



Child protection risks across JF-CPIE project locations

A SUMMARY OF THE PROJECT BASELINE & NEEDS ASSESSMENT



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The Joining Forces for Child Protection in Emergencies (JF-CPIE) project is a global consortium project bringing together six large child rights organisations in Germany to improve the protection of children and adolescents amongst refugees and internally displaced people (IDPs) as well as their host communities in Bangladesh, Burkina Faso, Central African Republic, Colombia, Ethiopia, and South Sudan.

To support the project implementation, a baseline and needs assessment was carried out between November 2022 and January 2023. The baseline study combined simple and multi-staged sampling approaches, and targeted young people, their caregivers and household heads, as well as wider community members such as health workers. A total of 16,901 individuals were surveyed across all project locations. The survey data were used to determine the baseline values for each of the project's three outcome indicators:

- 1. % of children who report increased knowledge of child protection (CP) risks and how to stay safe due to participation at endline.**
- 2. % of caregivers who report increased knowledge of caring and protection behaviours towards children under their care compared to the beginning of the project.**
- 3. % of community members who report increased confidence in their ability to prevent and respond to child protection risks compared to the beginning of the project.**

A key aspect of each indicator was the extent to which children, caregivers, and community members are aware of child protection risks.



Survey questions asked respondents what child protection risks they considered relevant within their communities. Responses were compared with rankings of child protection risks provided by local child protection staff.¹ The respondents who mentioned a minimum of three out of the five risks ranked by local child protection staff as most relevant within the context were considered “aware of local child-protection risks”.

The needs assessments helped to further validate trends within child protection risks that had been identified at the design phase. The analysis focused on qualitative data from child-friendly focus groups with children and adolescents and key informant interviews with local child protection experts and local authorities. Results were disaggregated by gender and disability. In total, 72 focus groups and 48 key informant interviews were executed across all 12 project locations.

1. Using rankings of child protection risks by local project staff as “objective” benchmarks to judge awareness levels around child protection risks by survey respondents was guided by the assumption that project staff “knows best” which risks are locally relevant. This implicit assumption was not tested during the baseline. However, given that an integral part of the project intervention is about raising awareness around child protection risks within target communities, it may not appear unjustified to assume that project staff had developed insights into what local factors put children at risk.

Children and child protection risks

Indicator 1 is about the extent to which children are aware of locally relevant child protection risks as well as how they would respond to a child protection incident. The latter aspect was gauged through two vignettes that described scenarios of a “friend” being a victim of a child-protection incident. A satisfactory response implied the awareness of not having to endure the incident, but talking to an adult one trusts or to child protective services instead. It was interpreted as a child’s ability to stay safe during a child-protection incident.

Figure 1 on the next page presents the baseline values for indicator 1 expressed as percentages of children with awareness of child protection risks and how to stay safe. Baseline values among the 4758 surveyed children (average age between 10.4 and 14.0; proportion of females between 40.6 and 46.5 per cent) were generally low. In none of the partner countries did baseline levels exceed 6 per cent. Levels do not seem to vary much between genders either. This would thus suggest that young people across the project locations have almost no idea about child protection risks and how to stay safe at the onset of the project.



Figure 1: % of children with knowledge of child protection risks and how to stay safe (indicator 1) by partner and country.

Note: This indicator was operationalized through questions on awareness of local child protection risks and questions on how to adequately respond to child-protection incidents. To be counted against this indicator, children had to indicate both risk and response awareness.

seemed to be higher in case of ChildFund Burkina Faso, SOS Children’s Villages Colombia, and Save the Children Ethiopia. Around 23, 21, and 17 per cent of children surveyed there were able to list at least three locally relevant child protection risks. By contrast, levels were particularly low in South Sudan (0.0 per cent), indicating no awareness around locally relevant protection risks at all.

Caregivers and child protection risks

Indicator 2 is about knowledge on protection and caring behaviours among caregivers. To determine baseline values, data from the 5694 caregivers (average age between 32.9 and 41.1; proportion of females between 50.0 and 74.6 per cent) were analysed. Knowledge on caring behaviours was gauged through questions on parenting behaviours caregivers tend to exhibit.

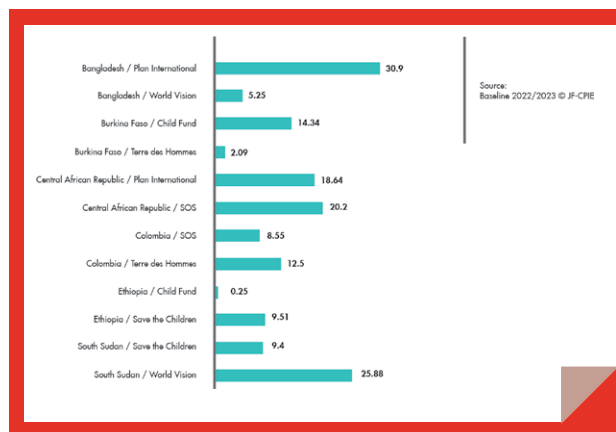


Figure 2: % of caregivers with knowledge of caring and protection behaviours (indicator 2) by partner and country.

Figure 2 presents the baseline values for indicator 2 expressed as percentages of caregivers with knowledge of child protection risks and good parenting. Baseline levels were significantly higher in the case of Plan International Bangladesh (30.9 per cent) and World Vision South Sudan (25.9 per cent). They were particularly low in case of

Note: This indicator was operationalized through questions on awareness of local child protection risks and questions on appropriate parenting behaviours. To be counted against this indicator, caregivers had to indicate both risk awareness and understanding of appropriate parenting.

ChildFund Ethiopia (0.3 per cent), Terres des Hommes Burkina Faso (2.1 per cent), and World Vision Bangladesh (5.3 per cent). The fact that in none of the project locations were awareness levels significantly higher than 30 per cent among caregivers suggests that supporting caregivers constitutes an important intervention area across all project locations. A further disaggregation of results suggests that female and male caregivers do not seem to differ in terms of their self-reported awareness levels around childcaring and protection. The same applies when comparing caregivers with and without disabilities.



On average, surveyed caregivers were more aware of the different child protection risks (around 1.7 on average) than surveyed children (around 1.4 on average). Levels amongst caregivers were slightly higher in the case of Plan International Bangladesh and SOS Children's Villages Central African Republic.

Regarding self-reported childcaring practices, the results varied substantially across project locations. The percentage of caregivers that indicated good parental practices ranged from 33.24 per cent (ChildFund Ethiopia) to almost 93 per cent (Plan International Central African Republic). Hence, promoting good

parenting behaviours may not be priority in all project locations.

Moreover, within self-reported parenting behaviours gender differences did not seem to exist with one exception. For both female and male parents, it is unlikely they discuss how to avoid HIV/AIDS and unwanted pregnancies with their daughters and sons. This suggests that project partners should focus on sexual and reproductive rights and health within awareness raising campaigns towards parents.

Community members and child protection risks

Indicator 3 is about knowledge around how to prevent and respond to child protection incidents amongst community members. To determine baseline values, data from 6449 community members (average age between 35.8 and 47.8, proportion of females between 12.0 and 83.2 per cent), including household heads, teachers, health care workers, among others, were analysed. To measure the response element implied by indicator 3, community members were asked how they would respond when noticing a child experiencing abuse at home or in the community. Reporting the incident was considered an adequate response.



Figure 3: % of community members able to prevent and respond to child protection risks (indicator 3) by partner and country.

Note: This indicator was operationalized through questions on awareness of local child protection risks and questions on how to adequately respond to child-protection risks. To be counted against this indicator, community members had to indicate both risk and response awareness.

Figure 3 presents the baseline values for indicator 3 expressed as percentages of community members being aware of child protection risks and how to adequately respond to respective incidents. Project areas once again differed in terms of baseline values. Baseline values ranged from just above 3 per cent in case of ChildFund Ethiopia, to almost 26 per cent in case of SOS Children's Villages Central African Republic. This generally suggests low awareness levels amongst community members across all project levels.

Further analysis suggests that male respondents not only in Bangladesh (Plan International & World Vision), but also in South Sudan (World Vision), Colombia (Terres des Hommes), and Ethiopia (Save the Children) exhibited higher awareness levels than females. On the other hand, in the case of SOS Children's Villages in Central African Republic, female respondents expressed higher awareness levels than male respondents. In Burkina Faso, respondents with disabilities showed higher awareness levels related to indicator 3 than respondents without disabilities. This also

applied to Central African Republic (SOS Children's Villages), Colombia (Terres des Hommes) and Ethiopia (Save the Children).

An analysis of both awareness levels around child protection risks revealed that community members were aware of less than two out of the five most locally relevant child protection risks. These figures seem to be slightly higher in the case of Bangladesh (Plan International), Burkina Faso (Terres des Hommes) and Central African Republic (SOS Children's Villages). Moreover, more than 50 per cent of the interviewed community members indicated they would report child protection incidents. These levels are particularly high in Ethiopia (between 79.4 and 85.9 per cent). Across the surveyed project locations, the most common reason that prevented community members from potentially reporting a child protection risk was the fear of retaliation. Hence, project activities targeting community members should not only focus on raising awareness on locally relevant child protection risks and the need to report them when encountered, but also on protecting those who report them to local authorities.



Qualitative insights into child protection risks

The needs assessment highlighted that child protection risks are generally the product of local cultural, historic, and socio-economic processes. Local conditions, such as poverty, weak governance, lack of infrastructure or armed conflict were found to consistently increase child protection risks and hamper the work of child protection programmes across different locations. Also, given the diverse contexts in which JF-CPIE operates, child protection interventions need to be adjusted to these local contexts. Hence, the success of the global consortium will be ensured through a careful balance between developing common goals across partners and countries and programming that is flexible enough to respond to local contexts within countries. To ensure flexible programming that responds to local contexts, community-based networks need to be strengthened, and actively involved into the project implementation.

The global needs assessment provided a first step towards a general framework to balance local views on child protection risks with global objectives of strengthening child protection. The results from the needs assessment showed that gender-based discrimination and violence, and the lack of access and inclusion of children with disabilities emerged as common child protection risks across the different project locations.

Gender-based violence can take various forms, such as sexual violence, exploitation, and psychological and physical abuse. In some countries, such as South Sudan and Ethiopia, child marriage is a prevalent issue that affects girls' safety and well-being. Harmful traditional practices, such as female genital mutilation/cutting (FGM/C) and child labour, are also prevalent issues in some countries (Burkina Faso, Ethiopia, South Sudan). Additionally, other forms of child abuse such as domestic labour or recruitment by armed groups to protect cattle and land (as in South Sudan) are manifested.





In general, addressing disabilities affecting children requires work on inclusion as well as awareness raising. The data in this study showed that a central topic is to address the representation of people with disabilities, often considered an issue. Children with disabilities have many needs but they mostly request to be represented and included among non-disabled peers.

Gender-based violence and inequality, though common in all countries, are particularly impacted by distinctive cultural practices, local beliefs, and different socio-economic conditions. They should therefore be analysed and understood within the contexts.

The need to further explore and validate data on child protection risks within local communities

A theme common to all locations was the focus on the inclusion of children with disabilities into programming and community structures.

To further promote awareness on disability rights and related challenges, the identity and self-confidence of children with disabilities should be strengthened. Overall, more efforts need to be made to increase

general awareness of disabilities as a child protection risk. Such efforts need to consider the needs and perspectives of families, communities and the state. An overarching recommendation from the baseline and needs assessment was to continue exploring local realities around child protection risks.

The combined baseline and needs assessment process proved complex, but provided rich quantitative and qualitative data on child protection within the local contexts of the different project locations. Nonetheless, a one-time data collection exercise is not sufficient to explore all intricacies of phenomena as complex as child protection within emergency settings.

Additional research work, for example in the context of project monitoring, may help to further validate the locally relevant child protection risks identified during the baseline and needs assessment. Thus, this baseline and needs assessment should not be considered as an endpoint with regards to community interactions on child protection. It should rather be seen as the next milestone on the journey to better understand and respond to locally relevant child protection challenges.



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