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# Child protection risks across JF-CPIE project locations

BASELINE & NEEDS ASSESSMENT REPORT FOR THE JOINING FORCES  
FOR CHILD PROTECTION IN EMERGENCIES (JF-CPIE) PROJECT



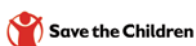
**JOINING FORCES**  
*For All Children*



**german  
humanitarian  
assistance**

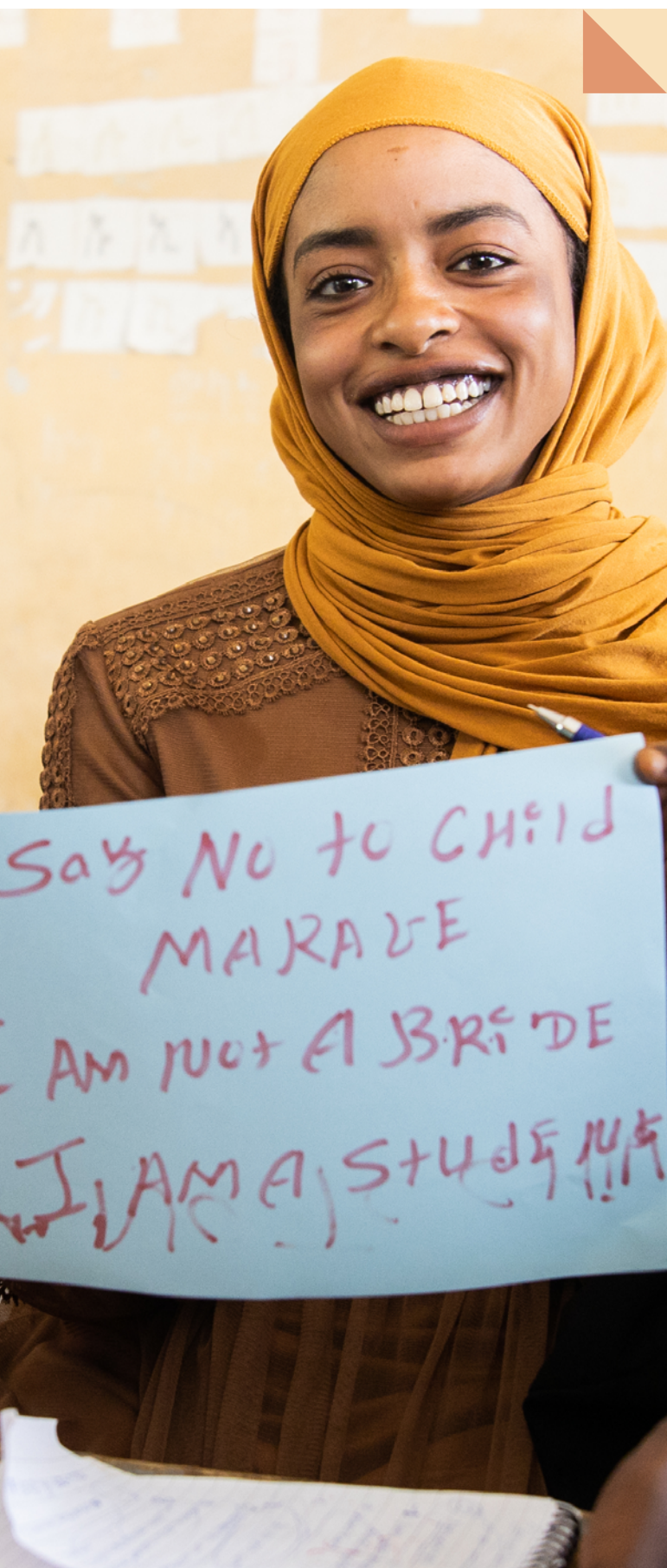
DEUTSCHE HUMANITÄRE HILFE

**ChildFund**  
Alliance



**Terre des Hommes**  
International Federation

**World Vision**



# CHILD PROTECTION RISKS ACROSS JF-CPIE PROJECT LOCATIONS

**The baseline & needs  
assessment report for  
The Joining Forces  
for Child Protection in  
Emergencies (JF-CPIE)  
project**

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*24<sup>th</sup> April 2023*

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# ACRONYMS / GLOSSARY

<b>BFA</b>	Burkina Faso
<b>BGD</b>	Bangladesh
<b>BNA</b>	Baseline/ needs assessment
<b>CAR</b>	Central African Republic
<b>CF</b>	Child Fund
<b>CGKP1</b>	Caregivers/household survey
<b>CHKR1</b>	Young people/household survey
<b>CMCP1</b>	Other community members/unit survey
<b>CMCP1</b>	All sample-based household survey
<b>CMCR1</b>	Sample-based unit survey
<b>COL</b>	Colombia
<b>CP</b>	Child protection
<b>CPR</b>	Child protection risks
<b>CVA</b>	Cash and voucher assistance
<b>ETH</b>	Ethiopia
<b>FGD</b>	Focus group discussion
<b>GFFO</b>	German Federal Foreign Office
<b>HHKP1</b>	Household head/household survey
<b>IDP</b>	Internally displaced persons
<b>IMT</b>	Interim MERL team (consultants)
<b>IP</b>	Implementing Partners
<b>JF-CPIE</b>	The Joining Forces for Child Protection in Emergencies
<b>KII</b>	Key Informant Interviews
<b>MERL</b>	Monitoring, evaluation, research, and learning
<b>NA</b>	Needs Assessment
<b>PI</b>	Plan International
<b>SCI</b>	Save the Children
<b>se</b>	Standard errors
<b>SSD</b>	South Sudan
<b>SOS</b>	SOS Children's Villages
<b>TdH</b>	Terre des Hommes
<b>WV</b>	World Vision







## EXECUTIVE SUMMARY

The Joining Forces for Child Protection in Emergencies (JF-CPIE) project is a multi-country project bringing together the six largest child rights organisations in Germany to improve the protection of vulnerable children and adolescents living in refugee and internally displaced person (IDPs) settings and host communities across different locations within Bangladesh,

Burkina Faso, Central African Republic, Colombia, Ethiopia, and South Sudan (i.e., 12 project locations in total). To support the project implementation, a baseline and needs assessment was carried out by independent consultants operating at the within-country and global level between November 2022 and January 2023.

The baseline study provided quantitative insights especially into knowledge and awareness levels around child protection risks and behaviours within target communities. That way, it provided initial values for JF-CPIE's three outcome indicators, as specified in the project logframe. The sample-based baseline consisted of both the household survey as well as the unit survey. The former targeted household heads, caregivers, and



young people. The latter targeted additional community members. In total, 16,901 individuals were surveyed across all project locations.

Outcome indicators gauged self-reported awareness and protection behaviours with regards to child protection risks amongst young people (indicator 1), caregivers (indicator 2), and community members (indicator 3). The baseline found stark differences within levels not only between

indicators but also between implementing partners within each indicator. By and large, baseline levels around awareness and protection behaviours vis-a-vis child protection risks appear to be rather low, something particularly true in the case of indicator 1. This in turn highlights the need for interventions to further strengthen awareness and protection and response behaviours to address child protection risks within emergency settings across the different project locations.

The needs assessments helped to further validate trends within child protection risks that were identified within the situational analysis and desk review that both guided the overall project design. It employed qualitative, child-friendly tools in the form of 72 focus groups and 48 key informant interviews across all 12 project locations. According to the needs assessment, the presence of comprehensive economic conditions such as poverty, state-programme weakness, lack of infrastructure, or armed conflict have been found to increase child protection risks. Common manifestations of child protection risks are often in form of gender-based discrimination and violence, psychological and physical abuse of children, and negligence (of the needs of children with disabilities). However, results also show that despite some commonalities child protection risks are rooted in the specific social and historical contexts and backgrounds of each project location. Approaches to address child protection risks thus need to be adjusted to local contexts to ensure proper targeting of communities within ongoing emergencies.

In general, the baseline and needs assessment highlight the need of community-based networks and the strengthening of existing local relations between project partners and beneficiary communities to ensure effective implementation of child protection interventions. Also, ongoing project monitoring should be seen as an opportunity to further validate baseline/ needs assessment data on local manifestations of child protection risks within local communities.

# INTRODUCTION AND BACKGROUND

The Joining Forces for Child Protection in Emergencies (JF-CPIE) project is a multi-country project funded by the German Federal Foreign Office (GFFO) and led by Plan International Germany. The project brought together the six largest child rights organisations in Germany, also known as the Joining Forces Alliance (i.e., ChildFund, Terre des Hommes, SOS Children's Villages, Save the Children, World Vision & Plan International), to improve the protection of vulnerable children and adolescents living in refugee and internally displaced person (IDPs) settings and host communities across different locations within Bangladesh, Burkina Faso, Central African Republic,

Colombia, Ethiopia, and South Sudan. The target groups included children and adolescents with disabilities, girls and boys under 18 years of age, and survivors of gender-based violence. The project kicked off in July 2022 and has a total duration of 24 months.

The project evaluation design is centred around a pre/post comparison in which project attainment will be measured at midline as well as endline and then compared with the baseline values for a set of the following three outcome indicators:

1. % of children who report increased knowledge of child protection 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.









To obtain initial values on these three outcome indicators, a baseline study was carried out across the project locations within the six countries between November 2022 and January 2023. The baseline study provided quantitative insights especially into knowledge and awareness levels around child protection risks and behaviours within target communities. In addition to the cross-country baseline study, country/ implementing partner-specific qualitative needs assessments were concurrently carried out across the different project locations. The needs assessments were carried out with a focus on emerging child protection risks and to clarify initial data gathered from the original situational analysis and desk review. Both baseline and needs assessments were implemented by local consultants within each project country and designed and coordinated by a team of 4 consultants hired at the global level (i.e., the interim MERL team - IMT).

This report provides a synthesis of both the baseline and needs-assessment findings. It is structured as follows. First, the methodology and the ethical standards

that governed the baseline study and the needs assessment are outlined. A key aspect discussed in this respect is the operationalization of the three outcome indicators. Second, the quantitative (baseline) and qualitative (needs assessment) results are presented. The section is divided into two parts. It starts with a discussion of the baseline values on each of the three outcome indicators. The data is not only broken down by country and implementing partners but also by gender and disability status where possible. In the second part of the findings section, country specific child protection risks profiles are generated based on quantitative and qualitative data. These profiles consist of the most common child protection risks that may have a direct bearing on the lives of young people within the target communities.

Child protection-risk recommendations were formulated based on both qualitative and quantitative data from the programme. These recommendations are presented within the third section of the report. In the last section, a conclusion is drawn summarizing the main points of the report.



**নাটক সমাজের কথা বলে**

এফএস শিও কিশোর-কিশোরীদের পরিবেশনায় সাংস্কৃতিক অনুষ্ঠান  
 Program: Joining Forces for Child Protection in Emergencies (JF-CPIE)  
 Implemented By: BITA (Bangladesh Institute of Theatre Arts)  
 Supported By: Plan International Bangladesh  
 Funded By: Plan International Bangladesh  
 তারিখ: ১৮ মার্চ ২০২০

A woman wearing a blue and green sari and a dark blue headscarf is applying makeup to a woman seated in a blue plastic chair. The seated woman is wearing a pink and white patterned sari. Another woman in a blue and white patterned sari stands behind the seated woman, observing the process.

A man in a white striped shirt and grey trousers stands on the right side of the stage, looking towards the women. In the background, another woman in a purple headscarf and green sari is seated on a bench.

The foreground shows the backs of several audience members seated in blue plastic chairs. On the left, a person wears a blue cap. In the center, a woman wears a colorful floral headscarf. On the right, a young boy in a plaid shirt and another in a white and green striped shirt are visible.

# THE METHODOLOGY OF BASELINE AND NEEDS ASSESSMENT

The implementation of both baseline and needs assessment was accomplished in-country through local consultants but coordinated at the global level by the IMT. To coordinate and harmonize the implementation of both baseline and needs assessment in-country, the IMT developed methodological guidelines and standards for both exercises. These guidelines and standards constitute jointly the baseline/needs assessment (BNA) protocol implementing partners, and their local consultants, adhered to when completing both exercises. All in-country teams were oriented on the tools, safeguarding and the same standard of ethical practice for data collection. The BNA protocol presents a detailed account of the methodologies followed within baseline and needs assessment. Thus, the overall BNA methodology will only be briefly summarized here.<sup>1</sup> Given their different focusses, the methodologies of the baseline study (e.g., quantitative and inferential in nature) and the needs assessment (e.g., qualitative and exploratory in nature) are hardly overlapping. Thus, the key methodological principles of each study are outlined separately below. First, the methodology of the baseline study is briefly described. Then, key methodological principles of the needs assessment are explained. Overall, the methodology employed in this baseline study and needs assessment was designed to ensure that the study is conducted in an ethical and child-sensitive manner, while also providing a thorough and comprehensive understanding of the needs of the target population.

## The baseline study

The baseline study centred around collecting data on the aforementioned three project outcome indicators. Table 1 below summarizes key aspects of each of the three indicators the design of the baseline methodology took into account. Amongst others, it highlights that outcome indicators refer to the target groups of young people (indicator 1), their caregivers (indicator 2), and members of the communities these young people and their caregivers live in (indicator 3). The baseline design thus included a survey of both households (i.e., the household survey) as well as communities (i.e., the unit survey). The household survey helped to collect data on households, their heads, caregivers within households, and eventually young people living within these households. Given the setup of the project, households to be surveyed were either host-community households, internally displaced households, or refugee households. The former two were expected to be located in villages (in rural areas) or in urban neighbourhoods. The latter one was expected to be found in refugee camps (see table 3 on page 6 for a breakdown of the sample composition for each implementing partner).

The unit survey targeted facilities such as health care centres, schools, and local authorities within those areas target households live. Each survey targeted around 3 individual respondents. In case of the household survey,

1. For further information, see the BNA protocol in the file "JF-CPIE BNA Protocol\_20221114\_V02". As of writing, the latest version is dated 14<sup>th</sup> November 2022.

it was the household head, a caregiver, and a young person. In cases where more than one young person or caregiver lived within a household, one member each subgroup was randomly selected for interview. In case of the unit survey, respondents included three different staff members of the facility visited. The ones interviewed were randomly selected out of the pool working there. Data provided by young people and caregivers were used to determine baseline values on indicator 1 and 2. In case of indicator 3, data provided by household heads as well as data given by unit members were merged.


Given the project focus, both the baseline study and the needs assessment were implemented within emergency settings. Thus, baseline data collection targeted individuals within the categories of refugees, internally displaced people, and their host communities. Sampling for both household and unit survey was complex. The technical details for both sampling approach and sample size are provided within the BNA protocol. In short, the selection approach incorporated a cluster sampling approach with random-walk elements to find households.















No	Outcome indicator	Target group	Level
1	% of children who report increased knowledge of child protection risks and how to stay safe due to participation at endline.	Young people aged 7 to 17	Household level
2	% of caregivers who report increased knowledge of caring and protection behaviours towards children under their care compared to the beginning of the project.	Adults who take care of children 0 to 17.	Household level
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.	Households heads, teachers, health-care workers, local authorities	Unit (i.e., village, neighbourhood/ quarter, camp)

Table 1: key characteristics of the outcome indicators





Country	Bangladesh		Burkina Faso		CAR		Colombia		Ethiopia		South Sudan	
<b>Implementing partner</b>												
Households	398	457	795	287	719	406	386	160	396	768	766	425
Young people (all)	393	447	606	268	593	346	365	112	274	745	335	274
Young people (female)	201	233	282	149	241	171	186	61	126	332	160	139
Young people (male)	192	214	324	119	352	175	179	51	148	413	175	135
Caregivers (all)	398	456	776	286	713	403	385	152	367	768	579	411
Caregivers (female)	225	239	443	181	349	266	276	103	129	424	371	238
Caregivers (male)	192	214	324	119	352	175	179	51	148	413	175	135
Community members (all)	431	598	831	298	755	442	390	161	416	850	749	528
Community members (female)	76	70	148	57	116	121	306	105	87	198	382	170
Community members (male)	343	515	659	235	544	284	62	34	283	634	115	264
Total respondents (all)	1222	1501	2213	852	2061	1191	1140	425	1057	2363	1663	1213
Total respondents (female)	502	542	873	387	706	558	768	269	342	954	913	547
Total respondents (male)	727	943	1307	473	1248	634	420	136	579	1460	465	534

**Table 2: # of individuals surveyed by implementing partner/ country**

**Note:** '(all)' may not always be the sum of 'male' and 'female'. In cases where the gender of a number of respondents has not been determined, the sum of each subset is smaller than the number within '(all)'. 'Community members' refer to teachers, health care workers, and household heads interviewed. They do not include caregivers and young people.

As for the household survey, the sample size chosen was a function of both methodological and budgetary concerns. Sample-size calculations thus provided a “small solution” and a “big solution”. The former implied 385 households to be surveyed across all types of households (i.e., host-community household, internally displaced households, and refugee households). The latter implied ideally the sampling of 385 households within each of the household types covered by an implementing partner (see table 3 for what household type is served by what implementing partner). Since implementing partners varied in terms of the budgetary

resources, they also varied in terms of the actual sample size implemented. As for the unit survey, the agreement was to cover all facilities (e.g., health care centres, schools) within the areas of the households targeted. Again, project locations seem to vary in terms of the density of public facilities that existed. Table 2 on page 4 provides a breakdown of the sample sizes attained. Across all locations 16901 individuals were interviewed. Numbers were particularly high in Ethiopia with 3420 respondents and lower in Colombia with a total number of 1565 respondents.

Country	Implementing partner	# units surveyed
Bangladesh	Plan International	30
	World Vision	72
Burkina Faso	ChildFund	19
	Terres des Hommes	10
Central African Republic	Plan International	17
	SOS children’s villages	14
Colombia	SOS children’s villages	4
	Terres des Hommes	6
Ethiopia	ChildFund	9
	Save the Children	51
South Sudan	Save the Children	16
	World Vision	40
<b>Total</b>		<b>288</b>

Table 3: # of units surveyed by implementing partner/ country (unit survey only)



Variation was also stark in case of community-level units surveyed. As table 3 highlights, 288 individual units were surveyed across all project locations. In Bangladesh, the number was 102 in total whereas in Colombia it was only about 11 in total. Additional information on country contexts is also provided within section on risk profiles below. Table 4 provides a breakdown of the type of household surveyed. Globally, host-community households constituted the most

common type of household surveyed (52.36 percent). Globally, refugees constituted the smallest type of household surveyed with just under 10 percent. This, however, may have been due to the fact that only refugee households constitute target groups in only 2 of the 6 countries (Bangladesh and Colombia).<sup>2</sup> Colombia is the only country that targets all three types of beneficiary groups.

Country	Partner	% of households within host communities	% of internally displaced households	% of refugee households
Bangladesh	Plan International	74.87		25.13
	World Vision	24.51		75.49
Burkina Faso	ChildFund	51.57	48.43	
	Terres des Hommes	51.22	48.78	
Central African Republic	Plan International	47.01	52.99	
	SOS	50.25	49.75	
Colombia	SOS	50.25	49.75	
	Terres des Hommes	28.76	33.16	38.08
Ethiopia	ChildFund	50	50	
	Save the Children	49.74	50.26	
South Sudan	Save the Children	69.45	30.55	
	World Vision	72.24	27.76	
<b>Global average</b>		<b>52.36</b>	<b>37.72</b>	<b>9.93</b>

Table 4: Sample proportion within each type of household

2. See file 'JF-CPIE GFFO Consortium Annex 6 Beneficiary Table'.



Baseline data collection was implemented using Kobo toolbox. For that purpose, a household and unit survey tool were developed at the global level by the IMT. The corresponding Kobo forms were then shared with the local consultants implementing the baseline surveys at each location. At the very core of each survey tools was a set of questions to measure the aforementioned outcome indicators. For young people (indicator 1), caregivers (indicator 2), and community members (indicator 3), each set of questions to operationalize outcomes always covered two aspects pertaining to awareness around child protection. In case of indicator 1, questions thus measured young people's knowledge of child protection risks (i.e., awareness component) and how to stay safe (i.e., the behavioural component). In case of indicator 2, questions measured caregivers' knowledge of child protection and parental caring practices. The former is thus about awareness around child protection risks, whereas the latter is about parenting. In case of indicator 3, questions measured community members' knowledge around preventing and responding to child protection risks. Both not only a behavioural component (i.e., preventing and responding) but also awareness component (i.e., the identification of child protection risks). Thus, the need to gauge awareness levels around child protection risks applied to all three outcome indicators.

Gauging levels of awareness of child protection risks is methodologically challenging. It requires a comprehensive list of child protection risks being administered to respondents (see question CHKR1, CGKP1, and HHCR1 within the adolescent, caregiver, and household-head section of the household survey as well as question CMCR1 within the unit survey) and then to what extent the responses by interviewees in line with the actual child protection risks that prevail within a location. The questions were constructed based on a review of the grey literature around child protection within emergency settings. To determine the extent to which respondents are aware of child protection risks in turn requires "knowing" what child protection risks are of relevance

at each project location. It was not possible to determine these benchmarks through a review of the corresponding child protection literature. To determine a set of "objective" sets of child protection risks that can be used as benchmarks to analyse the survey questions on child protection risks (i.e., questions CHKR1, CGKP1, HHCR1, and CMCR1), project staff within implementing partners ranked the different protection risks listed in each of those questions based on their local relevance. This was guided by the assumption that project staff (e.g., child protection and gender focal points etc.) must have gained familiarity with the ground-level realities at each of the project locations their organizations work in the context of JF-CPIE. Thus, they must be amongst the most knowledgeable stakeholders when it comes to child protection risks target communities face. The top-5 protection risks where then used to construct a benchmark to be employed during the analysis of the survey questions on child protection risks. These risks are discussed within the Findings section. All quantitative analysis of the baseline data was performed using the statistical programming application R supported by the R Core Team. All graphs were produced using ggplot2, a data-visualization package developed for R.

## The needs assessment

Despite being qualitative and exploratory in nature, the methodology for the needs assessment involved using standardised data collection tools and targeted registry spaces to collect information about child protection (CP) needs and risks faced by girls, boys, adolescent girls, and adolescent boys in the 6 JF countries. The standardization of qualitative tools ensured that local consultants followed the same data-collection approaches and thus emerging data was at least roughly comparable across project locations. At least twelve Focus Group Discussions (FGD) were organised per country and were conducted to address questions related to key child protection needs and gaps. We also considered

community-based child protection systems, gender-specific barriers, current knowledge and capacities of caregivers, capacities of stakeholders, specific child protection needs, solutions, humanitarian coordination mechanisms, and the use of cash and voucher assistance (CVA) for at-risk children. These methods were chosen to provide a comprehensive understanding of the needs of the target population and to obtain a range of perspectives. All the data collected was analysed using both qualitative and quantitative methods to provide a comprehensive and robust understanding of the needs of the target population and the condition of child protection risk across participating countries. Qualitative data were recorded, translated, and transcribed, and sent to the IMT for further data processing and analysis. The analysis at country level was led by national consultants, whilst global data review has been assessed in this report.

Sampling involved splitting the target group into three categories: children (5-9 years old), adolescents (10-17 years old), and adults (above 18 years old) of all genders. The FGDs were conducted in a child-friendly and inclusive manner, using creative, active, and participatory methods, while ensuring equal representation of children with disabilities. As part of the process, four 'key informant interviews' (KII) per country were also conducted to complement the

FGDs. A standardised Child Protection KII tool will be implemented across the board and subject-specific Key Informants will be identified in each country. In total, 4 KII will be implemented by each implementing Partner (IP) according to the following criteria:

- CP KII with an informant specialised in sexual and gender-based violence.
- CP KII with an informant specialised in armed groups and armed conflict violence.
- CP KII with teachers, guardians, and caregivers of children (including foster parents for unaccompanied children) or relevant local or community authorities (health workers, community, and religious leaders, etc.)
- CP KII with project staff.

The sampling process was a combination of random and targeted selection. Network coordination with local authorities was essential to identify and include children with disabilities in the FGDs. The FGDs and KII were conducted in accessible locations, and the approach was based on positive communication and ability-focused adaptation to ensure the participation of all children and community members.



## Ethics process

In line with the IMT ethical approach, the baseline and needs assessment used several ethics research guarantees. Informed consent was obtained from all participants and confidentiality was maintained throughout the data collection, data sharing, and analysis processes. Additionally, all data collected was kept securely and used only for the purposes of this NA. Research teams followed global ethical guidelines and standards but locally adapted their approach in each participating country to incorporate different ethical challenges.

but a dual consent process may have been considered appropriate in some contexts. Community entry points and strategies were used by in-country consultants to inform local communities about the upcoming data collection, and special attention was paid to clearly explaining and discussing the informed consent forms. These forms were previously translated to local languages following customary language use in all research locations. Participants were not tied to monetary rewards, but expenses incurred through research participation were covered by JF-CPIE and a token of appreciation, such as snacks or soft drinks, may have been provided for longer interviews.



The consent process for the JF-CPIE BNA research process was based on obtaining written informed consent following established procedures when working with children and adolescents, parents/guardians, and adults. For young people under 18 years, a dual consent process was introduced where both parental/guardian consent and child assent were obtained before inclusion into the research. Children aged 18 and above did not require parental/guardian consent,

The BNA process also incorporated a strong focus on child protection, with measures in place to ensure the safety and well-being of children and young people involved in the study. This included obtaining parental consent for children and implementing measures to protect their identities, as well as avoiding any harm to their physical, emotional, or psychological well-being. The participation of boys and girls with disabilities was required where possible,

and their inclusion was encouraged through close collaboration with local or community authorities. Existing agency networks and continuous consultations with local groups, schools, community networks as well as peer persons with disabilities were identified to take part.

## **Approval of the BNA process and tools**

The needs assessment tools were shared with the Plan International technical team for ethical approval, which provided input, feedback, and guidance. The design of the tools was conducted in partnership with the IMT and the JF-CPIE technical team including gender, child protection and safeguarding focal points. Tools were also shared with IP teams for review and relevance check to ensure they meet local needs and standards. The tools were then compiled and streamlined to meet a generic need across all IP locations with adaptations where required. The Ethics review process of Plan international helped to ensure that tools were intentional about their targets, questions, method, and participation groups, including the most marginalised ones (e.g., young people).

## **Data quality control and assurance**

Regular check-in and support was provided by the management team and IMT. For example, the IMT developed a Power-B live-dashboard that visualized data-collection progress of the in-country baseline undertakings. The IMT also monitored the incoming quantitative and, where possible, qualitative data to ensure it met pre-defined quality standards. Upon completion of the different data-collection exercises, follow-up and eventually validation calls were organized to present the data, and their implications to the country teams. This in turn allowed discussing anomalies as well as gaps within the qualitative and quantitative data. During the data analysis of the needs assessment, for example, we identified specific instances in which we

believe that data reporting was influenced by the consultant's perceptions and other instances in which participants answers may have been influenced by the participants' contextual situation. Follow-up calls then enabled us to address these biases jointly with the respective in-country teams. This helped to further improve the quality of the data. We are therefore confident that the findings presented below are thus as free of misconceptions as is possible within data-collection exercises that were not implemented by the IMT first hand.

## **Limitations of the baseline and needs assessment**

Despite all efforts to ensure high quality within the global coordination of the baseline and needs assessment, a number of limitations need to be acknowledged. First, child protection risks are complex subject matters. Each type of child protection risk is the product of various socio-economic, and cultural factors. Thus, no quantitative and qualitative study, designed and coordinated globally across 12 project locations, suffices to fully explore the complexities around issues that threaten the wellbeing of children within emergency settings. Thus, we consider the baseline as well as the needs assessment as further contributions to better understand the ground-level realities around child protection within partner countries. However, they should not be understood as the final answers as to what determines challenges to the protection of children. This is particularly true given that child protection, and the risks thereof, are dynamic phenomena that themselves may be subject to change over time. As will be discussed below, the consortium of the JF-CPIE is urged to further explore child protection risks within the target communities in the context of the project monitoring as well as during midline and endline. For example, as will be discussed below, perceptions around what are the most relevant child protection risks within communities partly differ project staff, as expressed during the ranking exercises, as well as community members, indicated within baseline surveys (also see section

on limitations). Further interactions between project staff and community members during project monitoring and future follow-up surveys may help to better understand the nature of these differences in perception.

Second, to ensure comparability of the data in project locations, the IMT designed standardized tools. This might have come at a cost. All project locations have their own context and situational realities that cannot be harmonised into one tool. Thus, especially the baseline tools might not always have been fully responsive to the ground-level realities within communities.

However, tools here were also standardized to some extent. Thus, local consultants may not always have fully exploited the flexibility the needs-assessment tools may have provided. Here, one also needs to keep in mind that the administration of qualitative research especially within vulnerable communities requires extensive research skills and experiences. The IMT tried to address potential quality concerns proactively through reaching out to local consultants. However, it was beyond the control of the IMT to perform spot and back checks of the data collection efforts on the ground. Thus, some issues during the implementation of the data collection on the ground may have remained unnoticed.

Third, the baseline and needs assessment produced a wealth of information and data. This was necessary given that complex topics such as child protection within emergency settings were explored. At the onset, it is not always clear what type of questions need to be asked. However, it is beyond the scope of this report to discuss all intricacies of the data to the full extent. This is particularly true given that this report constitutes a global synthesis of findings. We partly tried to accommodate this by additional figures

within the annex of this report. Figures in the annex amongst others covered a breakdown of indicator data by gender, disability status, and type of household (i.e., host-community household, internally displaced households, and refugee households). Altogether, this report contains 46 graphs on implementing partner- and country specific aspects of child protection risks. Nonetheless, a significant part of the data was not included into this report. Data collected for the baseline and needs assessment but not presented here may still be of use, especially in the future. Combining baseline and needs assessment, data with data collected, for example, during the midline and endline may further help to fully understand the topic of child protection within target communities. For this reason, the IMT has developed a data warehouse where the raw data of both baseline and needs assessment is stored. In addition to the raw data, all coding scripts compiled to analyse the data have been included as well.

Fourth, outcome indicators are operationalised through self-reports. These operationalizations often relate to child protection-related behaviours such as parenting practices or responding to child protection incidents. However, the baseline data does not include observations. Outcome indicators are gauged through self-reports by community members, caregivers, and young people; this means the data is acceptable to social desirability.

Social desirability implies the notion that what respondents report differs from what they actually do in order to meet local or general societal norms and standards. We were partly able to explore the possibility of social desirability within the data by comparing responses between caregivers and young people.<sup>3</sup>

3. We partly find some evidence that social desirability may be at work. However, this is a general challenge many households surveys face and it would have been beyond the scope of this baseline undertaking to develop such a methodological approach.






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# THE FINDINGS OF BASELINE AND NEEDS ASSESSMENT

The findings part of the report largely consists of the following two sections. Within the first section, the baseline data, especially on the outcome indicators, are presented. This section thus helps to populate the baseline levels for the outcome indicators within project logframe (also see annex 2). Secondary analyses are presented that help to further understand the child protection situations within communities quantitatively. This especially concerned a breakdown of the data and results by gender and disability status. This in turn cast some light on the differences between males and females as well as between people with and without disability status. The first section also provides some critical reflections of the benchmarks constructed based on the ranking exercises that were used to determine baseline levels. As will be argued, there are some mismatches within perceptions around child protection risks between project staff (ranking exercise) and target populations (baseline responses). Thus, the outcomes of the ranking exercises cannot be taken as face value.

Within the second section of the findings part, the attempt to draw up child protection risk profiles for each of the 6 countries and implementing partners. The profiles imply the

most relevant child protection risks for each of the different project locations. To compile the profiles, we combined both qualitative (needs assessment) and quantitative data (baseline surveys). The profiling was further supported by additional analyses that casts light on the contextual and situational factors associated with the most relevant child protection risks identified. The country profiles thus may help implementing partners to further contemplate what programmatic priorities to choose for their project implementation. The country profiles also form the basis upon which the recommendations were developed are presented towards the end of this report.

## Baseline data on outcome indicators 1 through 3

This section discusses the baseline data on the outcome indicators presented in table 1 above. It is structured as follows. First, the results of the ranking exercise are presented. Then, the data on outcome indicators are summarised. We start the summary with a discussion of the potentially least vulnerable target group (i.e., community members), and then move on to the more vulnerable target groups consisting of caregivers and in particular young people. Thus, the discussion is structured around indicator 3, 2, and finally indicator 1. We start with indicator 3 and conclude with indicator 1 because we generally feel that the way indicators 2 and 3 were operationalized seems to have worked well. By contrast, the way indicator 1 was operationalized seems to have encountered some challenges. The reader may be better positioned to follow this conclusion after having studied the results on indicators 2 and 3. The baseline section concluded with a critical reflection of the results ranking data in light of the survey data. As will be argued, both ranking and survey data appears to be only weakly correlated when it comes to the potential relevance of the different child protection risks locally.



### **Project staff and child protection risks (results of the ranking exercise)**

Within the baseline surveys, the questions CHKR1 (young people/household survey), CGKP1 (caregivers/household survey), HHKP1 (household head/household survey), and CMCP1 (other community members/unit survey) were used to determine awareness of child protection risks with target populations. For each of the three outcome indicators awareness of child protection risks was deemed an important element. The design and answer options are identical across the three questions. Answers provided by respondents could be assigned to 28 different child protection risks that pre-populated the answer options of the three questions. As discussed above, to obtain benchmarks by which to judge whether or not a respondent knew (i.e., was aware of) all locally relevant child protection risks altogether we used a ranking of the corresponding risks provided by project staff within each of the 12 country teams. During the analysis, we concluded that the full list of 28 might have been too granular to obtain insights into the extent to which respondents “knew” locally relevant child protection risks. We therefore grouped the different child protection risks into altogether 10 different types. Table 5 below presents the results of the staff-internal ranking of child protection risks. Within the 10 child protection risks, we removed ‘poverty’ as a distinct child protection risk. During BNA validation calls,

it was discussed that poverty may constitute a root cause of many child protection risks (e.g., child labour or neglect). As such, it may thus lead to different child protection risks that children in poverty are then exposed to. Being a root cause of child protection risks and not a distinct manifestation of child protection risks, we therefore excluded ‘poverty’ from the set of child protection risks.

The ranking data already highlights that the different country contexts, and partner-specific contexts within countries, partly starkly differ. For example, child labour was amongst the three most relevant child protection risks within Bangladesh. By contrast, child labour does not seem to be that relevant in South Sudan. According to project staff in South Sudan, it is not even amongst the 10 most relevant risks.

One could make the case for the assumption that even above completion of the JF-CPiE initiative respondents that are sensitized to child protection may not know all 18 child protection risks. To construct country/ implementing partner-specific benchmarks to be used during the data analysis, we therefore used only the 5 most relevant child protection risks. Again, however, we did not expect well-aware respondents to know all 5 child protection risks. Thus, we classified respondents as ‘aware’ if they named 3 out of the 5 most relevant child protection risks. As discussed below in detail, we consider this methodological approach not to be feasible within the case young people.







Country	Bangladesh		Burkina Faso	
Implementing partner				
Most relevant risk (1)	Child labour	Substance abuse	Violence	Migration/displacement
2	Neglect	Child labour	Child marriage	Neglect
3	Child marriage	Intrafamily conflicts	Child labour	Substance abuse
4	Abduction/trafficking	Lack of legal identity	Neglect	Recruitment by armed forces
5	Separation from family	Violence	FGM	Teenage parenthood
6	Violence	Teenage parenthood	Lack of legal identity	Violence
7	Trauma	In conflict with law	Trauma	Trauma
8	Teenage parenthood	Child marriage	Migration/displacement	Child labour
9	Lack of legal identity	Trauma	Recruitment by armed forces	Child marriage
10	Substance abuse	Neglect	Teenage parenthood	Abduction/trafficking
11	Intrafamily conflicts	Abduction/trafficking	Bullying	In conflict with law
12	In conflict with law	Migration/displacement	In conflict with law	Separation from family
13	Recruitment by armed forces	Separation from family	Separation from family	FGM
14	Bullying	Bullying	Intrafamily conflicts	Lack of legal identity
15	Migration/displacement	Harmful cultural practices	Substance abuse	Bullying
16	Harmful cultural practices	Recruitment by armed forces	Harmful cultural practices	Intrafamily conflicts
Least relevant risk (17)	FGM	FGM	Abduction/trafficking	Harmful cultural practices

Table 5: Results of staff-internal ranking exercises by implementing partner and country





















Country	Central African Republic		Colombia	
Implementing partner				
Most relevant risk (1)	Lack of legal identity	Violence	Separation from family	Migration/displacement
2	Teenage parenthood	Lack of legal identity	Migration/displacement	Recruitment by armed forces
3	Violence	FGM	Violence	Violence
4	FGM	Neglect	Intrafamily conflicts	Intrafamily conflicts
5	Neglect	Intrafamily conflicts	Neglect	Neglect
6	Child marriage	Child marriage	Recruitment by armed forces	Substance abuse
7	Child labour	Child labour	Lack of legal identity	Teenage parenthood
8	Bullying	Harmful cultural practices	Teenage parenthood	In conflict with law
9	Substance abuse	Teenage parenthood	In conflict with law	Bullying
10	Recruitment by armed forces	Substance abuse	Child labour	Trauma
11	Intrafamily conflicts	Trauma	Trauma	Child marriage
12	Trauma	Bullying	Child marriage	Separation from family
13	Separation from family	Recruitment by armed forces	Substance abuse	Child labour
14	In conflict with law	In conflict with law	Bullying	Abduction/trafficking
15	Migration/displacement	Separation from family	Harmful cultural practices	Lack of legal identity
16	Harmful cultural practices	Migration/displacement	Abduction/trafficking	FGM
Least relevant risk (17)	Abduction/trafficking	Abduction/trafficking	FGM	Harmful cultural practices
Country	Ethiopia		South Sudan	
Implementing partner				
Most relevant risk (1)	Child marriage	Abduction/trafficking	Abduction/trafficking	Child marriage
2	Poverty	Bullying	Child marriage	Teenage parenthood
3	Trauma	Child marriage	Neglect	Poverty
4	Child labour	FGM	In conflict with law	Trauma
5	Violence	Child labour	Violence	Violence
6	Neglect	Harmful cultural practices	Trauma	Neglect
7	Intrafamily conflicts	In conflict with law	Poverty	Migration/displacement
8	FGM	Intrafamily conflicts	Separation from family	Substance abuse
9	Separation from family	Lack of legal identity	Recruitment by armed forces	Intrafamily conflicts
10	Migration/displacement	Neglect	Substance abuse	In conflict with law
11	Bullying	Migration/displacement	Child labour	Recruitment by armed forces
12	Abduction/trafficking	Poverty	Lack of legal identity	Harmful cultural practices
13	Substance abuse	Recruitment by armed forces	Bullying	Child labour
14	Teenage parenthood	Separation from family	Teenage parenthood	Separation from family
15	In conflict with law	Violence	Intrafamily conflicts	Abduction/trafficking
16	Recruitment by armed forces	Substance abuse	Harmful cultural practices	Bullying
Least relevant risk (17)	Lack of legal identity	Teenage parenthood	Migration/displacement	Lack of legal identity

Table 5: Results of staff-internal ranking exercises by implementing partner and country

### Community members and child protection risks (indicator 3)

In full, indicator 3 reads ‘% 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’. Awareness of child protection risks was only one thematic aspect implied by outcome indicator 3. It covered the ‘prevention’ component. The other element concerned ‘responding’ to child protection risks. To measure the response element,

we asked both household heads (household survey) and other community members (unit survey) what they would do when they see or hear of children experiencing abuse at home or in the community (i.e., question HHCR1 in the household survey and CMCR1 in the unit survey). A respondent was classified as adequately responding to child protection risks when they indicated they would report the incidence they see or hear about. Combing both elements thus allowed operationalizing the third outcome indicator (see table 1).

Country	Partner	Household heads	Age (se)	Female	No education attained	With disabilities
Bangladesh		92.34%	40.87 (10.32)	18.14%	52.74%	11.69%
		76.29%	41.59 (16.12)	11.97%	51.79%	15.56%
Burkina Faso		95.21%	45.70 (30.58)	18.34%	72.61%	10.66%
		95.99%	47.78 (12.63)	19.52%	78.42%	10.27%
Central Afr. Republic		94.85%	37.10 (09.66)	17.58%	23.18%	12.58%
		91.86%	40.85 (11.46)	29.88%	40.00%	20.99%
Colombia		98.97%	40.25 (11.73)	83.15%	19.57%	29.08%
		96.39%	37.09 (11.23)	75.54%	02.88%	16.55%
Ethiopia		94.29%	43.10 (12.94)	23.51%	46.76%	10.27%
		90.35%	43.60 (14.11)	23.80%	72.72%	03.61%
South Sudan		94.92%	35.76 (12.45)	76.86%	68.41%	11.47%
		79.29%	39.87 (23.60)	39.17%	29.43%	28.28%

Note: ‘se’ refers to standard error

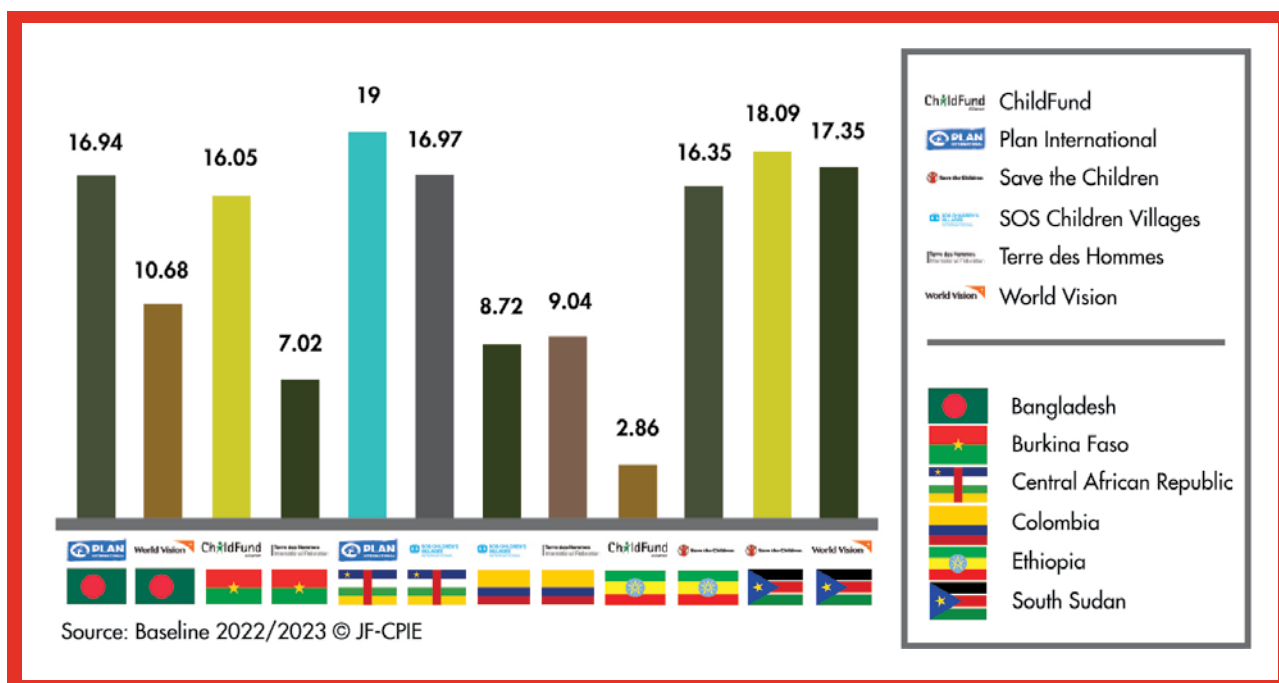
Table 6: Selected demographics (community members)



As table 6 highlights, within the community-member sample household heads constituted the largest group of individuals. Across the 12 project locations, they accounted for around 76 per cent (World Vision, Bangladesh) to almost 99 per cent (SOS Children’s villages, Colombia). On average, community members interviewed were around 40 years of age, something rather consistent across the different study locations. With the sole exception of Colombia (75.54 and 83.15 percent) and Save the Children, South Sudan (76.86 percent), the majority of community members interviewed were male.

around 75 percent of respondents did not complete primary education. By contrast, it is below 20 percent in Colombia. In terms of educational levels, we also find within-country differences. Whereas Terres des Hommes, Colombia, reported only about 2.88 percent of community members interviewed to be without education, it is almost 20 percent in the case of SOS Children’s villages, Colombia. A caveat here may be that the effective sample size is much smaller in case of Terres des Hommes, Colombia, compared to all other implementing partners. Within Colombia, the share of community members interviewed with disabilities were also somewhat higher than in other countries. To measure disability status, we used the Washington-consensus questions.<sup>4</sup> Any respondent that indicated to have at least one impairment was classified with disability status.

In terms of educational levels, some country differences were found as well. Table 6 depicts the share of respondents that did not complete primary education (i.e., no education attained). Within Burkina Faso



**Figure 1: Global baseline values for indicator 3 by implementing partner/country**

**Note:** the figure is based on questions HHCR1 and HHKP1 in the household survey as well as CMCP1 and CMCR1 in the unit survey. Numbers express proportions in %.

4. The corresponding survey questions within the household survey are as follows (see HHH8.121 through HHH8.126):

- Does this person have difficulty seeing, even if wearing glasses?
- Does this person have difficulty hearing, even if using a hearing aid?
- Does this person have difficulty walking or climbing steps?
- Does this person have difficulty remembering or concentrating?
- Does this person have difficulty (with self-care such as) washing all over or dressing?
- Does this person have difficulty communicating, for example, understanding or being understood?

Figure 1 below presents the baseline values for indicator 3. It is an unweighted aggregation of both the prevention and response component pertaining to child protection risks. Again, implementing partners differed in terms of the baseline values on indicator 3. Baseline values ranged from just above 3 percent in case of ChildFund, Ethiopia, to almost 26 percent in case of SOS Children’s villages, Central African Republic. This all suggests that there are generally low levels of child protection awareness amongst community members.

Figures starting from page 72 in annex 1 provide a breakdown of the baseline data pertaining to indicator 3 by gender, disability status and type of respondents (i.e., households in host communities,

internality displaced households, and refugee households). In some cases, such as Bangladesh but also South Sudan (World Vision), Colombia (Terres des Hommes), and Ethiopia (Save the Children) so it appears, male respondents exhibited higher awareness levels. By contrast, in the case of SOS Children’s villages in Central African Republic female respondents expressed higher awareness levels. In all other cases, all genders are at par. Interestingly, in Burkina Faso, respondents with disabilities showed higher awareness levels pertaining to indicator 3 than respondents without disabilities. This also applies to Central African Republic (SOS Children’s villages), Colombia (Terres des Hommes), and Ethiopia (Save the Children).




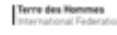








Country	Partner	# of CP risks named (se)	Respondents that would report CP incidences
Bangladesh		2.46 (0.98)	37.12%
		1.41 (1.11)	70.40%
Burkina Faso		1.61 (1.17)	53.91%
		2.22 (0.87)	40.94%
Central African Republic		1.56 (1.18)	67.90%
		2.39 (1.05)	64.55%
Colombia		1.14 (1.03)	74.10%
		1.58 (1.26)	59.38%
Ethiopia		1.17 (0.7)	85.93%
		1.38 (1.26)	79.41%
South Sudan		1.48 (1.13)	84.39%
		2.08 (1.46)	50.48%

Table 7: Community members’ awareness of risk prevention and response (indicator 3)

**Note:** ‘CP’ refers to child protection. ‘se’ refers to standard error





Table 7 above disaggregates the baseline data on indicator 3 by its components. This in turn allows determining what drives the baseline levels on indicator 3. On average, community members were aware of less than 2 of those child protection risks that project staff considered locally relevant (second column from the right). 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). As for the willingness to report child protection incidences, more than 50 percent of community members interviewed indicated they would report them. These levels are particularly high in Ethiopia. Here, almost all respondents would report child protection incidences. High self-reported propensity to report incidences suggest that

project activities should generally focus on raising awareness of what constitutes child protection incidences. By contrast, within project locations with lower levels of self-reported propensity to report incidences, project activities should also highlight the importance of informing the authorities about child protection cases. Across project locations surveyed, the most common reason that prevents community member from potentially reporting a child protection risk is the fear of retaliation. Project activities to address these fears may thus be beneficial. One option would be to ensure confidentiality of reports on child protection incidences made. A training intervention could teach staff within child protection services on how to ensure confidentiality of those that want to report incidences.




Country	Partner	Age (se)	Female	Married	No education	Working	Disabled	Children (Se)
Bangladesh		36.87 (9.38)	57.11	91.88	49.49	48.73	7.61	2.38 (0.97)
		40.35 (10.28)	52.76	94.26	73.29	27.15	13.47	1.93 (1.08)
Burkina Faso		38.27 (11.94)	59.84	73.18	79.11	20.22	6.06	2.94 (1.61)
		41.11 (12.72)	64.18	84.75	85.11	36.17	8.51	3.15 (1.79)
Central African Republic		33.62 (9.89)	51.25	10.28	27.61	60.5	12.63	1.89 (1.55)
		35.23 (11.27)	69.63	17.8	49.21	45.55	15.71	2.79 (1.37)
Colombia		38.36 (11.23)	74.66	4.58	18.33	46.9	25.07	2.02 (1.28)
		35.13 (10.18)	70.95	6.08	4.73	62.84	18.92	2.05 (1.85)
Ethiopia		40.84 (11.8)	50	73.26	55.04	50.78	7.75	1.61 (1.25)
		40.11 (11.87)	55.86	69.7	78.92	72.33	2.77	1.77 (1.2)
South Sudan		33.75 (11.81)	72.27	86.32	69.69	18.48	12.75	2.52 (1.67)
		32.92 (11.68)	64.61	70.86	39.84	17.65	21.39	3.34 (2.9)

Table 8: Selected demographics (caregivers)

**Note:** 'se' refers to standard error





## Caregivers and child protection risks (indicator 2)

In full, indicator 2 reads ‘% of caregivers who report increased knowledge of caring and protection behaviours towards children under their care compared to the beginning of the project’. Awareness of child protection risks was also one of the two thematic aspects (i.e., knowledge of protection behaviours) implied by outcome indicator 2. The assumption is that being able to protect children from any risks requires being aware

of the potential child protection risks. The other thematic element implied by indicator 2 is parenting behaviours. To measure self-reported application of good parenting, we used scales on ‘Nurturing Values’, ‘Strength Identification & Boosting’, and ‘Involvement’ of the Nicomachus-Positive Parenting (NPP) Questionnaire (see questions CGKC1 through CGKC15 within the caregiver section of the baseline household survey. Also see table 13 in the annex for listing of the different items). The combination of both components allows operational.

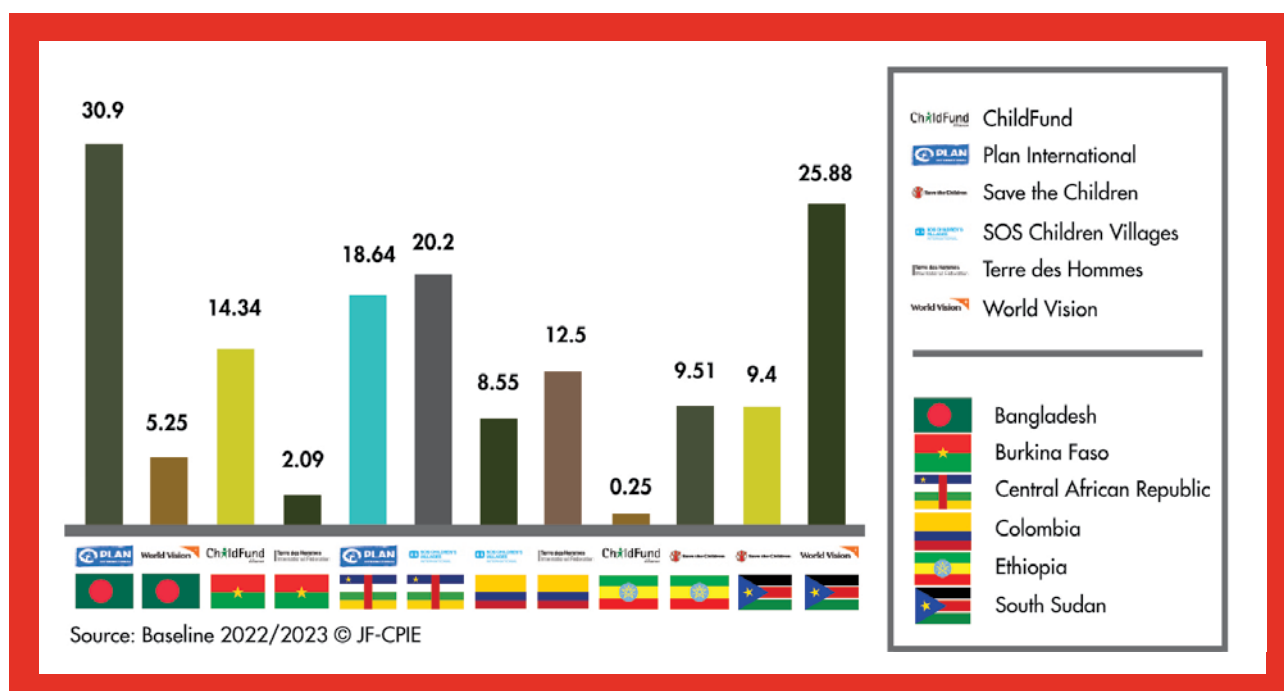


Figure 2: Global baseline values for indicator 2 by implementing partner/country

**Note:** the figure is based on questions CGKP1 and CGKC1 through CGKC15 in the household survey. Numbers express proportions in %.

Across all countries, 5694 caregivers were surveyed (see table 2). On average, they appeared to be female and slightly younger than household heads (see table 8). With the exception of caregivers in Colombia and Central African Republic, parents interviewed also tend to be married. In Colombia, marital marriage levels were as low as 5 percent (SOS Children’s villages). In Colombia, the share of those caregivers without primary education was also very low, which was in stark contrast to countries such as Burkina Faso or Ethiopia. In Burkina Faso (ChildFund only), and South Sudan (Save the Children and World Vision), caregivers were also less likely to be working. Child-caring requirements could be part for the explanation for the lower working rates. Within those locations, the average number of children were slightly higher with around 2.94, 2.52, and 3.34 compared to a global average of around 2.35. This average was

the lowest in Ethiopia with just under 2. Also, within South Sudan the proportion of host-community households surveyed are particularly high (69.45 and 72.24 percent versus a global average of 52.36 percent). This may suggest that caregivers within host communities may be less likely to work, at least in South Sudan.

Figure 2 above presents the baseline values for indicator 2. It is an unweighted aggregation of both the levels of awareness around child-caring and protection. Like in the case of indicator 3, implementing partners differed in terms of the baseline values on indicator 2. Again, baseline levels appear to be particularly low in case of ChildFund, Ethiopia and again the highest especially in the case of SOS Children’s villages, Central African Republic, but also Plan International, Bangladesh, and Word Vision, South Sudan.













Country	Partner	# of CP risks named (se)	Respondents that indicate adequate caring behaviours
Bangladesh		2.45 (0.98)	58.54%
		1.47 (1.13)	77.19%
Burkina Faso		1.60 (1.15)	46.01%
		2.11 (0.87)	39.16%
Central African Republic		1.64 (1.17)	92.99%
		2.42 (1.01)	66.75%
Colombia		1.19 (1.08)	57.66%
		1.52 (1.28)	51.97%
Ethiopia		1.19 (0.77)	33.24%
		1.45 (1.27)	71.61%
South Sudan		1.39 (1.15)	53.20%
		2.04 (1.52)	68.37%

Table 9: Caregivers’ self-reported practices of child caring and protection behaviours (indicator 2)

Note: ‘CP’ refers to child protection.

However, in no project location awareness levels around child-caring and protection amongst caregivers exceeded 30 percent. This suggests child caring and protection constitute thematic areas to be underserved within project locations.

Figures starting from page 73 in annex 1 provide a breakdown of the baseline data pertaining to indicator 2 by gender, disability status and type of respondents (i.e., households in host communities, internally displaced households, and refugee households). Unlike in the case of indicator

allows determining what drives the baseline levels on indicator 2. On average, caregivers were aware of as many child protection risks as community members (around 1.7 on average). Again, these figures seem to be slightly higher in the case of Bangladesh (Plan International), and Central African Republic (SOS Children's villages).

As for self-reported child-caring practices, implementing partners across the different project locations varied substantially. The percentage of caregivers that indicated adhering to all good parental practices



3, female and male caregivers do not seem to differ in terms of their self-reported child-caring and protection levels. The same also applies when comparing caregivers with and without disabilities.

Table 9 disaggregates the baseline data on indicator 2 by its elements. This again

indicated by questions CGKC1 through CGKC15 within the household survey ranged from 33.24 % (ChildFund Ethiopia) to almost 93 % (Plan Central African Republic). High levels of good parental practices suggest that projects may not have to consider interventions to further raise awareness around what constitutes a good parent.



Table 13 in the annex provided a breakdown of self-reported behavioural levels around parenting practices at the item level. Parents generally seem to exhibit all parenting practices about which they were questioned. Across items and countries, parents report levels of around 90 percent. In this respect, there do not seem to be any gender differences between female and male caregivers either. There is, however, an exception. Both female and male parents seem to be less likely to discuss with their daughters and sons how to avoid HIV/AIDS and unwanted pregnancies. Across all countries, reporting levels are just around 60 percent. This suggests that with regards to parenting practices project partners may want to focus on sex education within their awareness raising campaigns towards parents.

A caveat of the survey data is that they generally rely on self-reports. Thus, what respondents do within their daily lives may be different from what they indicate when surveyed. The household survey allows testing to what extent data has been subject to social-desirability bias. Questions about parenting behaviours were administered not only to parents (i.e., questions CGKC1 through CGKC15) but also to young people (i.e., questions Ad30.1 through Ad30.10 within the adolescent section of the

baseline household survey). For example, whereas caregivers were asked whether or not 'you discuss how to avoid getting pregnant with your daughters/sons (i.e., CG19.10/CG19.11)', young people were asked whether or not 'you discuss how to avoid getting pregnant' (Ad30.10). Thus, comparing data on each set of questions allows collating evidence on whether or not parents may overreport good practicing behaviours. Interestingly, parenting levels indicated by young people seem to match the ones reported by parents (overview table not provided here). At face value, this may suggest that self-reports on parenting skills are not subject to social desirability.

Another reading could be that social desirability is at work not only in the case of caregivers interviewed but also in the case of young people interviewed. One could argue that whereas caregivers may want to overreport their own parenting behaviours, young people may feel obliged to overreport the parenting behaviours of their caregivers. Again, evidence emerging from the survey data may suggest otherwise. Within both the caregiver (CG20.1 through CG20.8) as well as the adolescent section (Ad31.1 through Ad31.9) of the survey, we asked respondents when physical punishment of children is justified. A comparison of the data is presented in table 14 within the annex. Across all items and countries, there is a stark difference between caregivers and young people. Females and males within each population group are somewhat at par. However, whereas around 40 % of caregivers agree that physical punishment is justified on average across survey items and countries, it is almost 60 % amongst young people. Across items, disagreement is particularly high in areas, such as when children do not look after their siblings, are not in line with gender norms (e.g., a boy plays with dolls), or when a child wets his/her bed. Disagreement levels are lower in areas, such as when children steal or takes psychoactive substances. Across locations, disagreement levels are particularly high within the Central African Republic and within Ethiopia. Within other countries, disagreement levels seem to vary locally.

## Children and child protection risks (indicator 1)

In full, indicator 1 reads ‘% of children who report increased knowledge of child protection risks and how to stay safe due to participation at endline’. In the case of indicator 2 and 3, awareness of child protection risks was also part of the way indicator 1 was operationalized.

Question CHKR1 is about child protection risks young people consider relevant in their communities. In addition, young people were asked about whether or not they react to child protection incidences. We gauged their levels through two vignettes (see the set of questions CHSS1.1 through CHSS1.8 as well as CHSS2.1 through CHSS2.8 within the adolescent section of the household survey). In both instances, young people were confronted with a hypothetical story of a “friend” that implies a child protection incidences. Subsequently, they were asked about what they would say to their friend.

Young people that indicated they would tell their friend he/she does not have to endure this (CHSS1.1 and CHSS2.1), should talk to an adult they trust (CHSS1.2 and CHSS2.2), and to contact child protective services (CHSS1.3 through CHSS1.8 and CHSS2.3 CHSS2.8) were coded as knowledgeable about how to stay safe. Combining CHKR1 as well as CHSS1 and CHSS2 were used to operationalize indicator 3.

Table 10 presents demographic data of young people interviewed. In terms of age, gender, and living situation there were hardly any differences. On average, young people were around 12 years of age<sup>5</sup>, and tended to be equally likely to be female and male. The vast majority used to live with at least one parent. Only the proportion that has not completed education at the time of the survey varied across countries. Especially in Burkina Faso, but also South Sudan, a significant share of young interviewees has not completed primary education yet. In Colombia this proportion was particularly low.













Country	Partner	Age (se)	Female	Living with parent(s)	No education
Bangladesh		11.48 (3.16)	51.15%	98.98%	09.92%
		13.96 (2.31)	52.13%	99.11%	19.46%
Burkina Faso		11.28 (3.25)	46.53%	91.09%	40.76%
		11.97 (3.12)	55.60%	90.67%	33.58%
CAR		10.39 (2.87)	40.64%	97.13%	8.09%
		11.18 (3.20)	49.42%	87.28%	18.79%
Colombia		11.42 (3.13)	50.96%	91.23%	5.48%
		11.97 (3.07)	54.46%	91.07%	2.68%
Ethiopia		13.28 (3.10)	45.99%	90.15%	14.96%
		11.95 (3.40)	44.56%	97.85%	14.77%
South Sudan		12.03 (3.14)	47.76%	93.73%	36.72%
		11.40 (3.41)	50.73%	92.70%	23.36%

Table 10: Selected demographics (young people)

Note: ‘se’ refers to standard error

5. A number of alleged respondents fell out of the acceptable age range (i.e., 7 to 17 years of age). We removed those entries from the data to be analysed.

Figure 3 below presents the baseline values for the omnibus indicator 1. It highlights that baseline values are generally incredibly low. In none of the partner countries, did baseline levels exceed 6 percent. Levels also do not

seem to vary much between all genders. At face value, this would suggest that young people within project locations have almost no idea about child protection risks and how to stay safe.













Country	Partner	# of CP risks named (se)	Respondents that know how to stay safe
Bangladesh		2.23 (1.19)	2.04%
		1.47 (1.14)	12.30%
Burkina Faso		1.21 (1.19)	23.43%
		1.76 (0.98)	7.09%
Central African Republic		1.28 (1.23)	9.78%
		1.94 (1.29)	9.83%
Colombia		0.95 (1.03)	21.92%
		1.1 (1.28)	11.61%
Ethiopia		0.82 (0.76)	1.82%
		1.36 (1.25)	17.45%
South Sudan		0.76 (1.08)	0.00%
		1.34 (1.6)	0.00%

Table 11: Young people’s knowledge on child protection risks and how to stay safe (Indicator 1)

**Note:** ‘CP’ refers to child protection. ‘se’ refers to standard error

A breakdown of the different thematic components that make up the operationalization of indicator 1 helps to better understand what may drive the low baseline levels for indicator 1. Table 11 below presents this breakdown. Across all countries, young people knew around 1.35 of the most relevant child protection risks in their communities. This is slightly lower than what was observed for caregivers and community members. There also seems to be some country/partner-specific variations. In the case of SOS Children’s villages, Columbia, ChildFund Ethiopia, and Save the Children South Sudan, young people knew less than 1 of the 5 most relevant child protection risks on average.

Table 11 also presents the share of young people interviewed that selected adequate responses in cases a friend would encounter

a child protection risk. Across all countries, almost 10 percent of young people chose all the right responses. Levels seem to be particularly high in case of ChildFund, Burkina Faso, SOS Children’s villages, Colombia, and Save the Children, Ethiopia. By contrast, levels are particularly low in South Sudan. There, awareness around what constitutes adequate responses to a friend does not seem to exist at all.

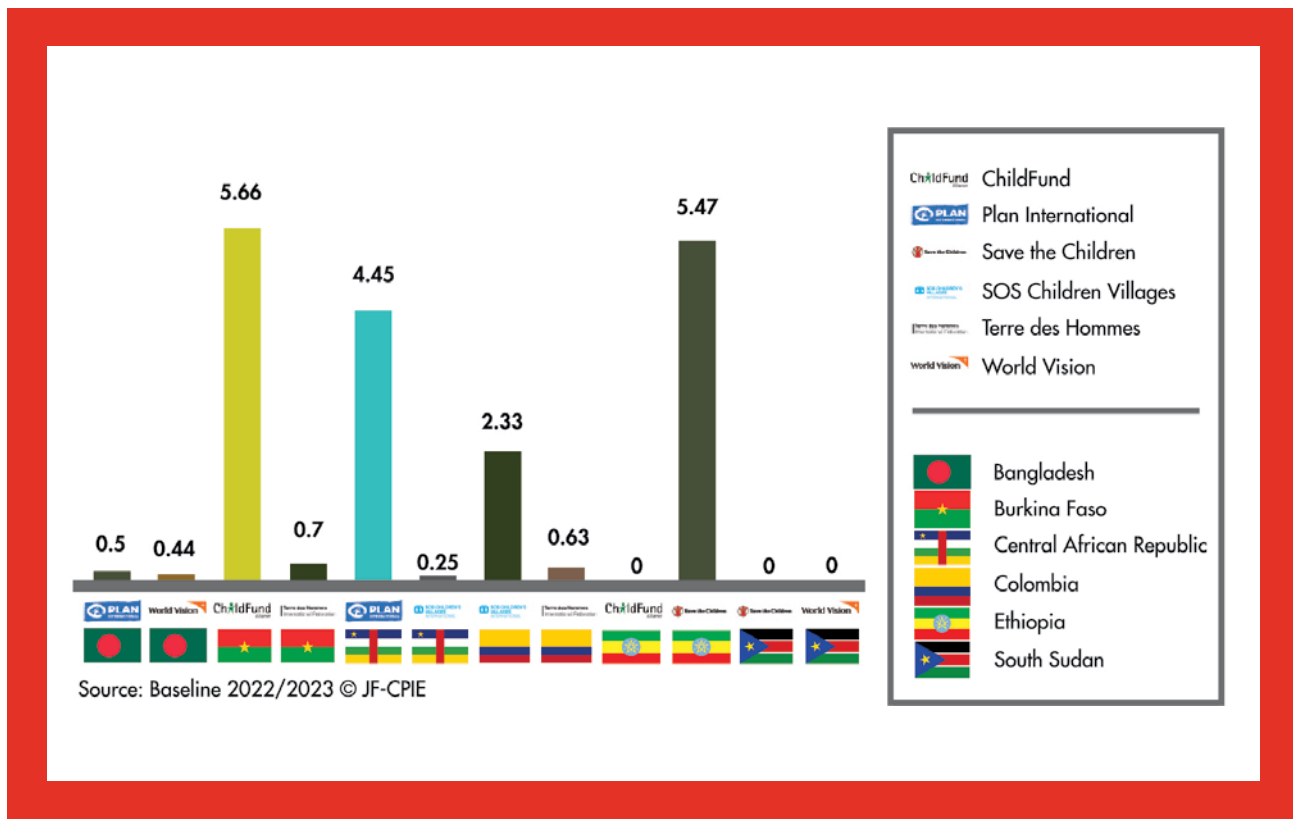
Given its the generally low baseline levels (see figure 3), one may want to contemplate whether or not the way indicator 1 is operationalized is adequate. Especially the task to list child protection risks might been too overwhelming for young people. On average, their age ranged from 10.39 (Plant International, Central African Republic) to just under 14 years (World Vision, Bangladesh) of age on average (see table 10). Whereas





community members (see table 6) and caregivers (see table 8) mentioned around 1.7 child protection risks that were identified to be relevant within the staff-internal raking exercises, it was only about 1.35 in the case of young people (see table 10). An alternative way to operationalize indicator 1 may thus be to rely on the two vignettes and the corresponding 6 questions posed afterwards only. In that case, however, the way indicator 1 is operationalized is less

focussed on awareness levels around child protection risks amongst young people. Figure 4 presents baseline figures for the revised indicator 1. Whether or not to accept the revision of indicator 1 is a management decision. In the next and final section pertaining to the baseline data alone, some critical reflections on the way awareness around child protection risks is gauged (i.e., questions CHKR1, CGKP1, HHCR1, and CMCR1) is presented.



**Figure 3: Global baseline values for indicator 1 by implementing partner/country**

**Note:** the figure is based on questions CHKR1 as well as CHSS1.1 through CHSS1.8 and CHSS2.1 through CHSS2.8 in the household survey. Numbers express proportions in %.

## Some critical reflections on the ranking data as benchmarks for the indicator analysis

Within the household and unit survey, the questions CHKR1 (young people/household survey), CGKP1 (caregivers/household survey), HHCR1 (household head/household survey), and CMCR1 (other community members/unit survey) were employed to gauge awareness of child protection risks with target populations. To analyse the extent to which respondents were aware of the locally most relevant child protection risks, we asked project staff within each country team to rate child protection risks (see table 1). The underlying assumption is that through the ranking exercise project staff provides an “objective” benchmark to be used during the analysis of the indicator data. To what extent this assumption holds true cannot be tested. Instead, we examined to what extent ranking data and survey data correlate on the prevalence of child protection risks. Any significant correlation would suggest that local views and views by project staff are aligned. This in turn may provide credibility to the results of the ranking exercises. The opposite, however, may not be true. Any lack of correlation may not imply that project staff is “off”. Ultimately, it is one of the guiding assumptions that target communities within the service areas of the project may not exhibit high levels of awareness around child protection, which in turn justifies JF-CPIE’s community-based interventions.

Table 12 above presents the results of the correlational analysis. We correlated the results of the ranking exercises across countries and implementing partners with the proportions of respondents that indicated the corresponding child protection risk to

be locally relevant. As one would expect, correlations are generally negative. The more relevant a risk appears to be, the lower the rank assigned to it within the ranking exercise. However, the more relevant a risk is perceived to be within communities, the higher the share of respondents that selected that risk. The scope of correlation is moderate. On average (i.e. it is .43. Within social sciences, and especially within survey research, this magnitude of effect is generally considered to be significant. Thus, we conclude that generally perceptions around locally relevant child protection risks are not misaligned. To some extent this may add some credibility to our analytical approach of examining the indicator data.<sup>6</sup>

However, associations between survey data and ranking results may not necessarily be linear. Figures 4 through 15 in the annex presents graphical visualizations of the country/partner specific associations. On the x-axis, the 10 best scoring child protection risks are presented in descending order. Thus, the most relevant risk as per the ranking exercise is arranged always on the left. Correspondingly, the least relevant risk is on the far right. On the y-axis, the extent to which respondents have chosen the corresponding risk depicted. Within linear relationships, one would expect the y-bars to decrease the more one moves from left to right. This is generally the case. In case of Plan Bangladesh (figure 4), the association seems to exhibit a u-relationship. The highest ranked and lowest ranked of the 10 risks have also been selected by respondents the most. The ones in the middle have hardly been selected by any respondent. This all suggests that the topic of locally relevant child protection risks may be more complex. The needs assessment may cast additional light on this.

6. Of course, one needs to accept the possibility that both project staff and local respondents are “off” in terms of what constitute relevant child protection risks in target communities.



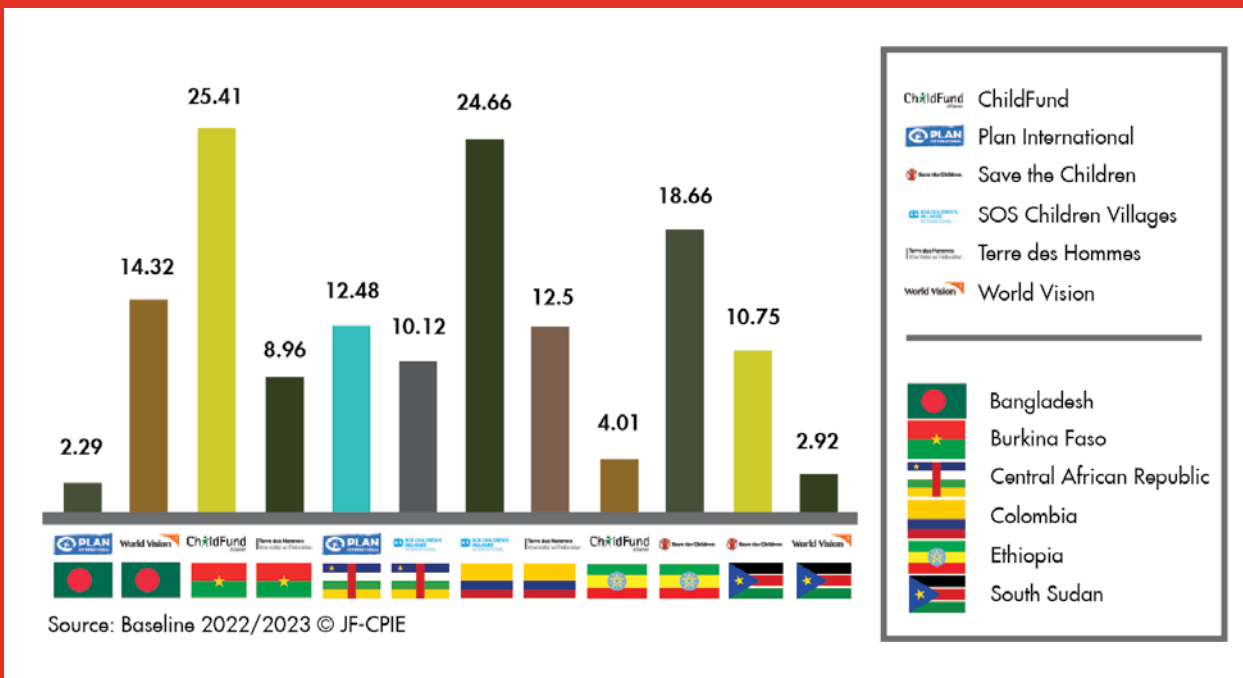
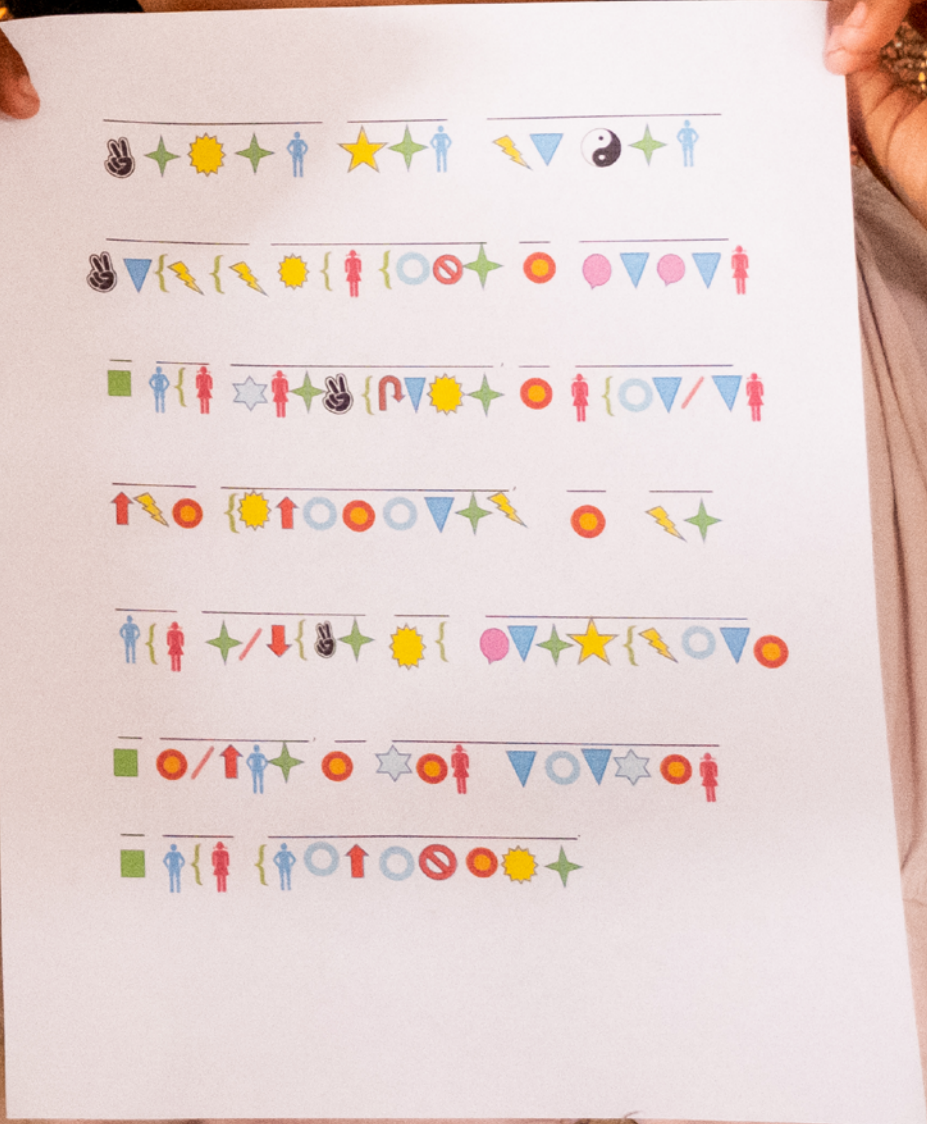


Figure 4: Global baseline values for indicator 1 (revised) by implementing partner/country

**Note:** the figure is based on questions CHKR1 as well as CHSS1.1 through CHSS1.8 and CHSS2.1 through CHSS2.8 in the household survey. Numbers express proportions in %.



# COUNTRY PROFILES OF CHILD PROTECTION RISKS

The following section presents a quantitative and qualitative needs assessment analysis per country. The most common child protection risks (as determined by the quantitative surveys) have been analysed together with qualitative insights from the Focus Group Discussions (FGD) with children, Key Informant Interviews (KII) with local specialists (see details above), and Implementing Partner staff. The aim of this section is to provide a broad analysis taking also into account current and specific social contexts in each country affecting child protection risks. Hence, country specific recommendations have been tailored in each case.

In discussing country-specific needs and recommendations, we hope to contribute to this global analysis by also showing the different scenarios and broad context in which the work of IPs in JP-CPIE countries develops, and how each of these IPs have adapted or are particularly affected by different social contexts. Reading the country profiles together, however, will also shed light the similarities existing across the global board.

General affecting risks include various kinds of violence, poverty, and systemic infrastructural needs. These issues should be understood as negatively impacting

All (all)	-0.39
All (female)	-0.38
All (male)	-0.37
Young people (all)	-0.36
Young people (female)	-0.33
Young people (male)	-0.34
caregivers (all)	-0.38
caregivers (female)	-0.38
caregivers (male)	-0.36
community members (all)	-0.41
community members (female)	-0.41
community members (male)	-0.37

**Table 12: Correlations between survey responses and ranking results**

**Note:** column on the right represent the Pearson coefficient of correlation between the results of the staff-internal ranking of the relevance of child protection risks (ranging from 1 to 17) and proportions, expressed in %, of respondents (i.e., community members, caregivers, and young people) that considered a child protection risk of locally relevant.

more specific child protection risks in each country. Such is the case, especially, for gender inequality and disability. Overall, much work needs to continue to be done in addressing disabilities affecting children. At large, the data of this assessment suggests that a central and general topic to address is the issue of representation of disabilities. Children with disabilities may have many needs on this issue but they mostly ask to feel represented and included. Thus, a general focus of approach could be to highlight inclusion, awareness, and build or enforce work that children with disabilities can relate to and can feel properly and inclusively represented, and better accepted among non-disabled peers. Gender-based violence and inequality, on the other hand, though common in all countries, should be analysed and understood with a country-specific focus as it takes different forms according to different contexts.

The qualitative discussion that follows will provide insights into these global

# BANGLADESH



child protection risks and how these are determined by country-specific issues, backgrounds, and social events. Plan International and World Vision focus on helping Rohingya refugees in the district of Cox's Bazar near the Bangladesh-Myanmar border (where data for this report was collected). Both IPs currently work in camps and host communities in Ukhiya Upazila and Teknaf Upazila, where they provide shelter and improve material, sanitary, and health conditions amongst Rohingya refugees.

Rohingya people have faced decades of discrimination, statelessness, and violence in Myanmar. According to the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), since 2017, more than 773,000 Rohingya—including more than 400,000 children—have fled into Cox's Bazar ([OCHA 2022](#)). As the same report notes, over 943,000 Rohingya people (as of October 2022) were living in Ukhiya and Teknaf, generally in extremely

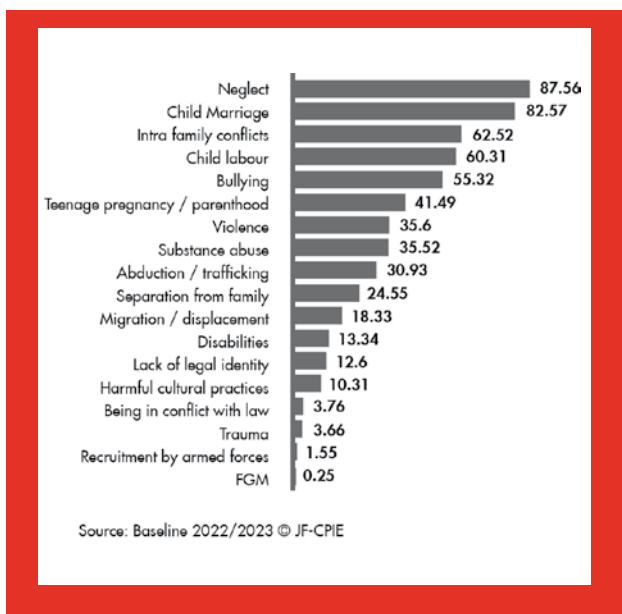
congested camps, in poverty, and perilous circumstances. Their situation is extremely serious. Their precarious living conditions, their difficult political situation as stateless refugees, and the socioeconomic challenges faced in camps and host communities shape and define the results of this report.

The three most common child protection risks found by Plan International Bangladesh, according to quantitative baseline surveys are: neglect, child marriage, and intrafamily conflicts. The three most common child protection risks found by World Vision, Bangladesh, are: child marriage, neglect, and intrafamily conflicts. The difficult conditions of the crisis add stress to the situation. Camps are especially dangerous places for children and the existing conditions of precarity put a strain on families and individuals. Overall, poverty occupies the next higher child protection risks. Qualitative data suggests that interfamily conflicts are aggravated as a result. Participants report several cases of violence perpetrated against children: abduction and trafficking

**“The way of thinking of people here is very conservative. Here, the participants mentioned that people have a negative perception about girls’ school education.”**

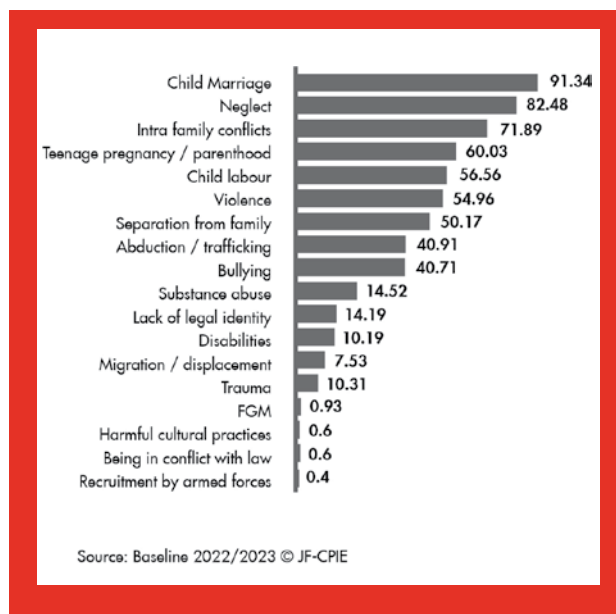
*Adol, Camp 20, FGD with Girls, Plan International, consultant observation.*

are the most consequential but everyday violence between different camp members as well as bullying and harassment are quite common.



**Figure 5. Most common child protection risks (Plan International, Bangladesh)**

**Note:** the figure is based on all questions on child protection risks within both household and unit surveys and not just CHKR1, CGKP1, HHKP1, and CMCP1. Numbers express proportions in %.



**Figure 6. Most common child protection risks (World Vision, Bangladesh)**

**Note:** the figure is based on all questions on child protection risks within both household and unit surveys and not just CHKR1, CGKP1, HHKP1, and CMCP1. Numbers express proportions in %.

Poverty and congestion aggravate the conditions of refugees in camps and in host communities. Harmful child labour practices are frequent occurrences inside camps. The practice is often encouraged by families in economic need and the situation disproportionately affects boys.

Indeed, boys as young as 10 years may be expected to earn money and contribute to family income. Child labour in refugee camps is poorly paid and exploitative. Girls will be expected to do unpaid labour in their households.

Sometimes, it has been reported, the economic needs of families and the pressure over boys to work, results in parents forbidding their children from attending school or playing.

In some cases, child labour can contribute to drug use among adolescent boys (mainly yaba, a strong unprescribed drug). The link of child labour with drug consumption is also related to introducing boys in criminal activities (especially theft and drug trafficking). When this happens, gang membership often

result in further exposition to violence and conflict (a problem that affects some camps more than others). Racial police profiling and discrimination may follow.

Adolescent FGD participants mentioned the police as an unsafe space for boys and denounced common police harassment, unjustified confiscation of property, and requests for money (extortion) among others forms of abuse of authority.

The experience of violence may result in the reproduction of violence. Thus, male adolescent drug consumption, gang involvement, and unemployment have been noted to be related with eve teasing and harassment of girls and women.

Forced child marriage is strongly perceived as a negative risk too commonly affecting Rohingya children among Key Informants. It disproportionately affects girls and, according to quantitative data, it is prominent inside camps as well as in host communities.

According to consultant researchers, child marriage happens in a context influenced

by the deeply conservative religious practices of Rohingya people, but the data also suggest that child marriage can be locally perceived to be a way of alleviating camp poverty. When child marriage occurs in host communities it can become a way for Rohingya families to better integrate with their hosts population. Similarly, child marriage, when affecting boys, can be perceived positively (and thus encouraged) as a way out from drug consumption or gang involvement.

In such a context, discrimination against disabled children is widespread. Overall, there are very little efforts in place to directly address this situation. There is a significant lack of disability infrastructure, services, and assistive devices available to children with disabilities. These limitations go hand in hand with a general lack of knowledge about disability and a deficiency of representation that may help provide better support and encourage a better understanding. Insufficient intervention was identified in camps, host communities, families, and schools.

Children participating in FGD for Plan International perceived the following spaces to be most safe for children: home, schools, mosques, and hospitals. The following spaces are considered to be unsafe for children: Banks of rivers (risk of drowning), forests (fear of wild animals), the Rohingya refugee camps. Children participating in FGD for World Vision perceived the following spaces to be most safe for children: school and home. The following spaces are considered to be unsafe for children: streets and markets. Children participating in FGD for Plan International mentioned the following persons to be their trusted choices to report child protection issues: first their parents and then the Manjhi in charge in refugee camps. Children participating in FGD for World Vision mentioned the following persons to be their trusted choices to report child protection issues: first their parents,

sometimes their teachers (but not always) and then also calling emergency services.

## Country Recommendations:

The Rohingya refugee crisis will continue to be the most important child protection emergency in Bangladesh for Plan International and World Vision in the foreseeable future. The focus of this crisis will increasingly pivot towards Rohingya integration and safe return to Myanmar. There are no guarantees, however, as to when this could be accomplished.

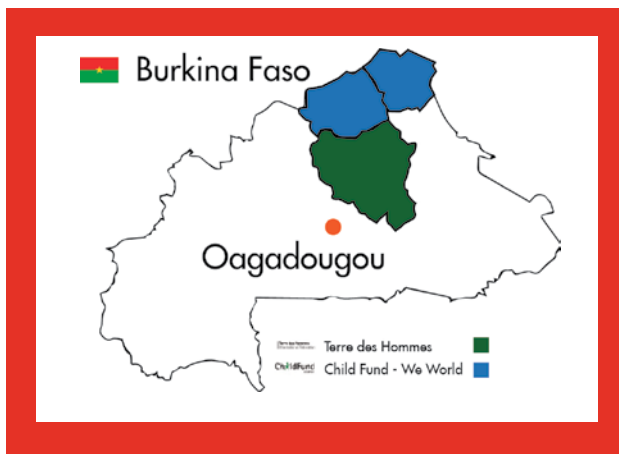
The findings of this needs assessment have identified child marriage as one of the most pervasive risks affecting girls in Rohingya camps and host communities. Still much needs to be done. Addressing this risk and devising an effective plan to protect girls from early marriage would require a combined intervention that tackles both the social, economic, and cultural conditions that allow or increase the risk of child marriage in a refugee camp. It would be necessary to significantly improve the material conditions inside camps, better understand the cultural meaning and economic structures that make child marriage appealing or beneficial for Rohingya families under duress and stress and recognise that without meaningful and practical alternatives these core problems will remain. Lastly, it is recommended that the suggestion made by this report about perceived connections between child marriage and host communities as a strategy for enhancing Rohingya integration in Bangladesh is taken seriously. The strategic combination of integration and child marriage reduction can become a basis to put forth a viable alternative. Such a strategy could pursue behavioural change (the goal of reducing child marriage) by offering a rewarding alternative (increased social integration) as a way to tackle and improve the material conditions and livelihoods of Rohingya refugees.

### **Further note:**

***Air and water pollution aggravate the living conditions of refugees in camps in Bangladesh, resulting in worsening health among children and their families. It intersects other important social matters affecting child protection risk and it would be advisable to pay closer attention environment issues when designing child protection intervention in the future.***



# BURKINA FASO



Terre des Hommes Suisse currently emphasises the promotion of child friendly spaces (espaces amis des enfants-EAE) and works in enhancing community instruments for the protection of children. They promote integral approaches and collaborative responses with local communities and administrative authorities. This work is carried out in various communities and provinces in the Centre-Nord Region, just north of Ouagadougou.

ChildFund works further north, in the Sahel, in and around Djibo and Gorom-Gorom, in the provinces of Sorum and Oudalan. Their work is concerned with enhancing alimentary security and fighting malnutrition. Their current projects also support emergency responses, infrastructure development, sensibilisation through psychosocial activities, and CVA distribution.

Burkina Faso is currently experiencing a severe and continuing political crisis. Attacks by non-state armed groups have caused havoc in the country, affecting the civilian population and forcing over 6% of the country's population to flee their home. According to the CONASUR (Conseil National de Secours d'Urgence et de Réhabilitation), more than 1.8 million people were displaced (31st December 2022) due to insecurity and Sahel and North-Center regions. As a result, many children are out of school due to school closure (almost 1 millions according

to the Secrétariat Technique de l'Education en Situation d'Urgence, 30th November 2022) facing increased risk of protection: gender-based and other forms of violence, child marriage, child labour and exploitation (Human Rights Watch, 2022; 2023).

Quantitative results for this report show that the three most common child protection risks found by Terre des Hommes, Burkina Faso, are: neglect, poverty, and intrafamily conflicts. The three most common child protection risks found by ChildFund, Burkina Faso, are: neglect, child marriage, and violence.

**“Our greatest fear here is the crackling of bullets. We are afraid of being hit by them; of being wounded or killed.”**

*Zimtenga, FGD with Boys, Terres des Hommes, Suisse, boy, 07-11 years.*

Qualitative results show that the most common child protection risks found in the Centre-Nord Region by Terre des Hommes are, in order of importance, poverty, physical violence, and early pregnancy. Family separation related to armed conflict displacement and recruitment into armed groups complete the list. Lack of education and abuse of drug and alcohol consumption are also important issues.

Qualitative data from the Sahel collected by ChildFund stresses different forms of violence against children as the main cause of concern.

Overall, both ChildFund and Terre des Hommes note that very commonly, the main perpetrators of violence and abuse against children are parents/guardians or educators at schools.

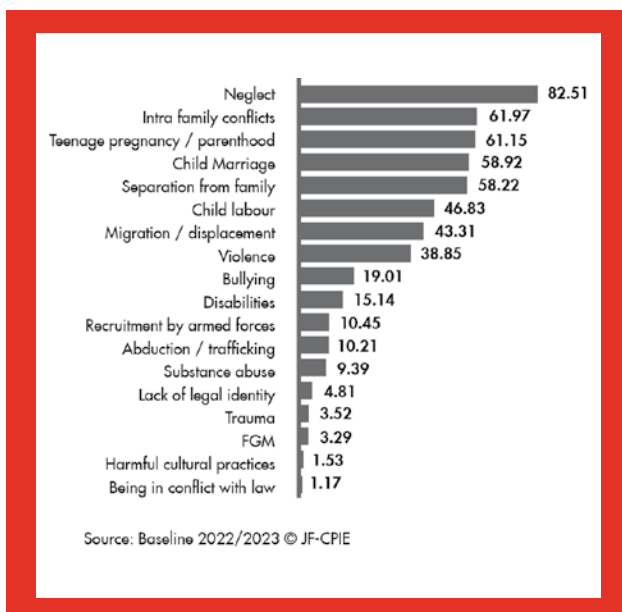


Figure 7. Most common child protection risks (Terre des Hommes, Burkina Faso)

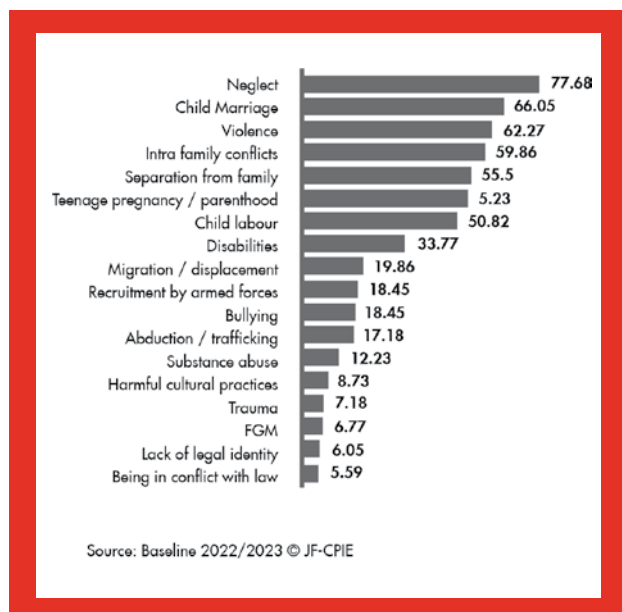


Figure 8. Most common child protection risks (ChildFund, Burkina Faso)

**Note: the figure is based on all questions on child protection risks within both household and unit surveys and not just CHKR1, CGKP1, HHKP1, and CMCP1. Numbers express proportions in %.**

**Note: the figure is based on all questions on child protection risks within both household and unit surveys and not just CHKR1, CGKP1, HHKP1, and CMCP1. Numbers express proportions in %.**

These results are in line with a 2019 national study on violence against children which concluded that the family home was the main place where violence against children was committed. This report says that both parents were the perpetrators of up to 75% of this violence and listed the school in second place with a little over 20% of such cases (cited in Terres des Hommes Suisse, Évaluation des données de référence et des besoins. 2022).

administration, state services, and non-governmental programmes. Children face a growing lack of access to education and increasing exposure to malnutrition. This situation increasingly put children at risk and aggravate existing problems.

The ongoing armed conflict has produced massive displacement and negatively impacted food security. Armed conflict puts boys at risk of recruitment by or association with armed groups and girls at increasing risk of child marriage or early pregnancy.

In general, child marriage and child abuse seem more prevalent in the Sahel region where ChildFund is located. Terre des Hommes has reported fewer cases and attributes this to longer intervention efforts carried out in their intervention area.

Rape by armed groups and forced marriage to combatants (“kidnapping”) has been reported to be a significant occurrence.

Harmful child labour is also common in gold mining, which, in turn, puts boys at further health and physical risks, and in contact with dangerous explosives and hazardous chemicals. Child labour in mining sites is related to the closure of schools and worsening economic conditions. The sum of these events leaves few options to deter increasing involvement of children in the mines. Consequently, families in need seem to encourage child work to alleviate their economic hardships and there is a growing

Schools, health facilities, and other basic infrastructure has been directly impacted. The conflict has limited or halted governmental

perception that school (or education) is rather pointless—and doesn't help communities and individuals in the current conditions.

Involvement in mine labour also leads to drug and alcohol consumption (especially amphetamines and cannabis but also several kinds of “drug alcohols”), widely used and distributed in mine sites. These substances may be consumed as coping mechanisms to help children endure work in the mines and may have the negative effect of reinforcing dependency on mine labour incomes and further abandonment of school education.

Disability has a long history of neglect in both areas of intervention. There are few significant programmes, assistance, or campaigns reported, and the situation has only worsened with the conflict. Overall, disability in Burkina Faso remains a source of discrimination against children. A general census of children with disabilities (RGEH, 2013), notes that 48.6% of children living disabilities have been discriminated against because of their disability. Disability conditions, according to data from FGD, increase risk of exploitation and discrimination in boys and girls.

Children participating in FGD for Terre des Hommes perceived the following spaces to be most safe for children: home and school. The following spaces are considered to be unsafe for children: the bush (there are jihadists hiding), the market, and the streets. Children participating in FGD for ChildFund perceived the following spaces to be most safe for children: home, school, and hospital. The following spaces are considered to be unsafe for children: the streets, the bush, pastures, fields (there are dangerous animals and bandits), and the outskirts of the city. Children participating in FGD for Terre des Hommes mentioned the following persons to be their trusted choices to report child protection issues: parents and teachers. Children participating in FGD for ChildFund mentioned the following persons

to be their trusted choices to report child protection issues: first to the parents, then to the school master or teachers, and lastly to the elderly or the neighbours.

## Country Recommendations:

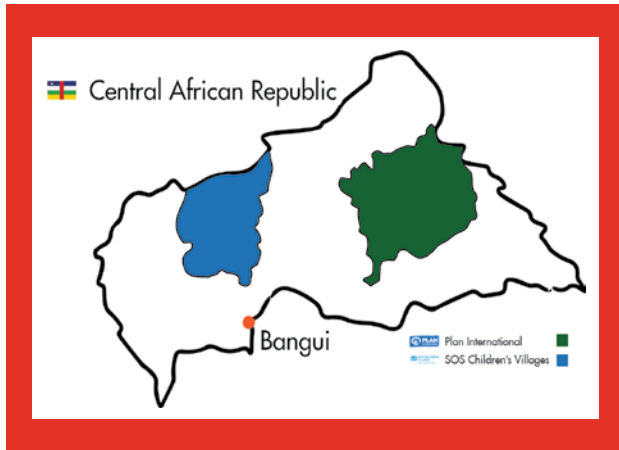
The conflictive background affecting the country has had a noticeable effect on increasing child protection risks in Burkina Faso. ChildFund and Terre des Hommes, though working in different areas or the country, report quite similar conditions. The emergency created by armed conflict violence not only directly affects children, but also further creates the necessary conditions that explain many of the most prevalent and severe child protection risks.

It is recommended that further efforts be made to improve the situation of intrafamily conflict. The rates for intrafamily conflict and recognised violence committed at home against children is very high in both areas of intervention. Furthermore, such violence happens in a context that is overwhelmingly hostile to children outside their homes and communities. And in a context in which children's trust in parents is required. This puts children in a precarious and more difficult situation and limits options to find help. The role of schools and education should further include and expand towards parents and guardians as it can help chain together various child protection risks occurring at the same time: child labour and child marriage and/or teenage pregnancy. The relation between child labour and school abandonment is made more severe because of the economic and clashing background in the conflict. Like child marriage and/or teenage pregnancy, its risk increases with the closure of schools. Strengthening school programmes should thus also help decrease child labour and child marriage. However, that would only work if strong efforts were simultaneously made to ensure that homes and households are safer places for children.

### **Further note:**

***Child mendicity has recently become a more prevalent child protection risk in Burkina Faso. The displacement of populations caused by the armed conflict increases its occurrence. Qualitative data suggest that religious organisation and practice can exacerbate this risk, but the issue is considered sensitive and challenging to examine.***

# CENTRAL AFRICAN REPUBLIC



Plan International works in Bria, a sub-prefecture in the Haute Kotto prefecture, in the east. Their work focuses on child protection and gender violence issues in several communities and among camps of displaced populations.

SOS Children's Villages works in and around the Bossangoa area, north of Bangui. The implementation and management of child friendly spaces is the focus of their current efforts. They run awareness campaigns and support efforts to help people affected by protracted violence from armed conflicts and civil war that have characterised the recent history of the Central African Republic.

The three most common child protection risks found by Plan International, Central African Republic, are: neglect, violence, and child marriage. The three most common child protection risks found by SOS Children's Villages, Central African Republic, are: neglect, violence, and child marriage—followed very closely by teenage pregnancy/parenthood. Poverty is pervasive, violence widespread. The collapse of infrastructure and the limitations of government control resulting from the past years of conflict have taken a heavy toll on basic services, programmes, and security. Health, hygiene, and sanitation are precarious among beneficiary communities.

Food security is also affected. FGD-based children's descriptions often portray inward-looking communities frequently threatened by outside forces.

SOS Children's Villages personnel, in particular, describe a continuously dangerous situation limiting their capacity to freely operate in the area near Bossangoa. They report being attacked and so in consequence they have been forced to hire security guards to protect them while at work. This situation and increasing economic difficulties, inflation, and petrol prices negatively affect their capacity to properly serve beneficiary communities.

Overall, physical and sexual violence against children are common occurrences across the country. Child marriage and gender inequality are similarly widespread. Child labour is dangerous and common. Transhumance corridors crisscrossing local

**“Being disabled is the effect of losing a body part.”**

*Zorro, FGD with Boys and Girls, SOS Children's Villages, adolescent 15-18 years.*

communities, mining sites, and armed groups confine village space and are all considered dangerous places for boys and girls.

There are no safe places for children with disabilities: infrastructure and awareness are generally lacking. The most common definition of disability found during research stresses losing a part of the body which recalls ongoing armed conflict in the country.

Neglect (no education, medical, and emotional), intrafamily conflict, violence against children, and child marriage affect boys and girls in Plan International and SOS Children's Villages beneficiaries. The many years of war, the precarity of the economic situation, and stress caused by the conflict

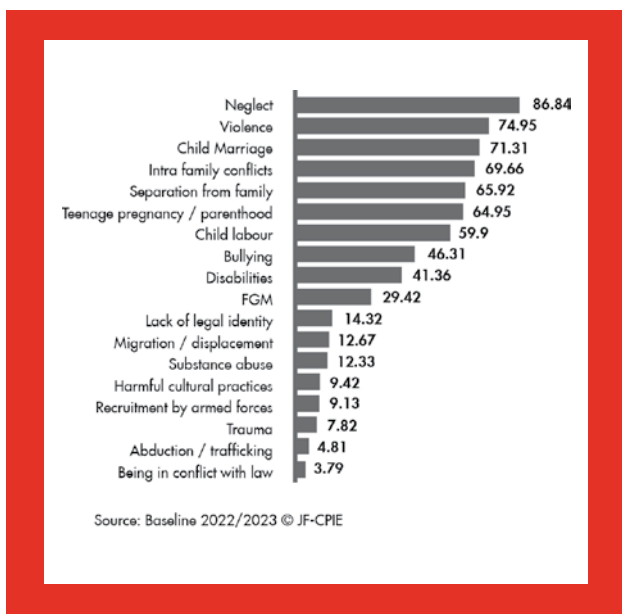


Figure 9. Most common child protection risks (Plan International, Central African Republic)

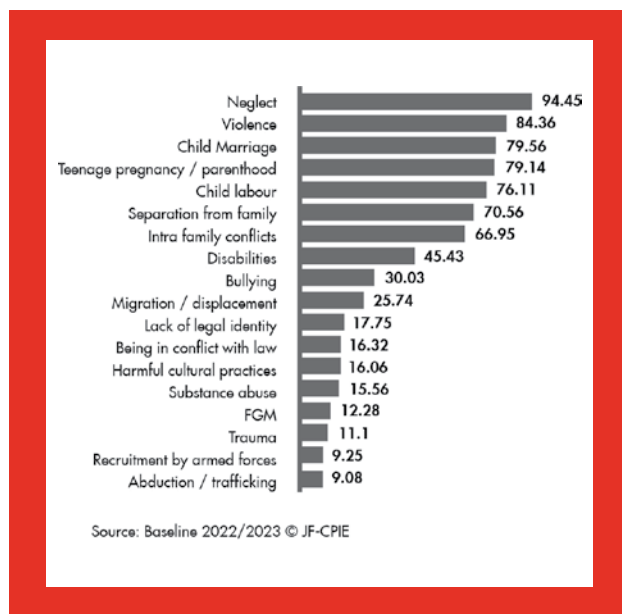


Figure 10. Most common child protection risks (SOS Children's Villages, Central African Republic)

**Note: the figure is based on all questions on child protection risks within both household and unit surveys and not just CHKR1, CGKP1, HHKP1, and CMCP1. Numbers express proportions in %.**

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are believed to be aggravating conditions regularly resulting in more violence and neglect towards children.

violence affecting boys and girls. Displaced children are most commonly affected by child labour in general and mining in particular due to their more precarious situation and higher difficulties to attend school.

The generalised perception in the country that parents and adults can (and should) punish children according to their behaviour, further provides a set in cultural practice and perception that facilitates risks and child abuse. Physical violence is thus a common way of disciplining (especially) boys, while girls often experience mistreatment. These occurrences increase in displacement camps where children often find themselves not in the care of their parents but under the supervision of other kin. It is common that children ought to take care of themselves. Boys, in particular, are expected to provide for their families from the age of 15-16, an expectation that often results in child labour.

Most of these mining operations are improvised, uncontrolled, and precarious, and put children in severe danger of mercury poisoning. Furthermore, mine sites are often run or controlled by rebel armed groups and thus become an entry point for children to go into the armed conflict.

Diamond mining is a particularly popular trade for boys to go to. School closures and economic worsening have helped increase child labour in mine sites, where they are further exposed to physical and sexual

The same conditions of poverty, lack of education and opportunities, family expectations to contribute economically to households, affect girls in a different way.

Forced marriage of girls and child marriage at an early age are common child protection risks across the board. KII informants consider it one of the most important risks faced by children in the Central African Republic and link it to precarious economic conditions and poverty. Child marriage is thus an economic strategy of families to lighten

household economic pressure. However, it is also related to cultural perceptions: early marriage is encouraged because pregnancy outside of marriage is seen as a shameful and dishonourable transgression. It brings disgrace to a family, especially affecting the reputation of the paterfamilias, and so it must be avoided. Religious belief further affects such perceptions, and it has been reported by qualitative interviews that Christian and Muslim families engage in early marriage practices with more frequency.

Sexual and gender-based violence and abuse were also mentioned in KII discussions. Rape and other sexual violence against girls happens with unknown frequency. It is uncommon that state authorities or social workers be informed (and the justice system suffers from severe limitations). Hence, direct arrangement between aggressor and victim (and their families) is often the preferred method of justice. It may happen that a victim of rape be forced to marry her aggressor as a result.

Children participating in FGD for Plan International perceived the following spaces to be most safe for children: mosques and churches, school, MSF (Doctors without Borders) clinics, and other health centres. The following spaces are considered to be unsafe for children: mine sites. Children participating in FGD for SOS Children's villages perceived the following spaces to be most safe for children: home, school. The following spaces are considered to be unsafe for children: the fields and the bush. Children participating in FGD for Plan International mentioned the following persons to be their trusted choices to report child protection issues: parents, the block/village leader, teachers at school. Children participating in FGD for SOS Children's villages mentioned the following persons to be their trusted choices to report child protection issues: parents, the chief of the village (or other local leaders), teacher, church pastors.

**Further note:**

***It is enshrined in the constitution of the Central African Republic that parents can punish a child in proportion to a fault committed.***

***This may contribute to justify intrafamily conflict and stronger child punishment inside households.***

## Country Recommendations:

The difficult emergency experienced in the Central African Republic adds up many factors occurring in a context of violence, poverty, uncertainty and weak state intervention.

The resulting situation is certainly complex and difficult to pin down. It is directly affected by larger social conditions which agencies and implementing partners have little or no control. There is, however, one institution that clearly emerges from this multifaceted situation: the school. What is more, agencies and implementing partners can further influence and collaborate with school environments. Reaching children through educational programmes and strengthening and expanding on community educational resources and spaces can be an effective way of branching towards other major child protection risks found in this assessment: child labour (predominantly affecting boys) and child marriage and teen pregnancy (predominantly affecting girls). The findings of this report clearly identify a relation between decreasing school attendance and increasing child mine labour working on a loop that increasingly reinforces negative perceptions towards the use and need of education. A similar process puts girls in increasing danger of child marriage and teen pregnancy: there is a direct relation between normalising and further accepting child marriage and negative perceptions of education and its use for girls and women.

Finally, strengthening a broad framework between international agencies, implementing partners and the state can help improve child protection in the country. The lack of guidelines and overarching rules or work coordination can affect outcomes and, according to interviews with IPs staff, has been noted to be missing. Hence its development should be an important objective of future collaboration.

# COLOMBIA



SOS Children’s Villages works with *mestizo* populations, forced-displaced migrants from Venezuela, indigenous Wounaan communities and communities of African descent in the departments of Chocó (in the west Pacific) and La Guajira (close to the Venezuelan border).

Terre des Hommes works in Buenaventura, Cali, Norte del Cauca, and Valle del Cauca (west of Bogotá). Their work includes collaboration with Nasa indigenous communities and various mestizo populations. They work with children, youth, and women in a context of recurrent incursion by irregular armed groups.

The three most common child protection risks found in case of SOS Children’s Villages, Colombia, are: neglect, violence, and teenage pregnancy/parenthood. The three most common child protection risks found by Terre des Hommes, Colombia, are: violence, neglect, and intrafamily conflict—followed closely by teenage pregnancy/parenthood. These child protection risks are found in a context influenced by poverty, and with some occurrence of physical and sexual violence. These forms of violence are often related to broad intimate partner violence (another significant child protection risks, noted by qualitative research) that, according to local perceptions, may result in maltreatment of children or various forms of neglect. All insights on this matter frame intimate partner violence on the traditional machismo of the country and

general gender inequality also affecting boys and girls. (In a separate set of interviews with the same communities produced by these two teams for their Taller Abierto initiative, several rural adult male participants thought “extreme feminism” was a current problem).

Qualitative reporting lists: gender-based violence, sexual abuse, and intrafamily conflict as main or very significant country child protection risks overall. It further notes various child/teenager suicide attempts related to these risks. Though it is hard

**“You think you’re safe at home, but you may be in danger. Not all family are good: a grandfather, a stepfather, an uncle, and even your own father can commit physical, psychological, or sexual abuse.”**

*La Pista, FGD with Boys and Girls, SOS Children’s Villages, girl, 12-18 years.*

to reliably account for such information on surveys and short-term research, a significant degree of ambiguity was found in descriptions by children and adolescent boys and girls in FGD regarding their own homes as a safe space.

The broad social context in Colombia is further affected by long-term armed conflict, narcotrafficking, and the arrival of significant numbers of migrants and refugees from neighbouring Venezuela.

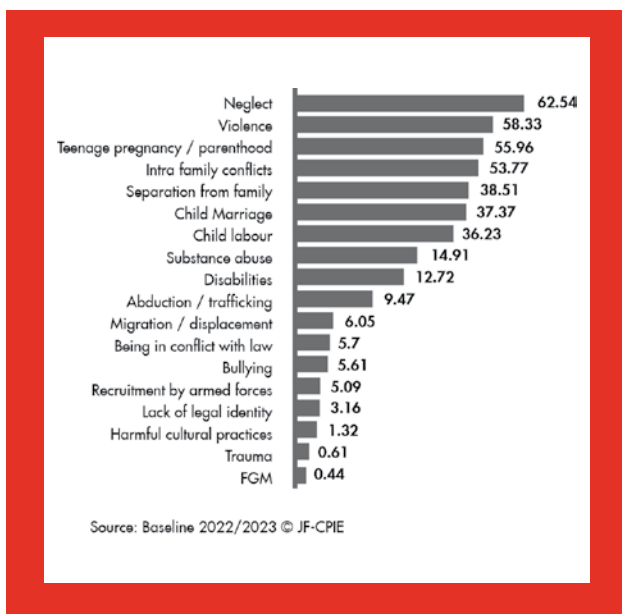


Figure 11. Most common child protection risks (SOS Children's Villages, Colombia)

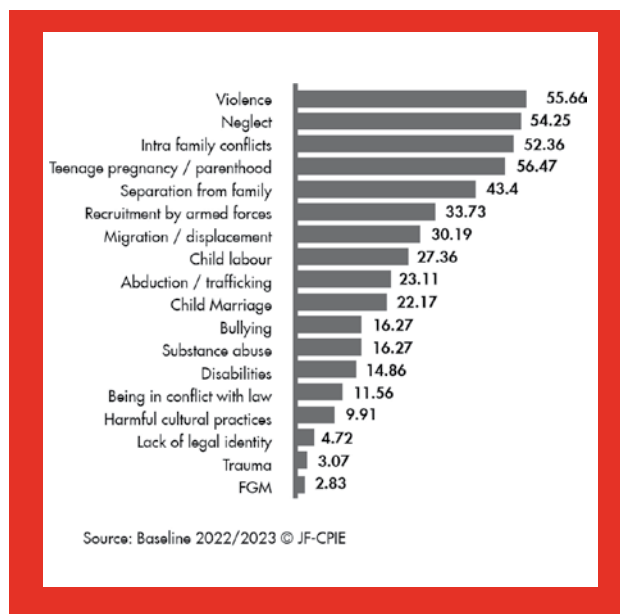


Figure 12. Most common child protection risks (Terres des Hommes, Colombia)

**Note:** the figure is based on all questions on child protection risks within both household and unit surveys and not just CHKR1, CGKP1, HHKP1, and CMCP1. Numbers express proportions in %.

**Note:** the figure is based on all questions on child protection risks within both household and unit surveys and not just CHKR1, CGKP1, HHKP1, and CMCP1. Numbers express proportions in %.

It should be noted that data collection teams worked in a context of considerable risk for their own and their collaborators' safety. Fieldwork for this report was done under the surveillance of armed groups. This situation has not only impacted data for this report but has a lasting influence in the work of IPs in some regions that should be seriously assessed when considering the implementation and design of ongoing and future projects, the work of implementing-partner staff and personnel, and their interactions and relations with local communities and beneficiaries.

During the last decade, Colombia has experienced a major influx of Venezuelan migrants leaving the economic collapse of their country. This situation is most notable in La Guajira, next to the Venezuelan border, where SOS Children's Villages work and have collected data for this report. The stressful conditions affecting Venezuelan migrants, according to qualitative observations, may have an influence on increasing intrafamily conflict.

In 2016, the Colombian state signed a peace agreement with the Revolutionary Armed Forces of Colombia (FARC-EP), involved in a continuing conflict since 1964. This agreement led to a major process of demobilisation and demilitarisation. Several dissident groups, however, refused to lay down their arms and sustained the armed conflict along other existing guerrilla and paramilitary groups or regrouped in smaller bands linked to drug production and distribution.

The region of Valle del Cauca and Norte de Cauca, where Terre des Hommes works is less affected by migration. Instead, they report a highly volatile situation prone to armed conflict violence. This situation, however, produces uneven outcomes and risks. Recruitment by armed forces (significant mostly in Norte del Cauca and the Valle del Cauca region) disproportionality affects boys from (rural) indigenous communities. In urban contexts, children may instead be associated with armed groups or drug traffickers in arrangements noted in the survey as harmful child labour.



In these cases, children are recruited to participate in micro-tráfico, small-scale drug distribution, to serve as safekeepers of arms used by hitmen and criminal band members, or as informants and lookouts for such illegal groups and activities.

It should equally be noted that recruitment by armed forces is still a considerable risk for children in some areas in Valle del Cauca and Norte del Cauca. This is an important risk especially affecting indigenous children and rural populations. It affects children, their families and communities, and should be addressed through cooperation with indigenous and local authorities already working on it (such as the guardia indígena).

The higher reports of substance abuse and being in conflict with the law are related processes and develop in relation to existing links connecting urban and rural illegal economies through drug production and distribution and/or armed group and criminal bands-controlled supply chains and networks of intelligence. Indigenous children, more directly affected by recruitment by armed groups, are however not necessarily invulnerable these other risks. Temporal migration between urban and rural areas is frequent and the more precarious situation of indigenous children in urban settings also puts them in contact with harmful child labour practices.

Here, an important distinction needs to be made regarding child labour practices among indigenous peoples. Whereas indigenous child labour in urban settings is perceived as a child protection risks by indigenous participants, the same does not apply to perceived child labour in their home communities. Following Nase and Wounaan views, child labour that contributes to the household economy is a cultural practice essential to socialisation and cultural transmission. Indigenous Key Informants noted this in the strongest terms, pointing towards existing disagreements and discontent with established definitions used by the state and other non-indigenous organisations. A similar argument can be made regarding indigenous teen-pregnancy. Non-indigenous KII informants “complained”

about indigenous women pregnancy after first menstruation and the “lack of emotional expression” regarding childcare. These standpoints fail to consider amerindian definitions of adulthood and personhood, and very different perceptions on individual autonomy and self-sufficiency. Seriously taking these into account is a major need of collaboration in indigenous territories and should be continuously addressed by in-country teams and global planning.

Children participating in FGD for SOS Children’s Villages perceived the following spaces to be most safe for children: home (home is only unsafe when there are intrafamily conflicts), school, church, and the cultural centre. The following spaces are considered to be unsafe for children: public parks (in the afternoon these become places of drug consumption and gang violence). Children participating in FGD for Terre des Hommes perceived the following spaces to be most safe for children: home and family. The following spaces are considered to be unsafe for children: streets are unsafe for girls because men are “analysing” them. The forest, especially among indigenous Nasa children (there are animals and armed groups) is also considered unsafe. Children participating in FGD for SOS Children’s Villages mentioned the following persons to be their trusted choices to report child protection issues: The police (but only for certain cases, otherwise and more generally the police are not to be trusted), parents, trusted adults, NGOs. Children participating in FGD for Terre des Hommes mentioned the following persons to be their trusted choices to report child protection issues: parents or guardians first, then neighbours, friends, relatives, and teachers.

## Country Recommendations:

The situation in Colombia presents two main different circumstances developing in two separate contexts: La Guajaria and Chocó (SOS Children’s Villages) and Valle del Cauca y Norte del Cauca (Terre des Hommes). The former area is currently affected by a relatively recent phenomenon: Venezuelan migration. This



adds a challenging social phenomenon to an already complex, historically disadvantaged, but fluid multicultural area. The latter context still experiences longstanding armed group violence that has characterised much of Colombia's recent history and develops in a setting frequently characterised for its binary oppositions: urban/rural, indigenous/non-indigenous, state agents/non-state or out-of-state agents, peace/war.

The data produced by this report, however, shows considerable and similar rates of gender-based child protection risks. Furthermore, it suggests that there is more than is superficially apparent or measurable and that a focused gender approach intervention is much needed. The practical design of such an intervention may necessarily take different approaches to match local needs, but the overall importance to this risk is already shared. It is thus recommended that SOS Children's Villages and Terre des Hommes focus their future efforts in gender-based and sexual violence and understanding how these child protection risk occurs in different contexts.

The second overarching circumstance of importance is to better approach indigenous/non-indigenous divides and differing perceptions. This equally applies to SOS Children's Villages interventions among

Wounaan indigenous communities and to Terre des Hommes' work with the Nase people. Even though both teams have shown much sensibility, caution, understanding, and respect on their approaches to indigenous people, our recommendation would be to take further steps to include indigenous people's perspectives, input, and collaboration more deeply in the planning, designing, and implementation of programmes, plans, and services working in their territories.

We suggest two simple things: whenever possible (budgets permitting) indigenous and people of African descent should be hired to directly help and contribute to the work of implementing partners. People of these backgrounds already working in local offices should be consulted to further help design ethnic-conscious strategies and targeted approaches. Indigenous ideas that showed up in this research: explaining child protection risks through a lens of armonías/desarmonías (harmony/disharmony), can be good starting points to better build approaches specifically addressed towards indigenous peoples, their needs, and own perceptions from the ground up. We recommend that a similar approach be introduced in communities of African descent where the same focus may apply, but existing plans may not have been developed to the same length yet.

**Further note:**

***The guardia indígena, a self-organised self-defence Nase guard, plays a significant role in their community security.***

***They have rescued children kidnapped or recruited by irregular armed groups and are widely trusted and in their communities and perceived as protectors by indigenous children.***

# ETHIOPIA



ChildFund works in the North and South Wollo area in the Amhara region. They focus on the Gubalafto, Habru, and Tehuledere districts (where data for this report was collected). They have a project aimed at creating child-friendly spaces and community-based feedback mechanisms that help with food security, health services, and food and cash distribution.

Save the Children works on the Ziqualla and Sekota districts (including the Sekota city administration) in the Wag Himra Zone, also in the Amhara region. They run several capacity-building projects aimed at creating awareness and improving hygiene and sanitation. They have an unconditional cash transfer program and help support income generating activities among local communities.

Baseline quantitative results show that the three most common child protection risks found by ChildFund, Ethiopia, are: poverty, neglect, and intrafamily conflict. The three most common child protection risks found by Save the Children, Ethiopia, are: neglect, violence, and child marriage—followed closely by intrafamily conflict. The situation of poverty in particular and, more generally, other child protection risks have been severely worsened since November 2020 by the civil conflict between ethno-regional militias, the federal government, and the Eritrean military. The work of ChildFund and Save the Children, their programmes and

planning have also been affected,. child protection and other social and humanitarian services and programmes have been considerably disrupted. Implementing-partner personnel described the situation as follows: “everything is messed up”.

According to qualitative reporting, there are many communities in affected areas in which most of the health infrastructure has been severely damaged or destroyed and few schools are working properly. Many people have lost their jobs and livelihoods and many others have been displaced from their homes. Migration and displacement are more common among younger people of all genders. But sexual violence committed

**“There are over 700 reported cases of all types of violence; of these, the number of sexual and gender-based violence [cases] is 321. 99% of these cases are [reported as] perpetrated by the enemy.”**

*Sekota Town, KII with a gender-based*

*violence expert, Save the Children*

against women and girls has dramatically raised because of the conflict. Survivors of sexual aggression avoid identifying their aggressors. In general, civilian populations are still coping with trauma. Communities caught in the middle of the conflict fear retaliation or repercussions. And a thorough assessment of the situation still needs to be done.

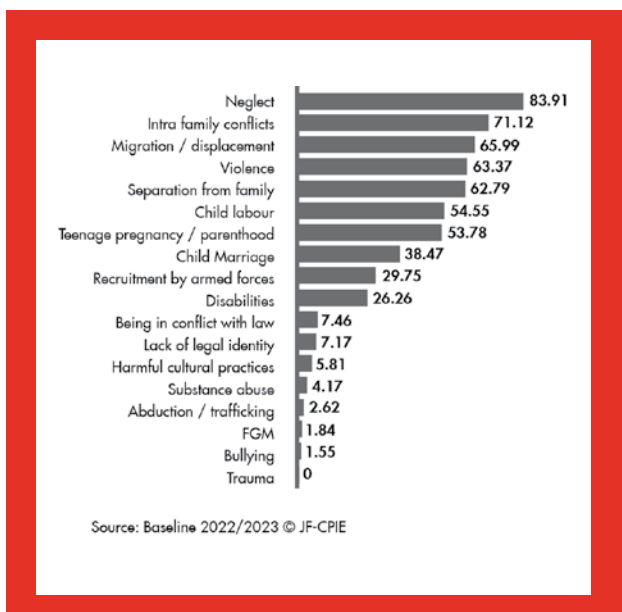


Figure 13. Most common child protection risks (ChildFund, Ethiopia)

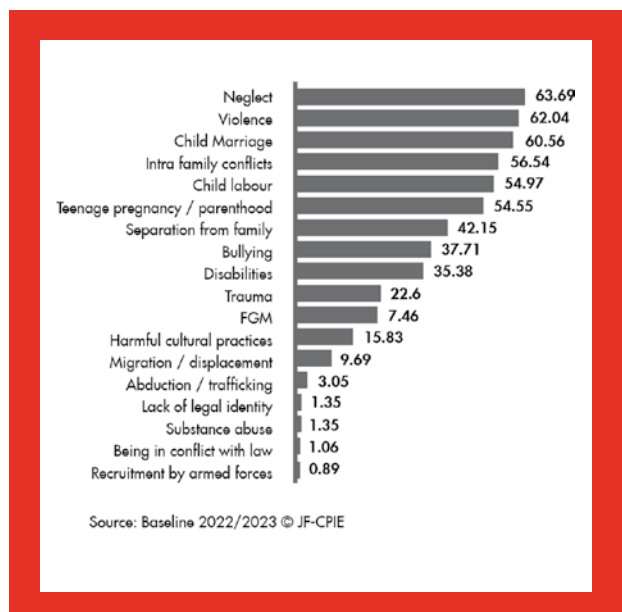


Figure 14. Most common child protection risks (Save the Children, Ethiopia)

**Note: the figure is based on all questions on child protection risks within both household and unit surveys and not just CHKR1, CGKP1, HHKP1, and CMCP1. Numbers express proportions in %.**

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ChildFund still reports the existence of several welfare programmes provided for children. There are services especially designed for girls such as productive healthcare offices and girls’ clubs at schools (Gubalafto, Habru, Tehudelere) and organisations monitoring the situation of children (Gubalafto). Common unattended needs and requested services (Habru) are psychological programmes for boys and girls. In some cases, existing services do not really provide attention despite being open (Tehudelere).

Save the Children further notes the existence of sexual and gender-based violence support services and prevention committees. In general, health centres provide support services to victims of sexual violence. But there are many gaps and needs. There are no safe houses to host victims and caregivers lack enough training. It should also be noted that although trauma is not acknowledged in the quantitative baseline results, this does not mean it’s not happening. Qualitative data strongly suggest that trauma due to the many consequences derived from the

ongoing conflict will play a significant role in child protection risks in future. The shape and depth of these consequences, however, is yet to be determined. This may in fact be an important factor in understanding the existing discrepancy between quantitative Baseline and qualitative Needs Assessment. The quantitative data may also suggest that children and households situated in the areas surveyed by ChildFund are currently less aware of trauma as a risk or are yet to fully grasp their situation. Progress and change could thus be measured in the future as the baseline data is used to further understand risks in the country. This is not the case with implementing-partner personnel, community and local authorities, and child protection experts interviewed through KIIs. In the latter case, trauma is understood to play an important role and, more significantly, to play an important role in child protection issues into the future.

Rising rape cases of girls by “enemy” combatants occurs along occasional marriage cases with armed men. It has also



been reported of cases when underage girls claim having been raped after “agreeing to” consensual sex. The economic hardships experienced by the country right now and the lack of accountability that combatants have made such cases more common. The situation further leads to increasing cases of teenage pregnancy and higher rates of school abandonment.

When combatants are sent off to different posts, raped and pregnant girls are frequently left behind without further care. To avoid such a context, marriage is sometimes encouraged as it is seen as a preferable outcome by many families.

In general, child marriage is reportedly high in Wag Himra (and considerably higher than what has been reported by ChildFund in North and South Wollo). Early marriage may be encouraged in this region because of the hard economic situation and because of the unusually high teenage pregnancy rates (a direct result from conflict). Research consultants for Save the Children further observe that families in the area have “lost faith” in girl’s education prospects, further strengthening early marriage practices.

The harmful relations created between conflict violence, poverty, decreased availability of welfare and support services, and growing economic hardship has not gone unnoticed by people in the region. Key Informants thus poignantly note: The key strategy for increasing child protection in Ethiopia right now is to be able to improve the economic capacities of its communities. Although the prevalence and disruptive presence and effects of combatants is currently more significant in Wag Himra than in North and South Wollo, excluding this circumstance, the situation overall is not fundamentally that different. Households are coping with trauma and economic stress that negatively affects child protection and increases risks, neglect, and violence.

Children participating in FGD for ChildFund perceived the following spaces to be most safe for children: school, home, mosques, and other places of worship. The following spaces are considered to be unsafe for children: the forest (when collecting wood) and places when known cases of rape have been committed (dangerous for girls). Children participating in FGD for Save the Children perceived the following spaces to



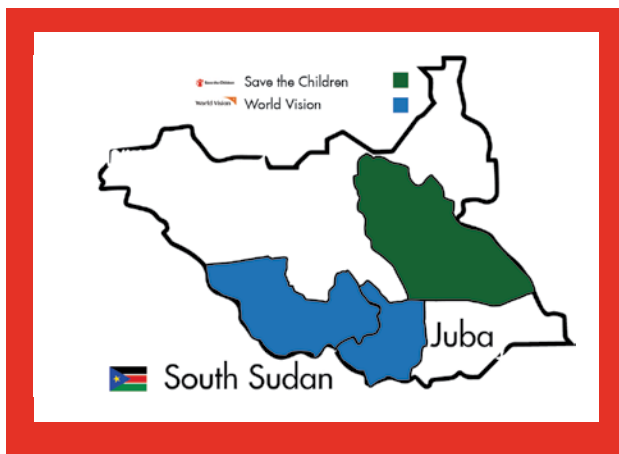
be most safe for children: schools (especially for girls) and home. The following spaces are considered to be unsafe for children: Outside the village when collecting wood or water (especially dangerous for girls), other isolated/deserted places. Children participating in FGD for ChildFund mentioned the following persons to be their trusted choices to report child protection issues: parents and legal authorities. Children participating in FGD for Save the Children mentioned the following persons to be their trusted choices to report child protection issues: teachers, parents.

### **Country Recommendations:**

The situation of emergency in Ethiopia has been fast evolving during the past year. Armed conflict has severely weakened child protection provisions in place before the conflict. The crisis has worsened the general situation and added new risks and dangers. These new risks and, especially the situation of gender-based violence produced by the presence of armed combatants will have long-term consequences that immediately need attention and a compressive intervention as soon as the conflictive situation recedes.

Overall, a thorough psychosocial accompaniment of victims in the aftermath of conflict is needed. According to KII, implementing-partner staff insights, and children fears reported in the FGD, many children may have suffered great trauma as a result of the conflict and lack of psychological help to work on their recent traumatic experiences. ChildFund and Save the Children should consider developing a broad framework to guide their efforts and cooperation once conditions in the field improve. We further recommend that special attention be paid at mitigating the negative effects and long-term consequences left by the presence of armed combatants on girls and adolescents, victims of gender-based and sexual violence. This is especially important in the Wag Himra area where Save the Children develops its work. Future development of gender-focus approaches should prioritise a psychosocial approach that tries to link several threads together in the support of victims of rape and sexual violence, teenage pregnancy, and child marriage, but also look to improve and provide further economic assurances by expanding on the work and frameworks already in place.

# SOUTH SUDAN



Save the Children works in Bor South County, Akobo, and Walgak in Jonglei State. Their local engagements are processed through a Child Protection Network that, among other things, has implemented a child protection Help Desk to manage child protection risks.

World Vision does a similar work in Tambura and Juba counties in the Central Equatoria State and Western Equatoria State. Their work focuses on health, nutrition, and child protection projects in host communities and schools to help internal migrants and displaced populations affected by internal armed conflict.

The recent situation in South Sudan has pressingly been challenging and conflictive. According to the Human Rights Watch World Report: “Violence between armed groups in Upper Nile, southern Central Equatoria and southern Unity states [last year] resulted in displacements and serious abuses, some of which may qualify as war crimes or crimes against humanity” (Human Rights Watch, [2023](#)). Hunger and violence have become increasingly common as a result and there has been recruitment and use of children in the conflict. A United Nations report on children and armed conflict was able to identify “grave violations” against children occurring throughout the country in 2021 (UN [2022](#)). According to the report, most cases were committed in the states of Jonglei, Central Equatoria, and Western Equatoria (where BNA data was collected).

The three most common child protection risks found by Save the Children, South Sudan, are: child marriage, neglect, and abduction/trafficking. These risks are followed by child labour, intrafamily conflict, and violence. The three most common child protection risks found by World Vision, South Sudan, are: neglect, child marriage, and violence. These risks are followed by intrafamily conflict, poverty, and separation from family.

Recruitment by armed groups for the ongoing conflict has a direct influence in the high numbers of abduction/trafficking occurring in Jonglei and the significant risk of separation from family found in Central Equatoria and Western Equatoria states.

**“We are lacking basic human needs such as nets and housing. Sharing the [space] with our brothers makes managing personal things [menstruation] very hard.”**

*Kondai, FGD with Girls, Save the Children, girl, 15-18 years.*

Qualitative data also shows concerns for food security in the country. KII informants for World Vision report that many homes in Juba could not manage to afford full meals for their families. Similar food scarcity has been reported in Mangala and in Timbura it was suggested that CVA be used as a way to help families better access food.

KII informants for Save the Children also report concerns regarding food insecurity. An expert consultant in Bor Stadium suggested that CVA be combined with food

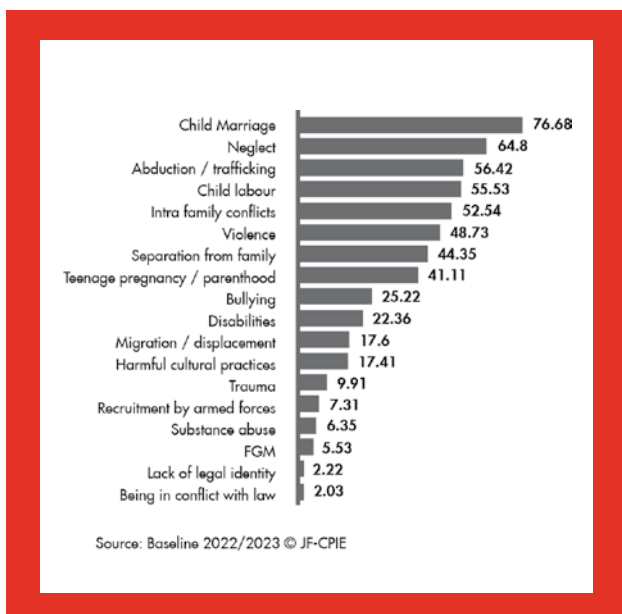


Figure 15. Most common child protection risks (Save the Children, South Sudan)

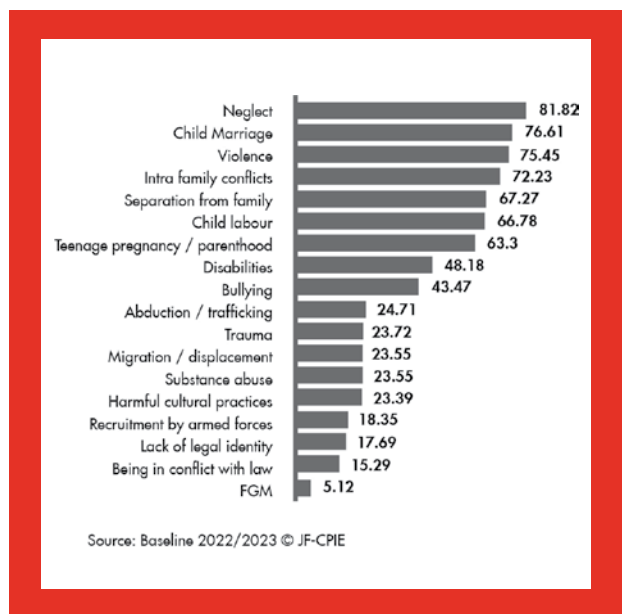


Figure 16. Most common child protection risks (World Vision, South Sudan)

**Note: the figure is based on all questions on child protection risks within both household and unit surveys and not just CHKR1, CGKP1, HHKP1, and CMCP1. Numbers express proportions in %.**

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distribution. Cases of severe malnutrition amongst children in Jonglei along with varying degrees of nutritional deficiencies have been reported too.

Finally, it is suggested in both regions that food scarcity can affect increasing levels of child labour and economic exploitation. (Children may be commonly employed as household keepers, shop sellers, or “wheelbarrow sellers” roaming on the streets). Though child labour can be harmful and exploitative, it has also been suggested in KII interviews that child labour may result in “positively diminishing” the risk of food scarcity and malnutrition.

When looking at the main self-perceived child protection risks among children themselves, however, responses vary. The risk perceived as most serious by children among World Vision respondents is “abduction by Murle tribesmen”. This is followed by fears of infighting or other forms of violence and early and forced marriage, which is a risk that disproportionately affects girls. Most

respondents unanimously agreed that child abduction and early and forced marriage are top protection risks affecting them.

The risk perceived as most serious by children among Save the Children respondents mentioned malnourishment, forced marriage, fighting with other boys, and rape and abduction. In most cases, children generally mentioned being physically punished by their parents.

Children participating in FGD for Save the Children perceived the following spaces to be most safe for children: school, community centres, church. The following spaces are considered to be unsafe for children: Riverbanks (risk of hippopotamus and other wild animal attacks), boreholes (risk of accidents), the forest/bush (risk of snake bite and abduction). Children participating in FGD for World Vision perceived the following spaces to be most safe for children: School, child friendly spaces (EAEs), church and other places of worship, home and neighbours in the village (brother, sisters and other close





kin). The following spaces are considered to be unsafe for children: the bush, gardens, fields, riverbanks (there are armed groups, snakes, wild animals), marketplaces, and streets. Children participating in FGD for Save the Children mentioned the following persons to be their trusted choices to report child protection issues: parents and grandparents, community/village chief. Children participating in FGD for World Vision mentioned the following persons to be their trusted choices to report child protection issues: community leaders, relatives, neighbours, teachers, parents.

## Country Recommendations:

The ongoing situation of violence and conflict in South Sudan frames current child protection risks, producing or increasing risks produced by the conflict, but also aggravates many structural child protection risks in the country. The need for risk mitigation is thus urgent but so is the need to develop and establish a working framework to better support child protection efforts in the future. Data produced for this report suggest that further community-level child protection support is necessary and will be welcomed. There are support networks

### **Further note:**

*Because of the conflict, many communities are entangled in a difficult situation, caught between warring sides.*

*Another very common risk perceived by children themselves is attack by wild animals. Lions, snakes, and crocodiles are most commonly mentioned.*

*This seems to be an important risk from the children's viewpoint and is related to their life in communities and villages.*

in place helping people and communities with financial and material aid that can be strengthened and further used as a way to develop and implement action plans on child protection risks awareness with local authorities, communities, families, and children. Challenging harmful social and gender norms will require multi-sectoral service plans to advocate for children's protection services for child survivors of gender-based, sexual violence and conflict.

This report on the situation in South Sudan further shows clearly that advancement needs to be made to better protect girls from child marriage and other forms of gender-based and sexual violence. These risks further develop in a context where food security and material wellbeing are generally worsening the overall child protection risk situation. Food security and material wellbeing should be approached both as emergency risks by themselves but also as important aggravating factors when discussing violence, conflict, gender-based and sexual violence, and teen pregnancy. This report recommends an overall evaluation of gender-based violence and a targeted intervention that puts gender-based violence front and centre in emergency responses to conflict and food security.

# GLOBAL CONCLUSIONS AND RECOMMENDATIONS

Between November 2022 and January 2023, the data collection for the baseline studies and needs assessments within the service areas of each of the 6 countries/implementing partners was carried out. What is the overall conclusion? The baseline studies provided baseline values for the project's global logframe (see annex). In general, baseline levels that were measured suggest that the proposed project interventions within the context of the JF-CPIE are justified. Young people, caregivers, and community members often exhibit low levels of awareness and knowledge around the identification, prevention of, and response to child protection risks. This is a first major conclusion to take away from the baseline/needs assessment data analysis.

A final word of caution is warranted. Baseline and needs assessment may have provided first insights into the child protection risk profiles of the different partner countries. On this basis, country/partner-specific recommendations have been made. Another, and probably final, recommendation is to continue exploring the ground-level realities around child protection risks at each of the different service areas of the project. It is just beyond the scope of the baseline/needs assessment to examine all relevant aspects of child protection at each project venue. For example, this report cannot provide the final answer on why perceptions on locally relevant child protection risks of both project staff and survey respondents are moderately but not strongly correlated. Additional research work, for example in context of project monitoring, may help to further validate if the list of most relevant protection risks provided by project staff, and the list of most relevant protection risks compiled based on survey and needs-assessment data, are indeed valid. Ongoing monitoring data collection, especially when focussed on the output level, could be used

to further expand our insights into what local communities think around locally relevant child protection risks. Thus, the baseline/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.

The following key recommendations can be made to strengthen child protection in emergency situations on a global level:

## CVA

- In the data feedback, there were repeated calls to ensure proper implementation of the CVA element of the project with a campaign involving local communities and children. This is to educate the end user as well as to include those who receive the voucher and open-air markets that are open to access resources with vouchers.
- There may be merit in exploring with IPs the viability of small-scale cash transfers, rather than CVA, to address child protection issues. Cash programming, when implemented correctly, can address immediate needs, and provide flexibility for families to prioritise their own needs, which can be especially important in emergency situations. Cash transfers can also support the local economy and promote self-reliance, as families can use the cash to purchase goods and services locally. There is some evidence that cash alone (vs cash vouchers) can allow for greater freedom in purchasing power, as well as a cheaper operation cost to the vendor. This gives families better choices to invest in food security and nutrition or income generation such as the purchasing of domestic animals.

## Targeting service gaps

- In resource-poor locations, there are significant gaps in local services and amenities. Consistently, there were requests for more non-food items to be delivered, such as mosquito nets. As these are commodity items, there should be some process to review how the CVA can reduce the risk that a mosquito net is sold to support a household.

## Establishing global frameworks

- There is a valid call for system strengthening of child protection systems. As a global agenda with partners such as UNICEF, focusing on the links between community-based child protection mechanisms, public sector services, and the national child protection systems, this should be (and usually is) a long-term target of IP's. There are significant challenges in different contexts. There are various issues and concerns related to child protection in emergency situations across different countries. It is important to note that the political economy of each country (and down to the community-level) can play a significant role in shaping the effectiveness of these recommendations and their impact on child and family wellbeing.
- With the above in consideration, there should be a strong focus on more coordinated collective action from IPs' government partners to respond to child protection issues. Collective efforts are commonly more impactful, more efficient and appreciated by local communities. Short-term programmes and services have been strongly criticised. In South Sudan for instance in Akobo West and East, we have seen continued data that the same child protection risk exists, and programming ameliorates some short term needs but does not address broader more holistic challenges. Projects such as JF-CPIE represent partnership opportunities to focus programming in a more target-specific and long-term approach that can

benefit from shared expertise, reach and capacity. The need to establish and create collective efforts has been mentioned by several implementing-partner staff in the 6 countries of concern in this report. An important step in this direction would be development of common binding guidelines or a framework that includes and involves local and national state actors and IPs towards achieving common and measurable goals.

- The responses also found that homogeneous style programming in certain contexts such as Colombia, failed to address certain groups of children including indigenous populations, migrants, and children with disabilities. In contrast, implementing-partner programming must be limited by funding and reach, and should have specific targeted groups to be effective. There are certainly grounds for more exploration into marginalised groups and the support or lack of support that they are receiving. One option could be an asset-based approach: Asset-based approaches that focus on building on the strengths and resources of children, families, and communities can be effective in low-income settings. This can involve working with communities to identify and build on existing assets such as community leaders, traditional knowledge, and cultural practices. Programming is then centred on more authentic identity of communities and becomes a source of local activism to promote safer communities for children and families.

## Disability inclusion

- A common theme throughout all locations was the focus on disability inclusion in programming and community structures. Further work is required on the representation of disabilities in communities. Focus should be put on creating awareness of disability rights, challenges and models (social mode). Another element should be the strengthening of identity and self-assurance of children with disabilities and making public knowledge of disabilities as a child protection risk familiar amongst families, communities, and the state.

## Working on security issues and in conflict zones

- Consortium Members can be more active in advocacy in countries with security issues such as Burkina Faso, CAR or South Sudan by adopting a multi-pronged approach that takes into account the local context, political economy, and the impact of global policies from large financial institutions.
- Focus on building local partnerships and networks: seek to build strong partnerships with local organisations and communities to better understand the needs of the people and the political and economic context of the country. An example is having more focused activities with targeted funding over long periods.
- Use data and evidence: Needs assessment and baseline should provide baselines for case arguments on a wider stage for alternative methodology to humanitarian/development issues.
- Collaborate with other NGOs: Partners should collaborate with other organisations that share similar goals and objec-

tives to amplify their advocacy efforts and increase the project impact. For instance, providing a great forum for skills sharing and swapping of expertise and experience.

## Gender issues

- A common finding that emerged from assessing child protection risks was linked to gender issues, norms and practices:
- Gender-based violence (GBV): In humanitarian crises, GBV is a prevalent issue, especially against girls and women. It can take various forms, such as sexual violence, exploitation, and abuse.
- Child marriage: 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: Harmful traditional practices, such as female genital mutilation/cutting (FGM/C) and child labour, are also prevalent issues in some countries. Child labour and exploitation can manifest through domestic labour or recruitment by armed groups to protect cattle and land (as such in South Sudan).





- Some Innovative programmatic responses can be adapted into programming: For example, in Bangladesh, the “Girl-Friendly Space” program provides adolescent girls with a safe space to learn life skills, participate in recreational activities, and receive psychosocial support. In Burkina Faso and South Sudan, programmes have looked at men and boys roles to challenge gender stereotypes and promote gender equality by challenging gender norms and practices in communities.

In order to maximise effectiveness within programming, community-based child protection initiatives are likely solutions to provide ownership and self-responsibility in communities to reduce violence, including domestic violence issues.

## **Child-Friendly and Child-Safe spaces**

- Safe spaces for children: Safe spaces are community centres that provide a safe and supportive environment for children who have been affected by violence, abuse, or other forms of trauma. These spaces provide children with access to education, counselling, and other support services. We have seen in the assessment, repeated claims across countries of need for safe spaces, including sports and recreational facilities. Spaces are often focal points for young people, but also places of potential harms including violence and drugs. A more concerted effort is needed to work with communities on safe community planning, identifying key locations with children and families that should be safe and accessible for all. This should be led by a participatory approach that involves children and families in the design and implementation of child protection programs. This should utilise existing child and family advisory committees.
- Provide adequate resources for programmatic locations such as child-friendly spaces, playing materials, and learning materials. In South Sudan for instance, there were significant requests for more materials in child and adolescent spaces. As a point of caution, IP’s should address the value of these spaces as either simply supervised play sessions with some non-formal educational activities or most focused PSS spaces with structured activities, support and care that works to ameliorate issues as a result of a recent humanitarian incident. This will go some way to improve how these spaces operate and what resources they require.

- Community-based child protection committees: These are groups of community members who are trained to identify and respond to child protection issues in their communities. The committees work closely with child protection agencies to provide support and assistance to children and families affected by violence and abuse.
- Properly consider funding and resource allocation, community volunteering needs to be sustainable over a long period or local harmony and existing organic protection mechanisms.
- Ensure volunteers receive appropriate concern for safety and well-being and provided with regular appreciation of their work.

## Community-based approaches

- In low-income, low-infrastructure settings, community-based approaches can be effective in protecting children. Most locations have existing volunteers involved in child protection case work. This ranges from basic identification and referral to more established para-social work. Ensuring these systems are appropriate and sustainable is important, where long-term system strengthening is something that cannot be realised in the foreseeable future. Community volunteers are often the first respondents, who identify and respond to issues in communities. Below are some standards that should be followed:<sup>7</sup>
- Ask the community; they will know the right people who are helpers and will understand the issues impacting children.
- Volunteers must come from the community, rather than random recruitment. Skills must include communication and interpersonal skills.
- Consider people's time; reflect that volunteers come from the same vulnerable communities and need time for their own issues and economic activities. Typically, incentives are limited for volunteer work. If they are doing full-time case work, this is not volunteering and should be paid appropriately.
- Proper linkages with child protection staff and regular interaction to provide support coaching and learning opportunities.

## Parenting programs

- These programs provide parents with information and support to help them raise their children in a safe and healthy environment. They can include classes on positive discipline, child development, and other parenting topics.
- Culturally relevant parental care guidelines should be used to work with communities. There is a risk of ethnocentric ideas of childhood is and should be, and therefore how parents manage children. There is a need for more adaptations of these global tools that meet local cultural practice (but still uphold children's rights). In turn, there should be more forums for parents/caregivers to come together and discuss care issues. This is especially required with extended care options including kinship care, temporary and longer-term care arrangements.

## Youth-led initiatives:

These initiatives engage young people in the design and implementation of programs aimed at reducing violence in their communities. They can include youth-led advocacy campaigns, community service projects, and peer-to-peer mentoring programs.

- We have seen in the data, many issues are impacting on youth, where programming is not always targeted. Overall, youth-led initiatives can be a powerful way to engage young people in the fight against violence and abuse in their com-

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munities. By empowering young people to take action and providing them with the resources and support they need, these initiatives can help to create a safer and more supportive environment for children and families.

- Peer-to-peer mentoring can provide support and counsel to their peers who may be experiencing violence or abuse. These programs can provide a safe and supportive space for young people to share their experiences and get the help they need. This can be effective in challenging gender issues and disability inclusion.

- Safeguarding/PSEA and safe programming have contributed to improving the child protection situation in emergencies.

Overall, these recommendations emphasise the importance of addressing both immediate material needs and long-term systemic issues to improve child protection in emergency situations. They also stress the need for collaboration between different agencies and stakeholders, as well as involving children and their communities in decision-making processes.



# "Las actitudes de los adultos que nos rodean, nos hacen queridos y respetados."



Explico lo que me pasa para que los adultos me den la confianza de hablar acerca de lo que me pasa, de aquello que me gusta y de lo que no estoy de acuerdo.



Tengo derecho a que me traten igual que a cualquier persona. Puedo expresar mis opiniones, ideas, sentimientos y mis deseos.



# ANNEX 1: BREAKDOWN OF INDICATORS BY GENDER, DISABILITY STATUS, AND LOCATION

## Annex 1.1: Comparison of ratings of child protection risks from sample-based baseline and staff-internal ranking exercise

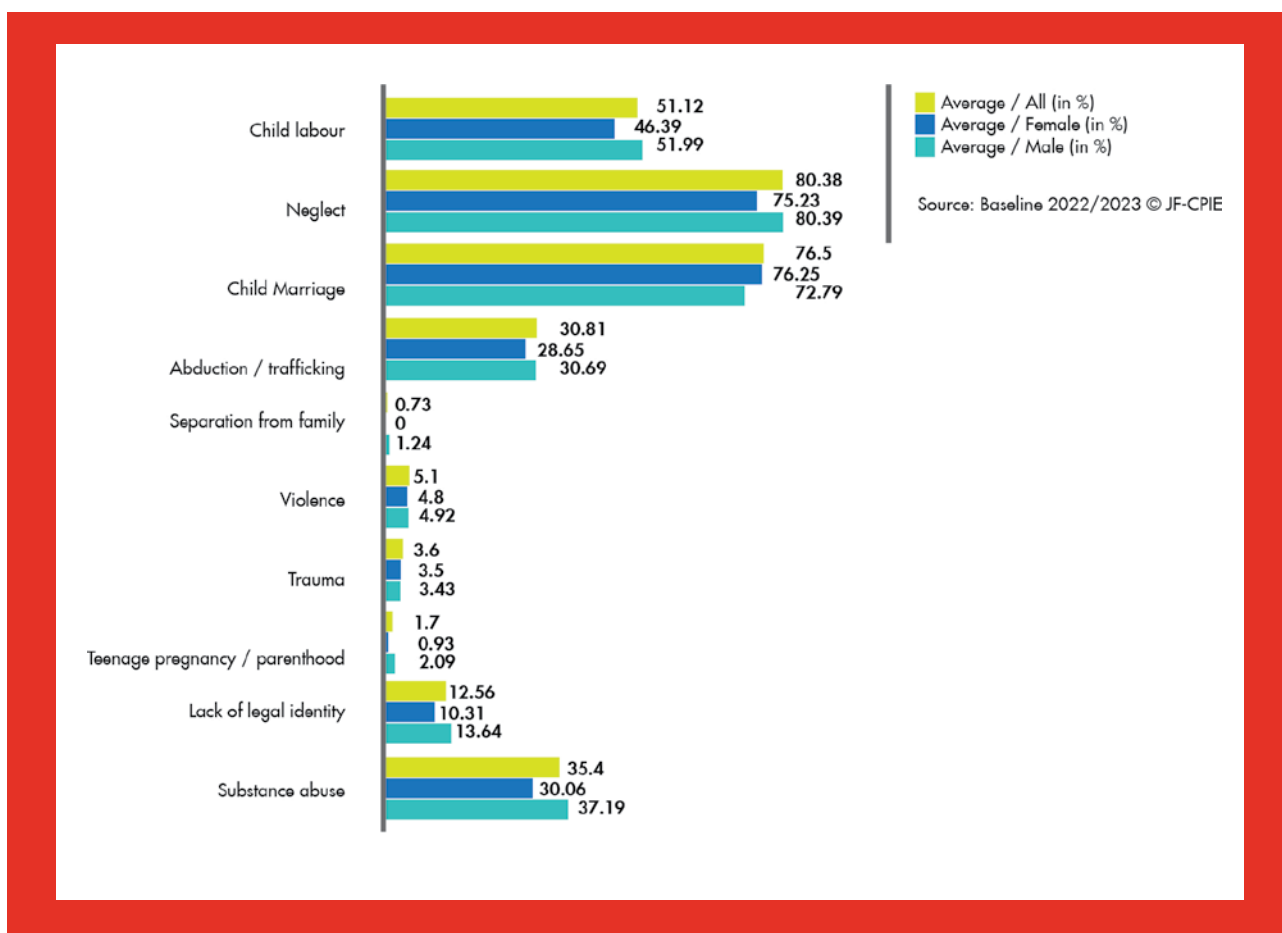
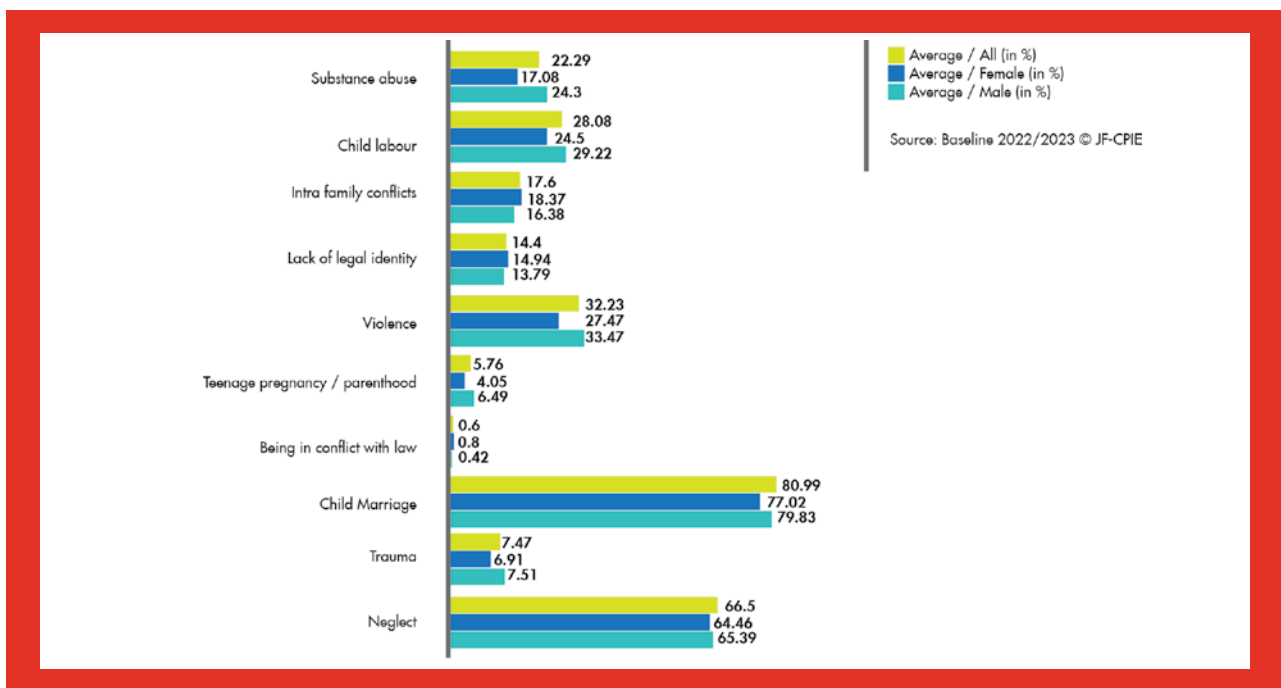


Figure 17: Comparison of ranking & survey data on child risks (PI, Bangladesh)

**Note:** the results combine results from both questions HHCR1, HHKP1, CMCP1 (all sample-based household survey) and CMCR1 (sample-based unit survey) as well as the results of the staff-internal ranking exercise (see section ‘Project staff and child protection risks’). Categories on the x-axis represent those 10 child protection risks that have been rated most relevant by project staff of the corresponding implementing partner. The Category on the far left represents the most relevant child protection risk as per the staff ranking. The bars on y-axis represent the proportion, expressed in %, of survey respondents (i.e., community members, caregivers, and young people) that consider the corresponding child protection risk locally relevant.



**Figure 18: Comparison of ranking and survey data on child risks (WV, Bangladesh)**

*Note: the results combine results from both questions HHCR1, HHKP1, CMCP1 (all sample-based household survey) and CMCR1 (sample-based unit survey) as well as the results of the staff-internal ranking exercise (see section ‘Project staff and child protection risks’). Categories on the x-axis represent those 10 child protection risks that have been rated most relevant by project staff of the corresponding implementing partner. The Category on the far left represents the most relevant child protection risk as per the staff ranking. The bars on y-axis represent the proportion, expressed in %, of survey respondents (i.e., community members, caregivers, and young people) that consider the corresponding child protection risk locally relevant.*



**Figure 19: Comparison of ranking & survey data on child risks (ChildFund, Burkina Faso)**

*Note: the results combine results from both questions HHCR1, HHKP1, CMCP1 (all sample-based household survey) and CMCR1 (sample-based unit survey) as well as the results of the staff-internal ranking exercise (see section ‘Project staff and child protection risks’). Categories on the x-axis represent those 10 child protection risks that have been rated most relevant by project staff of the corresponding implementing partner. The Category on the far left represents the most relevant child protection risk as per the staff ranking. The bars on y-axis represent the proportion, expressed in %, of survey respondents (i.e., community members, caregivers, and young people) that consider the corresponding child protection risk locally relevant.*

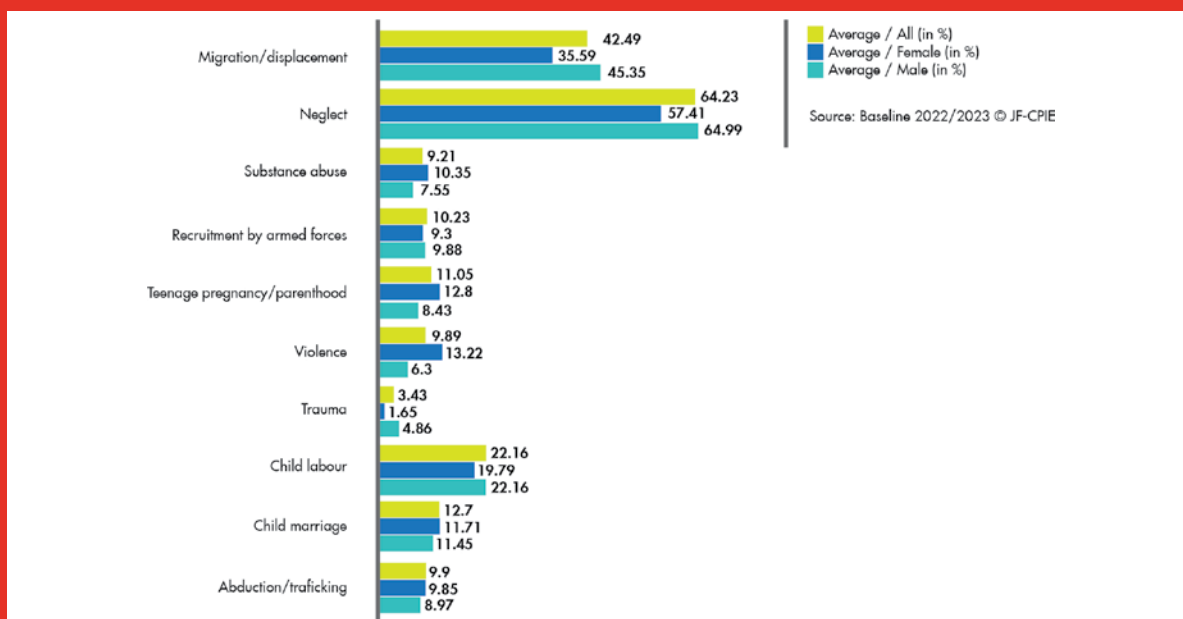


Figure 20: Comparison of ranking and survey data on child risks (TdH, Burkina Faso)

**Note:** the results combine results from both questions HHCR1, HHKP1, CMCP1 (all sample-based household survey) and CMCR1 (sample-based unit survey) as well as the results of the staff-internal ranking exercise (see section ‘Project staff and child protection risks’). Categories on the x-axis represent those 10 child protection risks that have been rated most relevant by project staff of the corresponding implementing partner. The Category on the far left represents the most relevant child protection risk as per the staff ranking. The bars on y-axis represent the proportion, expressed in %, of survey respondents (i.e., community members, caregivers, and young people) that consider the corresponding child protection risk locally relevant.

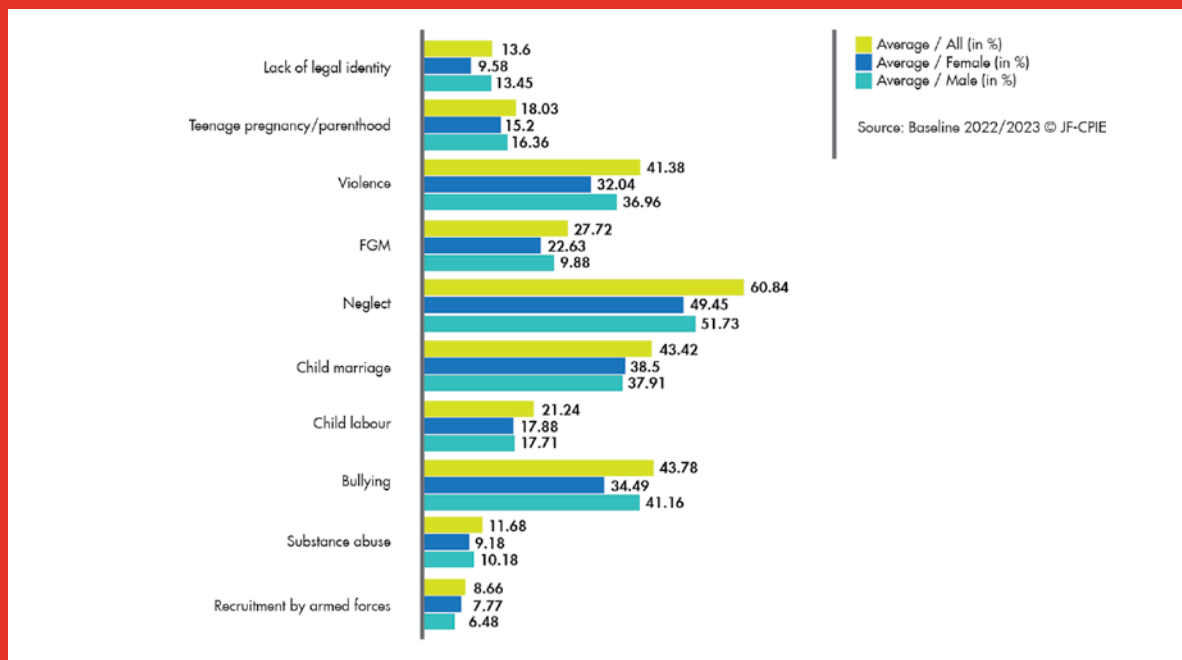


Figure 21: Comparison of ranking and survey data on child risks (PI, CAR)

**Note:** the results combine results from both questions HHCR1, HHKP1, CMCP1 (all sample-based household survey) and CMCR1 (sample-based unit survey) as well as the results of the staff-internal ranking exercise (see section ‘Project staff and child protection risks’). Categories on the x-axis represent those 10 child protection risks that have been rated most relevant by project staff of the corresponding implementing partner. The Category on the far left represents the most relevant child protection risk as per the staff ranking. The bars on y-axis represent the proportion, expressed in %, of survey respondents (i.e., community members, caregivers, and young people) that consider the corresponding child protection risk locally relevant.

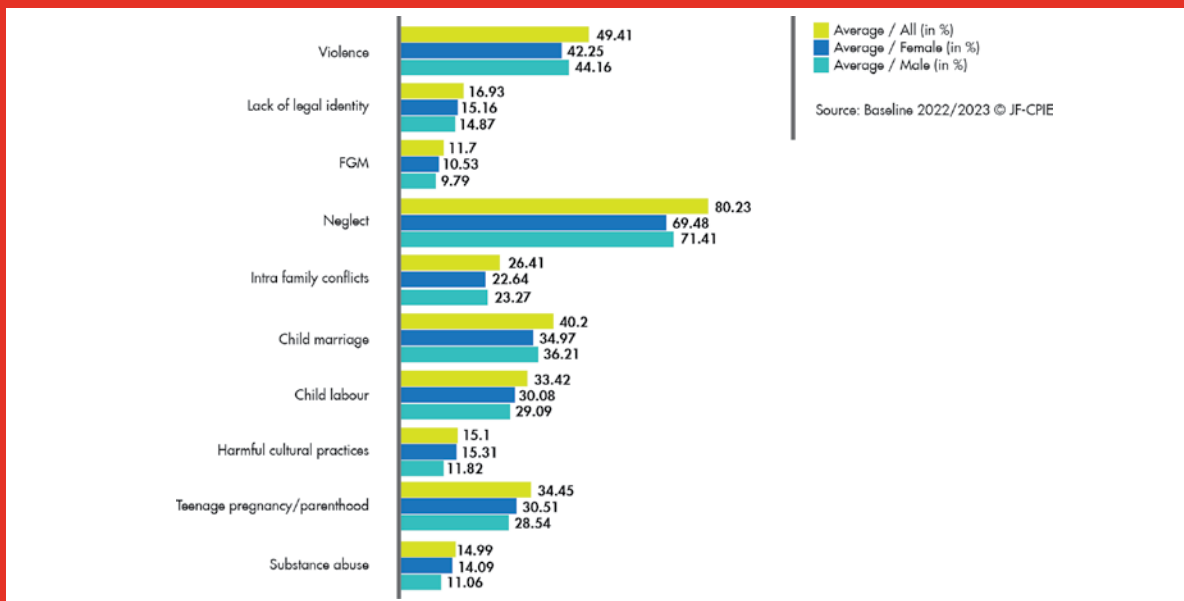


Figure 22: Comparison of ranking and survey data on child risks (SOS, CAR)

**Note:** the results combine results from both questions HHCR1, HHKP1, CMCP1 (all sample-based household survey) and CMCR1 (sample-based unit survey) as well as the results of the staff-internal ranking exercise (see section ‘Project staff and child protection risks’). Categories on the x-axis represent those 10 child protection risks that have been rated most relevant by project staff of the corresponding implementing partner. The Category on the far left represents the most relevant child protection risk as per the staff ranking. The bars on y-axis represent the proportion, expressed in %, of survey respondents (i.e., community members, caregivers, and young people) that consider the corresponding child protection risk locally relevant.



Figure 23: Comparison of ranking and survey data on child risks (SOS, Colombia)

**Note:** the results combine results from both questions HHCR1, HHKP1, CMCP1 (all sample-based household survey) and CMCR1 (sample-based unit survey) as well as the results of the staff-internal ranking exercise (see section ‘Project staff and child protection risks’). Categories on the x-axis represent those 10 child protection risks that have been rated most relevant by project staff of the corresponding implementing partner. The Category on the far left represents the most relevant child protection risk as per the staff ranking. The bars on y-axis represent the proportion, expressed in %, of survey respondents (i.e., community members, caregivers, and young people) that consider the corresponding child protection risk locally relevant.

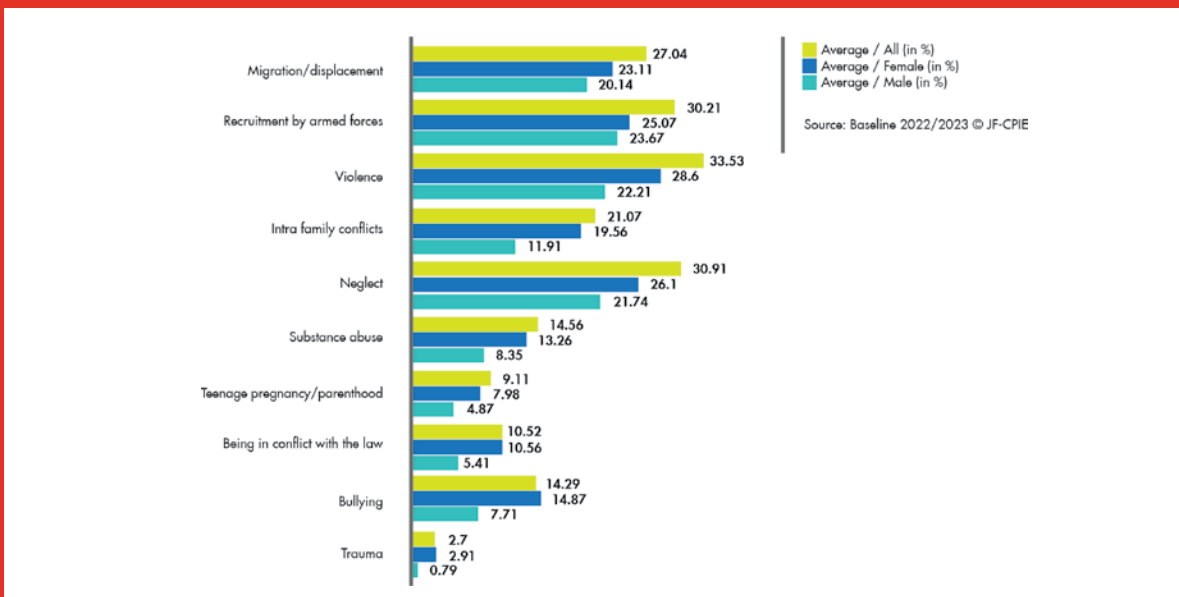


Figure 24: Comparison of ranking and survey data on child risks (TdH, Colombia)

**Note:** the results combine results from both questions HHCR1, HHKP1, CMCP1 (all sample-based household survey) and CMCR1 (sample-based unit survey) as well as the results of the staff-internal ranking exercise (see section ‘Project staff and child protection risks’). Categories on the x-axis represent those 10 child protection risks that have been rated most relevant by project staff of the corresponding implementing partner. The Category on the far left represents the most relevant child protection risk as per the staff ranking. The bars on y-axis represent the proportion, expressed in %, of survey respondents (i.e., community members, caregivers, and young people) that consider the corresponding child protection risk locally relevant.



Figure 25: Comparison of ranking and survey data on child risks (ChildFund, Ethiopia)

**Note:** the results combine results from both questions HHCR1, HHKP1, CMCP1 (all sample-based household survey) and CMCR1 (sample-based unit survey) as well as the results of the staff-internal ranking exercise (see section ‘Project staff and child protection risks’). Categories on the x-axis represent those 10 child protection risks that have been rated most relevant by project staff of the corresponding implementing partner. The Category on the far left represents the most relevant child protection risk as per the staff ranking. The bars on y-axis represent the proportion, expressed in %, of survey respondents (i.e., community members, caregivers, and young people) that consider the corresponding child protection risk locally relevant.

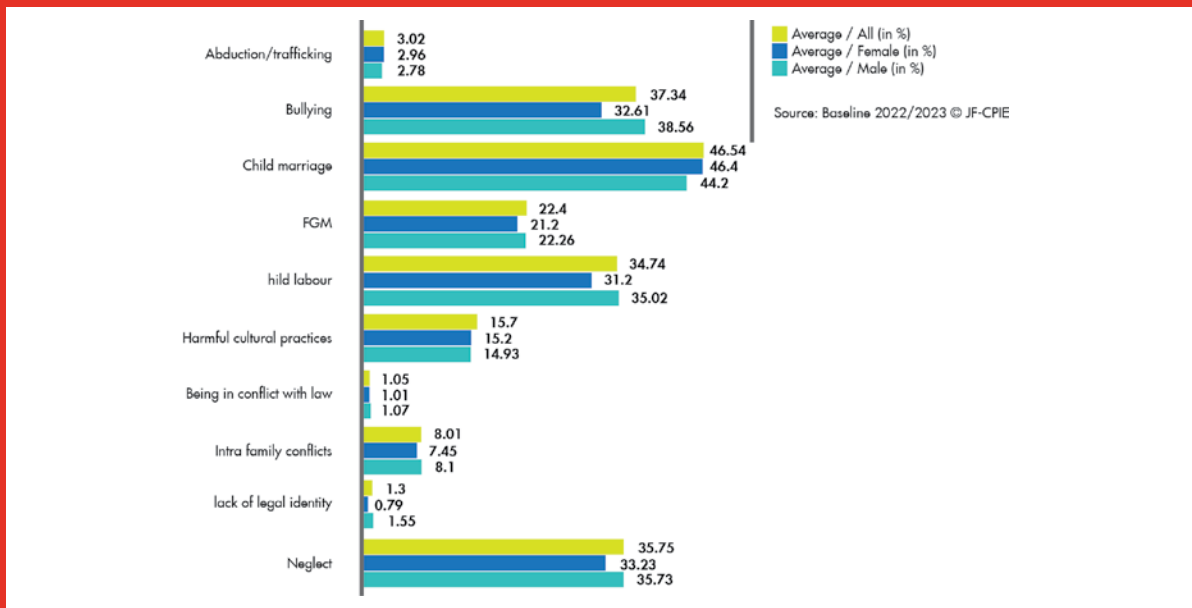


Figure 26: Comparison of ranking and survey data on child risks (SCI, Ethiopia)

**Note:** the results combine results from both questions HHCR1, HHKP1, CMCP1 (all sample-based household survey) and CMCR1 (sample-based unit survey) as well as the results of the staff-internal ranking exercise (see section ‘Project staff and child protection risks’). Categories on the x-axis represent those 10 child protection risks that have been rated most relevant by project staff of the corresponding implementing partner. The Category on the far left represents the most relevant child protection risk as per the staff ranking. The bars on y-axis represent the proportion, expressed in %, of survey respondents (i.e., community members, caregivers, and young people) that consider the corresponding child protection risk locally relevant.

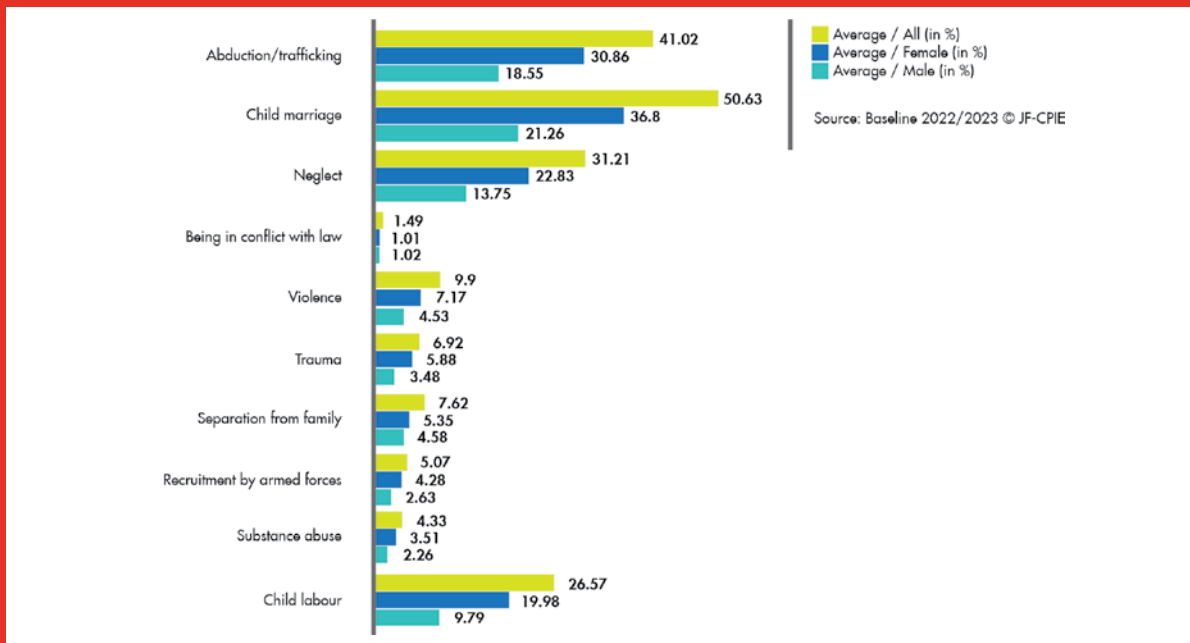


Figure 27: Comparison of ranking and survey data on child risks (SCI, South Sudan)

**Note:** the results combine results from both questions HHCR1, HHKP1, CMCP1 (all sample-based household survey) and CMCR1 (sample-based unit survey) as well as the results of the staff-internal ranking exercise (see section ‘Project staff and child protection risks’). Categories on the x-axis represent those 10 child protection risks that have been rated most relevant by project staff of the corresponding implementing partner. The Category on the far left represents the most relevant child protection risk as per the staff ranking. The bars on y-axis represent the proportion, expressed in %, of survey respondents (i.e., community members, caregivers, and young people) that consider the corresponding child protection risk locally relevant.

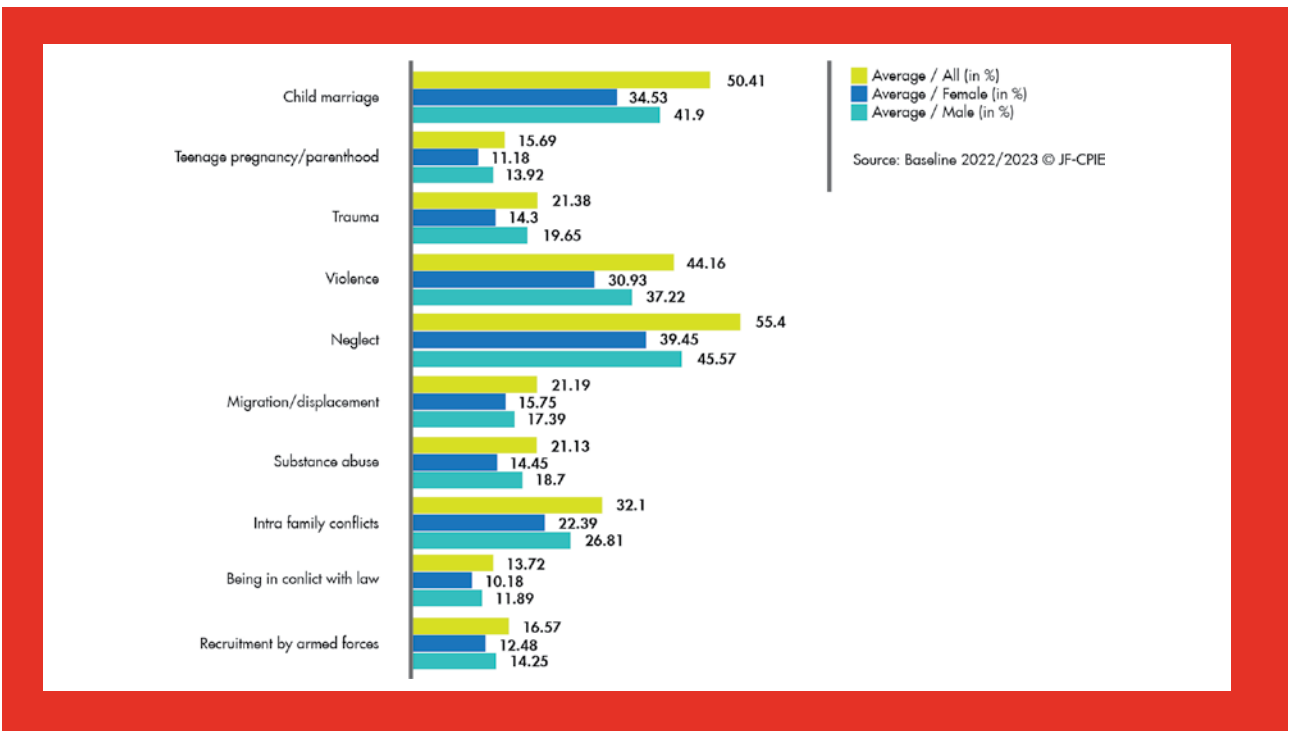


Figure 28: Comparison of ranking and survey data on child risks (WV, South Sudan)

**Note:**the results combine results from both questions HHCR1, HHKP1, CMCP1 (all sample-based household survey) and CMCR1 (sample-based unit survey) as well as the results of the staff-internal ranking exercise (see section 'Project staff and child protection risks'). Categories on the x-axis represent those 10 child protection risks that have been rated most relevant by project staff of the corresponding implementing partner. The Category on the far left represents the most relevant child protection risk as per the staff ranking. The bars on y-axis represent the proportion, expressed in %, of survey respondents (i.e., community members, caregivers, and young people) that consider the corresponding child protection risk locally relevant.

## Annex 1.2: Breakdown of indicator data by gender, disability status, and respondent type

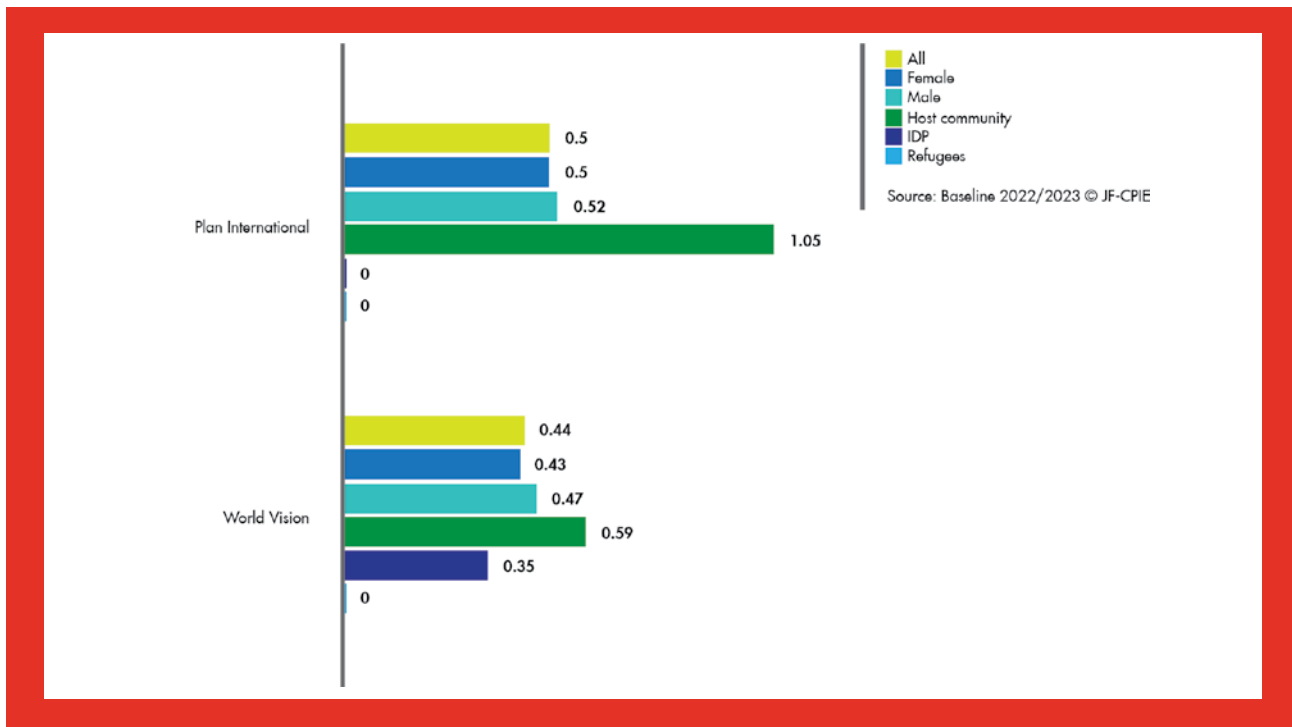


Figure 29: Indicator 1 by gender, disability status, and respondent type (Bangladesh)

**Note:**the figure is based on questions CHKR1 as well as CHSS1.1 through CHSS1.8 and CHSS2.1 through CHSS2.8 in the household survey. Numbers express proportions in %.

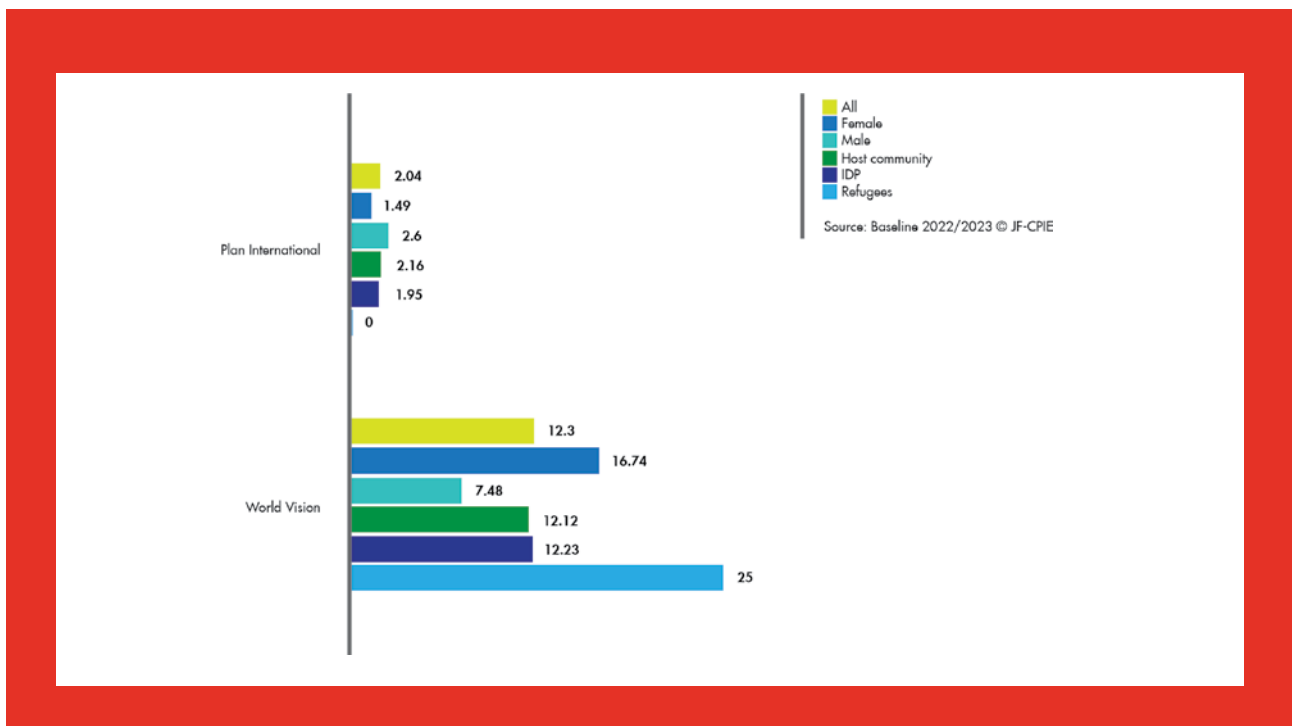


Figure 30: Indicator 1 (rev.) by gender, disability status, & respondent type (Bangladesh)

**Note:**the figure is based on questions CHSS1.1 through CHSS1.8 and CHSS2.1 through CHSS2.8 in the household survey. Numbers express proportions in %.



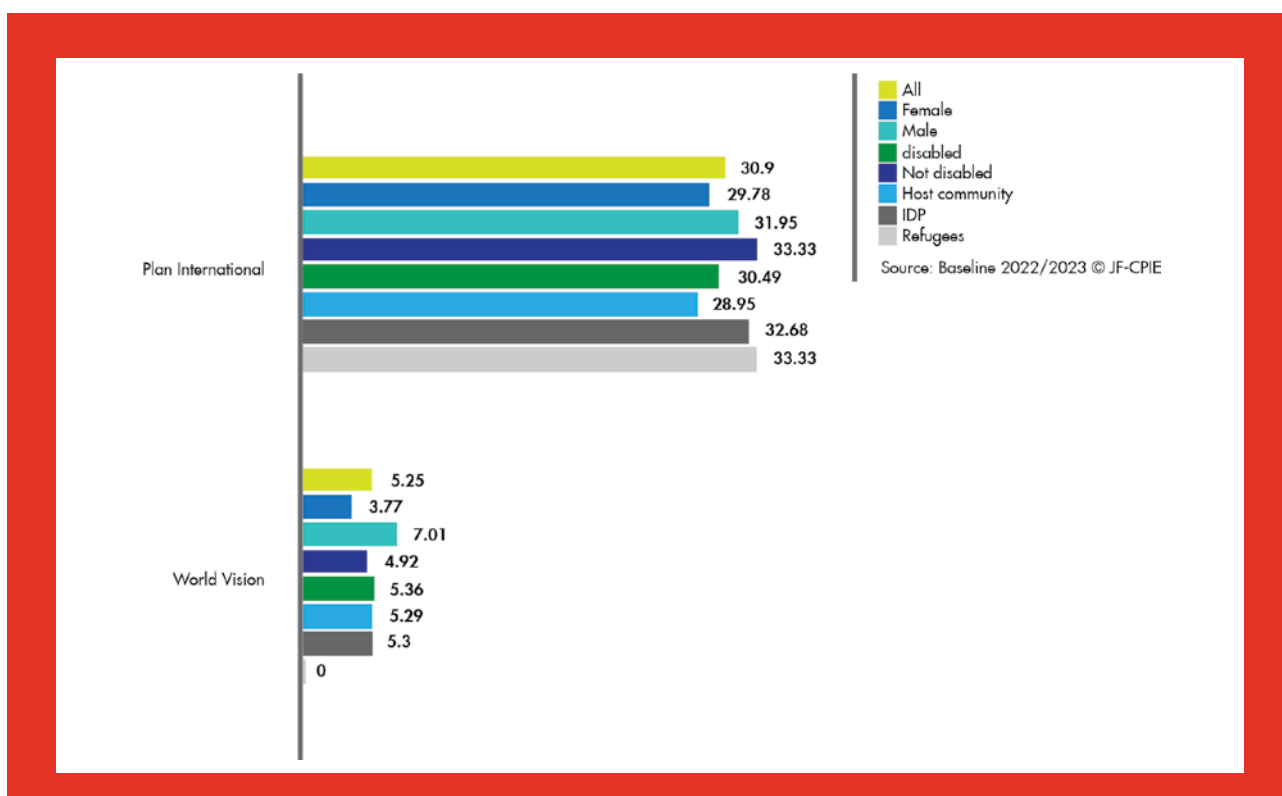


Figure 31: Indicator 2 by gender, disability status, and respondent type (Bangladesh)

**Note:**the figure is based on questions CGKP1 and CGKC1 through CGKC15 in the household survey. Numbers express proportions in %.

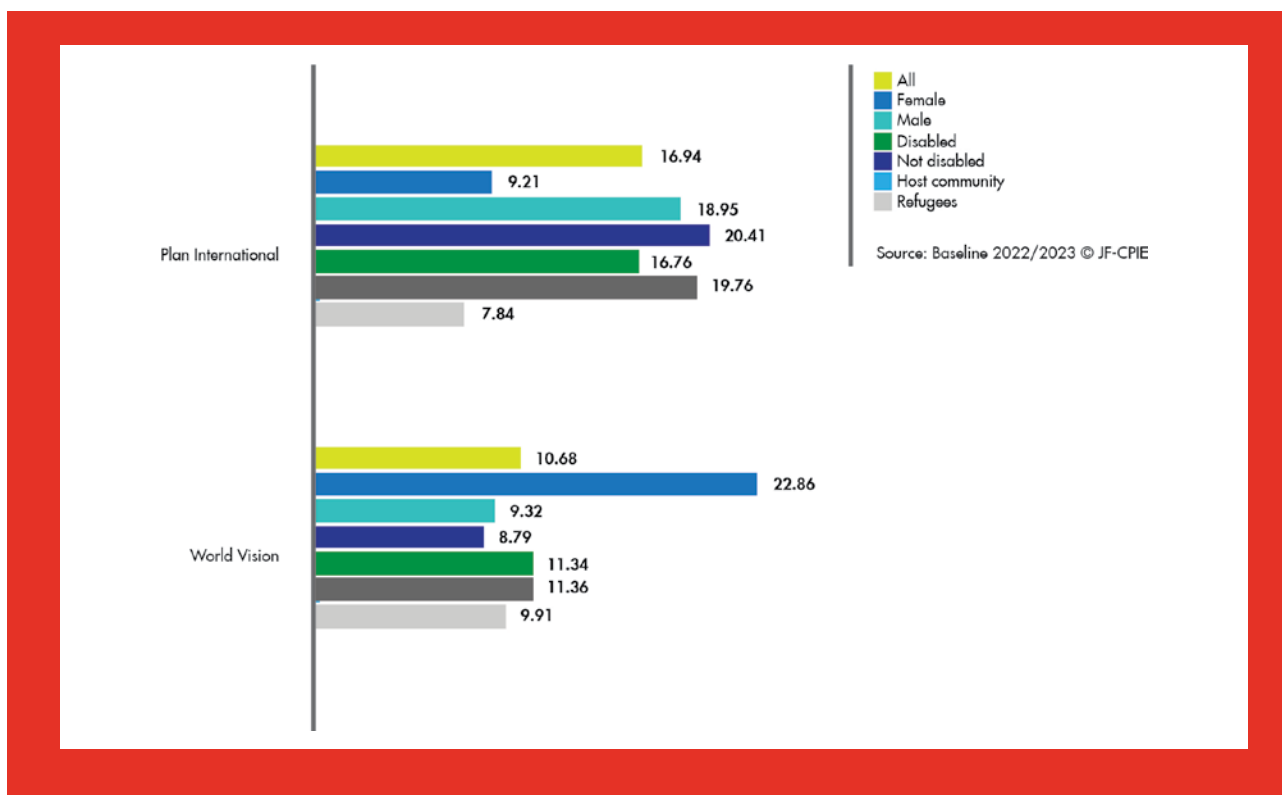


Figure 32: Indicator 3 by gender, disability status, and respondent type (Bangladesh)

**Note:**the figure is based on questions HHCR1 and HHKP1 in the household survey as well as CMCP1 and CMCR1 in the unit survey. Numbers express proportions in %.

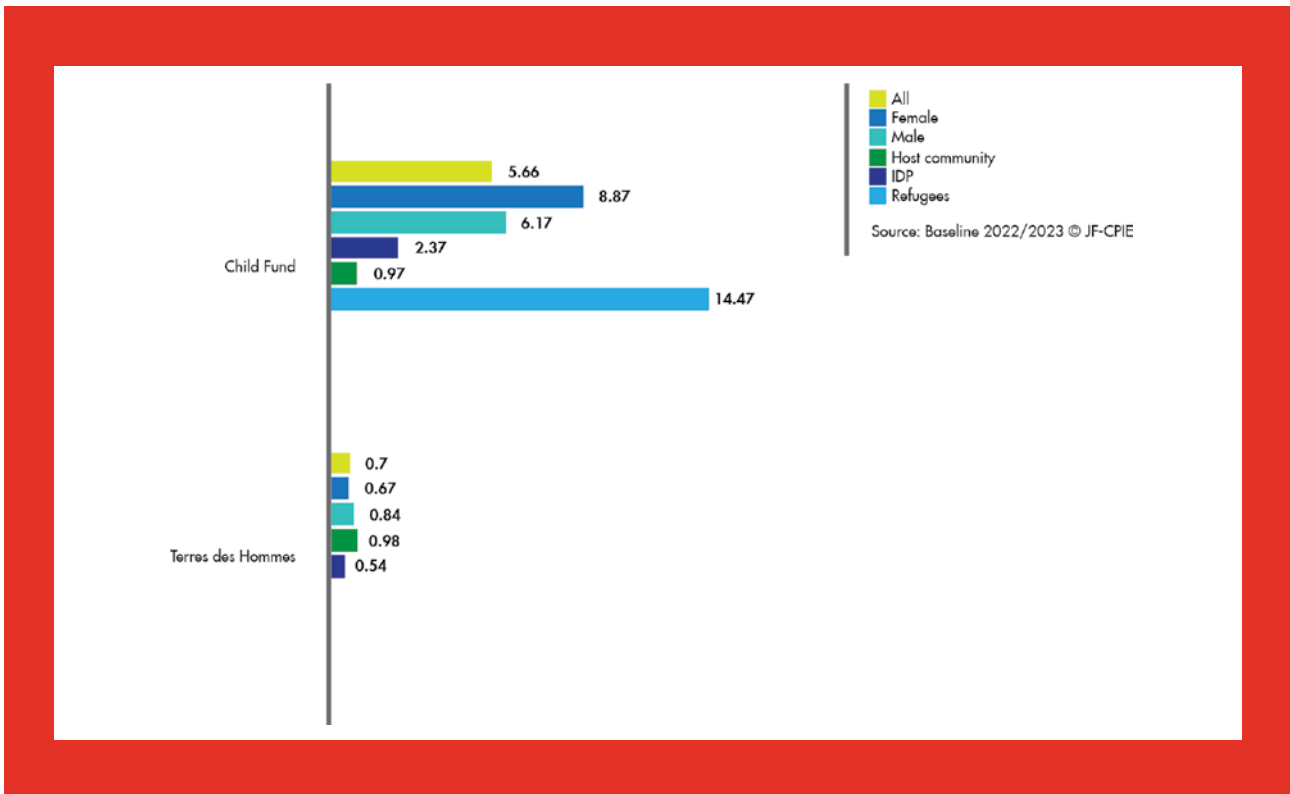


Figure 33: Indicator 1 by gender, disability status, and respondent type (Burkina Faso)

**Note:** the figure is based on questions CHKR1 as well as CHSS1.1 through CHSS1.8 and CHSS2.1 through CHSS2.8 in the household survey. Numbers express proportions in %.

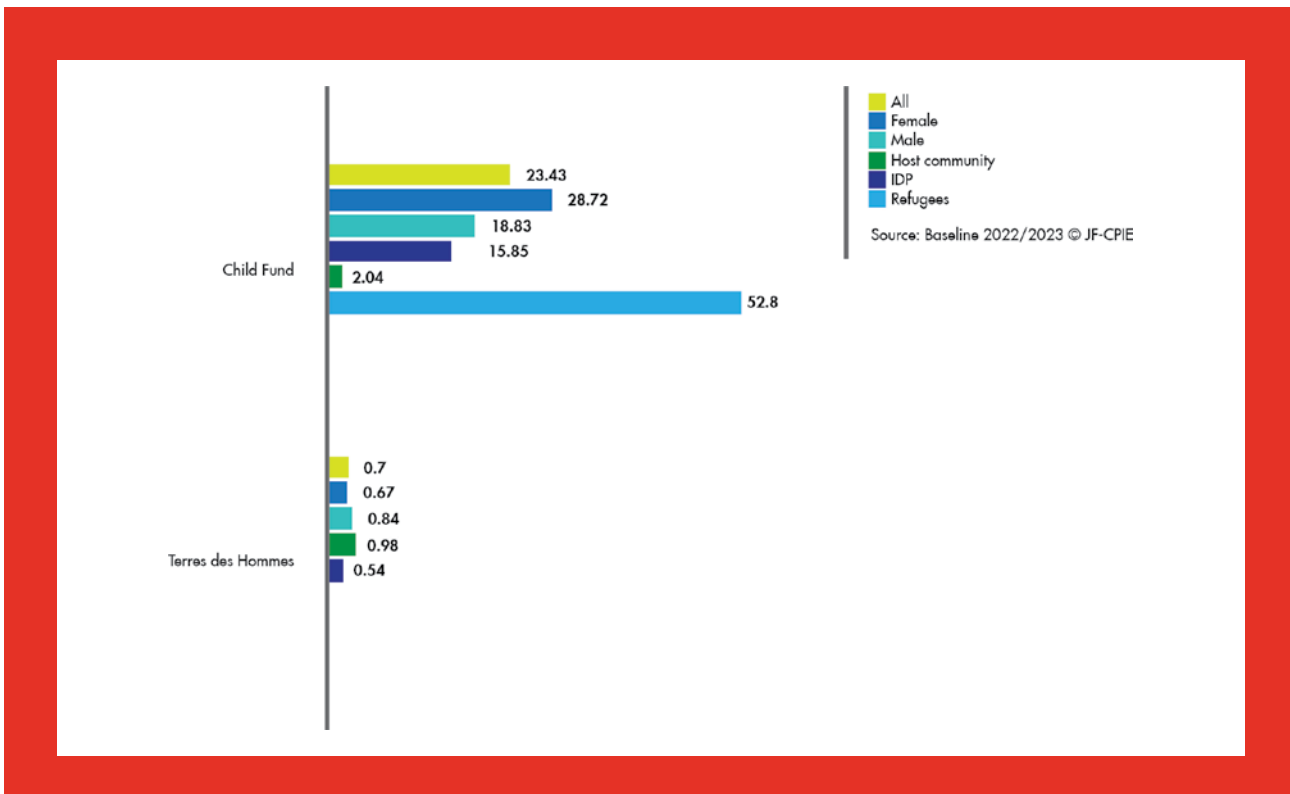


Figure 34: Indicator 1 (revised) by gender, disability & respondent type (Burkina Faso)

**Note:** the figure is based on questions CHSS1.1 through CHSS1.8 and CHSS2.1 through CHSS2.8 in the household survey. Numbers express proportions in %.

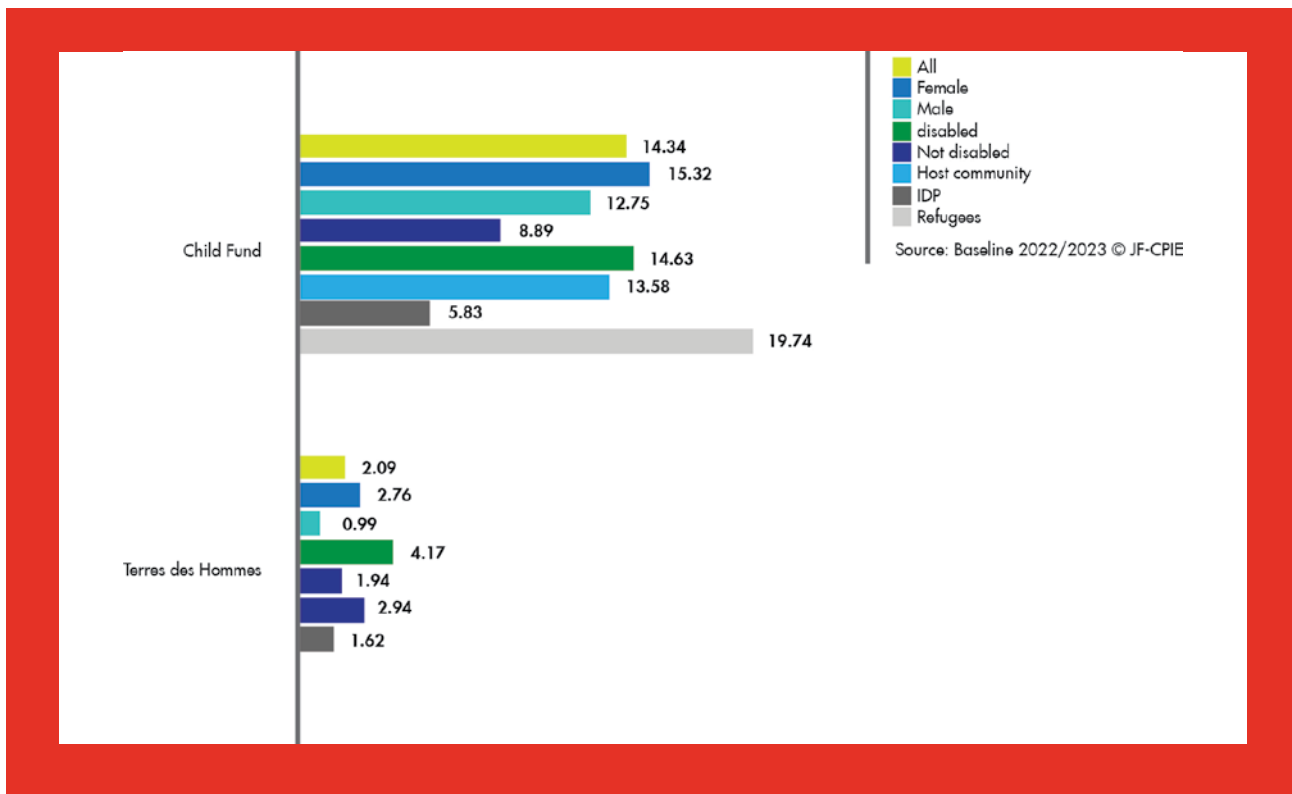


Figure 35: Indicator 2 by gender, disability status, and respondent type (Burkina Faso)

**Note:** the figure is based on questions CGKP1 and CGKC1 through CGKC15 in the household survey. Numbers express proportions in %.

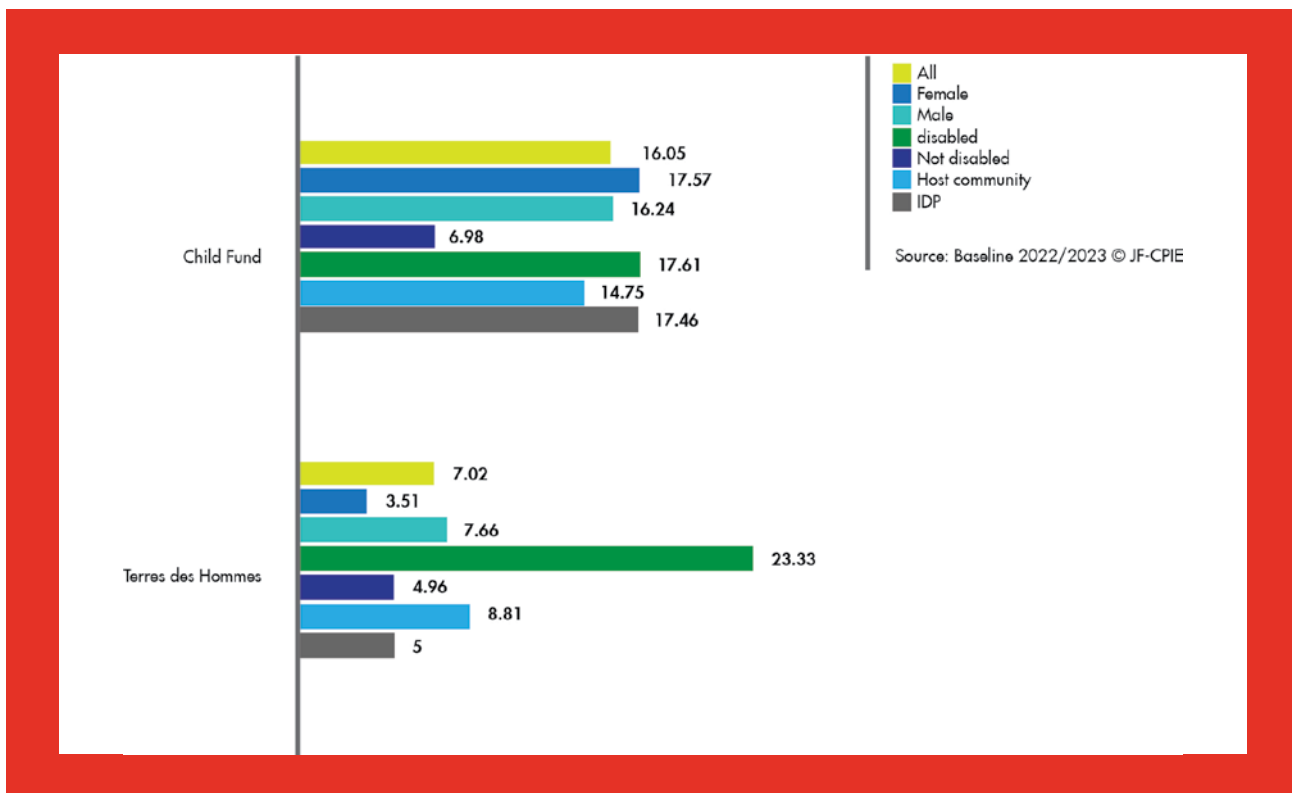


Figure 36: Indicator 3 by gender, disability status, and respondent type (Burkina Faso)

**Note:** the figure is based on questions HHCR1 and HHKP1 in the household survey as well as CMCP1 and CMCR1 in the unit survey. Numbers express proportions in %.

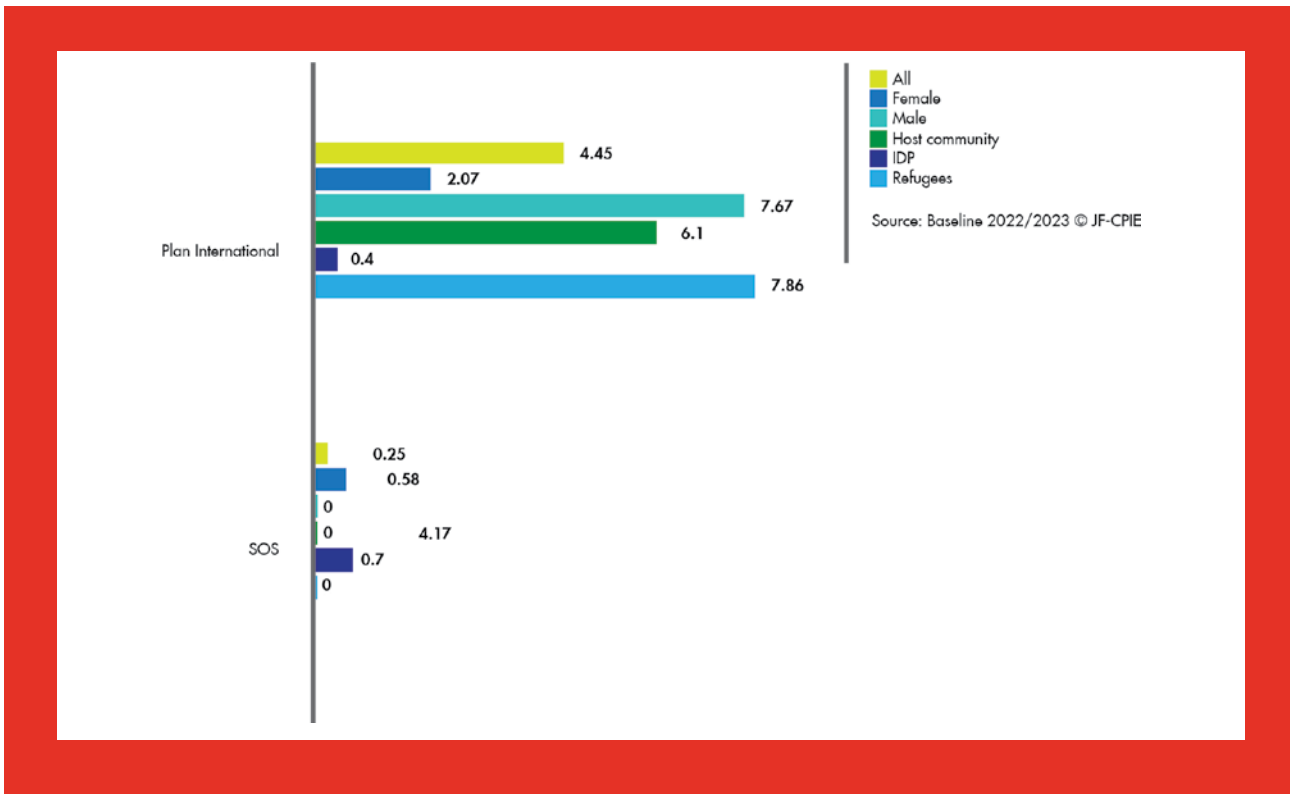


Figure 37: Indicator 1 by gender, disability status, & respondent type (CAR)

**Note:** the figure is based on questions CHKR1 as well as CHSS1.1 through CHSS1.8 and CHSS2.1 through CHSS2.8 in the household survey. Numbers express proportions in %.

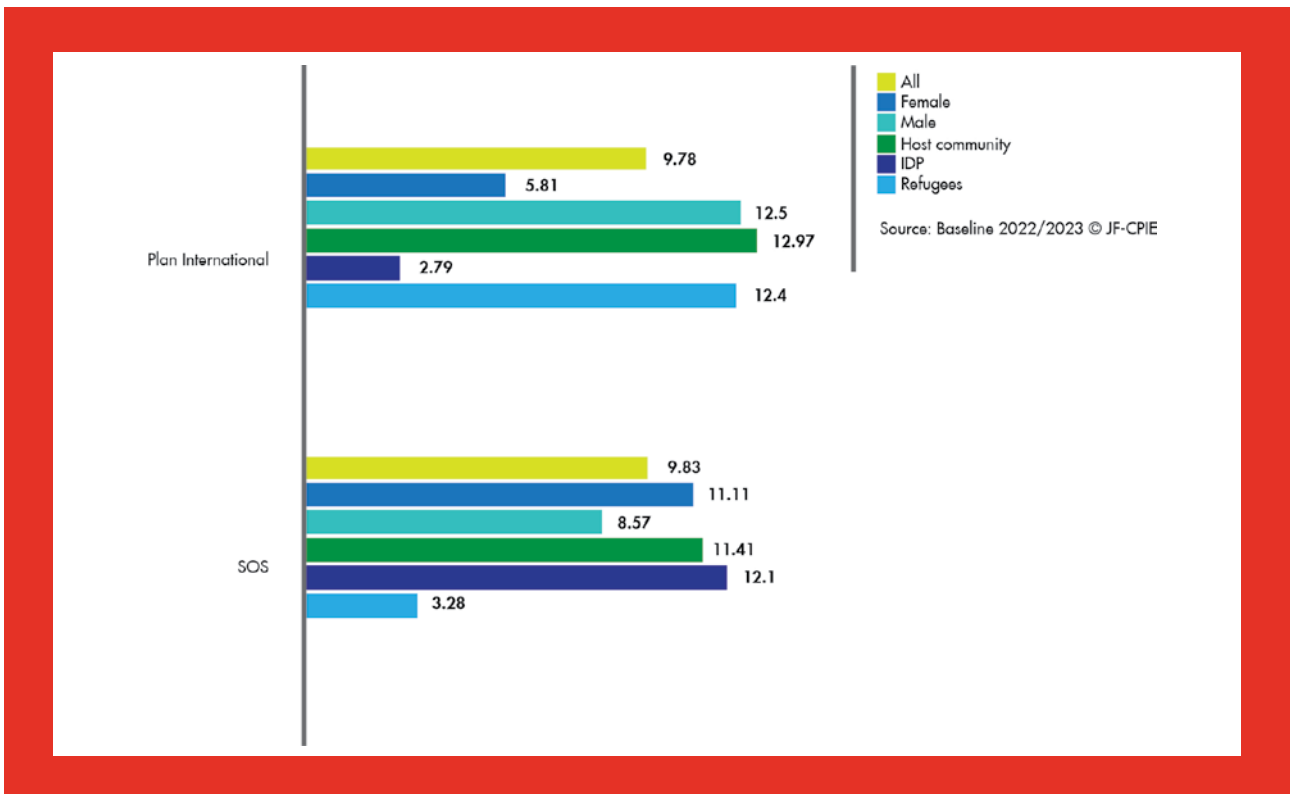


Figure 38: Indicator 1 (rev.) by gender, disability status, & respondent type (CAR)

**Note:** the figure is based on questions CHSS1.1 through CHSS1.8 and CHSS2.1 through CHSS2.8 in the household survey. Numbers express proportions in %.

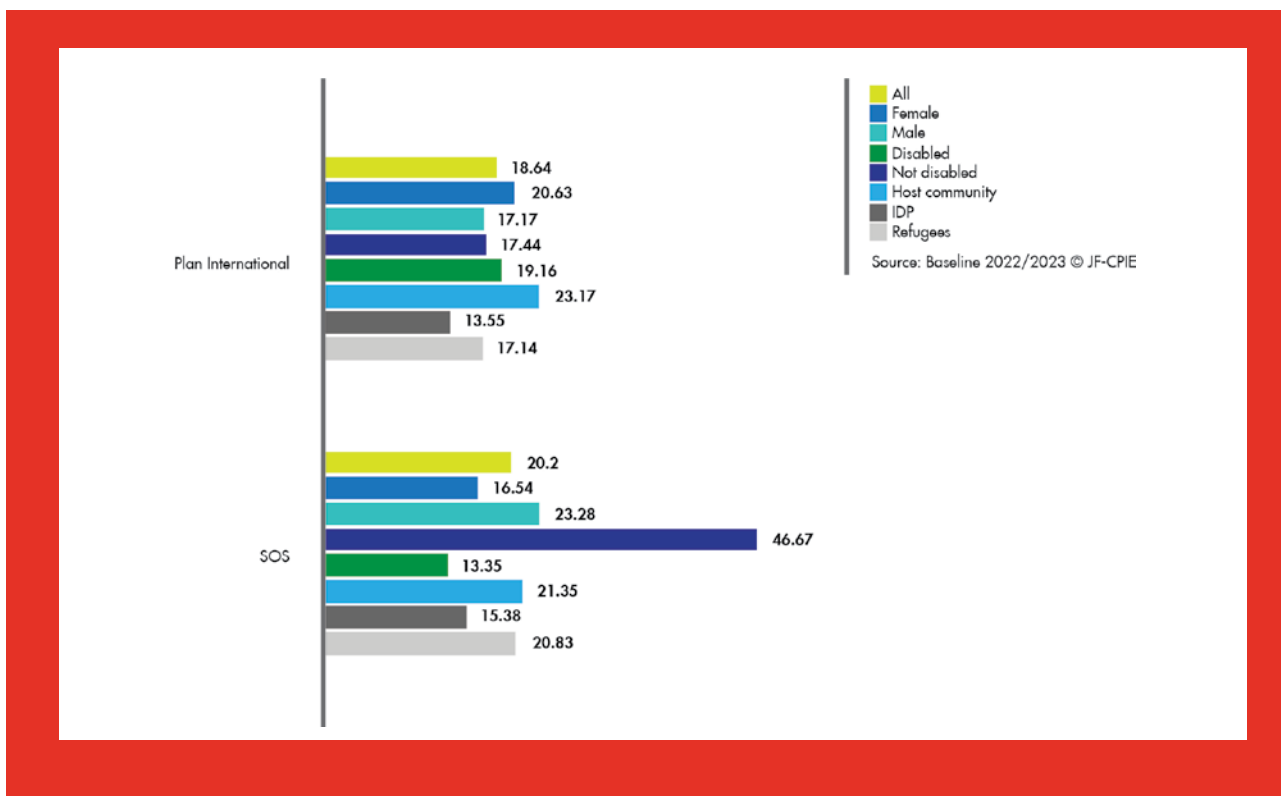


Figure 39: Indicator 2 by gender, disability status, & respondent type (CAR)

**Note:** the figure is based on questions CGKP1 and CGKC1 through CGKC15 in the household survey. Numbers express proportions in %.

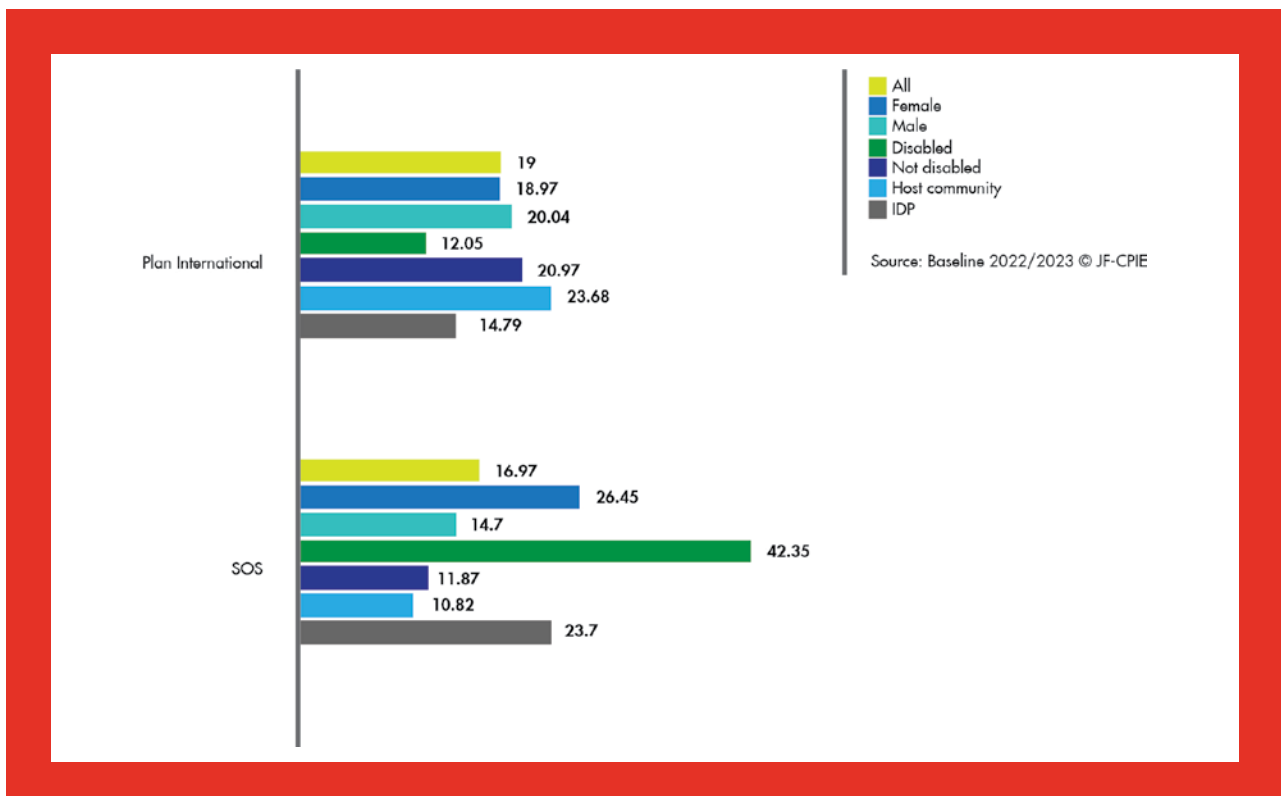


Figure 40: Indicator 3 by gender, disability status, and respondent type (CAR)

**Note:** the figure is based on questions HHCR1 and HHKP1 in the household survey as well as CMCP1 and CMCR1 in the unit survey. Numbers express proportions in %.

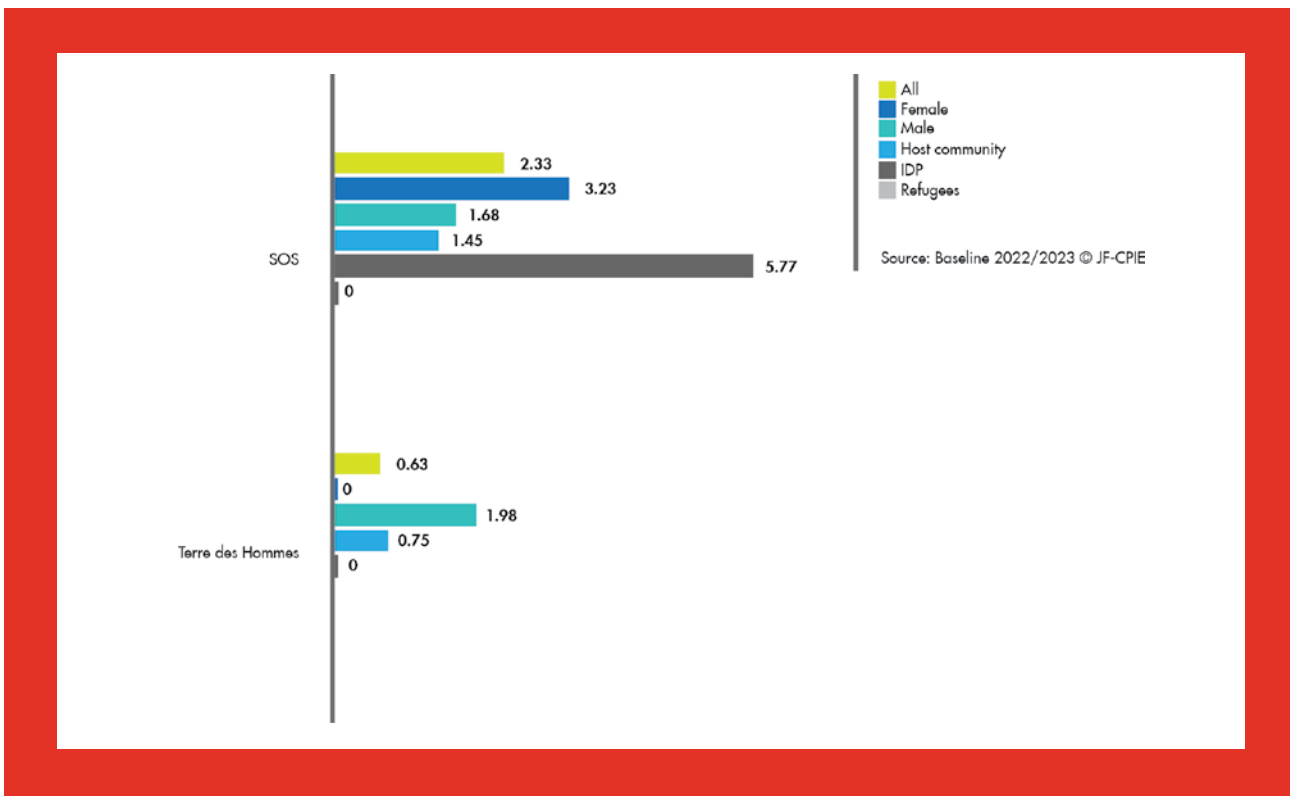


Figure 41: Indicator 1 by gender, disability status, and respondent type (Colombia)

**Note:** the figure is based on questions CHKR1 as well as CHSS1.1 through CHSS1.8 and CHSS2.1 through CHSS2.8 in the household survey. Numbers express proportions in %.

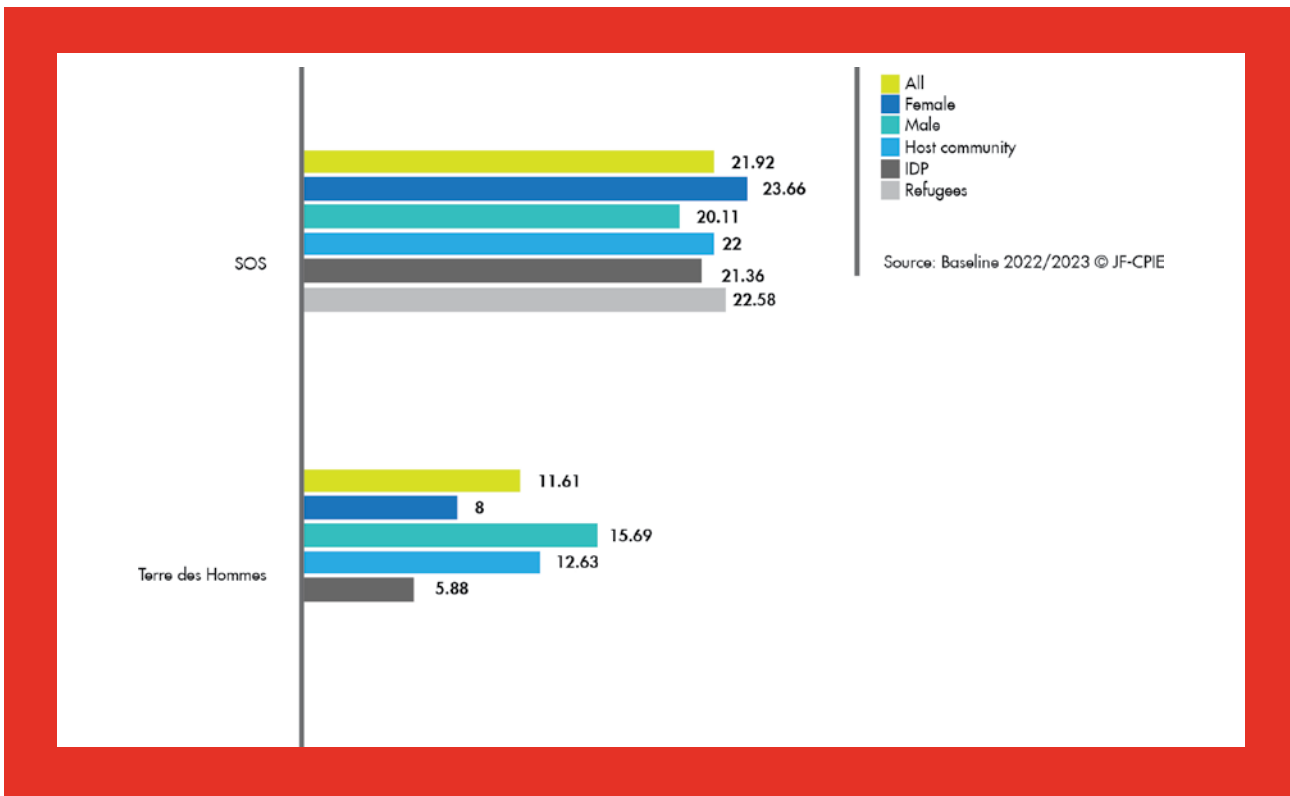


Figure 42: Indicator 1 (rev.) by gender, disability status, and respondent type (Colombia)

**Note:** the figure is based on questions CHSS1.1 through CHSS1.8 and CHSS2.1 through CHSS2.8 in the household survey. Numbers express proportions in %.

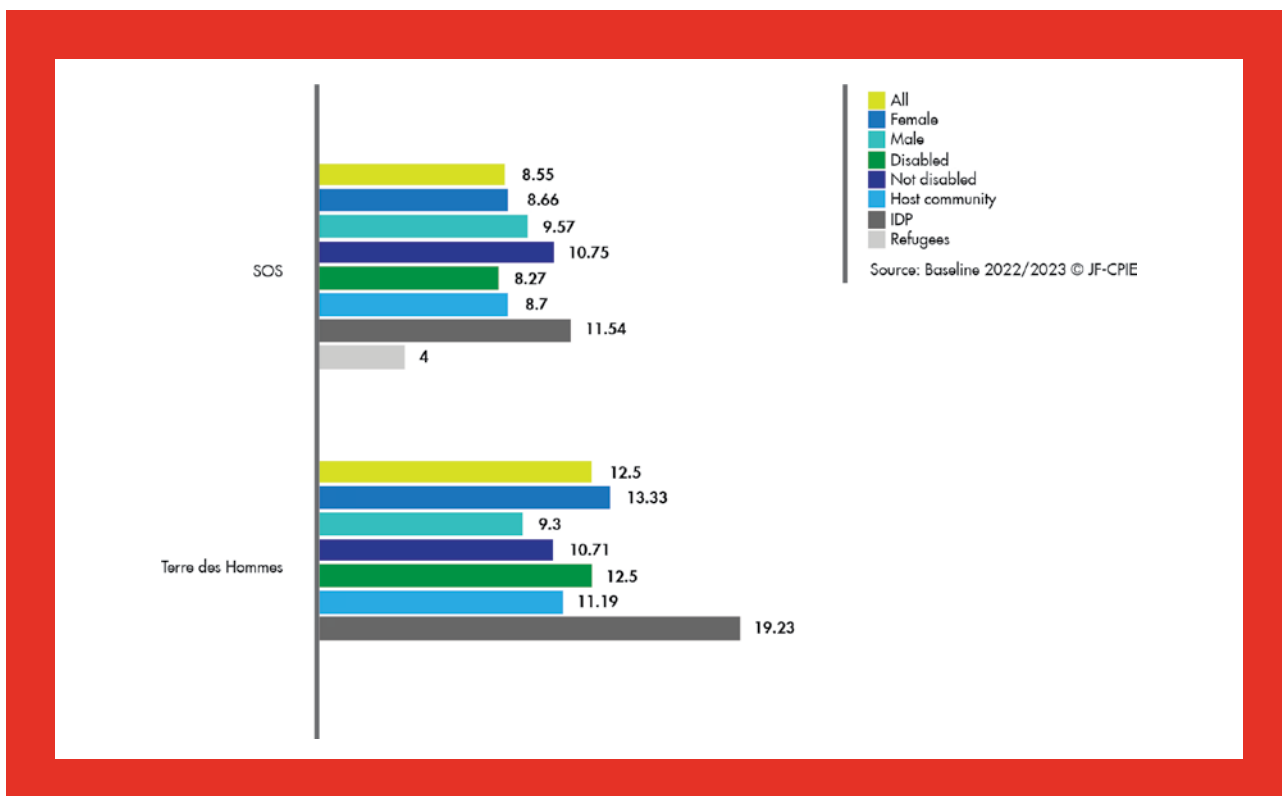


Figure 43: Indicator 2 by gender, disability status, and respondent type (Colombia)

**Note:** the figure is based on questions CGKP1 and CGKC1 through CGKC15 in the household survey. Numbers express proportions in %.

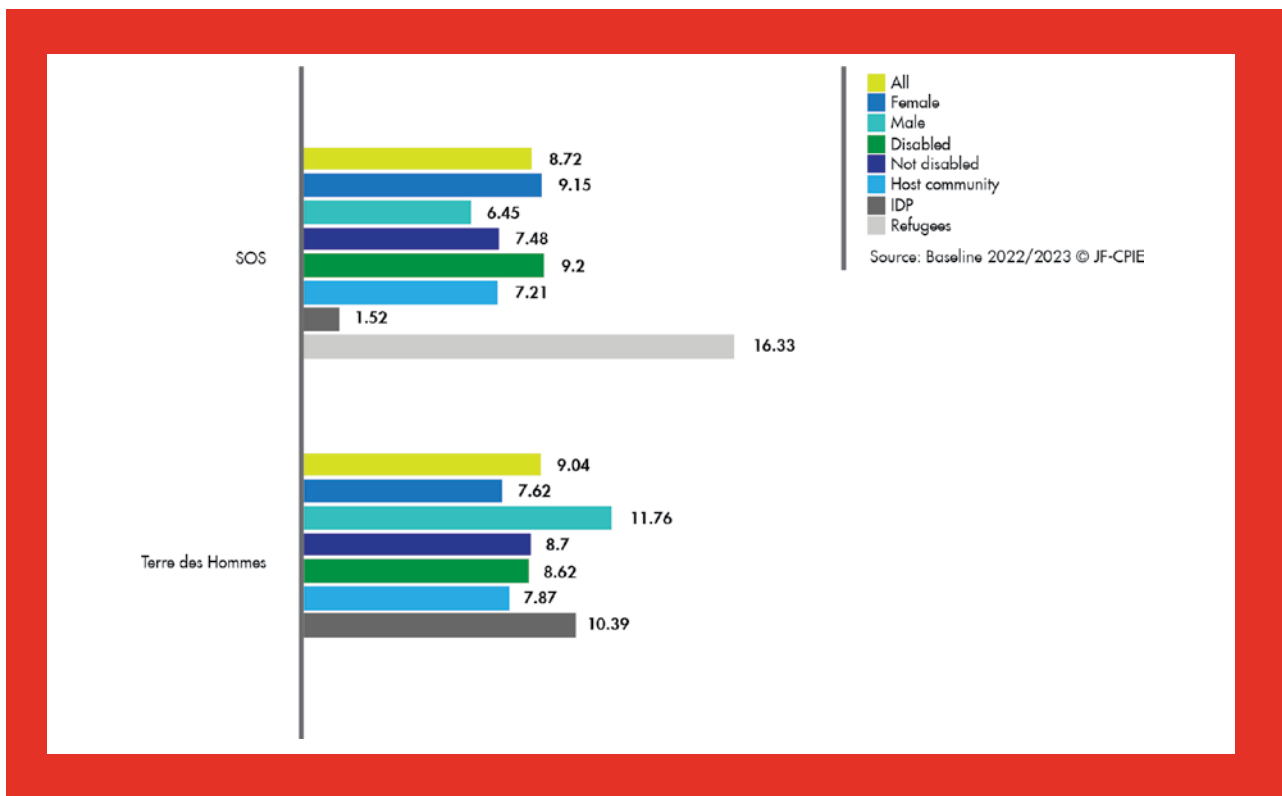


Figure 44: Indicator 3 by gender, disability status, and respondent type (Colombia)

**Note:** the figure is based on questions HHCR1 and HHKP1 in the household survey as well as CMCP1 and CMCR1 in the unit survey. Numbers express proportions in %.

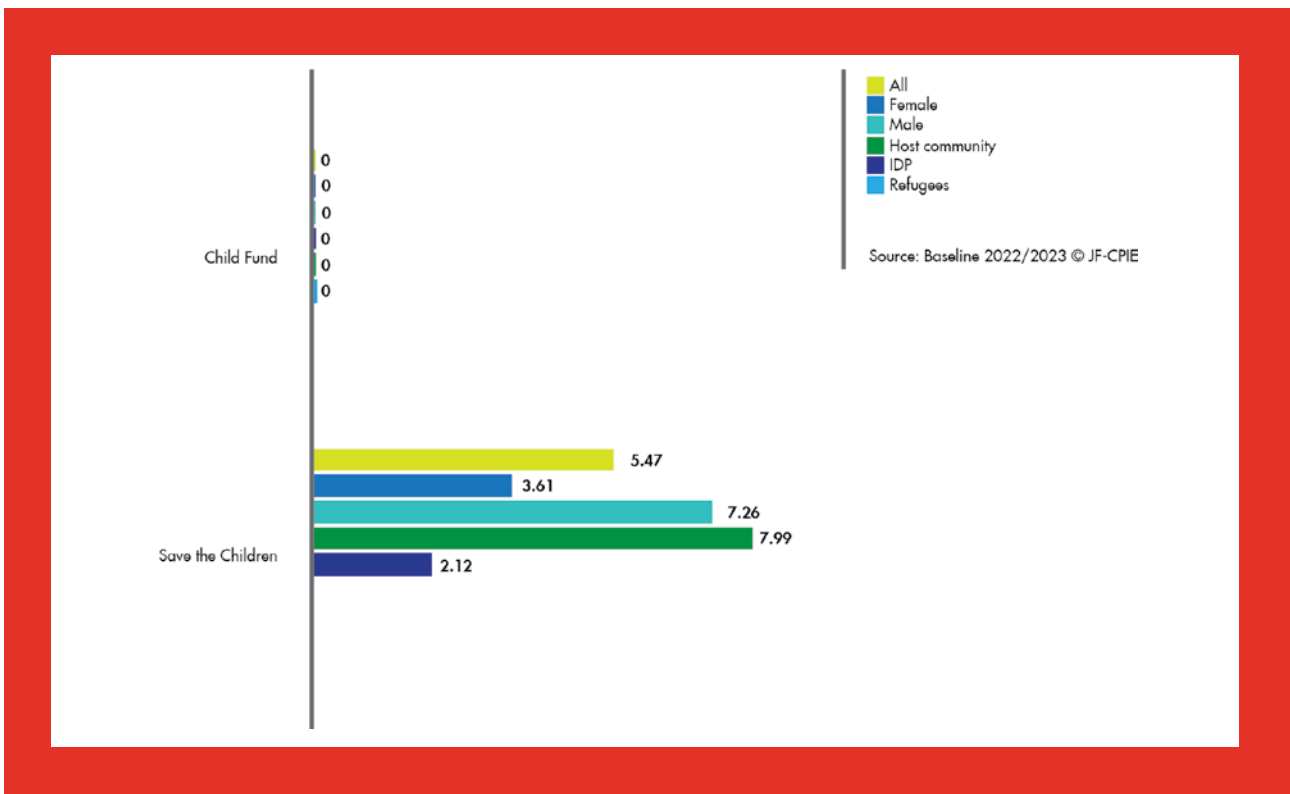


Figure 45: Indicator 1 by gender, disability status, and respondent type (Ethiopia)

**Note:** the figure is based on questions CHKR1 as well as CHSS1.1 through CHSS1.8 and CHSS2.1 through CHSS2.8 in the household survey. Numbers express proportions in %.

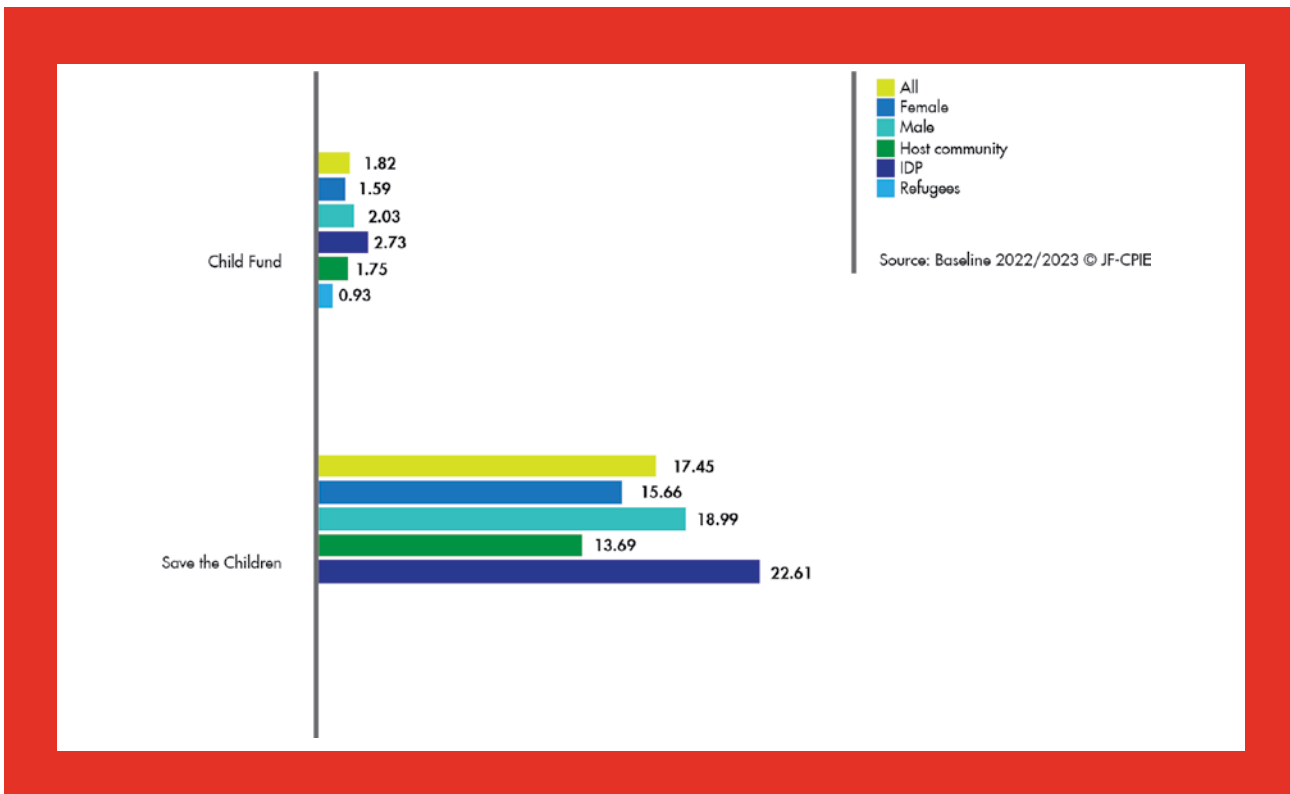


Figure 46: Indicator 1 (revised) by gender, disability status, & respondent type (Ethiopia)

**Note:** the figure is based on questions CHSS1.1 through CHSS1.8 and CHSS2.1 through CHSS2.8 in the household survey. Numbers express proportions in %.



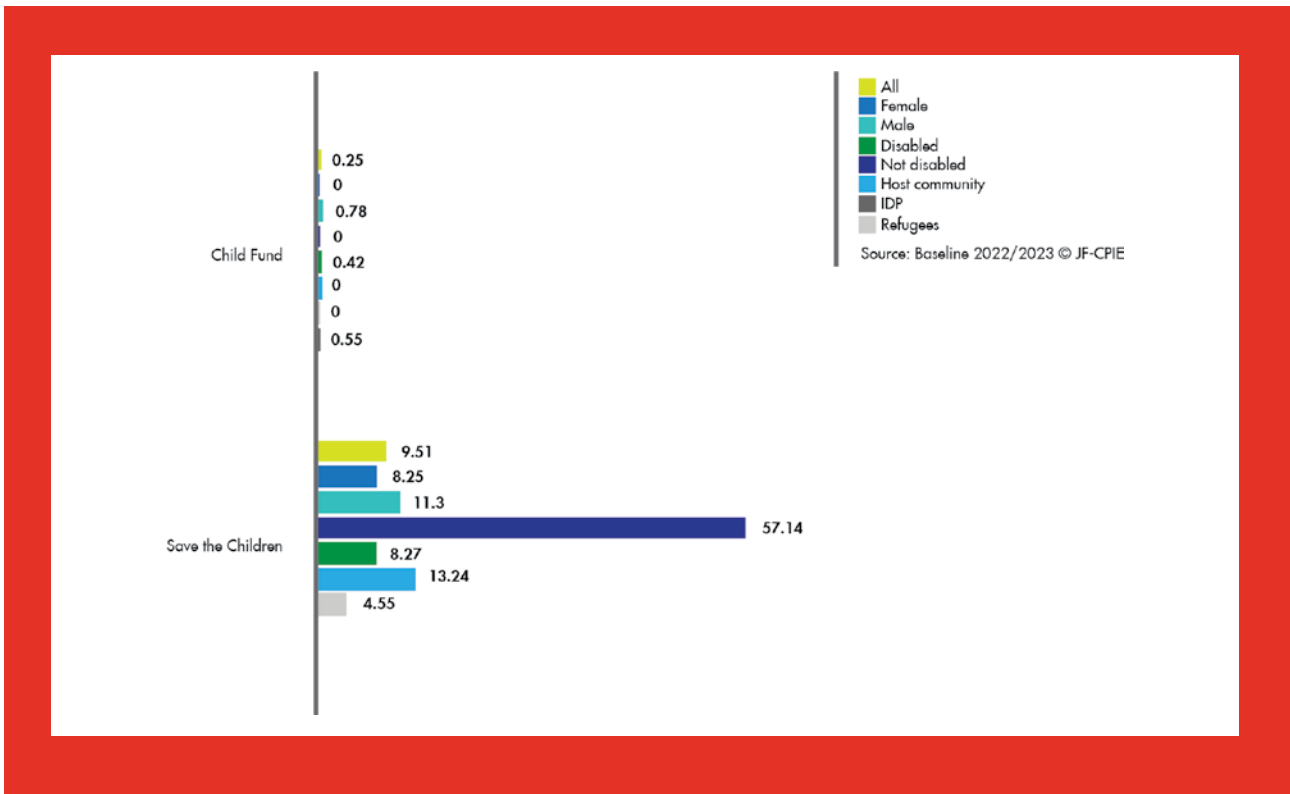


Figure 47: Indicator 2 by gender, disability status, and respondent type (Ethiopia)

**Note:** the figure is based on questions CGKP1 and CGKC1 through CGKC15 in the household survey. Numbers express proportions in %.

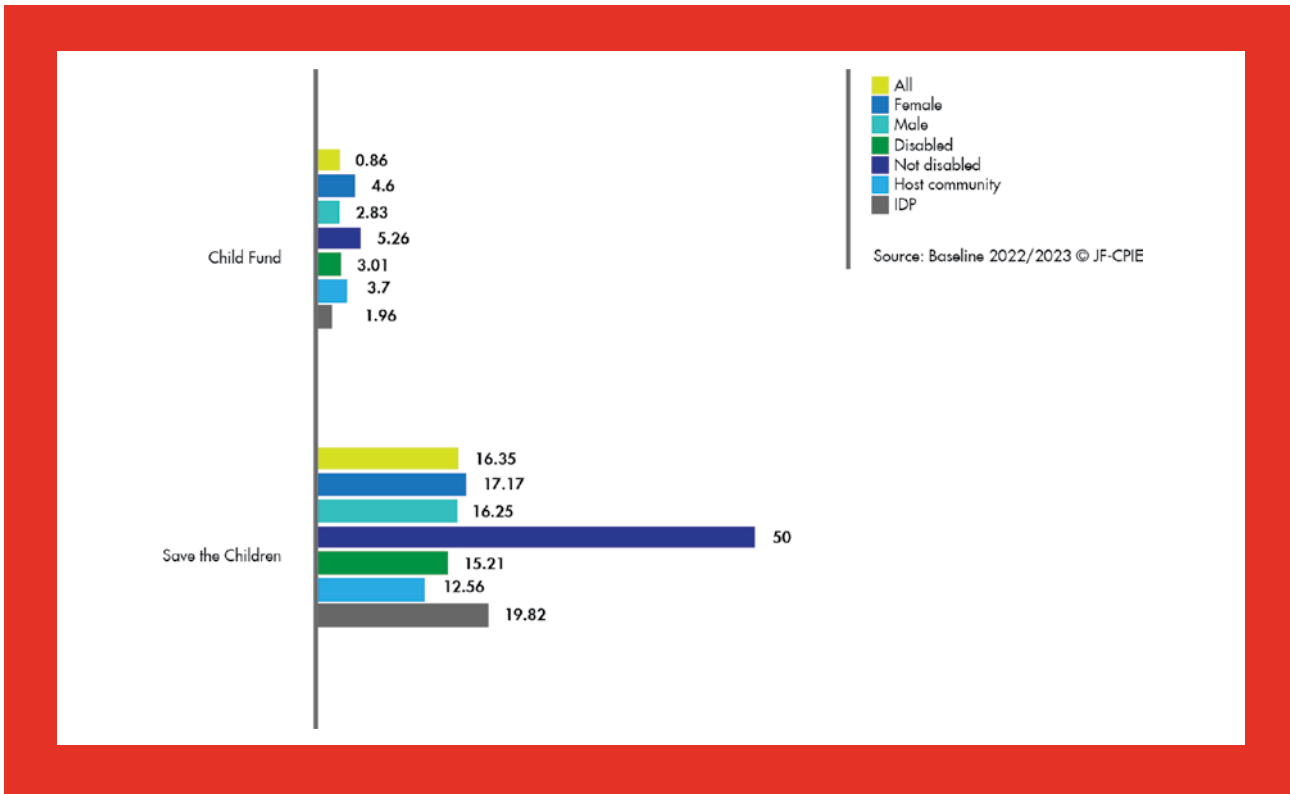


Figure 48: Indicator 3 by gender, disability status, and respondent type (Ethiopia)

**Note:** the figure is based on questions HHCR1 and HHKP1 in the household survey as well as CMCP1 and CMCR1 in the unit survey. Numbers express proportions in %.

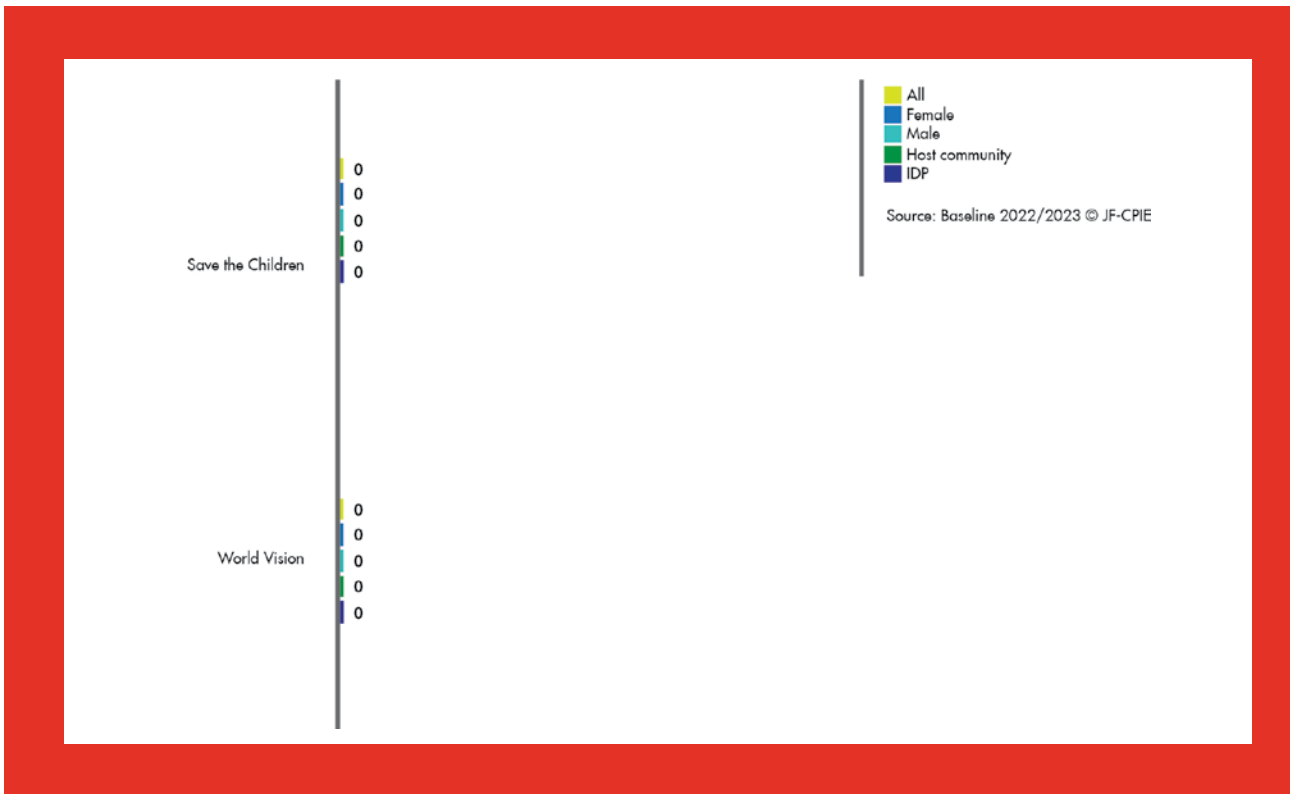


Figure 49: Indicator 1 by gender, disability status, and respondent type (South Sudan)

**Note:** the figure is based on questions CHKR1 as well as CHSS1.1 through CHSS1.8 and CHSS2.1 through CHSS2.8 in the household survey. Numbers express proportions in %.

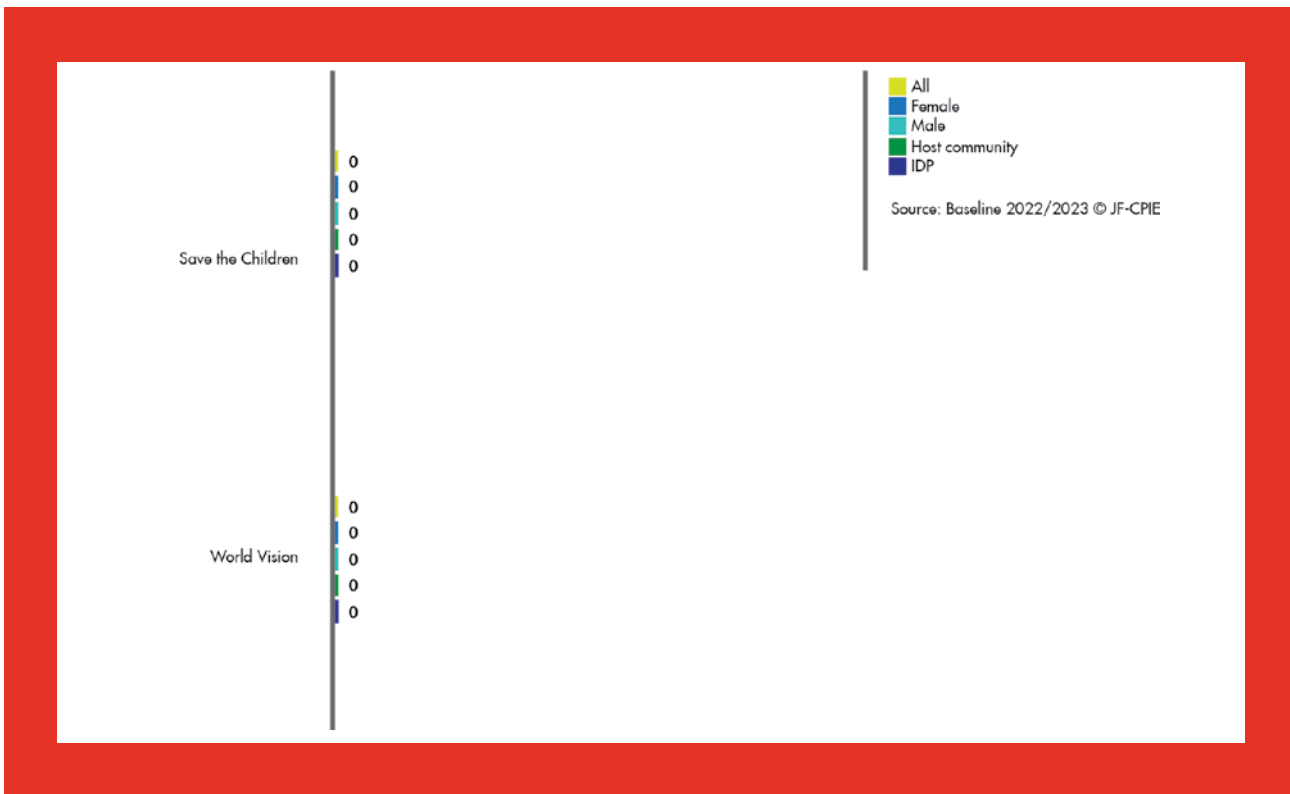


Figure 50: Indicator 1 (rev.) by gender, disability, and respondent type (South Sudan)

**Note:** the figure is based on questions CHSS1.1 through CHSS1.8 and CHSS2.1 through CHSS2.8 in the household survey. Numbers express proportions in %.

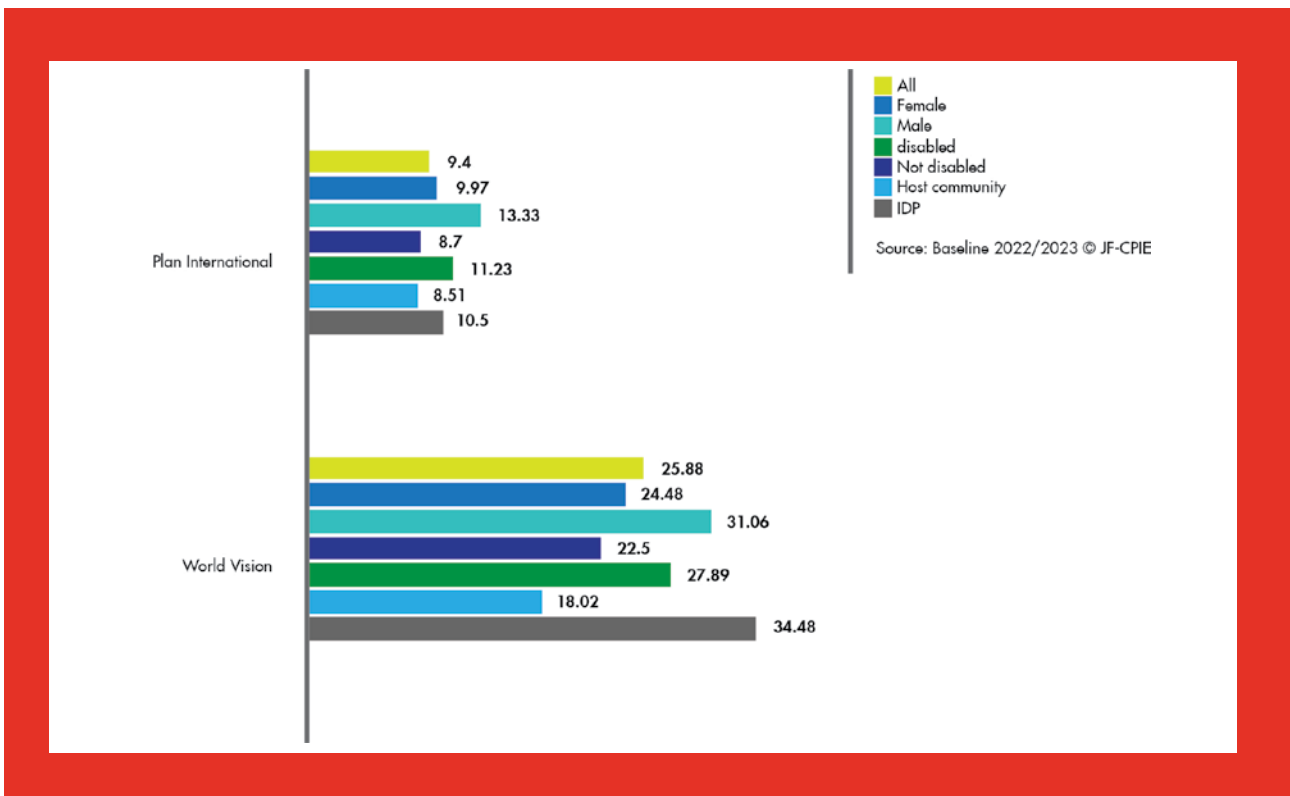


Figure 51: Indicator 2 by gender, disability status, and respondent type (South Sudan)

**Note:** the figure is based on questions CGKP1 and CGKC1 through CGKC15 in the household survey. Numbers express proportions in %.

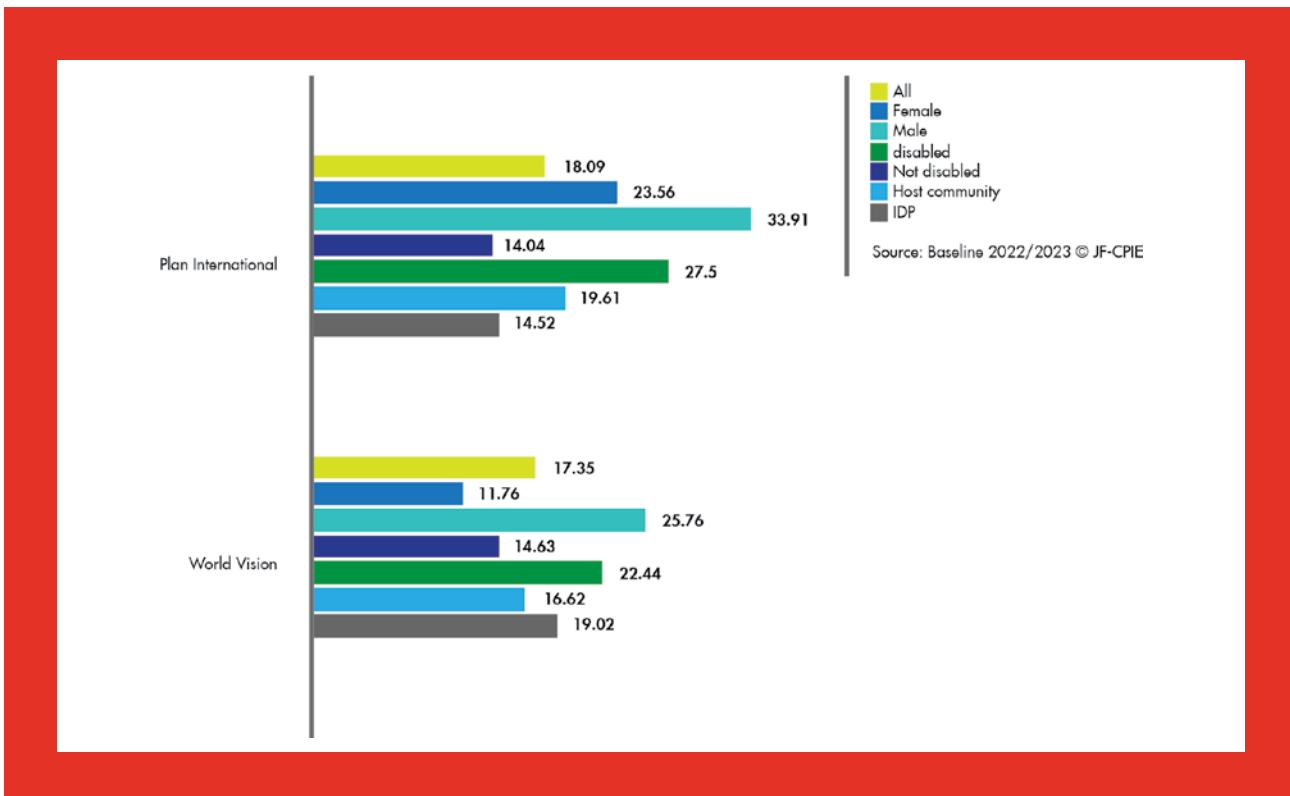


Figure 52: Indicator 3 by gender, disability status, and respondent type (South Sudan)

**Note:** the figure is based on questions HHCR1 and HHKP1 in the household survey as well as CMCP1 and CMCR1 in the unit survey. Numbers express proportions in %.



I discuss with sons how to avoid pregnancy	9%	8%	11%	18%	19%	18%	60%	61%	58%	67%	70%	62%	94%	95%	95%	63%	61%	63%
I discuss with daughters how to avoid pregnancy	14%	12%	16%	29%	31%	28%	62%	63%	61%	74%	78%	68%	94%	94%	95%	72%	70%	74%
I discuss with sons how to avoid HIV/AIDS	11%	8%	14%	13%	13%	14%	58%	58%	59%	60%	61%	60%	95%	96%	95%	68%	66%	70%
I discuss with daughters how to avoid HIV/AIDS	11%	10%	13%	15%	13%	16%	58%	58%	60%	61%	61%	62%	92%	95%	93%	69%	67%	70%
We argue a lot (reverse coded)	92%	92%	92%	95%	95%	95%	78%	80%	77%	73%	73%	72%	81%	79%	82%	81%	81%	83%
We talk when they misbehave	93%	93%	92%	95%	95%	95%	94%	93%	95%	98%	99%	95%	94%	98%	94%	89%	89%	86%
I praise when done something right	97%	98%	96%	100%	100%	100%	92%	92%	93%	99%	99%	99%	94%	98%	95%	92%	90%	94%
We discuss the future	94%	95%	94%	96%	97%	95%	86%	86%	88%	94%	95%	91%	92%	96%	92%	79%	74%	87%
My children ask me for advice	94%	96%	93%	97%	97%	98%	88%	87%	90%	96%	96%	96%	90%	94%	89%	71%	71%	70%
I ask son about school/work/friends	94%	96%	93%	88%	88%	87%	85%	84%	86%	92%	93%	90%	93%	97%	93%	82%	79%	90%
I ask daughters about school/work/friends	95%	96%	95%	86%	84%	88%	85%	84%	86%	92%	94%	89%	92%	97%	92%	86%	82%	94%
I know where children generally are	97%	98%	96%	96%	97%	96%	94%	95%	94%	97%	97%	97%	90%	94%	90%	69%	69%	70%
Population	all	♀	♂	all	♀	♂	all	♀	♂	all	♀	♂	all	♀	♂	all	♀	♂
Partner																		
Country	Bangladesh						Burkina Faso						Central African Republic					

Table 13: Child-caring practices by survey item and gender



I discuss with sons how to avoid pregnancy	53%	55%	49%	63%	70%	49%	62%	50%	51%	63%	62%	62%	83%	80%	90%	78%	78%	76%
I discuss with daughters how to avoid pregnancy	54%	56%	49%	65%	72%	49%	69%	64%	57%	64%	63%	65%	85%	85%	85%	79%	76%	79%
I discuss with sons how to avoid HIV/AIDS	42%	42%	43%	61%	69%	44%	75%	69%	69%	58%	56%	60%	88%	86%	93%	76%	77%	76%
I discuss with daughters how to avoid HIV/AIDS	45%	46%	43%	62%	71%	47%	74%	67%	66%	58%	57%	60%	88%	87%	91%	78%	79%	77%
We argue a lot (reverse coded)	89%	89%	88%	84%	84%	88%	86%	91%	93%	95%	96%	94%	85%	84%	90%	77%	79%	77%
We talk when they misbehave	95%	94%	97%	91%	93%	88%	95%	93%	93%	97%	98%	97%	88%	88%	91%	95%	95%	95%
I praise when done something right	97%	98%	98%	86%	88%	81%	94%	94%	91%	97%	97%	96%	89%	86%	96%	95%	95%	95%
We discuss the future	92%	94%	90%	86%	91%	77%	87%	81%	85%	87%	85%	89%	89%	88%	94%	93%	92%	94%
My children ask me for advice	92%	91%	94%	84%	87%	81%	88%	84%	83%	96%	96%	97%	88%	87%	93%	92%	91%	92%
I ask son about school/work/friends	95%	95%	96%	88%	90%	84%	83%	75%	80%	88%	89%	87%	86%	83%	93%	89%	88%	91%
I ask daughters about school/work/friends	96%	96%	98%	86%	89%	84%	77%	63%	75%	86%	88%	84%	86%	86%	91%	88%	85%	91%
I know where children generally are	95%	93%	98%	91%	92%	88%	92%	89%	90%	93%	94%	92%	65%	62%	76%	90%	87%	93%
Population	all	♀	♂	all	♀	♂	all	♀	♂	all	♀	♂	all	♀	♂	all	♀	♂
Partner																		
Country	Colombia						Ethiopia						South Sudan					

Table 13: Child-caring practices by survey item and gender

Country	Partner	Population	If child is disobedient	If child talks back	If child runs away	If child does not go to school	If child does not care for siblings	If child is gender inadequate	If child wets bed	If child steals	If child takes drugs/liquor
Bangladesh	PLAN	Female caregivers	35	35	33	40	22	11	21	41	43
		Male caregivers	30	31	20	26	17	4	15	34	35
		Female adolescents	46	47	42	51	29	20	35	32	30
		Male adolescents	42	47	38	51	33	18	38	30	26
		Female caregivers	44	42	45	37	38	12	5	55	58
	World Vision	Male caregivers	43	40	44	35	38	12	7	59	61
		Female adolescents	67	64	61	62	51	28	16	70	70
		Male adolescents	77	74	73	75	67	34	26	73	78
		Female caregivers	63	62	57	68	44	38	51	75	73
		Male caregivers	64	61	59	70	48	38	49	75	73
Burkina Faso	ChildFund	Female adolescents	83	82	78	82	69	70	76	88	84
		Male adolescents	83	79	79	84	75	68	73	84	79
		Female caregivers	52	58	36	54	34	29	30	72	70
	Terre des Hommes	Male caregivers	50	57	42	52	36	31	26	75	66
		Female adolescents	56	54	49	66	40	41	46	70	66
		Male adolescents	55	55	43	67	34	39	45	68	66
Central African Republic	PLAN	Female caregivers	5	11	4	10	4	13	5	13	11
		Male caregivers	5	9	5	8	4	9	7	10	8
		Female adolescents	40	47	41	46	41	56	47	45	44
		Male adolescents	41	46	45	49	49	62	56	47	45
	UNICEF CHILDREN'S FUND	Female caregivers	7	7	6	6	5	19	15	7	7
		Male caregivers	8	7	3	9	4	24	14	10	9
		Female adolescents	72	67	60	72	67	60	69	66	61
		Male adolescents	72	69	51	75	69	60	71	65	61

Table 14: Attitudes towards physical punishment (caregivers and young people only)







Country	Partner	Population	If child is disobedient	If child talks back	If child runs away	If child does not go to school	If child does not care for siblings	If child is gender inadequate	If child wets bed	If child steals	If child takes drugs/liquor
Colombia		Female caregivers	25	23	26	18	18	25	11	28	25
		Male caregivers	22	15	28	15	17	21	13	24	22
		Female adolescents	59	51	42	33	43	40	22	38	32
		Male adolescents	56	47	49	35	40	28	16	29	27
		Female caregivers	43	36	35	24	23	15	17	45	36
		Male caregivers	40	44	49	23	19	14	9	51	44
		Female adolescents	48	49	30	38	39	23	15	41	28
		Male adolescents	61	57	55	35	27	18	16	51	45
Ethiopia		Female caregivers	84	84	64	66	76	50	53	95	87
		Male caregivers	84	84	70	74	75	52	68	95	84
		Female adolescents	87	80	75	80	83	63	83	97	90
		Male adolescents	90	86	84	80	87	72	89	97	89
		Female caregivers	56	64	67	64	64	50	59	74	72
		Male caregivers	56	67	71	67	67	43	68	76	76
		Female adolescents	70	77	69	73	74	70	58	64	63
		Male adolescents	71	73	66	66	69	68	62	68	67
South Sudan		Female caregivers	23	26	24	23	19	26	23	26	27
		Male caregivers	15	20	20	17	15	23	18	18	15
		Female adolescents	59	63	58	66	56	62	62	62	56
		Male adolescents	54	59	61	65	54	57	67	63	58
		Female caregivers	67	70	66	67	65	54	59	67	66
		Male caregivers	59	63	59	60	58	54	59	60	59
		Female adolescents	84	88	83	80	83	83	79	83	77
		Male adolescents	76	80	80	81	81	72	81	82	79

Table 14: Attitudes towards physical punishment (caregivers and young people only)

# ANNEX 2: RESULTS FRAMEWORK (LOGFRAME)

Indicator	Country	Target	Target	Baseline	
				Date	Baseline
% of children who report increased knowledge of child protection risks and how to stay safe due to participation (at endline)	Bangladesh	Plan International	70.00%	Jan 31 2023	0.50%
	Bangladesh	World Vision	80.00%	Jan 31 2023	0.44%
	Burkina Faso	ChildFund	70.00%	Jan 31 2023	5.66%
	Burkina Faso	Terres des Hommes	80.00%	Jan 31 2023	0.70%
	Central African Republic	Plan International	80.00%	Jan 31 2023	4.45%
	Central African Republic	SOS Children's villages	80.00%	Jan 31 2023	0.25%
	Colombia	SOS Children's villages	80.00%	Jan 31 2023	2.33%
	Colombia	Terres des Hommes	80.00%	Jan 31 2023	0.63%
	Ethiopia	ChildFund	80.00%	Jan 31 2023	0.00%
	Ethiopia	Save the Children	80.00%	Jan 31 2023	5.47%
	South Sudan	Save the Children	80.00%	Jan 31 2023	0.00%
	South Sudan	World Vision	90.00%	Jan 31 2023	0.00%
	Bangladesh	Plan International	80.00%	Jan 31 2023	30.90%
	Bangladesh	World Vision	90.00%	Jan 31 2023	13.79%
% of caregivers who report increased knowledge of caring and protection behaviours towards children under their care compared to the beginning of the project	Burkina Faso	ChildFund	75.00%	Jan 31 2023	5.25%
	Burkina Faso	Terres des Hommes	80.00%	Jan 31 2023	2.09%
	Central African Republic	Plan International	80.00%	Jan 31 2023	18.64%
	Central African Republic	SOS Children's villages	75.00%	Jan 31 2023	20.20%
	Colombia	SOS Children's villages	80.00%	Jan 31 2023	8.55%
	Colombia	Terres des Hommes	80.00%	Jan 31 2023	12.50%
	Ethiopia	ChildFund	85.00%	Jan 31 2023	0.25%
	Ethiopia	Save the Children	80.00%	Jan 31 2023	9.51%
	South Sudan	Save the Children	85.00%	Jan 31 2023	9.40%
	South Sudan	World Vision	80.00%	Jan 31 2023	25.88%
	Bangladesh	Plan International	75.00%	Jan 31 2023	16.94%
	Bangladesh	World Vision	80.00%	Jan 31 2023	10.68%
	Burkina Faso	ChildFund	70.00%	Jan 31 2023	16.05%
	Burkina Faso	Terres des Hommes	70.00%	Jan 31 2023	7.02%
% 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	Central African Republic	Plan International	80.00%	Jan 31 2023	19.00%
	Central African Republic	SOS Children's villages	75.00%	Jan 31 2023	16.97%
	Colombia	SOS Children's villages	70.00%	Jan 31 2023	8.72%
	Colombia	Terres des Hommes	80.00%	Jan 31 2023	9.04%
	Ethiopia	ChildFund	80.00%	Jan 31 2023	2.86%
	Ethiopia	Save the Children	70.00%	Jan 31 2023	16.35%
	South Sudan	Save the Children	70.00%	Jan 31 2023	18.79%
	South Sudan	World Vision	90.00%	Jan 31 2023	17.35%



# ANNEX 3: IMPLEMENTING PARTNER PROGRAMME MAPPING

## Bangladesh – Plan International

- In Bangladesh Plan International provides need-based and lifesaving support such as case management, MHPSS, shelter, blankets, etc.
- The main focusing areas are Child Protection, Education (EiE, ECD), WASH, SGBV, Life skills and SRHR.
- Plan also provides livelihood support to the host community.
- Currently 10 projects are running in the host and camp settings.

## Bangladesh - World Vision

- Back in 1991 during the Rohingya Influx to Bangladesh, World Vision Bangladesh provided Rohingya people with food, medicine, housing materials and education school supplies.
- Since 2017 after the influx, World Vision has reached 584,724 Rohingya People Providing them life-savings humanitarian assistance including food distribution nutrition, WASH, child Protection, Addressing ,Gender based violence, COVID-19 awareness and many more were covered across 34 camps.
- World Vision is also supporting self – reliance opportunities and advocating for their sustainable return and reintegration into Myanmar.
- The following are the names of ongoing projects in 2023 for World Vision Bangladesh:

- WFP Skills Development & Volunteer Services
- WFP General Food Assistant-II-Ongoing
- Support and Empower Rohingya Women and girls in the community cooking and learning centre (CCLCs)
- Emergency Response for the Rohingya and host community affected by the fire hazard in camps (WVUSA/K/NZ-Fire)
- WFP Self-Reliance-Submitted
- Provision of life saving WASH services for the Rohingya refugees in Camps and host communities in camp 8E in Ukhiya Upazila, Cox's Bazar District (UNICEF WASH-Phase 05)-Ongoing
- (Flood Response) Emergency Response for the Rohingya and Host Communities affected by Rain, Floods and Landslides both in camps and Host areas
- JPF Emergency for the Displaced Population in Bangladesh: Phase-6-Ongoing
- DFAT To meet the immediate lifesaving needs of Rohingya refugees and host community members in response to COVID 19-Ongoing
- Prevention and response of Sexual and Gender Based Violence (SGBV) during Covid-19 submitted successfully-Completed.
- Faith & Development-Ongoing

- KOICA Moheshkhali.
  - WFP Market Linkage-FFC.
  - Empowered Aid Submitted successfully.
  - Joining Forces for Child Protection in Emergencies (JF-CPIE)-Ongoing.
  - WASH assistance for Rohingya populations living in Bhasan Char-Ongoing.
  - UNESCO Education –Ongoing.
  - **The following are projects completed in 2022 by World Vision Bangladesh:**
    - USAID-Emergency Food Security Program (EFSP) to Refugees and host communities in Cox’s Bazar District.
    - WFP Skills Development & Volunteer Services.
    - Cash Based Interventions (CBI) to targeted vulnerable populations in host communities to improve their social welfare.
    - KOICA GBV Project for Refugee and Host Communities, Cox’s Bazar District.
    - WFP General Food Assistant-II.
    - Support and Empower Rohingya Women and girls in the community cooking and learning centre (CCLCs).
    - Improved Mental Health and Psychosocial Support Project.
    - Emergency Response for the Rohingya and host community affected by the fire hazard in camps (WVUSA/K/NZ-Fire).
    - WFP Self-Reliance.
  - UNICEF Access to quality informal education for 4-14 years and Myanmar Curriculum Piloting for 11-18 years Rohingya refugee children in Rohingya camps of Cox’s Bazar.
  - Provision of life saving WASH services for the Rohingya refugees in Camps and host communities in camps 7,8E and camp 15 in Ukhiya Upazila, Cox’s Bazar District(UNICEF WASH-Phase 05).
  - JPF Emergency for the Displaced Population in Bangladesh : Fire response(DRR).
  - (Flood Response)Emergency Response for the Rohingya and Host Communities affected by Rain, Floods and Landslides both in camps and Host areas.
  - JPF Emergency for the Displaced Population in Bangladesh.
  - Integrated Child Protection and Education response for Rohingya Children, Adolescents, and Communities in Ukhiya, Cox’s Bazar District.
  - DFAT To meet the immediate life-saving needs of Rohingya refugees and host community members in response to COVID 19.
  - Prevention and response of Sexual and Gender Based Violence (SGBV) during Covid-19.
  - Faith & Development.
  - KOICA Moheshkhali.
  - WFP Market Linkage-FFC.
  - Empowered Aid.
- Burkina Faso ChildFund/We World**
- We World Burkina Faso has SECAL interventions that are carried out in the field of

emergency response, through CVA, distributions of enriched flour and screening for children between 6-23 months.

- They have developed resilience support activities for IDP households and vulnerable hosts with training in soilless farming techniques, installation of household-level infrastructure and cash-for-work activities.
  - The protection program, also implemented in Djibo and Gorom-Gorom, focuses on UPEP and integrated protection, with the implementation of child-friendly spaces, identification, referral and management of protection cases, support in obtaining civil documentation and multipurpose cash.
  - **The following are the ongoing projects by We World Burkina since 2016:**
    - Prevention of undernutrition through food and nutritional assistance to 12,220 very poor households with FEFA and children at risk of undernutrition, in the Sahel region, Centre Nord and Reduction of Disease Risk (RRM) to 2194 returnees from CI to BF.
    - LRRD” program to strengthen the resilience of vulnerable communities in the Soum and Loroum provinces.
    - Prevention of malnutrition and improvement of resilience to food and nutrition insecurity of vulnerable households in the Northern region of Burkina Faso.
    - Prevention of undernutrition through food and nutritional assistance to very poor households (TP) with pregnant and lactating women (FEFA) and children at risk of undernutrition from 0 to 59 months, in the Sahel region of Burkina Faso.
    - Prevention of malnutrition through food and nutritional assistance to households
- in highly vulnerable situations in the Sahel and Centre-North regions of Burkina Faso.
  - Protection and humanitarian assistance to the most vulnerable populations affected by climate change, forced internal displacement and gender-based violence in the Sahel region of Burkina Faso.
  - Humanitarian Assistance to People Affected by the Security and Food Crisis during the Hunger Season in the Sahel Region of Burkina Faso.
  - Food assistance to internally displaced persons affected by the security crisis in the Sahel Region of Burkina Faso.
  - Integrated support program in primary health, nutrition and protection for populations affected by the security crisis in the Health Districts of Gorom-Gorom, Titato, Thiou and Ouahigouya; in the Sahel and North regions of Burkina Faso.
  - Food assistance via cash transfers to save the lives of internally displaced persons in the commune of Djibo in the Sahel region.
  - Sustainable agricultural development for food security and community resilience in northern Burkina Faso.
  - Sustainable agricultural development for food security and community resilience building in northern Burkina Faso.
  - Food assistance via cash transfers to save the lives of internally displaced persons in the commune of Djibo in the Sahel region.
  - Joining Forces for Child Protection in Emergency.
  - Building resilience and reducing malnutrition in Burkina Faso.

## Terres des Hommes, Burkina Faso

### In Commune of Kaya

- In Burkina Faso, the CN/AEJTB created and animated three grassroots groups of children and youth, a child-friendly space in the village of Louda which brought together internally displaced children and youth and the host community.
- There were also awareness-raising activities (educational talks, theatre forums, radio programs, oral debates), commemorative activities for the days (June 12, 16) dedicated to children
- Two advocacy actions for children (advocacy with the prefecture for the establishment of birth certificates for children, advocacy with the prefecture for the inclusion of children's participation and protection in activity programs) were organized.
- 15 vulnerable children at risk or victims of violence were identified and referred to the social action where they received care.

### In the commune of Tougouri

- In the commune of Tougouri, 3 basic groups and a child-friendly space have been created.
- In addition, awareness raising activities, psychosocial activities, commemoration of the day (June 12 and 16) dedicated to the child, capacity building of children's groups on themes related to children's rights and protection have been carried out in collaboration with the social service, traditional chiefs and community relays.
- Through mass activities (theatre forums, radio programs), 15 vulnerable children and adolescents at risk or victims of violence were identified and referred to the communal social service where they were taken care of.
- The children, adolescents and youth of the grassroots groups and the friend-

ly space carried out an advocacy action (pleading with the customary chief of Tougouri and his notables to fight against child marriage).

- Also, the children's groups (grassroots group and child-friendly space) organized clean-up days at the social service, the prefecture and a public establishment in Tougouri.
- In its humanitarian actions, the CN/AEJTB was for the first time in Nagbingou with the JF-CPIE project, so to say that it had no previous action in this commune and its villages.

### The following are activities already carried out in the commune of MANE and ZIMTENZA

- Imams were trained on FGM (Female Genital Mutilation), child marriage and other types of violence.
- Girls' clubs and Boys' clubs were established and animated.
- The establishment of CCPE as a guarantor of child protection at the community level.
- Intensive sensitization in the villages on the harmful consequences of FGM, child marriage and violence against children.
- Leading villages to a public commitment to abandon FGM and child marriage.
- Availing registers of baptisms and marriages in the villages.
- Supporting vulnerable children with school supplies.
- Training of girls in entrepreneurship.
- Public declaration ceremony of abandonment of FGM and child marriage.

## SOS Children's villages, Colombia

- SOS Children's villages, Colombia, provides child foster care, and gives shelter to unaccompanied or separated family.
- SOS Children's villages also runs family and community strengthening programs, education services in emergencies and comprehensive spaces for protection.
- Other services provided by SOS include employability and entrepreneurship, technical assistance to public officials, case management for protection, technological points of protection, and water supply, sanitation and hygiene promotion (WASH).

## Terres des Hommes, Colombia

- Terres des Hommes Colombia works with women and youth, focusing on strengthening community processes, their empowerment and collective and community initiatives.

## CAR SOS

- **In the Central African Republic, SOS runs several projects. The first one, entitled Joint response in Central African Republic, has achieved the following results:**
  - Strengthening livelihoods for beneficiaries and communities through cash distribution.
  - Strengthening the provision of protection services in Mbomou and Ouham.
  - Strengthening the protection service providers.
  - Strengthening community participation, including the establishment of referral mechanism in project activities through RECOPE and the complaints mechanism

made the implementation of the program more effective but also ensured the sustainability of the achievements.

- Access to the MHPSS service for victims made it possible to restore the victims, mainly children and women, who were deeply affected by the crisis.
- Strengthening the capacities and skills of partners.
- Mass awareness campaigns: To strengthen the knowledge and skills of the actors, SOS CAR combined two methods: mass awareness-raising through radio and outreach or door-to-door awareness-raising.
- Bridge Fund, another project by SOS Children's villages, Central African Republic, has realised several outcomes including strengthening the provision of protection services, and strengthening community participation, including the establishment of referral mechanisms in project activities through RECOPE and the complaints mechanism set up to make the implementation of the program more effective but also to ensure the sustainability of the achievements.
- Bridge fund has also increased access to MHPSS services to victims and run several mass awareness campaigns.
- Finally, through the family strengthening programme, SOS Children's villages runs a project entitled: No child should be forced to work: Reducing Child labour in Western Central African Republic.

## CAR Plan

- No response

## Ethiopia ChildFund

### Past engagements

- In Ethiopia, ChildFund's Creating Child friendly safe space Project aimed at establishing Child Friendly



space, distributing of Food items, and strengthening systems.

- The Emergency Response Project focused on Food security, Health, and cash transfer.
- **Ongoing projects in Ethiopia are the following:**
- Education in Emergency- Play matters.
- Child protection and Education in Emergency.
- Education in Emergency- Play matters.
- Women empowerment.

### **Ethiopia Save the Children**

- Some of activities Save the Children Ethiopia is undertaking include Conducting different types of capacity building and awareness creation trainings, providing NFI & Hygiene and sanitation prevention

materials, facilitating unconditional cash transfer, and supporting in creating and sustaining Income generation activities.

### **South Sudan Plan**

- In South Sudan, Plan International has formed committees such as Child protection Network and Child protection Help desk to ensure accountability of services are directed to all vulnerable children and People.

### **South Sudan World Vision**

- In South Sudan, the Central Equatoria State integrated response for crisis-affected people in Mangala IDP settlement.
- World Vision South Sudan in Tambura county currently implements projects in, health, nutrition, WASH and protection, employing multi-sectoral approaches.
- World Vision South Sudan is an active member of the protection Cluster, Co-Lead of the protection working group, and in the field of child Protection CPIMS+.

# ANNEX 4: QUANTITATIVE TOOLS

## Annex 4.1: The JF-CPIE household survey

<b>General</b>			
GE0	What is the implementing partner?	Plan International World Vision ChildFund Terres des Hommes SOS Save the children	
GE1	What is the country?	Bangladesh Burkina Faso Central African Republic Colombia Ethiopia South Sudan	Skip to GE1.1 Skip to GE1.2 Skip to GE1.3 Skip to GE1.4 Skip to GE1.5 Skip to GE1.6
GE1.1	What is the division?		Skip to GE2.1
GE1.2	What is the province?		Skip to GE2.2
GE1.3	What is the prefecture?		Skip to GE2.3
GE1.4	What is the department?		Skip to GE2.4
GE1.5	What is the woreda?		Skip to GE2.5
GE1.6	What is the state?		Skip to GE2.6
GE2.1	What is the district?		Skip to GE4
GE2.2	What is the sector?		Skip to GE4
GE2.3	What is the sub-prefecture?		Skip to GE4
GE2.4	What is the municipality?		Skip to GE4
GE2.5	What is the kebele?		Skip to GE4
GE2.6	What is the county?		Skip to GE4
GE4	What type of unit is it?	Village (rural) Neighbourhood/ quarter (urban) Camp	
GE5	What is the name of the unit?		
SURVEYOR INSTRUCTION: CHECK YOUR SAMPLE FILE WHAT KIND OF BENEFICIARY YOU ARE ABOUT TO SURVEY.			
GE7	What is the type of the beneficiary household?	Host community HH Internally displaced HH Refugee HH	
GE8	Date of Interview:	Specify	
GE9	Name of enumerator		
GE10	Code of enumerator		

<b>The head-of-household section</b>			
SURVEYOR INSTRUCTION: READ OUT LOUD WHEN APPROACHING THE HOUSEHOLD			
My name is _____ and I work with [ORGANIZATION]. Your household has been selected for our research. I would like to speak to the head of your household that knows household matters the best. Would you mind calling this person?			
HHH1	Is the household head at home?	Yes No Household refuses to partake.	Skip to Section 2 Skip to HHH2 Skip to END
HHH2	When do you expect the head to be back home?	DAY [ ] Time [ ] I don't know	Skip to END





## SURVEYOR INSTRUCTION

### READ OUT LOUD TO THE HOUSEHOLD HEAD

Hello, my name is [NAME] and I am working with [ORGANIZATION]. [ORGANIZATION] is part of a group of organizations that work towards addressing child protection risks within communities. These organizations include Plan International, ChildFund, Save the Children, SOS Children's Villages, Terre des Hommes, and World Vision. Together they form the Joining Forces Alliance.

You are being invited to take part in a survey carried out by Joining Forces Alliance. Before you decide to take part, it is important that you understand why the survey is being done and what it will involve. Please ask questions if there is anything that is not clear or if you would like more information.

In this survey, we want to understand what typical risks children in your community may face. With this knowledge, we want to help organizations that work in your community to learn more about children and what children here face. Topics will include possible physical and sexual violence faced by children. Sharing with us information is voluntary, and it's up to you to decide if you want to answer the questions of our survey. You can stop answering questions anytime you want and this will have no consequences.

We have selected a number of different households in your community to help us better understand what children face. All households were chosen through chance. And your household is one of them. That is why we want to invite you to partake in this survey.

The information you will share with us will be used in reports that will be given to organizations. In our reports, we will not use your names. We will also make sure that no one will know that you have participated in this survey. We have a number of different questions that we will ask you. For none of the questions, there is any right or wrong answer. There is only what you think and what you think about any of the questions is what matters to us. To complete the survey will take around 30 minutes.

There won't be any immediate benefits and you won't receive any money for taking part, but your information will be useful in the longer term to help organizations to support children in your community. To our knowledge, there are no risks associated with answering the questions that we will ask you. If any question makes you uncomfortable, you can decide not to answer it.

If you agree to take part, your name will not appear in any reports. Any information you provide will remain with us only unless we have reason to believe that a child, young person or someone else is at risk of harm. Then we have a responsibility to share that information with [CHILD PROTECTIVE SERVICES] or others so that they can help that person. We will ask you some personal questions such as your name and age. The personal information will always stay with us and not be shared with anyone. We collect it to be able to follow up with you in the future when we need more information or want to give feedback. Your personal information will not be used in our reports. You have the right to request to see personal information you give us and correct it if you want to.

The information you will share with us will only be used by selected people working on this survey who may be in [COUNTRY] or abroad. No one outside the organizations that are part of Joining Forces Alliance will have access to the personal information you will share with us without your consent. Within those organizations, only selected people will have access to personal information you will share with us now. If you have any questions or you would like to report a problem with this survey, please contact [ADD NAMES AND TELEPHONE NUMBERS] in [ORGANIZATION]. If you feel that the problem you want to report cannot be shared with people from [ORGANIZATION], the following are contacts of people you can reach out to help you [ADD NAMES AND TELEPHONE NUMBERS].

**Read out;** to remind you, child abuse is when a child is intentionally harmed.

Do you have any questions? Please ask any questions that you have or any clarifications you want to make about this survey.

HHH3.0	Do you have any questions on the Joining Forces Alliance, and the organizations that are part of it?	Yes No	Please answer the questions the person may have.
HHH3.1	Have you understood the information about the survey and what the survey is about?	Yes No	IF NOT, ASK WHAT WAS NOT CLEAR
HHH3.2	Have you understood what is required of you if you want to take part in this survey?	Yes No	IF NO, ASK WHAT WAS NOT CLEAR
HHH3.3	Do you understand why we are doing this survey?	Yes No	IF NO, ASK WHAT WAS NOT CLEAR
HHH3.4	Have you been given the opportunity to consider the information and ask questions?	Yes No	IF NO, ASK WHAT QUESTIONS THEY HAVE.
HHH3.5	Have your questions been answered to your satisfaction?	Yes No	IF NO, ASK WHAT WAS NOT CLEAR
HHH3.6	Have you understood that participation is voluntary and that you may withdraw at any time without giving a reason?	Yes No	IF NO, ASK WHAT WAS NOT CLEAR
HHH3.7	Do you consent to any information you give being used in future reports, articles or presentations by the survey team?	Yes No	IF NO, ASK WHAT WAS NOT CLEAR
HHH3.8	Do you understand that your name will not appear in any reports, articles or presentations?	Yes No	IF NO, ASK WHAT WAS NOT CLEAR
HHH3.9	Do you understand that information you provide will be transferred abroad to research personnel working as part of the Joining Forces initiative?	Yes No	IF NO, ASK WHAT WAS NOT CLEAR
HHH3.10	Do you understand who you can speak to at any time should you have any questions about the research?	Yes No	IF NO, ASK WHAT WAS NOT CLEAR
HHH4	Do you consent to take part in this survey?	Yes No	Skip to End
HHH5.0	Do you have a telephone number?	Yes No	Skip to HHH6
HHH5	What is your telephone number?	Specify	



Now, I would like to ask you some questions about the people who are living here with you in your household. By household, we mean the people that usually live and eat together.

HHH6	Within the dwelling of your household, how many people usually live and eat together? Please include yourself as well	[ ][ ] I don't know	
HHH7	Amongst those household members, how many are below the age of 18?	[ ][ ] I don't know	If 0 then skip to end

Now I would like to ask you some questions about each of your household member. Let us start with the oldest member.

		Members	
		First	Last
HHH8.1	What is the name?		
HHH8.2	What is the person's relationship with the head of the household?	Head Wife/ Husband Brother/ Sister Son/ daughter Son/daughter-in-law Grandchild Parent Parent-in-law Other (Specify) I don't know	
HHH8.3	What is the age?	[ ][ ] I don't know	
HHH8.4	What is the gender?	Male Female I don't know	
HHH8.5	What is the marital status	Single Married Divorced Cohabiting Widowed Other {Specify}	
HHH8.6	Does this person have any children below the age of 18?	Yes No I don't know	Skip to HHH8.7
HHH8.6.1	How many children below the age of 18 does this person have?	[ ][ ] I don't know	
HHH8.7	Is the person currently enrolled in school?	Yes No I don't know	Skip to HHH8.9
HHH8.8	If yes, which grade?	[ ][ ] I don't know	

HHH8.9	What is the person's highest level of education attained	Never attended school Did not complete primary school Completed primary school Completed secondary school Completed formal technical school Completed informal technical school Completed university or beyond Other (specify)	
HHH8.10	Is the person currently working?	Yes No I don't know	Skip HHKP1
HHH8.11	If yes, what is the person's main profession?	Professional/Technical Factory worker Day labourer Civil service Service/Sales/Commercial Agricultural Student Other (Specify)	
HHH8.121	Does this person have difficulty seeing, even if wearing glasses?	No – no difficulty Yes – some difficulty Yes – a lot of difficulty Cannot do at all	
HHH8.122	Does this person have difficulty hearing, even if using a hearing aid?	No – no difficulty Yes – some difficulty Yes – a lot of difficulty Cannot do at all	
HHH8.123	Does this person have difficulty walking or climbing steps?	No – no difficulty Yes – some difficulty Yes – a lot of difficulty Cannot do at all	
HHH8.124	Does this person have difficulty remembering or concentrating?	No – no difficulty Yes – some difficulty Yes – a lot of difficulty Cannot do at all	
HHH8.125	Does this person have difficulty (with self-care such as) washing all over or dressing?	No – no difficulty Yes – some difficulty Yes – a lot of difficulty Cannot do at all	
HHH8.126	Does this person have difficulty communicating, for example understanding or being understood?	No – no difficulty Yes – some difficulty Yes – a lot of difficulty Cannot do at all	
		Go to next household member	Skip to HHKP1



I am now going to ask you some questions about children and some issues that children face, and I would like you to think about those in your community. Please remember, there is any right or wrong answer to these questions. There is only what you think and what you think about any of the questions is what matters to us.

## The caregiver section

Kobo will randomly select 1 of the caregivers identified in HHH8.6 and HHH8.6.1 and specify the person's name (i.e., [CGNAME])



## SURVEYOR INSTRUCTION

### READ OUT LOUD TO THE HOUSEHOLD HEAD

Hello, my name is [NAME] and I am working with [ORGANIZATION]. [ORGANIZATION] is part of a group of organizations that work towards addressing child protection risks within communities. These organizations include Plan International, ChildFund, Save the Children, SOS Children's Villages, Terre des Hommes, and World Vision. Together they form the Joining Forces Alliance.

You are being invited to take part in a survey carried out by Joining Forces Alliance. Before you decide to take part, it is important that you understand why the survey is being done and what it will involve. Please ask questions if there is anything that is not clear or if you would like more information.

In this survey, we want to understand what typical risks children in your community may face. With this knowledge, we want to help organizations that work in your community to learn more about children and what children here face. Topics will include possible physical and sexual violence faced by children. Sharing with us information is voluntary, and it's up to you to decide if you want to answer the questions of our survey. You can stop answering questions anytime you want and this will have no consequences to you.

We have selected a number of different households in your community to help us better understand what children face. All households were chosen through chance. And your household is one of them. That is why we want to invite you to partake in this survey.

The information you will share with us will be used in reports that will be given to organizations. In our reports, we will not use your names. We will also make sure that no one will know that you have participated in this survey. We have a number of different questions that we will ask you. For none of the questions, there is any right or wrong answer. There is only what you think and what you think about any of the questions is what matters to us. To complete the survey will take around 30 minutes.

There won't be any immediate benefits and you won't receive any money for taking part, but your information will be useful in the longer term to help organizations to support children in your community. To our knowledge, there are no risks associated with answering the questions that we will ask you. If any question makes you uncomfortable, you can decide not to answer it.

If you agree to take part, your name will not appear in any reports. Any information you provide will remain with us only unless we have reason to believe that a child, young person or someone else is at risk of harm. Then we have a responsibility to share that information with [CHILD PROTECTIVE SERVICES] or others so that they can help that person. We will ask you some personal questions such as your name and age. The personal information will always stay with us and not be shared with anyone. We collect it to be able to follow up with you in the future when we need more information or want to give feedback. Your personal information will not be used in our reports. You have the right to request to see personal information you give us and correct it if you want to.

The information you will share with us will only be used by selected people working on this survey who may be in [COUNTRY] or abroad. No one outside the organizations that are part of Joining Forces Alliance will have access to the personal information you will share with us without your consent. Within those organizations, only selected people will have access to personal information you will share with us now. If you have any questions or you would like to report a problem with this survey, please contact [ADD NAMES AND TELEPHONE NUMBERS] in [ORGANIZATION].

If you feel that the problem you want to report cannot be shared with people from [ORGANIZATION], the following are contacts of people you can reach out to help you [ADD NAMES AND TELEPHONE NUMBERS].

Do you have any questions? Please ask any questions that you have or any clarifications you want to make about this survey.

CG1	The next questions are for [CGNAME]. Would you mind if I speak to that person?	Yes, No, the caregiver is not at home	Skip to CG3
CG2	If [CGNAME] is unavailable, could we ask you some questions about the children in your household?	Yes No	Skip to END
CG3.0	Do you have any questions on the Joining Forces i Alliance, and the organizations that are part of it?	Yes No	Please answer the questions the person may have.
CG3.1	Have you understood the information about the survey and what the survey is about?	Yes No	IF NOT, ASK WHAT WAS NOT CLEAR
CG3.2	Have you understood what is required of you if you want to take part in this survey?	Yes No	IF NO, ASK WHAT WAS NOT CLEAR
CG3.3	Do you understand why we are doing this survey?	Yes No	IF NO, ASK WHAT WAS NOT CLEAR
CG3.4	Have you been given the opportunity to consider the information and ask questions?	Yes No	IF NO, ASK WHAT QUESTIONS THEY HAVE.
CG3.5	Have your questions been answered to your satisfaction?	Yes No	IF NO, ASK WHAT WAS NOT CLEAR
CG3.6	Have you understood that participation is voluntary and that you may withdraw at any time without giving a reason?	Yes No	IF NO, ASK WHAT WAS NOT CLEAR
CG3.7	Do you consent to any information you give being used in future reports, articles or presentations by the survey team?	Yes No	IF NO, ASK WHAT WAS NOT CLEAR
CG3.8	Do you understand that your name will not appear in any reports, articles or presentations?	Yes No	IF NO, ASK WHAT WAS NOT CLEAR
CG3.9	Do you understand that information you provide will be transferred abroad to research personnel working as part of the Joining Forces initiative?	Yes No	IF NO, ASK WHAT WAS NOT CLEAR
CG3.10	Do you understand who you can speak to at any time should you have any questions about the research?	Yes No	IF NO, ASK WHAT WAS NOT CLEAR
CG3.11	Do you consent to take part in this survey?	Yes No	Skip to End
CG5.0	Do you have a telephone number?	Yes No	Skip to CG6
CG5	What is your telephone number?	Specify No Phone Number	
CG6	How many children below the age of 6 do you have?	[ ][ ]	If '0' skip to adolescent section
CG7	Are you currently pregnant?	Yes No	
CG8	Are you currently lactating?	Yes No	

The next few questions are about the people that you can go to for help, and the children who live with you. Remember that these persons will never know what you said, so you can say the truth.

CG18	<p>When you have a serious problem with the children in the house, who do you go to?</p> <p>Do not read list.</p> <p>Circle up to 3. Probe once: "Anybody else?"</p>	<p>Husband/wife, boyfriend/girlfriend</p> <p>Birth family</p> <p>Friends/neighbours</p> <p>Husband/wife's family</p> <p>Police</p> <p>Teacher or health worker</p> <p>Community elder/chief</p> <p>Religious leader (Imam, Kamron, Pastor, Priest, Weyongarar)</p> <p>Herbalist/country doctor</p> <p>Other (specify):</p> <p>Nobody</p> <p>I don't need assistance</p> <p>I don't Know</p>
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Now, I would like to ask you some questions about whether or not any of the following ever happen in your home? Tell me whether these happen 'never', 'sometimes', or 'always'. Please remember, there is any right or wrong answer to these questions. There is only what you think and what you think about any of the questions is what matters to us.

Read list and select frequency for each statement. If respondent says 'yes', remember to ask if this happens 'sometimes' or 'always'

CG19.1	<p>When children are not at home, you know who they are with.</p>	<p>Never</p> <p>Sometimes</p> <p>Always</p> <p>I don't Know</p> <p>Don't want to Answer</p>
CG19.3	<p>You ask your daughters about school, work, and friends</p>	<p>Never</p> <p>Sometimes</p> <p>Always</p> <p>I don't Know</p> <p>Don't want to Answer</p> <p>I don't have daughters</p>





CG19.31	You ask your sons about school, work, and friends	Never Sometimes Always I don't Know Don't want to Answer I don't have sons
CG19.4	They ask you for advice when they need to make important decisions.	Never Sometimes Always I don't Know Don't want to Answer
CG19.5	You discuss with them their plans for the future.	Never Sometimes Always I don't Know Don't want to Answer
CG19.6	You praise them when they do something the right way.	Never Sometimes Always I don't Know Don't want to Answer
CG19.7	If they misbehave, you explain why, what they did was wrong	Never Sometimes Always I don't Know Don't want to Answer
CG19.8	You argue a lot with your children	Never Sometimes Always I don't Know Don't want to Answer
CG19.9	You discuss how to avoid getting HIV/AIDS with your daughters?	Never Sometimes Always I don't Know Don't want to Answer I don't have daughters
CG19.9.1	You discuss how to avoid getting HIV/AIDS with your sons?	Never Sometimes Always I don't Know Don't want to Answer I don't have sons

CG19.10	You discuss how to avoid getting pregnant with your daughters.	Never Sometimes Always I don't Know Don't want to Answer I don't have daughters	
CG19.11	You discuss how to avoid getting pregnant with your sons.	Never Sometimes Always I don't Know Don't want to Answer I don't have sons	

Sometimes, when parents or the people who take care of children are vexed by things that children do, they will physically punish children. In your view, are parents right to physically punish their children in the following situations? Please tell me whether you 'agree' or 'disagree' and how strongly you feel that they can do this. Please remember, there is any right or wrong answer to these questions. There is only what you think and what you think about any of the questions is what matters to us.

*Read list and select level of agreement for each statement*

CG20.1	If the child is disobedient	Strongly Disagree Disagree Agree Strongly Agree I don't Know Don't Want to Answer	
CG20.2	If the child talks back to the parent	Strongly Disagree Disagree Agree Strongly Agree I don't Know Don't Want to Answer	
CG20.3	If the child runs away from home	Strongly Disagree Disagree Agree Strongly Agree I don't Know Don't Want to Answer	

CG20.4	If the child does not want to go to school	Strongly Disagree Disagree Agree Strongly Agree I don't Know Don't Want to Answer
CG20.5	If the child does not care for brothers and sisters.	Strongly Disagree Disagree Agree Strongly Agree I don't Know Don't Want to Answer
CG20.6	If the child is doing activities that are normally associated with the other gender (e.g., a girl plays football, or a boy plays with dolls).	Strongly Disagree Disagree Agree Strongly Agree I don't Know Don't Want to Answer
CG20.7.1	If the child wets bed	Strongly Disagree Disagree Agree Strongly Agree I don't Know Don't Want to Answer
CG20.7.2	If the child steals	Strongly Disagree Disagree Agree Strongly Agree I don't Know Don't Want to Answer



I am now going to ask you some questions about children and some issues that children face. Please remember, there is any right or wrong answer to these questions. There is only what you think and what you think about any of the questions is what matters to us.

CG20.8	If the child takes drugs or liquor	Strongly Disagree Disagree Agree Strongly Agree I don't Know Don't Want to Answer
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CGCR1	What do you do when you see or hear of children experiencing abuse at home or in the community?	I report I confront the perpetrator I comfort the child I keep quiet/do nothing Other (Specify)	Skip to CG21 Skip to CG21 Skip to CG21 Skip to CG21
CGCR2	[If you report these incidents,] Whom do you normally report to? Do not read aloud.  Circle all that mentioned. If family member mentioned, probe: 'what if it that person was the one doing you harm?'	Family member/close friend Community Chief Child Welfare Committees Religious leader School Social or health worker Police Court NGO workers Other (specify)	Skip to CG22.1 Skip to CG22.1 Skip to CG22.1 Skip to CG22.1 Skip to CG22.1 Skip to CG22.1 Skip to CG22.1 Skip to CG22.1 Skip to CG22.1



I will read some issues that children can face in different communities. Please tell me whether they happen in your community and, if they do happen, whether they happen ‘always’ or just ‘sometimes’. Again, when I say parent, I am also referring to big people who care for children in the house. Please remember, there is any right or wrong answer to these questions. There is only what you think and what you think about any of the questions is what matters to us.

Read aloud and mark frequency for each statement. If a respondent says ‘yes’, remember to ask if this happens ‘sometimes’ or ‘always’.

CG21	<p>[If you do not report,] What are the reasons for not reporting?</p> <p>Do not read aloud. Circle all that are mentioned.</p>	<p>Don't know where /who to report to</p> <p>I know the perpetrator</p> <p>No action is likely to be taken</p> <p>Fear of retaliation/being victimized</p> <p>I don't care/it's not my business</p> <p>Service provider not accessible</p> <p>It is normal for these things to happen here</p> <p>I want to caution perpetrator first</p> <p>Perpetrator is respected in my community</p> <p>Other (specify)</p>
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CG22.2	Children travel alone for work in other towns, farms, or mines	<p>Never</p> <p>Sometimes</p> <p>Always</p> <p>I don't Know</p> <p>Don't Want to Answer</p>
CG22.3	<p>Abuse of children because of their disabilities or special needs.</p> <p>Read out; to remind you, child abuse is when a child is intentionally harmed. It can be physical, sexual or emotional and it can happen in person or online.</p>	<p>Never</p> <p>Sometimes</p> <p>Always</p> <p>I don't Know</p> <p>Don't Want to Answer</p>
CG22.5	Boys are married before the age of 18 years	<p>Never</p> <p>Sometimes</p> <p>Always</p> <p>I don't Know</p> <p>Don't Want to Answer</p>
CG22.5.1	Girls are married before the age of 18 years	<p>Never</p> <p>Sometimes</p> <p>Always</p> <p>I don't Know</p> <p>Don't Want to Answer</p>
CG22.7	Teenage pregnancy or pregnancy of young girls	<p>Never</p> <p>Sometimes</p> <p>Always</p> <p>I don't Know</p> <p>Don't Want to Answer</p>

CG22.8	Boys are subject to physical or sexual abuse at home  Read out; to remind you, child abuse is when a child is intentionally harmed. It can be physical, sexual or emotional and it can happen in person or online.	Never Sometimes Always I don't Know Don't Want to Answer
CG22.8.1	Girls are subject to physical or sexual abuse at home  Read out; to remind you, child abuse is when a child is intentionally harmed. It can be physical, sexual or emotional and it can happen in person or online.	Never Sometimes Always I don't Know Don't Want to Answer
CG22.9	Children are forced to obey to teachers, no matter what	Never Sometimes Always I don't Know Don't Want to Answer
CG22.10	Beating of children by big people	Never Sometimes Always I don't Know Don't Want to Answer
CG22.11	Forcing boys to do hard and dangerous work	Never Sometimes Always I don't Know Don't Want to Answer
CG22.12	Forcing girls to do hard and dangerous work	Never Sometimes Always I don't Know Don't Want to Answer
CG23.1	Boys sent to live with relatives or other people	Never Sometimes Always I don't Know Don't Want to Answer
CG23.1.1	Girls sent to live with relatives or other people	Never Sometimes Always I don't Know Don't Want to Answer
CG23.5	Parents leave children home alone while they go to work.	Never Sometimes Always I don't Know Don't Want to Answer
CG23.6	Stepparent does not want to take children in	Never Sometimes Always I don't Know Don't Want to Answer

CG23.7	Parents treat their own children better than other children in the house	Never Sometimes Always I don't Know Don't Want to Answer
CG23.8	Children run away from home into the streets	Never Sometimes Always I don't Know Don't Want to Answer
CG23.9	Abuse of children because of their disabilities or special learning needs  Read out; to remind you, child abuse is when a child is intentionally harmed. It can be physical, sexual or emotional and it can happen in person or online.	Never Sometimes A lot I Don't Know I Don't Want to Answer

I am now going to ask you some questions about raising children. Indicate to what extent each of the following statements is true about the way you parent your child. Please remember, there is any right or wrong answer to these questions. There is only what you think and what you think about any of the questions is what matters to us.

CGKC1	I encourage my child to keep his/her sense of humour even in hard times	Absolutely untrue Mostly untrue Can't say true or untrue Mostly true Absolutely true
CGKC2	I encourage my child to fight for what is fair	Absolutely untrue Mostly untrue Can't say true or untrue Mostly true Absolutely true
CGKC3	I incite my child to always tell the truth	Absolutely untrue Mostly untrue Can't say true or untrue Mostly true Absolutely true
CGKC6	I urge my child on reading books	Absolutely untrue Mostly untrue Can't say true or untrue Mostly true Absolutely true
CGKC8	I encourage my child to motivate and support others when he/she participates in group activities.	Absolutely untrue Mostly untrue Can't say true or untrue Mostly true Absolutely true



Your child [ADNAME] is being invited to take part in a survey as well. Before you decide if your child can participate, it is important that you understand why the survey is being done and what it will involve. Please ask questions if there is anything that is not clear or if you would like more information.

In this survey, we want to understand what typical risks children in your community may face. With this knowledge, we want to help organizations that work in your community to learn more about children and what children here face. Topics will include possible physical and sexual violence faced by children. Sharing with us information is voluntary, and it's up to you to decide if you want to answer the questions of our survey. You can stop answering questions anytime you want with no consequences.

The information you will share with us will be used in reports that will be given to organizations. We will not use your name. We will also make sure that no one will know that your child has participated in this survey. We have a number of different questions that we will ask your child. For none of the questions, there is any right or wrong answer. There is only what your child thinks, and what your child thinks about any of the questions is what matters to us. To complete the survey will take around 30 minutes.

If your child agrees to take part, his/her name will not appear. Any information your child provides will remain with us only unless we have reason to believe that a child, young person, or someone else is at risk of harm. Then we have a responsibility to share that information with [CHILD PROTECTIVE SERVICES] or others so that they can help that person. We will ask your child some personal questions such as his/her name and age. The personal information will always stay with us and not be shared with anyone. We collect it to be able to follow up with your child in the future when we need more information or want to give feedback. Your child's personal information will not be used in our reports. You have the rights to request to see personal information your child gives us and correct it if you want to.

The information your child will share with us will only be used by selected people working on this survey who may be in [COUNTRY] or abroad. No one outside the organizations that are part of Joining Forces Alliance will have access to the personal information your child will share with us without your consent. Within those organizations, only selected people will have access to personal information your child will share with us now.

There won't be any immediate benefits and you or your child won't receive any money for taking part, but the information your child will give will be useful in the longer term to help organizations to support children in your community.

To our knowledge, there are no risks associated with answering the questions that we will ask your child. If any question makes your child uncomfortable, she/he can decide not to answer it. Sharing with us information is voluntary, and it's up to your child to decide if he/she wants to answer the questions of our survey. Your child can stop answering questions anytime he/she wants and this will have no consequences for you or your child. You can also decide to stop your child from responding to our questions anytime you want, and this will have no consequences for you or your child. The results of this survey will be used to make a report, and if you or your child wants to know the results, you can visit the [ORGANIZATION]'s office or website to see the full report of results.

If you have any questions or you would like to report a problem with this survey, please contact [ADD NAMES AND TELEPHONE NUMBERS] in [ORGANIZATION].

If you feel that the problem you want to report cannot be shared with people from [ORGANIZATION], the following are contacts of people you can reach out to help you [ADD NAMES AND TELEPHONE NUMBERS].

Do you have any questions? Please ask any questions that you have or any clarifications you want to make about this survey.

CGKC12	I can say I am sufficiently aware of my child's strengths	Absolutely untrue Mostly untrue Can't say true or untrue Mostly true Absolutely true
CGKC15	I help my child do his/her homework	Absolutely untrue Mostly untrue Can't say true or untrue Mostly true Absolutely true



## **SURVEYOR INSTRUCTION:**

### **READ OUT LOUD TO ADOLESCENT**

Hello, my name is [NAME] and I am working with [ORGANIZATION]. [ORGANIZATION] is part of a group of organizations that work towards addressing child protection risks within communities. These organizations include Plan International, ChildFund, Save the Children, SOS Children's Villages, Terre des Hommes, and World Vision. Together they form the Joining Forces Alliance.

You are being invited to take part in a survey carried out by Joining Forces Alliance. Before you decide to take part, it is important that you understand why the survey is being done and what it will involve. Please ask questions if there is anything that is not clear or if you would like more information.

In this survey, we want to understand what typical risks children in your community may face. With this knowledge, we want to help organizations that work in your community to learn more about children and what children here face.

We have selected a number of different households in your community to help us better understand what children face. All households were chosen through chance. And your household is one of them. That is why we want to invite you to partake in this survey. The information you will share with us will be used in reports that will be given to organizations. In our reports, we will not use your names. We will also make sure that no one will know that you have participated in this survey. We have a number of different questions that we will ask you. For none of the questions is there any right or wrong answer. There is only what you think and what you think about any of the questions is what matters to us. To complete the survey will take around 30 minutes.

There won't be any immediate benefits and you won't receive any money for taking part, but your information will be useful in the longer term to help organizations to support children in your community. To our knowledge, there are no risks associated with answering the questions that we will ask you. If any question makes you uncomfortable, you can decide not to answer it.

Sharing with us information is voluntary, and it's up to you to decide if you want to answer the questions of our survey. You can stop answering questions anytime you want and this will have no consequences for you.

If you agree to take part, your name will not appear in any reports. Any information you provide will remain with us only unless we have reason to believe that a child, young person or someone else is at risk of harm. Then we have a responsibility to share that information with [CHILD PROTECTIVE SERVICES] or others so that they can help that person. We will ask you some personal questions such as your name and age. The personal information will always stay with us and not be shared with anyone. We collect it to be able to follow up with you in the future when we need more information or want to give feedback. Your personal information will not be used in our reports. You have the rights to request to see personal information you give us and correct it if you want to.

The information you will share with us will only be used by selected people working on this survey who may be in [COUNTRY] or abroad. No one outside the organizations that are part of Joining Forces Alliance will have access to the personal information you will share with us without your consent. Within those organizations, only selected people will have access to personal information you will share with us now. If you have any questions or you would like to report a problem with this survey, please contact [ADD NAMES AND TELEPHONE NUMBERS] in [ORGANIZATION].

If you feel that the problem you want to report cannot be shared with people from [ORGANIZATION], the following are contacts of people you can reach out to help you [ADD NAMES AND TELEPHONE NUMBERS].

Do you have any questions? Please ask any questions that you have or any clarifications you want to make about this survey.

CGK18.1	Have you understood the information about the survey and what the survey is about?	Yes No	IF NOT, ASK WHAT WAS NOT CLEAR
CGK18.2	Have you understood what is required of your child if he/she decides to take part in this survey?	Yes No	IF NOT, ASK WHAT WAS NOT CLEAR
CGK18.3	Do you understand why we are doing this survey?	Yes No	IF NOT, ASK WHAT WAS NOT CLEAR
CGK18.4	Have you been given the opportunity to consider the information and ask questions?	Yes No	IF NOT, ASK WHAT WAS NOT CLEAR
CGK18.5	Have your questions been answered to your satisfaction?	Yes No	IF NOT, ASK WHAT WAS NOT CLEAR
CGK18.6	Have you understood that participation is voluntary and that you or your child may withdraw at any time without giving a reason?	Yes No	IF NOT, ASK WHAT WAS NOT CLEAR
CGK18.7	Do you consent to any information your child gives being used in future reports, articles or presentations by the survey team?	Yes No	IF NOT, ASK WHAT WAS NOT CLEAR
CGK18.8	Do you understand that your child's name will not appear in any reports, articles or presentations?	Yes No	IF NOT, ASK WHAT WAS NOT CLEAR
CGK18.9	Do you understand that information you provide will be transferred abroad to research personnel working as part of the Joining Forces initiative?	Yes No	IF NOT, ASK WHAT WAS NOT CLEAR
CGK18.10	Do you understand who you can speak to at any time should you have any questions about the research?	Yes No	IF NOT, ASK WHAT WAS NOT CLEAR
CGK18.11	Do you consent that your child take part in this survey?	Yes No	Skip to End



## The child section

Kobo will randomly select 1 of the adolescents identified in HHH8.3 and specify the person's name (i.e., [ADNAME])

AD1	The next questions are for [ADNAME]. Would you mind if I speak to that person?	Yes, No, the caregiver is not at home	Skip to AD3
AD2	If [ADNAME] is unavailable, could we ask you some questions about the children in your household?	Yes No	Skip to END

AD3.0	Do you have any questions on the Joining Forces i Alliance, and the organizations that are part of it?	Yes No	Please answer the questions the person may have.
AD3.1	Have you understood the information about the survey and what the survey is about?	Yes No	IF NOT, ASK WHAT WAS NOT CLEAR
AD3.2	Have you understood what is required of you if you want to take part in this survey?	Yes No	IF NOT, ASK WHAT WAS NOT CLEAR
AD3.3	Do you understand why we are doing this survey?	Yes No	IF NOT, ASK WHAT WAS NOT CLEAR
AD3.4	Have you been given the opportunity to consider the information and ask questions?	Yes No	IF NOT, ASK WHAT WAS NOT CLEAR
AD3.5	Have your questions been answered to your satisfaction?	Yes No	IF NOT, ASK WHAT WAS NOT CLEAR
AD3.6	Have you understood that participation is voluntary and that you may withdraw at any time without giving a reason?	Yes No	IF NOT, ASK WHAT WAS NOT CLEAR
AD3.7	Do you consent to any information you give being used in future reports, articles or presentations by the survey team?	Yes No	IF NOT, ASK WHAT WAS NOT CLEAR



AD3.8	Do you understand that your name will not appear in any reports, articles or presentations?	Yes No	IF NOT, ASK WHAT WAS NOT CLEAR
AD3.9	Do you understand that information you provide will be transferred abroad to research personnel working as part of the Joining Forces initiative?	Yes No	IF NOT, ASK WHAT WAS NOT CLEAR
AD3.10	Do you understand who you can speak to at any time should you have any questions about the research?	Yes No	IF NOT, ASK WHAT WAS NOT CLEAR
AD4	Do you consent to take part in this survey?	Yes No	Skip to End

## ADOLESCENT SURVEY

AD5	What is your name?	Specify	
AD6	How old are you?	[ ]	
AD7	What is your gender (identity)?	Male Female	
AD8	Have you ever been to school? If yes, what is the highest grade you have completed?  Do not read aloud. Select only one	Never attended school Pre-primary or some primary education Primary education completed Some junior secondary education Junior High School completed Some senior secondary education Senior High School completed Some university education University education completed Vocational education Other (specify)	Skip to AD11
AD9	Since the beginning of the school year have you been going to school?	No Yes	Skip to AD11
AD10	[If NO,] Why didn't you go to school when it was not vacation or holidays?  Do not read aloud. Circle all that apply Probe once: "Anything else?"	I was sick I had to care for a sick relative I had to work I had to go and stay with family/friends in another area I am mistreated in school No money for fees, uniform, books, or transportation I was pregnant I did not want to go The school is too far School not open Other (specify):	
AD11	Are you married  If married woman, ask 'Apart from yourself, does your husband have any other wives?'	Married – monogamy Married – polygamy Living together (boyfriend/girlfriend) In a relationship but not living together Single (never married)	

AD12	Do you have any children of your own? (children may be living elsewhere)	Yes No	
<p>Now, I would like to ask you some questions about the people who live here with you, particularly children</p>			
AD13	What is your relationship to the head of the household—that is, the main person making decisions in this house?	I am the head of the household (child-headed household) Husband/wife or boyfriend/girlfriend Son/daughter Brother/sister Niece/nephew Step-child Grandson/granddaughter Not family-related Other (specify)	
AD14	Are you living with your papa and your mama?	Yes, living with both parents No, living with one parent Not living with either parent	Skip to AD16
AD15	[If child not living with both biological parents,] are your biological parents alive?	Father dead/think dead Mother dead/think dead Both parents dead/think dead Both parents alive/think both alive I Don't know Don't Want to Answer	

Now, I would like to tell you a little story. I would like to know how you feel about it.

At a community gathering, you notice the daughter of a neighbour is hiding in the corner on their own not mixing with their friends as normal.

You ask her why she is not with her friends and she explains that her father cares for her future very much and wants her to do well at school. She refused to do some homework as she wanted to go to her friend's birthday party. He berated her for this, threatening to beat her, whilst locking her in the house.

CHSS1.1	What would you tell the child? 'It happens to all of us' or 'you must not endure this'	It happens to all of us you must not endure this I don't know
CHSS1.2	What would you tell the child? 'Just be patient! It may stop after some while' or 'Talk to and adult you can trust'	Just be patient! It may stop after some while Talk to and adult you can trust I don't know



<p>IF GE1 = Bangladesh, then skip to CHSS1.3</p> <p>IF GE1 = Burkina Faso, then skip to CHSS1.4</p> <p>IF GE1 = Central African Republic, then skip to CHSS1.5</p> <p>IF GE1 = Colombia, then skip to CHSS1.6</p> <p>IF GE1 = Ethiopia, then skip to CHSS1.7</p> <p>IF GE1 = South Sudan, then skip to CHSS1.8</p>		
CHSS1.3	<p>What would you tell the child?</p> <p>'Family always sticks together'</p> <p>or</p> <p>'Contact a Child Welfare Board. They may help you'</p>	<p>Family always sticks together</p> <p>Contact a Child welfare Board. They may help you</p> <p>I don't know</p>
CHSS1.4	<p>What would you tell the child?</p> <p>'Family always sticks together'</p> <p>or</p> <p>'Contact the MINISTERE EN CHARGE DU GENRE ET DE LA FAMILLE. They may help you'</p>	<p>Family always sticks together</p> <p>'Contact the MINISTERE EN CHARGE DU GENRE ET DE LA FAMILLE. They may help you'</p> <p>I don't know</p>
CHSS1.5	<p>What would you tell the child?</p> <p>'Family always sticks together'</p> <p>or</p> <p>Contact the Community Child Protection Network (RECOPE). They can help you</p>	<p>Family always sticks together</p> <p>Contact the Community Child Protection Network (RECOPE). They can help you</p> <p>I don't know</p>
CHSS1.6	<p>What would you tell the child?</p> <p>'Family always sticks together'</p> <p>or</p> <p>Contact Colombian Institute for Family Welfare. They may help you</p>	<p>Family always sticks together</p> <p>Contact Colombian Institute for Family Welfare. They may help you</p> <p>I don't know</p>
CHSS1.7	<p>What would you tell the child?</p> <p>'Family always sticks together'</p> <p>or</p> <p>Contact a child protection service. They may help you</p>	<p>Family always sticks together</p> <p>Contact a child protection service. They may help you</p> <p>I don't know</p>
CHSS1.8	<p>What would you tell the child?</p> <p>'Family always sticks together'</p> <p>or</p> <p>Contact South Sudan Community Based Child Protection Committee. They may help you</p>	<p>Family always sticks together</p> <p>Contact South Sudan Community Based Child Protection Committee. They may help you</p> <p>I don't know</p>



The next questions are about the people that you can go to for help, and the people who live with you. Remember that these persons will never know what you said, so you can say the truth. Please remember, there is any right or wrong answer to these questions. There is only what you think and what you think about any of the questions is what matters to us.

<p>AD27</p>	<p>When you need advice or information, who do you go to?</p> <p>Do not read list. Circle up to 3. Probe once: "Anybody else?"</p>	<p>Father/mother</p> <p>Aunt/Uncle</p> <p>Grandparent</p> <p>Sister/brother</p> <p>Other relative</p> <p>Friends/neighbours</p> <p>Boy/girlfriend or lover</p> <p>Community elder/chief</p> <p>Religious leader (Imam, Karmoh, Pastor, Priest, Weyongarar)</p> <p>Employer</p> <p>Teacher or health worker</p> <p>Social worker or community worker</p> <p>Herbalist/country doctor</p> <p>Nobody</p> <p>I don't need assistance</p> <p>Other (specify):</p> <p>I don't Know</p>
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<p>AD29</p>	<p>If you want to talk about something that nobody knows about or something that you know you were not supposed to do, who do you talk to?</p>	<p>Father/mother</p> <p>Aunt/Uncle</p> <p>Grandparent</p> <p>Sister/brother</p> <p>Other relative</p> <p>Friends/neighbours</p> <p>Boy/girlfriend or lover</p> <p>Community elder/chief</p> <p>Religious leader (Imam, Karmoh, Pastor, Priest)</p> <p>Employer</p> <p>Teacher or health worker</p> <p>Social worker or community worker</p> <p>Herbalist/country doctor</p> <p>Nobody</p> <p>I don't need assistance</p> <p>Other (specify):</p> <p>I don't Know</p>
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I am now going to read about the relations between parents and children. When I say 'parent', I am also referring to big people who take care of you at home. Tell me if these situations ever happen in your home and, if they do, whether these happen 'sometimes' or 'always'. Please remember, there is any right or wrong answer to these questions. There is only what you think and what you think about any of the questions is what matters to us.

Read list and select frequency for each statement

AD30.1	When you are not at home, your parents know who you are with	Never Sometimes Always I Don't Know I Don't Want to Answer	
AD30.3	Your parents ask you about school, work, and friends	Never Sometimes Always I Don't Know I Don't Want to Answer	
AD30.4	You ask your parents for advice when you need to make important decisions	Never Sometimes Always I Don't Know I Don't Want to Answer	
AD30.5	You discuss your plans for the future with your parents	Never Sometimes Always I Don't Know I Don't Want to Answer	
AD30.6	They praise you when you do something the right way	Never Sometimes Always I Don't Know I Don't Want to Answer	
AD30.7	If you do something wrong, they explain why, what you did was wrong	Never Sometimes Always I Don't Know I Don't Want to Answer	
AD30.8	You argue a lot with your parents	Never Sometimes Always I Don't Know I Don't Want to Answer	
AD30.9	You discuss how to avoid getting HIV/AIDS	Never Sometimes Always I Don't Know I Don't Want to Answer	
AD30.10	You discuss how to avoid getting pregnant	Never Sometimes Always I Don't Know I Don't Want to Answer	





Sometimes, when parents or the people who take care of children are vexed by things that children do, they will beat children (hard). Tell me how often do parents beat children in your community in the following situations. Tell me whether these happen 'never', 'sometimes', or 'always.'

Read list and select level of frequency for each statement

AD31.1	If the child is disobedient	Never Sometimes Always I Don't Know I Don't Want to Answer
AD31.2	if the child talks back to the parent	Never Sometimes Always I Don't Know I Don't Want to Answer
AD31.3	if the child runs away from home	Never Sometimes Always I Don't Know I Don't Want to Answer
AD31.4	if the child does not want to go to school	Never Sometimes Always I Don't Know I Don't Want to Answer
AD31.5	if the child does not care for brothers and sisters	Never Sometimes Always I Don't Know I Don't Want to Answer
AD31.6	if the child is doing activities that are normally associated with the other gender (e.g., a girl plays football, or a boy plays with dolls).	Never Sometimes Always I Don't Know I Don't Want to Answer
AD31.7	if the child wets bed	Never Sometimes Always I Don't Know I Don't Want to Answer
AD31.8	if the child steals	Never Sometimes Always I Don't Know I Don't Want to Answer
AD31.9	if the child takes drugs or liquor	Never Sometimes Always I Don't Know I Don't Want to Answer



Now, I would like to tell you a little story. I would like to know how you feel about it. Please remember, there is any right or wrong answer to these questions. There is only what you think and what you think about any of the questions is what matters to us.

Imagine there is a child in your community. You start to notice that the child does not like to go home. After some time, you notice that the child repeatedly has bruises especially on the hands but also in the face. One day, the child confesses to you that (s)he gets beaten at home.

CHSS2.1	What would you tell the child? 'It happens to all of us' or 'you must not endure this'	It happens to all of us you must not endure this I don't know
CHSS2.2	What would you tell the child? 'Just be patient! It may stop after some while' or 'Talk to and adult you can trust'	Just be patient! It may stop after some while Talk to and adult you can trust I don't know
<p>IF GE1 = Bangladesh, then skip to CHSS2.3  IF GE1 = Burkina Faso, then skip to CHSS2.4  IF GE1 = Central African Republic, then skip to CHSS2.5  IF GE1 = Colombia, then skip to CHSS2.6  IF GE1 = Ethiopia, then skip to CHSS2.7  IF GE1 = South Sudan, then skip to CHSS2.8</p>		
CHSS2.3	What would you tell the child? 'Family always sticks together' or 'Contact a Child welfare Board. They may help you'	Family always sticks together  Contact Child welfare Board. They may help you  I don't know
CHSS2.4	What would you tell the child? 'Family always sticks together' or Contact the MINISTERE EN CHARGE DU GENRE ET DE LA FAMILLE. They may help you	Family always sticks together  Contact the MINISTERE EN CHARGE DU GENRE ET DE LA FAMILLE. They may help you  I don't know
CHSS2.5	What would you tell the child? 'Family always sticks together' or Contact the Community Child Protection Network (RECOPE). They can help you	Family always sticks together  Contact the Community Child Protection Network (RECOPE). They can help you  I don't know



<p>CHSS2.6</p>	<p>What would you tell the child?                  'Family always sticks together'                  or                  Contact Colombian Institute for Family Welfare. They may help you</p>	<p>Family always sticks together                   Contact Colombian Institute for Family Welfare. They may help you                   I don't know</p>
<p>CHSS2.7</p>	<p>What would you tell the child?                  'Family always sticks together'                  or                  Contact a child-welfare service. They may help you</p>	<p>Family always sticks together                   Contact a child-welfare service. They may help you                   I don't know</p>
<p>CHSS2.8</p>	<p>What would you tell the child?                  'Family always sticks together'                  or                  Contact South Sudan Community Based Child Protection Committee. They may help you</p>	<p>Family always sticks together                   Contact South Sudan Community Based Child Protection Committee. They may help you                   I don't know</p>



I am now going to ask you some questions about children and some issues that children face, and I would like you to think about those in your community. Please remember, there is any right or wrong answer to these questions. There is only what you think and what you think about any of the questions is what matters to us.

<p>CHKR1</p>	<p>What situations put children in danger in your community?</p> <p>Do not read out. Circle all that are mentioned. Probe twice: "Anything else?"</p>	<p>Abduction/ trafficking</p> <p>Bullying</p> <p>Child marriage</p> <p>Female genital mutilation</p> <p>Harmful Child Labour</p> <p>Harmful cultural practices (e.g., witchcraft)</p> <p>In conflict with the law</p> <p>Intimate partner violence</p> <p>Lack of legal identity</p> <p>Maltreatment</p> <p>Migration/ displacement</p> <p>Neglect (medical)</p> <p>Neglect (no education)</p> <p>Neglect (physical)</p> <p>Neglect (emotional)</p> <p>Parental conflicts</p> <p>Poverty</p> <p>Recruitment by armed forces or armed groups</p> <p>Separation from family</p> <p>Sexual exploitation</p> <p>Substance abuse (alcohol/ drugs)</p> <p>Adolescent pregnancies</p> <p>Trauma</p> <p>Violence (gender based)</p> <p>Violence (physical)</p> <p>Violence (Psychological)</p> <p>Violence (sexual)</p> <p>Youth violence (includes gangs)</p> <p>I don't know</p> <p>Other (specify)</p>
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I will read some issues that children can face in different communities. Tell me whether they happen in your community and, if they do happen, whether they happen 'a lot' or just 'sometimes.' Again, when I say parent, I am referring also to big people who care for children in the house. If you do not understand anything I say, please ask me and I will explain, OK?

Read aloud and mark frequency for each statement.

AD33.5	Boys are married before the age of 18 years	Never Sometimes A lot I Don't Know I Don't Want to Answer
AD33.5.1	Girls are married before the age of 18 years	Never Sometimes A lot I Don't Know I Don't Want to Answer
AD33.6	Children are sent to work in a farm or mine or to sell on the street during school hours	Never Sometimes A lot I Don't Know I Don't Want to Answer
AD33.7	Teenage pregnancy or pregnancy of young girls	Never Sometimes A lot I Don't Know I Don't Want to Answer
AD33.8	Boys are subject to physical or sexual abuse at home  Read out; to remind you, child abuse is when a child is intentionally harmed. It can be physical, sexual or emotional and it can happen in person or online.	Never Sometimes A lot I Don't Know I Don't Want to Answer
AD33.8.1	Girls are subject to physical or sexual abuse at home  Read out; to remind you, child abuse is when a child is intentionally harmed. It can be physical, sexual or emotional and it can happen in person or online.	Never Sometimes A lot I Don't Know I Don't Want to Answer
AD33.9	Children are forced to obey to teachers, no matter what	Never Sometimes A lot I Don't Know I Don't Want to Answer
AD33.10	Beating of children by big people	Never Sometimes A lot I Don't Know I Don't Want to Answer



AD33.11	Forcing boys to do hard and dangerous work	Never Sometimes A lot I Don't Know I Don't Want to Answer	
AD33.11.1	Forcing girls to do hard and dangerous work	Never Sometimes A lot I Don't Know I Don't Want to Answer	
AD33.11.2	Boys sent to live with relatives or other people	Never Sometimes Always I don't Know Don't Want to Answer	
AD33.11.3	Girls sent to live with relatives or other people	Never Sometimes Always I don't Know Don't Want to Answer	
AD33.11.4	Parents leave children home alone while they go to work.	Never Sometimes Always I don't Know Don't Want to Answer	
AD33.11.5	Stepparent does not want to take children in	Never Sometimes Always I don't Know Don't Want to Answer	
AD33.11.6	Parents treat their own children better than other children in the house	Never Sometimes Always I don't Know Don't Want to Answer	
AD33.11.7	Children run away from home into the streets	Never Sometimes Always I don't Know Don't Want to Answer	
AD33.12	Abuse of children because of their disabilities or special learning needs Read out; to remind you, child abuse is when a child is intentionally harmed. It can be physical, sexual or emotional and it can happen in person or online.	Never Sometimes Always I Don't Know I Don't Want to Answer	
AD36	Is there any place in or near this community where children can go if they are abused by their parents or if they run away from home?	Yes No Don't know/not sure	Skip to AD38 Skip to AD38



AD37	<p>[If YES,] Where?</p> <p>Do not read aloud. Circle all that mentioned</p>	<p>A community member's house (e.g., Child welfare Committees)</p> <p>Chief</p> <p>Social worker</p> <p>Church/Mosque</p> <p>Police/Women's &amp; Children's Protection Section</p> <p>NGO/CBO (includes safe homes)</p> <p>Orphanage home</p> <p>Not sure</p> <p>Other (specify)</p>
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<p>IF GE1 = Bangladesh, then skip to AD41.1</p> <p>IF GE1 = Burkina Faso, then skip to AD41.2</p> <p>IF GE1 = Central African Republic, then skip to AD41.3</p> <p>IF GE1 = Colombia, then skip to AD41.4</p> <p>IF GE1 = Ethiopia, then skip to AD41.5</p> <p>IF GE1 = South Sudan, then skip to AD41.6</p>			
AD41.1	Have you heard of Child welfare Board in your community?	<p>Yes</p> <p>No</p> <p>Don't know/not sure</p>	<p>Skip to End</p> <p>Skip to End</p>
AD41.2	Have you heard of MINISTERE EN CHARGE DU GENRE ET DE LA FAMILLE in your community?	<p>Yes</p> <p>No</p> <p>Don't know/not sure</p>	<p>Skip to End</p> <p>Skip to End</p>
AD41.3	Have you heard of Réseau Communautaire de Protection de l'Enfant (RECOPE) in your community?	<p>Yes</p> <p>No</p> <p>Don't know/not sure</p> <p>Skip to End</p> <p>Skip to End</p>	
AD41.4	Have you heard about the Colombian Family Welfare Institute in your community?	<p>Yes</p> <p>No</p> <p>Don't know/not sure</p>	<p>Skip to End</p> <p>Skip to End</p>



## **SURVEYOR INSTRUCTION:**

### **READ OUT LOUD TO THE HOUSEHOLD HEAD**

Hello, my name is [NAME] and I am working with [ORGANIZATION]. [ORGANIZATION] is part of a group of organizations that work towards addressing child protection risks within communities. These organizations include Plan International, ChildFund, Save the Children, SOS Children's Villages, Terre des Hommes, and World Vision. Together they form the Joining Forces Alliance.

You are being invited to take part in a survey carried out by Joining Forces Alliance. Before you decide to take part, it is important that you understand why the survey is being done and what it will involve. Please ask questions if there is anything that is not clear or if you would like more information.

In this survey, we want to understand what typical risks children in your community may face. With this knowledge, we want to help organizations that work in your community to learn more about children and what children here face. Topics will include possible physical and sexual violence faced by children. Sharing with us information is voluntary, and it's up to you to decide if you want to answer the questions of our survey. You can stop answering questions anytime you want and no this will have no consequences for you.

We have selected a number of different households in your community to help us better understand what children face. All households were chosen through chance. And your household is one of them. That is why we want to invite you to partake in this survey.

The information you will share with us will be used in reports that will be given to organizations. In our reports, we will not use your names. We will also make sure that no one will know that you have participated in this survey. We have a number of different questions that we will ask you. For none of the questions, there is any right or wrong answer. There is only what you think and what you think about any of the questions is what matters to us. To complete the survey will take around 30 minutes.

There won't be any immediate benefits and you won't receive any money for taking part, but your information will be useful in the longer term to help organizations to support children in your community. To our knowledge, there are no risks associated with answering the questions that we will ask you. If any question makes you uncomfortable, you can decide not to answer it.

If you agree to take part, your name will not appear in any reports. Any information you provide will remain with us only unless we have reason to believe that a child, young person or someone else is at risk of harm. Then we have a responsibility to share that information with [CHILD PROTECTIVE SERVICES] or others so that they can help that person. We will ask you some personal questions such as your name and age. The personal information will always stay with us and not be shared with anyone. We collect it to be able to follow up with you in the future when we need more information or want to give feedback. Your personal information will not be used in our reports. You have the right to request to see personal information you give us and correct it if you want to.

The information you will share with us will only be used by selected people working on this survey who may be in [COUNTRY] or abroad. No one outside the organizations that are part of Joining Forces Alliance will have access to the personal information you will share with us without your consent. Within those organizations, only selected people will have access to personal information you will share with us now. If you have any questions or you would like to report a problem with this survey, please contact [ADD NAMES AND TELEPHONE NUMBERS] in [ORGANIZATION].

If you feel that the problem you want to report cannot be shared with people from [ORGANIZATION], the following are contacts of people you can reach out to help you [ADD NAMES AND TELEPHONE NUMBERS].

Do you have any questions? Please ask any questions that you have or any clarifications you want to make about this survey.



AD41.5	Have you heard of child protection committees in your community?	Yes No Don't know/not sure	Skip to End Skip to End
AD41.6	Have you heard of South Sudan Community Based Child Protection Committee in your community?	Yes No Don't know/not sure	Skip to End Skip to End
AD42	[If YES,] What do you think is its role?	<p>Raise awareness on child rights</p> <p>Monitor child protection in the community/identify vulnerable children</p> <p>Give advice to children, parents, and other community members</p> <p>Report cases to Police/ Women's &amp; Children's Protection Section</p> <p>Refer cases to social workers</p> <p>Other (specify)</p> <p>Don't know</p>	



# ANNEX 4.2: THE JF-CPIE UNIT SURVEY

General			
UN0	What is the implementing partner?	Plan International World Vision ChildFund Terres des Hommes SOS Save the children	
UN1	What is the country?	Bangladesh Burkina Faso Central African Republic Colombia Ethiopia South Sudan	Skip to GE1.1 Skip to GE1.2 Skip to GE1.3 Skip to GE1.4 Skip to GE1.5 Skip to GE1.6
UN1.1	What is the division?		Skip to GE2.1
UN1.2	What is the province?		Skip to GE2.2
UN1.3	What is the prefecture?		Skip to GE2.3
UN1.4	What is the department?		Skip to GE2.4
UN1.5	What is the woreda?		Skip to GE2.5
UN1.6	What is the state?		Skip to GE2.6
UN2.1	What is the district?		Skip to GE4
UN2.2	What is the sector?		Skip to GE4
UN2.3	What is the sub-prefecture?		Skip to GE4
UN2.4	What is the municipality?		Skip to GE4
UN2.5	What is the kebele?		Skip to GE4
UN2.6	What is the county?		Skip to GE4
UN3	What type of unit is it?	Village (rural) Neighbourhood/ quarter (urban) Camp	
UN4	What is the name of the unit?		



## SURVEYOR INSTRUCTION:

### CHECK YOUR SAMPLE FILE WHAT KIND OF BENEFICIARY YOU ARE ABOUT TO SURVEY.

UN5	What is the type of the respondent?	Teacher (schools) Health worker (health facility) Staff (local authorities) Other (specify)
UN6	Date of Interview:	
UN7	Name of enumerator	
UN8	Code of enumerator	

## The head-of-facility section

### SURVEYOR INSTRUCTION:

#### READ OUT LOUD WHEN APPROACHING THE HOUSEHOLD

My name is \_\_\_\_\_ and I work with [ORGANIZATION]. Your facility has been selected for our research. I would like to speak to the head of your facility. Would you mind calling this person?

UN9	Is the facility head available?	Yes No Head of facility refuses to partake.	Skip to consent section Skip to UN10 Skip to END
UN10	When do you expect the head to be back home?	DAY [ ] Time [ ] I don't know – 999	Skip to END

UN11.0	Do you have any questions on the Joining Forces i Alliance, and the organizations that are part of it?	Yes No	Please answer the questions the person may have.
UN11.1	Have you understood the information about the survey and what the survey is about?	Yes No	IF NO, EXPLAIN IT
UN11.2	Have you understood what is required of you if you want to take part in this survey?	Yes No	IF NO, EXPLAIN IT
UN11.3	Do you understand why you are doing this survey?	Yes No	IF NO, EXPLAIN IT
UN11.4	Have you been given the opportunity to consider the information and ask questions?	Yes No	IF NO, ASK WHAT QUESTIONS THEY HAVE.
UN11.5	Have your questions been answered to your satisfaction?	Yes No	IF NO, ASK WHAT WAS DISSATISFACTORILY

UN11.6	Have you understood that participation is voluntary and that you may withdraw at any time without giving a reason?	Yes No	IF NO, EXPLAIN IT
UN11.7	Do you consent to any information you give being used in future reports, articles or presentations by the survey team?	Yes No	IF NO, SKIP TO END
UN11.8	Do you understand that your name will not appear in any reports, articles or presentations?	Yes No	IF NO, EXPLAIN IT
UN11.9	Do you understand that information you provide will be transferred abroad to research personnel working as part of the Joining Forces initiative?	Yes No	IF NO, EXPLAIN IT
UN12	Do you understand who you can speak to at any time should you have any questions about the research?	Yes No	IF NO, EXPLAIN IT
UN13	Do you consent to take part in the this survey?	Yes No	Skip to End
UN_13.2	Do you have a telephone number?	Yes No	Skip to UN14
UN_13.3	What is your telephone number?		

Now, I would like to ask you some questions about the people that work at your facility. With workers we mean teachers at schools, health care workers at health-care facilities, and government representatives at local authorities.

UN14	How many people work within your facility?	[ ] [ ] I don't know – 999	
		Members	
		First	... Last
UN15	What is the name?		...
UN16	Is this person available now?	Yes No I don't know	Y N I don't know

Kobo will randomly select 3 of those workers and specify the names (i.e., [NAMES1], [NAMES2], [NAMES3])

UN17	Would it be possible to meet your colleague [NAME1]	Yes No I don't know	Skip to UN19
UN18	Can we please call [NAME1]	Yes No	
UN19	Would it be possible to meet your colleague [NAME2]	Yes No I don't know	Skip to UN21
UN20	Can we please call [NAME2]	Yes No	
UN21	Would it be possible to meet your colleague [NAME3]	Yes No I don't know	Skip to next section



UN22	Can we please call [NAME3]	Yes No	
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### Section worker 1

UN23	What is your job title?		
UN24	What is your age?	[ ][ ] I don't know	
UN25	What is your gender?	M F I don't know	
UN26	Do you have any children below the age of 18?	Yes No I don't know	Skip to UN28
UN27	How many children below the age of 18 do you have?	[ ][ ] I don't know	
UN28	What is the person's highest level of education attained	Never attended school Did not complete primary Completed primary school Completed secondary school Completed formal technical school Completed informal technical school Completed university or beyond Other (specify)	
UN29	Do you have any disabilities?	Yes No	
UN30	What is the condition that you have?	Blind or with sight impairment Deaf or with hearing impairment Down Syndrome Autism Physical disability Intellectual disability Other_____	



I am now going to ask you some questions about children and some issues that children face, and I would like you to think about those in your community.

<p>CMCP1</p>	<p>What are some of the situations that put children in danger in your community?</p> <p>Do not read out.</p> <p>Circle all that are mentioned. Probe twice: "Anything else?"</p>	<p>Abduction/ trafficking                      Bullying                      Child marriage                      Female genital mutilation                      Harmful Child Labour                      Harmful cultural practices (e.g., witchcraft)                      In conflict with the law                      Intimate partner violence                      Lack of legal identity                      Maltreatment                      Migration/ displacement                      Neglect (medical)                      Neglect (no education)                      Neglect (physical)                      Neglect (emotional)                      Parental conflicts                      Poverty                      Recruitment by armed forces or armed groups                      Separation from family                      Sexual exploitation                      Substance abuse (alcohol/ drugs)                      Adolescent pregnancies                      Trauma                      Violence (gender based)                      Violence (physical)                      Violence (Psychological)                      Violence (sexual)                      Youth violence (includes gangs)                      I don't know                      Other (specify)</p>
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I will read some issues that children can face in different communities. Tell me whether they happen in your community and, if they do happen, whether they happen 'a lot' or just 'sometimes.' Again, when I say parent, I am referring also to big people who care for children in the house. If you do not understand anything I say, please ask me and I will explain, OK?

Read aloud and mark frequency for each statement. If a respondent says 'yes', remember to ask if this happens 'sometimes' or 'always'.

<p>UN32.1</p>	<p>Boys are married before the age of 18 years</p>	<p>Never                      Sometimes                      A lot                      I Don't Know                      I Don't Want to Answer</p>
<p>UN32.2</p>	<p>Girls are married before the age of 18 years</p>	<p>Never                      Sometimes                      A lot                      I Don't Know                      I Don't Want to Answer</p>

UN32.3	Children are sent to work in a farm or mine or to sell on the street during school hours	Never Sometimes A lot I Don't Know I Don't Want to Answer
UN32.4	Teenage pregnancy or pregnancy of young girls	Never Sometimes A lot I Don't Know I Don't Want to Answer
UN32.5	Boys are subject to physical or sexual abuse at home  Read out; to remind you, child abuse is when a child is intentionally harmed. It can be physical, sexual or emotional and it can happen in person or online.	Never Sometimes A lot I Don't Know I Don't Want to Answer
UN32.6	Girls are subject to physical or sexual abuse at home  Read out; to remind you, child abuse is when a child is intentionally harmed. It can be physical, sexual or emotional and it can happen in person or online.	Never Sometimes A lot I Don't Know I Don't Want to Answer
UN32.7	Children are forced to obey to teachers, no matter what	Never Sometimes A lot I Don't Know I Don't Want to Answer
UN32.8	Beating of children by big people	Never Sometimes A lot I Don't Know I Don't Want to Answer
UN32.9	Forcing boys to do hard and dangerous work	Never Sometimes A lot I Don't Know I Don't Want to Answer
UN32.10	Forcing girls to do hard and dangerous work	Never Sometimes A lot I Don't Know I Don't Want to Answer
UN32.11	Boys sent to live with relatives or other people	Never Sometimes Always I don't Know Don't Want to Answer
UN32.12	Girls sent to live with relatives or other people	Never Sometimes Always I don't Know Don't Want to Answer

UN32.13	Parents leave children home alone while they go to work.	Never Sometimes Always I don't Know Don't Want to Answer	
UN32.14	Stepparent does not want to take children in	Never Sometimes Always I don't Know Don't Want to Answer	
UN32.15	Parents treat their own children better than other children in the house	Never Sometimes Always I don't Know Don't Want to Answer	
UN32.16	Children run away from home into the streets	Never Sometimes Always I don't Know Don't Want to Answer	
UN32.17	Abuse of children because of their disabilities or special learning needs  Read out; to remind you, child abuse is when a child is intentionally harmed. It can be physical, sexual or emotional and it can happen in person or online.	Never Sometimes Always I Don't Know I Don't Want to Answer	
Now, I am going to ask you about the systems that exist for the care and safety of children.			
UN39	Do you know of any laws in [COUNTRY] about the care and safety of children?	Yes No I don't Know/Not sure  Skip to CMCR1 Skip to CMCR1	
UN40	[If YES,] Which laws?  Do not read aloud. Circle all that mentioned	Domestic Relations Act Adoption Bill Children's Bill Act to Ban Trafficking Rape Act Human Rights Legislation Cannot name specific act Other (specify)	
CMCR1	What do you do when you see or hear of children experiencing abuse at home or in the community?	I report I confront the perpetrator I comfort the child I keep quiet/do nothing Other (Specify)	Skip to UN43 Skip to UN43 Skip to UN43 Skip to UN43





CMCR2	[If you report these incidents,] Whom do you normally report to? Do not read aloud.  Circle all that mentioned. If family member mentioned, probe: 'what if it that person was the one doing you harm?'	Family member/close friend Community Chief Child Welfare Committees Religious leader School Social or health worker Police Court NGO workers Other (specify)	Skip to UN44 Skip to UN44 Skip to UN44 Skip to UN44 Skip to UN44 Skip to UN44 Skip to UN44 Skip to UN44 Skip to UN44 Skip to UN44
UN43	[If you do not report,] What are the reasons for not reporting?  Do not read aloud. Circle all that are mentioned.	Don't know where /who to report to I know the perpetrator No action is likely to be taken Fear of retaliation/being victimized I don't care/it's not my business Service provider not accessible It is normal for these things to happen here I want to caution perpetrator first Perpetrator is respected in my community Other (specify)	
IF UN1 = Bangladesh, then skip to UN44.1 IF UN1 = Burkina Faso, then skip to UN44.2 IF UN1 = Central African Republic, then skip to UN44.3 IF UN1 = Colombia, then skip to UN44.4 IF UN1 = Ethiopia, then skip to UN44.5 IF UN1 = South Sudan, then skip to UN44.6			
UN44.1	Have you heard of Child Welfare Committees ('CWCs') in your community?	Yes No I Don't Know/Not Sure	Skip to END Skip to END
UN44.2	Have you heard of the MINISTERE EN CHARGE DU GENRE ET DE LA FAMILLE in your community?	Yes No I Don't Know/Not Sure	Skip to END Skip to END
UN44.3	Have you heard of the "Réseau Communautaire de Protection de l'Enfant (RECOPE)" in your community?	Yes No I Don't Know/Not Sure	Skip to END Skip to END
UN44.4	Have you heard of Colombian Institute of Family Welfare in your community?	Yes No I Don't Know/Not Sure	Skip to END Skip to END
UN44.5	Have you heard of Child Protection Committees in your community?	Yes No I Don't Know/Not Sure	Skip to END Skip to END
UN44.6	Have you heard of South Sudan Community Based Child Protection Committee in your community?	Yes No I Don't Know/Not Sure	Skip to END Skip to END





<p>UN45</p>	<p>[If YES,] What do you think is their role?</p> <p>Do not read aloud.</p> <p>Circle all that mentioned. Probe once: "Anything else?"</p>	<p>Raise awareness on child rights</p> <p>Monitor child protection in the community / identify vulnerable children</p> <p>Give advice to children, parents, and other community members</p> <p>Report cases to Police/Women's &amp; Children's Protection Section</p> <p>Refer cases to social workers</p> <p>Other (specify)</p> <p>I Don't know</p>
<p>UN46</p>	<p>In general, how effective are these groups in protecting children in your community? Are they 'very effective', 'somewhat effective', or 'not very effective.'</p>	<p>Very effective</p> <p>Somewhat effective</p> <p>Not very effective</p> <p>No CWC in my community</p> <p>Do not know/not certain</p>

# ANNEX 5: QUALITATIVE TOOLS

## Annex 5.1: The JF-CPIE Guide for focus group discussion (group A: 7–11 years)

### TOOL APPLICATION

The objective of this Focus Group Discussion (FGD) is to facilitate the conversation with a group of children on issues regarding their protection. This discussion has been designed to be child inclusive and friendly but especial effort must be paid to make sure that all child participants feel safe and comfortable, and their voices are heard. Please read the ethical instruction below before starting with this tool.

Facilitators should follow NA protocol to implement the tool in the field. Please be sure that the organisation of FGD was planned in advance. Basic information on the JF-CPIE project and its ethical guidelines should have been already discussed with local/community authorities, with child precipitants and their parents/guardians.

Facilitators should have already identified a place to conduct the FGD making sure that children will be safe and comfortable and their presence for this FGD will take place in a time that is also child friendly and appropriate.

You should have a group of around 6 boys or 6 girls ready to participate in this FGD. Please start by introducing yourself and welcoming everyone (see presentation in page 2). Now please read the Informed Consent Form and discuss the ethics of the project according to the instructions bellow.

### ETHICAL INSTRUCTIONS:

Read out the project's Informed Consent Form in the language of the interview and get the signature of the respondent before collecting the consent of the child.

The participants for this study are randomly selected upon which we request your participation in the group discussion today. I would like to assure you that, all your ideas shared during the discussion will be kept confidential and will be generalized so that your individual opinion and your name will not be presented anywhere. Your open thoughts will help us to build a concrete picture about your community as well as help inform any measures that might be taken to protect children and adolescents against any form of violence.

Follow the Informed Consent Form instructions carefully and make sure the person interviewed clearly understands the ethical considerations disclosed in the Informed Consent Form and agrees to take this interview. If that is not the case, the interview should not be conducted.

Important: explain the activity and describe the Focus Group Discussion dynamic to take place (see below) and once that is well understood and everybody has agreed to participate, then, sign the Informed Consent Forms.



**PRESENTATION:**

[a] Hello, my name is (your name). [b] we are from (disclose your professional affiliation). [c] We are conducting a survey for JOINING FORCES FOR CHILD PROTECTION IN EMERGENCIES (JF-CPIE) which is a multi-country project funded by the German Federal Foreign Office (GFFO) and implemented in 6 countries: Bangladesh, Burkina Faso, Central African Republic, Colombia, Ethiopia, and South Sudan. [d] The objective of this discussion is to talk about Child Protection and the conditions that affect your wellbeing in [the country specific location]. [e] Have you understood the Informed Consent Form and the aims, objectives, and purpose of this project? Have you got any other general questions?

Remember that participation in this study is based on your free will without any cost implication to yourself, your family, or your community. Please note that declining to participate in this interview will not affect any services that are currently (or in the future) being offered to you by [insert the country specific agency]. Even if you agree to participate in the study, you are free not to answer any question that may make you uncomfortable. You are also free to stop and leave the discussion without having to explain yourself.

**EXPLAIN THE ACTIVITY**

This interview will take about 60 minutes of your time. All the information we obtain in this interview will be managed and stored as I have described to you in the consent form, and it will only be used for the purposes and objectives of this project.

All the information we obtain will remain strictly confidential and anonymous. If you wish not to answer one of the questions or feel uncomfortable discussing a certain topic that is all right. If you wish to stop the interview that is also alright and you may do so at any time, just let me know.

Now, please proceed to sign the Inform Consent Forms and fill in the information below.

GENERAL INFORMATION PANEL		INTERVIEW ID: _____	
Date of interview (DD/MM/YYYY):			
Interview Location (Place & Region):			
Interviewer's name:			
Interview Start time:		Interview End time:	

	Name	Sex	Age	Education	Town/Village/Community
1					
2					
3					
4					
5					
6					
7					
8					

**ADAPTION NOTE**

This FGD tool should be applied with the following Age Groups:

A: children 07-11 years old

B: children 12-15 years old

C: children 16-18 years old

**THIS TOOL IS FOR AGE GROUP A**

When working with Age Group A (07-11 years old)

Please note: There are some key things to note, children under 12, keep sentences short, be very specific with instructions. Avoid giving specific examples and referencing recent events. For facilitation repeat, confirm answers and if possible, sit at the same level with conducting the FGD.

**Let's start!****Welcome the children****Warm-Up Activity (2-3 minutes): Stand in a circle.**

First person introduces himself or herself and grade, throws a ball of string to someone else in the group (while holding onto the string). Every person does the same until everyone has introduced themselves and a web of string has been created. Explain that now we are all connected to each other and must respect what others say. Express that all students can feel safe and ok about sharing.

Ask a few questions about how school is going, how they did on exams, how they are feeling today (creates rapport, lightens the atmosphere)

**Exercise 1: Expressive drawing**

Ask children to draw a map of their community and then to plot places they feel safe, unsafe etc. Review the content and pick reoccurring locations both safe and unsafe.

Map guide: They should include key features such as main roads, churches, mosques or other religious buildings, schools, homes, shops, public facilities, transport hubs, and other places where children spend time. When children have finished, display the map, and ask children to mark with one colour of marker the places that they like to go, or which are good and safe places for children.

Discuss with them what they like about these places and what makes them feel safe there.

Next, using another colour of marker, ask children to identify places on the map which can be dangerous for children, or where they do not like to go. Ask them why they feel like these areas are unsafe. What could children do to avoid being in these places, or to protect themselves from danger?

**Facilitators note: Probe**

- What makes you feel unsafe?
- Why do these places make you feel unsafe?
- What would you like to see to make things safer?



- Are there places that are more unsafe for girl/boys?

**Facilitator note: Overlap between exercises**

- You may notice that some topics/issues overlap between exercises and sections in the FGD. This is ok. Try to use this overlap to provide voice to everyone or to expand the opportunities for discussion with different participants.

**Exercise 2: Questions on knowledge about your community**

- How do children get hurt in your community?
- Where in the community do you go for help when you have situations that are unsafe or dangerous?
- Is there help for girls, boys and children with disabilities?

**Can follow up:**

What are services available for children? Let's identify some with examples and let's discuss what are these for or if children feel they have these services for them in the first place).

- Are there places safe or unsafe for children with disabilities?
- Where in the community do you go for help in an unsafe situation?
- What is to have a disability? And what do you think we need to do to make them also feel safe and comfortable?

**Facilitator action: Review the issues and write them on piece of flip chart.**

Priority Ranking:

Ask the group to rank the issues in order of most common issue they face, usefulness and available to access for girls, boys and children with disabilities.

(Note: this can be done by running to the right spot with the issues posted or by using sticks to mark their vote, or marking paper with pencil, pen crayon etc).

Facilitator action: Ask to follow up questions to the points

- Could you tell me more about why these issues are most common?
- Do these impact girls or boys more?
- Are they aware of community child protection run services in their area?

**Exercise 3: Questions on attitude concerning violence [Yes/No]**

Prepared "statements" below are read out to the group.



Children choose to stand beside either a Yes or No sign depending on if they agree, disagree or are unsure about the statement. The facilitator asks the children to explain why they were standing where they were. The two issues that created the strongest reactions or discussion are identified as the greatest issues for more detailed discussion by the group. It's important to probe the on the impact upon girls, adolescent girls, boys and children with disabilities when discussing the impact of each point.

- Grown-ups hit us when we do something wrong
- Our parents talk to us about our rights
- I know where to go and who to tell when something bad happens to me or a friend.
- I need to work to support my family with money
- I like to go to school
- I like to play with my friends
- I am allowed to play with my friends
- I am able to go to school

#### **Exercise 4: Questions on reporting and responding to issues**

Group discussion (note- remind the participants to share their differing opinions with respect or without judgement of others)

If you report something wrong – a case of abuse - who will you report to and why?

Do you learn about children rights and matters effective in your community (Probe who provided this to them?)

Facilitator's note: Further probing questions

- Could you tell me more about this?
- Who would you agree with this opinion?
- Does anyone think something different?
- So, you think that it is also true in your community?
- Could you give an example?

#### **Conclusion and goodbye!**

Upon completion of the questions start a game or song with children to conclude the session.

I want to thank you very much for your active participation in this group discussion. Your valuable thoughts and ideas are highly appreciated.

Considering that I have been asking you to respond to a few questions, it is now your chance to ask me any question that you might have concerning the discussions we have had.

Thank you and bye-bye!

Please fill after the interview before securely sharing the data

### **GENERAL OBSERVATIONS**

Please fill this box with your observations once the FGD interview has finalised.

### **AFTER INTERVIEW CLASSIFICATION AND SUMMARY**

Provide a summary of the FGD and list the main ideas and insights contained in this FGD.





# ANNEX 5.2: THE JF-CPIE GUIDE FOR FOCUS GROUP DISCUSSION (GROUP B & C: 12–17 YEARS)

## TOOL APPLICATION

The objective of this Focus Group Discussion (FGD) is to facilitate the conversation with a group of children on issues regarding their protection. This discussion has been designed to be child inclusive and friendly but especial effort must be paid to make sure that all child participants feel safe and comfortable, and their voices are heard. Please read the ethical instruction below before starting with this tool.

Facilitators should follow NA protocol to implement the tool in the field. Please be sure that the organisation of FGD was planned in advance. Basic information on the JF-CPIE project and its ethical guidelines should have been already discussed with local/community authorities, with child precipitants and their parents/guardians.

Facilitators should have already identified a place to conduct the FGD making sure that children will be safe and comfortable and their presence for this FGD will take place in a time that is also child friendly and appropriate.

You should have a group of around 6 boys or 6 girls ready to participate in this FGD. Please start by introducing yourself and welcoming everyone (see presentation in page 2). Now please read the Inform Consent Form and discuss the ethics of the project according to the instructions bellow.



**ETHICAL INSTRUCTIONS:**

Read out the project's Informed Consent Form in the language of the interview and get the signature of the respondent before collecting the consent of the child.

The participants for this study are randomly selected upon which we request your participation in the group discussion today. I would like to assure you that, all your ideas shared during the discussion will be kept confidential and will be generalized so that your individual opinion and your name will not be presented anywhere. Your open thoughts will help us to build a concrete picture about your community as well as help inform any measures that might be taken to protect children and adolescents against any form of violence.

Follow the Informed Consent Form instructions carefully and make sure the person interviewed clearly understands the ethical considerations disclosed in the Informed Consent Form and agrees to take this interview. If that is not the case, the interview should not be conducted.

Important: explain the activity and describe the Focus Group Discussion dynamic to take place (see below) and once that is well understood and everybody has agreed to participate, then, sign the Inform Consent Forms.

**PRESENTATION:**

[a] Hello, my name is (your name). [b] We are from (disclose your professional affiliation). [c] We are conducting a survey for JOINING FORCES FOR CHILD PROTECTION IN EMERGENCIES (JF-CPIE) which is a multi-country project funded by the German federal foreign office (GFFO) and implemented in 6 countries: Bangladesh, Burkina Faso, Central African Republic, Colombia, Ethiopia, and South Sudan. [d] The objective of this discussion is to talk about Child Protection and the conditions that affect your wellbeing in [the country specific location]. [e] Have you understood the Informed Consent Form and the aims, objectives, and purpose of this project? Have you got any other general questions?

Remember that participation in this study is based on your free will without any cost implication to yourself, your family, or your community. Please note that declining to participate in this interview will not affect any services that are currently (or in the future) being offered to you by [insert the country specific agency]. Even if you agree to participate in the study, you are free not to answer any question that may make you uncomfortable. You are also free to stop and leave the discussion without having to explain yourself.

**EXPLAIN THE ACTIVITY**

This interview will take about 60 minutes of your time. All the information we obtain in this interview will be managed and stored as I have described to you in the consent form, and it will only be used for the purposes and objectives of this project.

All the information we obtain will remain strictly confidential and anonymous. If you wish not to answer one of the questions or feel uncomfortable discussing a certain topic that is all right. If you wish to stop the interview that is also alright and you may do so at any time, just let me know.

Now, please proceed to sign the Inform Consent Forms and fill in the information below.



GENERAL INFORMATION PANEL		INTERVIEW ID: _____	
Date of interview (DD/MM/YYYY):			
Interview Location (Place & Region):			
Interviewer's name:			
Interview Start time:		Interview End time:	

	Name	Sex	Age	Education	Town/Village/Community
1					
2					
3					
4					
5					

### ADAPTION NOTE

This FGD tool should be applied with the following Age Groups:

A: children 07-11 years old

B: children 12-15 years old

C: children 16-18 years old

**THIS TOOL IS FOR AGE GROUPS B & C**

## Welcome the children

### **Warm-Up Activity (2-3 minutes): Stand in a circle.**

First person introduces himself or herself and grade, throws a ball of string to someone else in the group (while holding onto the string). Every person does the same until everyone has introduced themselves and a web of string has been created. Explain that now we are all connected to each other and must respect what others say. Express that all students can feel safe and ok about sharing.

Ask a few questions about how school is going, how they did on exams, how they are feeling today (creates rapport, lightens the atmosphere)

### Exercise 1: Expressive drawing

Ask children to draw a map of their community and then to plot places they feel safe, unsafe etc. Review the content and pick reoccurring locations both safe and unsafe.



### **Facilitators note: Probe**

- Why do they / places make you feel unsafe?
- What is to be unsafe?
- What is to be uncomfortable?
- What are key things that make you feel unsafe or uncomfortable?
- And what are those things in this community?
- What would you like to see done to change this situation?
- Are places that are more unsafe for girls and or adolescent girls?
- Which places are more unsafe for girls and adolescent girls in this community?
- Are places that are more unsafe for boys and or adolescent boys?
- Which places are more unsafe for boys and adolescent boys in this community?

### **Facilitator note: Overlap between exercises**

- You may notice that some topics/issues overlap between exercises and sections in the FGD. This is ok. Try to use this overlap to provide voice to everyone or to expand the opportunities for discussion with different participants.

## **Exercise 2: Questions on knowledge about your community**

1. In your view, what types of violence affect children and adolescent in your community?
2. Where in the community do you go for help when you have situations that is unsafe or dangerous?
3. In your view, what types of services are available children and adolescent in your community?
4. Are there services available for Girls, Boys, Adolescents, and children with disability?



- What services exist in your community? And what services would you recommend?

(Or, if that is not clear, let's try to identify services... what are services available for children? Let's identify some with examples and let's discuss what are these for or if children feel they have these services for them in the first place).

- Are there additional services that you think are needed and this community don't have them to make boys and girls feel safer?
- Are there places safe or unsafe for children with disabilities?
- Where in the community do you go for help in an unsafe situation?
- What is to have a disability? And what do you think we need to do to make them also feel safe and comfortable?

**Facilitator action: Review the issues and write them on piece of flip chart.**

### Priority Ranking:

Ask the group to rank the issues in order of most common issue they face, usefulness and available to access for girls, boys and children with disabilities.

(Note: this can be done by running to the right spot with the issues posted or by using sticks to mark their vote).

### Facilitator action: Ask to follow up questions to the points

- Could you tell me more about why these issues are most common?
- Do these impact girls or boys more?
- Are they aware of community child protection run services in their area?

## Exercise 3: Questions on attitude concerning violence [Yes/No – Maybe]

Prepared “statements” below are read out to the group.

Children choose to stand beside either a Yes, No or Maybe sign depending on if they agree, disagree or are unsure about the statement. The facilitator asks the children to explain why they were standing where they were. The three issues that created the strongest reactions or discussion are identified as the greatest issues for more detailed discussion by the group. It's important to probe the on the impact upon girls, adolescent girls, boys and children with disabilities when discussing the impact of each point.

1. It is the duty of 'grown ups' to physically punish children and adolescents to maintain discipline?
2. Parents /Caregivers speak to us about sexual reproductive health?
3. here is not enough assistance from the community to the children and adolescents who have been harmed by violence against them
4. Children under 18, boys and girls to get married in your community.

What capacities exist for stakeholders and local authorities to protect boys and girls?

Do you seek help for caregivers when you feel unsafe (yes/no/ maybe) Probe how/ why after.

What information do you think Parents /Caregivers need to protect children in homes and communities?

Help on SRH - (for older groups -) what support do they receive - can they ask for help - YN - if no why?

#### **Exercise 4: Questions on reporting and responding to issues - group discussion**

1. If you were to report about an incidence of violence against a child or adolescents, to whom will you report to and why? (Who else would you report to?)
2. Are services provided by NGO, or community on children matters effective, accessible, or good quality? (Probe here on Girl, Adolescent girls, Boys, and disability)
3. How can cash and voucher assistance (CVA) be safely used to best help children and adolescent girls and boys? (Are these available?)

#### **Facilitator's note: Further probing questions**

- 'So, you have just raised this point...' (to confirm understanding) '
- Does it mean that ...?' (To explore further)
- Could you tell me more about this?'
- 'Who would you agree with this opinion?'
- 'Does anyone think something different?'
- So, you think that it is also true in your community?'
- Could you give an example?'

## **Conclusion and goodbye!**

Upon completion of the questions start a game or song with children to conclude the session.

1. I want to thank you very much for your active participation in this group discussion. Your valuable thoughts and ideas are highly appreciated.
2. Considering that I have been asking you to respond to a few questions, it is now your chance to ask me any question that you might have concerning the discussions we have had.
3. Thank you and bye-bye!

**Please fill after the interview before securely sharing the data**

**GENERAL OBSERVATIONS**

Please fill this box with your observations once the FGD interview has finalised.

**AFTER INTERVIEW CLASSIFICATION AND SUMMARY**

Provide a brief summary of the FGD and list the main ideas and insights contained in this FGD.



# ANNEX 5.3: THE JF-CPIE GUIDE FOR KEY INFORMANT INTERVIEWS

<b>GENERAL INFORMATION PANEL</b>	<b>INTERVIEW ID:</b> _____		
Date of interview (DD/MM/YYYY):			
Interview Location (Place & Region):			
Interviewer's role/job/expertise:			
Interview Start time:		Interview End time:	

## **INSTRUCTIONS:**

Please read out the project's Informed Consent Form in the language of the interview and get the signature of the respondent before collecting the consent of the child. Follow the Informed Consent Form instructions carefully and make sure the person interviewed clearly understands the ethical considerations disclosed in the Informed Consent Form and agrees to take this interview. If that is not the case, the interview should not be conducted. Hand over an information sheet with contacts of the people responsible for the project. The respondent should be able to contact them should s/he have any complaint regarding this interview.





**INTRODUCTION:**

[a] Hello, my name is (your name). [b] We are from (disclose your professional affiliation). [c] We are conducting a survey for JOINING FORCES FOR CHILD PROTECTION IN EMERGENCIES (JF-CPIE) which is a multi-country project funded by the German federal foreign office (GFFO) and implemented in 6 countries: Bangladesh, Burkina Faso, Central African Republic, Colombia, Ethiopia, and South Sudan. [d] Have you understood the Informed Consent Form and the aims, objectives, and purpose of this project? Have you got any other general questions?

The objective of this interview is to collect information on child protection issues from a person with a deep, detailed, and specific knowledge about this subject. 4 Interviews per country will be conducted with the following Key Informants (Please select below in which category this interview belongs to):

This interview is specialised in sexual and gender-based violence

This interview is specialised in armed groups and armed conflict violence

This interview has been carried out with a teacher, a guardian or a caregiver of children (including foster parents for unaccompanied children) or with a relevant local or community authorities (health workers, community and religious leaders, etc.)

This interview has been carried out with Project Staff (Please read special section instructions below)

This interview will take about 60-70 minutes of your time. All the information we obtain in this interview will be managed and stored as I have described to you in the consent form, and it will only be used for the purposes and objectives of this project.

All the information we obtain will remain strictly confidential and anonymous. If you wish not to answer one of the questions or feel uncomfortable discussing a certain topic that is all right. If you wish to stop the interview that is also alright and you may do so at any time, just let me know.

May I start the interview now?

**SPECIAL SECTION – PLEASE APPLY ONLY WITH PROJECT STAFF**

Please apply the questions in this page ONLY if this KII is conducted with project staff. If this interview is not conducted with project staff, please start the interview in the next page.

Don't forget to mark the section above noting that this interview has been conducted with project staff.

**SPECIAL SECTION - (USE WITH PROJECT STAFF)**

SET 1

S1.A. To what extent does the indicator reflect project activities within your service areas? (Please explain!)

S1.B. To what extent are these activities crucial to the overall success of the project? (Please explain!)

S1.C. Have you developed any monitoring tools to collect data on project delivery against this indicator? Can they be shared?

S1.D. Is there any project material on those project activities available? Can it be shared?

S1.E. Do you think the indicator as it is can be improved? If yes, how?

## Now, please discuss the following questions.

<b>SPECIAL SECTION - (USE WITH PROJECT STAFF)</b>	<b>SET 2</b>
<p>S2.A. Overall, do you feel all logframe indicators adequately describe project activities and objectives of JF-CPIE in your service areas? (Please explain!)</p> <p>S2.B. Overall, do you feel all project activities and objectives of JF-CPIE in your service areas are adequately covered by the logframe indicators? If yes, please explain. If not, what project activities and objectives are not adequately covered?</p>	

<b>CHILD PROTECTION SERVICES</b>
<p>1.A. Which services do exist in the community for children to strengthen protection of children? (That are community based)</p> <p>1.B. Are there specific service for girls (and adolescents girls)?</p> <p>1.C. Are there specific service for boys (and adolescents boys)?</p> <p>1.D. Which services aiming to strengthen protection of children which you think are desperately needed don't exist in the community</p>
<p>1.E. You have mentioned there are some gaps in the services provided. What is the impact their lack is having on girls in your community?</p> <p>1.F. ...and what is the impact their lack is having on boys in your community?</p> <p>1.G. What specific services exist for children with disabilities (girls, adolescents girls and boys)? And/or are there gaps in addressing children with disabilities? If so, which are these gaps? And how do these gaps impact girls and boys with disabilities?</p> <p>1.H. What are the key gender-specific barriers facing boys and girls (including social, gender dynamics) to access these existing services?</p>

<b>CHILD PROTECTION SERVICES (TECHNICAL STAFF QUESTIONS)</b>
<p>2.A. Do gender-specific barriers stop boys and girls accessing these existing services?</p> <p>2.B. Are caregivers of Unaccompanied and separated children able to provide to support children with protection needs?</p> <p>2.C. What training have taken place on parenting and what are the gaps in knowledge on parenting skills in the community including temporary care givers?</p> <p>2.D. Are there any activities that JF-CPIE project should modify to respond more effectively to needs /risks girls, boys, adolescents' girls, and boys in this community?</p>

<b>FOOD SECURITY AND LIVELIHOOD</b>
<p>2.E. What information is share on child safe interventions in FSL programming, in particular cash?</p> <p>2.F. How are cash programmes for girls, adolescents, children with disabilities, UASC beneficial to their Protection and development?</p>

**CHILD PROTECTION ISSUES**

3.A. What types of physical violence on girls are more common in this area?

3.B. Who are the main perpetrators?

3.C. Does this happen equally in all parts of this intervention area? Or are there local/regional variations? Has the situation evolved in the last 3 years? (If so, how?)

3.D. Do these types of physical violence affect girls with disabilities in a different way? How? Has the situation evolved in the last 3 years? (If so, how?)

4.A. What types of physical violence on boys are more common in this area?

4.B. Who are the main perpetrators?

4.C. Does this happen equally in all parts of this intervention area? Or are there local/regional variations? Has the situation evolved in the last 3 years? (If so, how?)

4.D. Do these types of physical violence affect boys with disabilities in a different way? How? Has the situation evolved in the last 3 years? (If so, how?)

**CHILD PROTECTION ISSUES**

5.A. What types of emotional abuse on girls are more common in this area?

5.B. Who are the main perpetrators?

5.C. Does this happen equally in all parts of this intervention area? Or are there local/regional variations? Has the situation evolved in the last 3 years? (If so, how?)

5.D. Do these types of emotional abuse affect girls with disabilities in a different way? How? Has the situation evolved in the last 3 years? (If so, how?)

6.A. What types of emotional abuse on boys are more common in this area?

6.B. Who are the main perpetrators?

6.C. Does this happen equally in all parts of this intervention area? Or are there local/regional variations? Has the situation evolved in the last 3 years? (If so, how?)

6.D. Do these types of emotional abuse affect boys with disabilities in a different way? How? Has the situation evolved in the last 3 years? (If so, how?)

**CHILD PROTECTION ISSUES**

7.A. What types of sexual abuse on girls are more common in this area?

7.B. Who are the main perpetrators?

7.C. Does this happen equally in all parts of this intervention area? Or are there local/regional variations? Has the situation evolved in the last 3 years? (If so, how?)

7.D. Do these types of sexual abuse affect girls with disabilities in a different way? How? Has the situation evolved in the last 3 years? (If so, how?)



8.A. What types of sexual abuse on boys are more common in this area?

8.B. Who are the main perpetrators?

8.C. Does this happen equally in all parts of this intervention area? Or are there local/regional variations? Has the situation evolved in the last 3 years? (If so, how?)

8.D. Do these types of sexual abuse affect boys with disabilities in a different way? How? Has the situation evolved in the last 3 years? (If so, how?)

### **CHILD PROTECTION ISSUES**

9.A. What types of neglect on girls are more common in this area?

9.B. How does this usually happen?

9.C. Does this happen equally in all parts of this intervention area? Or are there local/regional variations? Has the situation evolved in the last 3 years? (If so, how?)

9.D. Do these types of neglect affect girls with disabilities in a different way? How? Has the situation evolved in the last 3 years? (If so, how?)

10.A. What types of neglect on boys are more common in this area?

10.B. How does this usually happen?

10.C. Does this happen equally in all parts of this intervention area? Or are there local/regional variations? Has the situation evolved in the last 3 years? (If so, how?)

10.D. Do these types of neglect affect boys with disabilities in a different way? How? Has the situation evolved in the last 3 years? (If so, how?)

### **CHILD PROTECTION ISSUES**

11.A. What types of exploitation of girls are more common in this area?

11.B. How does this usually happen?

11.C. Does this happen equally in all parts of this intervention area? Or are there local/regional variations? Has the situation evolved in the last 3 years? (If so, how?)

11.D. Do these types of exploitation affect girls with disabilities in a different way? How? Has the situation evolved in the last 3 years? (If so, how?)

12.A. What types of exploitation of boys are more common in this area?

12.B. How does this usually happen?

12.C. Does this happen equally in all parts of this intervention area? Or are there local/regional variations? Has the situation evolved in the last 3 years? (If so, how?)

12.D. Do these types of exploitation affect boys with disabilities in a different way? How? Has the situation evolved in the last 3 years? (If so, how?)



**CHILD PROTECTION ISSUES**

13.A. Do children seek help from parents/caregivers when they have protection needs? If so, who more commonly?

13.B. How does this usually happen?

13.C. What about UASC—can they approach/who do they approach caregivers - if not why?

13.D. What about children with disabilities—can they approach/who do they approach caregivers - if not why?

**SEXUAL AND GENDER-BASED VIOLENCE**

14. If topics related to sexual and gender-based violence affecting children have come up in the interview, please use this time to go in-depth on this topic. If the topic has not been explicitly discussed, please ask the interviewee about it.

You may begin by asking how his role/position/experience puts him in contact with sexual and gender-based violence. You may want to go in-depth by asking the interviewee to link sexual and gender-based violence with other social, economic, cultural, religious, and historical issues locally affecting child protection in the region.

**ARM GROUPS AND ARMED CONFLICT**

15. If topics related to arm groups involving children or arm conflict violence affecting children have come up in the interview, please use this time to go in-depth on this topic. If the topic has not been explicitly discussed, please ask the interviewee about it.

You may begin by asking how his role/position/experience puts him in contact with arm groups involving children or arm conflict violence affecting children. You may want to go in-depth by asking the interviewee to link arm groups involving children or arm conflict violence affecting children with other social, economic, cultural, religious, and historical issues locally affecting child protection in the region.

**PARENTING SKILLS**

16.A. What is the impact of parenting on girls/adolescent girls and boys?

16.B. Is there any kind of training regarding parenting skills in your community? What kind of training have taken place on this issue? Where does training comes from?

16.C. Are there gaps in knowledge on parenting skills in the community? Which ones? (Probe on gender norms)

16.D. [On adolescent parenting] Do parents speak with children on Sexual health, SRH services, - impact of parenting on girls/ adolescent girls and boys.

**CARE AND PERCEPTIONS**

17. Local perceptions of Child Protection Needs. From the local point of view. Ask your interviewee to identify safe spaces for children in her or his community/village/town. Ask your interviewee why she or he thinks these spaces are safe for children? Ask her or him to identify what are some shortcomings in the current system of child protection in place? Now discuss: what is needed to improve the situation? And why that is relevant and how is it enmeshed in the local context?



**CARE AND PERCEPTIONS**

18. Local perceptions of Child Protection Needs. From the local point of view. Ask your interviewee to identify the people outside the nuclear family in her or his community/village/town that she or he thinks are most suitable to provide care for unaccompanied and separated children. Ask your interviewee why she or he thinks these people are good care providers for children? Now discuss: what is needed to improve these children situation? And what can be a suggestion that is relevant and enmeshed in the local context?

**CARE AND PERCEPTIONS**

19. Local perceptions of Child Protection Needs. From the local point of view. Ask your interviewee to Identify the people outside the nuclear family in her or his community/village/town that she or he thinks are most suitable to provide care for children with disabilities. Ask your interviewee why she or he thinks these people are good care providers for children?

**CARE AND PERCEPTIONS**

20. Local perceptions of Child Protection Needs. From the local point of view. Ask your interviewee to Identify the people outside the nuclear family in her or his community/village/town that she or he thinks are most suitable to provide care for children with mental health and psychological distress. Ask your interviewee why she or he thinks these people are good care providers for children?

**LET'S TALK SOLUTIONS**

21.A. What actions, services and interventions should be prioritized to promote child protection?

(List the type of actions, services and interventions to promote child protection in FSL programming that you think are best (examples include awareness, risk mapping etc...)

21.B. How are these actions tailored to women, girls, adolescents, children with disabilities, UASC, etc.

21.C. How can cash and voucher assistance (CVA) be safely used to best help children and adolescent girls and boys? And can CVA deter negative coping mechanism such as Child Marriage? Why or how?

21.D. The mode of transfer in CVA. Which mode is used? How safe is it? Is it effective in providing the target groups with the cash.

**WHAT SHOULD WE DO?**

22. Remember what we have discussed in this interview about childcare, children with disabilities, violence affecting children and the local situation regarding child protection in your community. Are there any activities that JF-CPIE project should modify to respond more effectively to needs/risks girls, boys, adolescents' girls and boys in this community?

**END OF THE INTERVIEW**

<b>GENERAL OBSERVATIONS</b>	Page 13
<p>Once the information above has been filled, and the interview has concluded, please fill this box with your observations on the interview adding any kind of feedback, comments, and information that you think is relevant, important, useful, or needs to be clarified. Note if the interviewee discussed a topic not contained in the interview but that seems important nonetheless.</p>	

<b>AFTER INTERVIEW CLASSIFICATION</b>	Page 14
<p>List the main ideas and insights contained in this interview.</p> <p>Note the most relevant topics discussed in the interview.</p>	





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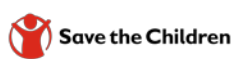


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