



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

May 2021

# Defining Evidence-Based Practice for Application in Child Protection in Humanitarian Action: A Position Paper

## Document overview

---

There is widespread recognition among practitioners and researchers of the need to build a stronger evidence base for child protection work in humanitarian settings to be able to determine what approaches and practices are appropriate and effective in a variety of contexts. The objective of this position paper is to create a common understanding of what makes a particular child protection intervention or practice effective. In doing so, it presents the key principles of good practice in the generation of evidence in child protection that are distinct to humanitarian contexts and outlines critical actions at the programmatic level for maintaining that a child protection humanitarian practice is evidence-based.

As we mature in our experience in child protection in humanitarian action across contexts, with an increasing focus on evidence building, our understanding of the concepts presented in this position paper will evolve. As we learn from our monitoring and evaluation data, research, and learning, we may modify and update elements of this paper. Therefore, this position paper is a tentative statement that is subject to ongoing refinement and adjustment as we learn our way forward.

*“What we measure affects what we do; and if our measurements are flawed, decisions may be distorted.”*

Stiglitz, Sen and Fitoussi, 2009

## Introduction

---

Evidence-based practice (EBP) increases the effectiveness, efficiency and accountability of humanitarian interventions by steering resources towards interventions that prove to be effective, while also providing space for innovative development and the evaluation of new strategies.<sup>1</sup> However, interpretations of what reliable and robust evidence to inform practice are, and the criteria for classifying a practice as evidence-based vary across disciplines. In child protection in humanitarian action (CPHA) it is recognized that children are engaged in a dynamic process of development. Thus, the ultimate goal of any child protection humanitarian intervention is to maintain and support the optimal development and well-being of children by preventing and responding to abuse, neglect, exploitation and violence against children. This work includes:

- enhancing the capacity of families, caregivers, and social institutions to provide consistent, responsive care;
- protecting children from the experience and accumulation of distressing and harmful experiences within their environments; and
- promoting opportunities for physical, intellectual emotional, social and spiritual growth through connection, education, and participation that broadens and increases according to age and stage of development.

To ensure the best outcomes for children in promoting their development and well-being in humanitarian contexts it is necessary for child protection humanitarian practitioners, managers, and technical advisors, as well as donors to better understand which interventions work, which do not, and which remain unproven. Yet, strengthening the evidence base in child protection in humanitarian action is hindered by various complexities that relate both to humanitarian action as well as to child protection more broadly. In humanitarian action, specific constraints exist such as:

- ➔ short funding cycles;
- ➔ limited capacity to conduct research ethically and safely in a manner that safeguards the vulnerabilities of individual research participants and populations of study;
- ➔ logistical restraints as a result of the context, including access constraints; and
- ➔ lack of resource allocation, including limited funding for monitoring, evaluation, and research.

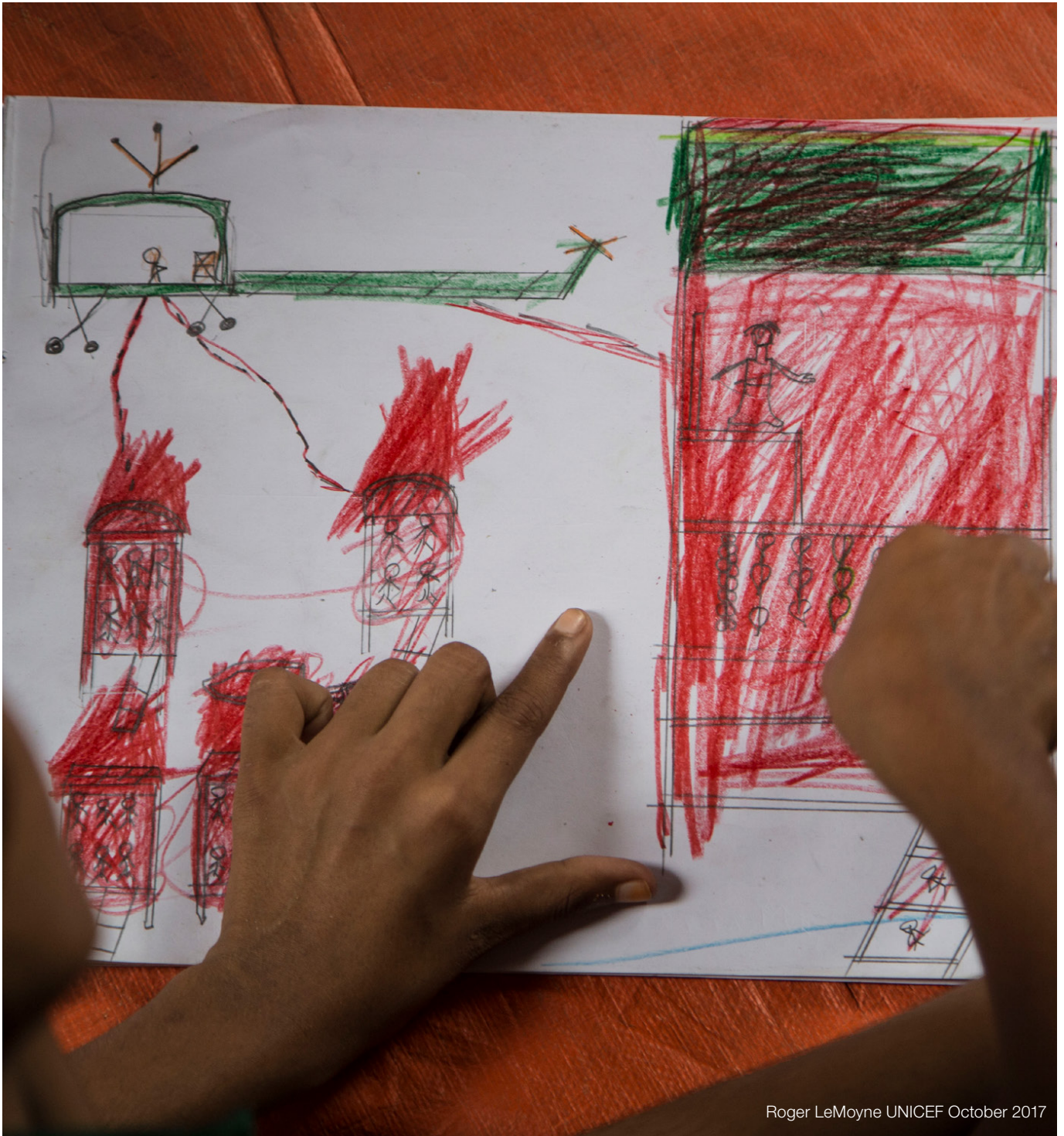
Thus, it is important to develop and use a methodology or multiple complimentary methodologies within the same context that are designed to collect data that can answer the questions being asked, while also taking into account ethics, simplicity, user-friendliness, and cost effectiveness. Since child protection in humanitarian action is inter-disciplinary in nature it can draw from key approaches and methods to evidence generation that are commonly used in the social sciences or other disciplines, including social work, anthropology, law, education, and public health.

---

<sup>1</sup> HPIO (2013), p. 2

## Objective of Position Paper

The objective of this paper is to present the key principles of good practice in the generation of evidence in child protection that are distinct to humanitarian contexts and to outline critical actions at the programmatic level for maintaining that a CPHA practice is evidence-based. This paper is aimed at child protection humanitarian practitioners, sexual and gender-based violence (SGBV) practitioners working with child survivors, child protection managers, technical advisors, and donors.



## Understanding traditions of evidence-based practice: Why they may not be suitable for child protection in humanitarian action

The concept of evidence-based practice is derived from the field of medicine, first developed with the specific goal of advancing patient care.<sup>2</sup> The “gold standard” for judging the efficacy of a specific clinical intervention in medicine is the randomized control trial (RCT) – a procedure based on medical interventions designed to treat or cure disease – or better still, the systematic review of several clinical trials.<sup>3</sup> In RCTs participants are randomly assigned to a treatment group or to a control group in a highly controlled clinical setting.<sup>4</sup> While suitable in medicine, the premise, structure, and use of hierarchies of evidence have been the source of much debate.<sup>5</sup> Although RCTs have been used to assess the effectiveness of many efforts beyond the medical field, including in humanitarian settings (particularly in protracted crises), this methodology has limitations. These limitations mean that RCTs are not always feasible, appropriate, or the best starting point to assess the effectiveness of interventions and outcomes of child protection humanitarian interventions. Many scholars and practitioners working in the social science fields have pointed out that those seeking to promote evidence-based practice for social interventions may instead need to draw upon a wider array of scholarly designs than clinical trials alone can provide.

In child protection in humanitarian action there is wide recognition that many inputs influence the success of an intervention, including cultural appropriateness, how well the intervention fits with community conditions, and the availability of adequate resources, including human resources. As a basic principle, it is therefore essential that the methods designed to collect data be based on answering specific questions that are defined during the program design phase. In other words, the method(s) must match what you seek to measure.

## What evidence counts as “promising” in child protection in humanitarian action?

In the social sciences limited consensus exists as to what constitutes good evidence,<sup>6</sup> which raises questions about the appropriateness and feasibility of standards of evidence that are primarily based on the hierarchy of study designs.<sup>7</sup> Consensus tends to be greater in relation to quality criteria for quantitative research than it is for qualitative research. Similarly, and specific to child protection in humanitarian action, there is no simple answer to the question of what counts as “promising” evidence to inform evidence-based practice. Learning might be rated according to the degree of confidence it provides that a practice is effective and will improve outcomes for a specific group in a specific context. Answering this question depends on what we want to know, for what purposes, in what contexts we envision the evidence generated to be used, and how it will be applied.<sup>8</sup> Standards of what constitutes evidence as “promising” in CPHA must include:

- appropriateness of the method(s) used, upholding consideration for ethics and safety;
- appropriateness of the sample and measures;
- participatory approaches;
- answering the questions of what works, for whom, how, why, at what cost, and whether there are any unintended consequences.

2 Evidence-Based Medicine. How to Practice and Teach EBM, 2nd ed. David L. Sackett, Sharon E. Straus, W. Scott Richardson, William Rosenberg, and R. Brian Haynes. Edinburgh: Churchill Livingstone (2000)

3 An RCT involves the isolation of a single factor to be evaluated for effectiveness and its administration to randomly chosen groups of similar people to learn about the factor’s effect on the population as against a placebo and no treatment. It requires that administration be perfectly replicable from site to site, population to population. Therefore, separate trials are often required in different climates, or where there may be differences in the conditions of administration and/or adherence. In each of these trials, there must be complete adherence to a manual, which cannot change to allow for differences created by specific culture, tradition, or circumstance.

4 Tellings (2017)

5 Nutley, S., Powell, A. & Davies, H. (2013), p. 11

6 Ibid, p. 20

7 Ibid, p. 15

8 Nutley, S., Powell, A. & Davies, H. (2013), p.19



## A way forward: Defining evidence-based practice in child protection in humanitarian action

The overall purpose of child protection in humanitarian action is to promote and support the optimal development and well-being of children by preventing and responding to abuse, neglect, exploitation and violence against children. This understanding will help to determine what it is that must be measured at the programmatic level. What changes are measured will depend on which level(s) of the socio-ecological framework the intervention is seeking to address:

- **Individual:** children's well-being and protection can be measured in individual children;
- **Family:** a families' capacities and capabilities to care for and to protect their children;
- **Community:** the communities' willingness and ability to promote safe and protective environments for children and families; and
- **Society:** the social and institutional norms, social and economic policies, and cultural and societal factors that influence children's well-being and protection.

Well-documented and reliable evaluations are required to develop a better understanding of the approaches and practices that are most effective, and in which situations. They should not only seek to determine whether a program has met its objectives, but should also illuminate the nature and extent of changes in children's well-being as a result of program interventions, and how the program achieved these changes. Importantly, for an intervention to be evidence-based it must be based on the best available research evidence, rather than solely on personal belief or anecdotal evidence. Evaluation provides the means to improve program performance and to build inter-agency consensus on effective practices.<sup>9</sup>

Evaluations need to be carefully designed if conclusions about the program or practice are to be reliably drawn. They should depict clarity about the outcomes being measured and the sample, collect data over time, and triangulate data from both qualitative and quantitative methods, wherever possible. In addition, to show that a program or practice has made an actual difference, evaluations should aim to include some form of counterfactual, or what would have happened in the absence of a program intervention.<sup>10</sup> Measuring the extent to which an objective has been achieved is not sufficient to show the value of the practice because the

change may have occurred as a result of something other than the practice itself.<sup>11</sup> In other words, the progress may have been achieved without any intervention. A counterfactual will support practitioners in interpreting evaluation findings, and exploring ethical and broadly achievable ways of attributing change for children in humanitarian settings. Moving towards greater use of robust designs, however, must be balanced by use of methods that respect the voices and agency of participants,<sup>12</sup> and that are achievable given the funding and logistical constraints often present in humanitarian action.

*Evidence-based practice in child protection in humanitarian action should be proven through rigorous evaluation, taking into account key considerations, including ethics and using an appropriate method(s) that seeks to understand how a program or practice affects children's safety, development, and well-being within the socio-ecological framework, linking any changes directly to program outcomes.*

## Towards a strengthened evidence-base: Critical actions for evaluating a child protection humanitarian intervention

Generation of evidence needs to start with a situational analysis to inform the design of a specific practice or program. Program design should include the analysis of context specific risk and protective factors it intends to address. This information will be critical to be able to promote replication of an evidence-based practice, pointing to specific characteristics of a context where a suggested practice can be effective.

Methodological rigor in evaluation means that the following elements must be included:

- **Design the evaluation and develop clear objectives.** The evaluation design is a methodological strategy for avoiding or controlling for bias and interfering events.<sup>13</sup> It should be developed in a way to generate data for analyzing how the intervention has contributed to maintaining or restoring the optimal development and well-being of children. Monitoring and evaluation should be related to program objectives in that the nature of the outcomes and impact that a program seeks to achieve should provide the basis for its evaluation.<sup>14</sup>

9 UNICEF (2009), p. 26

10 UNICEF (2009), p. 26; 3iE International Initiative for Impact Evaluation (accessed: <https://www.3ieimpact.org/our-expertise/impact-evaluation>)

11 UNICEF (2009), p. 26

12 Boothby et al. (2012)

13 Duncan, J., & Arnston, L. (2004), p. 79

14 Boothby et al. (2006), p. 19

- **Identify indicators.** Indicators are the basic tool of measurement and are focused on clearly quantifiable change. While it is important to identify output indicators to measure the outputs of a program, for the purpose of evaluating its outcomes on the lives of children it is essential to develop outcome-level indicators that will support practitioners to generate enough data to build an argument for evidence-based practice and to measure these indicators at various points, when possible<sup>15</sup>, throughout the program's lifespan.<sup>16</sup>
- **Establish a sample.** A sample refers to a smaller, manageable version of a larger group. Specifically, it is a subset of the population that contains the characteristics of the larger population. Sampling means selecting the group that you will actually collect data from. This involves defining the unit of measurement (such as individuals, households, or schools) and the total number required to ensure that the evaluation is able to draw the conclusions it sets out to make. In quantitative data collection it also involves describing the sampling design, and in qualitative data collection, the selection criteria.
- **Ensure adherence to ethical standards.** It is essential that evaluation processes adhere to well-established and standard principles and protocols for ensuring the dignity, safety and confidentiality of participants and researchers. The key requirements of and adherence to ethical research with children are more complex in humanitarian contexts, which necessitate an extra degree of diligence. Evaluation processes should be conducted with the informed consent or assent of children and their communities; ensure confidentiality; be inclusive; respect local culture and values; ensure the well-being and safety of all participating children; consider unintended consequences; and strive to build capacity and incorporate participatory action to the greatest extent possible.<sup>17</sup>
- **Conduct a baseline.** Establish baseline data to reliably measure change over time. A baseline is essential to be able to compare data from the beginning of an intervention to the end to determine the impact on children's well-being.<sup>18</sup>
- **Choose an appropriate methodological approach.** The choice of method will depend on the questions being asked. Triangulate the data if different sources or methods have been used. Utilizing different methods can also uncover more information about the true measure and the potential weaknesses of any given method.<sup>19</sup>
- **Collect data over time (when possible).** In addition to a baseline, a monitoring system should be established to collect data over time. Collecting data over time for use in evaluation analysis will lead to being in a stronger position to conclude that any changes are linked to program interventions.
- **Establish a counterfactual.** A counterfactual analysis is the comparison between what actually happened and what, hypothetically, may have happened in the absence of an intervention. It describes a causal situation in the form of: "If the intervention had not occurred, the outcomes for children would not have occurred." The impact of the intervention is then estimated by comparing the counterfactual outcomes to those observed under the intervention. A counterfactual analysis will allow for a study of results against a baseline. This requires that a theory of change that uses a counterfactual is included in the intervention design. Counterfactual analysis enables the attribution of cause and effect between an intervention and its outcomes.
- **Data analysis and interpretation.** Data analysis is the process of determining whether there are trends or patterns in the data and determining what findings can be made from the data available. In other words, it is bringing together individual data points (e.g., an answer to a question) to determine what sense can be made of the ensemble of data points when categorized and considered systematically. It is through data analysis that we translate the data from different sources into understandable pieces of information.<sup>20</sup> It is then through interpretation that the data is reviewed for the purpose of arriving at an informed conclusion. Interpretation of data assigns a meaning to the information analyzed and determines its signification and implications with regards to program outcomes to effects on children's well-being.

15 In interventions of shorter duration it is recommended to measure indicators at baseline and end-line only.

16 Common indicators should be referenced across contexts in order to build the evidence-base across contexts. While recognizing that indicators cannot be fully standardized across countries, given the vast range of humanitarian and country contexts, it is recommended to adopt and use the indicators listed in the Child Protection Minimum Standards (CPMS) indicator table as well as the child well-being measurement framework as key to allow comparison of needs and response monitoring across contexts. It should be noted that it is not always possible for a single evaluation to capture changes at each level of the socio-ecological framework as those whose insights need to be captured may vary.

17 Boothby et al. (2006), p. 51

18 Review the Looking Backwards section in Guide to the Evaluation of Psychosocial Programming in Emergencies.pdf for further guidance on considerations and ways forward when a baseline has not been conducted.

19 Ibid.

20 The Alliance (2012), p. 20.

- **Link program outcomes to effects on children.**

An evaluation must link the outcomes of a program and the process that was undertaken to any improvements to children's well-being, and the nature and extent of those outcomes. It is important that this process determines positive outcomes as well as any unintended consequences. Program interventions will have varying outcomes according to the different needs of its beneficiary population. Since different groups of children may experience interventions differently, and since well-being is influenced by a wide variety of internal and external factors, the evaluation should heed caution when determining the cause of improvements to children's well-being before attributing them solely to program interventions.<sup>21</sup>

Only once these steps have been completed and documented, key considerations have been taken into account, such as ethics and bias in data collection, and a counterfactual analysis has shown that the intervention has promoted or supported the well-being of children, can a program or practice qualify to contribute to the evidence base. In order for the intervention to be considered evidence-based practice, it should be implemented and evaluated across contexts as further highlighted in the section below.

## Application across contexts

An additional uncertainty is likely to arise regarding whether a practice that is said to work well in one context will work equally well if applied in another. It is important to remember that while an evaluation, when applied with the appropriate methodology, can reveal insights about the impact of a program in a particular context, it does not always allow practitioners to derive strong conclusions about the likely effects of a similar program<sup>22</sup> in a different context. When an intervention proves to be effective in one context, its core elements can be replicated in other contexts only after it has been reviewed and adapted to fit the unique community settings and needs of the local population as informed by a situational analysis, while still maintaining the core elements of what makes the original intervention effective. There is often a gap between knowing that a practice or service works, and having evidence for it, and understanding what the essential components are within a program that are necessary for it to work and through what mechanisms they are triggered. This is a key factor in being able to consider whether transferring the program to another context should be pursued. Ultimately, there needs to be an exploration of "why it works", "for whom it works" and "under what circumstances it works" if we are to transition findings to evidence-based practice across contexts.

Accordingly, syntheses of evaluations of similar programs should be conducted systematically to establish the likelihood of the success of an intervention from one context or location to the next, which will act as a key source of knowledge for child protection humanitarian practitioners.

## Conclusion

It must be recognized that evaluative evidence is always under development, and thus it may be helpful to think of an "evidence journey" from promising early findings to substantive bodies of knowledge.<sup>23</sup> Central to this challenge is the need for a clearer understanding about the standards of evidence-based practice that can be applied to inform interventions in child protection in humanitarian action. Whatever the methodology, the evidence that we use to inform practice should fully correspond to our role in child protection in humanitarian action, which is to restore the conditions for children's optimal development and well-being in the local context; to increase the protective factors that promote well-being; and to reduce the risk factors present in children's environments. The challenge is to choose the most rigorous yet practical methods to gather evidence of our interventions. Working together to foster, develop, and disseminate evidence-based practice in child protection in humanitarian action will ultimately strengthen the impact of our work on the well-being of children.

21 Boothby et al. (2006), p. 20

## About this Position Paper

This position paper was written by Celina Jensen. This paper would not have been possible without the support of the following persons, whose guidance, experience and input helped shape and refine its approach and content: Kristine Mikhailidi, Mark Canavera, Martha Bragin, Stephanie Delaney, Megan Lind, Lucia Castelli, Katharine Williamson, Alessandra Guedes, Josiah Kaplan, Chantal Neuweiler, and Hani Mansourian.

**Suggested citation:** The Alliance for Child Protection in Humanitarian Action, Position Paper: Defining Evidence-Based Practice for Application in Child Protection in Humanitarian Action, Version 1, May 2021.

© The Alliance for Child Protection in Humanitarian Action, 2021

## References

- Ager, A., Ager, W., & Boothby, N. (2010). Evidence for children: Developing national capacities for Country-led evaluation systems. New York, NY: UNICEF.
- Ager, W. (2008). Issues arising in the development of UNICEF guidance on the evaluation of psychosocial programmes in emergencies. *Intervention*, 6(1), 4-11.
- Alliance for Child Protection in Humanitarian Action (2012). Child Protection Rapid Assessment Toolkit.
- Boothby, N., et al. (2006). Assessment and Evaluation of Psychosocial Programming for Crisis-Affected Children: A Good Practice Initiative. New York, NY: UNICEF.
- Boothby, N., Wessells, M., Williamson, J., Huebner, G., Canter, K., Rolland, E. G., Walker, V. (2012). What are the most effective early response strategies and interventions to assess and address the immediate needs of children outside of family care? *Child Abuse & Neglect*, 36, 711–721.
- Bragin, M. (2005). The Community Participatory Evaluation Tool for psychosocial programs: a guide to implementation. *Intervention*, 3(1), 03-24.
- Bragin, M. (2012). So that our dreams will not escape us: Learning to think together in time of war. *Psychoanalytic Inquiry*, 32(2), 115-135.
- Burns, P. B., Rohrich, R. J., & Chung, K. C. (2011). The Levels of Evidence and their role in Evidence-Based Medicine. *Plastic Reconstruction Surgery*, 128(1), 305-310. [https://journals.lww.com/plasreconsurg/Fulltext/2011/07000/The\\_Levels\\_of\\_Evidence\\_and\\_Their\\_Role\\_in.46.aspx](https://journals.lww.com/plasreconsurg/Fulltext/2011/07000/The_Levels_of_Evidence_and_Their_Role_in.46.aspx)
- Charest, É. & Gagné, M. (2019) 'Measuring and Predicting Service Providers' Use of an Evidence-Based Parenting Program.' *Adm Policy Ment Health* 46, 542–554 <https://doi.org/10.1007/s10488-019-00934-1>
- Côté, M-K & Gagné, M-H. (2020) 'Diversity in practitioners' perspectives on the implementation of the evidence-based Triple P—Positive Parenting Program.' *J Community Appl Soc Psychol*. 2020; 1– 14. <https://doi.org/10.1002/casp.2458>
- Duncan, J., & Arnston, L. (2004). Children in crisis: Good practices in evaluating psychosocial programming. Washington, DC: International Psychosocial Evaluation Committee and the Save the Children Federation
- Gleason, T. R., & Narvaez, D. (2019). Beyond Resilience to Thriving: Optimizing Child Wellbeing. *International Journal of Wellbeing*, 9(4), 59-78. doi: <http://10.5502/ijw.v9i4.987>
- Goodman, K. W. (2005). Ethics, Evidence, and Public Policy. *Perspectives in Biology and Medicine*, 48(4), 548-556. doi: <https://doi.org/10.1353/pbm.2005.0091>
- Hitch, D., & Nicola-Richmond, K. (2017). Instructional practices for evidence-based practice with pre-registration allied health students: a review of recent research and developments. *Advances in Health Sciences Education*, 22, 1031-1045.
- McCall, R. B., & Green, B. L. (2004). Beyond the Methodological Gold Standards of Behavioral Research: Considerations for Practice and Policy. *Society for Research in Child Development*, 8 (2).
- Nutley, S., Powell, A. & Davies, H. (2013). What Counts as Good Evidence? Provocation Paper for the Alliance for Useful Evidence. Research Unit for Research Utilisation (RURU), School of Management, University of St Andrews.
- Rutter, D., Francis, J., Coren, E. and Fisher, M. (2010) 'SCIE systematic research reviews: guidelines (2nd edition).' London: Social Care Institute for Excellence.
- Sackett, D. L., Rosenberg, W. M., Muir Gray, J. A., Haynes, R. B., & Richardson, W. S. (1996). Evidence based medicine: what it is and what it isn't. *British Journal of Medicine*, 312(71). doi: <http://dx.doi.org/10.1136/bmj.312.7023.71>



Stiglitz, J. E., Sen, A., & Fitoussi, J. P. (2017). The Commission on the Measurement of Economic Performance and Social Progress 2009. Report by the commission on the measurement of economic performance and social progress.

Stiglitz, J. E., Fitoussi, J.P. & Durand, M. (2018). Measuring what counts: The global movement for well-being. New York & London, UK: The New Press.

Tellings, A. (2017). Evidence-Based Practice in the social sciences? A scale of causality, interventions, and possibilities for scientific proof. *Sage Journals*, 27 (5). <https://doi.org/10.1177%2F0959354317726876>

Udo, C., Forsman, H., Jensfelt, M., & Flink, M. (2019). Research Use and Evidence-Based Practice Among Swedish Medical Social Workers: A Qualitative Study. *Clinical Social Work Journal*, 47, 258-265. doi: <https://doi.org/10.1007/s10615-018-0653-x>

UNICEF (2009). Guide to Evaluation in Psychosocial Programming in Emergencies.

Walsh, J. C., Dicks, L. V., Raymond, C. M., & Sutherland, W. J. (2019). A typology of barriers and enablers of scientific evidence use in conservation practice. *Journal of Environmental Management*, 1-9. doi: <https://doi.org/10.1016/j.jenvman.2019.109481>

Wessells, M. G (2009). What are we learning about community-based child protection mechanisms? An inter-agency review of the evidence from humanitarian and development settings. Washington: D.C.

Wessells, M. G. (2015). Bottom-up approaches to strengthening child protection systems: Placing children, families, and communities at the center. *Child Abuse and Neglect*, 43, 8-21. doi: <http://dx.doi.org/10.1016/j.chiabu.2015.04.006>

Wessells, M., & van Ommeren, M. (2008). Developing inter-agency guidelines on mental health and psychological support in emergency settings. *Intervention: International Journal of Mental Health, Psychosocial Work & Counseling in Areas of Armed Conflict*, 6, 199–218. <http://dx.doi.org/10.1097/WTF.0b013e328321e142>



24 Wessells & van Ommeren (2008)

25 Wessells (2016), p. 202

26 Approximately 150 child protection practitioners working for both national and international organizations and from a broad range of humanitarian contexts participated in this exercise.

## Annex

### Background: Recognizing the need to define evidence-based practice in child protection in humanitarian action

---

Child protection in humanitarian action programming includes a range of different approaches and activities that are not always implemented across child protection agencies in a consistent manner or relevant to community context. There is widespread recognition among practitioners and researchers of the need to build a stronger evidence base for child protection work in humanitarian settings to be able to determine what approaches and practices are appropriate and effective. However, much of the current evidence-base is derived from expert opinion or best practice, which are valuable tools when applied appropriately yet not as strong as evidence based on research using robust designs and methods. In general, there is a paucity of empirical evidence regarding which interventions were effective, much less their comparative effectiveness or their cost effectiveness and scalability.

As a result, in 2017 the Assessment, Measurement and Evidence (AME) Working Group of the Alliance for Child Protection in Humanitarian Action (the “Alliance”) initiated the impetus for a position paper on evidence-based practice in CPHA. The need for inter-agency consensus on what constitutes evidence-based practice in CPHA was further reinforced in 2018 during the annual meeting of the Alliance in which a session was held that sought to determine the existing strengths, weaknesses, opportunities and threats in accessing and generating evidence. While participants highlighted the ability of the sector to generate child-focused evidence-based practice to inform response interventions, they also identified several weaknesses that inhibited the generation of a reliable evidence-base. These weaknesses included a lack of synergy and coordination amongst agencies, the absence of user- or field-friendly tools and methodologies for data collection, weak monitoring and evaluation frameworks, and insufficient funding for research. Finally, participants agreed that there was a general lack of clarity within the sector between what is meant by “robust” versus “good enough” evidence-base practice. This lack of clarity led to a consensus on the need to define evidence-based practice in child protection in humanitarian action and to create a common understanding of what makes a particular intervention or practice appropriate and effective, as well as how to apply it to programming to make the claim that a practice is effective.