



Child Protection Initial Assessment

Child Protection Area of Responsibility &



The Alliance for Child Protection in Humanitarian Action

Child Protection in emergencies Initial Assessment (CPIA)

With instruction on the Humanitarian Needs Overview (HNO) process

Note 1: this toolkit is endorsed by the Child Protection Area of Responsibility (the AoR) and the Alliance for Child Protection in Humanitarian Action (the Alliance) for use in:

- ***Early stages of a newly declared emergency***, where the Multi-Cluster/Sector Initial Rapid Assessment (MIRA) is ***NOT*** a viable option for CP actors.¹
- ***In protracted or chronic emergencies*** where an HNO and prioritization (severity map) process is being conducted, but resources, access or time limitations do not allow for roll out of a full CPRA.²

Note 2: this assessment is not a replacement for the Child Protection Rapid Assessment (CPRA). The data resulting from these methods is likely not as valid and reliable as the results of a CPRA.

¹ <https://www.humanitarianresponse.info/programme-cycle/space/document/mira-manual>

² http://cpwg.net/wp-content/uploads/sites/2/2013/11/Prioritisation_Tool_Technical_Note.pdf



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1. Background:

In 2013, after a multi-year process of development and field-testing, the global child protection working group (CPWG) finalized the Child Protection Rapid Assessment (CPRA) Toolkit.³ The CPRA is recommended for roll out after the 3rd week of rapid onset emergencies and takes somewhere between 3-5 weeks to complete. Therefore, in best case scenario, the result of a CPRA is only available in 6-8 weeks from the onset of the emergency. While this is still very helpful for programming and fundraising, child protection (CP) actors, especially after rapid-onset emergencies, require some data in the earlier stages of the emergency cycle to support their initial programming and fundraising activities.^{4, 5}

In chronic or protracted emergency context, the CPRA is recommended for when there is need for fresh evidence to define strategic directions or to inform new phase of a program cycle. However, in some cases, limited resources and time will restrict the ability of CP actors in conducting a CPRA.

While the Global AoR and the Alliance recommend a CPRA to be conducted during the second month of a rapid-onset emergency, or at any point during the life time of a chronic emergency, it recognizes that the sector sometimes has to settle for a less comprehensive but still acceptable method of evidence generation. This toolkit is meant to provide an alternative methodology to the CPRA that will take less time to complete. But it is important to acknowledge that the resulting data is likely less reliable and valid as compared to the CPRA.

2. Objectives:

This toolkit aims to provide a methodology to generate the necessary evidence for Child Protection in Emergency (CPIE) response and programming and to inform the development of the Humanitarian Needs Overview (HNO) and the severity ranking in the following situations where a CPRA may not be feasible due to time, access, funding and other restrictions:

1. During weeks 2 to 4 of a **rapid onset emergency**;
2. To inform the development of a **Humanitarian Needs Overview (HNO) including the prioritization process** (severity map); Or
3. At any time during the life time of a **chronic or protracted emergency**;
4. When access to affected population is hindered for various reasons, but some humanitarian workers work in the affected areas.

³ <http://cpwg.net/resource-topics/cpra-toolkit>

⁴ <https://www.humanitarianresponse.info/en/programme-cycle/space>

⁵ <https://www.humanitarianresponse.info/programme-cycle/space/page/resource-mobilization>



3. Methodology:

This toolkit recommends the use of two data collection methods: **Secondary Data Review (SDR)**, and **Practitioner Interviews (PI)** as well as a data interpretation method called: **Structured Expert Consultation (SEC)**. And optional method of **Direct Observation (DO)** is also presented here for situations where access is possible. More details on these methods are presented below. However, the list of “What We Need to Know” has to be established as a first step before development/adaptation of any of the tools.

Note: If time and resources are extremely limited and do not allow for any primary data collection, Secondary Data Review (SDR) and Structured Expert Consultation (SEC) should be conducted as a minimum requirement for initial CPIE response and programming.

Limitations

Data produced from this methodology will not be statistically “representative” of the total population.⁶ Data produced through this methodology is likely less valid and reliable compared to data from a CPRA.

3.1 What We Need to Know (WWNK):

The basis of any needs assessment is a series of unknowns and/or little-knowns that we have to learn about to better address the needs and concerns of the affected population. These are called: *What We Need to Knows*, or the “WWNKs”. While different agencies or coordinating bodies may use different terminology for this concept, they all agree that no humanitarian assessment should be conducted before establishing what information is needed to inform programming and advocacy.

Table 1: Below is a list of WWNKs for the early-stage CPRA.

Ref	Recommended WWNKs for CPIA
a)	<p><i>Unaccompanied and separated children</i></p> <ol style="list-style-type: none"> 1. Scale of separation of children from their usual caregivers 2. Types of care arrangements for separated and unaccompanied children and existing gaps 3. Patterns and levels of institutionalization of children 4. Laws, policies and common practices on adoption (in and out of country).
b)	<p><i>Dangers and Injury</i></p> <ol style="list-style-type: none"> 1. Nature and extent of any hazards for children in the environment (i.e. open pit latrines, dangling electrical wires, landmines or other explosives in the vicinity of the residence, small arms, camps

⁶ “A representative sample is a subset of a statistical population that accurately reflects the members of the entire population.” <http://www.investopedia.com/terms/r/representative-sample.asp> (accessed on June 1, 2016)



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	close to roads, etc.)
c)	<p><i>Physical violence and other harmful practices</i></p> <ol style="list-style-type: none"> Types and levels of violence towards girls and boys in the community Causes and level of risk of death and/or severe injury to children resulting from violence and/or harmful practices Existence of active participation of children in acts of violence Existing scale of child marriage and likely new risks as a result of the emergency. Existing community mechanisms to protect children against physical violence Common harmful practices (domestic and/or societal).
d)	<p><i>Sexual violence</i></p> <ol style="list-style-type: none"> Specific risks of sexual violence for girls and boys 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. Availability and accessibility of essential sexual violence response services for children (especially health and psychosocial services)
e)	<p><i>Psychosocial distress and mental disorders</i></p> <ol style="list-style-type: none"> Sources of stress and signs of psychosocial distress among girls and boys and their caregivers Children's and their caregivers' (positive and negative) coping mechanisms Capacities for provision of people/resources at community level to provide support for children.
f)	<p><i>Protecting excluded children</i></p> <ol style="list-style-type: none"> Pre-existing patterns of exclusion based on age, sex, ethnicity, language, religion, etc. Accessibility of basic services to children, regardless of their age, sex, background and their different abilities Risks, and types, of discrimination against specific groups of children.
g)	<p><i>Child labour</i></p> <ol style="list-style-type: none"> Existing patterns and scale of the worst forms of child labour Likely increase in children's exposure to worst forms of child labour as a result of the emergency Likely new worst forms of child labour that could emerge as a result of the emergency Communities attitude and practice towards protection of children from hazardous and worst forms of child labour
h)	<p><i>Children associated with armed forces or armed groups</i></p> <ol style="list-style-type: none"> Past and current trends in involvement/association of children in armed forces and groups. Existing community mechanisms to protection children against involvement with armed forces and groups.

Note: If this assessment is being carried out to inform the Humanitarian Needs Overview (HNO), the WWNKs should inform the development of indicators for the needs prioritization process.



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3.2 Secondary Data Review (SDR):

Secondary Data Review (SDR), also referred to as Desk Review (DR), is a compilation of existing secondary data.⁷ SDR “is a rigorous process of data collation, synthesis and analysis” of information available from different sources such as the government, NGOs, UN agencies, media, social media, existing information management systems (such as CPIMS), etc.⁸ To facilitate this process, the CPWG has developed a Secondary Data Review tool that helps CP practitioners organize relevant data before analyzing.⁹

Once the data is organized in the SDR excel format (produced by the CPWG), it has to be properly analyzed and written in a narrative form (often referred to as desk review). Example of desk reviews can be found on CPWG website under tools & resources.¹⁰

3.2.1 Data collection

Compiling a Secondary Data Review (SDR) is a manual process. It involves finding as many relevant and reliable sources of information (e.g. articles, reports, etc) as possible, systematically going through them and categorizing them. This process should ideally be ongoing and whenever a new report is produced, it should be placed in the SDR template for future analysis.

Columns F to J in the generic SDR template allows for categorization of the information. For example, once all the documents are reviewed, column F (Domain) can be used to filter only information that is related to the WWNK of “Unaccompanied and Separated Children.” This will be particularly helpful when analyzing the data.

3.2.2 Sampling/Selection and data reliability:

In consultation with coordination group members, an inclusion criteria has to be established to determine the information sources that will be included in the SDR. These sources should be geographically and thematically diverse and should have high data quality and reliability. In agreeing upon the inclusion criteria, consider the following:

1. *Time period covered by the information* has to be relevant to the emergency period in question. Sources that do not provide any insight to timing of the information presented should not be included.
2. *Methodology used for the collection and analysis of the information* should be of high quality. Sources that do not provide any information on how the data was collected and analyzed should not be used.

⁷ <http://cpwg.net/resource-topics/toolkits/>

⁸ <http://reliefweb.int/report/world/technical-brief-secondary-data-review-sudden-onset-natural-disasters>

⁹ http://cpwg.net/starter_pack/cpwg-secondary-data-review-template-2014-eng/

¹⁰ <http://cpwg.net/resource-topics/desk-reviews/>



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3. *Diversity of sources* (e.g. from UN, NGOs, Government, etc) will ensure the richness of the SDR. It is not advisable to only include reports from one type of agency or source.

Note: If the main objective of this assessment is to inform the HNO prioritization process, ensure that the secondary data is organized in a way that it can be disaggregated at admin level that is agreed upon for the prioritization exercise (commonly admin level 2).

3.2.3 Analysis

Analysis of secondary data should be done primarily through a qualitative approach.¹¹ As a first step, a set of codes that represent different domains should be developed based on the CPMS and the content of the reports. Each child protection domain (such as UASC) can represent a 'domain code,' while each 'domain code' may have multiple 'sub-codes.' Sub-codes may represent positive and negative aspects of a CP issue (such as separation vs. reunification or recruitment vs. demobilization of children). Sub-codes can also represent more details about the reported issue (such as separated vs. unaccompanied child).

The first step involves coding the reports into CP domains and issues (as per the CPMS) and analyzing the frequency at which each issue is reported in a reporting period. Coding should be done through a close reading of the texts and highlighting the paragraphs that represent the pre-defined codes. Many softwares such as: Atlas.ti; MAXQDA; Nvivo; etc. can greatly facilitate the coding process. If using Microsoft Word for coding, color coding the highlighted sections or using the comment box can be used to differentiate between different codes. Note that one paragraph may be coded by multiple codes or sub-codes if it represents several issues.

While we can quantify the codes to gain a general sense of the issues, quantification will not give us context or depth. Therefore, it is not enough for programming purposes. The quantification of codes should be accompanied by more qualitative presentation of issues through reading of reports and teasing out emerging CP issues, changing patterns of violations, potential reporting biases, etc. This will add depth and context to the quantitative analysis. For example, sometimes you may see that the issue of separation has been mentioned 35 times in a reporting period. This may mean that there has been many separations. Or it could mean that new forms of separation are occurring. And such nuances can only emerge through qualitative analysis (and not just quantifying the codes). The qualitative analysis will help programmers by adding the necessary depth and context for programming purposes.

¹¹ Creswell, John W. *Qualitative inquiry and research design: Choosing among five approaches*. Sage, 2012 (sections 8 and 9).



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3.3 Practitioner Interview (PI):

Practitioner Interview (PI) is a type of key informant interview whereby the respondent is a child protection practitioner and/or a humanitarian agent who works directly with the affected population for at least two weeks. The practitioner acts as a proxy between the affected population and the enumerator. Through these interviews, the practitioners will share their observations and experience from working with the affected population. To ensure validity of information, a diverse group of practitioners in terms of sex, role, affiliation, seniority and national vs. international should be selected.

The safety and security of the practitioner should be considered throughout the data collection, analysis and report writing process. Confidentiality of the data is the main protective measure that must be taken seriously in this context as well as any other type of assessment.

3.3.1 Data collection:

Practitioner Interview (PI) should preferably be done either face to face or over the phone with pre-selected practitioners who are working directly with the affected population and are familiar with the issues affecting children since the onset of the emergency. PI questionnaires can also be sent via email or via an online platform (such as 'survey monkey') to practitioners for self-administration. However, this method is not preferred as it can reduce the response rate and limits the opportunity for probing by the interviewer.

By using electronic solutions such as tablets or online questionnaires, the burden of data entry can be reduced significantly. This may require some in-house technical expertise, unless existing mobile data collection platforms can be used. The up-front cost of such high-tech solutions is often significant and may not justify the gains in small scale assessment.

3.3.2 Sampling/Selection:

The selection of a good sample primarily lies on the diversity of the respondents and areas where data is collected from. The more diverse the group of respondents (in terms of role, gender, background, etc.) the richer the final account will be. Also, the more diverse locations included in the sample, the more accurate the information will be.

The sampling approach for early-stage CPiE assessment is: stratified purposive sampling. This is similar to the recommended approach for the CPRA.¹² Each strata is called a "scenario." Scenarios should be defined based on distinct geographic areas where the affected population currently lives. However, geographic areas that are proximate to each other and host similar populations should be included in the same scenario. Geographic areas should be divided into distinct scenarios only when initial review of existing information suggest that there are differences in terms of the level of need or the way the population has been affected by the emergency across different areas.

¹² See CPRA guide pages 16 to 18 for more on this approach.



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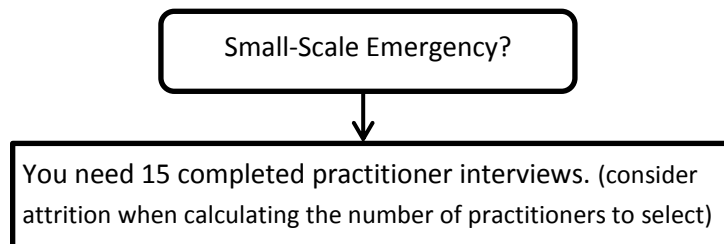
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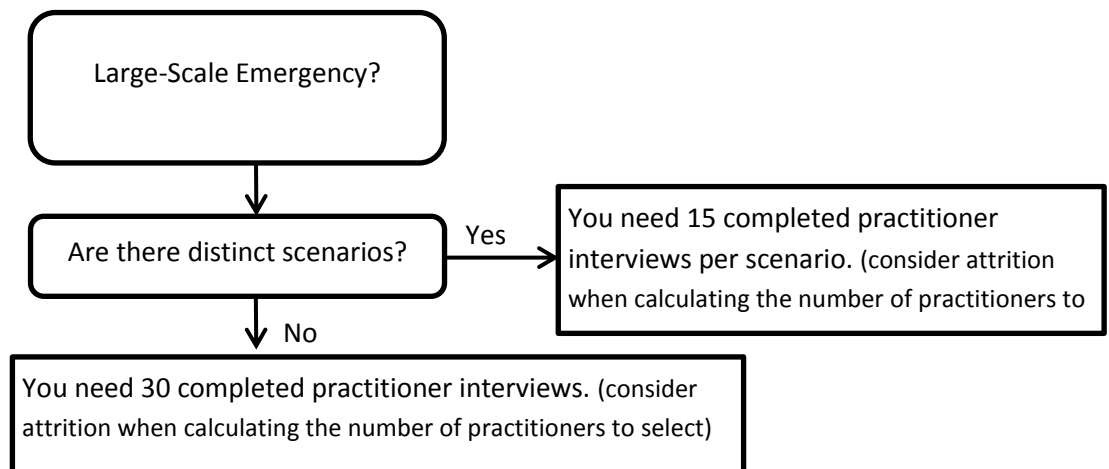
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It is recommended that at least 15 practitioners are interviewed from each distinct scenario. For example if there are three distinct scenarios in one emergency context, 45 practitioners should be interviewed (15 from each scenario). In a small scale emergency where most affected population is concentrated in a relatively small geographic area, no stratification is necessary. 15 practitioners should be interviewed in this case. In large scale emergencies, where no contextual information exist to help the team determine different scenarios, it is recommended that 30 practitioners are interviewed from different parts of the affected area.

However, in calculating the number of practitioners to be invited for an interview, potential attrition should be taken into account. The numbers suggested above are minimum necessary for adequate diversity in data sources. Since practitioners in such contexts are often very busy, a larger number of practitioners should initially be contacted to ensure having the necessary minimum after attrition. 50% attrition may be normal in most emergency contexts. For example, if you need 15 practitioners in your assessment, consider contacting 30 to ensure you will end up with 15 completed questionnaires.



Note: Small-scale means that the emergency is localized and has affected a limited number of individuals. There is no precise threshold that determines what “limited number” means. Therefore, the decision to call your emergency small- or large-scale is up to the user.





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3.3.2.1 Sampling for the HNO process:

If the main objective of this assessment is to inform the HNO process, the sampling scenarios should be defined based on the unit of analysis (admin level) that is agreed upon for the HNO process. For example, if admin level 2 is the agreed upon unit of analysis, each admin level 2 in the affected areas will become a separate scenario. In settings where camps are set up (e.g. IDP settings), one camp or a section of a camp (depending on the size) can be used as an admin level. This will allow for proper disaggregation of data within the prioritization tool and severity map.

For HNO purposes at admin level 2 or smaller (i.e. admin level 3 and beyond), a minimum of 3 practitioners from each admin level should be interviewed.

3.3.3 Analysis

Data resulting from PIs will be analyzed through excel or other types of data management tools. If mobile data collection is being used, some basic analysis can also be done through the online data platform that is being used. However, more advanced analysis can also be performed if in house capacity exists.

3.4 Structured Expert Consultation (SEC):

SEC is a consultation process that involves structured interpretation of data by CP experts. The three main inputs into the process are: 1. SDR results, 2. Analyzed PI data, and 3. Expert opinion. The two main outcomes of the process are: 1. a validated and prioritized set of CP issues that require intervention, and 2. Proposed programmatic interventions to address CP issues. A sample agenda for a SEC meeting is provided in [Annex 5.2](#).

3.4.1 Participants:

Diversity of profile and background of participants is crucial in ensuring a rich and meaningful conversation during this process. In selecting the participant for the SEC, it is important to have a mix of two profiles:

1. Those with significant knowledge of child protection in emergencies programming (either nationally or globally); and
2. Those with significant knowledge of child protection issues in the context.

Other profile markers such as: gender, seniority, and international versus national staff, should also be taken into account in selecting the participants.

Note: if the CPIA is conducted in a large geographic area, regional SEC workshops may be more efficient. In this case, ensure the participation of regional representatives in the national SEC workshop.



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3.4.2 Preparation and reporting

The assessment team has to prepare the SEC workshop material using the initial analysis as well as probing questions based on the analysis related to each WWNK. For example, a probing question can say:

“analysis of the PIs show that 85% of practitioners think there is high likelihood for increase in child labour since families’ livelihood has been destroyed by the floods. Our SDR results show that most child labour in the affected areas is linked to subsistence farming.

What new forms can child labour take? What type of programmatic response should be considered to counter this potential trend?”

Once the interpretation workshop is concluded, a report should be developed and shared with participants for final comments before release. However, agencies do not need to wait for the final report to start their programming. The analysis and interpretation workshop material are already a useful source of information for programming purposes even before the report.

3.4.3 Process:

SEC is primarily based on a series of consensus-building group works. The consensus building exercise takes place after a brief presentation of data on each of the WWNK categories. [Annex 5.2](#) provides a sample agenda for a 2-day SEC workshop, however, if time is limited, this could be reduced to one day. Two components of the process are as follows:

- **Component 1:** Prioritizing child protection issues: based on the data from SDR and IP (related to the WWNK in question), participants will be invited to provide their suggestions in terms of the priority of different child protection issues, using a red/amber/green light system. Issues will be placed in three categories: those that are of high priority and require immediate response (red); those that are of moderate priority (amber); and those that are not urgent at this stage of the emergency (green). This component consists of 4 steps:
 - o **Step1:** To do this, each participant will get three small cards or post-its (red, amber and green) where they can suggest up to three issues for each of those categories from their perspective (up to three issues per card). It is important to keep the issues to maximum 3 per card at this point.
 - o **Step 2:** Then they are invited to work in a group with 3-5 of their colleagues to come to an agreement on the categories they have selected. They should eliminate duplications in each category and agree on only three issues per category. The issues should be written on larger cards representing the three colors.



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- **Step 3:** All groups will present their work and briefly explain the reasoning behind the placing issues in each of the categories. Other participants should get a brief chance to comment or question the presenting group.
- **Step 4:** The facilitator, together with 1 representative from each group, will facilitate a session to merge all the issues in the three categories. Ideally, 5 or less issues should remain in each category at the end of this process. Reasons for excluding certain issues should be documented and explained in the final report.
- **Component 2:** Programmatic recommendations (general): This part of the work follows the results of the prioritization process. The result of this component will be a series of programmatic recommendations for issues raised in red and amber categories. This component involves four steps:
 - **Step 1:** Based on the issues highlighted in the previous exercise, each participant will be asked to write one recommended programmatic action to respond to each of the issues.
 - **Step 2:** Each 3-5 participant will be asked to get together and agree on up to three programmatic response to each issue. Details of such programmatic responses does not need to be worked out in this group. For example, if the issue at hand is recruitment of children into armed forces, the recommendation can be as vague as: advocacy with the government.
 - **Step 3:** each group will present their decisions.
 - **Step 4:** the facilitator, together with one representative from each group, will facilitate a conversation to bring all of the recommendations together. During this step, details of the programmatic intervention will also be discussed and documented. Ideally, no more than three recommended approaches should be attached to each one issue.

3.5 Direct Observation (optional method):

If assessment sites are accessible to the assessment team, this methodology can be included in the process.

Direct observation is a powerful methodology for detecting certain observable issues. It also allows assessors to understand the context better before interpreting results of the assessment. For more details on direct observation, see the CPRA toolkit.

4. Tools:



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Secondary Data Review excel template, developed by the CPWG, can be used as the basis for SDR compilation and analysis.¹³

Sample interview tool for practitioner interviews can be found in [annex1](#). This tool should be adapted based on context and information needs.

To **adapt annex 1** to the HNO prioritization process, the a questionnaire has to be developed to match the indicators that will be used for the HNO process.

A sample agenda for structured expert consultation can be found in [annex 2](#).

A sample tool for direct observation can be found in annex 3 (pages 57-60) of the CPRA guide.¹⁴

¹³ <http://cpwg.net/resource-topics/toolkits/>

¹⁴

http://www.globalprotectioncluster.org/_assets/files/tools_and_guidance/info_data_management/CPRA_English-EN.pdf



5. Annexes

Annex 5.1: Practitioner Interview Tool (adapt to indicators before use for HNO process)

General Information	
Identification	
Assessor's name or code: _____	Organization: _____
Date of assessment (dd/mm/yy): ___/___/___	Site code (from the list of sites): _____
Location of the site [to be filled by enumerator]	
Site name: _____ Area: _____	G.P.S/P code: ___-___
District: _____ Province/State: _____	
Type of site: urban <input type="checkbox"/> rural <input type="checkbox"/> IDP Camp <input type="checkbox"/> Refugee Camp <input type="checkbox"/> Host community <input type="checkbox"/>	Population estimate of the site: _____
Comments: [If ethnicity, tribal affiliation or any other distinctive attribute is relevant, they should be mentioned in this space] _____	
Source of information (practitioner informant)	
[if practitioner informant prefers not to reveal his/her identity, it should be respected]	
code of the practitioner informant: _____	Role in the community/area: _____
Age group: 18-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-60 <input type="checkbox"/> >60 <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Informed consent form:	
My name is ___ [say interviewer's name] ___ and I am working with the Child Protection Working Group We are conducting an assessment on the situation of children in [-location-].	
This interview cannot be considered a guarantee for any direct or indirect support to you or the community you work with. But the information you provide will help us define child protection priorities and programmes. We would like to ask you some questions about the situation of children in [--site name --] since [-- recall period --].	
The interview should only take about 30 minutes. Your identity will be kept strictly confidential and will not be shown to others unless your written agreement is received to do so. Your participation is voluntary and you can choose not to answer any or all of the questions.	
<i>[After asking each of the following questions, look at the PRACTITIONER and get implicit approval that s/he has understood]</i>	
<ul style="list-style-type: none"> • All the information you give us will remain confidential. • Your participation in this interview is voluntary. • You can stop answering questions at any time. • Do you have any questions? <i>[Note any questions from the PRACTITIONER in the space here]</i> 	
Do you agree to continue with this interview? Yes <input type="checkbox"/> No <input type="checkbox"/> [if no, thank the PRACTITIONER and stop]	
<u>For supervisor's use only:</u>	
Verification done by: _____	Date: ___/___/___ Signature: _____




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[start by saying: "I will start by asking you some questions about ..."]

1. Unaccompanied and Separated Children

1.1 Have you heard or encountered children in **[location]** who have been separated from their usual caregivers since **[recall period]**?

Yes No [don't know] [if NO or Don't know, skip to 1.4]

1.1.1 [If YES to 1.1] What do you think are the main causes of separations that occurred since **[recall period]**? [tick all that apply] 

1. losing caregivers/children due to medical evacuation;

2. losing caregivers/children during relocation;

3. caregivers voluntarily sending their children to institutional care;

4. caregivers voluntarily sending their children to extended family/friends;

5. caregivers voluntarily sending their children to work far from parents/usual caregivers;

6. disappearance of children/caregivers in the immediate aftermath of the __ **[earthquake/attack/...]** __; [this only applies to rapid-onset emergencies]

7. continued disappearance of children/caregivers (i.e. more recent disappearance);

[add more context specific options]

[other (specify) _____]

1.1.2 [If YES to 1.1] Do you think that the number of children who get separated from their usual caregivers has increased since the __ **[earthquake/attack/...]** __ ?

Yes No [Don't know]

1.2 [If yes to 1.1] Regarding children who have been separated from their usual caregivers since the **[define a recall period]** do you think that ...[read out each block separately and allow the PRACTITIONER to respond block by block. Do **not** read out "do not know"]

1.2.1

there are more girls than boys who have been separated [or]

there are more boys than girls who have been separated [or]

no clear difference [do not know]

1.2.2

separated children are mainly under 1 [or]

separated children are mainly between 1 and 5 [or]

separated children are mainly between 6 and 14 [or]



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	<input type="checkbox"/> separated children are mainly older than 14 [or] <input type="checkbox"/> no clear difference <input type="checkbox"/> [do not know]
1.3 Have you heard or encountered unusually large numbers of unaccompanied minors? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> [don't know] [if NO or Don't know, skip to 1.4]	
1.3.1 [If yes to 1.4] Do you think that ... [read out each block separately and allow the PRACTITIONER to respond block by block. Do not read out "do not know"]	
1.3.1.1	<input type="checkbox"/> there are more unaccompanied girls than boys [or] <input type="checkbox"/> there are more unaccompanied boys than girls [or] <input type="checkbox"/> no clear difference <input type="checkbox"/> [do not know]
1.3.1.2	<input type="checkbox"/> unaccompanied children are mainly under 5 [or] <input type="checkbox"/> unaccompanied children are mainly between 5 and 14 [or] <input type="checkbox"/> unaccompanied children are mainly 14 and older [or] <input type="checkbox"/> no clear difference <input type="checkbox"/> [do not know]
1.4 Have you heard of any attempts to abduct children from their communities (e.g. outsiders who want to remove children from the community)? <input type="checkbox"/> Yes <input type="checkbox"/> No [if NO, skip to part 2]	
[if YES to 1.4] Describe the situation or hearsay: ----- ----- -----	
1.5 What are the typical care arrangements for children who have been separated from their usual caregivers in areas that you work?	
<input type="checkbox"/> 1. foster care arrangement outside the community; <input type="checkbox"/> 2. informal foster care in the community; <input type="checkbox"/> 3. formal/ governmental foster care in the community; <input type="checkbox"/> 4. Separated children live on their own; <input type="checkbox"/> 5. Separated children live on the street; <input type="checkbox"/> Other (specify _____) <input type="checkbox"/> [add context specific options]	



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1.6 What services exist in the areas your work for children who have lost their primary caregivers? [select all that apply]

- 1. Community arranged care
- 2. Temporary shelter
- 3. institutions/children homes (longer term accommodation)
- 4. Identification, Tracing, Documentation and Reunification services
- 5. Active referral to other basic services such as health, education, water and sanitation, food, etc.
- 6. Governmental services (specify _____)
- 7. take the child to an agency/NGO that deals with children (specify _____)
- 8. do nothing (ask why _____)
- other (specify _____)
- don't know

[thank the PRACTITIONER for answering the questions to the previous section and continue to the new section]

2. Dangers and Injuries; Physical Violence; and Other Harmful Practices

2.1 What are the existing risks that can lead to death or severe injury of children in the areas you work?

- 1. Environmental risks at home and outside (e.g. accidents, open pit latrines, riversides, dangerous animals, etc)
- 2. Civil violence (e.g. religious, clan, election, etc)
- 3. Sexual violence (e.g. rape, touching, etc)
- 4. Domestic violence
- 5. Harmful traditional practices (please specify _____) ;
- 6. Militia activities
- 7. Criminal acts (e.g. gang activities, looting, etc.)
- 8. Severe corporal punishment
- 9. Work-related accidents (e.g. for mine workers)
- 10. Car accidents
- 11. Landmines or Unexploded Ordinance
- 12. Armed forces/group violence
- other (specify) _____ [don't know]

2.2 Where do you think these risks are high/highest for children? [if not clear, refer the PRACTITIONER to the previous question] [Tick all that apply]



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<input type="checkbox"/> 1. at home <input type="checkbox"/> 2. in camp (outside of home) <input type="checkbox"/> 3. in school <input type="checkbox"/> 4. on the way to school <input type="checkbox"/> 5. at work <input type="checkbox"/> 6. on the way to work <input type="checkbox"/> 7. at the market <input type="checkbox"/> 8. on the way to market <input type="checkbox"/> other (specify) _____ <input type="checkbox"/> [don't know] <div style="border: 1px solid black; padding: 2px; width: fit-content;">[revise/add context specific options]</div>															
<p>2.3 [If YES to 2.1] Do you think that the number of reported deaths and severe injuries has increased since the __ [earthquake/attack/...] ?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> [Don't know]															
<p>2.4 Are there children in this area who have been committing acts of violence since __ [define a recall period] ?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> [don't know] [If NO or "don't know", skip to 3]															
<p>2.5 [If YES to 2.4] What kind of violence are children participating in?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><input type="checkbox"/> gang activities;</td> <td style="width: 50%;"><input type="checkbox"/> looting and/or pillage;</td> </tr> <tr> <td><input type="checkbox"/> civil violence (e.g. communal level ethnic or religious violence);</td> <td><input type="checkbox"/> sexual assault;</td> </tr> <tr> <td><input type="checkbox"/> attack on schools and/or community infrastructure;</td> <td><input type="checkbox"/> attack on civilians;</td> </tr> <tr> <td><input type="checkbox"/> recruitment of other children;</td> <td></td> </tr> <tr> <td><input type="checkbox"/> other (specify) _____</td> <td><input type="checkbox"/> [don't know]</td> </tr> </table>	<input type="checkbox"/> gang activities;	<input type="checkbox"/> looting and/or pillage;	<input type="checkbox"/> civil violence (e.g. communal level ethnic or religious violence);	<input type="checkbox"/> sexual assault;	<input type="checkbox"/> attack on schools and/or community infrastructure;	<input type="checkbox"/> attack on civilians;	<input type="checkbox"/> recruitment of other children;		<input type="checkbox"/> other (specify) _____	<input type="checkbox"/> [don't know]					
<input type="checkbox"/> gang activities;	<input type="checkbox"/> looting and/or pillage;														
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<input type="checkbox"/> attack on schools and/or community infrastructure;	<input type="checkbox"/> attack on civilians;														
<input type="checkbox"/> recruitment of other children;															
<input type="checkbox"/> other (specify) _____	<input type="checkbox"/> [don't know]														
<p>[thank the PRACTITIONER for answering the questions to the previous section and continue to the new section]</p> <p>3. Sexual Violence [use a culturally appropriate term for SV]</p>															
<p>3.1 Do you think the number of sexual violence incidents has increased since __ [define a recall period] __ ?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> [don't know]															
<p>3.1.1 In which situations does sexual violence occur more often? [Only read out the options if the PRACTITIONER needs examples. Tick all that apply]</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> 1. while at home</td> <td style="width: 33%;"><input type="checkbox"/> 2. while collecting firewood</td> <td style="width: 33%;"><input type="checkbox"/> 3. while at school</td> </tr> <tr> <td><input type="checkbox"/> 4. while playing around the camp/village</td> <td><input type="checkbox"/> 5. on the way to school</td> <td><input type="checkbox"/> 6. when at workplace</td> </tr> <tr> <td><input type="checkbox"/> 7. while collecting water</td> <td><input type="checkbox"/> 8. while working in the fields</td> <td><input type="checkbox"/> 9. during population movement</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> 10. upon arrival at the __ [location] __</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> 11. during armed attacks [change if does not apply to the context]</td> </tr> </table>	<input type="checkbox"/> 1. while at home	<input type="checkbox"/> 2. while collecting firewood	<input type="checkbox"/> 3. while at school	<input type="checkbox"/> 4. while playing around the camp/village	<input type="checkbox"/> 5. on the way to school	<input type="checkbox"/> 6. when at workplace	<input type="checkbox"/> 7. while collecting water	<input type="checkbox"/> 8. while working in the fields	<input type="checkbox"/> 9. during population movement	<input type="checkbox"/> 10. upon arrival at the __ [location] __			<input type="checkbox"/> 11. during armed attacks [change if does not apply to the context]		
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<input type="checkbox"/> 10. upon arrival at the __ [location] __															
<input type="checkbox"/> 11. during armed attacks [change if does not apply to the context]															



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<input type="checkbox"/> 12. in common areas, such as around latrines/showers, etc. <input type="checkbox"/> [don't know]; <input type="checkbox"/> [other (specify)] _____ [adjust/add context specific options]	
3.2. Who is most affected by sexual violence?	
3.2.1	<input type="checkbox"/> more girls are being targeted for sexual violence than boys [or] <input type="checkbox"/> more boys are being targeted for sexual violence than girls [or] <input type="checkbox"/> no difference <input type="checkbox"/> [do not know]
3.2.2	<input type="checkbox"/> mostly younger children (under 14) are targeted for sexual violence [or] <input type="checkbox"/> mostly older children (over 14) are targeted for sexual violence [or] <input type="checkbox"/> no difference <input type="checkbox"/> [do not know]
3.3 In your area of work, if a child or an adolescent is a victim of sexual violence, would s/he normally seek help [if not clear, say: "is it culturally acceptable to seek help"]? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know [If NO or "don't know", skip to 9.5]	
3.4 In your experience, how does the community in [location] typically react to cases of sexual violence? <input type="checkbox"/> 1. Blame survivor <input type="checkbox"/> 2. Punish survivor <input type="checkbox"/> 3. Punish perpetrator <input type="checkbox"/> 4. Try to mediate so that the issue can be resolved 'peacefully' <input type="checkbox"/> 5. Force girl to marry perpetrator (if victim is an unmarried girl) <input type="checkbox"/> 6. Involve police/justice system <input type="checkbox"/> 7. Involve social welfare <input type="checkbox"/> 8. Involve local authorities <input type="checkbox"/> 9. Provide care to the victim (specify type of care _____) <input type="checkbox"/> [other (specify)] _____ <input type="checkbox"/> [Don't know]	
3.5 Are there places in [location] where survivors of SV can seek professional help? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know [if NO or don't know, skip to next section] [collect more info if appropriate (e.g. availability of PEP kits): _____ _____]	3.5.1 [if YES to 3.5] Can children also seek help in that place? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know [Comments: _____]
[thank the PRACTITIONER for answering the questions to the previous section and continue to the new section]	
4. Psychosocial Distress and Community Support Mechanisms	
4.1 Have you observed or heard of increase in manifestations of psychosocial distress among children since [define a recall period]? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> [Don't know] [if NO or "don't know", skip to 4.2]	



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[If YES to 4.1]

4.1.1 What kind of behaviour changes have you noticed in child since [same recall period as 4.1] ?

<input type="checkbox"/> 1. Unusual crying and screaming;	<input type="checkbox"/> 2. More aggressive behaviour;
<input type="checkbox"/> 3. Violence against younger children;	<input type="checkbox"/> 4. Committing crimes;
<input type="checkbox"/> 5. Unwillingness to go to school;	<input type="checkbox"/> 6. Less willingness to help caregivers and siblings;
<input type="checkbox"/> 7. Disrespectful behaviour in the family;	<input type="checkbox"/> 8. Sadness (e.g. not talking, not playing, etc.);
<input type="checkbox"/> 9. Substance abuse (specify -----);	<input type="checkbox"/> 10. Having nightmares and/or not being able to sleep
<input type="checkbox"/> 11. Anti-social (isolating themselves)	<input type="checkbox"/> 12. Helping parent more than before
<input type="checkbox"/> 13. Spending more time with friends	<input type="checkbox"/> 14. Spending more time on sport and playing
<input type="checkbox"/> 15. Caring for others in the community	<input type="checkbox"/> 16. attending school regularly/interested in education
<input type="checkbox"/> 17. Engaging in high risk sexual behavior	<input type="checkbox"/> 18. Wanting to join/joining armed forces or groups

[revise/add context specific options, especially context specific signs of distress.]

[other (specify)] ----- [Don't know]

4.2 What do you think makes children stressed most?

<input type="checkbox"/> 1. attacks	<input type="checkbox"/> 2. kidnapping/abductions
<input type="checkbox"/> 3. trafficking	<input type="checkbox"/> 4. not being able to go back to school
<input type="checkbox"/> 5. not being able to return home	<input type="checkbox"/> 6. losing their belongings
<input type="checkbox"/> 7. being separated from their friends	<input type="checkbox"/> 8. being separated from their families
<input type="checkbox"/> 9. tension within the family	<input type="checkbox"/> 10. nightmares or bad memories
<input type="checkbox"/> 11. sexual violence	<input type="checkbox"/> 12. extra hard work;
<input type="checkbox"/> 13. lack of shelter	<input type="checkbox"/> 14. going far from home for work;
<input type="checkbox"/> 15. lack of food	<input type="checkbox"/> 16. Bullying
<input type="checkbox"/> [don't know]	<input type="checkbox"/> other (specify) -----

[revise/add context specific options, specially culturally relevant sources of distress]

4.3 What do you think are the main sources of stress for caregivers in the community?

<input type="checkbox"/> 1. ongoing conflict	<input type="checkbox"/> 2. lack of food
<input type="checkbox"/> 3. lack of shelter	<input type="checkbox"/> 4. loss of property



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- | | |
|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> 5. lost livelihood | <input type="checkbox"/> 6. children's safety |
| <input type="checkbox"/> 7. violence within community | <input type="checkbox"/> 8. not being able to return home [if displaced] |
| <input type="checkbox"/> 9. being separated from their community | |
| <input type="checkbox"/> 10. Inability to carry out cultural or religious rituals (e.g. proper burial rituals) | |
| <input type="checkbox"/> [Don't know] | <input type="checkbox"/> other (specify) _____ |

4.4 Are there services or activities available in **[location]** to support children cope with stress?

- Yes No [don't know] [If NO or "don't know", skip to 4.5]

4.4.1 [if yes to 4.4] What kind of services are available to children ?

- | | |
|--------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> 1. Child Friendly Spaces; | <input type="checkbox"/> 2. Individual counseling; |
| <input type="checkbox"/> 3. Group counseling; | <input type="checkbox"/> 4. General social welfare services (govt); |
| <input type="checkbox"/> 5. Vocational and/extra curricular activities; | <input type="checkbox"/> 6. Counseling services for parents; |
| <input type="checkbox"/> 7. Other support services for parents (specify _____) | |
| <input type="checkbox"/> other (specify) _____ | <input type="checkbox"/> [Don't know] |

[thank the PRACTITIONER for answering the questions to the previous section and continue to the new section]

5. Protecting Excluded Children

5.1 Do all children (including girls, boys of different ages and children of different ethnic, religious and tribal groups) have equal access to existing services?

- Yes No [Don't know]

5.1.1 [if NO to 5.1] What is the basis of exclusion for those children who do not have access?

- 1. Ethnicity (specify ethnic group that are excluded _____)
- 2. Religion (specify religious groups that are excluded _____)
- 3. Language group (specify language groups that are excluded _____)
- 3. Age (specify ages that are excluded _____)
- 4. Sex (specify boys or girls are excluded _____)
- 5. Children with disabilities (specify the type of disability _____)
- 6. Children living with disabled caregivers 7. Children living with HIV / AIDS
- 8. Children living with elderly 9. Children from poor households
- 10. Other characteristics (specify _____)
- [Don't know]

5.2 Are there children who are experiencing other types of exclusions or discrimination in **[location]** ?



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Yes No [Don't know]

6.2.1 [If yes to 5.2] Please explain type of exclusion and/or discrimination: _____

6.2.2

[thank the PRACTITIONER for answering the questions to the previous section and continue to the new section]

6. Child Labour

6.1 In your experience, are there children in your area of work who are involved in types of work that are harsh and dangerous for them (hazardous labour)?

Yes No [don't know] [if NO or don't know, go to 7.1]

6.2 [if yes to 6.1] What types of work are these children involved in? [modify the options below based on common types of work identified in the desk review]

<input type="checkbox"/> 1. Sexual transactions	<input type="checkbox"/> 2. Farm work	<input type="checkbox"/> 3. Factory work
<input type="checkbox"/> 4. Mining	<input type="checkbox"/> 5. Domestic labour	<input type="checkbox"/> 6. transporting people or goods
<input type="checkbox"/> 7. Other harsh and dangerous labour	<input type="checkbox"/> [don't know]	<input type="checkbox"/> Other (specify) _____

6.3 [if YES to 6.1] Do you think that the number of children who are involved in hazardous labour has increased or is increasing since the __ [earthquake/attack/...] __ ?

Yes No [Don't know]


6.3.1 Who is most affected by harsh and hazardous labour?

6.3.1.1

<input type="checkbox"/> more girls than boys [or]	
<input type="checkbox"/> more boys than girls [or]	
<input type="checkbox"/> no difference	<input type="checkbox"/> [do not know]

6.3.1.2

<input type="checkbox"/> mostly younger children (under 14) [or]	
<input type="checkbox"/> mostly older children (14 and over) [or]	
<input type="checkbox"/> no difference	<input type="checkbox"/> [do not know]

6.4 Do you know if the majority of children who are involved in harsh and dangerous labour:  and ask the respondent to tell the most important reason(s) as the answer]

<input type="checkbox"/> 1. are working voluntarily to support themselves and/or their families
<input type="checkbox"/> 2. are sent to engage in such work by their parents/caregivers



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- 3. are sent to engage in such work by people other than their caregivers (ask for examples: _____)
- 4. for other reasons (specify _____)
- [don't know]

[thank the PRACTITIONER for answering the questions to the previous section and continue to the new section]

7. Children associated with armed forces and armed groups

7.1 Do you know if children from your area of work are working with or being used by armed forces or groups around this? E.g. children with guns, operating checkpoints, cooking or cleaning for military, etc.

- Yes No [don't know] [if NO or don't know, go to 8]

7.2 [if YES to 7.1] Based on your observation/hearsay/knowledge, is the number of children associated with armed forces/groups increasing since _ [define a recall period] _?

- Yes No [don't know]

7.3 [if YES to 7.1] Where do most recruitments happen? [Write down the responses on the left side and code it based on the category codes. The supervisors are responsible to review the codings at the end of each day]

- | | |
|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| <input type="checkbox"/> 1. childcare institutions | <input type="checkbox"/> 2. in camps |
| <input type="checkbox"/> 3. Schools | <input type="checkbox"/> 3. on the road (e.g. to school or to collecting wood) |
| <input type="checkbox"/> 4. service points (e.g. health centre or food/water distribution) | |
| <input type="checkbox"/> other (specify _____) <input type="checkbox"/> [don't know] | |

[revise/add context specific options]

[thank the PRACTITIONER for answering the questions to the previous section and continue to the new section]

8. Access to information

8.1 What are the most important sources of information used by the affected population in your area of work? [all that apply]

- | | | |
|------------------------------------------------------|--------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> 1. Radio (name?) _____ | <input type="checkbox"/> 2. TV (name?) _____ | <input type="checkbox"/> 3. Newspapers/magazines (name?) _____ |
| <input type="checkbox"/> 4. Telephone call | <input type="checkbox"/> 5. SMS | <input type="checkbox"/> 6. Internet |
| <input type="checkbox"/> 7. Noticeboards and posters | <input type="checkbox"/> 8. Community leader | <input type="checkbox"/> 9. Friends, neighbours and family |
| <input type="checkbox"/> 10. Religious leader | <input type="checkbox"/> 11. Government official | <input type="checkbox"/> 12. Military official |
| <input type="checkbox"/> 13. Aid workers | <input type="checkbox"/> [don't know] | <input type="checkbox"/> Other (specify) _____ |

[thank the PRACTITIONER for answering the questions to the previous section and continue by saying: "Now if you have any other points to make, please mention them in the order of importance to you."]



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[note issues raised by the PRACTITIONER that are not captured in the questionnaire]



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Annex 5.2: Sample Agenda: Structured Expert Consultation

Note1: The length of time for each presentation and group work sessions can significantly change based on the context.

Note2: Ideally each presentation of issues should be led by different participant(s). To facilitate this, a short guideline on what they are expected to do and the general format of the presentation can be shared by organizers in advance of the workshop. They should also be sent all the relevant data as well as the analysis.

Day 1:

- *Introduction:* This includes general introduction of participants as well as the process. (30-60 Minutes)
- *Presentation of methodology and process:* Methods used, process of data collection, limitations, etc. will be presented on both SDR and PI. (30-60 minutes)
- Presentation 1 (unaccompanied and separated children): Detailed data from SDR and PI will be presented, followed by a brief Q&A. (15-30 minutes)
- Presentation 2 (dangers and injury): same as above. (15-30 minutes)
- Presentation 3 (Physical violence and other harmful practices). Same as above. (15-30 minutes)
- Presentation 4 (Sexual violence). Same as above. (15-30 minutes)
- Presentation 5 (Psychosocial distress and mental disorders). Same as above. (15-30 minutes)
- Presentation 6 (Protecting excluded children). Same as above. (15-30 minutes)
- Presentation 7 (Psychosocial distress and mental disorders). Same as above. (15-30 minutes)
- Presentation 8 (Child labour). Same as above. (15-30 minutes)
- Group work 9 (Children associated with armed forces and groups). Same as above. (15-30 minutes)
- Introduction of the group work exercise (15 minutes)

Note: participants who have expertise in specific CP areas should be invited to facilitate the above sessions according to their expertise.

Day 2:

- Recap of the first day and description of how the consensus building exercise works (30 minutes)
- Consensus building exercise 1: Prioritizing child protection issues (3 hrs)
- Consensus building exercise 2: Programmatic recommendation (3 hrs)
- Presentation of topline issues and recommendations (30 minutes)
- Parking lot (30 minutes)
- Wrap up and way forward (60 minutes)