

Primary Prevention Framework

For Child Protection in Humanitarian Action



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It is our fervent hope that this Framework will reflect the commitment and vision of all the above contributors to preventing harm to children in humanitarian action.

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To rescue the fallen is good, but 'tis best
To prevent other people from falling....
Better put a strong fence 'round the top of the cliff,'
Than an ambulance down in the valley.

Joseph Malins

The Ambulance Down in the Valley, 1895

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1.0. THE PURPOSE OF THE PREVENTION FRAMEWORK

Child Protection in Humanitarian Action (CPHA) is “the prevention of and response to abuse, neglect, exploitation and violence against children¹ in humanitarian action.²” While significant effort and improvements have been made in the sector on responding when harm has already taken place, less focus has been placed on how we can prevent harm to children before it occurs.

The Primary Prevention Framework for Child Protection in Humanitarian Action (the Framework) provides guidance for humanitarian workers on the key actions and considerations to apply when developing or implementing programming to prevent harm to children in humanitarian settings at the population-level.

The Framework highlights guiding principles and specific actions to take within each of the five steps of the program management cycle for effective primary prevention efforts. Supporting resources and practical tools are linked within each step.

While leadership on preventing harm to children may be taken up within the child protection sector, due to the multisectoral nature of prevention, this Framework is intended for use by all humanitarian actors.

The Framework is based on a desk review of evidence-based prevention approaches within the child protection sector as well as other humanitarian sectors such as education, gender-based violence (GBV) and health.³ The Framework is also informed by guidance documents and briefing papers on understanding and identifying child protection risk and protective factors in humanitarian crises, developed under the Alliance for Child Protection in Humanitarian Action’s [Prevention Initiative](#).⁴

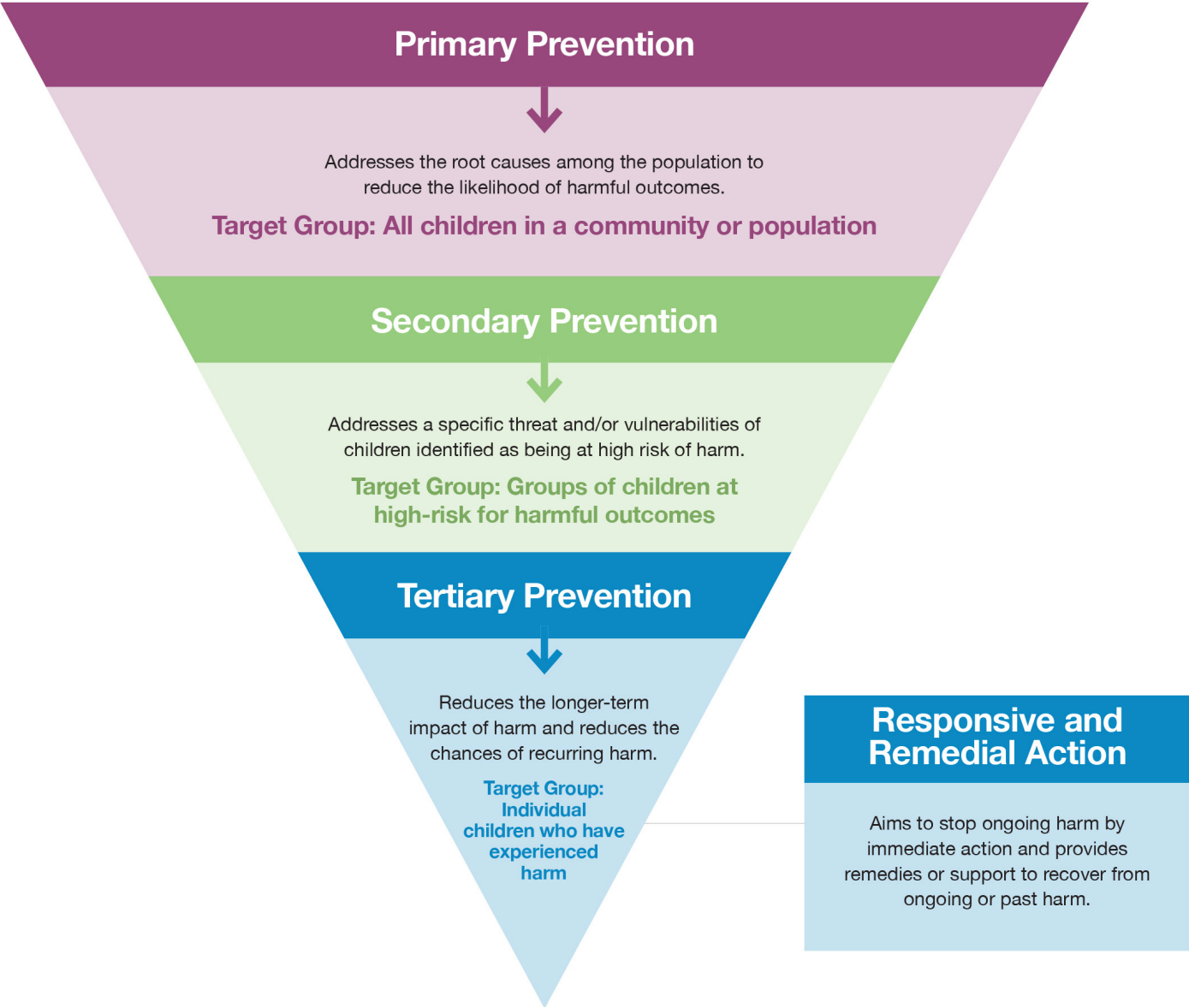
2.0. WHAT IS PREVENTION IN HUMANITARIAN ACTION?

2.1. A Public Health Approach to Prevention

In accordance with the public health model of prevention, there are three levels of prevention: primary, secondary and tertiary. Primary prevention is about identifying and addressing trends or patterns of risk within the population, as opposed to identifying individual cases for service provision. The definitions for each level of prevention as stated in the [Minimum Standards for Child Protection in Humanitarian Action \(CPMS\)](#) are provided below.⁵

The 3 Levels of Prevention: Levels of CPHA Prevention and Response Programming:

The below table provides a few illustrative examples of prevention at each level.



Level	Examples (Non-exhaustive List)
<p>Primary Prevention</p>	<ul style="list-style-type: none"> • Implementation of social protection or other economic policies and programs that strengthen household financial security. • Social norms and behavior change interventions (e.g., programming to reduce violence in schools including positive discipline and anti-bullying). • Community-wide access to parenting support services and information. • Access to quality education services, healthcare, adequate water & sanitation services and shelter for all children.
<p>Secondary Prevention</p>	<ul style="list-style-type: none"> • Life-skills sessions for adolescents at risk of harm. • Financial support to families with a child identified as at risk for child marriage. • Parenting support sessions or home visits for parents of children identified as at risk of abuse or neglect in the home. • Early intervention support for children with developmental delays, which can lead to higher risk of abuse, neglect, exploitation and violence.
<p>Tertiary Prevention/ Responsive and Remedial Actions</p>	<p>Tertiary prevention activities are intended to prevent reoccurrence of harm and long-term negative impacts and are often delivered together with remedial and response actions after a child has already experienced harm.</p> <ul style="list-style-type: none"> • Case management services for children who have experienced abuse, neglect, exploitation or violence. • Reintegration support for children associated with armed forces and armed groups. • Building the capacity within the justice system on interviewing techniques when working with child survivors.

2.1. A Focus on Primary Prevention

This Framework focuses on primary prevention. Child protection actors are regularly implementing secondary and tertiary prevention interventions as part of humanitarian programming. However, insufficient investment has been made in programming to prevent harm to children across a population. Addressing this gap will lead to greater gains to protecting children during a crisis.

Primary prevention addresses the root causes of harm to children within a population or community, leading to an overall reduction in the number of families and children in need of secondary and tertiary prevention services and response services. Investment in primary prevention is essential to ensuring accountability to children and the centrality of protection within humanitarian preparedness and response efforts.

Primary prevention is critical in humanitarian settings for three main reasons:⁶

- An ethical responsibility to prevent harm to children before it occurs whenever possible by all humanitarians;
- Improving the sustainability and long-term impact of humanitarian responses; and
- Increased cost-effectiveness of child protection interventions.⁷

A Comprehensive Approach: Prevention and Response

Prevention approaches may reduce, but will never eliminate, the need for effective referral and responsive and remedial services.⁸ Experience in non-humanitarian contexts has shown that a shift to primary prevention approaches may initially increase the need for response services, as awareness and reporting of child protection issues in a community grows.⁹

Primary prevention and response programming are integrated and essential components of child protection systems. Interventions to strengthen child protection systems — such as building workforce capacities, increasing awareness on child developmental needs, or investing more in the social service workforce — will support both prevention and response approaches.

2.2. Other Key Terms for Primary Prevention Programming

What are harmful outcomes for children to be prevented?

Harmful outcomes for children refer to dangers and injuries, physical and emotional maltreatment, sexual and gender-based violence, mental health and psychosocial distress, association with armed forces or armed groups, child labor or family separation.

What are risk and protective factors?¹⁰

Understanding the root causes of harm to children and protective factors that mitigate harm within a context is the foundation of primary prevention efforts. See [Annex 1](#) for further examples of common risk and protective factors at the different levels.



Risk factors are the root causes or threats and vulnerabilities that increase the probability of a negative outcome. Threats exist in a child's environment. This could include armed conflict where the child lives, insecure accommodation arrangements during displacement or any individual who is responsible for abuse, neglect, exploitation or violence against children. Vulnerabilities are traits or experiences that make a group or person more susceptible to a threat (e.g., ethnicity, developmental delays, gender, being out-of-school, etc.). Other examples of risk factors include the loss of livelihoods that makes a child more likely to experience harmful labor or an exposed electrical wire in a damaged building that leads to injuries in children.

Protective factors reduce the probability of a harmful outcome and support well-being. This includes capacities to mitigate specific threats. Examples of protective factors include the skill of a child to engage with a supportive peer group to maintain their mental health or the capacity of a community to advocate with local business to stop harmful child labor.

Both risk and protective factors can be found at the individual, family, community and society levels.

Ensuring the inclusion of children of different ages, gender, disability, and other identity groups when identifying risk and protective factors is essential. This is because risk and protective factors may be different for groups of children who are marginalized within a community.

What are prevention supports and services?

Any actions or components that contribute to the prevention of harmful outcomes to children. When we address risk and protective factors, it is through the provision of prevention supports or services.

Prevention services include any services that reduce or eliminate risk factors or bolster protective factors. They can be provided by government or non-governmental agencies and groups. Example services could include formal or non-formal learning opportunities, social protection programs, after school recreation programs, or availability and access to resource persons like teachers or social workers. There should be equitable access and quality of the service to all children, including the most vulnerable. Otherwise, inequities in service provision may be or become risk factors leading to harmful outcomes for vulnerable groups of children.

Prevention supports are experiences or components that exist in the child's environment and contribute to prevention efforts, such as caring family members, stability in where the child lives, or spiritual beliefs that promote a sense of optimism and self-worth. These are often protective factors.

Existing and appropriate prevention supports and services must be identified within the context, as they will vary. For example, the same service may contribute to prevention in one context but not in another.

What does population-level in primary prevention mean?

Primary prevention aims to reduce the risk of harm for all children within a population or a subgroup of the population. A population can refer to a whole society or a part of it. For example, a subgroup of the whole society could be a geographic community and include all the children within that community. It can also refer to a sub-group of children within the broader society. For example, all children living in refugee camps within a country, or all children aged one to five years old in the broader society.





3.0. PRINCIPLES FOR EFFECTIVE CPHA PREVENTION INTERVENTIONS



Eight principles for effective primary prevention interventions have been identified based on existing evidence.¹¹

These Principles are to Be Applied at All Steps of the Framework	
<p>Be Context Specific</p> 	<ul style="list-style-type: none"> • Identify risk and protective factors with children, families, communities and other local stakeholders. Each context will have a unique combination of factors. • Prioritize those risk and protective factors associated with multiple harmful outcomes and those that are most impactful and feasible to address. • Put in place mechanisms to regularly monitor changes in risk and protective factors throughout the program cycle.
<p>Address Multiple Levels of the Socio-ecology</p> 	<ul style="list-style-type: none"> • Identify risk and protective factors across the socio-ecological context (individual, family and relationships, community, society and regional/international levels.) • Identify and strengthen existing prevention services and supports across the socio-ecological context. • Collaborate with a range of groups and agencies to address risk and protective factors at all socio-ecological levels. A single project cannot cover all levels.
<p>Use a Holistic, Multi-Sectoral Approach</p> 	<ul style="list-style-type: none"> • Advocate to ensure preventing harm to children is a central aim within all humanitarian preparedness and response efforts. • Compile and analyze existing data on child well-being and harmful outcomes in all multi-sector assessments and monitoring systems. • Conduct multi-sectoral analysis of risk and protective factors to develop joint theories of change on preventing harmful outcomes to children as well as joint program outcomes and indicators. • Determine which sectors should be involved in prevention efforts based on the major risk and protective factors identified in context.
<p>Measure Outcomes</p> 	<ul style="list-style-type: none"> • Use risk and protective factors to inform intervention design, including monitoring and evaluation plans. • Use result-level outcomes, related to change in risk and protective factors, to indirectly measure prevention. • Share the results of evaluations on effectiveness of prevention interventions with humanitarian actors locally and globally.
<p>Use a Strengths-based Approach</p> 	<ul style="list-style-type: none"> • Ensure protective factors are identified along with risk factors during assessments. • Have program objectives that aim to strengthen child well-being¹³ in the population, in addition to reducing risk of harm to children. • Understand and build on the existing abilities of children, families, communities, and societies to prevent harmful outcomes.

<p>Facilitate Community Ownership</p> 	<ul style="list-style-type: none"> • Prioritize community-led prevention approaches, including in the identification and analysis of risk and protective factors. • Provide local community and national actors with the financial and technical resources for prevention programming. They are better placed to understand risk and protective factors and community capacities to address them. • Identify and strengthen existing protective mechanisms within communities as well as families.
<p>Be Child Centered and Inclusive</p> 	<ul style="list-style-type: none"> • Disaggregate data to understand the key factors specific to age, gender, sexual orientation, ethnicity, disability groups or other vulnerability factors which may make children more vulnerable to a specific harmful outcome and impact the barriers they encounter. Age should be disaggregated at a minimum by early childhood, primary school age and adolescence. Population-level interventions must be inclusive of the most vulnerable if it is to reduce harmful outcomes for all children. • Ensure prevention services and supports are developmentally-appropriate to the age of the children targeted. • Support children within the population to be knowledgeable and skilled in prevention of harm to themselves and their peers. School curricula and media messaging can be used to increase children’s knowledge and skills. • Ensure children are active participants throughout the program cycle, where possible and safe.
<p>Bridge Development and Humanitarian Systems</p> 	<ul style="list-style-type: none"> • Work, where possible, with development actors, government structures and local authorities responsible for child welfare and well-being throughout the program cycle. • Invest in preparedness work between non-humanitarian and humanitarian actors to include prevention efforts from the earliest stages of a crisis. • Strengthen prevention within existing child protection systems, including how they can be adapted during times of crisis, and use existing systems to identify risk and protective factors.

Primary prevention interventions should be reviewed to ensure that the eight principles are integrated into the appropriate program steps. See [Annex 2](#) for key considerations to make at each step of the program cycle for each principle.

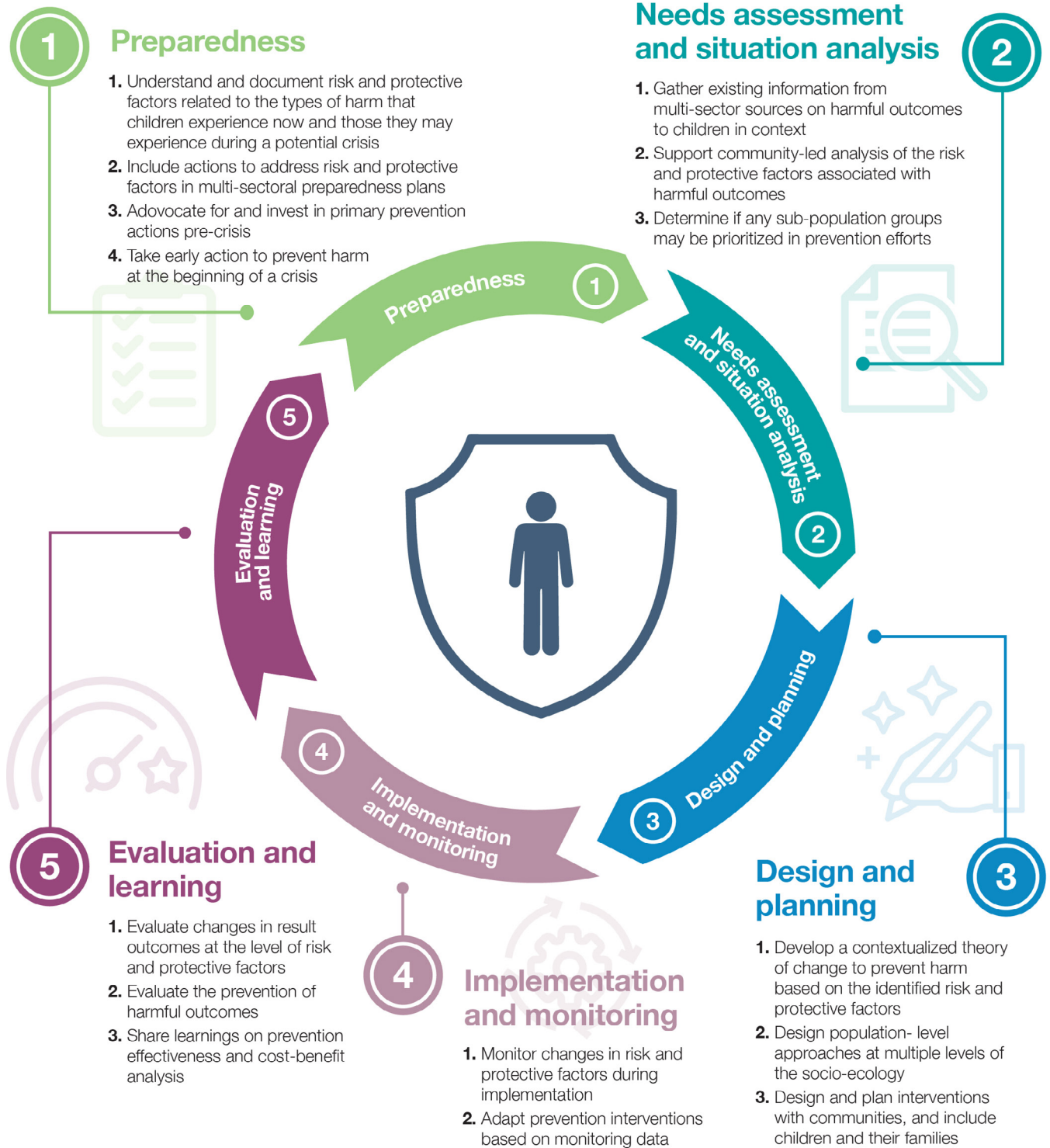


4.0. THE FIVE STEPS OF PREVENTION PROGRAMMING

An overview of the key actions for primary prevention interventions during the program cycle is provided below. This is followed by further details on each step covered in sections 4.1 to 4.5 of this Framework.

Please note: This framework does not intend to provide a comprehensive guide to program cycle management, but rather highlights the specific considerations and actions to take when designing and implementing primary prevention approaches. The key actions and considerations in [CPMS Standard 4 on Program Cycle Management](#) still apply, although they are not repeated here.

Key Steps for Primary Prevention in the Program Management Cycle



Reminder:

Integrate the [principles](#) into each program cycle step in addition to the key actions above.

Capacity Strengthening Throughout the Program Cycle

Greater awareness and understanding of primary prevention are required for child protection in humanitarian action. Concerted efforts to strengthen capacity on what prevention is and why it is essential are needed among practitioners, managers and decision makers. Capacity strengthening efforts should target a multi-sectoral audience and be sure to include topics on understanding the common causes (or risk factors) and protective factors for child protection issues and developing programming that prevents as well as responds. Refer to the Alliance's website [Prevention Initiative](#) for the latest resources to support capacity strengthening on prevention.

4.1. Step One: Preparedness

Emergency preparedness is the activities and measures taken before a crisis to ensure a rapid and effective response. Preparedness takes place before a crisis but also continues during a crisis to prepare for changes or exacerbation of the crisis (e.g., increase in armed conflict).

Key Actions: Preparedness
Understand and document risk and protective factors related to the types of harm that children experience now and those they may experience during a potential crisis.
Include actions to address risk and protective factors in multi-sectoral preparedness plans.
Advocate for and invest in primary prevention action pre-crisis.
Take early action to prevent harm at the beginning of a crisis.

Understand and document risk and protective factors related to the types of harm that children experience now and those they may experience during a potential crisis. Desk reviews should identify existing harmful outcomes and associated risk and protective factors, which may be exacerbated during a potential crisis. Desk reviews should also consider new types of harmful outcomes that may emerge during a crisis (or the exacerbation of an existing crisis) and the associated risk and protective factors. Desk reviews document the preventative services and supports already in place to address these factors. Inter-agency and intersectoral desk reviews should be prioritized wherever possible.

Include actions to address risk and protective factors in multi-sectoral preparedness plans. Preparedness plans should be developed with local and community actors such as health centers and schools. Multi-sectoral assessment and data collection tools that are developed jointly by Child Protection, Education, Health, MHPSS, GBV, Livelihoods and Food Security and others will better include information on risk and protective factors.

Preparedness plans should include information on who will implement preventative actions in a humanitarian response, how they will be resourced and how existing prevention services and supports may need to be adapted in the crisis scenario. Preparedness plans should also include actions to prevent harmful outcomes that are likely to occur in a crisis. For example, any scenario that involves displacement should prioritize the prevention of family separation. A scenario that includes lockdowns should prioritize preventing violence to children within homes.

Advocate for and invest in primary prevention preparedness actions pre-crisis.

Humanitarian, development and Government actors should work together to take actions that will build the capacity of children, families and communities to prevent harm to children when a crisis occurs. The actions should be based on identified risk and protective factors.

Additionally, existing social protection and prevention interventions can be prioritized for continued and increased funding in emergency preparedness plans. For example, this could include continuing national-level social protection measures (e.g., child and family benefits), strengthening child protection systems to adapt to a crisis through supplemental funding and training, or continuing community and civil society prevention efforts such as the running of parenting support groups.

Program Example: Working with children to identify preparedness measures in Nepal to prevent injuries to children from earthquakes.

During consultations with children after the 2015 earthquake in Nepal, children identified numerous preparedness measures that they, their families and their communities could take to prevent injury to children during future earthquakes. The measures were based on risk factors children perceived as having put them in danger during the earthquake as well as protective factors that had kept them safe. Measures included:

- Advising children to avoid landslide-prone areas;
- Ensuring buildings are built to be both earthquake-resilient and safe for children (e.g., ensuring door handles are low enough for children to reach); and
- Improving the school curricula on earthquake preparedness, by including a general understanding of earthquakes and revising messages on how to act during an earthquake to be clearer for children of all ages.¹⁴

Take early action to prevent harm at the beginning of a crisis. Early actions are those taken in response to a trigger that signals that a crisis is likely near. These early actions either mitigate the impact of a crisis or improve the response.¹⁵ Early warning systems allow for action to be taken based on the potential risk of harm to children, rather than need. For example, as the likelihood of displacement due to armed conflict increases, it can be assumed that family separation and psychosocial distress are likely. Early action to prevent separation and mitigate psychosocial distress can be taken, even before confirming the prevalence of the unaccompanied and separated children and distress.

Example: Use of early warning systems to prevent recruitment of children by armed forces and armed groups.¹⁶

The Dallaire Institute for Children Peace and Security has developed a predictive model to estimate the likelihood of child soldier recruitment and use by country. Variables that have been found to be predictors of child recruitment and use in a range of contexts are monitored. The model has estimated child-soldier use correctly 86% of the time and continues to be developed for increased accuracy. Variables include, for example, an overall increase in recruitment levels by a previously active non-state armed group and the use of children by government armed forces. The Dallaire Institute and its local partners monitor the situation for these and other identified triggers. When the trigger level is reached, preventative actions are put into place.

In northern Mozambique, the conflict has killed over 5,000 people and displaced nearly 800,000 people between 2017 and 2021. The potential recruitment and use of children by non-state armed groups was identified as a concern. While monitoring the evolving situation, early warning triggers that predict use of children by armed groups were identified in January 2020. In response, the Dallaire Institute organized preventative actions such as high-level dialogues and sensitization with the Ministry of Defense, senior military personnel from the Mozambican Defense Forces and policymakers from other relevant ministries. Mozambican soldiers are also being trained on the human rights concerns and best practices for preventing the recruitment and use of children as soldiers, fighting against an armed group that uses child soldiers, including observation, reporting and planning strategies to enhance protections for children.

Resources for CPHA Primary Prevention Preparedness:

- [Child Protection Working Group Secondary Data Review \(SDR\): Matrix and guidance note.](#) The Alliance for Child Protection in Humanitarian Action, 2016.
- [Identifying and Ranking Risk and Protective Factors: A Brief Guide.](#) The Alliance for Child Protection in Humanitarian Action, 2021.
- [Defining and Measuring Child Well-Being in Humanitarian Action: A Contextualization Guide.](#) The Alliance for Child Protection in Humanitarian Action (2021).
- [Anticipatory Action and Child Protection: Acting Early to Better Protect Children in Emergencies, Issue Brief.](#) International Federation of Red Cross and Red Crescent Societies (IFRC), 2021.
- [The Preparedness Package for Refugee Emergencies: A Reference Guide for Preparedness.](#) UNHCR, 2020.

4.2. Step Two: Assessment and Situation Analysis

Key Actions: Assessment and Situation Analysis
Gather existing information from multi-sector sources on harmful outcomes to children in the context.
Support community-led analysis of the risk and protective factors associated with harmful outcomes.
Determine if any sub-population groups may be prioritized in prevention efforts.

A primary prevention approach is based on a comprehensive analysis of the risk and protective factors that impact whether children experience harmful outcomes. It goes beyond the question of “What are the harmful outcomes to children occurring in this context?” (e.g., child marriage, violence in schools, recruitment in armed forces, family separation). Prevention programming also needs to know:

- “What are the risk factors leading to harmful outcomes for children?” and
- “What are the protective factors that can prevent children from experiencing harmful outcomes?”¹⁷

Use existing information to take immediate action while further assessment is undertaken.

When information and analysis on harmful outcomes and the risk and protective factors are available in desk reviews or other sources pre-crisis, this information can be used immediately to design primary prevention interventions. When monitoring identifies that there is a significant change in the risk and protective factors or the type of harmful outcomes in the context, updated assessments and analysis can then be conducted to better adapt programming.

Gather existing information from multi-sector sources on harmful outcomes to children in the context. Risk and protective factors relate to a child’s holistic well-being and are found in all sectors.¹⁸ Data on child well-being is often already being collected by other sectors and can be used in joint analysis of harmful outcomes and risk and protective factors. Where relevant data is not already being collected, advocacy for the inclusion of data collection on children’s well-being within all sectors is needed. It is essential that child protection and other sector actors discuss and jointly analyze this data to inform the design of effective interventions. This includes sectors involved in the provision of education, health care, water and sanitation, livelihood support, shelter, nutrition and other services to children.

Example: Food security indicators related to child protection risk factors

The Coping Strategies Index (CSI)¹⁹ is a tool used by food security professionals to measure household food security and the impact of food aid programs in humanitarian settings. The CSI recommends using focus groups to identify the coping strategies households are using when access to food is inadequate. The strategies are then included in the index as measures of food insecurity in context.

An example coping strategy suggested in the CSI is sending children to work. This is also an indicator of child labor, with food insecurity as a risk factor for child labor.

Sending a household member to beg is another example of a coping strategy included in the CSI. If disaggregated to identify household members by age group, this can also provide data on child labor.

Sending children to eat with neighbors or even sending children to live with family or neighbors are examples of additional coping strategies that impact a child's risk for harm, including family separation.

Joint analysis between food security and child protection actors can lead to the development of prevention interventions to address negative coping strategies.

Example: Using education assessments in Syria to understanding risk and protective factors

Access to safe, quality education for children is a common protective factor that prevents various harmful outcomes to children, such as recruitment in armed forces and armed groups, child labor, family separation, forms of GBV such as early marriage and others.

Joint assessment and analysis of access to safe, quality education between education and child protection actors is essential. The community education assessment tool agreed by the Education Cluster for use in Syria in 2018²⁰ asks key informants to identify barriers to education. Possible barriers includes early marriage, corporal punishment, lack of documentation for children, psychosocial distress of children or teachers, unsafe transportation options and more. The assessment also identifies what groups of children have less access to education by age, disability, gender, or legal or displacement status.

Education assessments include valuable information on harmful outcomes as well as access and attendance to formal and non-formal education. Child protection and education actors can jointly analyze the data collected in combination with additional data collected by child protection actors on risk and protective factors to determine priority prevention actions needed with communities.

Examples of multi-sectoral data on harmful outcomes for children and risk and protective factors

Sectors / Actors	Examples of Prevention Related CPHA Data Being Collected By Other Sectors
All Sectors and Actors	<ul style="list-style-type: none"> • Information on hard to access populations or marginalized groups • Child well-being services and supports (healthcare, education, nutrition, psychosocial support, etc.) in place by community-level actors
Food Security / Livelihoods	<ul style="list-style-type: none"> • Information on coping mechanisms (including harmful mechanisms such as sending children to work, child or forced marriage, etc.) at household level • Existence of and types of child labor and worst forms of child labor
Education	<ul style="list-style-type: none"> • Safety in and around schools and non-formal education sites • % of child not attending school or at risk of dropping out and the reasons for leaving • Availability of and barriers to accessing education at early childhood, primary and secondary levels
Health	<ul style="list-style-type: none"> • Types of injuries and illness most prevalent to children in the population • Number of mental health and social service referrals for children and caregivers • Causes of family separation during epidemics
MHPSS	<ul style="list-style-type: none"> • Available mental health and psychosocial support services • Levels and sources of stress for children and caregivers
Gender Based Violence (GBV)	<ul style="list-style-type: none"> • Existence of harmful or protective gender norms • Existence of GBV against children, intimate partner violence and threats and vulnerabilities
Nutrition	<ul style="list-style-type: none"> • % of acute malnutrition, stunting and micronutrient deficiencies for children by age group in the population that would call for early intervention • Levels of depression among new mothers
Child Protection	<ul style="list-style-type: none"> • Type and prevalence of harmful outcomes for children in the populations • Risk and protective factors related to harmful outcomes • Status of laws, policies and enforcement related to child protection • Capacities of social services to prevent and respond to harm to children

Analyze harmful outcomes for children and their associated risk and protective factors.²¹

A list of commonly identified risk and protective factors can be found in [Annex 1](#). However, each culture and context will have specific risk and protective factors and vary in the degree of impact each factor has on harmful outcomes. For example, in one context, family separation may be linked to a lack of secondary education opportunities while in another family separation may be linked to the need to flee during seasonal flash flooding. Information on risk and protective factors can be included into assessments that feed into Humanitarian Needs Overview (HNO) exercises in coordination with other sectors.

Risk and protective factor assessment methods. There are multiple assessment methods such as:

- Participatory assessment exercises with children, families, and community members such as focus group discussions or surveys. A selection of exercises can be found in the Guidance Notes section of the Alliance for Child Protection in Humanitarian Action's [A Reflective Guide for Community-Level Approaches to Child Protection in Humanitarian Action](#).
- Population monitoring, identifying common factors leading to harmful outcomes; or
- Profiling of children who have already experienced a negative outcome to identify common risk factors (see [program example](#) on page 18).

In [Identifying and Ranking Risk and Protective Factors: A Brief Guide](#), the Alliance has developed a three-step methodology for identifying risk and protective factors as below:

Step 1: Conduct focus group discussions with children, family, community members and key stakeholders on harmful outcomes and risk and protective factors

Step 2: Rank the risk factors and the protective factors identified

Step 3: Analyze and interpret the results to determine a theory of change

Determine if any sub-population groups may need to be prioritized in prevention efforts.

Primary prevention approaches work at the population-level and target all children in the population. Many likely risk factors, such as poverty or harmful social norms, affect multiple sub-groups (children of different ages, ethnicity, gender, etc.) and are at the root of multiple forms of harmful outcomes. In these cases, interventions that address all children in a population are needed to reduce overall risk.

However, in some instances, it may be more effective to target a specific sub-group of the population who are more vulnerable to experiencing harmful outcomes. This might be a sub-group identified by age group (infants, early childhood, primary school aged, early adolescent and adolescent), gender, sexual orientation, disability, legal status, geographical region or other status. For example, older children may be at risk for entering the worst forms of child labor, while younger children are may be more at risk for neglect. It is essential to disaggregate data during assessment, analysis, monitoring and evaluation to identify sub-groups.

Program Example: Profiling of children who have experienced harmful outcomes to identify risk and protective factors in Uganda²²

What was done? In Uganda, ChildFund worked with a wide variety of partners to prevent family separation. Data was collected from children living in the residential care and the caregivers that worked in the residential care centers on the factors that led them to be separated from their families. Nine major risk factors were identified. This included 53% of children and workers citing lack of access to quality education as a factor, 51% the loss of one or both parents, 51% poverty and 15% identified neglect at home.

This information was then triangulated with community data. The communities where the largest number of children living in residential care came from were identified. Then community members from these areas identified households where they perceived a high risk of family separation. The high-risk households were assessed on vulnerability scales that looked at household economic security, access to basic needs, health care, psychosocial support, child protection and legal support. This method found that household poverty, loss of one or both parents, domestic violence and alcoholism were the top risk factors present in these households.

What was the outcome? Using the assessment information above, ChildFund and its partners were able to prioritize risk factors that had the most impact on family separation and design interventions to reduce those risks in the population.

Resources for CPHA Primary Prevention Assessment and Situation Analysis:

- [Child Protection Working Group Secondary Data Review \(SDR\): Matrix and guidance note.](#) The Alliance for Child Protection in Humanitarian Action, 2016.
- [Identifying and Ranking Risk and Protective Factors: A Brief Guide.](#) The Alliance for Child Protection in Humanitarian Action, 2021.
- Guidance Note 3: Context Analysis in [A Reflective Field Guide: Community-Level Approaches to Child Protection in Humanitarian Action.](#) The Alliance for Child Protection in Humanitarian Action, 2020.
- [Child Protection Rapid Assessment Toolkit.](#) The Child Protection Working Group / The Alliance for Protection in Humanitarian Action, 2012.
- [Needs Identification and Analysis Framework.](#) The Child Protection Area of Responsibility.
- [Defining and Measuring Child Well-Being in Humanitarian Action: A Contextualization Guide.](#) The Alliance for Child Protection in Humanitarian Action, 2021.
- Module 1: Risk Analysis, [Gender-Based Violence Prevention: A Results-Based Evaluation Framework.](#) InterAction, 2021.

4.3. Step Three: Design and Planning

Program design and planning is a critical step to effective primary prevention interventions. It builds directly on the assessment and analysis and underpins the evaluation of change and evidence that will be generated from the program.

Key Actions: Design and Planning
Develop a contextualized theory of change to prevent harm based on the identified risk and protective factors.
Design population-level approaches to address risk and protective factors at multiple levels of the socio-ecology.
Design and plan interventions with communities, and include children and their families.

Develop a contextualized theory of change to prevent harm based on the identified risk and protective factors. Effective child protection programming, whether prevention or response focused, is rooted in a theory of change that is context specific. The theory of change in prevention programming demonstrates how changes in risk and protective factors will reduce harmful outcomes for children. This information comes from assessment and analysis conducted in Step 2. Effective theories of change are informed by assessments by and with communities that have identified which protective and risk factors are most important in relation to the type of harm to be prevented.

What is a theory of change?²³

A theory of change is a statement of the form “**IF** we do this activity, **THEN** this change will happen, **BECAUSE** of these factors.” For example:

IF we increase household food security, **THEN** we will prevent children being recruited in armed forces and armed groups, **BECAUSE** food insecurity is a major risk factor that leads to child recruitment.

IF we increase community social pressure against children joining armed forces and armed groups, **THEN** we will prevent children being recruited in armed forces and armed groups, **BECAUSE** positive social pressure is a major protective factor that prevents child recruitment.

See [Annex 3](#) for an example logical framework based on this example theory of change.

Identify result level outcomes and indicators that measure changes in risk and protective factors. Measuring change in the reduction of harmful child protection outcomes in the population can be challenging or even impossible due to challenges in data collection, population movement, restricted access and insecurity and shorter project cycles. Prevention can also be difficult to measure as it is the absence of something of occurring.

Instead, we can measure prevention indirectly through result outcomes. Result outcomes measure a reduction in risk and an increase in protective factors. An example of a result outcome could be “children who have been displaced report an increased sense of belonging in the host community” or “the laws prohibiting child labor are better enforced.”

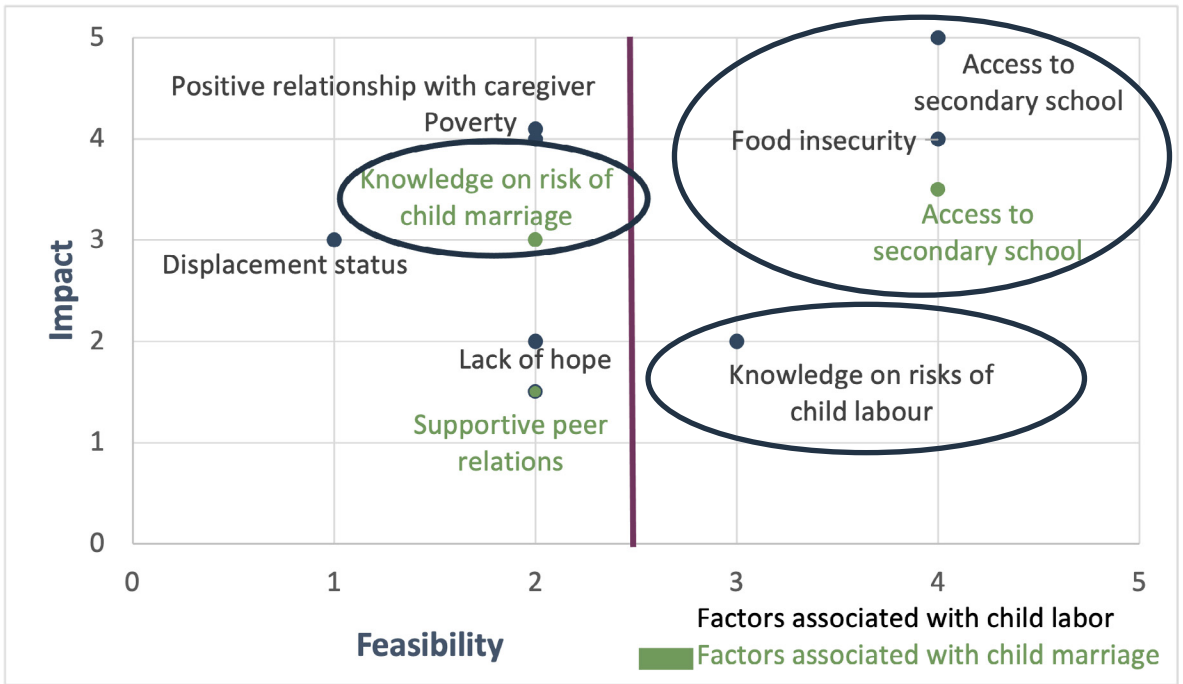
Then, using the agreed theory of change (IF we do X, THEN y), we assume that achieving the desired change in risk and protective factors will lead to prevention of harm. [Annex 3](#) provides a sample logical framework as one example.

Where possible, outcomes that directly evaluate prevention of harmful outcomes or improvement in dimensions of well-being will provide more robust evidence of change. (See [Evaluation and Learning](#))

Be strategic in selecting the risk and protective factors that will have the most impact and are feasible to address. Due to budget and resources constraints, it will never be possible to address all risk and protective factors. Humanitarian actors can prioritize the main risk and protective factors leading to harm based on three criteria: 1) the impact that addressing the factor will have on preventing harm, 2) the feasibility of addressing the risk or protective factors; and 3) intersection across multiple harmful outcomes. Impact ranking should be done in close collaboration with communities, families and children. Those factors that will have the greatest impact and are feasible to address should be prioritized. In addition, because often we are addressing multiple types of harm, factors that are common across multiple types of harm (intersecting factors) should also be considered a priority. See [Annex 4](#) for a sample tool to prioritize factors according to impact and feasibility as well as intersection across multiple types of harm.

The example below illustrates how risk and protective factors identified by families and adolescents linked to recruitment of children in armed forces and armed groups could be prioritized for programming purposes. The factors that score high on both the impact they will have on preventing recruitment and the feasibility of addressing the factors appear in the upper right quadrant of the diagram. These factors should be prioritized in the project design. The decision on where to place the risk and protective factors will look different depending on the context.

Example prioritization of risk and protective factors by impact, feasibility and intersection (see [Annex 4](#)):



Design population-level approaches to address risk and protective factors at multiple levels of the social ecology. This may require a range of actors to intervene from various sectors, which could include peacebuilders, advocacy or research agencies or other non-traditional humanitarian actors. Interventions should focus on reducing risk and bolstering protective factors within the population, not only for children considered to be at high risk. For example, access to life skills to help prevent psychosocial distress in children could be integrated into schools or accessible through community centers would be a population level intervention. Setting criteria based on risk level for individual children to be selected into a life skills program would be secondary prevention because it only addresses those children already at high risk. [Annex 5](#) provides examples of evidence-based approaches that have been used at a population level.²⁴

Designing Multi-sectoral Primary Prevention Programs

The sectors involved in primary prevention interventions will depend on the main risk and protective factors identified. Interventions may address only one or multiple factors identified.

For example, if psychosocial distress of parents caused by the humanitarian crisis (e.g., due to witnessing violence or experiencing displacement) is a major risk factor for physical and emotional abuse of children in homes, then universal access to psychosocial support or parenting support may be the most appropriate intervention. In other cases, other sector interventions may be prioritized, for example, when food insecurity is a major risk factor or access to education is an important protective factor.

When other sector-implemented interventions are prioritized, child protection actors still have an essential role in advocating for and coordinating prevention efforts throughout the program cycle. Child protection actors can support other humanitarians by collecting and analyzing data related to child well-being in context, ensuring child participation is systematic and that approaches are inclusive to all children within the population-group.

Financial and technical resources for design and subsequent implementation should be provided to local and national actors as a priority. Ensuring community leadership in the design and planning will ensure that the interventions are appropriate and sustainable.

Build flexibility into the program design. Existing humanitarian management and funding systems can pose a challenge to implementing community-driven and context-specific primary prevention interventions. Pre-identifying program outcomes and approaches in a project proposal before local communities have identified the priority risk and protective factors and appropriate interventions will be less effective and sustainable. Suggestions for building in greater flexibility in the program design are provided below.

- Donors can provide longer funding cycles in humanitarian contexts on programming related to the prevention of harmful outcomes for children.
- In longer funding cycles (more than one year), include an inception period into the project for conducting assessment of risk and protective factors and subsequent design of outcomes and indicators based on the findings.
- In shorter funding cycles (less than one year), use one cycle of funding to conduct the assessment and design for primary prevention actions while implementing other child protection interventions. This can include early action interventions based on pre-crisis knowledge in context and experience on what has worked on primarily prevention in similar contexts to prevent the most likely harmful outcomes for children.

- Implementing agencies and donors can agree to allow revisions to outcomes and approaches when changes in risk and protective factors are identified. Additionally, information on harmful outcomes that are included in Humanitarian Response Plans (HRPs) can be used to develop general outcomes and indicators that call for using a primary prevention approach that can be detailed in later revisions.

Resources for CPHA Primary Prevention Design and Planning:

- [Prevention Framework: Desk Review Synthesis](#). The Alliance for Child Protection in Humanitarian Action, 2021.
- [Theory of Change](#). O'Flynn and Moberly, INTRAC for civil society, 2017.
- [INSPIRE Handbook: action for implementing the seven strategies for ending violence against children](#). World Health Organization, 2018. The Handbook provides details on how to design and implement specific evidence-based interventions to end violence against children. The focus is non-emergencies settings but includes some guidance on using the interventions in humanitarian settings.
- [Gender-Based Violence Prevention: A Results-Based Evaluation Framework](#). InterAction, 2021. This Framework provides further explanation on developing theories of change, outcomes and indicators.
- [Everybody Wants to Belong: Practical Guide for Social Norms Programming](#). UNICEF, 2018.
- [Inter-Agency Toolkit: Preventing and Responding to Child Labor in Humanitarian Action](#). The Alliance for Child Protection in Humanitarian Action, 2021. The toolkit provides examples of possible prevention interventions, including by sector.
- [Minimum Standards for Child Protection in Humanitarian Action \(CPMS\)](#). The Alliance for Child Protection in Humanitarian Action, 2019. The CPMS includes key actions on prevention in all standards. These can be used to identify minimum prevention actions to include in CPHA programming. The indicator table in annex to the CPMS also provides examples of indicators on prevention related to some of the key actions within each standard.

4.4. Step Four: Implementation and Monitoring

Key Actions: Implementation and Monitoring
Monitor for changes in risk and protective factors during implementation.
Adapt prevention interventions based on monitoring data.

Monitor changes in risk and protective factors during implementation. In humanitarian crises, situations can evolve rapidly. Setting up monitoring systems with children, families, community members and other stakeholders can help identify changes in risk and protective factors that were identified during the assessment phase. For example, while access to formal schooling may have been identified as a protective factor during an initial assessment, schools could become unsafe due to risk of recruitment into armed forces or risk of violence on the routes to and from school. These new risks will need to be addressed and the program approach and theory of change adapted.

Adapt prevention interventions based on monitoring data. Feedback on effectiveness, quality and perceptions of any interventions should be collected systematically, on an on-going basis through interaction with service providers and users.

Quantitative information can include output monitoring (e.g., attendance information or number of distributions made, etc.).

Qualitative information can be regularly reviewed as well and include information shared through child and community feedback mechanisms, observations from project staff or those participating in the project or post-service user feedback surveys.

Monitoring of progress related to result outcomes should be led by communities and include children wherever possible. See [Step 5](#) for an overview of simple, participatory methodologies for monitoring and evaluation.

Program Example: tackling the root causes of sexual and gender-based violence to girls in Northeastern Nigeria²⁵

Context: In Borno and Yobe states within northeastern Nigeria, GBV, including early and forced marriage, prevented girls from attending secondary school. To prevent GBV against girls, a three-year project is being implemented by two national Nigerian organizations in partnership with Plan International.

What were the risk and protective factors? A Rapid Gender Assessment followed by a more in-depth Gender and Child Protection Assessment identified specific barriers to education. Risk factors identified for GBV against girls and school dropout were: 1) harmful gender norms in the community, 2) student perception of gender-based discrimination in schools, and 3) corporal punishment in schools. Protective factors identified were: 1) positive coping strategies used by adolescent girls and their families and 2) caregivers who supported adolescent girls to access education.

The three organizations worked together with children, parents and caregivers, teachers, community-level child protection actors and authorities to identify preventative actions to be put in place or strengthened.

What primary prevention approaches were used? Prevention interventions include running adolescent girl-friendly discussion groups and girls' school clubs. At the community level, quarterly discussions are organized among community leaders, women's organizations, and religious leaders to discuss barriers to girls' education and preventing GBV / early marriage. Based on the discussions, public communication messages are developed and broadcast. The organizations also train teachers on gender responsive approaches, psychosocial support, and how to work with children to create and maintain a safe and inclusive learning environment.

What is being monitored? Population-based surveys were administered to adolescents and parents to collect information related to the following risk and protective factors: 1) the level of knowledge and capacity of caregivers and communities to protect girls and support girls' access to education, and 2) the capacities of girls to identify and protect themselves from GBV and assert their rights regarding their education. A baseline survey was conducted at the start of the project, which was used to finalize the prevention interventions' design. Another survey will be completed at the end of the project to assess the change in the identified factors.

Additionally, annual school evaluations are conducted to monitor changes in the knowledge, skills, and attitudes of teachers to make the learning environment safe. The evaluations review how schools are implementing changes to create quality, gender-responsive, protective, and inclusive learning environments for girls. Education records are also reviewed to measure the percentage of girls who successfully transition between levels. This serves as a proxy indicator for a reduction in the number of girls experiencing GBV in schools.

4.5. Step Five: Evaluation and Learning

Planning for evaluations starts during the design phase (Step 3) where the result outcomes and prevention outcomes are determined.

Key Actions: Evaluation and Learning
Evaluate changes in result outcomes at the level of risk and protective factors.
Evaluate the prevention of harmful outcomes.
Share learnings on prevention effectiveness and cost-benefit analyses.

Evaluate changes in result outcomes at the level of risk and protective factors. In all programs and projects, the change in result outcomes from the baseline to post-intervention should be evaluated. In some contexts, particularly where there is insecurity, lack of access or short funding cycles, this may be the only level of evaluation possible.

Evaluate the prevention of harmful outcomes. The evaluation of progress towards the prevention of harmful outcomes should be conducted where the security situation allows and access to communities is possible. Safety for staff and community members should be considered when deciding if it is feasible to evaluate changes in sensitive issues, for example children associated with armed forces and armed groups or gender-based violence. Evaluations should focus on if there was a reduction in harmful outcomes, rather than the process or quality of the intervention itself (e.g., levels of participation, ownership or satisfaction with a service or support), which can be evaluated in parallel.

Described below are some examples of evaluation methods that can be used to directly look at prevention outcomes with a program.

Examples of Possible Program-level Evaluation Methods

The [Gender-Based Violence Prevention: A Results-Based Evaluation Framework](#) (Interaction, 2021) outlines several evaluation methods that can be adapted for child protection in humanitarian settings. Below are some methods that can be used to understand if harmful outcomes for children have been prevented or reduced in a population.

Outcome mapping / Results journals: Tool used by community members to record changes they observe around them. A list of changes related to the project's expected outcomes are agreed and individuals record when they observe the changes. They also record the extent of the changes (i.e., a few examples have been observed or the change is widespread in the community). Results journals require a clear theory of change and well-defined outcomes at the project design step. Safety concerns and literacy levels in the community need to be considered when using results journals.

Most significant change: This method involves identifying the types of change the program is trying to bring about (based on identified outcomes) and having community members and relevant stakeholders share their stories on what change the intervention has made in their life, family or community. This method can also be used when causal pathways are not clear, or the project design did not have a theory of change.

These same methods can be used during the project implementing for monitoring purposes and will allow for adaption of the intervention to maximize prevention outcomes (see [Step 4](#)).

More intensive - but informative - is the evaluation of the prevalence of harmful outcomes for children (pre- and post-intervention) within a population. It is recommended to undertake this type of survey in collaboration with researchers and academic institutions to ensure a valid and appropriate evaluation design. This approach may not often be possible due to constraints in humanitarian contexts.

Estimate the contribution of the prevention interventions on identified changes (reduction or increase) in the harmful outcome targeted by the program. Harmful outcomes to children are influenced by a wide variety of factors in the environment that cannot all be addressed by one program. Outcome harvesting and contribution analysis can estimate the contribution of the interventions (see below).

Estimating Intervention Contributions on Prevention of Harmful Outcomes

Contribution analysis: Tools to understand how the activities within an intervention influenced an observed change. It involves including external factors that will impact outcomes into the theory of change. Then existing program data is reviewed to support either argument that it was intervention (e.g., cash distributions and parenting support groups supported in the program) or external factors (e.g., cessation of armed fighting, resumption of market activity) that caused the change.

Process tracing: This is an approach then used to determine the strength of the arguments linking change to the intervention or external factors that can be used with contribution analysis tools.

Outcome harvesting: This is an approach where changes toward prevention of harm in the community are observed and recorded by community members and program staff. The evaluators work backwards to see how the preventative program efforts might have contributed to the change. This method is useful to identify unintended outcomes. It can also be used when causal pathways are unclear or very complex or in conjunction with other evaluation tools.

Share learnings on prevention effectiveness and cost-benefit analysis. There is lack of evidence on the effectiveness of different interventions on 1) addressing risk factors or strengthening protective factors and 2) preventing harmful outcomes. Documenting and sharing lessons learned on what works and what does not work is essential to build the evidence base around primary prevention. Learning can best be shared and disseminated through the cluster system and interagency groups.

There are a dearth of studies specifically evaluating the cost-benefit of primary prevention efforts for child protection in humanitarian settings. However, evidence from other sectors indicates that prevention interventions are more cost-effective than response-focused efforts. For example, intervening in early childhood to provide universal access to preschool education or reducing stunting in children costs less than attempts to compensate for deficits resulting from inaction.²⁶

Value for money and cost effectiveness calculations can be a useful means of assessing and comparing different prevention and response approaches and can be an effective way to build evidence that furthers the case for investment in primary prevention. At program level, cost effectiveness using the cost per beneficiary calculations of prevention population-level interventions can be compared with those of remedial and response focused interventions as well as secondary and tertiary level interventions. At a national or international inter-agency or government level, prevention outcome data on reduced harmful outcomes for children and negative coping mechanisms can be used to compare different prevention approaches in terms of value for money.

Cost benefit analysis: Since the number of children being reached in primary prevention is often large, it is possible that the overall cost of a prevention intervention remains high. At the same time, evidence shows that childhood experiences of abuse, neglect, exploitation and violence are associated with poorer health, social and economic outcomes and increased mental health problems in adolescence and adulthood.²⁷ For this reason, it is important to consider the holistic gains in terms of broader child well-being when analyzing the cost of prevention. If the social and economic costs associated with harm to children can be quantified in the context, it is also possible to make a cost-benefit analysis where the cost of prevention interventions are compared with the averted costs of response interventions. Such analyses should be carried out in collaboration with researchers experienced in cost-benefit analysis.

Resources on CPHA Primary Prevention Evaluation and Learning:

- Module 3: Measurement Considerations and Module 4: Evaluation Approaches, [Gender-Based Violence Prevention: A Results-Based Evaluation Framework](#). InterAction, 2021.
- [Evaluation of Protection in Humanitarian Action](#). ALNAP, 2018.
- [Outcome Harvesting](#). Approaches on Better Evaluation, www.betterevaluation.org.
- [Process Tracing: Introduction and Exercises](#). Collier, DME for Peace, 2012.
- [Most Significant Change](#). Approaches on Better Evaluation, www.betterevaluation.org.
- [Contribution Analysis](#). Approaches on Better Evaluation, www.betterevaluation.org.
- [Outcome mapping](#). Approaches on Better Evaluation, www.betterevaluation.org.
- [Cost Efficiency Analysis for Basic Needs Programming: Best Practice Guidance for Humanitarian Agencies](#). The International Rescue Committee, 2019.



5.0. CHALLENGES AND OPPORTUNITIES FOR PRIMARY PREVENTION INTERVENTIONS IN HUMANITARIAN SETTINGS

5.1. Implementing Primary Prevention Interventions with Short-Term Funded Projects

Humanitarian funding cycles vary in length. Longer-term funding opportunities will allow for more effective community-owned, sustainable approaches and are preferable where possible. However, prevention efforts can be furthered within any timeframe. In cases with extremely short funding duration (6 months or less) and where continuation of funds is insecure, meaningful gains in prevention work can still be made.

Some examples include:

1. Address gaps in capacity and infrastructure needs that will improve existing prevention services or supports. For example, this could include anything from repairing a classroom ceiling to training health workers on child friendly communication.
2. Identify immediate prevention actions that will stop harm in the short term. For example, working with communities to negotiate a commitment from a unit or units of armed groups not to recruit children.
3. Conduct data collection on risk and protective factors for harmful outcomes in the context to inform future programming and identify where early intervention can be increased.
4. Map prevention and response services and support for child protection.

5.2. Behavior and Social Norms Change Interventions in Humanitarian Settings

Every humanitarian context is different and undertaking social norms changing interventions needs to be considered carefully with possible risks evaluated for the specific context. Social norms and behavior change requires time and extensive participation and may be difficult or even harmful where there is a lack of or unstable access to populations, population movement or insecurity. It may also require multi-pronged approaches including changes to laws and policies alongside engagement with the public or other key targets, which may not be possible in a humanitarian crisis. Additionally, appropriate work on social norms is dependent on community-driven approaches.

At the same time, 31 out of 41 of the world's crises were categorized as protracted,²⁸ allowing for more stable populations. Opportunities for shifts in behavior and norms may open up during a crisis as societal, community and family dynamics adapt to the crisis.²⁹ In such cases, it can be possible to work on behavior and social norms changing.

Much of the evidence on social norms change for child protection comes from development settings and further evidence is needed from humanitarian settings. While there are examples of adaptations of social norms interventions for humanitarian contexts, for example compressing teacher training and awareness raising to reduce corporal punishment in schools into short 2-3 month cycles, the effectiveness in resulting behavior change is lacking.³⁰ Work on using community-based programming in Afghanistan, Somalia and the Democratic Republic of Congo to reduce GBV have shown promise but have only been evaluated on a short term basis with non-rigorous evaluations.³¹ Evidence from rapid onset emergencies or more acute phases of emergencies is still needed.

In all contexts, effective behavior and social norms change requires a deliberate strategy and sufficient time to achieve results, as the decision by an individual or group to adopt new behaviors is a complex process.³² Awareness raising, which is often the main activity in humanitarian settings, is only one step in the process. Evidence from development settings on changing social norms recommends running both community-level and small group-level activities in combination with law enforcement and life skills interventions. It is essential to ensure Do No Harm measures can be applied before any social norm change interventions take place.³³

In UNICEF's [Everybody Wants to Belong: Practical Guide for Social Norms Programming](#), four steps for social norms programming are outlined:

1. Change social expectation through community-based approach
2. Publicize change in the targeted communities and new ones
3. Build an environment that supports new norms and behaviors
4. Evaluate, improve and evolve – expand the program to new areas

Program Example: Encouraging positive social norms to prevent harm to children with disabilities³⁴

Context: In northern Uganda, years of protracted war contributed to high numbers of persons with disabilities due to among others limited access to health services. It was identified that children with disabilities experienced higher incidents of violence and neglect and that negative social norms around disabilities were one of the risk factors.

Risk and protective factors: The program team from AVSI Foundation in Uganda facilitated family dialogues and community dialogue sessions around disability. During the sessions, communities expressed the challenges they faced in caring for children with disabilities and came up with ways the community can better support acceptance of children with disabilities.

Interventions to address social norms: Steps identified by the community included avoiding use of certain words that discriminate and stigmatize, and actions that could be taken to include children in community activities. AVSI also conducted training on inclusive education to increase the general knowledge of teachers on working with pupils with disabilities.

In addition to prevention efforts to address social norms within the population, AVSI also linked families of children with disabilities to relevant services (e.g., occupational therapy or continence management, etc.) and provided families and children with disabilities with psychosocial and livelihood support (secondary prevention interventions).

Result level outcomes: Outcomes included: 1) observed increase in positive attitude towards children with disabilities within the community, 2) increased perception of ability to participate in community activities by children with disabilities, 3) increased enrollment of school-aged children with disabilities the target community schools, 4) increased engagement of fathers in the care of children with disabilities, and 5) improved general health and reduced malnutrition of children with disabilities.

It must be noted that this intervention around social norms have been conducted over eight years in a relatively stable context with additional targeted interventions to support specific children with disabilities and their families as described above.

Social Norms Programming Resources:

- [The Behavioural Drivers Model: A Conceptual Framework for Social and Behaviour Change Programming](#). UNICEF, 2019.
- [Everybody Wants to Belong: Practical Guide for Social Norms Programming](#). UNICEF, 2018.

5.3. Measurement of Prevention Outcomes in Humanitarian Settings

One of the key gaps identified in primary prevention programming is the lack of intentional design and measurement on the effectiveness of prevention interventions.

As described in the above sections 4.3 on Design and Planning and 4.5 on Evaluation and Learning, it is often difficult to measure change in the prevalence of a harmful outcome within a population in humanitarian settings. Numerous ethical and logistical challenges exist, including a lack of resources, mobile populations, or the possibility of doing further harm by asking children to report incidences of violence for measurement purposes or inability to maintain confidentiality in

data collection. At the same time, there is a need to have evidence on what is working to prevent harm. While collaborating with researchers to develop and implement rigorous measurement methodologies is ideal where possible, in most cases, the time and resources will not be available.

For most prevention interventions in humanitarian settings, instead of directly measuring outcomes of prevention (e.g., reduced physical and emotional maltreatment of children in the population), result level outcomes can be measured. Result outcomes are directly related to the desired change in reducing risk factors or increasing protective factors. Result outcomes can be either short term results or longer term, depending on the stage of the humanitarian crisis. Then based on the theory of change, it is assumed that a measured evidence on the reduction of risk factors or increased protective factors has led to prevention of the harmful outcomes. Refer back to section 4.3 and 4.5 for further explanation.

Impact of the Nature and Duration of an Emergency On Risk and Protective Factors

A study jointly organized by the Women's Refugee Commission, John Hopkins University, UNFPA and UNICEF in 2020³⁵ compared risk and protective factors around child marriage in earthquake disaster-affected populations in Nepal and conflict-affected Rohingya refugee populations in Bangladesh.

In Bangladesh, the study found that the protracted nature of the crisis, the increased insecurity and trauma experienced by the population, and longer-term displacement amplified threats to the refugee population. This insecurity increased the perception of child marriage as a potential safety and security measure for girls. While in Nepal, the short-term nature of displacement did not lead to a lasting change in perceptions on child marriage. This was likely due to the population being able to return to their community or origin fairly quickly and the expectation of a return to normal life.

The study concluded that the root causes of child marriage that existed pre-crisis – insecurity, physical safety and social norms – continued to be major risk factors during a crisis. This finding supports the argument for early action based on pre-crisis awareness on existing risk factors. Additionally, both the nature of the crisis and the response can lead to an increase or reduction of those same factors while any new risk factors, such as the impact of food distribution on child marriage, were found to be more circumstantial and likely more easily addressed.

5.4. Coordination and Advocacy Support for Primary Prevention Approaches for Child Protection in Humanitarian Action

Program Step	Suggested Actions to Be Taken
Preparedness	<ul style="list-style-type: none"> • Ensure that interagency secondary desk reviews include an analysis of risk and protective factors and are updated annually. • Coordinate the documentation of existing local prevention services and supports as shared by communities and local stakeholders. • Advocate for investment in prevention-focused services for child protection pre-crisis.
Needs Assessment and Situation Analysis	<ul style="list-style-type: none"> • Include assessment of risk and protective factors into Humanitarian Needs Overview (HNO) exercises in coordination with other sectors. • Conduct joint analysis of assessment data with other sector coordination groups to identify data from other sectors on child protection risks (e.g., % school drop-out, negative coping mechanisms, etc.)
Design and Planning	<ul style="list-style-type: none"> • Include prevention interventions into Humanitarian Response Plans (HRP) and child protection sector strategies. • Advocate for resourcing of preventative interventions among donors and as a priority for pooled fund resourcing. • Advocate for increased meaningful engagement with and funding for local and national actors in prevention efforts. • Coordinate actors to prioritize building on prior or existing local prevention services and supports. • Lead the assessment of sector capacity in understanding and carrying out primary prevention interventions.
Implementation and Monitoring	<ul style="list-style-type: none"> • Support the integration of prevention elements into inter-agency capacity building initiatives (e.g., ensuring prevention as well response strategies are emphasized in training activities on child protection.) • Regularly review monitoring data with other sectors related to identify child protection risk and protective factors and share among member agencies the resulting analysis.
Evaluation and Learning	<ul style="list-style-type: none"> • Disseminate findings from evaluations of prevention approaches to child protection actors, within other relevant clusters and to donors.



6.0. CONCLUSION

Concerted efforts to prevent harm to children before it occurs are vitally important for ensuring children's protection and well-being in humanitarian settings. Preventing harm is part of our duty to respect the principles of the Best Interest of the Child and the Right to Survival and Development, as outlined in the Convention on the Rights of the Child (1989). Further work remains to be carried out to strengthen primary prevention for child protection in humanitarian action.

Priorities include:

1. Strengthening the documentation and evidence-base for effective prevention approaches for the protection of children in humanitarian settings. Ensuring opportunities for sharing and dissemination of these findings will strengthen the capacity of practitioners to conduct primary prevention programming and support advocacy for increased investment in primary prevention efforts.
2. Collecting data and conducting research into the costs and benefits of preventative approaches in comparison to response-only focused programming.
3. Furthering collaboration between child protection and key sectors, disciplines and actors such as Education, Health, Food Security, GBV, peacebuilding, academics and others to systematize joint analysis of child protection risk and protective factors and integrated program design for preventative services and supports.

ANNEXES

Annex 1: Examples of common risk and protective factors

Annex 2: Suggested actions to integrate the prevention principles into the program cycle

Annex 3: Example logical framework for a primary prevention CPHA program

Annex 4: Risk and protective factor prioritization tool

Annex 5: Summary of evidence based CPHA prevention approaches

[Download here.](#)

ENDNOTES

- 1 The term children or child refers to all individuals under the age of 18 and includes all gender identities and expressions.
- 2 The Alliance for Child Protection in Humanitarian Action (2019). *Minimum Standards for Child Protection in Humanitarian Action* (2019 Edition), Annex 1: Glossary. https://handbook.spherestandards.org/en/cpms/#ch008_001
- 3 The Alliance for Child Protection in Humanitarian Action (2021). *Prevention Framework: Desk Review Synthesis*. <https://alliancecpha.org/en/child-protection-online-library/prevention-framework-desk-review-synthesis>
- 4 See the Alliance for Child Protection in Humanitarian Action (2021). *Understanding Risk and Protective Factors in Humanitarian Crises: Towards a Preventive Approach to Child Protection in Humanitarian Action*. <https://alliancecpha.org/en/child-protection-online-library/guidance-understanding-risk-and-protective-factors-humanitarian> Additional resources developed can be found on the Alliance's Prevention Initiative page on their website.
- 5 The Alliance for Child Protection in Humanitarian Action (2019). *Minimum Standards for Child Protection in Humanitarian Action* (2019 Edition), Annex 1: Glossary. https://handbook.spherestandards.org/en/cpms/#ch008_001
- 6 For more information on the importance of primary prevention, refer to The Alliance for Child Protection in Humanitarian Action (2021). *From Theory to Practice: Towards a Framework for Primary Prevention in Child Protection in Humanitarian Action: A Position Paper*. <https://alliancecpha.org/en/child-protection-online-library/position-paper-theory-practice-towards-framework-primary-prevention>
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