing Sensitive Protection Information)

- O/SRSG-CAAC, UNICEF, DPKO (2012), MRM, *Global Good Practice Study*

- O/SRSG-CAAC, UNICEF, DPKO (2010), MRM Guidelines, *Field Manual and Training Toolkit*

- The Sphere Project (2011). *The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response;* Core Standards

- UN Action against Sexual Violence in Conflict (2008). *Do's and Don't's: Reporting and interpreting data on sexual violence from conflict-affected countries*

- WHO (2007). *Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies*

- www.childrenandarmedconflict.un.org

- www.unicef.org/esaro/5440_guidelines_interview.html (UNICEF Guidelines for interviewing children)

STANDARDS TO ADDRESS CHILD PROTECTION NEEDS

STANDARDS TO ADDRESS CHILD PROTECTION NEEDS

Grounded in the overarching international legal framework, standards in this section cover the core areas of work and critical issues in child protection:

- Dangers and injuries
- Physical violence and other harmful practices
- Sexual violence
- Psychosocial distress and mental disorders
- Children associated with armed forces or armed groups
- Child labour
- Unaccompanied and separated children
- Justice for children

STANDARD 7
DANGERS AND INJURIES

After the age of one, unintentional injuries are a leading cause of death among children and adolescents, accounting for over 30% of deaths among 10- to 14-year-olds, and almost 50% in 15- to 19-year-olds. Road-traffic injuries (the leading cause of death among those aged 15 to 19), drowning, and fire-related burns are responsible for almost 50% of child deaths across the world. In an emergency, in addition to these "ordinary risks", children are at greater risk of injury and disability. Children with existing disabilities can be at particular risk of physical injury in situations of natural hazard. In conflicts, children are particularly at risk from explosive remnants of war (ERW) and landmines. Displacement as a result of emergencies can also put children closer to previously unfamiliar risks, such as road traffic, rivers and floodwaters, unstable debris and ERW.

If injuries to children are not treated quickly and appropriately, there is a greater chance of long-term or permanent injury. Children who have been injured in emergencies, especially those left with disabilities, have different physical rehabilitation needs to adults, and in situations where resources are limited, they are less likely to receive age-appropriate assistance.

STANDARD

Girls and boys are protected against harm, injury and disability caused by physical dangers in their environment, and the physical and psychosocial needs of injured children are responded to in a timely and efficient way.

KEY ACTIONS

PREPAREDNESS

- Assess, identify and analyse existing and possible physical dangers to children;
- implement community-based messaging, awareness, and public education campaigns on risks to children to prevent injury (see Standard 3);
- include risk reduction in formal and non-formal education curriculum and activities (schools, childcare centres, child-friendly spaces (CFSs), youth clubs, and so on) as a mandatory subject for educators, caregivers, and children;
- actively involve children, especially those with disabilities, in activities to prevent risks;

- ensure that children are included in disaster risk reduction processes at community level;
- include physical dangers for children when creating contingency plans;
- train brigades and rescue groups on dangerous situations for children; and
- train community members in life-saving in the water, and in first aid.

RESPONSE

- Collect information, with all relevant actors, on physical dangers to children;
- create safe community spaces, playgrounds, and recreation areas for children and youth (see Standard 17);
- include risk-reduction and risk-education messages in formal and non-formal education, recreation activities for children, and community messaging activities (see Standard 3);
- involve children and youth in mapping and assessing risks and spread messages on the physical safety of children;
- make sure there are procedures for case management and referrals in place, and that quality programmes for children who are injured or left with an impairment are available, accessible and used (see Standard 15);
- advocate for increased safety of children with the most important stakeholders;
- make sure that child-related risks are taken into account in camp design/ construction/management; and
- advocate for making clearing of landmines and ERW a priority in places where children go often (for example, schools, hospitals, etc.) and carry out mine risk education in contaminated areas.

MEASUREMENT

OUTCOME INDICATOR	OUTCOME TARGET	NOTES
1. The top five physical dangers to girls and boys of different ages have been identified through consultation with local actors	Yes	
2. Interventions to mitigate the top five physical dangers to girls and boys of different age are in place in all affected communities	Yes	
3. Percentage of reported child survivors of severe injury who receive medical care within 12 hours	80%	
4. Number of children in community or camps affected by unintentional injuries	Decrease, per year, from the baseline	
ACTION INDICATOR	**ACTION TARGET**	
5. Percentage of community-level risk mappings that involved children and young people	100%	
6. Percentage of children, youth and community members surveyed who have knowledge of dangers and safe behaviour to prevent unintentional injury to children	80%	
7. Percentage of affected communities or camps that have safe spaces for children and youth	100%	

GUIDANCE NOTES

1. Physical dangers and risks:

Unintentional injury may include drowning (rivers, lakes, ocean, wells, pit latrines), falling (cliffs, trees, pits, trenches), burning (fire, cooking oil, boiling water, electrocution), road traffic, wild animals (snake bites), sharp objects (knives, barbed wire), exposure to garbage containing infectious waste, etc. In disaster zones, risks can include damaged infrastructure (roofs and walls collapsing, exposed electrical and barbed wire, rubble) and drowning (floods, landslides). In conflict areas, risks can include using explosive weapons and contamination by explosive remnants of war (for example, landmines, cluster munitions, mortars, shells, grenades, cartridges, ammunition and so on), collapsed infrastructure, and the widespread availability of guns and other weapons.

2. Data collection:

Use the information from assessments and child protection monitoring to develop targeted age-, gender- and risk-specific risk education messages. Assessments must involve children of different sexes, ages and disabilities, as children's' views of risks often vary greatly from those of adults. One good example of how this can be done is by drawing a map of the community and getting children and adolescents to mark areas on the map where there are risks, and then discuss these with them. Discussion should include:

STANDARD 7

- The main physical risks of unintentional injury to children
- The risk ranking of unintentional injuries for children (for example, most frequent to least frequent)
- Risks specific to particular groups of children (younger children, adolescent boys, adolescent girls, children with disabilities, etc.)
- Where the dangerous areas are where these risks are found
- What knowledge children in the community have about these dangers
- What skills and capacities children have to deal with such risks
- What the preventive and responsive mechanisms are that are already in place
- What hospitals, primary health-care centres and programmes exist for children who are injured.

3. Specific groups:

Younger children, who have less experience of danger, may easily put themselves in harm's way if they are not sufficiently well supervised. Adolescents often see themselves as unaffected by danger and harm, and are especially at risk of taking part in hazardous behaviour. Adolescent boys may be the most likely group to play with or use guns and weapons, to approach explosive remnants of war, or to take part in dangerous vehicle-related activities. Children with intellectual or sensory impairments (for example, impairments to eyesight and hearing) might be less aware of the risks around them, whereas children with physical impairments may have less mobility with which to protect themselves from danger.

4. Community activities:

Strengthen existing community-based protection mechanisms to identify and address physical risks to children. Activities that can be carried out at the community level to prevent physical injury can include (but are not limited to):

- Spreading community and public awareness messages on risks and prevention measures
- Running community safety drills for children
- Community clean-up programmes
- Building fences and bridges
- Making sure that wells and pits have safety mechanisms
- Making sure there is enough lighting at night
- Raising awareness of and marking out areas known to be contaminated with ERW.

Involving boys, girls and youth as leaders in designing and implementing these activities builds their self-esteem and gives them a sense of control in these situations of insecurity (see Standards 3 and 16).

5. Schools:

Schools and after-school activities provide opportunities to discuss and share self-protection information with a large number of children. Risk education and information activities can be most effective if designed and delivered by children and youth themselves. Developing special methods to reach out-of-school children and those who attend informal schools, religious schools, or schools specifically for children with disabilities may be needed. The need to reach these children poses a serious challenge, as they are often more at risk than those who go to formal schools (see Standards 3 and 20).

6. Case management and referral:

Include serious physical injury and disability among the criteria for case-management services (see Standard 15). Pay special attention to the specific protection risks faced by girls and boys with disabilities. Develop referral mechanisms to:

- Identify and refer injury survivors, including children with disabilities, to accessible mainstream integrated child protection and other relevant programmes for both prevention and response
- Provide specialised services (for example, ortho-prosthetic rehabilitation) through injury survivor assistance programmes.

7. Survivor assistance:

Key elements of survivor assistance, which must be age and gender-appropriate, include:

- Emergency and continued medical care
- Physical rehabilitation (including ortho-prosthetic services)
- Psychosocial support
- Legal support
- Economic inclusion (including the right to work and employment, and the right to an adequate standard of living)
- Social inclusion (including rights to involvement, accessibility, education and cultural life and sports).

Laws and policies and public education campaigns, accessible to everyone and which promote the rights of people with disabilities, should also form part of assistance to survivors. When providing assistance, make sure to strengthen and not to undermine existing national child protection systems, including community-based systems.

The Convention on the Rights of Persons with Disabilities, the Mine Ban Treaty, the Convention on Certain Conventional Weapons, the Convention on Cluster Munitions, and relevant national laws and policies provide a legal framework to address the use and effect of explosive weapons, including providing survivor assistance to those injured, including those with disabilities.

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- Convention on Prohibitions or Restrictions on the Use of Certain Conventional Weapons Which May Be Deemed to Be Excessively Injurious or to Have Indiscriminate Effects (1983)

- Amended Protocol II to the 1980 Convention: Protocol on Prohibitions or Restrictions on the Use of Mines, Booby-Traps and Other Devices (1996); and Protocol V on Explosive Remnants of War (2006)

STANDARD 8
PHYSICAL VIOLENCE
AND OTHER HARMFUL PRACTICES

Patterns of violence are heightened in humanitarian settings. Families and other sources of protection are often put under immense strain and the weakened protective environment around the child may result in family or community members abusing children, making those children more at risk of domestic violence, physical and sexual abuse and corporal punishment. Families may also resort to harmful practices as a coping mechanisms in the aftermath of an emergency. For example, they may arrange early marriage or female genital mutilation (FGM) for daughters with the intention of providing for them or of enhancing the family's economic situation. These kinds of harmful practices are a form of violence and abuse. During conflicts in particular, children may suffer extreme violence, such as killing, maiming, torture and abduction.

STANDARD

Girls and boys are protected from physical violence and other harmful practices, and survivors have access to age-specific and culturally appropriate responses.

KEY ACTIONS

PREPAREDNESS

- In consultation with children and adults, investigate how different forms of violence, including domestic violence and corporal punishment, are viewed by families, community leaders and government counterparts, and how they are normally dealt with;
- map out harmful practices that may increase during emergencies, including negative coping mechanisms;
- create or strengthen existing multidisciplinary teams of social workers, law-enforcement staff and health-service providers and train them on prevention strategies, as well as sex and age-appropriate responses when dealing with violence and harmful practices;
- map effective, child-friendly providers of response services, identify gaps and develop strategies to address them;
- train teachers, parents and key members of the community in locally-identified strategies to prevent common forms of violence – such as positive discipline, community mediation, or interventions from faith leaders; ensure they are also trained in how to respond to, and to refer, specific cases;

- building on existing processes, develop an efficient, child-friendly referral system between service providers; and
- disseminate information on referral systems in a user-friendly way to those working with children.

RESPONSE

- Raise awareness of the symptoms of psychosocial distress in both children and adults, and of strategies to deal with these in a non-violent way (see Standard 10);
- involve children and community members with influence in creating and delivering awareness raising messages about physical violence and harmful practices. Include information about risks, consequences and support services (see Standard 3);
- use examples of the consequences of harmful practices to raise awareness, facilitate discussion, and find ways to stimulate collective commitments to ending these practices;
- provide age-, sex- and gender-sensitive multisectoral care for children who have been subjected to physical violence and harmful practices, and for their families (including psychosocial support, medical support, reintegration, educational and vocational training opportunities, cash transfers, legal assistance, etc.);
- building on existing resources, establish efficient referral systems between different service providers providing responses;
- identify and refer children who may be affected by physical violence and harmful practices;
- establish systems to monitor the situation of girls and boys who may be at risk of violence – including neglect. This may include, for example, children in residential care; children with disabilities; separated children; children on the streets; or children formerly associated with armed forces or armed groups;
- support the setting up of child-friendly spaces and safe community spaces with specific efforts to ensure that these spaces are safe and prevent violence against girls and boys; and
- ensure that those coming into contact with children have signed codes of conduct prohibiting violence against children, and are trained on positive discipline (see Standard 2).

MEASUREMENT

OUTCOME INDICATOR	OUTCOME TARGET	NOTES
1. Strategies to prevent and respond to physical violence and harmful practices are incorporated into emergency-response programming	Yes	
2. Percentage of communities where child-friendly responses have been put in place for survivors of physical violence and harmful practices	80%	
ACTION INDICATOR	**ACTION TARGET**	(1) "Strategies" and "incorporated" needs to be defined in context
3. Number of campaigns with key messages on physical violence and harmful practices	Minimum 1	
4. Percentage of project proposals on child protection that include information on local attitudes to physical violence and harmful practices in the affected communities	100%	
5. Percentage of children who have received support from multi-disciplinary teams	20%	
6. Percentage of parents and caregivers given information on symptoms of psychosocial stress and how to deal with these in a non-violent way	70%	

GUIDANCE NOTES

1. Social norms:

These are social rules of behaviour in a given context. Harmful practices in many contexts are social norms. Many forms of violence may be upheld by social norms, such as the "right" of parents to hit their children. Some of these are part of cultural heritage. However, emergency situations may provide opportunities to discuss social norms that result in violence, especially if the crisis is one where violence has been suffered and there is strong desire to promote peaceful settlement of conflicts and disputes. A simple way to assess if a practice is a social norm is to ask: do individuals take part in the same practices as others who matter to them? If yes, do individuals believe that others who matter to them think they should take part in the harmful practice or physical violence? If yes, then the behaviour is conditioned by mutual expectations and so it is a social norm.

2. Assessments:

Assessments should explore motivations behind physical violence and harmful practices. They should also examine changes to the roles and tasks taken on by children following the crisis; children's access to services; and how these might increase exposure to violence. Assessments must include children of different sexes, ages and disabilities, as well as mapping of services and referral systems (see also Standard 4).

3. Collecting information:

Collecting and reporting of information on physical violence and harmful practices should be in line with the national law, and, when possible, the Inter-Agency Child Protection Management System (IA CP IMS). When setting up the child protection monitoring system or undertaking an initial assessment, consider gathering ongoing information on the following:

• The violence-related risks for girls and boys
• Risks specific to girls and boys with disabilities
• Risks specific to boys and specific to girls
• Risks specific to adolescent girls and boys
• Where girls and boys are at most risk, who might be considered the individuals who put girls and boys at most risk
• The capacities of girls and boys and caregivers to deal with these risks
• The preventive and responsive mechanisms already in place
• What health, psychosocial, security/law enforcement, and other legal aid support services and programmes exist for victims, and where else girls or boys might turn for help.

4. Awareness:

Parents and caregivers are central in protecting children against physical violence and harmful practices and promoting their psychosocial wellbeing. The awareness and understanding about violence of communities, families and children is an important starting point for engaging them in prevention and response activities. Awareness-raising on symptoms of psychosocial stress in both children and adults, and strategies to deal with these in non-violent ways, are particularly important (see Standards 3 and 10).

5. Community activities:

Strengthen existing community protection mechanisms and make efforts not to undermine them. Common activities include supporting community-based child protection committees or watch committees. Also encourage discussion and dialogue that lead to clear shared commitments to protect both boys and girls from violence. These commitments should be made collectively and publicly, and be known so that possible perpetrators can see there will be greater resistance to, and consequences of, their actions. Involving boys, girls and youth as leaders in design and implementation builds their self-esteem and gives them a sense of control in these situations of insecurity (see Standard 16).

6. Interviews:

A child who is repeatedly interviewed or examined may suffer further harm. This may also put the child at further risk if confidentiality is broken. Response to cases of violence against children involves agreements between service providers that outline a set of guiding principles and information-sharing agreements which promote confidentiality, informed consent and respect for the wishes, rights, and dignity of the survivor (see Standard 5).

7. Gender:

Gender will affect children's risk of physical violence and harmful practices. Boys may be more at risk of communal violence if they become involved in risky behaviours. In situations characterised by the widespread availability of small guns, adolescent boys in particular are especially vulnerable to becoming the main victims and perpetrators of armed violence. Girls may be at higher risk of certain harmful practices including sexual violence and exploitation, early or forced marriage, or other 'honour'-related practices.

8. Programming opportunities:

Programmes started during emergencies are an opportunity to strengthen child protection systems in the longer run, as well as to raise awareness and set the stage for defining new social rules on sensitive subjects such as violence against children. They should always be built on existing child protection systems, and should take into account current cultural and social norms and attitudes.

STANDARD 8

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- Convention on the Elimination of All Forms of Discrimination against Women (1979)

STANDARD 9
SEXUAL VIOLENCE

A wide range of types of sexual violence can take place in different circumstances and settings. These include, for example: rape by known family or community members; rape by strangers; rape during armed conflict; demanding sex in return for favours; sexual abuse of children with disabilities; exploitation of children in prostitution; and trafficking for the purpose of sexual exploitation. In the chaos that can follow an emergency, children are especially at risk of sexual violence because of the lack of rule of law, the lack of information provided to them, their restricted power in decision-making and their level of dependence. Children are more easily exploited and coerced than adults.

The consequences of sexual violence on girls and boys are social, physical, emotional, spiritual and psychosocial, and require a multi-sectoral response. Sexual violence is present in all emergencies, but it is often hidden. Prevention and response to sexual violence against children is relevant in all emergencies. All humanitarian actors should assume that sexual violence is taking place, and that it is a serious and life-threatening protection issue, regardless of the presence of concrete and reliable evidence. They should at the same time always address the issues and approach potential and actual survivors, in a respectful and professional way.

STANDARD

Girls and boys are protected from sexual violence, and survivors of sexual violence have access to age-appropriate information as well as a safe, responsive and holistic response.

KEY ACTIONS

PREPAREDNESS

- Understand how different forms of sexual violence are viewed by families (including youth/children), community leaders and government counterparts, and how this is normally dealt with;
- support and, if necessary, reactivate positive community networks for preventing sexual violence;
- disseminate key sexual violence prevention messages, working with children, families and communities;
- increase the awareness of sexual violence of men, women, boys and girls, including regarding risks, consequences, support services, and why sexual violence is not acceptable;

- encourage supported discussions with religious and community leaders;
- at minimum, ensure that child-friendly health and psychosocial support services are in place to care for child survivors, and where possible, create a multidisciplinary team of social workers, law-enforcement staff, and health-service providers and train them on child-appropriate responses when dealing with sexual violence;
- develop a mapping for child-friendly and effective referrals and spread it in a user-friendly way to staff who work with children (including by making it accessible for people with disabilities);
- train teachers, social workers, key community members and other caretakers to identify and refer children who may be at risk of and affected by sexual violence; and
- train armed forces and police on how children are affected by sexual violence, codes of conduct (if appropriate), and national and international laws and regulations.

RESPONSE

- Disseminate key sexual violence prevention messages, working with children, families and communities;
- support, and if necessary reactivate, positive community networks for preventing sexual violence and for supporting survivors of sexual violence;
- work with the community to increase the awareness of sexual violence of men, women, boys and girls, including regarding risks, consequences, support services, and why sexual violence is not acceptable. Always use messages and information materials that are appropriate to age, sex culture and context (see Standard 16);
- ensure that age-, sex-, and culturally-appropriate referral pathways and services are adhered to through service, as well as through procedures and protocols to ensure the guiding principles of confidentiality, safety/security, respect and non-discrimination;
- provide child-friendly multi-sectoral holistic care for child survivors and their families (medical support, psychosocial support and case management, protection, legal assistance, reintegration etc.);
- assist adolescent girls in addressing their specific safety concerns, in getting better access to community services and in reducing possible risks associated with using services;
- provide non-stigmatizing support to girls and boys who may need extra attention, such as children in residential care, children with disabilities, separated children, children on the streets, children (formerly or now) associated with armed forces or groups, pregnant girls, children born as a result of rape, and children who have been sexually exploited in prostitution and trafficking;
- ensure that programmes do not put children at greater risk, for example by singling out survivors and thereby exposing them to stigmatisation or by breaking confidentiality, safety and security etc.;

- advocate with stakeholders on preventive measures with regard to safety and site planning, such as: setting up child-friendly spaces; ensuring safe access to domestic energy (e.g. firewood); providing adequate lighting; avoiding overcrowding and housing children and unrelated adults together; taking safety measures against sexual exploitation and abuse in distributions of food and non-food items; and construction of an adequate number of latrines and bathing facilities for each sex;

- advocate with the responsible authorities at state and community level so that the perpetrators of sexual violence are identified and the fight against impunity is sustained; and

- for cases of sexual violence committed by armed forces or groups, refer to the country task force on Monitoring and Reporting (MRM) and the UN monitoring, analysis and reporting arrangements (MARA). Sexual violence is one of the six grave violations for which armed forces or groups can be named and shamed before the UN Security Council, which might trigger targeted measures (see Standard 6).

MEASUREMENT

OUTCOME INDICATOR	OUTCOME TARGET	NOTES
1. Number of child protection programmes that address sexual violence	To be determined in country or context	(2) Definitions of age- and gender-appropriate response to be defined in context
2. Percentage of reported cases of children who experience sexual violence who receive an age- and gender-appropriate response (disaggregated by age and sex)	100%	
ACTION INDICATOR	**ACTION TARGET**	(5) "Clearly involving" would have to be defined in country or context
3. There is a thorough understanding of how sexual violence (towards boys and girls) is viewed by families and communities before programming	Yes	
4. Percentage of CP programmes that have developed or adapted an information-sharing protocol, in line with international standards (e.g. the gender-based violence information management system, or GBVIMS)	100%	(6) Can be done through desk reviews, key informant interviews or focus group discussions
5. Percentage of projects and initiatives dealing with sexual violence that are clearly involving other sectors	100%	
6. Number of social workers, law-enforcement staff and health-service providers trained on child-appropriate responses to sexual violence	To be determined in country	

GUIDANCE NOTES

1. Awareness:

The awareness and understanding of sexual violence of government officials, communities, families and children can be an important starting point for getting them involved in prevention and response activities. Their involvement should help to reduce social stigma of survivors and the risks associated with reporting. However, communities' involvement should not affect the confidentiality and protection of survivors. It is important to explain that in some cases services need to be provided within 72 hours.

2. Capacity building:

Social workers, law-enforcement staff and health-service providers may need to be trained on child-appropriate responses when dealing with sexual violence. Health care providers on the clinical management of sexual violence may need to be provided with specific training on how to adapt medical care and treatment for children (see also Standard 21).

3. Structural discrimination:

Girls with perceived "low social status" may be more at risk of sexual violence. Boys are also subjected to sexual violence. In addition, social isolation and misconceptions about disability can make children with disabilities more vulnerable to sexual violence. The lack of recognition of these issues, along with poor services and cultural taboos, often restricts the possibility for specific groups to get assistance.

4. Code of conduct:

Evidence suggests that individuals who abuse children sexually, physically or emotionally try to be part of organisations working with children (including schools), especially in emergencies when reference checks may not be carried out as rigorously as otherwise. Make sure that codes of conduct forbidding all forms of sexual exploitation and abuse are widely circulated to humanitarian workers and service providers, and that they are implemented. Humanitarian agencies must have a 'zero tolerance' approach, and must ensure ways for violations to be reported and acted upon immediately (see Standard 2).

5. Assessments:

Assessments should include discussions about appropriate ways to prevent and respond to sexual violence. They should support mapping on how and where sexual violence is occurring, and how it is normally dealt with (which may or may not be protective to children). Be specific about the factors that increase girls' and boys' risk of exposure to sexual violence. The impact of the crisis and what this brings with it in terms of changes in task division, workload and access to services and how this might increase exposure to sexual violence should be analysed. Examples might include closeness to armed forces or groups,

unsafe routes for firewood or water collection, distribution of food and non-food items, overcrowded camps or collective centres, family separation and/or children being unaccompanied. Child protection staff should be trained not to ask questions pertaining to sexual violence if they are not prepared to handle disclosure and make appropriate referrals.

6. Programming opportunities:

The child protection prevention and response programmes that are begun during emergencies are an opportunity to strengthen child protection programming and systems in the longer run, as well as to raise awareness on sensitive subjects such as violence against children, including sexual violence. They should always be built on existing systems and should take into account current cultural norms and attitudes.

7. Collecting information:

Collecting and reporting of information should be carried out in line with national laws, international norms and, when possible, the Inter-Agency Child Protection Management System (IA CP IMS) and Gender-Based Violence Information Management System (GBVIMS), as adopted within emergency settings (see Standards 5 and 6).

8. Interviews:

A child that is repeatedly interviewed or examined may suffer further harm. Any response to cases of sexual violence against children needs an agreement between service providers that outlines a set of guiding principles and information-sharing agreements that promotes confidentiality and informed consent, and which respects the wishes, rights, and dignity of the survivor.

9. Adolescents:

Adolescent girls aged between 10 and 19 constitute one of the most at-risk groups, due to their physical development and age. These factors can lead to higher levels of sexual violence such as rape, sexual exploitation, early or forced marriage and unintended pregnancy. Efforts are needed to put in place services that help them to develop healthily, such as services in schools, programmes to increase their social skills, and programmes that generate economic opportunities – taking into account their specific needs (e.g. child care responsibilities, obligations in the household and levels of literacy).

10. Children and adolescents with disabilities:

According to UNAIDS (2006), a large percentage of people with disabilities will experience sexual assault or abuse during their lifetime, with women and girls with disabilities, people with intellectual impairments, and those in specialised institutions, schools, or hospitals at particularly high risk. Efforts are needed to ensure child protection services are disability-friendly and can be accessed by children and adolescents with disabilities, no matter where they live.

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- Declaration on the Elimination of Violence against Women (1993)

STANDARD 10
PSYCHOSOCIAL DISTRESS AND MENTAL DISORDERS

While health-sector agencies tend to speak of mental health, aid agencies outside the health sector tend to speak of "supporting psychosocial wellbeing." The term "mental health and psychosocial support" (MHPSS) serves to bring together as broad a group of actors as possible and highlights the need for diverse, complementary approaches in providing appropriate support.

Most children who have experienced stressful situations will initially show changes in social relations, behaviour, physical reactions, emotions and spirituality. Reactions such as sleeping problems, nightmares, withdrawal, problems concentrating and guilt are normal, and can be overcome with time. The added problems caused by rumours and a lack of credible and accurate information tend to be major sources of anxiety for those affected by an emergency, and can create confusion and insecurity.

STANDARD

Girls' and boys' coping mechanisms and resilience are strengthened and severely affected children are receiving appropriate support.

KEY ACTIONS

PREPAREDNESS

- Carry out a joint review of already existing information as soon as possible, to be followed by a joint situation/context analysis, to inform further action;
- make sure there is coordination and a referral system between all sectors including education, protection, health and psychosocial support providers;
- map out existing services in terms of community-based support, focused support and specialized services; and
- provide training on psychological first aid (PFA) to those involved in child protection, and work with other sectors (for example, water, sanitation and hygiene – or WASH – camp management, and education) to make sure that their staff are trained on PFA.

RESPONSE

- Ensure there is psychosocial support for national workers who have been affected by the emergency;

- strengthen pre-existing community networks to provide psychosocial support to children and their families (for example, providing information on how to cope with stress, and carrying out activities for children);
- support activities for children in the community such as recreational activities, sports, cultural activities and life skills, to help recreate a routine and help them to build their resilience;
- organize activities specifically for young people and adolescents;
- set up a detection and referral system for children or caregivers who need mental health services, and advocate for strengthening of these services by health actors;
- provide support to caregivers to improve care for their children, to deal with their own distress and to link them to basic services; and
- ensure that child protection staff are trained on the IASC Guidelines on mental health and psychosocial support, and that staff adhere to these and refer to them across agencies and with local partners.

MEASUREMENT

OUTCOME INDICATOR	OUTCOME TARGET	NOTES
1. Percentage of targeted children involved in CP programmes reported to be showing a decrease in symptoms associated with mental disorders and psychosocial distress compared to the baseline	80%	(1) The denominator can be the number of children in relevant communities within a time period since the response started
ACTION INDICATOR	**ACTION TARGET**	
2. Percentage of sectors in the humanitarian response in which workers have received training on PFA	90%	
3. Percentage of national humanitarian workers surveyed who indicate they know where and how to access psychosocial support if they need it	90%	
4. Percentage of targeted communities where community-initiated activities for children are supported and take place at least once every [TBD] days	To be determined in country	
5. Percentage of targeted communities in which at least 50% of caregivers surveyed have received training or counselling on how to deal with psychosocial issues	80%	
6. Percentage of child protection workers trained on IASC guidelines on mental health and psychosocial support	50%	

GUIDANCE NOTES

1. Multi-layered supports:

A key to organising mental health and psychosocial support is to develop a layered system of complementary support that meets the needs of different groups, including children with disabilities. All layers of the pyramid are important and should ideally be implemented at the same time. Once basic survival needs (food, shelter, water, basic health care, controlling communicable diseases) are met, and safety and security have returned, most children and adolescents will go back to functioning normally, without professional support (level 1). Children who have lost support from family and the community will need specific support to restore the protective factors that these support systems provide (level 2). The third layer represents the support needed for the still smaller number of children (for example, survivors of gender-based violence or recruitment) who also need more focused individual, family or group action from workers who have received some training in specialised care (parasocial workers). This layer also includes psychological first aid (PFA), basic mental health care by parasocial workers and structured psychosocial groups with children or parents (level 3). The top layer of the pyramid represents the extra support needed for the small percentage of the population who, despite the support already mentioned, cannot bear their suffering and who may have significant difficulties in basic daily functioning (level 4). These children may have pre-existing mental health disorders not related to the disaster but worsened by it.

INTERVENTION PYRAMID

EXAMPLES

Mental healthcare by mental health specialists (psychiatric, nurses, psychologists, psychiatrists, etc.)

Basic mental healthcare by primacy healthcare doctors
Basic emotional and practical
support by community workers

Activating social networks
Communal traditionnal supports
Supportive age-friendly spaces

Advocacy for basic services that are safe, socially appropriate and protect dignity

Specialised services

Focused non-specialised supports

Strengthening community and family supports

Social considerations in basic services and security

2. Child, family and community participation and empowerment:

An effective and sustainable approach for promoting psychosocial wellbeing and recovery is to strengthen the ability of families and communities to support one another. Girls, boys, women and men should be active partners in decisions that affect their lives – for example, by being involved in relief efforts, initiatives that encourage older children to work with younger children, and parent committees.

3. Psychological first aid (PFA):

PFA describes a humane, supportive response to a fellow human being who is suffering and who may need support. PFA, which is a technique that can be learned by community members and humanitarians, is an alternative to 'psychological debriefing,' which has been found not to be effective. In contrast, PFA includes factors that seem to be helpful to people's long-term recovery. These include:

• Feeling safe, connected to others, calm and hopeful
• Having access to social, physical and emotional support
• Feeling able to help themselves, as individuals and communities.

PFA is for distressed children and adults who have been recently exposed to a serious crisis event. However, not everyone who experiences a crisis event will need or want PFA. Do not force help on people who do not want it, but make help easily available to those who may want support.

4. Early childhood:

Early childhood covers the period from before birth (support to pregnant women) through to primary school. For poorly nourished, frequently ill and other groups of at-risk children, parenting interventions promoting mother-infant interaction, including psychosocial stimulation, should be offered to improve child development. These programmes can be delivered within ongoing community programmes, in mother-and-child health programmes, or in early childhood development centres. Make efforts to ensure that all early childhood programmes are disability-friendly, and that they address parents' specific needs.

5. Mental health treatment gap:

Few developing countries have training schemes for psychologists and psychiatrists. When these services are not available, agencies should consider including guidance in primary health-care centres. The WHO mental health Gap Action Programme (mhGAP) aims to increase the care for mental, neurological and substance-use disorders in non-specialised health-care settings. Children who have been institutionalised due to a mental disorder need to be well-protected, and must receive adequate care.

6. Communities:

To recreate a routine in children's lives, locally appropriate activities might include cultural and artistic networks or centres, youth and women's networks and clubs, religious networks and leaders, nursery spaces, disability-friendly and child-friendly spaces, youth and children's clubs, formal or non-formal education and parental support groups.

7. Support to caregivers:

Helping parents, grandparents or other caregivers to deal with their own distress and re-establish their ability for good parenting is vital for their own psychological healing and that of their children. Making available culturally appropriate and accessible information on constructive coping methods, awareness of harmful practices, and helping people to hold traditional grieving ceremonies are all useful steps in healing.

8. Monitoring wellbeing:

It is very important that the objectives of psychosocial programming — whether these are outputs, outcomes or impacts — are not decided by project staff alone, but with active involvement of the beneficiaries and other relevant stakeholders. The best way to measure indicators of psychosocial wellbeing is by combining methods which measure quantitative data (using existing questionnaires) and methods which measure qualitative data (using focus-group discussions, key informant interviews and observations in the community).

STANDARD 10

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- www.mhpss.net (Mental Health and Psychosocial Support Network)

STANDARD 11
CHILDREN ASSOCIATED WITH ARMED FORCES OR ARMED GROUPS

Despite growing international attention to the recruitment and use of children in conflict and wide condemnation of this practice, children continue to be associated with armed forces or armed groups across the world. Boys and girls are used in a number of ways, including as combatants; in active support roles such as spies, porters or informants; or for sexual purposes. Children associated with armed forces or armed groups are exposed to tremendous violence – often forced both to witness and commit violence, while themselves being abused, forced to use drugs, exploited, injured or even killed as a result. Their condition deprives them of their rights, often with severe physical and emotional long-term consequences, including disabilities, as a result of their experiences.

STANDARD

Girls and boys are protected from recruitment and use in hostilities by armed forces or armed groups, and are released and provided with effective reintegration services.

KEY ACTIONS

PREPAREDNESS

- As soon as possible carry out a joint review of existing information on the presence of children in armed forces or armed groups, and incidents of child recruitment, to be followed by a joint situation or context analysis. Include information on possible community-based disarmament, demobilization and reintegration;
- work with leaders, communities, families, and youth organizations to prevent recruitment and change norms that favour children's participation in armed forces or groups;
- ensure that broader disarmament, demobilization and reintegration (DDR) processes and strategies are set up at the national level, and take into consideration children's specific needs and rights. The DDR process should, where possible, be led by government authorities, and should draw on the expertise and skills of UN agencies, NGOs and local civil society and communities. It should be integrated into schemes aimed at reintegrating other children at risk (with a view to avoiding stigmatization and potential tensions between children formerly associated who may be viewed by their

communities as perpetrators of crimes and other vulnerable and affected children at the community level);

- ensure that child protection staff are trained on identification of children associated with armed forces or armed groups, and the process of DDR;

- map, advocate for and support laws, policies, and national plans of action by both state and non-state actors to end and prevent the recruitment and use of children, when this can be done without risk for the children themselves or for humanitarian staff;

- strengthen community-based early warning systems to monitor and report incidents of child recruitment and use/disappearances, and activity of armed forces or groups. Ensure that these systems are linked to local and national child protection or protection monitoring systems; and

- ensure ongoing and effective coordination between the Country Task Force on Monitoring and Reporting, when it does exist (as per Security Council Resolution 1612); other mechanisms for monitoring and reporting human rights violations; and responses and services to victims (see Standard 1).

RESPONSE

- Promote coordination and cooperation among all actors working on prevention of child recruitment and use, on release of children from armed forces or groups, and on providing assistance to their reintegration, in order to ensure all programmes complement each other. A key element is the development of standardized tools for managing cases;

- work with local leaders, community groups, schools, and youth organizations to take action to prevent recruitment or voluntary participation in armed forces or groups;

- carry out accessible public information campaigns, where appropriate, on the risks for children associated with armed forces or armed groups, and the risks of family separation;

- identify and support children who are vulnerable to recruitment (for instance, by providing realistic alternatives to joining armed forces or groups);

- ensure access to safe school education for all children, as well as long-term viable livelihood opportunities;

- develop a process for trained child protection staff to identify and verify children associated with armed forces or armed groups;

- initiate discussions with the appropriate military and/or political authorities and armed group commanders or militia leaders at local, national, and regional level where necessary, to advocate for the release of children in their ranks;

- take all boys or girls verified to be associated with an armed force or armed group (as well as any of their children) as quickly as possible to a safe, civilian location;

- initiate the family tracing process as early as possible and, building wherever possible on existing services, provide children with interim care, medical services, psychosocial care and counselling, etc.;

- ensure that a community-oriented approach is adopted during the reintegration phase; and
- ensure that children who have been injured or disabled receive appropriate medical assistance, care and follow up.

MEASUREMENT

OUTCOME INDICATOR	OUTCOME TARGET	NOTES
1. Change against baseline value of estimated number of girls and boys currently associated with armed forces or armed groups	Decrease	(2) "Effective reintegration" needs to be defined in country
2. Percentage of girls and boys separated from armed forces or groups who are effectively reintegrated in their families and the community or alternatively integrated	100%	
ACTION INDICATOR	**ACTION TARGET**	(3) "Commonly agreed" refers to strategies that are widely seen as effective, and can be defined in each context
3. Percentage of targeted communities where 80% of those surveyed can describe commonly agreed strategies to prevent and report child recruitment	To be determined in country or context	
4. Existence of a set of interim care procedures that are agreed upon and implemented by all relevant actors	Yes	
5. Percentage of humanitarian workers surveyed who demonstrate a clear understanding of how to identify and report cases of child recruitment and use	90%	

GUIDANCE NOTES

1. Advocacy:

In countries where child recruitment and use is not yet prohibited or criminalised, child protection agencies, as well as high-level United Nations officials (for example, a humanitarian country co-ordinator, humanitarian co-ordinator or special representative to the secretary general), should strongly encourage the government to amend their legislation to this effect. National and local authorities (and armed forces or groups where appropriate) should be supported to make sure resulting legal obligations are implemented and enforced at national and local levels. Action plans developed by MRM Country Taskforces will support these legal obligations and shall include training and awareness raising of government authorities, military personnel, armed forces or armed group members, and all stakeholders. Related action may also include support in strengthening government legal, judicial and welfare structures at national and local level.

2. Making the community and families aware:

Make sure children are aware of the services and support available to them. To make sure the community and families are aware of the relevant issues and problems, intensive awareness raising efforts should be made and information should be regularly made available in a form that is easily understandable and accessible for children, families and communities. The messages should:

• Highlight factors that heighten the risks of recruiting children, both through forced and so-called "voluntary" recruitment
• Highlight the risks faced by children, boys and girls while in the ranks of armed forces or groups
• Inform communities of national and international laws governing age of recruitment
• Be included in education and vocational training
• Reach adolescent boys who are particularly at risk of recruitment
• Highlight the additional risk of sexual abuse faced by girls being recruited and used (voluntarily or forcibly), and the stigma and trauma resulting from such abuses
• Highlight that boys and girls are likely to be rejected if their activities have put the community in danger

A community-based approach to reintegration reduces stigmatization and tensions, while promoting greater equity in the delivery of assistance. A critical element is to mobilize the community and strengthen existing services and support structures.

3. Preventing families from separation and recruitment:

Prevention strategies may include strengthening existing community-based child protection mechanisms, parent-support groups, and children's or sports clubs that are age appropriate; investing in education and livelihood programmes; mapping risk areas; and establishing or strengthening existing community early warning systems. Key community members and groups should be aware of children who are particularly at risk of being separated from their families and of recruitment or re-recruitment (whether forced or voluntary), and should make sure that these children can benefit from activities that will promote their protection and development. When possible, social support and assistance programmes should be designed to maintain family unity (see Standards 16 and 17).

4. Release:

All children who have been unlawfully recruited or used by armed forces or groups should be released as soon as possible, even during armed conflict. Releasing children does not depend on the temporary or permanent end of hostilities, formal peace being announced, or on children having weapons to give up. Consider the importance of factors that may reduce the likelihood that girls and boys want to leave armed forces or groups (for example, personal

relationships, a sense of belonging, ideology and income, as well as pride from helping their own communities by defending them). Discussions with commanders of armed forces and groups should be started by the co-chairs of the MRM country-level task force (if one has been set up), by the United Nations, or by the most appropriate organisation under the circumstances. These groups should consider the perspective of the armed forces or groups and use appropriate language they can understand, rather than only using traditional child protection and human rights language, which could stop discussions for release rather than helping them move forward. Efforts should be followed by or related to a comprehensive analysis of the relevant armed force or armed group, the reasons why children have or may become associated with it, and the way in which those children are recruited.

5. Identification and verification:

Ongoing screening, identification and age verification can ensure that boys and girls below 18 years of age who have been recruited are identified. This also includes children used as soldiers, cooks, porters, messengers and spies, and those recruited for sexual purposes. If the screening is part of a broader, formal DDR process for adults, special provisions must be made to identify children, especially girls, whose presence may be hidden, as they are often considered dependants of the soldiers. Children must then be interviewed using child-friendly techniques, and documented immediately after being removed from armed forces or groups. This documentation will allow a better understanding the child's situation; will assist his or her handover to a child protection actor or agency; and will ensure appropriate reintegration assistance.

6. Interim care:

Some children may be able to return immediately to their families and communities. Interim care should be provided immediately for those whose families are being traced, or to help them move into civilian life. All children, in interim care and those who have returned to their community, should have access to appropriate health services and culturally appropriate psychosocial support. As appropriate, they may be given a reintegration kit that meets agreed inter-agency standards. Provision of cash assistance is not recommended.

Some children may be unable or unwilling to return to their communities of origin. Mediation and advocacy may be appropriate to facilitate their return. While in interim care, such services as training in life-skills, recreational activities, catch-up classes, and information about reintegration support within communities may be appropriate, but the focus should be on return to a community as soon as possible and the provision of services there rather than on an extended period in interim care, which should be as brief as possible. If family reunification is not possible for a child within a defined period (e.g. 6 weeks), then a foster placement may be appropriate. Girls may have specific needs, particularly if they have been sexually abused, are pregnant, or have young children. A mixed team should be available to allow both girls and boys to voice their needs and priorities in separate consultations. Design transitional centres in a way that protects the privacy and safety of girls (for example, with separate washing facilities and sleeping rooms). All staff involved should receive thorough training (see Standards 13 and 15).

7. Family tracing and reunification:

Before families are reunited, social workers should liaise with them to make sure that the child will not be rejected by the family due to fear of judgment by the community (particularly relevant for girls) or for security concerns (typically relevant for boys). Pay specific attention when girls and boys are being reunited with their families and communities, as they are likely to experience distinct forms of stigmatization due to their former association with armed forces or groups. Ensure reunification follow-up visits. Documentation, tracing and reunification activities should be combined with ongoing community and family based arrangements for the care and protection of children. If it is not possible to reunite a child with their own family (including extended family), other family-based care arrangements must be found. On an exceptional basis, independent living arrangements may be supported for small groups of children under the form of child-headed households if there is frequent and regular follow-up by social workers (see Standard 13). When children are reunited with their families, they should have a certificate signed by the military authorities of the country to help prevent them from being recruited again, arrested for desertion, or subjected to other forms of harassment or violations, including by national security forces and local authorities. In cases of cross-border tracing and reunification, be careful to develop a shared strategy.

8. Reintegration:

As well as providing individual support for improved educational, vocational and livelihood opportunities and referral to medical, psychosocial and legal services, a reintegration strategy should be community-based. It should build on the strengths and resilience of children and take into consideration the special needs of children. It should support children who have left armed forces or groups – including by ensuring regular follow-up – as well as support other children in the same community affected by conflict. This approach reduces risks of stigmatization and reprisals against children formerly associated with an armed force or armed group, while benefiting from pre-existing protection systems, promoting greater equality in delivering help, and strengthening child protection systems in the longer term. Avoid continuing to identify children formerly associated with armed forces and groups as such, since this can cause stigma. Special needs for psychosocial support may need to be addressed both among such children and among others who were also affected by armed conflict. Reintegration at the community level may include, for example, peace-building activities, games and sport, and awareness-raising sessions on specific issues. Where they are culturally appropriate and with the agreement of children and families, religious ceremonies or traditional cleansing and healing ceremonies can facilitate acceptance and return to civilian life.

9. Family preparation:

When tracing is successful, assessment should verify that family reunification is in the best interests of the child. It is critical to take particular measures in the case of children formerly associated with armed forces or groups. Preparations for the reunification of these children must take into account the need to shield them against discrimination, targeted attacks and further recruitment. In cases where there are serious concerns, it may be necessary to involve the appropriate local authorities, existing welfare systems, other agencies and local communities for any further action or future support required. Reunification should be assisted and followed up. When follow-up support is provided to the child's family, the needs of the surrounding community should also be considered. Alternative long-term arrangements should be made when family reunion proves not to be possible within a reasonable period, or when reunion would not be in the child's best interest.

STANDARD 11

REFERENCES

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- Paris Principles and Guidelines on Children Associated With Armed Forces or Armed Groups (2007)

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- Convention on the Rights of the Child (1989)

- Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict (2000)

- Rome Statute of the International Criminal Court (1998)

- Geneva Conventions (1949)

- Additional Protocol I and II to the Geneva Conventions (1977)

- www.childrenandarmedconflict.un.org

- www.unicef.org
  (child recruitment by armed forces or armed groups webpage)

STANDARD 12
CHILD LABOUR

Child labour is work that is unacceptable because the children involved are too young and should be in school, or because even though they have reached the minimum working age (usually 15), the work that they do is harmful to the emotional, developmental and physical wellbeing of a person below the age of 18. Many child labourers are victims of the worst forms of child labour (WFCL), such as forced or bonded labour, using children in armed conflict, trafficking for exploitation, sexual exploitation, illicit work or other work which is likely to harm their health, safety or morals (hazardous work).

In emergency contexts, with the possible loss of livelihoods, breadwinners and access to education, and when families are separated and displaced, children become particularly vulnerable to child labour (and especially to the WFCL). An emergency may:

• Increase the overall incidence of the WFCL

• Trigger new WFCL

• Result in working children taking on more dangerous work

• Result in unsafe moves by children to search for work, which will put them at risk of exploitative work situations

While the child protection response in an emergency should be as thorough as possible, given the complexity of responding to all child labour in a given context the response should prioritise the worst forms, starting with those related to or made worse by the emergency. Efforts should build on and contribute to any ongoing national processes.

The worst forms of child labour (WFCL) are a subset of child labour to be abolished, which is a subset of children in the productive activities. The very large majority of children in the WFCL are in hazardous work. Others WFCL include forced or bonded labour, use in armed conflict, trafficking sexual or economic exploitation, sexual exploitation and illicit work.

STANDARD

Girls and boys are protected from the worst forms of child labour, in particular those related to or made worse by the emergency.

KEY ACTIONS

PREPAREDNESS

- Carry out a desk review to collect information on the current WFCL situation and lessons learned from past emergencies, particularly in terms of the types, area, scale and root causes of the WFCL, and what types of WFCL are generated or exacerbated by emergencies;
- collect information on the national legislative and policy framework, especially the labour law, the official list of hazardous child labour and national action plans to eliminate the WFCL;
- identify key national stakeholders involved in the fight against child labour, in particular the Ministries of Labour, Education and Social Development, as well as workers' and employers' organisations and the civil society, and collect information on their mandates, policies and programmes and on their capacities; and
- organise or engage in training and information-sharing opportunities on the WFCL for relevant humanitarian and development stakeholders.

RESPONSE

- Alert the authorities, communities, parents, youth groups and children about the dangers associated with the WFCL and the importance of protecting children from the WFCL;
- work with communities to identify and mitigate risks of trafficking;
- include WFCL in assessments and carry out, as appropriate, an extra in-depth study on the effect of the emergency on the extent and nature of the WFCL;
- make sure key national stakeholders and children are involved in developing and putting into practice coordinated responses to the WFCL in emergencies, using the National Steering Committee of Child Labour (where it exists) as an entry point if appropriate;
- ensure that responses to the WFCL become part of humanitarian interventions, in particular in areas of child protection, education, social protection and economic recovery, by providing guidance and training to those working in these sectors;
- assess the possible negative effect of the humanitarian response on the WFCL, and work with humanitarian organisations and others to prevent this from happening;

- in countries with no up-to-date official list of hazardous child labour, propose that the government (local or national) organises a consultation to identify hazardous work in the emergency-affected area and prioritise it for action;
- make sure that a joint WFCL monitoring and referral system is in place and included in existing child protection referral systems;
- help children involved in, or at risk of becoming involved in, the WFCL to take advantage of learning opportunities; and
- help children of working age who are involved in, or at risk of becoming involved in, the WFCL (and their caregivers) to access adequate support to strengthen their livelihood or economic circumstances.

MEASUREMENT

OUTCOME INDICATOR	OUTCOME TARGET	NOTES
1. Percentage of children, disaggregated by sex and age, removed from the WFCL, who are provided with case management in a timely fashion	To be determined in country or context	
2. Number of children involved in the WFCL who receive adequate support	To be determined in country or context	
3. Number of children at risk of becoming involved in the WFCL who receive adequate support	To be determined in country or context	
ACTION INDICATOR	**ACTION TARGET**	(1) "Timely fashion" to be determined in country or context
4. WFCL considerations included in CP case-management systems	Yes	
5. WFCL included in CP communication and advocacy strategies and tools	Yes	(3) Who is at risk to be defined in country or context
6. Number of children involved in, or at risk of becoming involved in, the WFCL referred to economic recovery interventions	To be determined in country	
7. Percentage of children involved in, or at risk of becoming involved in, the WFCL referred to education interventions	100%	
8. Percentage of communities that have been reached by information campaigns on the danger and consequences of the WFCL	100%	

GUIDANCE NOTES

1. Mainstreaming into humanitarian interventions:

It is important to make sure that the services put in place and activities carried out as part of the child protection response contribute effectively to preventing and responding to the WFCL. For example, rapid assessments should include

questions on the WFCL; communication and advocacy should cover the WFCL; case-management systems should work with children involved in the WFCL; and community-based child protection mechanisms should also be helped to take action against the WFCL. Likewise, economic recovery interventions and education interventions can contribute to tackling the root causes of the WFCL in the emergency. The role of child protection actors is to make sure that these programmes are designed and put into practice in a way that has the most beneficial effect possible on the state of education and the reduction of WFCL. For example, education providers should take steps to identify, reach and monitor working children. Families with only one carer and households where the eldest member of the family is a child should receive help in terms of both child and social protection, alongside any 'for-work' schemes.

2. Hazardous work:

It is up to countries to define what work is prohibited for someone under the age of 18, by creating a 'hazardous child labour list' and enacting it in law. This is done through a consultation that brings together employers' and workers' organisations and the government. In countries where there is no list, or where the list is not up to date, the emergency provides an opportunity for child protection organisations to help the government to organise a consultation to ask "What work is hazardous in the emergency-affected area?", "Where is it found?" and "What should have priority for action?". This will guide awareness-raising and training activities as well as direct activities to support children.

3. Children who need targeted help:

Support should be provided to boys and girls involved in WFCL but also, as a prevention measure, to those at risk of taking part in the WFCL. Three of the WFCL are defined in the ILO Convention N°182 (forced or bonded labour, sexual exploitation and illicit work), while the fourth category (work that is harmful to children) is defined in the national hazardous child labour list. Factors that put children at high risk for taking part in the WFCL should also be identified at country level.

4. WFCL monitoring and referral system:

It is the role of government enforcement units, such as labour inspectorates and the police, as well as social welfare services, to identify children who are involved in, or at risk of, the WFCL. However, their capacity is often weak, particularly in rural areas and informal enterprises. This is the reason why several countries have set up child-labour monitoring systems (CLMS) to support the inspectorate. A CLMS mobilises the community to monitor child labour and to refer children to schools and services according to set guidelines. If no CLMS is in place in the emergency-affected area, child protection organisations should work with national partners (ministries of labour, education, and social welfare) as well as the private sector and workers' unions, to develop a local CLMS that sets out who would do the monitoring, how cases will be handled (for example, a referral plan), and where information and reports would be filed. This local CLMS should be included alongside existing child protection referral systems.

5. Support provided to children:

The course of action will depend on the child's situation:

- Any child (under 18) found in forced or bonded labour, doing illicit work or being sexually exploited should be removed immediately from the situation, given case management and access to learning opportunities, and provided with support to help their financial situation

- A child under the minimum working age found doing hazardous work (long hours, work with dangerous machinery, chemicals or heavy weights, etc.) should be removed and given learning opportunities and/or have their financial situation addressed

- A child above the minimum working age found in hazardous work should be separated from the hazard, or have the risk reduced to an acceptable level, and may continue to be employed in the workplace

- Any child who is not in the WFCL but is at high risk of becoming so should be treated in a similar way, with access to learning opportunities provided and/or their financial situation addressed.

STANDARD 12

REFERENCES

- ILO (2009). *Safe Work for Youth Toolkit*
- ILO/UNICEF (2005). *Manual on child labour rapid assessment methodology*
- ILO (2012). *The tripartite process of determining hazardous work of children. Guide for facilitators*
- ILO (2010). *Supporting Children's Rights through Education, the Arts and the Media (SCREAM): A Special Module on Child Labour and Armed Conflict*
- ILO (2005). *Guidelines for developing child labour monitoring (CLM) processes*

- Convention on the Rights of Children (1989)
- Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography (2000)
- Convention on Minimum Age for Admission to Employment (1973)
- Convention on the Worst Forms of Child Labour (1999)

STANDARD 13
UNACCOMPANIED AND SEPARATED CHILDREN

This standard is based on the Inter-Agency Guidelines on Unaccompanied and Separated Children (UASC) and the Guidelines for the Alternative Care of Children. It is designed in two parts: Part A focuses on identification and registration, documentation, tracing families and reuniting children with their caregivers if they have become separated from them during an emergency. Part B focuses on the interim or alternative care for children who need these services following an emergency. These have been designed to be read together.

Children separated from their parents and families because of conflict, disaster or population displacement, or because of economic or social reasons, are at increased risk of violence, abuse, exploitation and neglect in an emergency. These children have lost the care and protection of their families at the moment when they need them the most.

It is important to recognize that separation can result from a variety of causes. Children can accidentally become separated during flight to safety, during an attack or during a population movement. They may have been entrusted by a parent to someone else, separated during provision of health services to themselves or their caregiver, picked up by another family or aid worker after having been left by a parent looking for survival resources, abandoned, abducted, or orphaned. They may also have run away. The basic assumption, until tracing efforts demonstrate otherwise, should be that a child has someone with whom he or she can be reunited. Absolutely avoid referring to these children as "orphans".

Separated children are those separated from both parents, or from their previous legal or usual primary caregiver, but not necessarily from other relatives. As a result, this may include children accompanied by other adult family members. Unaccompanied children (also called unaccompanied minors) are children who have been separated from both parents and other relatives, and who are not being cared for by an adult who, by law or custom, is responsible for doing so.

STANDARD

Family separation is prevented and responded to, and unaccompanied and separated children are cared for and protected according to their specific needs and their best interests.

A. KEY ACTIONS - IDENTIFICATION, DOCUMENTATION, TRACING AND REUNIFICATION (IDTR)

PREPAREDNESS

- Review/map national legal frameworks and community systems related to child protection mandates and procedures for working with children without appropriate care, including prevention and response to family separation, and build on this as much as possible and as much as is appropriate;

- develop Standard Operating Procedures (SOPs) that clarify the roles and responsibilities of those involved in IDTR and programmes related to UASC. This should include methods for referral and information sharing, and the role of community structures;

- set up a common Family Tracing and Reunification (FTR) database (possibly decentralized), unless this already exists (consider the inter-agency Child Protection Information Management System, IA CP IMS);

- review the inter-agency agreed common registration forms and determine if they need to be further adapted to the local context. Prepare forms in two or more languages (i.e. multi-language forms) depending on the context;

- identify, train and mentor local interviewers, staff and social workers, community volunteers and responsible officials on the inter-agency guidelines on unaccompanied and separated children, age-appropriate methods for interviewing children, and procedures to be followed for completing and managing the forms to be used locally;

- provide copies of relevant forms to partner organizations and agencies, once their personnel have been trained;

- by working with families and key community members, design prevention of separation materials and tools (for example, leaflets, stickers, hotlines for missing and found children, radio campaigns) and tell children, families and humanitarian workers to whom they should refer cases (see Standard 3 and 16);

- stock FTR supply kits; and

- identify potential national and international partners for IDTR, and, collaboratively with the government, plan geographic and functional divisions of responsibility, ensuring the inclusion of the International Committee of the Red Cross (where present) and the International Red Cross and Red Crescent Movement.

RESPONSE

- Assess the scope, causes and risks of family separation;

- prevent family separation, for example, in reception and arrival areas, or during planned population movements at hospitals (e.g. ensure that all children admitted or with a parent wear a wrist band with their name and other identifying information);

- agree within one week, with the relevant government body and within the child-protection working group (or similar coordination structure), on standardized registration forms and draft operating procedures for IDTR;

- agree within one week on the basic elements of an information and case-management system, including a system and procedures for sharing information and geographic and functional areas of responsibility;

- develop a proactive and systematic strategy to identify unaccompanied and separated children, for example, at registration points; by visiting village after village; during distribution; or by targeting specific locations where UASC are seen, such as hospitals and orphanages;

- train personnel and volunteers who will carry out IDTR activities;

- rapidly set up places where separated children and parents of missing children can register, receive information and access services;

- develop a referral system for separated/missing children and raise awareness in communities and families about IDTR services;

- ensure that UASC have access to services and that they can be prioritized for assistance and protection procedures, and that they have equal access to schools;

- establish mechanisms regularly and systematically to monitor the safety and wellbeing of UASC;

- start tracing and reunification immediately, and make sure there is sufficient staff and relevant logistic equipment (e.g. cameras, computers, printers, locking filing cabinets, transportation);

- keep children, families and caregivers regularly updated on the progress of tracing;

- avoid public dissemination of information that might unintentionally encourage families to abandon children or falsely present them as being without care (e.g. based on the assumption that children without care will be given special assistance), and review activities in other sectors (health, nutrition, WASH, camp management, distribution, public information) and work jointly to ensure that their programmes do not cause voluntary or accidental family separation (e.g. through families assuming unaccompanied children will be given special assistance);

- for separated children, assess as soon as possible whether care arrangements are appropriate and in their best interest interests while tracing continues, and ensure regular monitoring of their interim situation, protection and wellbeing;

- after successful tracing results, verify relationships between a child and adults, assess the willingness and capacity of the receiving adults to provide appropriate care, determine the child's wishes and best interests, provide the receiving family such material assistance as may be necessary to permit care at the same level as other children in the population, and prepare both the child and the caregiver before they are reunited;

- make sure there is timely and periodic follow-up for children who have been reunited to make sure they are cared for and protected. Do not assume that children reunited with relatives will necessarily be well cared for, and ensure close monitoring of such children until it is clear that the nature of care is adequate; and

STANDARD 13

- when a child is reunited or placed with a relative, ensure that the adult assuming responsibility for care publicly signs a form accepting responsibility for the child, and arrange for one or more respected local leaders publicly to sign a form agreeing to monitor the child's wellbeing and report any problems to the body responsible for child protection and care.

B. KEY ACTIONS - ALTERNATIVE CARE

PREPAREDNESS

- Strengthen the existing foster care system, including through contingency planning, so that it can be expanded in case of an emergency;
- identify and disseminate relevant national law, polices, guidelines, etc. related to alternative care;
- within the government and civil society, identify the key national actors regarding alternative care and their current roles and activities;
- identify relevant traditional mechanisms for providing care for children who are outside of family care;
- provide training on the Guidelines on Alternative Care for Children and introduce the Alternative Care Toolkit;
- support and strengthen local capacities (including government) and support and build the capacity of the main organisations and people to lead on the planning, management and delivery of interim and alternative care; and
- map current interim care structures and mechanisms and identify which might be suitable for meeting the needs of unaccompanied and separated children.

RESPONSE

- Make sure that needs assessments include children's living situations, supportive community structures and systems, and the different alternative care options available (see Standards 4 and 5);
- in consultation with local actors, actively seek to prevent unnecessary family separations, through targeting assistance at especially vulnerable family groups;
- develop a surveillance system (involving personnel at potential points of abandonment) to identify newly unaccompanied children who may have been relinquished in the hope of their receiving assistance, and, if previous caregivers can be quickly identified, assess whether providing specific material or food assistance can enable safe reunification;
- support and develop care services in keeping with the Guidelines for the Alternative Care of Children (specifically the emergency care section) and the Alternative Care in Emergencies Toolkit;
- continually review care arrangements, such as foster care and residential care facilities, to make sure that they are not creating incentives for abandoning children;

- regularly check to make sure that only those children who genuinely need alternative care are placed in interim care;
- develop a care plan for each child in interim or alternative care as quickly as possible and in consultation with the child, his or her family and other important people in the child's life;
- systematically follow up all children in interim or alternative care at least once every 12 weeks; and
- make no permanent decision about a child's alternative care arrangement as long as there is a chance of tracing family members, before available tracing avenues have been exhausted, and never, in any event, within the first year of the beginning of active tracing, unless there are exceptional circumstances (BID guidelines promote 2 years).

MEASUREMENT

OUTCOME INDICATOR	OUTCOME TARGET	NOTES
1. Surveillance systems and services are in place to prevent unnecessary separations	Yes	
2. Percentage of children registered for tracing that has been reunified and stayed with their family for more than six months	90%	
3. Percentage of registered UASC in appropriate and protective care arrangements	100%	
ACTION INDICATOR	**ACTION TARGET**	(3) "Appropriate" and "protective" to be defined in country or context
4. Adapted registration forms, SOPs, information, referral and case-management systems in place within one week of the emergency	Yes	
5. Percentage of registered UASC who are reunited with their caregivers	90%	(9) "Appropriate interim care" can be defined in country according to the Alternative Care Toolkit (ACE)
6. Mechanisms in place for registration and receiving information and for active tracing of immediate family members and relatives	Yes	
7. Percentage of children who have received at least one follow-up visit within one month of being reunited with caregivers	100%	
8. Percentage of registered UASC in appropriate interim or long-term alternative care	100%	
9. Percentage of registered unaccompanied children in log-terme alternative care who are receiving monitoring visits at least once a month	90%	

STANDARD 13

GUIDANCE NOTES

1. First days:

It is vital to assess the situation for UASC and to initiate co-ordinated responses in the first 48 hours following an emergency. Steps should be taken to help reunite families as quickly as possible, and to organise immediate, interim care if this is realistic. Humanitarians should collaborate with relevant governmental bodies and support them to carry out appropriate roles. Focal points can be identified within communities and services, and given contacts for emergency referrals. Where possible and appropriate, key messages can be widely disseminated through mass media, urging caregivers to stay with their children and to continue to care for children who have lost their families – as well as registering these children with child protection focal points.

2. Preventing separation in organizations and communities:

From the start of an emergency, and building on community assessments on causes of separations as well as existing community structures to prevent and respond to separations, communities should be informed of practical measures to avoid 'losing their children,' such as attaching identification tags to babies and young children, and teaching children vital information about their family identity and the location of emergency meeting points. Humanitarian workers should be trained in how to ensure that children are protected and family unity preserved in delivering humanitarian aid and during exercises to relocate populations. Provision of support to interim caregivers by child protection agencies should be carried out in a way that it does not create incentives for other children to register as separated, and which does not undermine the sustainability of the care arrangement. Work with agencies involved in medical and security evacuations, and ensure that family unity is promoted and maintained within evacuation procedures.

3. Coordination:

Strong coordination is essential to promote effective and protective programme responses for UASC. Coordination should build on existing child protection coordination mechanisms, involving all relevant government organisations and national and international agencies. This group should coordinate work on assessment, registration criteria, adapting forms, defining roles and responsibilities, and developing standard operating procedures for working with UASC. Family tracing and reunification, as well as the provision of interim care, need be undertaken in accordance with existing legal frameworks and should involve statutory duty bearers. ICRC and National Red Cross and Red Crescent Societies (NRCS) have the mandate to carry out tracing in the context of armed conflicts or across international borders. Family reunification across international borders of refugee children must be undertaken in close coordination with UNHCR, and in accordance with the best interests procedure. For refugee children returning to their country of origin, specific procedures and considerations apply.

4. Identification:

If separation is identified as an issue during assessments, set criteria to decide which children should be registered. Depending on the scale of the emergency and capacities of the agencies involved, it may be necessary initially to focus on unaccompanied children, deferring the identification and documentation of children who are separated but in the care of an adult known to them. An inter-agency identification and referral mechanism should be developed as the first step in setting up standard operating procedures. Identify and train key actors who can identify UASC at key locations, such as entry or registration points for camps, medical facilities, feeding centres, market areas in urban contexts, residential care centres, and detention facilities. Work with camp management and distribution registration personnel to identify UASC by making sure that the ages of all household members are recorded, and that unrelated children, households where the oldest member is a child, and children on their own are all identified. Ensure that the community is informed of the importance and purpose of identifying separated children, to avoid creating pull factors or fear in the communities that these children are going to be taken away.

5. Registration and documentation:

Registration involves recording a child's basic data. Documentation involves recording all the information needed to carry out tracing, defining a child's care and protection needs, and developing a case-management plan. These may take place at the same time, or documentation may involve further interviews with the child. The Inter-agency Working Group on Unaccompanied and Separated Children (IAWG-UASC) has agreed common forms for registering UASC and documenting family tracing needs. These forms can, if needed, be adapted by the UASC co-ordination mechanism specific to the context. Registration and documentation should be carried out by trained staff, in a way that avoids causing children unnecessary distress and which does not lead to further separations. Make clear in registration and documentation forms whether children are in the care of an adult whom they know and trust, and whether siblings are also present. Staff carrying out the registration should confirm that children are genuinely separated by seeking information from the children and community members. Prioritise infants and young children for full documentation, ensuring that anyone who brings a very young child for care, or accompanying older children, are immediately interviewed to avoid losing important information. Missing children should be documented on behalf of family members who are looking for them.

6. Inter-Agency Child Protection Information Management System:

The IA CP IMS is the standard system for managing information that is used to support case management in emergencies. It includes the IAWG-UASC forms, procedures on sharing information and data protection, and a web-based database, and comes with guidelines and a training manual. The IA CP IMS helps with activities to trace families by:

- Recording information on individual UASC
- Sorting action lists by caseworker or location
- Tracking actions taken on cases

STANDARD 13

- Flagging overdue actions
- Allowing UASC and registered missing children to be matched
- Helping to share case information between areas and agencies.

It also provides monitoring and evaluation on how effective programmes are, and analysis of child protection trends. Using the IA CP IMS will need dedicated data officers within each agency, and necessitate the continued capacity building of caseworkers and data officers.

7. Tracing:

Tracing is the process of searching for a child's primary legal or usual caregivers and other family members. The aim of tracing is to find a long-term solution that is in the child's best interests, which usually means reuniting the child with their parents or other close relatives. It also refers to the search for children whose parents are looking for them. Tracing is carried out in a number of ways using a number of different methods. The approach taken should be developed based on analysing risks to UASC. Mass tracing can be carried out using radio broadcasts, on the internet, during community meetings, using posters, and through photo boards. Case-by-case tracing involves active searching by caseworkers for family members in places of origin or separation. Information on individual family members can also be found using population registration databases. Tracing can be particularly effective when it links with community networks such as extended family systems and religious groups.

8. Verification:

Verification is the process of checking whether a claimed relationship is real, and confirming the willingness of the child and the family member to be reunited. It is essential to assess the conditions for reuniting children, and to ensure that the child is not handed over to the wrong person. Verifying a relationship is usually done by matching information from both parties. More in-depth checks may be needed for infants, young children, and children who have difficulty communicating. It is also essential to carry out a best interest assessment to make sure that both the child and the parents are willing and able to reunite, and that an action plan has been developed to support the child's move back into the family. Depending on the child's history in the family or the cause of the separation, it may be necessary and appropriate to mediate between the child and family member. Some time may be required for this, or to determine whether reunification with parents or adult siblings or placement with a relative is in the child's best interests.

9. Family reunification:

Reuniting families is the process of bringing together the child and family or previous caregiver to establish or re-establish long-term care. The child, family and community should be prepared for the return of the child (see Standard 15). Reuniting children with families should be carried out in line with the legal framework of the country. Support should take a community-based approach, and any material help given should be agreed between organisations. Reuniting families across borders should be carried out using ICRC and National Red Cross and Red Crescent Societies, and UNHCR in the case of refugees.

10. Follow-up:

Long-term separation or changes in a family's circumstances caused by conflict or chronic poverty can lead to difficulties in the reintegration process. Ongoing follow-up should be carried out, supplemented by community-based monitoring. The amount and type of follow-up needed will depend on an evaluation of the needs of each child. Due to the variety of reasons for which children may initially have become separated and the higher risks associated with reunification with persons other than parents, careful monitoring is necessary (see Standard 15).

11. Preserving family unity:

Not having enough food, shelter, education or livelihood opportunities can prompt children to leave their families or cause caregivers to abandon children, hand their care over to organizations or care facilities, or send them to live with extended family members in the hope that they will receive better care. Children may find themselves at risk of recruitment into armed forces or groups, abandonment, being trafficked or exploitative labour. Child-protection agencies should work with other humanitarian sectors to make sure that families at risk of being separated receive access to basic services, social protection or support to protect their livelihoods so that they can stay together. Residential care facilities can serve as a pull factor leading to family separation, and should only be considered as an alternative care option for the shortest possible time.

12. Interim care:

Interim care refers to care provided to separated children while families are traced and before decisions are reached about permanent care. Child-protection agencies should prioritise support to family-based alternative care options in emergencies. Programming can include spontaneous informal care arrangements including kinship care, or identifying, screening and supporting caregivers within the community with whom children can be placed for agreed periods. If there is a formal foster-care system, programming may support expansion and strengthening of the system. Where realistic and appropriate, children should be kept within their community of origin, and sibling groups should be kept together. Avoid support through residential care, as this can increase the likelihood of a family separating and can undermine children's wellbeing. Families under stress are less likely to send their children into care by foster families than to a residential institution. If residential care is the only realistic care option, facilities should be supported to achieve minimum standards of care and strong protection procedures. The placement in residential care should be temporary while family-based care options are developed. All children in interim care should receive follow-up visits, and have their care placements reviewed regularly, to monitor their protection situation and wellbeing. For older teenagers, and even some child-headed households, supported independent living may be explored.

STANDARD 13

13. Alternative long-term care and adoption:

If it is not possible to reunite a child with her or his family, or not in a child's best interest to do so, consider alternative long-term care options. Children should not be left in their interim-care placements indefinitely without a review process to decide what long-term care options will be best. Decisions on long-term care should be taken through a judicial, administrative or other recognised procedure, and should be based on a thorough assessment of the child's best interests, needs and available care options. A permanent family placement is likely to be in a child's best interests. Alternative long-term care options can include adoption, supported independent living for older children, and staying in formal foster care. Adoption may be national or international and involves a permanent change in legal status using legal mechanisms. The Hague Convention on the Protection of Children and Cooperation in Respect of Inter-Country Adoption (HC-93) provides the legal framework for making sure that international adoption is carried out in the best interests of children. Family tracing should be the first priority and inter-country adoption should only be envisaged for a child once these tracing efforts have proved fruitless, and where stable in-country solutions are not available. Child-protection agencies should support authorities to achieve the standards set out in HC-93.

REFERENCES

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- UNHCR (2008). *Guidelines on Determining the Best Interests of the Child*
- UNHCR and IRC (2011). *Field Handbook for the Implementation of the UNHCR BID Guidelines*

- Convention on the Rights of the Child (1989)
- The Hague Convention on the Protection of Children and Cooperation in Respect of Inter-Country Adoption (1993)

- www.childprotectionims.org

STANDARD 13

STANDARD 14
JUSTICE FOR CHILDREN

The term "justice for children" recognises that children can come into contact with the justice system in a variety of contexts, including in civil and administrative procedures, and that consequently the justice system must be competent to deal with all children who come into contact with it, whether those children are in conflict with the law, victims, witnesses, or in contact with the law as beneficiaries.

Emergency situations often increase the possibility of children coming into contact with the justice system as alleged offenders, victims or witnesses, or in a combination these roles. The justice system is generally understood to include the courts, police and correctional facilities, as well as informal systems such as those working under traditional and customary law.

Risks and needs arising from emergencies through which children may come into contact with the justice system include:

• Arbitrary arrest and deprivation of liberty
• Torture and other forms of ill-treatment
• Trafficking or recruitment by armed forces or groups, including organized criminal groups
• Violations of human rights and humanitarian law
• Violence within the home and community, including IDP or refugee camps, or in institutions of refuge such as schools, churches, mosques and social care homes
• Exploitation for adoption
• Child labour for survival
• Inheritance and guardianship.

The term "juvenile justice" refers to children coming into contact with the justice systems as alleged offenders. When law and order break down in emergency situations, cases of arbitrary arrest and detention of children suspected of involvement in crime or of having committed administrative offences often increase. In all situations, the principle is to resort to detention and formal trial only as a last resort and, where possible, to use diversion and alternative measures. 'Diversion' means the conditional channelling of children in conflict with the law away from judicial proceedings through procedures, structures and programmes that enable them to be dealt with by non-judicial bodies, thereby avoiding the negative effects of formal judicial proceedings and acquisition of a criminal record. The most effective diversion programmes are those that involve families and communities.

STANDARD

All girls and boys who come into contact with the justice systems as victims, witnesses or alleged offenders are treated in line with international standards.

KEY ACTIONS

PREPAREDNESS

- Provide support in setting up (or strengthening) child-friendly courts and spaces in police stations, including specially trained units within the police/prosecutor's office/court and eventually legal defence, as well as diversion systems and quick proceedings for children;
- support capacity building of the police, child units, probation officers, health workers, social workers, lawyers, judges and people within informal justice systems who act in child-protection issues or who regularly come into contact with children;
- support the inclusion of female police and other judicial personnel; and
- map and analyse the existing justice systems (at national and community levels), including traditional justice systems, to identify opportunities that can be relied on and strengthened, and to identify significant protection gaps.

RESPONSE

- Identify all children in detention, including their whereabouts, status and treatment;
- document and analyse patterns of violations against children's rights that occur within the justice system, and take action in urgent cases;
- map the different organisations and people involved in programmes that can deliver justice for children in a child-friendly way (including informal structures);
- set up an inter-disciplinary team of human rights, psychosocial, medical and legal front-line workers to monitor and respond to identified cases;
- advocate for release of children when the detention is illegal or facilities are inappropriate; and
- when appropriate, encourage community-based solutions when the formal system has collapsed.

MEASUREMENT

OUTCOME INDICATOR	OUTCOME TARGET	NOTES
1. Number of cases of detention of children in the last three months	To be determined in country	
2. Average time spent in detention	To be determined in country	
ACTION INDICATOR	**ACTION TARGET**	(3) "Child-friendly Procedure" can be determined in country
3. Percentage of children who are in contact with the police who are dealt with using child-friendly procedures	80%	
4. Percentage of children who are in contact with the courts who are dealt with using child-friendly procedures	80%	
5. Percentage of children in contact with the law who have been diverted from the formal justice system	80%	
6. Percentage of cases of children who received support from a multi-disciplinary team	80%	

GUIDANCE NOTES

1. Deprivation of liberty:

Deprivation of liberty means any form of detention or imprisonment or the placement of a person in a public or private custodial setting. Places of detention may include a wide range of formally designated places, including police cells, prisons, military detention facilities, immigration detention centres, welfare centres or educational facilities, as well as places being used temporarily for the purpose of isolation from the general population. According to international standards, depriving a juvenile of liberty should be a measure of last resort, for the minimum necessary period and should be limited to exceptional cases. The principle applies whether deprivation of liberty is mandated by a court or an administrative body. Instead of resorting to deprivation of liberty, it is preferable to consider the use of diversion and alternative sentencing, such as probation or community service. General safeguards do apply, but for children who are detained the best interests of the child should be the main consideration in terms of child protection. Adherence to this principle includes:

- Telling the child's guardians immediately that the child is arrested
- Adapting any detention regime to take account of age, sex, disability and specific needs, with separation of boys and girls, adults and minors
- Ensuring contacts with the outside world, in particular with independent legal counsel, medical personnel and family visits, take place as often as needed and are allowed by the detaining authorities, as long as this contact is in the child's best interest
- Ensuring leisure activities, outings and educational activities are included in the daily routine.

In situations of armed violence, "administrative detention" is often used to hold children who are seen as a security threat, such as captured children who were accompanying armed forces or armed groups. This detention is sometimes also used under the pretext of protecting children who are at risk of abuse and exploitation, who might otherwise be living and working on the streets, and for children seen as antisocial. In contrast with criminal detention, the decision to detain is taken not by a judge or a court, but by a body or a professional who is not independent of the executive branch of government. Often, procedures for challenging this kind of detention are not clear and timelines for review do not exist.

Emergencies may also increase the number of children accused of so called "status offences". These include acts that would not be criminal if they were committed by adults, but can involve arrest and detention. Examples include curfew violations, school truancy, running away, begging, bad or anti-social behaviour, gang association, and even simple disobedience. Detention of children accused or charged with administrative offences, or the detention of children under "preventative" measures, is a violation of the obligation to act in the child's best interests, and detention should only be used as a measure of last resort.

2. Documenting violations:

It is important to document patterns of violations against children that occur within the justice system from the earliest possible stage in the emergency, as a basis for evidence-based campaigning to prompt an effective national and international response (see Standard 5). If a case reaches trial, there are a number of other safeguards that apply to the child victim or witness. See ECOSOC Guidelines on Justice Matters involving Child Victims and Witnesses of Crime.

3. Advocacy:

This should focus on stopping current violations (beginning with those that are most severe in their effect on the children) and preventing future violations. It should be supported by evidence gathered during monitoring and documentation activities.

4. Multi-disciplinary teams:

To take action in urgent cases, it is important to form a multi-disciplinary team of professionals as soon as possible, building on whatever resources and structures already exist. Once the team is formed, it may also be possible to carry out further specialised training in particular areas of need.

5. International frameworks:

The international legal framework sets certain benchmarks for children affected during an emergency. The standards set out in the ICCPR and UDHR concerning the right to a fair trial, the right to presumption of innocence, protection from the death penalty, and protection from arbitrary arrest and detention apply to everyone, including children (e.g. art 14 ICCPR). Strengthening or improving justice for children during an emergency can have a lasting effect and can contribute to strengthening the justice system for children in the longer term.

STANDARD 14

REFERENCES

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- Convention on the Rights of the Child (1989)

- www.unodc.org/unodc/en/justice-and-prison-reform/tools.html

STANDARD 14

STANDARDS TO DEVELOP ADEQUATE CHILD PROTECTION STRATEGIES

STANDARDS TO DEVELOP ADEQUATE CHILD PROTECTION STRATEGIES

Standards in this area include the main child protection strategies that can serve different child protection needs. As with all other standards, they are based on the overarching international legal framework. They include standards relating to:

- Case management
- Community-based child protection mechanisms
- Child-friendly spaces
- Protection of excluded children

STANDARD 15
CASE MANAGEMENT

Case management systems are used in a variety of human-service fields, including health, social work and justice. Case management is the process of helping individual children and families through direct social-work-type support and managing information well (see Standard 5). Managing cases in this way is a necessary and central function within any child protection or social-welfare system, whether in emergency or non-emergency settings (including government and non-government structures). Humanitarian support for a child protection case-management system may be needed in the following contexts:

- In emergencies which happen very quickly where a government needs temporary support
- In longer-lasting emergencies and developing countries where a government is motivated to build strong social welfare structures (which include case management)
- Where government has not shown an interest in supporting a child protection and social-welfare system.

Case management systems can be especially important in facilitating case monitoring and referral to services, and therefore comprise a core component of integrated support in response to key child protection risks in emergencies, including for children associated with armed forces and groups, unaccompanied and separated children, and child survivors of violence, abuse and exploitation.

Within case management, there should be appropriate involvement of children throughout the process, as well as full consideration of the best interests of the child. This requires safe reporting systems, guaranteed confidentiality, clear and respected information sharing protocols, safe storage of records, etc. These considerations must be made before deciding on a case-management system, or when starting to support and strengthen any existing system.

STANDARD

Girls and boys with urgent child protection needs are identified and receive age- and culturally-appropriate information as well as an effective, multi-sectoral and child-friendly response from relevant providers working in a coordinated and accountable manner.

KEY ACTIONS

PREPAREDNESS

- Assess and analyse existing context and mechanisms that protect children, and build on them;
- map existing services and analyse the capacity of existing organisations and other relevant actors to prevent and address child protection;
- wherever possible, support existing governmental or community-based structures (informal and formal) to collect and manage information;
- prepare detailed job descriptions for case workers and others involved, making sure everyone is clear on skills needed and that there is enough supervision;
- build capacity of government, CBOs and NGOs for collecting information and case management; and
- build the capacity of other sectors in terms of managing cases and providing child-appropriate responses and communication.

RESPONSE

- Building on what definitions already exist (including community-based definitions), agree shared criteria with children and those working with children to define who is a vulnerable child;
- strengthen systemic links between the social-welfare, education, health, livelihoods, law-enforcement and judicial systems to make sure that children receive coordinated and multi-disciplinary support;
- building on existing processes and links, develop procedures with other sectors by defining criteria and processes for registration, referral and follow-up, including dealing with sensitive issues such as child sexual abuse (see Standard 9);
- develop a system to prioritise the most urgent cases for immediate follow-up;
- when developing care plans consider four timescales: immediate (i.e. one month); short term (up to three months); medium term (3 months – 9 months / 1 year); and long term (one year or more);
- ensure that multi-sectoral service capacity is in place for managing cases;
- train and equip case workers to ensure responses are child-appropriate, and provided in a transparent way, with age-appropriate information, suitable for the cultural context, provided to each child about their case;
- work closely with other sectors (for example, education, health, law enforcement and judicial systems) to identify and refer girls and boys and families that may be particularly at risk;
- work closely with community-based child protection mechanisms to identify and refer girls and boys and families that may be particularly at risk;

- make sure that a process, as shown below, is known and understood by all relevant organisations and others. Note that prior to identification, if the circumstances allow, an on-the-spot assessment of the need for registration should take place, in order to avoid unnecessarily registering children.

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┌─────────────────────────┐      ┌─────────────────────────┐
│ 0. Identify and register │─────▶│ 1. Assess the           │
│ vulnerable children,     │      │ vulnerabilities and     │
│ including raising        │      │ abilities of individual │
│ awareness among          │      │ children and families   │
│ affected communities     │      │ and develop an          │
│                          │      │ individual case plan    │
│                          │      │ for each child          │
└─────────────────────────┘      └─────────────────────────┘
         ▲                                   │
┌─────────────────────────┐                  ▼
│ 4. Close case            │      ┌─────────────────────────┐
└─────────────────────────┘      │ 2. Start the case plan,  │
         ▲                       │ including direct support │
┌─────────────────────────┐◀─────│ and referral for         │
│ 3. Regularly monitor and │      │ services                 │
│ review case              │      └─────────────────────────┘
└─────────────────────────┘
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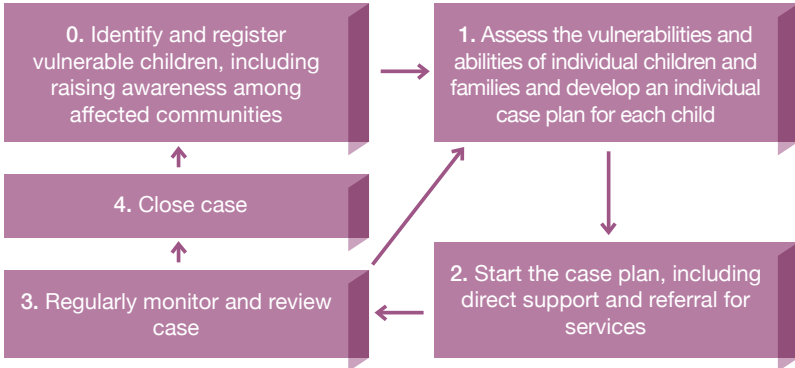
- for each opened case (the numbers below refer to the numbered boxes in the diagram):

  1. An assessment is carried out with the child and caregiver within one week of identification

  2. A care plan is designed, with the child and caregiver, within two weeks of the assessment

  3. A follow-up and review of the action plan is carried out at least once every month after this

  4. A follow-up is carried out at least three months after the case is closed. If necessary a case can be reopened

- set up an exit strategy. Agencies providing direct support to case management should transfer the responsibility for this to the statutory duty bearer as soon as realistic.

STANDARD 15

MEASUREMENT

OUTCOME INDICATOR	OUTCOME TARGET	NOTES
1. Existence of the case management system	Yes	
2. Number of cases that were opened and closed within a three-month periodA	To be determined in country	
ACTION INDICATOR	**ACTION TARGET**	Spot checks within agencies involved in case management can reveal much of this information
3. Cases given to each caseworker are not more than 25	Yes	
4. Case conferences are carried out at least every two weeks	Yes	
5. Job descriptions and SOPs for case workers are in place, and 100% of case workers surveyed demonstrate full knowledge of these	Yes	
6. Case workers receive regular training (once every two months) as well as supervision	Yes	
7. A community-driven definition for child vulnerability is developed and agreed upon by different child protection actors	Yes	
8. Percentage of care plans developed within two weeks of the assessment	90%	
9. Percentage of cases that are being reviewed as least once a month after designing the care plan	90%	

GUIDANCE NOTES

1. Strengthening systems:

It is essential to try to understand the existing context and formal and informal mechanisms that already protect children, and to build on these. Creating or reinforcing a parallel (NGO- or/and UN-driven) system for social welfare services will weaken the existing (or emerging) national and local protection systems. On the other hand, strengthening existing case management systems during emergencies can have a lasting effect.

2. Analysing what is possible:

This kind of analysis and support should be carried out as part of preparedness, as well as during an initial child protection assessment. The analysis should take account of the legal framework, case-management process, procedures and tools, financial resources and staffing abilities, and should include mapping of services through health, education, security, justice, economic situation and social protection. Based on this analysis, the government case-management system may be directly supported by providing extra capacity in managing cases, or indirectly supported by strengthening and expanding that capacity. National statutory, mandatory reporting requirements should continue to be included in the expanded system.

3. Defining vulnerability:

Vulnerability should be jointly defined by analysing which children are experiencing, or at risk of experiencing, the most common forms of violence, abuse, exploitation and neglect within the specific context. Account should be taken of pre-existing definitions, views and understandings, including those held by the community. This type of analysis should take into account:

• The age, sex and disability of the child
• Children without appropriate care, including those living in residential care
• Children with disabilities, who have been injured or who have health issues
• Children from marginalised social and ethnic groups
• Children in conflict with the law
• Children associated with armed forces or groups
• Displaced and refugee children.

Based on this analysis, criteria need to be developed and agreed upon with other agencies that are informed by communities' views on identifying and registering children most at risk. These registration criteria need to be reviewed and changed as knowledge is gained about the context and protection risks for children.

4. Standard operation procedures (SOPs):

SOPs should define roles, responsibilities and relationships between the different people involved in the case-management system, and how to handle different types of child protection concerns. They should give details of the process involved in each step of managing a case, the service mapping and referral system, the method and process for working with children, and the system for managing information. In some countries, staff do not report certain cases to the police, due to stigma and the extra risks to the child (see Standard 5).

5. Information management:

Building on what already exists, a system for managing information, such as the Inter-Agency Child Protection Information Management System (IA CP IMS, paper and electronic) should be used to help with the case-management process, to support the supervision of case management, and to generate analysis of trends in the caseload that in turn help with managing cases and broader child protection programming (see Standard 5).

6. Staff capacity:

Working out the child-to-staff ratio should take account of the abilities of the staff and the needs of the children as well as other time obligations such as meetings, transport, administration, security limits and time off. Put in place a plan to tackle gaps where core skills are missing. Send caseworkers out in pairs (if possible, of one male and one female). Some situations will necessitate female-to-female consultations.

STANDARD 15

7. Prioritising cases:

In large-scale emergencies, it may be necessary to prioritise some cases for immediate or short-term action, to make sure that the most urgent needs are met with limited resources. Analysing the capacity in terms of managing cases against the nature and scale of vulnerability will show what to prioritise. There are two main factors in deciding which cases to prioritise: urgency, and how easy it is to take action. Cases are urgent when the protection risks pose a serious threat to life and health. Cases are also urgent when they are time critical – for example, when the opportunity to document the circumstances of separation for an infant or very young child (and thereby to increase the chances of reuniting them with their family) may be very limited. At the beginning of an emergency, cases may be prioritised through category of risk. As cases are followed up, prioritisation should be done on a case-by-case basis. Other protection cases should be prioritised because of how easy it is to take action. Many protection risks can be tackled directly on the ground or shortly after, for example by referring the matter to services, or by contacting relatives to let them know where a child is.

8. Child assessment:

Within one week of identification, an assessment of the child should be carried out, taking into account the protective factors of the child, the family and the social environment. Such factors may include, for example, positive parenting experience; including the child in school; and the presence of supportive family members or friends. Risks to the child should also be assessed to decide the urgency of the case, including the effect of cultural practices and gender roles. During this and future contact, the caseworker should aim to build a relationship with the child and family where they feel respected and heard, where decisions taken in the best interests of the child are explained, and where everyone has a clear understanding of what is expected of them. The child's preference regarding the sex of staff carrying out the assessment should be taken into account. In refugee contexts the best interests assessment (BIA) is used to undertake a basic child protection assessment.

9. Case plans:

Case plans should be developed with the child and – if applicable – the family. They should give details of the strengths and vulnerabilities of the child, and present the aims that the child wants to achieve and the activities that will be carried out within a set time. Service providers should be involved in developing the case plan, and should sign their commitment to putting it into practice. The staff member in charge of case management should be shown on the case plan and given details of a monitoring and review schedule. The caregiver and caseworker should sign the case plan. In some cases – for example, for children over the age of 10, or according to the ability of the child – the child may sign the case plan. Children should be given details of the case plan as well as contact information of the caseworker, in the language known to the child.

10. Case conferences:

Case conferences allow caseworkers to share achievements and obstacles relating to cases, and should include supervisory staff. They should be held regularly between caseworkers and supervising staff, or by specific case-management representatives between co-ordinating bodies. They should be carried out in a closed and confidential location.

11. Best interest determination:

In line with international legal frameworks and in particular the UNCRC, the best interests of the child should be a central consideration in all matters concerning them. This principle should guide decision-making in the case-management process, especially where decisions will have long-lasting effects for the individual child and cannot be taken lightly. When taking decisions that will affect a child's longer term care arrangement or a child's family or legal status, there should be a formal process of gathering information and consultation. Decisions should be taken by a panel of professionals familiar with the child's case and should whenever possible include national child protection authorities. For example, a central best-interest consideration for children is securing their physical and emotional safety — in other words, the child's wellbeing — throughout their care and treatment. Service providers must evaluate the positive and negative consequences of actions with involvement from the child and their caregivers as appropriate. Sometimes the option deemed to be in the best interest of the child is not feasible for various reasons – in such situations the least harmful course of action is to be preferred. All action should ensure that the children's rights to safety and ongoing development are never negatively affected. Best Interests assessment and determination are required case management tools in refugee contexts.

12. Closing a case:

Develop guidelines for closing cases that are specific to the caseload and context and in line with legal requirements if these apply. Closing a case is different from transferring case-management responsibilities to a different agency. It may happen for a number of reasons – for example, completing the care plan, because the child turns 18 and receives adequate support, or because of the death of a child. At a minimum, closing a case involves the authorization of the caseworker's supervisor. Cases should only be closed after a process of consultation involving all the service providers.

STANDARD 15

REFERENCES

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- www.childprotectionims.org

STANDARD 15

STANDARD 16
COMMUNITY-BASED MECHANISMS

For these standards, "community" is defined geographically as a group of people living in or near a particular location, such as a village or an urban neighbourhood. Although a community may not always be a homogenous group (there may be different ethnic groups, religious groups, people with varying levels of socio-economic status, etc.), communities can provide significant ways of preventing and responding to child protection risks. Even in situations of mass displacement where no 'community' is easy to see, groups of people can organise themselves to support children at risk.

A community-based child protection mechanism (CBCPM) is a network or group of individuals at community level who work in a coordinated way toward child protection goals. These mechanisms can be internal (a mixture of traditional and outside influences) or externally initiated and supported. There is increasing international agreement that externally supported community-based mechanisms such as child-welfare committees are often set up in ways that are ineffective and inappropriate, and which undermine existing ownership and resources. Effective CBCPMs include local structures and traditional or informal processes for promoting or supporting the wellbeing of children.

STANDARD

Girls and boys are protected from abuse, violence, exploitation and neglect through community-based mechanisms and processes.

KEY ACTIONS

PREPAREDNESS

- Carry out assessments with female and male community members to identify existing internal and external methods of supporting children at risk;
- analyse whether there are any state mandated community mechanisms for child protection;
- assess what would be the possible effect of an external agency becoming involved with the community;
- map local (formal and informal) service providers and support mechanisms (for example, women's groups, health workers, police, teachers, religious leaders, etc.), and their strengths and weaknesses, to start building on existing capacities and mechanisms;

- choose, recruit and train volunteers from the community to protect children from, and support child survivors of, abuse, violence, exploitation and neglect. Make sure that all role descriptions include clearly defined tasks, responsibilities and skills;
- work with adults as well as children in the community to identify the risk scenarios for boys and girls in emergency situations. Develop a community response plan (including early warning), and strengthen capacity to put these plans into practice; and
- encourage fostering using kinship practices (foster parents) for children living outside the care of their biological parents – but only if connected with support to foster parents and close monitoring of the children.

RESPONSE

- Build on existing processes, resources and capacities in CBCPMs to provide child-friendly support and services;
- work with the community to include in CBPMS different subgroups, including women, girls, boys and highly vulnerable people such as people with disabilities;
- strengthen networks and links between the CBCPMs;
- identify projects that can be carried out by community members, including children and young people, to deal with child protection concerns in the community. Provide support for these initiatives where necessary and appropriate (recognizing that providing materials to CBCPMs can support their activities but could reduce the sense of community ownership and sustainability);
- when appropriate, encourage existing or newly organised adolescent and youth groups to be involved in CBCPMs and child protection issues;
- mobilise and strengthen peer-to-peer response and monitoring;
- find areas where the capacity of CBCPMs can be built, and provide training as appropriate;
- support CBCPMs in conducting effective community level messaging on preventing violence, exploitation and abuse of children, as well as dangers related to accidents (see Standard 7);
- build community capacities for identifying and referring children and families for the services needed (this should include referring children who have been severely affected for specialised help); and
- support CBCPMs to develop links with formal (governmental) aspects of the national child protection system at local, regional and national levels.

MEASUREMENT

OUTCOME INDICATOR	OUTCOME TARGET	NOTES
1. Percentage of communities where 60% or more of those surveyed confirm that CBCPMs exist in their community	80%	(1) This can be measured using random spot checks. The threshold (60%) can be adapted according to context
ACTION INDICATOR	**ACTION TARGET**	
2. Inclusion of questions on informal mechanisms for support to children in rapid child protection or multi-sectoral assessments	Yes	
3. Percentage of targeted communities where adolescents and young people are able to be actively involved in protecting children if they wish to be	80%	
4. Percentage of communities where girls and boys with disabilities access CBCPMs	90%	
5. Percentage of targeted communities with a functioning referral system	To be determined in country	

GUIDANCE NOTES

1. External aid:

Agencies should not assume that it is necessary to set up new CBCPMs. In some contexts, it may be possible to include child protection prevention and response in existing structures such as village development committees. Natural helpers and local leaders should be involved, including village chiefs, camp leaders, women leaders, respected elders and religious leaders, and children or existing youth groups or networks. Entirely new committees or groups may be difficult to maintain, and groups that are set up alongside existing mechanisms undermine existing support.

2. Ownership:

CBCPMs are effective when local people take ownership and see them as a way of fulfilling their responsibility to children. Agencies should take a slow approach to involving community people who will take important decisions and activate local networks for children. International concepts of child protection and child rights should be introduced using respectful methods that avoid a top-down approach. The role of children in community-based child protection mechanisms is central, and their effective participation is essential, as well as their right to make informed choices as to whether to participate or not.

3. Complaints mechanisms:

While promoting CBCPMs, child protection workers should make sure that children and adults can report abuse that is carried out by representatives of the CBCPMs themselves. Unfortunately, there may be individuals who will

use CBCPM membership to improve and subsequently abuse their status in the community. Humanitarian agencies need to be aware of this and should develop reporting mechanisms through which children and community members can report abuse outside the CBCPM as well.

4. Payment:

Using payment and external incentives is not a good idea, as it undermines the spirit of volunteering and cannot be maintained. However, using existing resources from within the community can help improve sustainability and ownership.

5. Capacity Building:

CBCPM members need recognition and capacity building in order to understand their roles and take part in effective work. Training of CBCPM members should use methods of dialogue and mutual learning, and build on local understanding of children and their needs.

6. Subgroups:

Humanitarian organisations should recognise that their own involvement with CBCPMs will affect local power structures, and should develop feedback methods to ensure that their work is not doing harm to specific groups or individuals. In each community or group of affected people, some subgroups have more power than others (for example, women and people with disabilities often have no voice). Take steps to ensure the inclusion of different sub-groups, including children, in CBCPMs and to enable their voices to be heard.

7. Messages:

Information can be life-saving, and also helps to prevent child protection issues. Work with CBCPMs to spread important information in terms of:

- Physical risks (for example, separation of children from their families; which places are dangerous to play in; which landmines and explosive remnants of war are present and how to identify them; etc.)
- Risk reduction, preparation and coping (for example, how to avoid family separation; how to prepare for aftershocks following an earthquake; and how the community can reduce risks to children).

Information can be addressed to children, caregivers, and communities. Messages should be culturally, linguistically, sexually and socially appropriate, developed and tested by local people, and focused on positive action that local people can take. Messages should be delivered through effective communication channels since the sender of the message can be as important as the message itself. Senders of messages should be trusted local people who deliver clear, understandable messages. Mass media such as radio and text messaging and cultural media such as ceremonies, songs, and dances can be very useful in influencing children and other affected people. Consider that the way the messages are delivered will dictate who is included and who is left out (see Standard 3).

8. National system:

CBCPMs are most effective if they are connected with the resources and child protection networks present at community, regional and national levels. In settings where it is appropriate (e.g. where the government is not exploitative) steps should be taken to help CBCPMs to create local child protection networks, and to connect with the government-led aspects of the national child protection system, including police services, social workers, HIV/AIDS and health workers, child-welfare services, education services, the juvenile justice system and other service providers. While programming should be culturally sensitive, the need should always be promoted to keep to international legal and human rights standards such as the UN Convention on the Rights of the Child.

9. Urban settings:

Towns and cities may offer more opportunities for linking community mechanisms with other parts of the child protection system. However, additional learning on CBCPMs is needed since the evidence base on community-based mechanisms in urban areas is more limited than in rural areas.

10. Funding:

Often in emergencies, practitioners are required to develop and submit proposals for funding in a short timeframe of 5 to 10 days, which is insufficient for conducting careful assessments or for designing long-term community-based interventions that would strengthen child protection systems. It is recommended that practitioners conduct ongoing assessments and fact-finding as a means of developing an adequate foundation for programming.

STANDARD 16

REFERENCES

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STANDARD 17
CHILD-FRIENDLY SPACES

This standard uses the term 'child-friendly spaces' to mean safe spaces where communities create nurturing environments in which children can access free and structured play, recreation, leisure and learning activities. Child-friendly spaces (CFSs) may provide educational and psychosocial support and other activities that restore a sense of normality and continuity. They are designed and operated in a participatory manner, often using existing spaces in the community, and may serve a specific age group of children, or a variety of age ranges.

Guidelines on child-friendly spaces have been developed and have helped build agreement across different areas within the humanitarian workforce. These areas include:

- The IASC Reference Group on Mental Health and Psychosocial Support in Emergency Settings
- The global Child Protection Working Group
- The global Education Cluster
- The Minimum standards for education: preparedness, response, recovery (INEE).

The key actions and guidance notes below reflect the approach shown in the guidelines.

STANDARD

All children and young people can go to community-supported child-friendly spaces that provide structured activities that are carried out in a safe, child-friendly, inclusive and stimulating environment.

KEY ACTIONS

PREPAREDNESS

- Identify locations, resources (for materials and activities) and people who could take part in running a CFS;
- train child protection and other relevant sector staff as well as relevant government counterparts and community volunteers on the guidelines on child-friendly spaces; and

- consider various ways of creating safe spaces for children in communities, and how to link them with the larger protection systems.

RESPONSE

- Carry out an assessment together with the community to decide whether CFSs are needed, safe and accessible to all children nearby, and contextually appropriate;
- map the existing facilities and infrastructure, including schools and community centres. Before deciding to set up CFS structures, decide whether a structure is needed at all;
- at the planning phase, fully involve boys, girls, women and men and vulnerable groups (such as people with disabilities) from the community in developing and supporting CFS activities;
- recruit volunteers from the community and link with other community-based initiatives (see Standard 16);
- set up a programme of activities that looks at the needs of children and communities overall, and coordinate with other agencies and sectors to provide support such as health and hygiene education, breastfeeding groups and spaces, supplemental feeding, information on humanitarian help, etc.;
- consider making use of structures that already exist (for example, tents, huts, schools);
- assess safety elements (fences, first aid, toilets etc.) and respond to these as relevant;
- ensure properly maintained WASH facilities, and water for drinking as well as for hygiene purposes;
- set up clear guidelines, programmes and schedules for activities with children;
- provide ongoing monitoring with feedback mechanisms that involve the children and families;
- give volunteers ongoing training and follow-up support including coaching; and
- early on, in close consultation with the community and others with an interest, develop a phase-out or transition plan that links with broader recovery planning. Make sure that the community is aware from the beginning that a phase-out period or handover will take place. Provide information as soon as possible about when the phase-out or transition will take place.

MEASUREMENT

OUTCOME INDICATOR	OUTCOME TARGET	NOTES
1. Number of children going to community-supported CFSs		(8) An example of existing ratios could be: - Children under 2 should not attend without an adult - 15 2-to-4- year-olds with at least two adults - 20 5-to-9-year-olds with two adults - 25 10-to-12-year-olds with two adults - 30 13-to-18-year-olds with two adults
2. Percentage of community-supported CFSs that meet targets set against action indicators (below)	100%	
ACTION INDICATOR	**ACTION TARGET**	
3. Percentage of CFSs that meet safety and accessibility criteria (to be defined in country)	100%	
4. Percentage of CFSs made accessible for different types of disability	100%	
5. Percentage of animators working in CFSs who received initial and follow-up coaching on inclusion	90%	
6. Percentage of CFSs where age appropriate CFS activities are implemented based on needs identified by girls, boys and families	80%	
7. Number of discussion sessions held each month for each CFS to discuss performance with girls, boys and families	1	
8. Presence of an average ratio of children taking part in CFS activities per trained animator	Yes	

GUIDANCE NOTES

1. Appropriateness:

CFSs may not be needed if children have access to other means of meeting their needs for formal and non-formal education, protection, and psychosocial support. In some settings, CFSs may not be appropriate because they could be places where children are attacked or recruited by armed forces or groups, or because girls could be sexually harassed on the way to and from the CFS. In some instances, it is enough to have a safe area for children to gather, play and have group activities, without having a building structure. If CFSs are needed, the assessment should also identify how they can be set up in an effective way. Concerns about safety and security that had been prominent in the assessment process should also be high priorities in developing the CFS and putting it into practice. It is important to be aware of safety concerns that can also be caused by children themselves – for example, children bullying or threatening each other.

2. Specific groups:

CFSs provide an opportunity to support all children and to promote equality and inclusion. It is essential to take steps to identify children most at risk and reach out to them without singling them out and stigmatising them.

The distinctive needs of girls and boys of different age groups, ethnic backgrounds, living situations, disability, etc. should also be met. Responses from services need to be designed with the needs of these groups in mind.

3. Age and gender sensitivity:

Diverse boys and girls of different age groups should be given fair ways of taking part in designing, managing and reviewing programmes such as CFSs. For some adolescent girls, playing might seem inappropriate, and they will benefit more from talking with their peers. Discussion groups with peers of the same sex, that match a woman or man animator with a group of girls and boys, can be appealing to young people, as they allow them to share their concerns and ideas on matters such as sexual health, love, relationships and peer-protection strategies. Depending on the nature of the emergency, some groups might need greater attention (for example, infants and young children in need of psychosocial stimulation).

4. Disability awareness:

Children with disabilities often do not have easy access to CFSs because of physical, environmental and social barriers. Parents might not feel at ease sending their children to a CFS because of the social stigmatisation, or they might be unaware that the CFSs are also intended for children with disabilities. It is important to make this point clear when creating or running a CFS. Training should be organised for animators on how to adapt activities for all children, with special attention paid to the needs of children with various types of impairments. The ratio of animators to children may need to be adapted accordingly.

5. Play:

CFSs should be fun and should promote the right to play. To avoid overload, it is often useful for CFSs to focus initially on basic play and recreation activities. Later, the CFSs can put more advanced activities into practice, such as setting up referral mechanisms or organising activities for individual or small groups of children who need extra support. Children should have a say on which play activities they want to have at the CFS. This should include traditional games. Community involvement should also be encouraged through activities such as toy making and inviting older mothers, grandmothers and elders to the centre to teach songs and tell stories to young children. Try to think of games, songs and drawing activities that are appropriate for all ages and for children with disabilities, which improve children's personal and social skills, and which focus on involvement rather than only on outcomes (see also Standard 10).

6. Schools:

Coordinate with formal schools to make sure that CFSs do not compete with them, but rather complement them. As schools reopen, ensure that there are time slots for different age groups of children. This could include having activities for younger children during the day, holding after-school programmes, etc. There should be a clear and reliable schedule of activities.

7. Parents:

The psychosocial wellbeing of parents is important for children's care and protection. Parent support group sessions can also be scheduled in CFSs. These might include information sessions on childcare with local service providers, held for mothers and fathers. Parents with disabilities should be included and the sessions should be accessible for everyone.

8. Capacity building:

Effective CFS workers have both high levels of motivation and appropriate skills. Women and men should be employed fairly to match the intended composition of the target groups. Everyone who works in a CFS should receive initial training, as part of an ongoing process to build capacity that includes training as well as coaching. Training should include specific attention to protecting children as well as to facilitating play for all. Over time, as CFS workers develop new skills, they will be in an increasingly strong position to enrich the work done in and through CFSs.

9. Monitoring:

CFSs should be monitored on an ongoing basis to track the development of the CFS and to identify gaps in the levels of community awareness, quality of activities, safety, logistical support, and so on. CFSs can also be considered as an entry point to monitoring the wellbeing of children on a regular basis. People who have experience in monitoring and evaluation should evaluate CFSs to see whether the activities that take place therein are producing meaningful improvements in the lives of boys and the girls, that they are inclusive, and that they are achieving goals.

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STANDARD 18
PROTECTING EXCLUDED CHILDREN

Exclusion has been defined as the processes through which individuals or groups of children are totally or partly marginalised from being able to play a full role in society. While exclusion focuses mainly on social relationships, it feeds into cycles of material deprivation and vulnerability. It is commonly associated with stigmatised social status such as disability, being a member of a group (such as a religious or ethnic minority) that is discriminated against, cultural biases relating to issues such as gender, and economic exclusion.

Exclusion fundamentally affects the development of a child's full potential, by blocking his or her access to rights, opportunities and resources. Excluded children are more vulnerable to violence, abuse, exploitation and neglect. Humanitarian crises and responses can make cycles of exclusion worse and create new layers of exclusion, or can offer opportunities for change.

STANDARD

All girls and boys in humanitarian settings have access to basic services and protection, and the causes and means of exclusion of children are identified and addressed.

KEY ACTIONS

PREPAREDNESS

- Use and analyse the emergency preparedness desk review, and other relevant data and information, to identify excluded groups, and the causes and consequences of their exclusion;

- map the national child protection system – assess its capacity to reach out to and protect excluded children, and identify gaps that may undermine their protection during an emergency;

- map community support and services, and develop referral mechanisms among organisations and people providing services for the specific needs of excluded children; and

- build the child protection capacity of specialised service providers such as organisations that work with children with disabilities, children in residential care, children living and working on the streets, and other excluded groups.

RESPONSE

- Always consider the best interests of children and the "do no harm" principle in all activities concerning excluded groups of children and those suffering possible discrimination, and try to avoid labelling children while working for their inclusion;

- use the child protection rapid assessment process to identify particularly vulnerable and excluded groups of children and make sure that their specific needs are dealt with when developing child protection response strategies and funding requests. Consider potential groups of children not visible in assessments;

- include all parties in participatory assessment processes at community level, in order to identify social, attitudinal and physical barriers as well as information barriers that exclude children, the consequences of exclusion, and opportunities for tackling it;

- ensure that information gathered about the population includes excluded groups and is separated out to identify specific characteristics of exclusion such as age, sex, religion, ethnicity, health, impairment and social status, as well as environmental and societal barriers. Information on some groups at risk of exclusion, such as LGBTI children or children born as a result of rape, may need to be treated with extra confidentiality;

- ensure that excluded groups of children are considered within case-management systems, and provide training for case managers on different strategies to improve access and inclusion for such children (see Standard 15);

- ensure that community support initiatives are linked to community-based child protection mechanisms and are able to identify and refer child protection issues to them;

- work with children and youth groups to promote outreach and peer support to excluded children, and promote their involvement in social activities and their access to social resources;

- work with children, adults and community members with influence to promote the inclusion of excluded groups and to ensure that excluded children and their families know about available services and support;

- ensure that children have access to information which is appropriate, taking account of age, sex, language, faith, type of disability (e.g. through including radio broadcasting and large-print media for the visually impaired) etc., and target information at excluded groups (e.g. children within residential care and detention, or those living on the streets);

- work across sectors to ensure that basic services such as health, education and livelihoods are accessible to excluded children, and take appropriate action to deal with existing and potential barriers;

- advocate across humanitarian sectors to take steps to allow excluded children to be included in programme planning (for example, campaign for "universal design" and "reasonable accommodation" standards as set out

in the Convention on the Rights of People with Disabilities (CRPD) in all interventions);

- promote and support the involvement of excluded children and groups in decision-making forums;

- campaign for policies on recruiting people for work from excluded groups; and

- include representatives from the excluded population within the programme evaluation process.

MEASUREMENT

OUTCOME INDICATOR	OUTCOME TARGET	NOTES
1. Percentage of identified excluded children who have access to protection services	80%	(1) "Access to" needs to be defined in context; including whether the denominator is limited to children believing to need the services. Type of services can also be determined in context
ACTION INDICATOR	**ACTION TARGET**	
2. Number of communities where exclusion has been mapped, and causes, consequences, barriers and opportunities have been identified	To be determined in country	
3. Percentage of communities with comprehensive services and support accessible to excluded groups	100%	(3) Which excluded groups and type of services can be determined in context
4. Percentage of communities with participatory initiatives to reach out to excluded children	100%	

GUIDANCE NOTES

1. Commonly excluded children:

Some of the categories of children most often identified as excluded are children with disabilities, child-headed households, LGBTI children, children living and working on the streets, children born as a result of rape, children from ethnic and religious minorities, children affected by HIV, adolescent girls, children in the worst forms of child labour, children without appropriate care, children born out of wedlock, and children living in residential care or detention. Children can experience exclusion in different areas of their lives. For example, children with disabilities may be excluded from resources and from taking part within their own household, as well as from schools, community resources and access to livelihoods. Girls may be excluded from taking part in community life or from accessing education. Children in residential care or detention may be excluded from community life and isolated from basic services and resources. Children living and working on the streets may have their own social spheres but may be excluded from mainstream society and access to basic services and resources.

2. Identifying excluded children:

The desk review carried out during emergency preparedness or in the initial days of an emergency response should give an idea of which children are commonly excluded within the national or local context. Use this knowledge to plan sites where the child protection assessments are carried out (for example, in residential care or detention facilities) and the types of questions asked, then identify the nature and scope of exclusion in the emergency context. Once this is defined, use community-based assessments and outreach activities to identify individual excluded children in the programme area for follow-up and support. Work closely with camp management structures and agencies such as UNHCR and IOM that are registering populations, to ensure that population registration exercises screen for commonly excluded groups (for example, children with disabilities or children without appropriate care). Further work can then be done at the community level to map the causes, consequences, opportunities and threats related to exclusion.

3. Access of excluded children to humanitarian protection and assistance:

All children should be supported in accessing the same level of humanitarian protection and help, as this is frequently denied to excluded children. Specific measures may be needed to overcome barriers and to allow access. This may include providing outreach services, carrying out advocacy to ensure children are included who lack identity documents or who are not represented by an adult caregiver, and carrying out activities to tackle discrimination. Avoid providing common humanitarian services separately wherever possible. Children should be supported to access specialised services according to their specific needs (for example, specialised medical services, mobility and sensory aids, or interim care services). Be careful to ensure that providing specialised services and outreach is done in a way that does not further stigmatise children.

4. Children with disabilities (CwD):

Children with difficulties walking, seeing, hearing, communicating and/or remembering are particular vulnerable to being abandoned, neglected and exploited during emergencies, and are rarely considered in humanitarian assessments and responses. Including them in humanitarian programming involves analysing their many needs, characteristics and living situations, and ensuring their active involvement in all stages of the programme cycle. General humanitarian service providers should increase their capacity with regard to including and working with CwD. Programming activities should take a family-centred approach and help the family to become self-reliant. Focal people in community-based mechanisms or camp management structures should be identified and trained to work with CwD. Communication and media strategies should allow children with disabilities access to information, for example through the use of radio broadcasts, loud-speaker announcements and Braille and large-print media, and by passing messages through disability networks.

5. Reasonable accommodation and universal design:

These are principles that make sure that the needs of people with disabilities are considered throughout the process of planning and putting the programme into practice. The Convention on the Rights of People with Disabilities (CRPD) defines reasonable accommodation as "necessary and appropriate modification and adjustment…to ensure to people with disabilities the enjoyment or exercise on an equal basis with others of all human rights". The CRPD defines universal design as "the design of products, environments, programmes and services to be usable by all people, to the greatest extent possible, without the need for adaptation or specialised design". To make sure that the needs of CwD are considered and dealt with, they should be included in all humanitarian programming. Failure to do so undermines the practice of including CwD within humanitarian programming, and is discrimination.

6. Children living and working on the streets (CLWS):

Many children in danger move to urban areas to escape violence, abuse, exploitation and neglect, or in search of opportunities, services and resources. Some of these children end up living and working on the streets, where they are vulnerable to further violence and exploitation, and may be excluded from services. During an emergency, these children may continue to be excluded from humanitarian protection and assistance because they are outside community structures, and because they lack access to information. Emergencies also increase numbers of children who move onto the streets. CLWS often have complicated needs and will stay highly mobile, complicating efforts towards including them in humanitarian programming. Approaches that have proved effective in some contexts include peer-to-peer outreach, providing 'out of hours' services for learning and psychosocial support, providing multi-sectoral case-management, campaigning with service providers, employers and authorities, and providing family mediation.

7. Children affected by HIV:

Children living with HIV, or who live in households with members who have HIV, may be particularly vulnerable to exclusion. The stigma and discrimination that is associated with HIV may lead to them being unable to access services and support, and to their exclusion from the community. The effect of HIV on individual and household livelihoods can lead to poverty, which further feeds the cycle of exclusion. Specific consideration should be given to including these children and households in protection and help programmes in a way that maintains confidentiality and reduces, as far as possible, the risk of stigmatisation. Information campaigns should challenge discriminatory attitudes and promote community acceptance and support. Specialised services should be included with the broader services provided. Children affected by HIV should be included in training in life skills that promotes their ability to protect themselves.

8. Promoting children's participation:

Promoting the involvement of excluded children in the decisions that affect their lives is central to including them in society and increasing their protection. Participation can, however, also expose them to the risk of discrimination and violence, or leave them feeling bereft of any form of power. The background and power dynamics that create these risks need careful analysis, and capacity to support children's involvement must be ensured before the participation of excluded children is promoted. Programming aimed at promoting children's participation should support children in building self-esteem, resilience and social skills. Children's groups and peer-to-peer mechanisms can be used to promote the involvement of excluded children within community activities.

9. Promoting inclusion in organisational policy and practice:

Having staff from excluded groups working for humanitarian agencies, actively promoting non-discrimination, develops understanding of exclusion-related issues, increases communication, and enables building of positive relationships. To achieve this, policies and procedures should be developed to promote recruitment of all groups in society and to make sure a work environment is provided without barriers. Policies and procedures may include:

- Affirmative action strategies
- Changes to the workplace for staff with disabilities
- Putting grievance procedures into practice
- Raising awareness and training for staff on discrimination
- Setting up career-development opportunities for all staff.

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STANDARD 18

STANDARDS TO MAINSTREAM CHILD PROTECTION IN OTHER HUMANITARIAN SECTORS

STANDARDS TO MAINSTREAM CHILD PROTECTION IN OTHER HUMANITARIAN SECTORS

Why should child protection be mainstreamed?

Many threats to the safety and wellbeing of children can be mitigated or even eradicated through timely, sensitive provision of humanitarian aid in all other sectors. Furthermore, all sectors of humanitarian response are critical to providing an adequate and holistic response for children who have survived different types of violence, exploitation, abuse and neglect. Following the immediate humanitarian response, all humanitarian sectors have an important contribution to make to the effective rehabilitation and reintegration of child survivors.

'Mainstreaming' child protection, or ensuring that child protection considerations inform all aspects of humanitarian action, helps to maximise the child protection impacts of the work that all humanitarians do. It also helps to minimise the instances in which the risks to children are inadvertently exacerbated by programmes designed without proper consideration of children's safety or wellbeing. In other words, mainstreaming child protection is part of compliance with the 'do no harm' principle.

What do these standards cover?

These standards do not provide general guidance for workers in the humanitarian sectors they cover – this guidance can be found in the relevant standards for each sector, such as the relevant Sphere standards or INEE standards. These standards do, however:

• Indicate some of the 'hidden' links between humanitarian assistance and child protection (for example, where support to parents is likely to mean that children are safer)

• List suggested key actions for child protection workers as well as actions for other humanitarians, to ensure child protection is properly addressed in each sector covered

- Provide a menu of possible indicators, with targets, to assess progress towards reaching the standards
- Give some guidance on how workers in other sectors can ensure their programmes are accessible and beneficial to children.

Who is responsible for ensuring children are protected?

States are responsible for protecting children at all times, including in humanitarian crises. All humanitarian workers are responsible for ensuring that their actions do not bring children into risk in any way, and that the programmes they implement improve the safety and wellbeing of children as far as possible.

One important aspect of this is simply ensuring that all children – whatever their age, gender or circumstances – have access to basic services. Since children make up a large portion of the affected population (sometimes the majority), it makes sense that these services be as accessible to boys and girls of all ages as they are to adults.

A further essential point is that part of the objective of each humanitarian response must be to maintain or improve the safety and wellbeing of those affected, including children. For example, efforts to restore the livelihoods of families can have a powerful effect in keeping children and parents together. Similarly, the provision of clean water, at the right time and in the right place, can safeguard children from danger – if children's role in water collection, as well as their other duties and needs, is thought through carefully from the start.

These Standards focus mainstreaming child protection in the following sectors:
- Economic recovery and child protection
- Education and child protection
- Health and child protection
- Nutrition and child protection
- Water, sanitation and hygiene (WASH) and child protection
- Shelter and child protection
- Camp management and child protection
- Distribution and child protection

STANDARD 19
ECONOMIC RECOVERY AND CHILD PROTECTION

Economic action – such as vocational skills training, provision of cash transfers and vouchers, enterprise development and microfinance initiatives – can stabilise and increase the income of populations affected by emergencies. Effective programmes are based on the SeeP Network's Minimum Economic Recovery Standards, and often have protective effects on children, particularly when mothers benefit directly, when they are used to provide livelihood opportunities for older adolescents, and when action builds on existing strategies to protect people's livelihoods.

However, even when programmes are effective at the household level, they can increase the risk of harm to children, including the risk of having to leave school or of being exploited due to an economic intervention. Where a caregiver is obliged to work in order to access economic recovery interventions, this may lead to a reduced level of care for children, including children being moved out of the home altogether. Some children themselves are caregivers, either for siblings (for example, in child-headed households) or for elderly or sick adults. These children are likely to require direct livelihood support.

Tailored action is required to ensure that economic recovery interventions reach those households where child protection concerns are most pressing, and that they maximise children's chances of remaining with their families, accessing education, and keeping out of hazardous labour or other situations of exploitation.

STANDARD

Child protection concerns are reflected in the assessment, design, monitoring and evaluation of economic recovery programmes. Working-age boys and girls and their caregivers will have access to adequate support to strengthen their livelihoods.

KEY ACTIONS

KEY ACTIONS FOR CHILD PROTECTION ACTORS

- Present assessment information on child protection to those working on economic recovery, and ensure time is taken to discuss the implications of this information for economic recovery;

- agree which of the indicators suggested in this standard should be used to track progress;

- incorporate questions about economic recovery into discussions with caregivers, community members and children, and invite economic recovery workers to attend these discussions. Discuss the situation of children in different care arrangements (for example children in residential care, child heads of households, children on the street, and children with disabilities);

- coordinate with local communities and organisations to get up-to-date information on children or households that may be in need of economic recovery interventions;

- meet with early recovery staff to agree on information for those wishing to access early recovery interventions, and to establish a referral system for those who need assistance;

- ensure that children or households that may be in need of economic recovery interventions receive a response;

- where appropriate, include information on economic recovery in child protection messaging;

- include child protection personnel in training on early recovery;

- include economic-recovery personnel in training on child protection;

- identify which pre-existing forums (e.g. team or cluster meetings) are most useful for regular reviews of information on child protection and on economic recovery;

- collect examples of success stories, including children's accounts, to demonstrate the positive effects of high quality economic recovery interventions on children's safety and wellbeing; and

- lobby for the link between economic recovery and child protection to be explored in evaluations and resource allocation processes such as the Post Disaster Needs Analysis or the Post Conflict Needs Analysis.

KEY ACTIONS FOR ECONOMIC RECOVERY ACTORS

- Ensure that beneficiaries of interventions include children who are particularly at risk of violence, exploitation, abuse and neglect. This may include those in residential care, children who have lost one or more caregiver, child caregivers and child heads of households, children on the street and children with disabilities;

- work with other humanitarians and members of community to reach excluded children;

- consider the safety of the affected population as a sub-objective of each intervention;

- ensure economic recovery workers are fully briefed on the laws governing work for children;

- review all planned activities to check for any incentives for children to move out of appropriate care (such as family based care). This may include interventions that benefit children in residential care homes disproportionately, the creation of employment opportunities for children away from the home,

or incentivising parents to work instead of caring for children in order to access to economic recovery;

- beware of implementing any "for work" programmes without a coexisting system to deliver benefits to caregivers and children who are unable to access the "for work" programme;

- provide, or help families access, cash grants and other emergency social-protection measures for those who cannot work;

- when possible, design strategies that are flexible and which can accommodate new children and families as well as adjustments in methodology and targets;

- work with child protection workers to set up and use a referral system so that children and families who may be in need of economic recovery interventions can quickly access support;

- together with child protection workers, collect information, including case studies, to demonstrate the positive effects of your intervention on children's safety and wellbeing;

- ensure that those in economic recovery have signed up to and been trained in a code of conduct or other policy which covers child safeguarding; and

- invite child protection workers to trainings, retreats or workshops where you think their perspective and information may enhance the outcome.

MEASUREMENT

OUTCOME INDICATOR	OUTCOME TARGET	NOTES
1. Percentage of economic recovery projects where child safety and wellbeing, including family unity, are reflected in design, monitoring and evaluation	100%	
ACTION INDICATOR	**ACTION TARGET**	
2. Percentage of economic recovery projects that included child protection specialists in their design phase	90%	
3. Existence and proven use of a referral system to enable excluded children or households, or children at risk, to access economic recovery support	Yes	
4. Percentage of economic recovery personnel trained on child protection issues	90%	
5. Percentage of economic-recovery projects the child protection aspects of which are regularly reviewed with child protection workers	90%	

STANDARD 19

GUIDANCE NOTES

1. Structural barriers:

The barriers created in economic recovery programmes need to be understood. The capacity of economic recovery programmes to improve the future of children is affected by such conditions as gender inequality, geographic isolation of the beneficiaries, age discrimination, poor quality of health and education services, lack of information about parenting, stigmatisation of certain groups (for example, those with disabilities), and social norms. Questions of agency and structural barriers are often not included in programmes to strengthen the economy.

2. Girls and women:

In many contexts, women are more likely than men to prioritise the needs of children in their care. Women and girls are also more vulnerable to many risks, including HIV and gender-based violence (GBV); but in spite of the protective benefits of economic programming, in many cases they are left out. The availability of childcare facilities will often affect whether female caregivers can take part in programmes. Hold discussions at the household or community level and with programme designers to help develop the best solutions for women with childcare duties.

3. Assessment and monitoring:

Livelihood assessments should involve those with an interest – including women, older boys and girls, parents with disabilities and caregivers of children most at risk – so that they can help identify any negative coping mechanisms that may be appearing due to loss of household assets and income. These may include hazardous labour, transactional sex, or leaving school. Assessments should also identify any protection risks for girls and boys that may be made worse (not deliberately) by economic-recovery strategies. The root causes of the vulnerability, economic assets, local demand for labour and goods, and value chain (ongoing) opportunities should first be analysed.

4. Cash transfers:

In the aftermath of an emergency, cash transfers and conditional cash transfer programming can lay the groundwork for helping vulnerable households to recover. It is also of crucial importance, however, to make sure they do not further marginalise some groups. Direct cash transfers may, for example, be necessary for households where all members of the household have disabilities, where there are no caregivers for children (child-headed households), where one or more caregiver has been lost, or where children are working. Clear information should be provided by those taking part about the expected duration of the cash transfer. Any action should be designed to benefit women, children and excluded groups.

5. Monitoring and evaluation:

Livelihood and economic-recovery strategies might not result in easily measurable outcomes for children in the short term. As a result, where available, separate indicators should be used for males and females (such as meals consumed, school attendance, and child-health data). Throughout implementation, ensure that monitoring systems capture information on the expected and the unexpected impacts of the intervention on children's safety and wellbeing. Analyse in particular the following two issues: (1) is there any correlation between family unity and economic recovery interventions? And (2) is there any correlation between access to education, rates of child labour, and economic recovery interventions? Share information and coordinate work to avoid duplicating efforts.

6. Complementary expertise:

Since many child protection agencies lack the expertise to deliver effective, market-based economic programming and agencies specialised in this kind of programming may lack expertise in child protection, agencies should focus on delivering what they do best and build partnerships to deliver the rest.

7. Programme design:

As part of a market-based approach, those putting economic-recovery strategies into action will often rely on self-selection of beneficiaries, resulting in programmes that favour those who are more able. Child protection organisations should, as far as possible, aim to influence the design of these strategies to include more vulnerable households. They should also identify the families who cannot be reached and connect them with help. While most programmes target adults, older adolescents may also benefit directly from skills training, savings schemes, apprenticeships and other activities. The design of economic-recovery programmes for children must respect national laws on minimum age for work and vocational training, and completion of compulsory schooling. They present an opportunity to strengthen the legal framework (including for monitoring when laws are broken) if appropriate.

8. Stereotyping:

Males and females should have the choice of what kinds of work they prefer to do or which skills to learn, and should be allowed to pursue a livelihood in fields traditionally pursued only by the opposite sex. There is a tendency of involving girls in low-paying, home-based activities such as sewing or knitting, and training boys in skills with greater economic potential such as mechanics or carpentry. Especially if there is no family provider, girls and boys have an equal need to get involved in economically promising activities. Having an understanding of the pre-existing local context, including customary attitudes and norms, will allow more sensitive and effective programming to avoid stereotyping, and could have a lasting effect.

STANDARD 19

REFERENCES

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STANDARD 20
EDUCATION AND CHILD PROTECTION

Good quality education contributes to the safety and wellbeing of children before, during and after emergencies. For survivors of violence, exploitation, abuse or neglect, education is critical both as a right and because of the important role it plays in supporting these children in re-joining their peer groups. In terms of prevention, education serves as an important way of passing on messages, raising awareness and providing life skills to bolster children's ability to recognise risks and respond accordingly. Education supports children's resilience by nurturing their psychosocial and cognitive development, and during times of crisis and emergency, it may help restore a sense of normality, dignity and hope by offering the chance to participate in structured activities in a safe environment.

The following guidance on education and child protection intends only to provide basic information on the linkages of education and child protection. For in-depth guidance on the provision of education in emergencies and its linkages and collaboration with the child protection sector, please refer to the INEE Minimum Standards: Preparedness, Response, Recovery.

STANDARD

Child protection concerns are reflected in the assessment, design, monitoring and evaluation of education programmes. Boys and girls of all ages can access safe, high-quality, child-friendly, flexible, relevant and protective learning opportunities in a protective environment.

KEY ACTIONS

KEY ACTIONS FOR CHILD PROTECTION ACTORS

- Present assessment information on child protection to those working on education and ensure time is taken to discuss the implications of this information for education;
- agree which of the indicators suggested in this standard should be used to track progress;
- incorporate questions about education into discussions with caregivers, community members and children and invite education workers to attend these discussions. Discuss the situations of children in different care arrangements (for example children in residential care, child heads of households, children on the street, children with disabilities);

- together with education and ECD workers, train communities and child and youth clubs on how to identify and report child protection risks in and around educational facilities;
- set up referral systems so that those working in education facilities can quickly and efficiently refer children with protection needs to child protection workers;
- provide training to child protection workers on education and ECD in emergencies;
- work with education staff to develop and use child protection messages on issues such as separation, explosive remnants of war etc., and to run risk-reduction activities;
- work with education workers to monitor provision of adequate sanitation facilities in schools;
- support education workers in adopting a code of conduct for teachers and other education personnel and in ensuring this code is signed by all active teachers and other education personnel;
- regularly monitor the child protection situation in schools, including the interaction of teachers and other personnel with children, to highlight corporal punishment and all other cruel or degrading punishments as well as sexual exploitation and abuse;
- coordinate with the education sector in mapping schools that are at risk of being attacked or occupied by military forces, that are close to military groups, or that may be contaminated with ERWs;
- identify which pre-existing forums (e.g. team or cluster meetings) are most useful for regular reviews of information on child protection and education;
- collect examples of success stories, including children's accounts, to demonstrate the positive effects of quality education interventions on children's safety and wellbeing; and
- lobby for the links between education and child protection to be explored in evaluations and resource allocation processes such as the Post Disaster Needs Analysis or the Post Conflict Needs Analysis.

KEY ACTIONS FOR EDUCATION ACTORS

- Include the safety of the affected population as a sub-objective of each education intervention;
- follow the INEE Minimum Standards in planning and putting education strategies into practice, with special attention to INEE Minimum Standard on Protection and Wellbeing, including making the learning environment safe and supportive;
- coordinate with child protection workers to make sure education information is disaggregated by sex, age, and disability, to facilitate child protection responses;
- work with child protection workers in rapidly organising child-friendly spaces or temporary learning spaces, making sure they complement, and do not compete with, existing or planned educational programmes (see Standard 17);

- together with child protection workers, set up and use a referral system so that children who are out of school can quickly receive the support required to access school;
- consider flexible alternatives to schools where it is unsafe for children to travel to school or to collect in groups;
- campaign for universal access to education opportunities, including through removing barriers to enrolment and retention such as lack of documents or other requirements;
- work with child protection workers to find or move educational facilities away from protection threats such as military or militant zones, areas contaminated with ERW and natural hazard areas, and establish them in safe areas and close to population centres;
- work with other education organisations, including the Ministry of Education and community education committees, to make sure that the content of the curriculum does not discriminate in any way;
- when planning the education response make sure that child protection matters are considered (access, non-violence in school, quality of teaching and learning, code of conduct, separate toilets, equal access to services for both genders);
- ensure there is balanced recruitment of male and female teachers, and train teachers on gender sensitive approaches to teaching;
- increase teachers' knowledge and practice of positive discipline and end immediately all corporal punishment and all other cruel or degrading punishments;
- review periodically whether your education and child protection actions may inadvertently be contributing to conflict, and take appropriate actions;
- introduce the teaching of skills that support positive living, acceptance and peace and include important protective messages in education, to support children's ability to deal with threats;
- make sure that the periodic, relevant and structured training for teachers that is called for by the INEE Minimum Standards also tackles wider child protection concerns, like preventing children in schools from being recruited to armed forces or groups;
- make sure all sectors work together to improve school facilities for health, nutrition, water supply, sanitation and hygiene practices;
- provide training to child protection workers on education and early childhood development (ECD) in emergencies;
- ensure that those working in education have signed up to and been trained in a code of conduct or other policy which covers child safeguarding; and
- invite child protection workers to trainings, retreats or workshops where you think their perspective and information may enhance the outcome.

STANDARD 20

MEASUREMENT

OUTCOME INDICATOR	OUTCOME TARGET	NOTES
1. Percentage of assessed formal and informal learning environments that are considered safe for boys and girls of different ages	100%	
2. Percentage of boys and girls of different ages (including children with disabilities) able to access schools and other learning opportunities	To be determined in country	
ACTION INDICATOR	**ACTION TARGET**	
3. Percentage of active-duty educators trained on child protection threats and strategies to tackle threats	90%	
4. Percentage of surveyed active-duty education staff who have signed the adopted code of conduct	100%	
5. Percentage of formal and informal education environments that are regularly monitored with the aim of deciding whether both girls and boys are protected from abuse, neglect, exploitation and violence in that environment	100%	
6. Percentage of educational facilities identified as unsafe that were moved to a safe area	90%	
7. Number of children who are identified as at risk and referred to CP case management by education staff each month	To be determined in country	
8. Number of formal and informal education facilities, students, teachers and other education personnel that have been attacked during the past month		
9. Barriers to enrolment and retention, such as lack of documents or other requirements, removed for boys and girls of all ages	Yes	

GUIDANCE NOTES

1. Flexibility, relevance and quality:

Flexibility in setting up education is essential in order to meet learners' and teachers' protection needs. The means of delivering education need to be adapted to meet the needs of each child (for example, by providing reasonable accommodation to children with disabilities), and to the context. This process may include changes to class schedules and yearly timetables to meet the needs of particular groups of learners. Organising classroom space to promote interaction, self-study, distance learning, catch-up classes and accelerated learning or different modes of learning may be relevant, depending on the context. A choice needs to be made between temporary or permanent classrooms and education facilities, based on criteria such as solutions that deal with refugees and internally displaced populations, and the potential fragility of temporary constructions. See also, INEE Minimum Standards Domain 3: Teaching and Learning.

2. Administration:

Waiving the requirement for documentation normally needed to enter schooling (such as age or birth certificates) is recommended if done in partnership with the necessary authorities, education organisations and community groups. Coordination should make sure the process is clear and make sure the proposed changes are recognised and put into practice consistently in the host state and state of origin. See also, INEE Minimum Standards Domain 2: Access and Learning Environment.

3. Equity:

Not having fairness in education can cause harm. Concrete examples of ways to tackle unfairness in educational content include reviewing the curriculum, providing teacher support on methods to involve children, and offering student lessons on tolerance to help them deal with past issues. Reviewing content in textbooks and the presentation of this information immediately, within the curriculum, is a starting point for making sure there is a balanced presentation of historical events. See also, INEE Minimum Standards Domain 2: Access and Learning Environment.

4. Teachers and other education personnel:

Support for teachers and their wellbeing should be included as a protective measure. Teacher support includes training teachers on how to identify children's needs, child-centred learning strategies, psychosocial support, inclusive education practices and ways to make sure there are clear ways of reporting protection concerns in the classroom. Limiting class size and reducing unrealistic expectations placed on teachers is crucial in making sure teachers are protected, and not just protectors. See also, INEE Minimum Standards Domain 4: Teachers and Other Education Personnel.

5. Protective environments:

Help to create protective and supportive environments in and around education, firstly by adapting education facilities and secondly by strengthening pre-existing child protection and social support systems. Adapting the structure, design, content and construction of education facilities protects and provides psychosocial support. For example, the learning structures need to take into account learners' physical disabilities, and activities need be organised according to a locally realistic class size. Waste pits for solid waste should be available, as well as drainage facilities such as soak pits, and adequate water for personal hygiene, with clean male and female toilets that can be locked from the inside. See also, INEE Minimum Standards Domain 2: Access and Learning Environment.

6. Abuse:

Teachers and other education personnel can abuse and exploit children. There can also be bullying and child abuse committed by other children in schools. Measures for prevention of and response to violence should be included, including reporting, referral pathways and measures to train communities (through parent-teacher associations, child protection networks etc.) on where and how to prevent, report and respond to teacher- or student-led abuse.

STANDARD 20

7. Attacks:

Schools can also be targets for recruitment of children as soldiers, and other forms of violence and attack. If these risks are present, the initial assessment and protective strategies for schools must include making sure schools and learning spaces are in areas where this violence is less likely. In some cases this will mean trying to move the threats and not just the schools – for example, through clearing landmines in or near schools. Risks of physical harm or sexual assault on the way to/back from school, which might discourage girls and boys from attending, should also be regularly monitored and mitigated with the support of parents committees.

8. Messaging:

Education activities are an important method of passing on not only academic knowledge, but also practical knowledge, awareness and life skills that can help children care for and protect themselves and their peers. Important messages and activities that should be included in education activities can include:

• Risk reduction, such as prevention of separation, disaster risk reduction (what to do when a tsunami or earthquake hits), dangers and injury prevention (see Standard 7)

• Life skills, such as how to deal with risk taking behaviour (such as substance abuse), non-violent conflict resolution skills, communication skills, etc.

STANDARD 20

REFERENCES

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STANDARD 21
HEALTH AND CHILD PROTECTION

While child protection strategies should contribute to and maintain the good health of children, health activities must reduce protection risks as far as possible, and generally be carried out in a protective way. Health intervention is a central part of an overall approach to support services in response to major child protection risks in emergencies. Health related risks can include those posed to child survivors of violence, abuse and exploitation, and survivors of explosive remnants of war (ERW) and landmines.

STANDARD

Child protection concerns are reflected in the assessment, design, monitoring and evaluation of health programmes. Girls and boys have access to quality health services delivered in a protective way that takes into account their age and developmental needs.

KEY ACTIONS

KEY ACTIONS FOR CHILD PROTECTION ACTORS

- Present assessment information on child protection to those working on health and ensure time is taken to discuss the implications of this information for health;
- agree which of the indicators suggested in this standard should be used to track progress;
- incorporate questions about health into discussions with caregivers, community members and children, and invite health workers to attend these discussions. Discuss the situation of children in different care arrangements (e.g. children in residential care, child heads of households, children on the street, children with disabilities);
- identify paediatricians and health workers specialized in working with children;
- meet with health workers to agree clear, commonly agreed information about all health services available, including those dealing with sexual violence (e.g. post-exposure prophylaxis or PEP, prevention of mother-to-child transmission of HIV, etc.) and ERW and landmine incidents;
- ensure systems are in place within child protection projects to identify and refer cases of illness and injury safely and confidentially to appropriate health and HIV services;

- strengthen, adapt as necessary or set up an appropriate screening and referral system for children who need psychological or clinical mental health support (see Standard 10), and strengthen, adapt or set up referral services to psychosocial support services for children;
- strengthen or develop links between systems of social welfare, injury surveillance and health to make sure referrals happen quickly and deliver multi-disciplinary services to children;
- where relevant, link birth registration with reproductive health (for example postnatal care);
- include relevant health messages in community-based child protection activities;
- support health-service providers (including community health workers) to detect, respond to and refer cases of violence, neglect, abuse, and exploitation of children;
- make sure there are procedures so that caregivers can stay with children in case of medical evacuation and hospital admission;
- identify and tackle the different barriers preventing girls and boys from accessing health services, including children with disabilities or other excluded groups of children;
- design outreach services for children, including children with disabilities, minority or marginalised children and adolescents, so they can access available health services (e.g. immunization, HIV-related services, family planning, etc.);
- where needed, advocate for specialised age-appropriate emergency medical, surgical, and – where possible – longer-term physical rehabilitation and ortho-prosthetic services for child survivors of ERW and landmines and children with disabilities;
- identify which pre-existing forums (e.g. team or cluster meetings) are most useful for regular reviews of information on child protection and health;
- collect examples of success stories, including children's accounts, to demonstrate the positive effects of quality health interventions on children's safety and wellbeing; and
- lobby for the link between health and child protection to be explored in evaluations and resource allocation processes such as the Post Disaster Needs Analysis or the Post Conflict Needs Analysis.

KEY ACTIONS FOR HEALTH ACTORS

- Include the safety of the affected population as a sub-objective of each health intervention;
- identify paediatricians and health workers specialized in working with children;
- ensure that beneficiaries of interventions include children who are particularly at risk of violence, exploitation, abuse and neglect. This may include those in residential care, children who have lost one or more caregiver, child caregivers and child heads of households, children on the street and children with disabilities;

- strengthen, adapt or develop child-friendly and disability-inclusive procedures for admitting, treating and discharging unaccompanied children;

- promote the recruitment of social workers and child psychologists (where appropriate), at least during the peak of emergencies and, where possible and appropriate, use community health workers to identify and refer cases;

- reorganise existing health services so that they are accessible and safe for children (in other words, through the provision of community and home-based care);

- put in place child-friendly, safe, accessible and confidential services to respond to child victims and survivors of violence, abuse, exploitation and neglect (including GBV), including links and referrals to relevant services (for example, HIV testing and reproductive health services);

- train clinical health staff on clinical care of children, and train auxiliary non-clinical staff on the confidentiality and protection elements of work related to sexual violence;

- in areas contaminated by ERW and landmines, put in place specialised age-appropriate emergency medical, surgical and – where possible – longer-term physical rehabilitation and ortho-prosthetic services for child survivors and children with disabilities;

- ensure health workers are trained in basic child protection as relevant to their work, including prevention of separation;

- disseminate agreed child protection messages through the work of health workers, including community health workers (see Standards 3 and 16);

- ensure specific child survival health strategies for children under five years of age are put in place, both at health facility and at community level (for example, vaccination campaigns, treatment of diarrhoea, promotion of exclusive breastfeeding, etc.);

- ensure access to sexual and reproductive health services for older children;

- ensure that those working in health have signed up to and been trained in a code of conduct or other policy which covers child safeguarding; and

- invite child protection workers to trainings, retreats or workshops where you think their perspective and information may enhance the outcome.

MEASUREMENT

OUTCOME INDICATOR	OUTCOME TARGET	NOTES
1. Percentage of health staff that has received training on identifying and referring children affected by violence (including sexual and physical violence), neglect, abuse and exploitation	80%	
ACTION INDICATOR	**ACTION TARGET**	
2. Percentage of surveyed health facilities that have a direct link with birth registration facilities and staff	100%	
3. Percentage of victims of sexual violence and children in need of mental health services, disaggregated by sex and age, and registered in a case-management system, who received health services	100%	
4. Percentage of health staff familiar with procedures to prevent children being separated from their families	90%	
5. MHPSS guidelines included in the health-sector strategy and delivering health services	Yes	
6. An analysis has been conducted on barriers to accessing child-friendly health services for boys and girls of different ages	Yes	
7. Percentage of health and ortho-prothetic services for survivors of landmines that include special considerations for the needs of child survivors	50%	

GUIDANCE NOTES

1. Health programmes:

Girls and boys who have suffered violence (including sexual violence and injury and maiming), neglect, abuse or exploitation require special consideration in the provision of health services, including HIV/AIDS services. Studies have shown that children with disabilities are at a greater risk of violence, abuse, health issues and neglect.

Make specific efforts to recruit female health services staff as well as female community health workers. In many places, girls admitted to medical services would be more comfortable being cared for by female staff and treated by female health workers.

Provision of support to supplies for health centres should include, but is not limited to, helping provide:

- Emergency contraception and medication like post-exposure prophylaxis (disease prevention) for HIV

- Supplies to allow child-appropriate emergency first aid to be given to victims of landmines/UXOs/explosive weapons, etc.
- Family planning services to prevent unwanted pregnancies.

Children are more prone than adults to severe injury and disability as a result of emergencies, including from using explosive weapons and coming into contact with explosive remnants of war. Because children's bodies are smaller and more delicate than those of adults, emergencies often result in more complex injuries and damage to their organs and tissue, and in injuries that are more difficult to treat. Children whose injuries result in amputated limbs need more complicated rehabilitation, must have prostheses made more often as they grow, and will require corrective surgery for changing stumps.

2. Medical reports:

In situations in which illness, injury, or death is the result of a criminal act (for example, rape, torture, or assault), the doctor has to create an individual medical report confirming the results of the medical examination. If the doctor needs the child's informed consent to do the medical examination, consent forms will be required. In certain cases, the doctor has a legal obligation to send these documents to judicial authorities. However, in situations of conflict or crisis, sending this information automatically could put the victim's life in danger. As a result, the doctor must, where legally possible, first defend the principles of medical secrecy and doctor-patient confidentiality, and then write the report with the best interest of the child or patient in mind. As a result, the report must be given to the victim.

3. Capacity building:

Health staff should receive training in child protection, provided by professional staff, on basic issues related to violence, abuse, neglect and exploitation of children. They should pay special attention to the situation of children with disabilities. This includes through detecting cases of different forms of violence, carrying out child-sensitive forensic examinations, use of child-friendly communication, etc.

4. Sustainable development:

Efforts made to improve protective responses for children during emergencies may have lasting effects on strengthening the child protection system in the longer term.

5. Evacuation:

Humanitarian workers, military personnel, local organisations and communities should be advised not to medically evacuate a child, parent or caregiver or admit them to a medical facility without making sure that a record of the child's family is kept, and that children are cared for to avoid the family being separated. Specific procedures should be put in place to prevent separation.

REFERENCES

- IASC (2005). *Guidelines for Gender-based Violence Interventions in Humanitarian Settings: Focusing on Prevention of and Response to Sexual Violence in Emergencies. Chap. 4.8*

- IASC (2006). *Women, Girls, Boys and Men: Different needs – Equal Opportunities. IASC Gender Handbook in Humanitarian Action*

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- WHO (2004). I*mmunisation in Practice: A practical resource guide for Health Workers*

- WHO (2005). *Handbook: Integrated Management of Childhood illness*

- WHO (2005). *Pocket book of hospital care for children: Guidelines for the management of common illnesses with limited resources*

- WHO (2008). *Manual for the health care of children in humanitarian emergencies*

- Convention on the Rights of the Child (1989)

- www.clinicalcare.rhrc.org

STANDARD 22
NUTRITION AND CHILD PROTECTION

Children are particularly vulnerable to all forms of under-nutrition in times of instability and crisis, as they are dependent on others, and are often physically fragile. The first 1000 days of life are critical for child development (physical, mental and cognitive), and it is important to make sure that children's growth is not compromised during times of stress. In addition, nutritional habits, food taboos and discriminatory access to food within the home can differently affect women, men, girls and boys, imbalances that can worsen in times of crisis. As a result, measures must be taken to make sure that children's basic nutritional and developmental needs are being adequately and effectively provided for, while also making sure that risk prevention is included in any activities related to providing nutrition.

STANDARD

Child protection concerns are reflected in the assessment, design, monitoring and evaluation of nutrition programmes. Girls and boys of all ages and their caregivers, especially pregnant and breastfeeding women and girls, have access to safe, adequate and appropriate nutrition services and food.

KEY ACTIONS

KEY ACTIONS FOR CHILD PROTECTION ACTORS

- Present assessment information on child protection to those working on nutrition and ensure time is taken to discuss the implications of this information for nutrition;
- agree which of the indicators suggested in this standard should be used to track progress;
- incorporate questions about nutrition into discussions with caregivers, community members and children and invite nutrition workers to attend these discussions. Discuss the situation of children in different care arrangements (for example children in residential care, child heads of households, children on the street, children with disabilities);
- develop clear standard operating procedures including identification and referral mechanisms between child protection and nutritional programmes;
- work with nutrition staff in finding breastfeeding women and/or wet nurses (or, as a last resort, appropriate replacement feeding) for babies with no mother;

- whenever possible, provide appropriate space for women and girls to breastfeed within or near centres where child protection and caregiver outreach programmes are carried out;
- refer breastfeeding mothers who are facing difficulties producing milk;
- work with nutrition staff to identify patterns in household food consumption and those who make decisions about the type of food eaten and by whom it is eaten;
- whenever possible, run joint programmes with the nutrition sector in terms of community mobilisation, prevention messages and child-mother centres at the nutritional post (fixed or mobile), including socially and culturally appropriate, technically accurate, messages on nutrition and breastfeeding;
- when appropriate and possible, include infant and young child feeding (IYCF) or supplementary feeding for at risk children in appropriate child protection activities;
- work with nutrition staff to make sure that there is a system for referring people to therapeutic feeding services;
- protect, promote and support exclusive breastfeeding for the first six months and then continued breastfeeding, along with age-appropriate nutritious complementary foods, through the second year of life and beyond;
- support families that are being placed in nutritional centres by following-up on temporary care arrangements for the other children while the mother is away;
- identify which pre-existing forums (e.g. team or cluster meetings) are most useful for regular reviews of information on child protection and nutrition;
- collect examples of success stories, including children's accounts, to demonstrate the positive effects of quality nutrition interventions on children's safety and wellbeing; and
- lobby for the link between nutrition and child protection to be explored in evaluations and resource allocation processes such as the Post Disaster Needs Analysis or the Post Conflict Needs Analysis.

KEY ACTIONS FOR NUTRITION ACTORS

- Include the safety of the affected population as a sub-objective of each nutrition intervention;
- choose at least one trained staff member to act as a child protection focal point or social worker if there is a nutrition programme, and make sure the focal point is trained on identifying survivors of sexual violence, as well as basic psychosocial support related to building parental confidence, coping with stress, etc.;
- monitor unaccompanied and separated children admitted into nutrition programmes and make sure there is coordination with child protection staff in terms of defaulters;
- include child protection messages, including on prevention and response, as well as referral mechanisms, in activities related to nutrition, community outreach and raising awareness;

STANDARD 22

- include discussions related to protection, including psychosocial support and gender-based violence (GBV), in mother-to-mother nutrition activities;

- ensure that nutrition activity centres have a trained breastfeeding counsellor, and an appropriate space for women to breastfeed;

- ensure that nutrition programmes and associated livelihood activities take into account the effect that they can have on childcare practices;

- monitor the nutritional status of pregnant and breastfeeding women and children to ensure that their nutritional needs are being met, as well as making sure they have access to supplementary foods of high nutritional value;

- campaign for psychosocial stimulation activities for infants and young children in nutrition, education, early childhood development and child protection programmes;

- ensure that those working in nutrition have signed up to and been trained in a code of conduct or other policy which covers child safeguarding; and

- invite child protection workers to trainings, retreats or workshops where you think their perspective and information may enhance the outcome.

MEASUREMENT

OUTCOME INDICATOR	OUTCOME TARGET	NOTES
1. Percentage of nutrition projects where child safety and wellbeing, including family unity, are reflected in design, monitoring and evaluation	100%	
ACTION INDICATOR	**ACTION TARGET**	
2. Percentage of health facilities and nutritional feeding centres for which referral pathways for child protection cases exist and are used	70%	
3. Percentage of separated or unaccompanied infants placed in care arrangements with women who can safely breastfeed them	80%	
4. Number of suspected cases of separation, violence, abuse, exploitation or neglect identified through nutrition programmes and referred to child protection organisations	To be determined in country	
5. Percentage of child protection activity locations where appropriate space is provided for women to breastfeed	90%	
6. Percentage of supplementary or therapeutic feeding centres with a trained child protection focal point	80%	

STANDARD 22

GUIDANCE NOTES

1. Capacity building:

Child protection organisations, especially those working at community level, should be trained on:

- Appropriate IYCF messages and basic information about the aims and activities of the various nutrition programmes
- How to measure and monitor the nutritional status of children and women in situations where no nutrition staff are available
- How to identify mothers (women and girls) with breastfeeding or complementary feeding difficulties, in circumstances where no nutrition staff are available
- How to identify malnourished and under-nourished children, as well as pregnant and breastfeeding women, in circumstances where no nutrition staff are available
- How to refer identified cases to appropriate and available services.

Relevant child protection-related training for nutrition staff should include:

- How to identify and refer suspected cases of violence, abuse, exploitation or neglect of children (for instance, some cases of difficulties between breastfeeding women and children might be due to the child being born as a result of rape)
- How to ensure access to nutrition services for specific groups of excluded children, such as children living or working on the streets, children with disabilities, children living in orphanages, etc.
- How to include child protection prevention and response messages into community nutrition outreach (for example, broadcasting radio messages on protection from sexual exploitation and abuse during nutrition activities, making sure there are adequate numbers of female nutritional promoters, etc.)
- Appropriate ways to handle children – for example, when weighing children, the best person to place the child into the hanging weighing scales is often the mother
- How to promote psychosocial stimulation for infants and young children
- How to identify parents and caregivers who might be under psychosocial distress and need support.

To help with timely and appropriate referral, specific standard operating procedures and referral mechanisms should be agreed with child protection and nutrition organisations. Preferably, this should be done at an inter-agency level, and at the cross-sector level (see Standard 1).

2. Child labour, family unity, and education:

Where children and other family members are at risk of or suffering malnutrition, there may be a higher likelihood of children leaving the family, either to access paid work including hazardous labour or to access food (for example through entering residential care where food is provided). Equally, children's access to other children may be affected as they may drop out of school for related reasons. A further threat to children's care and to family unity is the splitting of families as caregivers leave to access paid labour. Care must be taken to understand these dynamics and the patterns of choices that families are making, and to ensure that nutrition interventions do not in any way incentivise separation of children from caregivers, for example by delivery of disproportionate benefits to children in residential care.

3. Infant feeding:

Mothers who are having difficulties in breastfeeding should receive counselling and support to help them continue breastfeeding or to help them produce milk again if this is what is wanted. For infants whose mothers have died, cannot be traced or cannot breastfeed, women from the community who have been breastfeeding their own infants should be found as caregivers. If HIV rates are high, consider whether finding breastfeeding women is appropriate, taking into account existing HIV guidance. Look at traditional and cultural infant-feeding practices and support and encourage the development of mother or caregiver support groups to promote and support breastfeeding. Infant formula may be given in certain cases for specific infants. Keep to the operational guidance on using infant formula in emergency situations (see References).

4. Mother groups:

Mother-to-mother groups, developed in a nutrition programme, can be support groups in which sensitive topics such as gender-based violence can be discussed. By attending a group the main purpose of which is rearing children, a woman may feel free to talk, but will not feel labelled and may be protected from stigma. These mother-to-mother groups and peer support networks can help to break down the social isolation that can be caused by forced displacement, and create growing networks of social support. Mother-to-mother groups also provide an ideal forum for older mothers to educate younger ones. They can often help to tackle issues and challenges related to teenage mothers, children born out of sexual violence, etc. It is also important to explore appropriate ways in which to get fathers and other family members, such as grandmothers, involved in these kinds of activities, as these family members often have a say on what is eaten at home, who eats first and most, how long the breastfeeding period should be, and the access to nutritional care of family members.

5. Malnutrition treatment and prevention programmes:

Child protection activities can include therapeutic feeding and supplementary feeding programmes to treat severe, moderate and acute malnutrition, as well as blanket feeding programmes using lipid-based nutrient supplements or fortified blended foods. All therapeutic, supplementary or blanket feeding

beneficiaries should meet the admission criteria as set out by national and international procedures on nutrition. Specific efforts should also be made to ensure that:

- Services do not lead to stigma or perceptions of "favouritism"
- Services do not become a pull-factor away from family or community feeding habits.

6. Vitamin A:

All supplementary or feeding and nutrition programmes should use foods rich in or fortified with vitamin A to strengthen children's immune systems, reduce the effects of measles and diarrhoea, reduce child deaths in at-risk populations, and help prevent childhood blindness. Specific efforts should also be made to promote improved quality of food given to children, especially those aged six to 24 months, by promoting the use of fortified products such as fortified-blended foods, micronutrient powders or lipid-based nutrient supplements, as well as other nutrient-rich diets in general.

7. Social workers:

Having specialised child protection focal points or social workers at nutrition sites can help to bolster child protection considerations. These focal points can, for example:

- Help families if a child has died
- Strengthen efforts to prevent children being separated from their families at the sites
- Help to identify possible cases of separation, violence, abuse, exploitation or neglect of children
- Help appropriately to refer cases, mediate within families and follow up on cases as necessary
- Support families with practical help to overcome barriers to accessing nutrition services – for example, if a mother has to take her child to the nutrition centre at the same time as she collects the general food distribution, by advising on what procedures to follow to enable her to do both activities
- Support work in raising awareness of child protection issues among nutrition staff as well as caregivers and community members attending sites.

STANDARD 22

REFERENCES

- IASC (2005), *Guidelines for Gender-based Violence Interventions in Humanitarian Settings.* Chap. 4.6

- IASC (2006). *Women, Girls, Boys and Men: Different needs – Equal Opportunities. IASC Gender Handbook in Humanitarian Action. Chap: Gender and Nutrition in emergencies*

- IFE Core Group (2007). I*nfant and Young Child Feeding in Emergencies: Operational Guidance for Emergency Relief Staff and Programme Managers,* Version 2.1

- The Sphere Project (2011). *The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response: Minimum Standards in food security and nutrition,* p.139

- UNHCR (2011). *Operational Guidance on the Use of Special Nutritional Products to Reduce Micronutrient Deficiencies and Malnutrition in Refugee Populations*

- *UNHCR Policy Related to the Acceptance, Distribution and Use of Milk Products in Refugee Settings*

- UNHCR/WFP (2011). *Guidelines for Selective Feeding: The management of Malnutrition in Emergencies*

- Convention on the Rights of the Child (1989)

STANDARD 22

STANDARD 23
WATER, SANITATION AND HYGIENE (WASH)
AND CHILD PROTECTION

Child protection workers have an important role to play in making sure that child protection activities contribute to and maintain safe and appropriate WASH practices for and by children. At the same time, WASH workers should make sure that their interventions are carried out in a way that protects children and their caregivers, and does not put children and women at risk.

STANDARD

Child protection concerns are reflected in the assessment, design, monitoring and evaluation of WASH programmes. All girls and boys have access to appropriate WASH services that minimise risks of physical and sexual violence.

KEY ACTIONS

KEY ACTIONS FOR CHILD PROTECTION ACTORS

- Present assessment information on child protection to those working on WASH and ensure time is taken to discuss the implications of this information for WASH;
- agree which of the indicators suggested in this standard should be used to track progress;
- incorporate questions about WASH into discussions with caregivers, community members and children and invite WASH workers to attend these discussions. Discuss the situation of children in different care arrangements (for example children in residential care, child heads of households, children on the street, children with disabilities);
- meet with early WASH workers to agree on priority information for children and families about WASH interventions and issues (such as the appropriate use of sanitation facilities, healthy hygiene practices among children, and safe water treatment and storage);
- incorporate these into messaging carried out by child protection workers;
- ensure that training for child protection workers includes promoting appropriate healthy hygiene behaviours (for example, hygiene practices such as hand washing with soap, safe water treatment and storage, appropriate use of sanitation facilities and getting rid of faeces);
- encourage caregivers to get rid of children's faeces properly;

STANDARD 23

- provide advice to WASH workers on areas where child-targeted services take place, where children live or where children are specifically vulnerable;
- make sure WASH services are provided at childcare centres;
- include WASH personnel in training on child protection;
- identify which pre-existing forums (e.g. team or cluster meetings) are most useful for regular reviews of information on child protection and WASH;
- collect examples of success stories, including children's accounts, to demonstrate the positive effects of quality WASH interventions on children's safety and wellbeing; and
- lobby for the link between WASH and child protection to be explored in evaluations and resource allocation processes such as the Post Disaster Needs Analysis or the Post Conflict Needs Analysis.

KEY ACTIONS FOR WASH ACTORS

- Include the safety of the affected population as a sub-objective of each WASH intervention;
- draw on the expertise of child protection workers when assessing needs and designing water, sanitation and hygiene facilities and services (for example, water distribution points, toilets, bathing, and so on). Ensure that risks for women and girls are addressed;
- ensure that beneficiaries of interventions include children who are particularly at risk of violence, exploitation, abuse and neglect. This may include those in residential care, children who have lost one or more caregiver, child caregivers and child heads of households, and children on the street and children with disabilities;
- support parents and communities in making sure that the use of children to carry the containers for collecting water does not interfere with education, does not force children to walk unreasonable distances or in dangerous places, and that the size of container is age and size appropriate;
- identify places where child-targeted services take place and provide sustainable access to safe water, sanitation and hygiene facilities that are well-lit, lockable, separated by sex, designed for children's needs, culturally appropriate, and accessible for children and adults with disabilities;
- ensure women are fairly represented on WASH committees and help them take part in decision-making processes to find, design and maintain WASH facilities;
- disseminate disability- and gender-specific life-saving messages to help children understand the importance of hygiene – these messages have an important impact in wellbeing as they give children a sense of control and ability to adapt to new living circumstances;
- make sure that hygiene promoters know where and how to refer child survivors, separated children and children at risk of violence, exploitation, abuse and neglect to appropriate services;
- ensure that those working in WASH have signed up to and been trained in a code of conduct or other policy which covers child safeguarding; and
- invite child protection workers to trainings, retreats or workshops where you think their perspective and information may enhance the outcome.

MEASUREMENT

OUTCOME INDICATOR	OUTCOME TARGET	NOTES
1. Percentage of WASH projects where child safety and wellbeing, including family unity, are reflected in design, monitoring and evaluation	100%	(1) "Safe" should be defined and agreed in context and may incorporate criteria such as single sex facilities, locks on the insides of doors, working lights (including for access routes), etc.
2. Percentage of surveyed sites with communal facilities that have toilet and bathing facilities that are considered safe for women and girls by the population	100%	
ACTION INDICATOR	**ACTION TARGET**	
3. Percentage of schools, child-friendly spaces (CFSs) and health facilities where child-appropriate WASH facilities are in place	90%	
4. Percentage of surveyed communities where children used containers that were too large for children	10%	(4) "Too large" should be defined by CP and WASH coordination mechanisms
5. The female-to-male ratio of representatives in WASH committees	1:1	
6. Percentage of surveyed hygiene promoters who can give the name of at least one place where they can refer a child survivor of violence (including sexual violence)	90%	

GUIDANCE NOTES

1. Capacity building:

Training for child protection workers should include promoting appropriate water, sanitation and hygiene-related behaviours (e.g. hygiene practices such as hand washing with soap, safe water treatment and storage, appropriate use of sanitation facilities and getting rid of faeces). Training for WASH workers should include information on how, where and to whom to report child protection issues.

2. Messaging:

Consider prioritising the WASH-related messages for children and caregivers, in order to ensure that the most critical messages are properly understood, and that – where appropriate – priority WASH messaging and priority child protection messages can be combined without becoming unwieldy. Child protection priority messages are likely to focus on family unity, safety and wellbeing, while WASH priority messages are likely to focus on:

- Effective hand washing (with soap)
- Safe disposal of faeces
- Reducing contamination of household drinking water (through safe water collection, transportation and storage, and, where appropriate, household water treatment).

Other types of messages – such as getting rid of solid waste, appropriate drainage, vector control or making sure that all animals are kept outside children's areas – may be considered an important but secondary priority. Sanitation and hygiene messages for children should be appropriate in terms of age, disability and sex, as well as being creative (see Standard 3).

3. Water containers:

Whilst children often have an established role in collecting water, this expectation should be viewed with caution. Containers "specially" made for children are not recommended. Similarly, children's physical abilities, and protection and safety concerns, should be considered when designing water-collection points.

4. Age groups:

The provision of safe, age-appropriate WASH facilities is instrumental in ensuring children's safety and wellbeing. Children who do not feel safe or comfortable using toilets or washing facilities may resort to risky or harmful behaviours, such as walking outside of populated areas to defecate, or attempting to eat and drink less in order not to need the toilet so often. The following age-specific points should be considered:

• Infants and small children up to 4 years – children do not use sanitation facilities directly and caregivers should know laundering practices, how to dispose safely of infants' faeces, and how to use nappies (diapers), potties or other means for dealing with bowel movements.
• Small children from 5 to 10 years – water and sanitation facilities should be adapted in terms of size, accessibility and security.
• Children above 11 years and adolescents – girls need to have suitable materials for dealing with periods as well as appropriate washing facilities.

5. Girls and women:

When there is a centralised point for water distribution, distribution schedules should be set up after consulting girls and women, making sure that times for accessing water allow children and women collecting water to return home before dark. Separate toilets and bathing facilities, using pictograms for identification and separation and with inside locks, should be provided for women and girls, with a ratio of six for women and girls to every four for men and boys. WASH facilities should be in a visible area – the closer to users' households the better – with appropriate lighting. Use of these facilities should not increase the risk for users of being assault or harassed.

REFERENCES

- IASC (2005), *Guidelines for Gender-based Violence Interventions in Humanitarian Settings.* Chap. 4.5: Water and sanitation

- IASC (2006). *Women, Girls, Boys and Men: Different needs – Equal Opportunities. IASC Gender Handbook in Humanitarian Action.* Chap: Gender and WASH in emergencies

- The Sphere Project (2011). *The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response: Minimum Standards in Water Supply, Sanitation and Hygiene Promotion,* p.79

- UNICEF (2011). *Water, Sanitation and Hygiene for Schoolchildren in Emergencies: A Guidebook for Teachers*

- UNICEF/WHO (2009). *Water, Sanitation and Hygiene Standards for Schools in Low-Cost Settings*

- Convention on the Rights of the Child (1989)

- www.oneresponse.info
- www.unicef.org/wash

STANDARD 24
SHELTER AND CHILD PROTECTION

Shelter is a complex sector with many implications for child protection. Vulnerability for children can increase during and after disasters, when children may be living with new, reduced or altered family units, or alone. Family sizes in displaced populations and host communities can also vary greatly, resulting in the need for flexibility in the shelter provided. Knowledge of local land and property rights is also central to making good decisions on where and how shelter is provided, and this may be important in safeguarding families from further violence, and in some cases from being forcefully evicted.

STANDARD

Child protection concerns are reflected in the assessment, design, monitoring and evaluation of shelter programmes. All girls and boys and their caregivers have appropriate shelter provided that meets basic needs, including protection and disability access, and which facilitates longer-term solutions.

KEY ACTIONS

KEY ACTIONS FOR CHILD PROTECTION ACTORS

- Present assessment information on child protection to those working on shelter and ensure time is taken to discuss the implications of this information for shelter;
- agree which of the indicators suggested in this standard should be used to track progress;
- incorporate questions about shelter into discussions with caregivers, community members and children and invite shelter workers to attend these discussions. Discuss the situation of children in different care arrangements (for example children in residential care, child heads of households, children on the street, children with disabilities);
- meet with early recovery staff to establish a referral system, with a monitoring element, for vulnerable households that need assistance;
- ensure child protection workers are informed about where children and caregivers can find out information and report any concerns about shelter and settlements;
- provide shelter staff with numbers of children in camps and settlements, including numbers of school-age children, children in need of child-friendly spaces and so on;

- support shelter and settlement organisations in putting child protection actions into shelter and settlement services, and include all children (see Standard 18);
- include appropriate shelter- and settlement-related messages in community-based child protection activities;
- make sure shelter sector workers are briefed on and can use referral mechanisms for unaccompanied and separated children and other child survivors of violence, abuse, exploitation and neglect;
- identify which pre-existing forums (e.g. team or cluster meetings) are most useful for regular reviews of information on child protection and shelter;
- collect examples of success stories, including children's accounts, to demonstrate the positive effects of quality shelter interventions on children's safety and wellbeing; and
- lobby for the link between shelter and child protection to be explored in evaluations and resource allocation processes such as the Post Disaster Needs Analysis or the Post Conflict Needs Analysis.

KEY ACTIONS FOR SHELTER AND SETTLEMENT ACTORS

- Include the safety of the affected population as a sub-objective of each shelter intervention;
- prevent overcrowding, and review project design and implementation to ensure that shelter responses support and encourage families to stay together;
- work with female and male members of affected communities to design shelter and settlement that responds to the varying sizes, disability specifics and needs of families in those communities, without putting them all in the same area and risking stigmatisation (see Standard 18);
- work with child protection workers to ensure that personnel working in shelter and settlement projects have adequate information and training on child protection issues, including unaccompanied and separated children, sexual exploitation and abuse, and exploitative child labour;
- ensure that transit shelters are safe;
- work with child protection staff to identify adequate collective spaces for children, including for education, child-friendly spaces, etc., and provide spaces available for children's activities, non-formal education, and cultural ceremonies;
- ensure that those working in shelter have signed up to and been trained in a code of conduct or other policy which covers child safeguarding; and
- invite child protection workers to trainings, retreats or workshops where you think their perspective and information may enhance the outcome.

MEASUREMENT

OUTCOME INDICATOR	OUTCOME TARGET	NOTES
1. Percentage of shelter projects where child safety and wellbeing, including family unity, are reflected in design, monitoring and evaluation	100%	
2. Percentage of surveyed beneficiaries of the shelter programme who assessed that all aspects of the pro-gramme (timing, methodology, deliverables) contributed to children's safety and wellbeing	90%	
ACTION INDICATOR	**ACTION TARGET**	(5) "An accessible distance" for children should be defined in country
3. Percentage of surveyed child protection workers who can provide information on where children and their caregivers can report their shelter and settlement concerns	100%	
4. Percentage of surveyed shelter sector workers who can demonstrate required knowledge of referral mechanisms for unaccompanied and separated children as well as survivors of violence (including sexual violence)	90%	
5. Percentage of constructed shelters that are an accessible distance from one or more spaces for children's activities (for example, schools, CFSs, etc.)	90%	

GUIDANCE NOTES

1. Assessments:

Assessments should involve women, men, girls and boys, and should include caregivers of children at risk, in order to identify protection concerns in relation to shelter. Women and girls should be consulted as a priority, separately from men and boys, and particularly on the times and places of distribution of shelter materials, and on setting the site. This will help ensure there is equal access to assistance, and help reduce the risk of violence. Monitoring teams and interpreters should, as much as possible, include women and people with disabilities. It is important there is accessible shelter for people with disabilities. Some children might have a disability before or due to the emergency and they should be able to move freely inside and outside their shelter to protect themselves from further harm, and should have easy access to toilets and sanitation. It is critical for site planners to be aware of the number of children and related requirements for the number of schools, child-friendly spaces, and so on. Site planners also need to be aware of children identified during registration who may have specific needs in terms of accessibility of shelter, help with construction, etc.

2. Programming:

Work with shelter specialists to ensure the short- and long-term shelter needs of the most vulnerable groups are tackled. This may include moving the wider community to provide women, child-headed households, the elderly and disabled with help in building their shelter units. It also involves tailoring shelter programmes to tackle the needs of specific groups (such as by allowing flexibility in the number of people needed to receive a tent), and making sure there are long-term solutions for all families. If polygamy is practised, it is important to make sure that the adult women in all households (except single-male-headed households) are registered as the people who should receive help, so that second wives and their children are not excluded. Enough bedding and blankets should be provided to allow girls and boys to sleep separately. Take steps to prevent separation of children and families by providing adequate shelter, and ensure there is enough privacy and dignity for women and children, for example for cooking and bathing. Make sure that settlements are safe by providing well-lit sites and WASH facilities.

It is critical to make sure that site shelter strategies do not increase dangers for children, including making sure there are safe routes for children to access schools, sufficient child-friendly spaces, an absence of holes in the ground, an absence of open water, and so on.

3. Multi-disciplinary:

Shelter cannot be planned as a stand-alone project: plans and action must be coordinated across sectors, including child protection.

4. Capacity building:

Generally shelter specialists have not covered child protection in their formal professional training. It is therefore critical that child protection organisations work with shelter specialists to find effective ways to ensure that child protection is included in any action related to provision of shelter.

REFERENCES

- Corsellis, T. and Vitale, A (2005). *Transitional Settlement: Displaced Populations*

- IASC (2005). *Guidelines for Gender-based Violence Interventions in Humanitarian Settings.* Chap. 4.7: Shelter and site planning and non-food items

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- Joseph, A., John, F., Kennedy, J., Esteban, L. (2008), IASC *Shelter Projects* 2008

- OCHA (2010). *Shelter after disaster: strategies for transitional settlement and reconstruction.* Geneva

- The Sphere Project (2011). *The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response: Minimum Standards in Shelter, Settlement and Non-Food Items,* p.239

- UNHCR and IOM (2010). *Collective Centre Guidelines*

- Convention on the Rights of the Child (1989)

STANDARD 25
CAMP MANAGEMENT AND CHILD PROTECTION

The main aim of managing camps is to create the space needed to deliver protection and help effectively. This affects child protection in several ways – for example, through the way the camp is physically planned, the way support is distributed, or the way decisions are made that affect children's lives. The camp management team has a responsibility to make sure that children are not exposed to threats in the camp, and that if specific children at risk are identified, their needs are assessed and action is taken to adapt or target help to them. As a result, camp management staff with responsibility towards children should have skills and commitment related to protecting children.

STANDARD

Child protection concerns are reflected in the assessment, design, monitoring and evaluation of camp management programmes.
The safety and wellbeing of girls and boys of all ages living in camps is safeguarded through camp management structures.

KEY ACTIONS

KEY ACTIONS FOR CHILD PROTECTION ACTORS

- Present assessment information on child protection to those working on camp management and ensure time is taken to discuss the implications of this information for camp management;
- agree which of the indicators suggested in this standard should be used to track progress;
- incorporate questions about camp management into discussions with caregivers, community members and children, and invite camp management workers to attend these discussions. Discuss the situation of children in different care arrangements (for example children in residential care, child heads of households, children on the street, children with disabilities);
- ensure that accommodation and other spaces for separated children, child-headed households and (other) children at risk and caregivers are secure;
- ensure there is a children's focal person in the camp management structure;
- ensure that community-based and state child protection actors are aware of and linked to camp management structures;
- include camp management personnel in training on child protection;

- promote the involvement of girls and boys in decision-making processes within the camp;
- promote the involvement of children with disabilities and their caregivers within the camp;
- work with camp registration and camp management to make sure that children are profiled, and children at risk are identified and followed up with coordinated support;
- support camp management in advocating for fair distribution of services and resources for children;
- set up safe and effective referral mechanisms to ensure appropriate responses for all children survivors of violence, exploitation, abuse and neglect;
- support camp management in setting up methods for dealing with complaints, especially in terms of sexual exploitation and abuse;
- make sure there are activities to raise awareness among camp management, as well as the community and parents, of child protection issues;
- identify which pre-existing forums (e.g. team or cluster meetings) are most useful for regular reviews of information on child protection and camp management;
- collect examples of success stories, including children's accounts, to demonstrate the positive effects of good quality camp management interventions on children's safety and wellbeing; and
- lobby for the link between camp management and child protection to be explored in evaluations and resource allocation processes such as the Post Disaster Needs Analysis or the Post Conflict Needs Analysis.

KEY ACTIONS FOR CAMP MANAGEMENT ACTORS

- Include the safety of the affected population as a sub-objective of each camp management intervention;
- ensure there is a balance of males and females and social groups in the camp management structures and mechanisms (for example, those who can represent children with disabilities or ethnic minorities), in order to ensure that voices of these children and parents are heard;
- appoint a children's focal person within the camp management structure;
- bring children's views into decision-making;
- involve community-based child protection mechanisms and state child protection actors in the camp or general area, and define roles and responsibilities in referral mechanisms;
- establish or support safe child protection monitoring in camps and enlist child protection workers to help create referral mechanisms as required for specific children and families;
- use population-registration exercises, as well as asking parents and the community to profile children in the camp and to identify children with specific vulnerabilities;
- campaign to provide services for children within the camp;

- coordinate site planning, distributions and other camp activities to make sure there are protective spaces for children;
- ensure that camp management workers and others working in the camp have signed up to and been trained in a code of conduct or other policy which covers child safeguarding; and
- invite child protection workers to trainings, retreats or workshops where you think their perspective and information may enhance the outcome.

MEASUREMENT

OUTCOME INDICATOR	OUTCOME TARGET	NOTES
1. Percentage of camps where child safety and wellbeing, including family unity, are reflected in design, monitoring and evaluation	100%	
2. Percentage of girls, boys and caregivers surveyed who rate the camp as safe	90%	
ACTION INDICATOR	**ACTION TARGET**	
3. Percentage of camp management structures that involve boys and girls in their decision-making processes	80%	
4. Percentage of camp management structures that involve children with disabilities or their parents in decision-making	60%	
5. Percentage of camp managers and child protection staff who can clearly explain their roles and responsibilities in responding to child protection issues	80%	
6. Percentage of basic service access point (such as water points, distribution points, health centres, community centres and toilets) which meet agreed criteria to be considered safe and safely accessible for girls and boys (including at night as required)	100%	

GUIDANCE NOTES

1. Assessment:

Before promoting the involvement of camp management in child protection, an analysis must be carried out to understand the links between camp management structures and political or military parties, and the risks they pose.

2. Focal points:

Children's focal people within camp management structures may liaise with camp management structures to identify and respond to risks within the camp,

represent children's issues, ideas and concerns in decision-making, campaign for child-focused services, ensure there is accessible and safe child-friendly site planning, and refer child-protection concerns arising in the camp.

3. Community-based:

Community-based child protection mechanisms can be an effective tool for raising awareness and putting child protection activities into practice. They are also useful for identifying, referring and monitoring children at risk in the camp (see Standard 16). Having an understanding of pre-existing mechanisms and structures to protect children will highly benefit the response to child protection concerns. The emergency presents an opportunity to strengthen existing, positive structures.

4. Equal access:

All children have the right to education facilities, health and psychosocial services, and recreation and religious activities appropriate to their needs. Confirm that girls and boys have equal access to camp services by carrying out regular spot-checks and observation, and by using information, disaggregated for gender and age, from the various services and assistance providers. Information about camp and security management should be provided equally to women, girls, boys and men.

5. Site planning:

The location, size and number of spaces for children to learn and play should be considered from the earliest stages of site planning. Setting space aside for child-friendly spaces, schools, playing fields, etc. in the original site plan helps avoid children's areas being placed on camp borders or long distances from children's homes, or excluded altogether for lack of available land. Ensure that there is a concrete plan for the welfare of children and families that considers, for example, how long children will stay in the camp, the livelihood opportunities available, and any transfer to permanent shelter. Use a standard measurement of space between tents and shelters.

6. Safety:

Camp management should monitor security concerns such as gender-based violence, abductions, attacks, child labour and ERW and landmine incidents. They can develop profiles of the different needs and specific protection risks faced by girls, women, boys and men, and ensure that these are included in security provisions. For example, this could include appropriate lighting in areas frequently used by women and girls, patrols of firewood collection routes, monitoring of school routes, and marking out of ERW-contaminated areas.

7. Complaints mechanisms:

Set up confidential complaints methods to receive and investigate allegations of sexual exploitation and abuse experienced by women, girls, boys and men in receiving goods or services in the camp.

REFERENCES

- NRC (2008). *Camp Management Toolkit*
- Corsellis, T. and Vitale, A. (2005). *Transitional Settlement: Displaced Populations*
- IASC (2005). *Guidelines for Gender-based Violence interventions in humanitarian settings,* Chap. 4.7: Shelter and site planning and non-food items
- IASC (2006). *Women, Girls, Boys and Men: Different needs – Equal Opportunities. IASC Gender Handbook in Humanitarian Action.* Chap: Gender and CCCM in emergencies
- The Sphere Project (2011). *The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response: Minimum Standards in Shelter, Settlement and Non-Food Items,* p.239

- Convention on the Rights of the Child (1989)

- www.nrc.no/camp

STANDARD 26
DISTRIBUTION AND CHILD PROTECTION

Distribution of immediate, life-saving assistance is one of the most urgent actions to be taken in an emergency response, and one that can significantly improve the safety and wellbeing of children. Furthermore, the way in which that food and other relief items are distributed has a significant effect on the threats experienced by women and children. As well as being timely and complete, any kind of distribution therefore needs to be extremely well planned and carried out to the highest professional standards.

STANDARD

Children access humanitarian assistance through efficient and well-planned distribution systems that safeguard girls and boys from violence, exploitation, abuse and neglect.

KEY ACTIONS

KEY ACTIONS FOR CHILD PROTECTION ACTORS

- Present assessment information on child protection to those working on distribution and ensure time is taken to discuss the implications of this information for distribution;
- agree which of the indicators suggested in this standard should be used to track progress;
- incorporate questions about distribution into discussions with caregivers, community members and children and invite distribution workers to attend these discussions. Discuss the situation of distribution in different care arrangements (for example children in residential care, child heads of households, children on the street, children with disabilities);
- support and supply distribution teams with the information needed to issue ration cards to unaccompanied and separated children and households where the oldest member is a child, so they can receive distributions of food and non-food items (NFIs) as necessary in a way that does not cause further separations. If needed, accompany children to and during the distribution;
- provide access to information on distributions for children and people with disabilities, using different media such as radio, print, etc.;
- suggest culturally appropriate NFI hygiene items for women and girls to distribution teams, along with specific items for children – for example, child-sized clothing and footwear, enough bedding and blankets to allow for girls and boys to sleep separately, and mosquito nets that can also be used as

privacy screens if necessary (depending on the cultural context, cloth diapers and toys may also be considered);

- work with distribution teams and agencies to ensure that the distribution design does not put children at risk – for example, ensure that the location of the distribution is safe and clear, that the distribution itself is safe and well organised, and that shade and water are available. Make sure the distribution team is well informed on who is to collect the items (for children living with at least one parent it is usually preferable for the mother to collect);
- together with distribution teams, support excluded children (e.g. street children, injured children, children with disabilities or child-headed households) in accessing distribution points;
- jointly design an accessible and confidential reporting mechanism for violations and abuses surrounding distributions, and make sure those who are benefiting are aware of their right to receive humanitarian aid for free;
- work with distribution teams to ensure that registration staff are briefed on child protection issues, any vulnerability criteria being considered, and how to deal with any vulnerable cases they may encounter;
- ensure distribution teams are trained on crowd control and how to interact with children;
- whenever possible, have child protection staff present at distributions to ensure minimum standards are met;
- identify which pre-existing forums (e.g. team or cluster meetings) are most useful for regular reviews of information on child protection and distribution;
- collect examples of success stories, including children's accounts, to demonstrate the positive effects of good quality distribution interventions on children's safety and wellbeing; and
- lobby for the link between distribution and child protection to be explored in evaluations and resource allocation processes such as the Post Disaster Needs Analysis or the Post Conflict Needs Analysis.

KEY ACTIONS FOR DISTRIBUTION ACTORS

- Include the safety of the affected population as a sub-objective of each distribution intervention;
- enlist the expertise of child protection workers in planning for, and carrying out, distributions;
- ensure women, girls and boys are involved in designing and developing distribution systems, and ensure women, adolescent girls and boys play a lead role in these systems;
- monitor the full distribution pipeline of food and NFIs, as well as the nutritional status of women, girls, boys and other at-risk groups, to ensure that food and NFIs reach those for whom they are intended;
- if polygamy is practised, register adult women in all households (except single-male-headed households) as main recipients of help, so second wives and their children are not excluded;
- ensure that child-headed households and unaccompanied and separated children are given ration cards in their own names, and that they receive

distributions of food and NFIs as necessary, in a way that does not cause further separation;

- ensure women and girls have supplies of sanitary products and hygiene products, and child-sized clothing for children, and provide children with shoes or protective footwear to reduce their vulnerability to infectious disease and injury;

- help children at risk, identified by child protection actors, to have access to distribution points (this may include, for example, street children, injured children, children with disabilities or child-headed households);

- ensure there is an accessible and confidential reporting mechanism for violations and abuses in distributions, and that the people who are to receive the aid know that it is free;

- set up separate waiting and entry lines at registrations, distributions, and fairs so that vulnerable individuals such as pregnant women, people with infants, unaccompanied children and the elderly, sick, and those with disabilities are helped first;

- ensure that those working in distribution have signed up to and been trained in a code of conduct or other policy which covers child safeguarding; and

- invite child protection workers to trainings, retreats or workshops where you think their perspective and information may enhance the outcome.

MEASUREMENT

OUTCOME INDICATOR	OUTCOME TARGET	NOTES
1. Percentage of surveyed beneficiaries of distributions who confirm that their safety and wellbeing and that of their children were not compromised by the distribution	100%	
2. Specific vulnerabilities faced by girls, boys and their caregivers in emergencies are taken into account when distributions are being planned	Yes	
ACTION INDICATOR	ACTION TARGET	
3. Percentage of surveyed unaccompanied children, street children and child-headed households that have effective access to food and NFIs	100%	
4. Existence of NFI items specific to boys and girls of different ages within the NFI distribution plans	Yes	
5. Percentage of surveyed child-headed households and unaccompanied and separated children registered for distribution	100%	
6. Percentage of surveyed distribution activities that took specific measures to deal with any possible risks to girls and boys of all ages, particularly those with special needs	90%	
7. Percentage of surveyed distribution staff who have signed and been trained on a basic child safeguarding policy	90%	
8. Number of cases referred to the CP case-management system through staff involved in distribution		

GUIDANCE NOTES

1. Children most at risk:
Children most at risk can include:

- Unaccompanied and separated children
- Child-headed households
- Single-headed households with large numbers of children
- Households with young children and elderly carers
- Children or carers collecting aid distributions who are disabled or injured.

Identification of children most at risk should be a coordinated effort between child protection and distribution organisations, and the household unit may not be applicable to all children – for example, it may not be applicable in cases where children are living alone, or where they are dispersed in groups, as is the case for some children living on the street.

2. Monitoring:
Formal or informal monitoring can be done through both distribution and child protection activities. Children going to activities or locations like the CFS could be useful sources of information on whether distributions are reaching the most vulnerable groups.

3. Distribution:
Distribution points should be accessible and safe for all children, including those with physical disabilities. Items or containers should be provided that are of a size and shape that children can carry safely. The timing of distributions should take into account household dynamics, gender roles, and the daily activities of children – including domestic duties (such as caring for siblings or elderly and sick relatives) and school attendance. Provision should be made for delivery to children or households that cannot access distribution sites without endangering children (for example, if caregivers are forced to leave young children unattended in order to access distribution sites).

4. Registration points: Work with child protection team colleagues (where appropriate) to make sure a 'child-friendly' desk is set up at the point of registration or where children leave the distribution site. Make sure that at least one staff member is present to act as a social worker. Staff should be trained and can register any unaccompanied and separated children who may be identified at the distribution. They can also raise awareness of people's rights in relation to the distribution, and act as a reporting mechanism for more serious complaints of abuse or exploitation.

5. Separated children:

If a child is found alone at a distribution site or elsewhere and is thought to be separated from their family, do not immediately remove the child. Ask people around the child if they know anything about the child, and if the child is truly thought to be separated or unaccompanied, as the parents may return shortly. For babies and younger children who do not know their names and places of origin, or children with disabilities, adults and older children around them should be asked whether they know the child or their family and where the group came from, before moving the child from the area (unless it is unsafe to keep a child there). As these particular children will not generally know their names or details of where they are from, often the only chance of obtaining accurate relevant information is from people around the child at point of separation (see Standard 13).

6. Targeted assistance:

Avoid targeted help based on blanket categories of children (such as 'separated children' or 'children formerly with armed forces or armed groups'). Rather, work with the child protection working group to outline criteria for helping children based on vulnerability to abuse, exploitation and violence. Where possible and appropriate, it is advisable to distribute as widely as possible to affected populations, and to ensure that thorough distribution processes reach the most vulnerable groups in need of help.

7. Complaints mechanisms:

Confidential complaints methods should be set up to receive and investigate allegations of sexual exploitation and abuse experienced by women, girls, boys and men in receiving goods or seeking registration. The number and type of complaints should be reviewed regularly by senior staff (this can be a standing agenda item in project management meetings), as should the rate of response and satisfactory resolution. Complaints should trigger immediate responses and investigations, as delays may lead to further abuse, including repeated abuse or intimidation of survivors.

REFERENCES

- IASC (2006). *Women, Girls, Boys and Men: Different needs – Equal Opportunities. IASC Gender Handbook in Humanitarian Action.* Chaps: Gender and Food Distribution in emergencies and Gender and Non-Food Items in emergencies
- The Sphere Project (2011). T*he Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response: Minimum Standards in food security and nutrition,* p.139

- Convention on the Rights of the Child (1989)

ANNEXES AND GLOSSARY

ANNEXES
RELEVANT LEGAL INSTRUMENTS

CHILD-SPECIFIC HUMAN RIGHTS INSTRUMENTS

Global
- ILO Convention No. 138 on the minimum age for admission to employment and work (1973)
- Convention on the Rights of the Child (1989)
- ILO Convention No. 182, Worst Forms of Child Labour Convention (1999)
- Optional protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict (2000)
- Optional protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography (2000)
- Optional protocol to the Convention on the Rights of the Child on a Communication procedure (2011)

Regional
- European Convention on the Exercise of Children's Rights (1996)
- Council of Europe Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse (2007)
- African Charter on the Rights and Welfare of the Child (1999)

GENERAL HUMAN RIGHTS INSTRUMENTS

Global
- Convention on the Prevention and Punishment of the Crime of Genocide (1951)
- International Covenant on Civil and Political Rights (1966)
- International Covenant on Economic, Social and Cultural Rights (1966)
- Convention on the Elimination of All Forms of Discrimination against Women (1979)
- Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (1987)
- International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families (1990)
- Rome Statute of the International Criminal Court (1998)
- Convention on the Rights of Persons with Disabilities (2006)
- International Convention for the Protection of All Persons from Enforced Disappearance (2006)

- Palermo protocol to prevent, suppress and punish trafficking in persons, especially women and children, supplementing the Convention on Transnational Organized Crime (2000)

Regional
- European Convention for the Protection of Human Rights and Fundamental Freedoms (1953)
- American Convention on Human Rights (1969)
- African Charter on Human and Peoples Rights (1981)
- Protocol No. 7 to the European Convention for the Protection of Human Rights and Fundamental Freedoms (1984)
- Additional Protocol to the American Convention on Human Rights in the Area of Economic, Social and Cultural Rights, 'Protocol of San Salvador,' (1988)
- African Charter on the Rights and Welfare of the Child (1999)
- Arab Charter on Human Rights (2004)

INTERNATIONAL HUMANITARIAN LAW

- First Geneva Convention for the Amelioration of the Condition of the Wounded and Sick in Armed Forces in the Field, 1864
- Second Geneva Convention for the Amelioration of the Condition of Wounded, Sick and Shipwrecked Members of Armed Forces at Sea, 1906
- Third Geneva Convention relative to the Treatment of Prisoners of War, 1929
- Fourth Geneva Convention relative to the Protection of Civilian Persons in Time of War, 1949
- Protocol I (1977) relating to the Protection of Victims of International Armed Conflicts
- Protocol II (1977) relating to the Protection of Victims of Non-International Armed Conflicts

INTERNATIONAL REFUGEE LAW

- Convention Relating to the Status of Refugees (1951)
- Protocol relating to the Status of Refugees (1967)
- Convention relating to the Status of Stateless Persons (1954)
- Convention on the Reduction of Statelessness (1961)

SOFT LAW

- Universal Declaration of Human Rights (1948) (Articles 2, 26)
- American Declaration of the Rights and Duties of Man (1948)

- Guiding Principles on Internal Displacement (1998) (Paragraph 23)
- Paris Principles and Guidelines on Children Associated with Armed Forces and Armed Groups (2007) (the "Paris Principles")
- Paris Commitments to Protect Children from Unlawful Recruitment or Use by Armed Forces or Armed Groups (2007) (the 'Paris Commitments')
- European Social Charter (1961)
- African Charter on Human and People's Rights (1981)
- African Charter on the Rights and Welfare of the Child (1999)
- United Nations Rules for the Protection of Juveniles Deprived of their Liberty
- United Nations Standard Minimum Rules for the Administration of Juvenile Justice ('The Beijing Rules')
- ECOSOC Guidelines for Action on Children in the Criminal Justice System
- United Nations Guidelines for the Prevention of Juvenile Delinquency ('The Riyadh Guidelines')
- Bangkok Principles on Status and Treatment of Refugees (adopted at the Asian-African Legal Consultative Committee in 1966)
- OAU Convention Governing the Specific Aspects of Refugee Problems in Africa (1969)
- European Union's Council Directive on minimum standards for the qualification and status of third country nationals and stateless persons as refugees or as persons who otherwise need international protection and content of the protection granted (2004)

GLOSSARY

A

Access
The word is used firstly in relation to the proportion of the population that can use a service or facility. Unrestricted access means that there are no practical, financial, physical, security-related, structural, institutional or cultural barriers to accessing services or facilities. "Access" can refer to the general population (universal access), or to equitable access of people with specific needs. It may also be used to refer to the ability of aid agencies to gain secure access to populations in need.

Actors
Governments and local authorities, communities, and the military or private sector bodies, that are involved in, or influence, humanitarian responses.

Accountability
There is no one sector-wide definition of accountability. The Sphere Project understands accountability as the responsible use by humanitarian agencies of the resources at their disposal. To achieve this, agencies need to:

- Explain how their programmes conform with best practice and commonly agreed commitments (for example, evidence-based standards accepted across the sector) by sharing results and reasons for action and non-action in a particular context in a transparent way
- Involve stakeholders in their work. With regard to affected populations, this means taking into account their needs, concerns and capacities at all stages of humanitarian response, respecting their right to be heard and to be involved in decisions affecting their lives, and providing them with the means to challenge agencies' decisions (see also 'Quality').

Age
Children are people under 18 years of age. This category includes infants (up to 1 year old) and most adolescents (10–19 years).

Adolescents are normally referred to as people between the ages of 10 and 19.

Alternative care
Alternative care may take the form of informal or formal care. Alternative care may be kinship care; foster care; other forms of family-based or family-like care placements; residential care; or supervised independent living arrangements for children.

Armed Conflict
See "Conflict".

Assessment

Assessment is the process of establishing:

I. The impact of a disaster or conflict on a society
II. The priority needs and risks faced by those affected by disaster
III. The available capacity to respond, including coping mechanisms of the affected population
IV. The most appropriate forms of response given the needs, risks and capacities
V. The possibilities for facilitating and expediting recovery and development.

An appropriate response depends on an understanding of the political, social and economic context within which aid is to be provided. It also depends on adequate evidence of needs and risk factors, including information derived from consultation with those affected by disaster (see also Core Standard 3: Assessment).

Initial assessment is a preliminary enquiry following a sudden disaster or report of a new crisis. Its purpose is to determine whether there is, or could be, a problem that merits an immediate life-saving response and/or an assessment of the situation, and to provide preliminary indications of the type and scale of external assistance, if any, that might be needed. It relies primarily on secondary data, i.e. existing reports and contacts with observers in the area, possibly together with a few rapid field visits.

Rapid assessment is conducted through a visit to a number of sites to collect primary (new) data through key informant and group interviews and, sometimes, through questionnaires to a limited number of households. Its purpose is to gain a sufficient understanding of the situation to decide on the type, scale and timing of response needed, if any. A rapid assessment would normally produce a report within a week when the area is small and/or the population homogeneous, and up to 6 weeks when the area or population affected is large or heterogeneous.

In-depth assessment is undertaken using either (i) a combination of rapid appraisal methods and a household survey based on probability sampling; or (ii) rapid appraisal methods including multiple in-depth interviews with small groups of people representing distinct subgroups within the affected population. The aim in both cases is to generate a relevant household profile for each distinct subgroup within the population; a detailed understanding of the current situation; and the prospects for recovery for each subgroup. In-depth assessments require a substantial investment in time and resources, often adopt representative cross-sectional random sampling, and have the objective of providing a better understanding of the situation in all sectors

C

Capacity-building
Capacity-building is the strengthening of knowledge, ability, skills and resources to help individuals, communities or organizations achieve agreed goals. In the context of this Handbook, capacity-building refers in particular to disaster-affected populations. "Capacity" is the combination of all those attributes available to achieve agreed goals.

Child-friendly spaces (CFS)
These are safe spaces and schools where communities create nurturing environments for children to access free and structured play, recreation, leisure and learning activities. Child-friendly spaces may provide health, nutrition and psychosocial support and other activities that restore a sense of normality and continuity. They are designed and operated in a participatory manner, and may serve a specific age group of children or a variety of age ranges. Child-friendly spaces and schools are important throughout crises, from emergencies to recovery.

Child labour
Child labour is work undertaken by children under the legal minimum working ages. National legislation normally lays down various minimum ages for different types of work. For example, the age for normal full-time work should not be lower than the age at which compulsory schooling ends. Other categories of work include light work, hazardous work, and other worst forms of child labour. The term 'child labour' is often described as work that deprives children of their childhood, their potential and their dignity. It refers to work that is mentally, physically, socially or morally dangerous and harmful to children, and which interferes with their schooling by depriving them of the opportunity to attend school, obliging them to leave school prematurely, or requiring them to attempt to combine school attendance with excessively long and heavy work.

Cognitive
Cognitive process are mental processes such as thought, imagination, perception, memory, decision-making, reasoning and problem-solving.

Complex emergency
A complex emergency is a humanitarian crisis in a country or region in which authority has totally or substantially broken down due to multiple causes, and where people's lives, wellbeing and dignity are affected. The crisis may have been caused by human activity (e.g. conflict or civil unrest) and/or by natural factors (e.g. drought, flood, hurricanes).

Conflict
Conflict refers to violent fighting between two or more parties that threatens the safety and security of communities or of the general population. This includes situations of repression through coercion or fear backed by the threat of violence, as well as acts of violence up to and including the level of armed

conflict. According to international humanitarian law, the term "armed conflict" is used to refer to situations where hostilities reach a threshold synonymous with war. Although rarely questioned when applied to conflicts between states, the term often comes under debate when used in relation to internal conflict. In essence, it involves armed parties at a higher and more sustained level of violence than "situations of internal disturbances and tensions, such as riots, isolated and sporadic acts of violence or other acts of a similar nature" (Article 8.2(d), Rome Statute of the International Criminal Court). The International Committee of the Red Cross (ICRC) has a relevant special mandate in International Humanitarian Law and provides technical guidance on this question.

Coping
Coping is the process of adapting to a new life situation, managing difficult circumstances, making an effort to solve problems, and/or trying to minimise, reduce or put up with stress or conflict.

Crisis
See "Disaster".

D

Desk review
A review of documentation.

Dignity
Dignity entails more than physical wellbeing. It implies the capacity to make one's own deliberate choices, and consequently to be acknowledged as a free subject. It reflects the integrity of the person, and is seen as the source from which all human rights derive. The foundation of life with dignity is the assurance of access to basic services, security and respect for human rights. Equally, the way in which humanitarian response is implemented strongly affects the dignity and wellbeing of disaster-affected populations.

Disability
The International Classification of Functioning Disability and Health (ICF) defines disability as an umbrella term for impairments, activity limitations and participation restrictions. Hence ICF encompasses both medical and social models of disability. As an example, disability could include impairment of seeing and walking, using the toilet, getting dressed and/or accessing schools or social services (universal rights for all girls and boys).

Disaggregated data
These are statistics separated according to particular criteria, most commonly sex and age. Sex-disaggregated data means separate population statistics for males and females. Age-disaggregated data separates population statistics by age groups.

Disaster

A disaster is a serious disruption of the functioning of a community or a society involving widespread human, material, economic or environmental losses and impacts that exceeds the ability of the affected community or society to cope using its own resources and therefore requires urgent action. We use the word "disaster" to refer to natural disasters as well as to conflict, slow- and rapid-onset situations, rural and urban environments and complex political emergencies in all countries. The term thus covers natural and man-made disasters and conflicts and encompasses related terms such as "crisis" and "emergency".

Disaster preparedness

Disaster-preparedness refers to activities and measures taken in advance of a disaster to ensure an effective response to the impact of hazards, including issuing timely and effective early warnings and the temporary evacuation of people and property from threatened locations. It is often called simply "preparedness" and can also apply to the state of readiness to respond as demonstrated by organizations, NGOs or government departments.

Disaster risk reduction

This refers to the concept and practice of reducing the risk of disaster through systematic efforts to analyze and manage causal factors. It includes reducing exposure to hazards, lessening the vulnerability of people and property, wise management of land and the environment, and improving preparedness for adverse events.

Duty bearers

A duty-bearer is responsible for making sure that, if someone has rights, they are being met.

E

Early recovery

Early recovery is a multi-faceted process of recovery that begins in a humanitarian response setting. It is guided by development principles that seek to build on humanitarian programmes and encourages sustainable development opportunities. It aims to generate self-sustaining, nationally owned, resilient processes for post-crisis recovery. It encompasses the restoration of basic services, livelihoods, shelter, governance, security and rule of law, environment and social dimensions, including the reintegration of displaced populations.

Early childhood development (ECD)

Early Childhood development (ECD) is the processes through which young children, aged 0–8 years, develop their optimal physical health, mental alertness, emotional confidence, social competence and readiness to learn. These processes are supported by social and financial policies and

comprehensive programming that integrate health, nutrition, water, sanitation, hygiene, education and child protection services. All children and families benefit from high-quality programmes, but disadvantaged groups benefit the most.

Emergency
See 'Disaster'.

Explosive remnants of war (ERW)
ERWs are explosive munitions that remain active and which are present during or left behind following conflict, including artillery shells, grenades, mortars, rockets, air-dropped bombs, cluster munitions and ammunition. Under the international legal definition, ERWs consist of unexploded ordnance (UXO) – explosive munitions which have been used but failed to detonate – and abandoned explosive ordnance (AXO) – weapons that were not used but which were abandoned and left behind following a conflict. While landmines (see definition below) are not included in the international legal definition of ERW, the use of "ERW" in this document includes landmines.
....•

G

Gender
"Gender" refers to the roles, responsibilities and identities of women and men, and how these are valued in society. These vary in different cultures and change over time. Gender identities define how society expects women and men to think and act. Gender roles, responsibilities and identities can be changed because they are socially learned (see also 'Sex').
....•

H

Hazard
A hazard is a potentially damaging physical event, natural phenomenon or human activity that may cause loss of life, injury or other health impacts, property damage, loss of livelihoods and services, social and economic disruption or environmental damage.

Hazardous work
Hazardous work is work which, by its nature or by the circumstances in which it is carried out, is likely to harm the health, safety and morals of children, and which must be prohibited for children under the age of 18 years (even when this is above the general minimum working age). The minimum age is defined under ILO Convention No.138, and the four worst forms of child labour are defined by ILO Convention No. 182. The Conventions do not define what exactly this category includes: this is left to individual countries to determine

in the form of what is commonly called the "hazardous child labour list". Nevertheless, the ILO's Worst Forms of Child Labour Recommendation, 1999 (No. 190), the non-binding guidelines that accompany Convention No. 182, give some indication as to what work should be prohibited. It urges member States to give consideration to:

- Work that exposes children to physical, emotional or sexual abuse
- Work underground, under water, at dangerous heights or in confined spaces
- Work with dangerous machinery, equipment and tools, or which involves the manual handling or transport of heavy loads
- Work in an unhealthy environment, which may, for example, expose children to hazardous substances, agents or processes; or to temperatures, noise levels, or vibrations damaging to their health
- Work under particularly difficult conditions, such as work for long hours or during the night, or work that does not allow for the possibility of returning home each day.

Human rights

Human rights are rights that every human being is entitled to enjoy simply by virtue of being human. They identify the minimum conditions for living with dignity that apply to all of us. They are universal and inalienable: they cannot be taken away.

In an emergency context, certain human rights may be temporarily suspended, but only in exceptional circumstances and under strict conditions.

Rights such as those concerning life, health and physical security are likely to be a priority for action in emergencies, governed by the principle of non-discrimination. Human rights are codified in the Universal Declaration of Human Rights (1948), and in various international legal conventions concerning human rights.

··· •

I

Internally displaced persons

Internally displaced persons are persons or groups of persons who have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular as a result of or in order to avoid the effects of armed conflict, situations of generalized violence, violations of human rights or natural or human-made disasters, and who have not crossed an internationally recognized state border.

International human rights law

International human rights law is contained in the body of international treaties and established legal rules that govern states' obligations to respect, protect and fulfil human rights (see the UN Charter of 1945 and the various human rights conventions listed under Key Documents related to the Humanitarian Charter).

International refugee law

International refugee law is a set of rules and procedures that aims to protect, firstly, persons seeking asylum from persecution and, secondly, those recognized as refugees under the relevant instruments.

International humanitarian law (IHL)

Besides the provisions of human rights law, situations of armed conflict are also governed by international humanitarian law (IHL). The specific provisions that apply depend on whether the conflict is international or non-international (i.e. civil) in character. The various instruments of IHL, including the 1949 Geneva Conventions and the 1977 Additional Protocols, regulate the conduct of hostilities and place duties on both state and non-state armed actors.

L

Landmines

In this document, landmines refer to anti-personnel or anti-vehicle explosive devices, which are placed on or under the ground, and which are designed to be exploded by the presence, proximity or contact of a person or a vehicle, and which will incapacitate, injure or kill one or more persons. For the purposes of these minimum standards, references to 'ERW' are inclusive of landmines.

Learners

People, including children, youth and adults, who participate in education programmes. This includes students in formal schools, trainees in technical and vocational education and training programmes, and participants in non-formal education such as literacy and numeracy classes, life skills courses in the community and peer-to-peer learning.

Life skills

Skills and abilities for positive behaviour that enable individuals to adapt to and deal effectively with the demands and challenges of everyday life. Life skills help people think, feel, act and interact as individuals and as participating members of society. Life skills can be general (for example, analysing and using information, and communicating and interacting effectively with others), or they may concern specific topics such as risk reduction, environmental protection, health promotion, HIV prevention, prevention of violence and peace-building. The need for life skills often increases in situations of crisis, requiring increased emphasis on building life skills that are relevant and which apply to the emergency and local contexts.

Livelihood

This refers to the capabilities, assets, opportunities and activities required in order to be able to make a living. Assets include financial, natural, physical, social and human resources – for example, stores, land and access to markets or transport systems (see also the introduction to the Food security and

nutrition chapter for a chapter-specific definition of Livelihood). A household's livelihood is sustainable or secure when it can cope with and recover from shocks, and maintain or enhance its capabilities and productive assets.

M

Mitigation
This refers to the lessening or limitation of the adverse impacts of disasters. It includes physical infrastructural measures as well as improvements to the environment, strengthening livelihoods or increasing public knowledge and awareness.

N

Non-discrimination
This refers to the principle that unfair distinctions should not be made between people or communities on any grounds of status, including age, gender, race, colour, ethnicity, national or social origin, sexual orientation, HIV status, language, religion, disability, health status, political or other opinion, or other status. It does not mean that everyone should be treated in the same way, but is about equality of access and outcomes, allowing different types of assistance and support based on actual needs and capacities.

P

Participation
Participation refers to the processes and activities that allow intended beneficiaries to be involved in the design, implementation and evaluation of projects. Real participation includes all groups, including the most vulnerable and marginalized. It enables people and communities to take part in decision-making processes and to take action on certain issues that are of concern to them. It is a way of identifying and mobilizing community resources and building consensus and support. Participation is voluntary.

Preparedness
See "Disaster preparedness".

Prevention
This refers to actions taken to avoid the adverse impacts of hazards and related disasters upon people, property, livelihoods and the environment (see also 'Preparedness' and "Disaster risk reduction").

Protection

This term refers to all activities aimed at obtaining full respect for the rights of the individual in accordance with the letter and spirit of the relevant bodies of law, namely human rights law, international humanitarian law and refugee law (IASC, 1999). Protection therefore aims to ensure full and equal respect for the rights of all individuals, regardless of age, gender or ethnic, social, religious or other background. It goes beyond the immediate life-saving activities that are often the focus during an emergency.

Psychosocial support

This term refers to processes and actions that promote the holistic wellbeing of people in their social world. It includes support provided by family, friends and the wider community. Examples of family and community support during crises include efforts to reunite separated children and to organize education in an emergency setting.

Q

Quality

Quality is about doing work well. In the humanitarian sector, this means effectiveness (impact), efficiency (timeliness and cost of a response or service) and appropriateness (taking account of needs and context). It requires assessments and feedback from stakeholders on what an agency is doing well, and how it can learn how to do better. It means measuring outcomes against recognized mechanisms and/or standards (see also "Accountability").

Qualitative and quantitative data

Qualitative data is data collected through case studies, interviews, etc. It provides description, experience and meaning. Quantitative data focuses on numbers and statistics and does not provide in-depth description.

R

Resilience

This refers to the ability of individuals, communities or countries to anticipate, withstand and recover from adversity – be it a natural disaster or crisis. Resilience depends on the diversity of livelihoods, coping mechanisms and life skills such as problem-solving, the ability to seek support, motivation, optimism, faith, perseverance and resourcefulness.

Risk

'Risk' refers to the likelihood that a hazard will happen, its magnitude and its consequences. It relates to the probability of external and internal threats (such as natural hazards, HIV prevalence, gender-based violence, armed attacks etc.) occurring in combination with the existence of individual vulnerabilities (such as poverty, physical or mental disability or membership of a marginalized

group). Risk is mitigated by protection against physical hazards, reduction of structural and non-structural risks, resources and skills for response-preparedness, and resilience and coping skills (see also 'Risk assessment').

Risk assessment
This is a methodology to determine the nature and extent of risk by taking into account potential hazards and existing conditions of vulnerability that together could harm people, property, services, livelihoods and the environment on which they depend. Risk assessment should also take account of community capacity to resist or recover from the hazard impact (see also 'Risk').

···

S

Safety
This is the state of being safe, and refers to people's physical and personal wellbeing and integrity as well as to their freedom from physical, environmental, social, spiritual, political, emotional or psychological harm.

Security
Security refers to a general environment of law and order, and freedom from physical threats.

Sex
This word refers to the biological attributes of women and men. It is natural, determined by birth and, therefore, generally unchanging and universal (see also "Gender").

Stakeholder
A person, group or institution with interests in a project or programme.

Survivors of ERW/landmines
Victims/survivors of ERW and landmines refers to individuals or groups of people who have suffered non-fatal injuries as a result of ERW/landmines, including physical, emotional and psychological injury, economic loss, or substantial impairment of their fundamental rights. This is a broader definition meant to encompass individuals and groups who have been directly and indirectly affected, including families of survivors (e.g. where the household's primary breadwinner has been killed/injured) and communities (e.g. where communities have lost access to arable land).

Sustainable
If something is sustainable, it is likely to be economically viable, environmentally sound and socially just over the long term.

···

V

Vulnerability

This term refers to physical, social, economic and environmental factors or processes that increase the susceptibility of a community or individuals to difficulties and hazards and put them at risk as a result of loss, damage, insecurity, suffering and death. Some people may be disproportionately affected by disruption of their physical environment and social support mechanisms in disaster or conflict because of discrimination or neglect in their society. Vulnerability is specific to each person and each situation. However, some groups commonly liable to increased vulnerability include unaccompanied children, persons with disabilities, older people, single-headed households, children formerly associated with armed forces and armed groups, and people suffering from ill health (including HIV and AIDS).

W

Wellbeing

The condition of holistic health and the process of achieving this condition, wellbeing refers to physical, emotional, social and cognitive health. Wellbeing includes what is good for a person:

- Participating in a meaningful social role
- Feeling happy and hopeful
- Living according to good values (as locally defined)
- Having positive social relations and a supportive environment
- Coping with challenges through the use of positive life skills
- Having security, protection and access to quality services (see also 'cognitive').

Worst forms of child labour

"Worst forms of child labour" is a term defined in ILO Convention No. 182. It must be prohibited for all people under the age of 18 years and includes the following:

- All forms of slavery or practices similar to slavery, such as the sale and trafficking of children, debt bondage, serfdom and forced or compulsory labour, including forced or compulsory recruitment of children for use in armed conflict
- Using, procuring, or offering a child for prostitution, the production of porno-graphy, or for pornographic performance
- Using, procuring, or offering a child for illicit activities—in particular, for the production and trafficking of drugs as defined in the relevant international treaties
- Work which, by its nature or because of the circumstances in which it is car-ried out, is likely to harm the health, safety, or morals of the child (commonly referred to as "hazardous work").

ACRONYMS AND ABBREVIATIONS

AoR	Area of responsibility
AXO	Abandoned explosive ordinance
BID	Best interest determination
CAAC	Security Council on Children and Armed conflict
CAAFAG	Children associated with armed forces or armed groups
CBCPM	Community-based child protection mechanism
CBO	Community-based organisation
CCM	Convention on Cluster Munitions
CFS	Child-friendly space
CLMS	Child labour monitoring systems
CLWS	Children living and working on the streets
CP	Child protection
CPiE	Child protection in emergencies
CPIMS	Child protection information management system
CPRA	Child protection rapid assessment
CPWG	Child Protection Working Group
CRC	Convention on the Rights of the Child
CRPD	Convention on the Rights of People with Disabilities
CwD	Children with disabilities
DDR	Disarmament, demobilization and reintegration
DRR	Disaster risk reduction
ECD	Early childhood development
ECOSOC	United Nation's Economic and Social Council
ERW	Explosive remnants of war
FTR	Family tracing and reunification
GBV	Gender-based violence
GBVIMS	Gender-based violence information management system
IA CP IMS	Inter-agency child protection management system
IASC	Inter-agency standing committee
IAWG	Inter-agency working party
IAWG-UASC	Inter-agency Working Group on Unaccompanied and Separated Children
ICCPR	International Covenant on Civil and Political Rights
ICRC	International Committee of the Red Cross
IDP	Internally displaced person
IDTR	Identification, documentation, tracing and reunification
IMTF	Information management coordination taskforce
INEE	Inter-agency Network for Education in Emergencies
INGO	International non-governmental organisation
IOM	International Organization for Migration
IRC	International Rescue Committee
MARA	Monitoring, analysis and reporting arrangements

MBT	Mine Ban Treaty
mhGAP	WHO mental health Gap Action Program
MHPSS	Mental health and psychosocial support
MoU	Memorandum of understanding
MRM	Monitoring and reporting mechanism
NFIs	Non-food items
NGO	Non-governmental organisation
NRCS	ICRC and National Red Cross and Red Crescent Societies
OCHA	Office for the Co-ordination of Humanitarian Affairs (UN)
OHCHR	Office of the High Commissioner for Human Rights
PFA	Psychological first aid
PSS	Psychosocial support
SeeP	Small Enterprise Education and Promotion Network
SOPs	Standard operating procedures
SRSG	Special Representative of the Secretary General
ToRs	Terms of reference
UASC	Unaccompanied and separated children
UDHR	Universal Declaration of Human Rights
UN	United Nations
UNAIDS	Joint United Nations programme on HIV/AIDS
UNFPA	United Nations Population Fund
UNCHR	United Nations Commission of Human Rights
UNICEF	United Nations Children's Fund
UNICEF CCC	United Nations Core Commitments for Children
UXO	Unexploded ordinance
WASH	Water, sanitation and hygiene
WCFL	The worst forms of child labour
WWNK	What We Need to Know
WWWW or 4W	Who does What, Where, When

INDEX

in shelter design 200
  see also child participation; consultation
pay, child protection workers 40, 45
peer support networks 190
performance monitoring 40, 42
PFA 97, 100
phased assessments 59
physical dangers 81, 146
physical violence and harm
  protection from 29, 85–90
  see also abuse
planning, for post-emergency 30
play, in child-friendly spaces 152
polygamy, registration of wives for aid 201, 209
preparedness *see* disaster preparedness
Principles 26–32
prioritisation, case management 140
programme cycle management, standards 117–27
programme design
  to meet needs 57
  to strengthen resilience 31–2
programme evaluations 60, 171
property, support for regaining 29
protection from harm **230**
  media publicity 51–2
  and medical reports 184
  minimising risk from programmes 92, 146, 156, 167
  Principles 26–32
  see also legislation; rights; safety measures
Protection Principles 26–32
protective environments (education) 177
psychological first aid (PFA) 97, 100
psychological harm, protection from 29
psychosocial support 92, 104, 187, 188, 189, **230**
  standards 97–102
publicity
  on armed group recruitment of children 104
  on avoiding family separation 119, 122
  on child labour 112
  child protection message strategy 53
  on coordination 38, 40
  disclaimers 54
  on distribution of aid 208
  from community-based mechanisms 144
  on hygiene practices 193, 194, 195–6
  need for positive effect 50
  on nutrition 187
  on risk reduction 79, 80, 146

for identification of vulnerable children 92, 104
on life saving procedures 80
for monitoring activities 70, 72
for nutrition staff 189
other sector workers 51
for psychological first aid (PFA) 97
for psychosocial support 98
for sexual violence issues 94
for shelter staff 199
on standards 23
teachers, for child protection 175, 177
for violence prevention 85, 86
transgender persons, consideration for 47
transition plans
child-friendly spaces 150
post-emergency 30
staff 45

UDHR 131
unaccompanied children
definition 117
standards 117–27
see also separated children
under-nutrition 186
under-reporting 70
UNICEF, role 16, 41
Universal Declaration of Human Rights (UDHR) 131

value systems, staff 15
verification, families of separated children 124
victims of disasters *see* participation (survivors)
village development committees 145
violence
in families 85
identification 181
protection standards 29, 85-96
targeting of schools 178
see also abuse
vitamin A supplementation 191
vulnerability **232**
vulnerable children
agreeing definitions 31, 136, 139
and exclusion 155
identifying in camps 204
injuries and damage 79, 82, 83, 181, 184
vulnerable persons, safe access to aid 210, 212

water
   collection 194, 196
   standards for provision 193–7
water, sanitation and hygiene (WASH), facilities 150, 193–7
   of staff 48
   see also dignity; psychosocial support; success stories
Who Does What, Where, When (WWWW) 38, 39
WHO mental health GAP Action Programme 100
women
   access to economic recovery programmes 170
   aid needs 208, 210
   assessment 60
   as health care staff 183
   mother support groups 190
   registration of polygamous wives 201, 209
   WASH facilities 194, 196, 201
   see also girls; mothers
worst forms of child labour (WFCL) 111–4, 115, **232**
WWWW tool 38, 39

young children
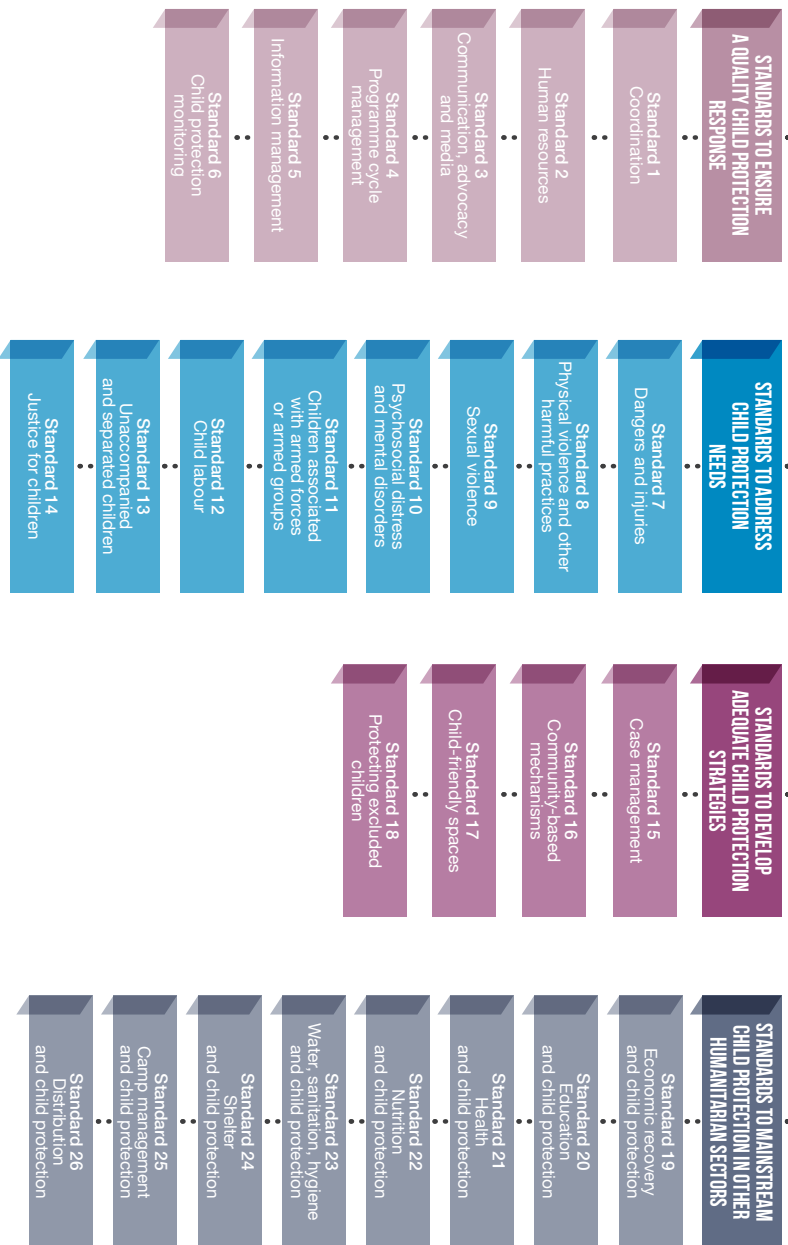   child-friendly space requirements 152
   health strategies 182, 196
   nutrition 187, 188, 190
   psychosocial activities 188
   risk from danger 82

MINIMUM STANDARDS FOR **CHILD PROTECTION**
IN HUMANITARIAN ACTION

The Sphere Project

The CPMS are recognised as a companion standard to The Sphere Project's Humanitarian Charter and Minimum Standards in Humanitarian Response

STANDARDS TO ENSURE A QUALITY CHILD PROTECTION RESPONSE

Standard 1
Coordination

Standard 2
Human resources

Standard 3
Communication, advocacy and media

Standard 4
Programme cycle management

Standard 5
Information management

Standard 6
Child protection monitoring

STANDARDS TO ADDRESS CHILD PROTECTION NEEDS

Standard 7
Dangers and injuries

Standard 8
Physical violence and other harmful practices

Standard 9
Sexual violence

Standard 10
Psychosocial distress and mental disorders

Standard 11
Children associated with armed forces or armed groups

Standard 12
Child labour

Standard 13
Unaccompanied and separated children

Standard 14
Justice for children

STANDARDS TO DEVELOP ADEQUATE CHILD PROTECTION STRATEGIES

Standard 15
Case management

Standard 16
Community-based mechanisms

Standard 17
Child-friendly spaces

Standard 18
Protecting excluded children

STANDARDS TO MAINSTREAM CHILD PROTECTION IN OTHER HUMANITARIAN SECTORS

Standard 19
Economic recovery and child protection

Standard 20
Education and child protection

Standard 21
Health and child protection

Standard 22
Nutrition and child protection

Standard 23
Water, sanitation, hygiene and child protection

Standard 24
Shelter and child protection

Standard 25
Camp management and child protection

Standard 26
Distribution and child protection