EVALUATION OF UNICEF PROGRAMMES TO PROTECT CHILDREN IN EMERGENCIES

Synthesis Report

UNICEF

EVALUATION OFFICE
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Evaluation of UNICEF Programmes to Protect Children in Emergencies: Synthesis Report

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The report was prepared by independent consultants Margaret Brown and Viktoria Perschler based on country case study reports on Colombia, Democratic Republic of the Congo, Pakistan and South Sudan, extensive desk reviews of 8 countries, and data gathered through additional sources. Krishna Belbase, Senior Evaluation Officer, managed and led the overall evaluation process with active engagement and support from Child Protection Section, Programme Division and selected staff from the participating county offices.

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Emergencies arising from armed conflict or natural disaster often cause serious threats to the survival, mental health and social well-being of children and their families and communities, jeopardizing their long-term ability to live and thrive in the aftermath of the emergency. Children may experience psychosocial as well as cognitive complexities because of factors such as death, injury or illness of parents and other caregivers; injury and illness borne by children themselves; destruction of and displacement from the protective influence of home, school and community; and suspension of essential services. Conflict and natural disaster-related emergencies thus increase the vulnerability of children to various forms of violence and exploitation, which have serious consequences that need to be addressed in a systematic manner.

As per its mission statement, "UNICEF is committed to ensuring special protection for the most disadvantaged children – victims of war, disasters, extreme poverty, all forms of violence and exploitation and those with disabilities." UNICEF’s approach to child protection in emergencies is set out in the Child Protection Strategy (2008), which applies to UNICEF’s work globally. The strategy is operationalized through the corporate Strategic Plan and in the Core Commitments for Children in Humanitarian Action (2010).

In recent years, a number of evaluations have examined UNICEF’s child protection response to specific emergencies, both in the context of natural disasters and conflicts. However, no evaluation was undertaken to examine UNICEF’s child protection programming comprehensively by focusing on its full range, from preparedness planning to emergency response and recovery phases. This report presents the results of the first comprehensive evaluation commissioned by the Evaluation Office with the aim of fulfilling accountability to donors and other stakeholders and generating learning with respect to UNICEF’s response to child protection in emergencies.

The purpose of the evaluation is to strengthen child protection programming in the context of emergencies by assessing UNICEF’s performance and drawing lessons and recommendations that will influence ongoing and future programmes, in both preparedness and response. Apart from global and regional interviews and desk reviews, the evaluation is grounded in a solid base of evidence from four in-depth case studies of recent emergency responses, in Colombia, Democratic Republic of the Congo, Pakistan and South Sudan, as well as extensive research covering eight additional countries.

It is expected that the evidence and recommendations presented by the evaluation will yield measurable contributions to improving UNICEF’s organizational accountability, policy and management decisions, technical guidance and field-level response. They will also serve as a systematic knowledge base for use by national governments, donors and other partners who contribute to child protection outcomes.

Colin Kirk
Director, UNICEF Evaluation Office
ACKNOWLEDGEMENTS

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The global synthesis draws heavily on four case study evaluations that covered Colombia, Democratic Republic of the Congo, Pakistan and South Sudan and desk reviews of 8 countries whose support is gratefully acknowledged. The national team in Colombia consisted of Maria Isabel Castro Velasco, Mario Quitones Noriega, Manuela Gaviria Serna and Tania Garcia. In the UNICEF country office, Sergio Riaga, Monitoring & Evaluation Officer, was the key counterpart. In addition, Karin Kramer, Juan Sebastian Estrada, David Turizo, Juan Felipe Barrera, Helber Alexander Vasquez, Magda Silva, Juan Pablo Caicedo, Catalina Hoyos Mora, Adriana Martinez and Camilio Serna Villegas made significant contributions in various phases of the evaluation.

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<td>BID</td>
<td>Best interests determination</td>
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<td>CAAFAG</td>
<td>Children associated with armed forces and armed groups</td>
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<td>CCCs</td>
<td>Core Commitments for Children in Humanitarian Action</td>
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<td>CEAP</td>
<td>Corporate Emergency Activation Procedure</td>
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<td>CERF</td>
<td>Central Emergency Response Fund</td>
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<td>CPIE</td>
<td>Child protection in emergencies</td>
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<td>CPIMS</td>
<td>Child protection information management system</td>
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<td>CPWG</td>
<td>Child protection working group</td>
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<td>CRC</td>
<td>Convention on the Rights of the Child</td>
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<td>CTFMR</td>
<td>Country task force on monitoring and reporting</td>
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<td>DRC</td>
<td>Democratic Republic of the Congo</td>
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<td>DRR</td>
<td>Disaster risk reduction</td>
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<td>ERW</td>
<td>Explosive remnants of war</td>
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<td>FBO</td>
<td>Faith-based organization</td>
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<td>FGM/C</td>
<td>Female genital mutilation/cutting</td>
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<td>GBV</td>
<td>Gender-based violence</td>
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<td>GBVIMS</td>
<td>Gender-based violence information management system</td>
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<td>HPMS</td>
<td>Humanitarian Performance Monitoring System (now known as MoRES in Humanitarian Action)</td>
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<td>IASC</td>
<td>Inter-Agency Standing Committee</td>
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<td>ILO</td>
<td>International Labour Organization</td>
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<td>KAP</td>
<td>Knowledge, attitudes and practices</td>
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<td>MARA</td>
<td>Monitoring, analysis and reporting arrangements</td>
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<td>MHPSS</td>
<td>Mental health and psychosocial support</td>
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<td>MONUSCO</td>
<td>UN Stabilization Mission in Democratic Republic of the Congo</td>
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<td>MoRES</td>
<td>Monitoring Results for Equity System</td>
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<td>MRE</td>
<td>Mine risk education</td>
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<td>MRM</td>
<td>Monitoring and Reporting Mechanism</td>
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<td>MTSP</td>
<td>Medium-term strategic plan</td>
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<tr>
<td>NGO</td>
<td>Non-governmental organization</td>
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<td>OCHA</td>
<td>Office for Coordination of Humanitarian Affairs</td>
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<tr>
<td>Acronym</td>
<td>Full Name</td>
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<tr>
<td>OHCHR</td>
<td>Office of the High Commissioner for Human Rights</td>
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<tr>
<td>PLaCES</td>
<td>Protective Learning and Community Emergency Services</td>
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<tr>
<td>SPLA</td>
<td>Sudan People’s Liberation Army</td>
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<tr>
<td>SRSG-CAAC</td>
<td>Special Representative of the Secretary-General for Children and Armed Conflict</td>
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<tr>
<td>UNCT</td>
<td>UN country team</td>
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<tr>
<td>UNESCO</td>
<td>United Nations Educational, Scientific and Cultural Organization</td>
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<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<tr>
<td>UNHCR</td>
<td>United Nations High Commissioner for Refugees</td>
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<td>WASH</td>
<td>Water, sanitation and hygiene</td>
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<td>WHO</td>
<td>World Health Organization</td>
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EXECUTIVE SUMMARY

Trends in the nature of armed conflicts and disasters are increasing both the scale and scope of protection issues affecting children and women in humanitarian contexts. After a decade of decline in the number of armed conflicts, since 2010 there has been an escalation in armed conflict globally.\(^1\) By 2012, more people were refugees (15.4 million) and internally displaced (28.8 million) than at any time since 1994.\(^2\) Nearly half of these people are children.\(^3\)

Children affected by armed conflict are subject to a wide range of protection violations and issues. These include separation from families; killing and maiming through combat or as a result of explosive remnants of war (ERW); being recruited or abducted by armed forces or armed groups; becoming survivors of sexual or physical violence or witnessing acts of violence; being detained; and even being subject to torture. Schools and health facilities are attacked and many children’s opportunities for the future are curtailed, especially in protracted contexts.

Disasters affect 10 times as many people as armed conflicts. The number of affected people has increased around sixfold since the 1970s, from less than 50 million people to around 300 million in 2010, largely due to climate-related disasters.\(^4\) Almost all – 97 per cent – of the people affected by disasters live in countries with medium to low levels of human development, and 85 per cent live in Asia.\(^5\)

Disasters cause protection risks and exacerbate existing issues. They separate children from their caregivers and often result in vast numbers of families living in camps, which in turn increases the risk of violence of all types. Disasters destroy livelihoods, which can lead to an increase in child labour and early marriage as coping mechanisms. The risk of trafficking and illegal adoption also increases in the aftermath of disasters. In both disasters and armed conflicts, many children and caregivers experience stress and anxiety that can be debilitating to their development. Symptoms can persist over long periods of time if not addressed.

Child protection interventions in emergencies aim to save lives in literal terms, by reducing the risk of casualties in armed conflict and disasters, and also to preserve children’s chances of having a fulfilling future. To be effective, child protection interventions need to be introduced in the immediate aftermath of sudden-onset situations and continued in the case of protracted emergencies.

UNICEF’s approach to child protection in emergencies is set out in the 2008 Child Protection Strategy. Approved by the Executive Board, it is applicable to UNICEF’s work in child protection globally, in all phases, development and emergency. The strategy is operationalized through the Strategic Plan\(^6\) and the 2010 Core Commitments for Children in Humanitarian Action (CCCs). The aim is to strengthen child protection systems, both formal and less formal, in all phases: pre-crisis, during crises and in post-crisis recovery. When conditions are stable, UNICEF’s objective is to strengthen systems for the long term through support to development of policies, legislation, service delivery capacities, regulations, coordination, knowledge and data, and human resource capacities. UNICEF also supports more targeted preparedness actions. Strengthening child protection systems and preparedness planning includes fostering the resilience and capacities of children, families and communities to withstand shocks, claim their rights and strengthen community-based protection. During emergencies UNICEF aims to build on existing systems and organizations and ensure they are not weakened or bypassed. In the recovery phase, UNICEF seeks opportunities to accelerate systems strengthening (to ‘build back better’).

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3. Ibid.
6. Known as the medium-term strategic plan (MTSP) at the time of this evaluation.
In parallel to system strengthening, UNICEF’s objective is to address the roots of violence in societies by promoting positive social norms. Promoting social change and challenging harmful practices is long term development work. It can address, for example, the causes of sexual violence, generalized aggression aggravated by ‘gun cultures’, and easy access to weapons, recruitment of children into armed forces and armed groups, and inter-communal violence – all of which are major issues in protracted conflicts. UNICEF works to address social norms and promote social change before, during and after crises and in armed conflict and disaster.

Two cross-cutting areas are fundamental to the strategy: (a) strengthening knowledge on child protection so that planning and response is based on evidence; and (b) convening/catalysing agents of change to ensure effective coordination and joint advocacy on key issues. Increasingly, UNICEF aims to provide an integrated response across sectors in emergencies. Child protection is well positioned to lead by providing multi-purpose centres offering protection services that link to education, health/nutrition and water/sanitation services.7

Along with the growth in the nature and extent of emergencies, UNICEF’s mandate and responsibilities in child protection have grown in the last decade. As part of cluster lead responsibilities, under the Global Protection Cluster, UNICEF leads the Child Protection Working Group (CPWG) and, in collaboration with UNFPA, is designated to co-lead the Gender-Based Violence Area of Responsibility (GBV AoR) at global and field levels. UNICEF also globally co-chairs and provides leadership to the Reference Group on Mental Health and Psychosocial Support. UNICEF also provides leadership in many of the task forces within the Child Protection Working Group such as the task force on Capacity Building and on CFS and Community Based Child Protection.

UNICEF is also responsible for co-chairing the country task force on monitoring and reporting on the grave violations against children in armed conflict and plays a leading role in implementing the Monitoring and Reporting Mechanism (MRM). The MRM is formally established to report to the UN Security Council when parties to conflict situations are listed in the annexes of the annual report of the Secretary-General on children and armed conflict CAAC for grave violations against children. UNICEF, as a key UN Action Against Sexual Violence in Conflict, and an operational UN agency with a protection mandate, is providing leadership in the development of the Monitoring, Analysis and Reporting Arrangements (MARA) on Conflict-Related Sexual Violence (CRSV). The MARA was established by UN Security Council Resolution 1960 (2010) to ensure systematic gathering of timely, accurate, reliable and objective information on conflict-related sexual violence. It is the technical lead within the United Nations for mine/ERW risk education (MRE), for war-injury victim assistance and for advocacy against the use of explosive weapons in populated areas.

This evaluation is the first comprehensive global exercise to examine UNICEF’s programme response in protecting children in emergencies. Its purpose is to strengthen child protection programming by assessing performance in recent years and to draw lessons and recommendations that will influence ongoing and future programmes. It is expected that the findings of the evaluation will inform the roll-out of the Strategic Plan 2014-2017.

The evaluation design includes country case studies analysing outcomes for children against the medium term strategic plan (MTSP, 2006-2013), the CCCs and selected evaluation questions. Twelve countries provided data for the analysis, four as case studies with country visits and standalone reports (Colombia, Democratic Republic of the Congo [DRC], Pakistan and South Sudan) and a further eight countries as desk studies (Afghanistan, Haiti, Myanmar, Philippines, Somalia, Sri Lanka, State of Palestine and Sudan). Four of the countries (Haiti, Myanmar, Pakistan and the Philippines) are disaster-affected and sudden-onset contexts while the remainder are primarily contexts of protracted conflict that include sudden-onset upsurges in violence.8

A total of 290 semi-structured interviews informed the evaluation across the case study countries and headquarters and regional offices of UNICEF as well as through representatives of the in-country child

7 A study is under way (December 2013) to strengthen integrated programming. See Integrated programming in humanitarian action (forthcoming).

8 Myanmar, Pakistan and the Philippines also have protracted regional conflicts in addition to being disaster affected.
Key findings and conclusions

The summary identifies major programme successes, followed by gaps and issues, and then recommendations. Detailed conclusions relative to the evaluation objectives and questions are provided in chapter 10.

The evaluation found that the strategic approach to child protection – system strengthening in the continuum of pre-crisis, crisis and post-crisis in combination with social change interventions – is comprehensive and relevant to the many different types of protection violations and issues faced by girls, boys and women in disasters and armed conflicts. However, more guidance is needed on applying the Child Protection Strategy in fragile and conflict-affected states. In addition, the CCCs are not yet in harmony with the integrated approach of the strategy. There has been much less focus in programme design on social change interventions, focused on the longer term and sustained during crises, that could help to prevent some types of violence – such as inter-communal violence, the prevalence of guns and other light weapons, and the acceptance of their use, and sexual violence – by addressing the root causes.

In programme implementation, UNICEF has led the child protection sub-cluster or working groups in information sharing, preparedness measures and increasing rapid assessments. This has contributed to good results achieved against MTSP areas and CCC benchmarks. Strong results were found in reunifying separated children, providing psychosocial first aid, preventing the recruitment of children, supporting release and reintegration, and in mine/ERW risk education. The weaker areas identified were in monitoring, reporting and advocating on grave violations beyond recruitment (killing and maiming, abduction, sexual violence, attacks on schools and hospitals, and humanitarian access) and in working to prevent violence against girls, boys and women. Data and case management remain weak and are an impediment to clearly demonstrating outcomes of programming. This in turn is a factor in the inadequate funding base to child protection in emergencies.

Key programme successes identified against the MTSP and CCCs are:

1. A significant percentage of separated children have been reunified in fast-onset humanitarian contexts (upsurge of violence or natural disaster).

Where reunification data were available, they revealed that an estimated 79 to 100 per cent of separated children have been reunified (or cases closed\(^{10}\)) in a sample of contexts.\(^{11}\) A caveat on these statistics is that the total number of separated children may not have been accurate in all cases, given the weaknesses of case management systems. The aim is to rapidly reunify children, within 48 hours to 2 weeks, but data were weak and not available on the speed of reunification. Reunification rates were much lower in countries where children had been separated for much longer periods, for example, 31 to 37 per cent in Sudan/South Sudan.

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\(^9\) Child protection working groups are established at country level to bring together NGOs, UN agencies, government representatives and other partners such as academics to coordinate on child protection preparedness and response and develop joint tools and guidelines. When an emergency leads the Resident Coordinator to recommend activation of sectoral clusters, the child protection working group in-country functions as a sub-cluster of the Protection Cluster.

\(^{10}\) Cases can be closed if, for example, children are separated from their usual caregivers but are living with extended family in satisfactory circumstances.

\(^{11}\) DRC, Myanmar, Pakistan and Philippines.
2. **UNICEF-supported psychosocial interventions are reaching significant numbers of children in complex settings.**

UNICEF intends to provide safe access for children to socialize, play and learn. UNICEF-supported psychosocial programmes reached between 8 and 13 per cent of affected girls, boys and women in sample contexts of disasters and conflicts. Assessed against UNICEF Country Office targets, however, the percentage reached is much higher, ranging from 84 to 297 per cent of target. The numbers reached varied from 22,300 conflict-affected girls and boys in South Sudan (12 per cent of the total) to 200,000 girls, boys and women in Pakistan (8 per cent of the flood-affected children). These statistics do not include the contributions of partners in child protection sub-clusters to psychosocial programming, so a higher total percentage of affected populations was reached. A key strength identified in the evaluation is that UNICEF has focused on outreach to hard-to-reach groups (the poorest people, ethnic and religious minorities, isolated populations, people with disabilities), and mobile outreach has been effective in increasing coverage. Costs per person of such services tended to be low ($10 to $45 per person over several months). Two external evaluations found significant improvements in some aspects of well-being through participation in psychosocial programmes, more so with younger children than adolescents.

3. **UNICEF provided reintegration support to the majority of children released from armed forces and armed groups through formal channels.**

The aim was to provide boys and girls released from armed forces and armed groups with family reunification or foster care and assistance with reintegration through, for example, education, vocational training or business start-up support. Across seven countries in the evaluation, 4,475 released boys and girls across six countries received such support through UNICEF programmes in 2012. This represents the majority of children released through formal channels.

4. **The MRM and action plans are prompting the release of children from armed forces and the prevention of recruitment**

The aim was to establish the MRM in all countries listed in the annexes of the Secretary-General’s annual report on children and armed conflict and to advocate for time-bound action plans to address the violations. The MRM has been established in all listed countries and UNICEF is co-chair (with the Humanitarian Coordinator) of the Country Task Force on Monitoring and Reporting (CTFMR) in each country. Advocacy by the CTFMR with armed forces has led to signed action plans in seven of the eight countries in the evaluation, and five of these were signed or revised in 2011/2012. Advocacy in the eight MRM countries in the evaluation resulted in the release of 2,064 children in 2011/2012 and to rejection of 1,379 children from recruitment through age screening.

5. **UNICEF’s programme response to violence has been extensive and effective through multi-sectoral support, especially in contexts of highest incidence of violence.**

The CCC benchmark is to prevent and address violence, exploitation of abuse of children and women, including gender-based violence (GBV). UNICEF reached very large numbers of GBV survivors with multi-sectoral support (medical, psychosocial, reintegration, legal) in some countries, especially those with the highest incidence of GBV. This includes DRC, with 39,000 children and women survivors between 2009 and 2012, and Somalia, Myanmar and Pakistan. In one group of 3,000 survivors, 56 per cent had received treatment within 72 hours of the incident.

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12 84% of girls and 90% in the relief phase of the floods in Pakistan, 2012; 297% of target in South Sudan and 87% of the target in Colombia (see Country Case Studies for this evaluation).

13 One was held across CPWG partners implementing psychosocial programming in the State of Palestine led by UNICEF and the other in Colombia on a large psychosocial ‘Game of Peace’ programme. Improvements were found in engagement in the home, community/social relations and problem solving although less improvement was found in resilience and reducing troubling thoughts and feelings. See section 4.5.
6. **UNICEF work in mine risk/ERW risk education is successful in reaching its targets**

Between 76 and 124 per cent of target populations had been reached by mine/ERW risk education in 2012 across the countries in the evaluation, with numbers reached spanning from 45,000 to 175,000. In addition to raising awareness of risks and teaching children and their families to live safely in areas contaminated by explosive remnants of war, in two countries systems were established to educate people on how to report sightings of suspicious objects. This led to the safe removal of 2,359 potentially dangerous objects.

7. **UNICEF is rolling out systems mapping with a view to plans for longer system strengthening, while leadership of the child protection sub-clusters/working groups is strengthening preparedness.**

UNICEF is rolling out mapping of all components of child protection systems and is supporting governments and partners to develop plans to strengthen systems in the long term. To strengthen preparedness and coordination, UNICEF is leading child protection sub-clusters or working groups in 10 of the 12 countries evaluated, with the specific aims of improving information-sharing, undertaking preparedness planning and implementing joint rapid assessments. Partners believed that UNICEF had strengthened information sharing, and joint tools and standard operating procedures had been developed in most contexts. Seven of the 12 countries had developed preparedness plans and UNICEF had led inter-agency rapid assessments in 6 countries.

**Gaps or weaker areas in programming**

1. **Advocacy using MRM data has been strong on recruitment, but there has been less emphasis on the other violations. Advocacy with armed groups is a gap.**

While CTFMRs have been effective in advocacy with armed forces on preventing recruitment and on the release of children, there has been much less advocacy on the other grave violations: killing and maiming, abduction, sexual violence, attacks on schools and hospitals, and humanitarian access. Further, only one action plan had been signed with an armed group (26 armed groups were listed in the countries in the evaluation), although they are now the main perpetrators of recruitment and other grave violations. Negotiations are ongoing with armed groups but this area needs to be given greater emphasis by UNICEF and CTFMR partners.

2. **Conceptualization of system strengthening in conflict-affected and fragile states needs to be further developed.**

While system strengthening for the long term coupled with preparedness in child protection is appropriate to all contexts, more conceptual thinking is required on approaches in conflict-affected and fragile states. Three aspects were outlined in the evaluation. First, where all systems are extremely weak (such as Afghanistan, DRC and South Sudan) it may be more realistic to focus state system strengthening efforts on the strategic functions of the state that cannot be provided by non-state actors (such as justice and security) to avoid further strain on weak systems. Second, in some states (including those classified by the World Bank as having more effective governance, such as Colombia and Pakistan14), there were issues of the coverage of protective services, especially in areas most affected by armed conflict and largely controlled by armed groups. Third, there are questions as to the most appropriate approach to child protection system strengthening where the state itself is a perpetrator of violence.

3. **Prevention of violence against children and women has been weaker than response.**

More investment has been made in response to violence and other protection risks than to prevention. This is particularly the case regarding the direct protection risks raised by children and women in this evaluation, such as violence and the risk of violence when collecting firewood/water; sexual violence around water and sanitation facilities in camps; generalized threatening behaviour where law and order are weak; addressing the prevalence and social acceptance of guns; disorder and violence around

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14 See annex 3 on countries in the evaluation by classifications of disasters/armed conflict, development status and governance.
distributions; and being caught in shelling and crossfire or in floods. The evaluation identified some examples of approaches demonstrating that creative thinking and participation by affected communities in seeking solutions can lead to practical and viable approaches to prevention.

4. Systematic interventions aimed at social change are essential but need to be extended.

Systematic interventions with measured outcomes aimed at social change, based on an analysis of the root causes of issues, have been relatively weak in the context of protracted armed conflicts. Long-term programmes have addressed female genital mutilation/cutting and early marriage, and more recently programmes have been introduced on peacebuilding and addressing sexual violence. However, these types of programmes need to be extended to address other complex issues in armed conflict, such as prevention of recruitment, inter-communal violence and the prevalence and social acceptance of guns. This is long-term work to be undertaken in more stable periods and sustained during crises.

5. Data management and case management remain very weak.

Disaggregated data are essential for evidence-based planning and for monitoring results and outcomes, but it was found to be weak at most levels. Case management for beneficiaries of programmes supporting individuals (e.g. separated children, survivors of GBV) was also weak. Strengthening data overall requires significant capacity-building investment with partners, as they are the primary producers of data.

6. Funding for child protection is insufficient to provide adequate leadership and maintain an adequate programme response.

Half of the countries in the evaluation received less than half of their appeals, and some received less than 30 per cent, with no evident distinction between disasters and armed conflicts. Funding shortages have resulted in cuts in essential programming, which is a risk to children. For example, mine/ERW risk education has been scaled down in some countries even as child casualties are increasing; services to survivors of sexual violence have reductions; and UNICEF has not been able to fulfil all commitments made under MRM action plans, which is a risk both to children and to UNICEF’s reputation. UNICEF has also found it difficult to provide sub-cluster coordinators with the required technical capacity and field experience, putting the quality of leadership at risk. Further, investments in capacity-building with partners will be constrained, yet this is still a high priority.

Recommendations

Recommendations are structured around five strategic areas and programme planning and equity issues. They are addressed to UNICEF HQ, regional office and country office levels. Chapter 10 provides details on how each recommendation should be implemented. The upcoming Strategic Plan for 2014-2017 provides an opportunity to integrate some of the proposed strategic directions proposed by the evaluation.

1. Further develop inter-agency human rights-based advocacy in all contexts but especially where the state is a perpetrator of violence and where armed groups are in control. In addition, engage further with the rule-of-law and security sector agenda and address impunity with reference to violence against children in armed conflict and disasters.

2. Strengthen the prevention of violence, including sexual violence and other forms of GBV against girls, boys and women in emergencies using social change interventions (longer term) and community alert/response systems during crises.

3. Strengthen data management, case management, evidence building and use of data for advocacy and programme management, and accountability to affected populations and to demonstrate outcomes to donors.

4. Invest in increasing funding for CPIE. Demonstrate to donors a greater emphasis on providing evidence of outcomes and on prevention.
5. Analyse the application of the Child Protection Strategy in fragile and conflict affected States and harmonize the CCCs to the CP Strategy.

6. Strengthen the inclusion of children with disabilities, reported as the group for which UNICEF had placed the least emphasis on identifying and addressing barriers to inclusion.

7. Together with international NGO partners, invest in medium term, systematic capacity-building of government and national NGO partners in CPIE, with an emphasis on data management and quality CPIE programming.
1. INTRODUCTION

1.1 Evaluation purpose and report structure

Trends in disasters and armed conflicts are tending to increase the scale and scope of protection issues affecting children and women. At the same time UNICEF’s mandate and responsibilities in child protection have grown in the last decade, especially in terms of coordination and leadership through the cluster system and in monitoring and reporting on grave protection violations. This evaluation of UNICEF child protection in emergencies (CPiE) programming during the 2009-2012 period is the first that provides a comprehensive global review of child protection issues, programme response and advocacy in emergencies and examines the entire cycle of emergency child protection programming, ranging from disaster risk reduction (DRR) and preparedness planning to recovery.

The purpose of the evaluation is to strengthen child protection programming in the context of emergencies by assessing UNICEF’s performance in recent years and drawing lessons and recommendations that will influence ongoing and future programmes. The evaluation examines the performance of child protection strategies and interventions along a continuum of pre-crisis, crisis and post-crisis (recovery) phases. It addresses measures to prevent protection violations and risks from arising as well as to respond with child protection interventions, in line with UNICEF’s Core Commitments for Children in Humanitarian Action (CCCs).

The evaluation’s evidence and recommendations are intended to provide a basis for reinforcing UNICEF’s organizational accountability to children and women, partners, donors and the UNICEF Executive Board in protecting children in emergencies. They also are aimed at strengthening policy and management decisions and providing technical guidance.

The report is structured in five principal areas:

1. An introduction to protection issues, UNICEF’s global Child Protection Strategy and programmes, and the methodology of the evaluation (chapter 1);

2. The relevance of the Child Protection Strategy, MTSP/Strategic Plan and CCCs relative to the principal protection issues for girls, boys and women in humanitarian action (chapter 2);

3. The outcomes of programmes and advocacy relative to:
   • The objectives of the MTSP/Strategic Plan (chapter 3) and CCCs (chapter 4) and in terms of systems strengthening and social change (chapter 5);
   • The cross-cutting issues of advocacy, communication, data management and equity (chapter 6);

4. Programme management in terms of efficiency and sustainability (chapter 7), connectedness and coordination (chapter 8) and support from UNICEF’s regional offices and headquarters (HQ) (chapter 9).

5. Conclusions and recommendations (chapter 10).
1.2 Trends in protection issues facing children in armed conflicts and disasters

Armed conflicts

Since 2010 all types of armed conflict have been growing in number after a decade in which the number of countries in conflict fell.\(^{15}\) This is largely a result of events unfolding in the Middle East, with the upsurge in conflict especially affecting the Syrian Arab Republic and Yemen. The trend seems set to continue as observers warn of the risk of further escalation of conflicts in the region and of the possibility of tension between countries in East Asia.\(^{16}\) UNHCR estimates that currently more people are refugees or internally displaced than at any time since 1994.\(^{17}\) There were 15.4 million refugees in 2012 and nearly twice as many internally displaced people (28.8 million). Children under 18 make up 46 per cent of all refugees. In 2012 there was also a record high number of 21,300 asylum applications from unaccompanied or separated children.

Children and women face a wide range of protection issues due to armed conflict and political violence, as set out in the 1996 Graça Mačel study on children and armed conflict and the follow-up study published in 2009.\(^{18}\) Girls, boys and women face the threat of death, injury, sexual violence, separation from families, death of parents, the distress from witnessing violence, recruitment or use by armed forces or armed groups, detention and torture. They can lose their childhoods and opportunities for the future. Violations are often more prolonged in chronic conflict situations such as Afghanistan, Colombia, DRC and Somalia.

The 2013 annual report of the Special Representative of the Secretary-General on Children and Armed Conflict (SRSG-CAAC) observed that shifting trends in armed conflict are making children still more vulnerable. These trends include the absence of clear front lines and identifiable opponents and the use of terror tactics such as using children as suicide bombers and human shields. The 2013 report of the SRSG-CAAC provides ample evidence of the continuation of the six grave violations against children: killing or maiming; recruitment or use of children by armed forces and armed groups; attacks against schools or hospitals; rape and other forms of sexual violence; abduction; and denial of humanitarian access in countries listed in the annexes of the Secretary-General's annual report on children and armed conflict.\(^{19}\)

Disasters

Disasters are also increasing in intensity and frequency. Recorded disasters increased from less than 50 in 1960 to 640 in 2010. The number of people affected by disasters has similarly grown over the last 50 years, from less than 50 million annually in the 1970s to around 300 million in the decade ending in 2010.\(^{20}\) Asia was home to 85 per cent of people affected by disasters in the decade 2002-2011, so Asian children are especially vulnerable to protection risks prompted by disasters. African countries accounted for 11 per cent of affected populations in the same period and the Americas for 3 per cent. Of all the people affected by disasters, 97 per cent live in countries with low to medium levels of human development. The type of disaster determines the scale of effect. Floods accounted for 44 per cent of the people affected by disasters in the first decade of the new millennium, followed by droughts and food


\(^{16}\) Ibid.


insecurity at 35 per cent. Earthquakes and tsunamis affected a much smaller percentage (2.95 per cent) but were much more lethal, causing 60 per cent of deaths.\textsuperscript{21}

Disasters both cause child protection issues and exacerbate existing risks. Children can become accidentally separated from families or orphaned as a result of sudden-onset disasters such as floods, earthquakes and tsunamis. In slow-onset disasters such as droughts and food insecurity, young children may be entrusted to others if parents fear they cannot feed them. Girls, boys and women face increased risk of physical or sexual violence in the aftermath of disasters as protective systems are strained, individuals under stress and whole populations forced to live in close proximity in temporary shelter. Girls and boys can be driven towards child labour, transactional sex or fall victim to trafficking as families lose their livelihoods. Children can also be subject to extreme stress that debilitates them for years to come.

Death rates are also typically higher in children than in adults in disasters. In the Haiti earthquake in 2010, 65.9 per cent of those killed were children under age 12,\textsuperscript{22} and in the 2005 tsunami in Sri Lanka the death rates for children under 5 were more than four times those of adults.\textsuperscript{23} Girls and women can be at greater risk in some disasters than boys and men. In the tsunami, more females than males died across all age categories, largely because they were more likely to be inside homes when the tsunami hit.\textsuperscript{24}

There are limited data comparing the incidence of child protection issues in armed conflicts and disasters and even less that disaggregates the data on affected children by age and sex.

1.3 UNICEF’s approach to child protection in emergencies

UNICEF takes a long-term approach to protecting children in armed conflict, political violence and disasters, aiming to strengthen the broad child protection environment in the pre-crisis phase, during crises and in recovery phases. In the pre-crisis phase, UNICEF invests in long-term systems that provide the foundation for response during crises and aims to ensure that child protection actors are adequately prepared to scale up in a crisis. UNICEF takes the position that child protection in emergencies (CPiE) is part of ongoing child protection programming, not a separate function.

Ensuring that children are adequately protected in emergencies with timely and effective interventions can not only save lives but also protect their potential, raising the likelihood that individuals will be able to make positive contributions to society in the future. For example, preventing the recruitment of children to armed forces and armed groups saves them from engagement in armed combat, which risks both their own lives and the lives of others. Preventing and responding to sexual violence saves the lives of girls, boys and women, and protects from contracting sexually transmitted infections or having to cope with the psychosocial consequences of rape and other forms of assault. Mine risk education saves children from becoming casualties of explosive remnants of war (ERW) and prevents lifelong disability. Family tracing and reunification of children who have become separated from their usual caregivers in armed conflict or disasters protects these children from losing their birth identity, growing up in institutions or living in risky situations. Providing psychosocial interventions to children affected by armed conflict and disasters helps them to recover from the distress and anxiety that can be debilitating in the long term.

Three key UNICEF instruments, grounded in human rights law and international humanitarian law, set out the approach to programming in a humanitarian context:

- The Child Protection Strategy (2008), which provides the foundation for all work in child protection in all phases of development or crisis.
- The Medium-term Strategic Plan, or MTSP (now known as the Strategic Plan), which was approved by the Executive Board for the period 2006-2009 and twice extended, to 2013. It operationalizes the


\textsuperscript{22} Kolbe et al., 2010, ‘Mortality, crime and access to basic needs before and after the Haiti earthquake: a random survey of Port-au-Prince Households’, \textit{Medicine, Conflict and Survival}, 26:4, 281-297.

\textsuperscript{23} N. Nishikiori et al., 2006, ‘Who died as a result of the tsunami?’, \textit{BMC Public Health} 2006, 6:73.

\textsuperscript{24} Ibid.
Child Protection Strategy and includes organizational targets consistent with the strategy. The evaluation covers the period of the existing plan based on indicators revised in 2012. The next Strategic Plan will cover the period 2014-2017.

- The **Core Commitments for Children in Humanitarian Action (2010)** detail benchmarks to be reached in child protection and outline actions for the phases of preparedness, response and recovery. They are intended to be consistent with and complement the Child Protection Strategy and Strategic Plan.

**Child Protection Strategy**

The Child Protection Strategy is structured in two pillars that together form the foundation of a protective environment for children: (a) strengthening national protection systems and (b) supporting positive social change. Two cross-cutting areas – evidence building/ knowledge management and convening/ catalysing agents of change – are also fundamental to the strategy. Specific actions in these areas are specified for child protection in emergencies.

The definition and components of a child protection system have been discussed extensively by UNICEF and its partners25 and continue to develop. This evaluation is based on the definition in box 1, derived from key UNICEF documents.

UNICEF expects its country offices to support states and their partners in strengthening systems for the long term, including building their capacity to protect children during crises. This requires incorporating child protection preparedness and response planning into national planning mechanisms, as part of disaster risk reduction. It also means strengthening community-based child protection systems and their links to the state and formal systems. The aim is to strengthen, not undermine, existing systems during

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**Box 1. Definition and components of a child protection system**

A child protection system consists of formal and informal structures, functions and capacities that have been assembled to prevent and respond to violence, abuse and exploitation of children. Actors engaged in child protection include children and youth, families, communities, governments, civil society and private organizations. The effectiveness of child protection depends on:

- Laws, policies and standards
- Service and service delivery mechanisms (promotion, prevention and response actions)
- Human and fiscal resources and management (or capacities)
- Communication and advocacy
- Collaboration and coordination
- Evidence and data for decision making.

An effective child protection system is accountable and accessible to children and their families. It promotes children’s well-being and protection, enhances the capacity of families to fulfil their responsibilities and provides a continuum of protection services from prevention to mitigation of violations. Most important are the relationships and interactions between and among these components and actors.


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the response phase and to seek opportunities to ‘build back better’ or catalyse the further development of systems during recovery. Emergency funding should be invested in sustainable response whenever possible. For example, a country can use the experience of emergency tracing for children who become separated from families to further build systems for alternative care of children without parental care. However, system strengthening in countries that are considered to be conflict affected or fragile is inevitably a particular challenge; it will be further addressed in this report.

The second pillar of the Child Protection Strategy concerns social change. UNICEF takes the view that some forms of violence are rooted in discrimination and unequal gender dynamics. Harmful practices can be deeply anchored within societies, and they tend to increase during crises. For example there may be an upsurge in early marriage as families reduce the number of children in their care, or increased physical or sexual violence against girls and women in the context of stress and the breakdown in law and order. To change attitudes and practices requires the engagement of a wide variety of stakeholders, including people of authority, communities, religious leaders, parents, caregivers and children. UNICEF programmes are expected to promote positive social change in the long term and during emergencies through communication and advocacy, education and empowerment, and community dialogue. The aim is to raise awareness and generate commitments among whole communities to change practices.

Of the strategy’s cross-cutting issues, evidence building/knowledge management, data collection and analysis are regarded as underpinning all of UNICEF’s work in child protection and providing the basis for strengthening policies and laws and their implementation. There is an expectation that UNICEF will improve the monitoring and tracking of child protection issues and research in the long term and that rapid assessments will be carried out together with partners at the onset of crises.

Monitoring and reporting of grave violations against children as mandated by the Security Council Resolutions is also part of producing evidence for advocacy.

The other cross-cutting issue, convening and catalysing agents of change, refers to UNICEF’s leadership on child protection, including in emergencies. UNICEF is mandated to convene the child protection sub-cluster in appropriate settings. It is a co-lead with UNFPA of the global GBV Area of Responsibility (GBV AoR) as well as several national level GBV subclusters/WGs. It is also responsible for working with partners to develop common approaches and guidance in child protection programming in all phases: pre-crisis, during response and in recovery.

The MTSP framework has been revised during the period of the evaluation. The evaluation is based on the overall orientation of the 2006 version together with the results framework revised during 2011 and published in January 2012. Four key result areas are set out in the MTSP’s results framework and are harmonized to the Child Protection Strategy:

1. Better child protection systems that include national laws, policies and services across sectors, in particular justice and social protection, to protect all children from violence, exploitation and abuse.
2. Stimulation of dialogue among social networks to reinforce social conventions, norms and values that favour the prevention of violence, exploitation and abuse and lead to questioning of child rights violations.
4. Improved country-level monitoring, research, evaluation and use of data on child protection.

The MTSP sets out organizational targets for child protection in humanitarian action and includes key indicators to be measured organization-wide. The MTSP links to the CCCs by referring to each of them as areas of cooperation.

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26 There is no agreed international definition of conflict and fragile states, but a recent analysis has drawn on the definition of the UK Department for International Development definition and the Organisation for Economic Co-operation and Development, which define them as “states that are failing, with respect to authority, comprehensive service entitlements or legitimacy” (F. Stewart and G. Brown, 2009, Fragile states, CRISE Working Paper no. 51, Centre for Research on Inequality, Human Security and Ethnicity.
Core Commitments for Children in Humanitarian Action

The CCCs aim to promote a predictable and timely child protection response and to complement the overall child protection strategy. They include key actions and benchmarks in preparedness, response and early recovery against the major child protection issues and groups of children (see box 2 for a summary of the CCCs in child protection.) They are intended to apply in both sudden onset and protracted contexts although they focus on the first eight weeks after a crisis. The CCCs emphasize the importance of advocacy and communication as well as programming responses, and they underscore the importance of fostering children’s resilience and of integration between sectors.

Fostering resilience implies strengthening “the ability to anticipate, withstand and bounce back from external pressures and shocks.” It applies to children, families and communities. UNICEF has set out some of the dimensions of resilience that can help to identify entry points for strengthening resilience: flexibility, diversity, adaptive learning, collective action, cohesion and self-reliance. In child protection, this can involve preparing communities to manage protection risks before they happen, such as broadcasting messages on preventing the separation of families or reducing the risk of injuries or fatalities in disasters.

The integrated approach refers to working across sectors with joint plans and objectives that create synergies and may support cost-effectiveness. The integrated approach also implies strengthening the interconnection between different phases of humanitarian action. It is likely to also involve not just co-location of services but joint planning and delivery of services for children across the life cycle, including health, nutrition, education, water/sanitation and potentially other sectors. In emergencies, integration ideally means greater dialogue across government ministries at the preparedness stage and joint planning and response across sectoral working groups. It also implies integrated funding proposals when possible.

The integrated approach is in harmony with UNICEF’s perspective on providing services to all children in a particular area rather than sub-dividing by categories of children (e.g. separated children, those in need of psychosocial support, children formerly associated with armed forces/armed groups). UNICEF is working towards greater conceptual clarity and practice guidelines on the integrated approach, a major theme in the new Strategic Plan.

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**Box 2. UNICEF’s Core Commitments for Children in Humanitarian Action (in child protection)**

CCC 1: Effective leadership is established for the child protection and GBV sub-clusters.
CCC 2: Monitoring and reporting of grave violations and serious protection concerns is undertaken and triggers response.
CCC 3: Key child protection mechanisms are strengthened in emergency-affected areas.
CCC 4: Separation of children from families is prevented and addressed.
CCC 5: Violence, exploitation and abuse of children and women, including GBV, are prevented and addressed.
CCC 6: Psychosocial support is provided to children and their caregivers.
CCC 7: Child recruitment and use, and illegal and arbitrary detention, are addressed and prevented.
CCC 8: The use of landmines and other indiscriminate or illicit weapons by state and non-state actors is prevented and their impact addressed.

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28 Flexibility implies the capacity to change and speed of adjustment; diversity refers to the variety of actors and approaches that contribute to a system’s essential functions; adaptive learning describes the integration of new knowledge into planning and execution of essential functions; collective action and cohesion refers to the mobilization of capacities to work towards common goals and self reliance describes the capacity to self-organize, using internal resources and assets with minimal external support. Source: UNICEF, 2011, *Fostering resilience, protecting children: UNICEF in humanitarian action* [online]. Available at: www.unicef.org/hac2011/hac_lead.html. Accessed 8 October 2013.
Minimum Standards for Child Protection in Humanitarian Action

A more recent inter-agency framework for preparedness and response in child protection has been set out in the *Minimum Standards for Child Protection in Humanitarian Action*, published in 2012. The *Minimum Standards* are part of the drive towards greater accountability in humanitarian action. They are based on international conventions and guidelines\(^{29}\) and provide much more detail than the CCCs.\(^{30}\) They include indicators that child protection working groups aim to strengthen and operationalize for use by all child protection actors in emergencies (government, UN and civil society). The *Minimum Standards* are an inter-agency project by the Child Protection Working Group (CPWG), the global forum for collaboration on child protection in humanitarian settings as part of the cluster system.\(^{31}\)


\(^{31}\) Clusters are groups of humanitarian organizations (UN and non-UN) working in the main sectors. They provide a point of contact and are accountable for adequate and appropriate humanitarian assistance.
Legal and normative framework for CPIE

The basis of all UNICEF’s work is human rights law, with particular reference to the Convention on the Rights of the Child (1989) 32 and the Convention on the Elimination of all Forms of Discrimination against Women (1979). In humanitarian action, UNICEF’s work is grounded in international humanitarian law (see box 3). Security Council resolutions aimed at protecting children in armed conflict have extended UNICEF’s mandate in recent years.

UNICEF plays a leading role in implementing the MRM together with UN country team partners. Established through Security Council Resolution 1612 (2005), the MRM monitors six grave violations against children in armed conflict. It is also a tool for advocating with listed parties to establish time-bound action plans (Security Council Resolution 1882 [2009]) to end the violations and work towards de-listing. UNICEF was further mandated to monitor and address sexual violence against women and children in armed conflict, including combating impunity, under Security Council Resolutions 1888 (2009) and 1960 (2010).

The Paris Principles and Commitments (2007) are a programming best practice framework on child recruitment, release and reintegration. UNICEF plays a leading role in advocating for implementation of the commitments and has advocated to increase the number of countries endorsing the Paris Commitments, which reached 100 in 2012.

Humanitarian disarmament conventions, primarily the Anti-personnel Mine Ban Convention (1997) and the Cluster Munitions Convention (2008), along with the UN Policy on Mine Action and Effective Coordination provide the framework for UNICEF’s work on explosive remnants of war. More recently the Arms Trade Treaty (2013) explicitly mentions that countries should assess the impact that an arms transfer would have on children before proceeding, which provides an important foundation for UNICEF’s work on weapons-related issues.

Regarding UNICEF’s role vis-à-vis women in humanitarian action, the Policy on Gender Equality states that UNICEF “plays an advocacy role to draw international attention to gender-based violence in humanitarian contexts and that UNICEF is a lead implementing actor in ensuring that international commitments, including UN Security Council Resolutions 1325, 1820, 1882, 1888 and 1889 on women, children in armed conflict and addressing impunity.

Box 3. Legal and normative framework for child protection in emergencies

Conventions
Convention on the Elimination of all Forms of Discrimination against Women (1979)
Geneva Conventions (1949, plus additional protocols)

Security Council Resolutions
1325 (2001): First Security Council Resolution that recognized the specific impact of conflict on women and children including that women and children account for the vast majority of those affected by armed conflict.
1379 (2001): Established listing of parties recruiting and using children in armed conflict
1612 (2005): Established monitoring and reporting mechanism on six grave violations against children in armed conflict
1889 (2010): Addresses women and girls exclusion from peacebuilding processes and consequent lack of adequate funding for their needs
2106 (2013): Emphasizes the need to fully implement the Women, Peace, and Security Agenda.

Other international humanitarian laws and human rights law
Rome Statute of the International Criminal Court, 2002
Ottawa Treaty (mine ban), 1997
Convention against Torture, 1984
International Covenant on Civil and Political Rights, 1976
International Covenant on Economic, Social and Cultural Rights, 1966
Refugee Conventions, 1951 (and additional protocols)

32 The Optional Protocol to the Convention on the Rights of the Child on children and armed conflict, especially relevant for this evaluation, has been ratified by 147 states, and the Optional Protocol on the sale of children, child prostitution and child pornography by 158 countries. OHCHR database. Accessed 29 July 2012.
33 Killing and maiming of children; recruitment and use of child soldiers; rape and other forms of sexual violence against children; abduction of children; attacks against schools or hospitals; and denial of humanitarian access to children.
peace and security and sexual violence in conflict are operationalized".34

Within the cluster approach35 for the coordination of humanitarian response, UNICEF is the focal point for the child protection area of responsibility and leads on the establishment of a child protection sub-cluster (of the protection cluster) at country level, in partnership with government agencies and NGOs. UNICEF is also co-lead of the GBV area of responsibility together (since early 2008) with the United Nations Population Fund (UNFPA). UNICEF is also responsible for ensuring that mental health and psychosocial support (MHPSS) is mainstreamed into cluster work.

Programme response

UNICEF responded to child protection needs in 46 countries affected by disasters and armed conflicts in 2012. Major crises within the time period covered by this evaluation include the earthquake in Haiti (January 2010), mega-floods in Pakistan (October 2010), drought and nutritional crisis in the Horn of Africa (2011) and conflict in Mali and the Syrian Arab Republic (2012/2013).

Programming and advocacy in emergencies is set at one of three levels, depending on the scale, urgency and complexity of the disaster or armed conflict. For Level 1 emergencies, which are the majority, the country office uses its own staff, funding, supplies and resources. At Level 2 the country office receives some external support from the regional office or headquarters, while Level 3 launches the Corporate Emergency Activation Procedure (CEAP), providing an institution-wide response.

In addition to advocacy, strategy and guidance formation, headquarters and regional office child protection staff provide technical support to country offices during crises. Simplified standard operating procedures have been initiated to fast-track deployments and expedite recruitments. UNICEF has also partnered with the Danish Refugee Council, Norwegian Refugee Council and Save the Children, Sweden to establish a Rapid Response Team in Child Protection with four child protection professionals who can be deployed at short notice to aid coordination within the sector.

Advocacy

UNICEF’s CCCs require advocacy responses as well as programming. UNICEF undertakes both ‘quiet’ advocacy, through addressing issues of child protection directly with state and non-state actors, such as sensitization on the meaning of national and international legal instruments, and more active speaking out on protection violations. Commitment 2 of the CCCs requires UNICEF to monitor and report on the grave violations and other serious protection concerns. It specifically states that such violations should trigger advocacy.

Partnerships

UNICEF has a wide variety of partners in CPIE at country, regional and headquarters levels. At country level, key partners are ministries of social affairs, justice and interior and disaster management authorities. UN partners include the United Nations High Commissioner for Refugees (UNHCR), in protecting children within refugee and displaced populations; UNFPA, on GBV; Office for the Coordination of Humanitarian Affairs (OCHA), on coordination and funding; and in some cases the UN Office of the High Commissioner for Human Rights (OHCHR) on advocacy for human rights. UNICEF partners with peacekeeping missions primarily on the MRM. Non-governmental partners at country level include national and international NGOs and faith-based organizations. Some of these are funded by UNICEF and others are partners in the child protection sub-cluster or working group. UNICEF coordinates with the International Committee of the Red Cross on tracing and reunification.

At global level, UNICEF provides a full-time coordinator to the CPWG, in addition to supporting the GBV Area of Responsibility through the Deputy Coordinator position. UNICEF is also on the steering

35 The cluster approach is the basis of the current international humanitarian coordination system, set by General Assembly resolution 46/182 in December 1991. The UN Office for the Coordination of Humanitarian Affairs (OCHA) leads on the cluster approach. Under the Humanitarian Reform of 2005, it is intended to improve capacity, predictability, accountability, leadership and partnership.
committee of the global protection cluster (led by UNHCR) and the steering committee of the gender standby capacity roster, which provides rapid deployment and technical expertise on gender in humanitarian contexts. It is an active member of the UN Inter-Agency Coordination Group on Mine Action (IACG-MA), Coordination Action on Small Arms (CASA) and the MHPSS Network. UNICEF also participates on the information systems working groups for the child protection information management system (CPIMS) and gender-based violence information management system (GBVIMS) and supports the GBVIMS Surge team.

1.4 Evaluation scope and methodology

This evaluation is the first comprehensive, global evaluation of child protection programming in emergencies as distinct from country-specific evaluations or those on a particular thematic area. It covers the four years from 2009 to 2012, within the period covered by UNICEF’s 2006-2013 MTSP. To ensure adequate representation of UNICEF child protection programming responses to armed conflict and disasters, the evaluation drew on data from 12 countries, approximately one quarter of the countries in emergencies. It addresses both disasters and armed conflict and covers all phases: preparedness, response, recovery/transition.

The focus is on outcomes for children as measured against the Child Protection Strategy, the MTSP and the CCCs. The evaluation addresses outcomes in preventing protection issues from arising in emergencies and the effectiveness of response. The processes through which protection programming takes place were also reviewed. These focused on UNICEF’s leadership of coordination working groups in child protection and system strengthening, social change strategies, advocacy, communication, data management and promotion of equity. The role of and support from the regional offices and headquarters were also considered.

Purpose and objectives

The purpose of the global evaluation is to strengthen child protection programming in emergencies by assessing UNICEF’s performance in recent years and drawing lessons and recommendations that will influence ongoing and future programmes and policies. The evidence and recommendations provided by the evaluation will inform the roll-out of the new Strategic Plan. They will also be used in analysing UNICEF’s organizational accountability to children and women, partners, donors and the Executive Board in protecting children in emergencies. The objectives are:

1. Based on the OECD-DAC36 criteria, informed by UNICEF’s CCCs and taking account of specific contexts, determine the relevance, effectiveness, efficiency, coverage, impact (where feasible) and sustainability of UNICEF’s child protection programmes that focus on emergency DRR and preparedness, response and recovery phases.


3. Identify key successes, lessons learned and gaps (in terms of what works and does not work and why) in UNICEF’s programming for child protection in emergencies, in the context of both armed conflict and natural disaster.

4. Based on evidence gathered, provide recommendations for policy and management decisions and provide technical and/or operational guidance for strengthening preparedness, response and early recovery in child protection in the context of emergencies, including required leadership, guidance and supportive actions from regional offices and HQ.

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36 Organisation for Economic Co-operation and Development – Development Assistance Committee
Evaluation criteria and questions

The evaluation questions are set out in full in the terms of reference (annex 1). In summary, the evaluation assessed:

- The long-term results (measured through the Strategic Plan indicators) and the intermediate results (measured through the CCCs) achieved by UNICEF child protection programmes in conflict and disaster contexts, through the phases of preparedness, emergency relief, response and recovery. Key measures required to improve child protection results in emergencies were identified.

- The relevance and appropriateness of programmes, which addressed four areas: (a) the relevance of the global strategy, CCCs and MTSP to the protection issues identified by age/sex of children affected by conflicts/disasters; (b) the extent to which theories of change were explicit and their degree of importance in programme design and adaptation; (c) the approaches and tools used to undertake assessments and situation analyses and use of the data in planning and monitoring; and (d) the extent to which protection interventions built on existing systems and mechanisms.

- Results achieved against the key result areas of the MTSP.

- Effectiveness, relative to the benchmarks of the CCCs and the pillars of the Child Protection Strategy (system strengthening and social change), and in terms of advocacy and communication, data management and equity.

- Efficiency, which addressed adequacy of funding allocated to various phases; adequacy of human resources; efficiency from phase-up to scale-out; sustainability; cost effectiveness; and innovations that have the potential for wider application.

- Connectedness/coordination, which addressed integrated programming and coordination with other UN actors and partnerships.

- Roles and adequacy of support from regional offices and HQ, including the efficacy of support provided by these offices and their performance.

Evaluation framework

The evaluation framework (figure 1) is built on the pillars of the global Child Protection Strategy (boxes 1, 2 and 3 in figure 1), the CCCs (box 4) and the key results areas of the MTSP (box 5). The assumption is that if the strategy is implemented effectively, together with the preparedness actions set out in the CCCs, children will be better protected in armed conflict and disaster. Better protection is measured by the benchmarks of the CCCs and by the MTSP indicators.

The framework is used in the evaluation by first reviewing the relevance of the programme against the three key instruments and the coherence of those instruments with each other. Progress towards the major organizational targets and outcome indicators of the MTSP are evaluated, followed by a review of progress against each of the CCCs. Based on that data, the evaluation analyses the extent of progress towards system strengthening, social change and the cross-cutting areas and their role in the protection outcomes achieved.

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37 The 2006-2013 MTSP with revised results framework 2012.
Evaluation design

The evaluation was designed primarily as a cross-country analysis in which data from four country case studies and a further eight desk studies were reviewed and triangulated to assess protection outcomes for children in emergencies.

In addition to reviewing the main outcomes of programmes and advocacy, the evaluation considered the following contextual factors and whether there was any difference in performance based on context:

- Armed conflict or natural disaster
• Sudden onset or protracted humanitarian context
• Country level development (as measured by the World Bank national income status)
• Effectiveness of governance (as measured by World Bank governance effectiveness indicators38)

The evaluation analysed UNICEF’s contributions to outcomes in child protection based on the United Nations Evaluation Group’s Standards for Evaluation.39 Contributions include financial resources, technical assistance, staff time, training, leadership and advocacy.

Data collection methods

The evaluation used principally qualitative methods plus the analysis of primary and secondary statistical data through project information and reports, where available. Data were collected at the level of country offices (four country case studies and eight desk studies), regional offices and HQ.

Country case studies and desk studies: Country selection

The following criteria were used to select countries for inclusion as case and desk studies: (a) inclusion of large-scale populations affected by armed conflict or disaster as measured by UNHCR40 and EM-DAT data;41 (b) inclusion of several countries involved in the MRM on grave violations against children in armed conflict; (c) inclusion of larger programmes, as measured by UNICEF funding for CPiE response; (d) the spectrum of types of programmes in child protection in emergencies; (e) inclusion of as many UNICEF regions as possible.

In addition, for case studies, the degree of access to the affected population was a criterion, so that the evaluation team could interview and hold focus groups at community level. The resulting analysis of criteria found four countries to be most appropriate for case studies (Colombia, DRC, Pakistan and South Sudan) and a further eight countries suitable for desk studies (Afghanistan, Haiti, Myanmar, Philippines, Somalia Sri Lanka, State of Palestine and Sudan). All but one of the UNICEF regions were represented (Central and Eastern Europe and the Commonwealth of Independent States was not; see annex 2 for chart of countries).

Of the countries selected, four are primarily disaster contexts – Haiti, Myanmar, Pakistan and Philippines – and the remainder are in active armed conflict, except for Sri Lanka, which is in transition from armed conflict. However, across the group of countries selected, roughly twice as many people were affected by disaster (37.8 million)42 as by conflict (17.9 million).43 The emergencies in disaster-affected countries tend to be sudden onset while armed conflicts tend to be protracted, although some exceptions have been highlighted in the report.

National income is relevant to the state’s capacity to prevent and respond to disasters and armed conflict, as the wealthier tend to be more able to respond. The countries in the evaluation are weighted towards low- to middle-income status. Five countries are classified as low income (Afghanistan, DRC, Haiti, Myanmar, Somalia); six are low to middle income (Pakistan, Philippines, South Sudan, Sri Lanka, State of Palestine, Sudan); and one is in the upper middle income category (Colombia).44

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40 UNHCR data on the number of people displaced or who had become refugees as a result of armed conflict.
41 Centre for Research on the Epidemiology of Disasters: the number of people affected by disasters. See www.emdat.be/
The effectiveness of governance⁴⁵ is also relevant as an indicator of the capacity of systems to protect children. Within the countries there is a spread weighted towards low effectiveness, with seven countries below 10 per cent on the World Bank’s assessment of governance effectiveness (Afghanistan, DRC, Haiti, Myanmar, Somalia, South Sudan, and Sudan), two countries at 20 to 30 per cent (Pakistan, State of Palestine), one at 40 to 50 per cent (Sri Lanka) and two at over 50 per cent (Colombia and Philippines). The countries with low governance effectiveness are also on the World Bank list of fragile or conflict-affected states.⁴⁶ (See annex 3 for the country status against the dimensions of analysis). There are particular challenges with system strengthening in countries deemed to be fragile or conflict affected.

**Country case studies: Data collection methods**

Visits to Colombia, DRC, Pakistan and South Sudan took place between July and November 2012, with data collection at central, provincial and district levels. The aim was to track the effects of system strengthening and disaster preparedness from central to subnational levels. Districts were selected based on the following criteria: (a) the extent and range of child protection issues in relation to disaster or armed conflict; (b) the existence of implementing partners and a range of programmes; and (c) access. The evaluation team met government, UN and civil society partners at all levels. At community level, the team met adolescents in partner programmes to review the relevance and usefulness of programmes.

Four methods were used for data collection in case study countries:

(a) Key informant interviews. A total of 290 individuals were interviewed, comprising 79 UNICEF informants (senior management in child protection and other sections) and 211 external informants (government, other UN agencies, national and international NGOs, donors, armed forces, International Committee of the Red Cross) were interviewed across the four countries (See annex 4). Interview formats were based on the evaluation questions, customized to respondent type. (See annex 5 for examples)

(b) Focus/activity groups: These were held with a total of 477 adolescents, 259 girls and 218 boys, subdivided within groups into two age bands, 10-14 and 15-18. Focus/activity groups comprised children receiving services from UNICEF programmes implemented by partners. (See annex 6 for the format for focus/activity groups and discussion of ethical issues of working with children)

(c) Direct observation of projects to assess quality against the Minimum Standards: This was only possible in Colombia, Pakistan and South Sudan (not in DRC due to security issues).

(d) Collection of reports and primary data: These were collected from the MRM, Humanitarian Performance Monitoring System and partner data, where available.

**Desk study countries: Data collection methods**

Two methods were used for data collection in desk study countries:

(a) Questionnaires, principally using open questions, which were sent to eight UNICEF country offices and to their operational partners (annex 7). Information and perceptions were collected on protection issues for girls and boys by age band, programme outcomes, partnerships, system strengthening, social change, advocacy, coordination, phasing in emergencies, funding, human resources and support from HQ and regional offices. Responses were received from all but Haiti⁴⁷ and from 35

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⁴⁷ The gap in the data was mitigated by drawing on annual reports and questionnaires completed by three operational partners in Haiti.
partners: Afghanistan, 1; Haiti, 2; Myanmar, 2; Philippines, 1; Somalia, 9; Sri Lanka, 12; State of Palestine, 5; Sudan, 3.

(b) Review of annual reports (2010, 2011 and 2012), reports to the Security Council on grave violations against children in armed conflict, partner project reports to UNICEF and other supporting documentation provided by country offices and partners. Six child protection teams and 13 partners sent supporting documentation (see annex 8).

Key informant interviews

A total of 32 key informant interviews were held at global level of UNICEF. In addition interviews were conducted with six regional child protection advisers (see annex 4 for details).

Literature review

A literature review was conducted of the most credible, internationally recognized sources and peer-reviewed academic research to draw out the latest information on the impact of armed conflict and disaster on children.

Analysis and triangulation

Data collection and analysis against the evaluation framework (figure 1) was as follows:

Programme design

The relevance of the three key instruments (Child Protection Strategy, Strategic Plan and CCCs) was assessed against the main risks and threats to children in emergencies. These were identified through questionnaires to UNICEF staff and partners and through meetings with community leaders and focus groups with adolescents. Risks were ranked by frequency of reference and subdivided by sex, age group and armed conflict/disaster. They were subsequently assessed against (a) data from research on protection issues to review whether perceptions of risks correspond to data on risks and threats in practice, and (b) the three instruments, to identify strengths, weaker areas and gaps in programme design.

Programme outcomes against the MTSP, CCCs and Child Protection Strategy

Data on outcomes against the MTSP indicators and results against the CCCs were collected through the case study reports, questionnaires, UNICEF country and global annual reports, and partner reports. These were triangulated against key informant interviews to validate perceptions of principal outcomes. They were also analysed against context (armed conflict/disaster) and, where relevant, country development status and governance.

UNICEF’s performance in leadership, CCC1, was also analysed against expectations of the role as set out in the Child Protection in Emergencies Coordinators Handbook. Performance and quality of response in protecting separated children (CCC4), preventing and responding to violence (CCC5), psychosocial support (CCC6) and child recruitment and use (CCC7) were reviewed against the Minimum Standards.

System strengthening interventions were assessed against the framework of components in box 1. Social change data were assessed against the expectations set out in the global strategy. In both cases, data were triangulated against interviews at all levels.

The cross-cutting area of evidence building and knowledge management was assessed throughout in terms of the extent and quality of data collection and application in programming in advocacy. Again, the

48 Stockholm International Peace Institute, International Federation of Red Cross and Red Crescent Societies, World Bank, EMDAT, International Disaster Database, the International Displacement Monitoring Centre and UNICEF’s own statistics.
data were triangulated against views on how evidence can and should be built from within UNICEF and with the UNICEF Innocenti Research Centre and CPWG.

Data on leadership of the working groups and on advocacy were collected through case studies and desk study questionnaires. They were reviewed against the benchmarks and expectations for leadership advocacy as set out in the global strategy and CCCs. The analysis also included communication on child protection in emergencies. These were triangulated against perceptions of key informants, including those of partners participating in the CPWG.

Programme management and efficiency

The adequacy of funding was reviewed through the perceptions of child protection teams in case and desk study countries as well as data from UNICEF HQ on trends. This was triangulated with UNICEF HQ/regional office interviews and with donors in case study countries.

Data on human resources were reviewed through case studies and questionnaires and triangulated against interviews to analyse the speed of deployment and the size of the child protection team against budget (as a proxy for the size of the programme managed). Cost effectiveness was reviewed through a sample of project costs per person grouped by type of project.

Limitations of the evaluation

(a) Of the team of two international evaluators, one member left the evaluation after completing two country visits but before finalizing a country report. A second qualified team member was rapidly recruited but had not been current for the phase of global and regional interviews so missed valuable background context, resulting in delays.

(b) The availability, quality and consistency of data collected across partners and across countries varied considerably and made it difficult to collate and compare programme results. Baseline data were not always available, limiting the capacity to assess progress over time. Data on total populations (for example of children with armed forces/armed groups) were also not always available, making it difficult to provide the proportion of children reached by interventions. Data disaggregation by age and sex was weak in all contexts, and in most countries indicators had not been standardized across partners so different types of data were presented across reports. In addition, country contexts are very different and programme implementation time-spans vary between partners and between countries, exacerbating difficulties in comparing results. Wherever possible these limitations were mitigated by other forms of triangulation on results.

(c) Fieldwork to collect data at country level was carried out in 2012 and some of the detail may be outdated, though this is not believed to affect the overall conclusions and use of the report.

(d) Some of the research assistants contracted for the evaluation had limited experience and were not able to fully capture the richness of the debate. This was mitigated by having the supervision team draw out further information from the research assistants.

(e) Security issues curtailed access to key geographical areas in three of the four case study countries. The most serious access issues occurred in DRC where it was not possible to travel to the project sites in North Kivu or to hold focus groups with beneficiaries. The lack of data was mitigated by questionnaires to partners, reports sent by partners, previous evaluation data and phone interviews.
2. RELEVANCE AND APPROPRIATENESS OF UNICEF RESPONSE

The chapter addresses the relevance and appropriateness of the UNICEF programme from a number of perspectives. First, it identifies the principal protection risks for children by age and sex and for women. To be effective in preventing protection violations and risks it is fundamental to identify what types of risks are most likely to occur by type of context and for each age group and by sex.

Children have been divided into three age bands for the analysis: 0-5 years, 6-11 years and 12-18 years. While the issues identified for the first two groups are based on the perceptions of UNICEF child protection teams together with partners and community leaders at country level, the analysis for the 12- to 18-year-olds is based on discussions held with adolescent girls and boys themselves. Risks were ranked by frequency of reference in the case of children 0-5 and 6-11. For children aged 12-18 who participated in focus groups, risks were ranked both by the children themselves and by the frequency of reference. The perceptions of these groups on child protection issues are triangulated with data from inter-agency child protection assessments in emergencies and with research data where available. However, the search for data highlighted the very limited age/sex-disaggregated data available on protection issues in armed conflicts and disasters.

The protection issues identified were then compared to the Child Protection Strategy, MTSP, CCCs and in-country programming responses to assess the relevance of the programme overall. This includes an analysis of the coherence of the instruments as a whole framework. Consideration is given to whether clear theories of change (how change happens) underpin programme approaches. Finally the section analyses progress through assessments at country level and whether the data generated are adequate for programme development, monitoring and evaluation.

2.1 Principal protection risks and issues by sex and age group

Following is a summary of the protection risks and issues facing children, listed according to how frequently the risk was cited. See annex 9 for more detail.

Children aged 0-5 years

Separation: For the youngest children in situations of armed conflict, most risks and issues identified were the same for girls as for boys, with the separation of children from families in first place. The youngest children may be left behind or involuntarily separated during the panic of sudden evacuations. They can also be accidentally separated if they are walking behind family members during evacuations. Children of this age group may be entrusted to others in a situation of food insecurity and malnutrition. However, children of this age group do not appear to be the most vulnerable to separation. Data from assessments are limited but one child protection assessment in Rakhine Province, Myanmar in October 2012 showed that no children under 5 years had become separated; the largest group of separated children were aged 5-14 years. In the Za‘atari refugee camp in Jordan, the largest group were boys aged 15-17. Nevertheless, prevention messaging should focus on the specific ways in which children of this age can become separated.

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51 The term separated children refers to children separated from both parents, or from the previous usual or legal caregiver, but not necessarily from other family members. This can include children who are informally fostered by non-relatives from the same community of origin.

52 Reported to this evaluation in Khyber Pakhtunkhwa Pakistan during shelling. See Pakistan case study for this evaluation (2013).


**Denial of access to preschool education:** The second most frequently cited risk in armed conflict was denial of access to pre-school education. This tends to be a long-term development issue exacerbated in emergencies.

**Physical abuse:** The third most cited in armed conflict was physical abuse, which has been found to increase during crises, with family members the most common perpetrators.\(^{55}\) The approach to prevention therefore needs to address the stress on families.

**Explosive remnants of war:** The fourth most cited was landmines, explosive remnants of war (ERW) and unexploded ordinance. While professionals and community members expressed concern about ERW, children of this age group do not appear to be the most at risk. In the country with the highest rate of ERW casualties in the world, Afghanistan, there were no reported fatalities in the 0-5 age group in the period 1997 to 2002.\(^{56}\) Prevention messaging is focusing on adolescent boys, the group at greatest risk (see section 4.7).

**Abduction or unauthorized adoption:** The fifth risk for young children in armed conflict, and the second most cited in disaster contexts, was abduction or unauthorized adoption. There is evidence it has occurred and may be especially likely where regulation is weak and large numbers of children were in state care prior to the emergency.\(^{57}\) This is an issue of longer term regulation coupled with appropriate messaging and controls in the immediate aftermath of sudden-onset emergencies and continuously in prolonged situations.

**Neglect:** The sixth most cited risk in armed conflict was neglect, which requires the same kind of prevention and response measures as physical abuse.

**Psychological distress:** The seventh most referenced in conflict and the top issue in disasters was psychological distress, but there is limited data on distress in this age group.

**Child labour:** The eighth most-referenced issue in armed conflict was child labour. There are very few examples of this in the assessments, and data from the International Labour Organization (ILO) only cover children over age 5, so there is limited evidence related to this age group.\(^{58}\)

**Sexual violence against girls:** The ninth-ranked risk for girls in armed conflict was sexual violence, which was also referenced for boys, but in twelfth place. There are limited data on the incidence of sexual violence in this age group, but it has been reported in DRC. One study of 440 paediatric survivors of sexual violence found that 60 (14 per cent) were under 5 years of age, mostly girls, and perpetrators were most likely to be known to the child, as opposed to members of the military.\(^{59}\) This also highlights the need to work with families on the stresses of armed conflict, community alert systems and challenging impunity on sexual violence.

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\(^{57}\) For example, following the 2010 earthquake in Haiti an attempt was made to escort 31 children aged 2 months to 12 years out of the country, all but one of whom were later reunited with parents or other relatives. See M. Dambach and C. Baglietto, 2010, *Haiti: ‘Expediting’ inter-country adoptions in the aftermath of a disaster, preventing future harm*, Geneva, International Social Service.


Female genital mutilation/cutting (FGM/C). Although there are limited data on the greater risk of FGM/C during armed conflicts or disasters, UNICEF Sudan has found that FGM/C has been increasing in South Darfur in the context of conflict, while it has fallen in the country as a whole.60

Killing and maiming: Killing and maiming were in ninth place for boys and eleventh for girls in armed conflict. Incidents of children being caught in cross-fire or by explosive weapons used in populated areas, such as mortar attacks, are reported for this age group,61 although it is difficult to obtain consolidated data across conflicts.

Drowning: In disasters, death by drowning was considered to be a particular risk for this age group, as borne out by evidence that children under 5 are at the greatest risk.62 For example, deaths were highest amongst under this age group in the tsunami in Sri Lanka, and presumably most died by drowning.63

Children aged 6-11

Family separation: For both girls and boys in this age group, family separation was identified as the first risk in armed conflict. Based on a review of assessments,64 most have no consolidated data on separation, only perceptions by the population about which groups of children are separated. The assessments reported separated children in this age group but few unaccompanied65 children as they tend to be older. In Myanmar 29 per cent of separated children were thought to be in the 5-15 age group, and most were thought to be girls. However, in most assessments boys were thought to be more likely to be separated. In Somalia, the reasons for separation in this age group were thought to be children getting lost in camps when collecting water or firewood. In most cases, children of this age group were likely to be informally fostered by other relatives or people known to them if they were separated from usual caregivers. Family separation was reported in fourth place in disasters.

Child labour: Child labour was reported as the second-highest risk in this age group for boys but as the fourth highest for girls. In the assessment data, there was very limited reference to age with the exception of Somalia66 and South Sudan,67 where children in this age group were reported to be living and working on the streets, almost all of them male. In Pakistan there was reported to be an increase in child labour as a result of the floods and in the population displaced in the complex emergency but ages were not reported.

Damage to schools: School damage was reported as a major issue for both girls and boys in both armed conflict (second place for girls and third place for boys) and disasters (second place for both sexes). The data back this perception.68 Schools continue to be attacked, often a very large scale. Many

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60 FGM/C has been growing in South Darfur in the context of conflict, while it has fallen by 5 per cent over the country as a whole in the four years to 2012. Data from UNICEF country office questionnaire for this evaluation.
62 Drowning is the leading cause of child death in Bangladesh, with 87 per cent of deaths occurred before the age of 5 years. See International Life Saving Federation: www.ilsf.org/drowning-prevention/library/bangladesh-experience-research-and-evidencebased-approach-develop, online. Accessed 1 December 2013.
63 During the tsunami in Sri Lanka, 31.8 per cent of children under 5 years died in one district, girls and boys virtually equal. Source: N. Nishikiori et al., 2006, ‘Who died as a result of the tsunami?’, BMC Public Health 2006, 6:73.
64 Inter-agency rapid assessments were reviewed from Jordan, Myanmar, Pakistan, Somalia, Thailand, Tunisia.
65 Unaccompanied children are children who have been separated from both parents and other relatives and are not being cared for by an adult who, by law or custom, is responsible for doing so. This can include children informally fostered by families previously unknown to them.
67 For example in South Sudan, a survey of street children, many of whom were returnees from Sudan, found that 23 per cent (of 81 children) were aged under 11 years and 81 of the 84 children were boys. See South Sudan case study for this evaluation.
68 In second place for girls in armed conflict, third place for boys in armed conflict and in second place for both sexes in disasters.
are primary schools, and in the case of Afghanistan and Pakistan the attacks focus on girls’ education.\(^69\) The destruction of primary schools in floods is also an issue in disaster-affected countries, as is occupation by displaced populations during the recovery period, which delays school reopening.\(^70\)

**Physical abuse:** Physical abuse was reported in third place for girls and fourth place for boys in armed conflict and was not listed for disasters. Data are weak on ages but several country assessments reported domestic violence as a major issue, both in armed conflict and in disaster.

**Sexual violence:** Sexual violence was reported in fifth place for girls in this age group. There is evidence that girls are at much greater risk than boys in most contexts. The exception was Afghanistan, where sexual abuse was reported to be virtually equal between girls and boys.\(^71\) Girls aged 6-11 were reported as survivors of sexual violence in DRC (11 per cent of 440 paediatric survivors).\(^72\) The 2013 report of the SRSG-CAAC found cases in DRC of rape of girls in this age group in DRC. The majority of perpetrators were civilians, but some were combatants.\(^73\)

**Recruitment:** Recruitment was in fifth place for boys and did not appear for girls of this age group in armed conflict. This would appear to be borne out by evidence; while boys of this age group are recruited, they are not the peak age group; the majority are older. There were no reports of girls of this age being recruited in the SRSG-CAAC report for 2013.\(^74\)

**Abduction:** Abduction was in sixth place for girls and boys in both armed conflict and disasters. Children can be abducted for recruitment but also as part of inter-communal violence or for for adoption, sexual violence or forced labour. In South Sudan, younger children of both sexes are abducted during inter-communal violence and can be raised through childhood by other families.\(^75\) As noted above, children of this age group have also been abducted for adoption. There was considerable fear by community leaders of abduction for sexual purposes or forced marriage in Pakistan but limited evidence of actual incidence.\(^76\)

**Killing and maiming:** Killing and maiming was in seventh place in armed conflict for both boys and girls. Although data are limited on children of this age group caught in crossfire, this age group appears to be less vulnerable than adolescents.\(^77\) However, there is evidence from Afghanistan that 10-14 is the peak age group for casualties from ERW followed by 15-18, and boys are the predominant victims.\(^78\) Boys were also thought to be at greater risk of shelling (Pakistan) as they were more likely to be playing outside when military action started.

**Trafficking:** Trafficking was in eighth place for boys and girls in armed conflict but much higher, in third place, in disasters. Although UNICEF found very little evidence of trafficking one year after the tsunami\(^79\) in Southeast Asia, it is reported to be a major problem, exacerbated during emergencies.\(^80\)


\(^70\) See, for example, UNHCR, 2011, *Rapid protection assessment: Sindh province, Pakistan*, Protection Thematic Working Group, unpublished.

\(^71\) Country case study for DRC shows that 98 per cent of survivors of sexual violence in one group of 5,266 survivors in 2011 were female and 2 per cent male. CPAN (Child Rights Network) reported 108 cases of rape and sexual abuse against children from January-December 2012. Of these, 52 per cent were against girls and 48 per cent against boys. (Source: UNICEF through country office questionnaire for evaluation).


\(^74\) Ibid.

\(^75\) See South Sudan country case study for this evaluation.

\(^76\) See Pakistan country case study for this evaluation.


\(^80\) Country office questionnaire for Philippines for this evaluation.
Psychological distress: For this age group psychological distress was in first place in disasters and tenth place in armed conflict. Following the tsunami in Sri Lanka, analysis of children with a mean age of 11 suggests that between 14 per cent and 39 per cent of children across three regions showed symptoms of distress in the three to four weeks following the tsunami. However, psychological distress is also likely to be an issue in armed conflict for this age group and was ranked much higher by adolescent girls in focus groups for this evaluation.

Adolescent girls and boys aged 12-17

Immediate effects of the disaster/armed conflict: Adolescents, both boys and girls, ranked the immediate effects of disasters and armed conflicts in first place. In armed conflict the principal risks were shelling, bombing, armed combat and landmines/ERW and in disasters it was the immediate effects of flood damage to homes and livelihoods. This was true in all contexts – effective and less effective governance, higher and lower income levels and sudden-onset and protracted contexts. This calls attention to the need to focus on preventing violence against children and on disaster management.

Evidence suggests that adolescents, especially boys, are at the greatest risk of ERW. Where age is mentioned, most references in the SRSG-CAAC report are to adolescents and, as noted, 10- to 14-year-old boys show the highest incidence of casualties in Afghanistan, followed by boys 15-18. This may be due to their greater likelihood of being outside the home and also to their higher exposure to risks through livelihoods.

Psychological distress: Psychological distress was ranked in second place by girls in armed conflict but in seventh place by boys. Analysis of the impacts of armed conflict on this age group suggest that adolescents may have both greater exposure to stressful experiences than younger children and show higher levels of distress. There is some evidence from a major study in the State of Palestine that girls and boys aged 13-18 find it more difficult to recover from psychosocial distress than younger children.

By contrast, girls affected by the floods in Pakistan ranked psychological distress much lower (eighth place), and boys did not refer to distress at all. However, the floods in Pakistan may not have generated the same level of stress as the tsunamis or earthquakes.

Access to basic services: Boys placed hunger, disease and lack of access to medical services in second place in armed conflict, and both girls and boys ranked disease due to unhygienic conditions in disaster in sixth place. This is a protection issue, related to interference with humanitarian access and attacks on health facilities, which are grave violations.

Damage/lack of access to schools: Boys rated school damage and access issues in fourth place in armed conflict, but girls ranked these in fifteenth place, probably reflecting girls’ much lower access to school even in stable periods.

Sexual violence, harassment and abuse: Girls ranked sexual abuse in third place in armed conflict, and in disaster they ranked a related set of issues in second place: fear of kidnapping, rape and forced marriage. Evidence from DRC shows that among young people under 18, adolescent girls were at the highest risk of sexual violence, although there is mixed evidence on whether adolescents under 18 or

82 Where age is mentioned, most references in the SRSG-CAAC report are to adolescents. In addition, in Afghanistan (the country with the highest child casualty rate from ERW), 10-14-year-old boys show the highest incidence, followed by boys 15-18 years.
85 UNICEF, 2011, Interagency psychosocial evaluation project, Jerusalem, UNICEF.
86 Of a group of 389 child survivors of sexual violence in DRC from 2004 to 2008, 52 per cent were aged 11-15 years and 35 per cent were aged 16-17 years. More than half (53 per cent) were attacked in their own homes, evenly divided between daytime and nighttime, and almost half by civilian perpetrators. B. Nelson et al., 2012, ‘Impact of sexual violence on children in eastern Democratic Republic of Congo’, Medicine, Conflict and Survival, 27:4, pp. 211-225.

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adult women are at the greatest risk overall. Two additional factors are emerging from evidence from various countries: (a) GBV, even in armed conflict, tends to be perpetrated by civilians and in a context of impunity, and (b) GBV against boys has tended to be a hidden issue. While the overwhelming majority of survivors are adolescent girls, attention should also be paid to male survivors. Girls of this age group are also at the greatest risk of early or forced marriage, and rates may increase during crises, although evidence is scant.

**General insecurity, lawlessness and threatening behaviour:** Boys ranked insecurity in third place in armed conflict, and it was ranked similarly by boys and girls in disasters, across all national income and governance contexts. Girls in armed conflicts ranked general insecurity in seventh place. General insecurity and lawlessness was also closely related to the ownership and use of small arms.

**Separation from families:** Separation was ranked higher by girls than by boys in both armed conflict and disaster; girls ranked it fourth in disasters and fifth in conflict, while boys ranked it tenth in armed conflict and did not rank it in disasters. Accidental separation can occur in disasters and armed conflicts, but children of this age are more likely to be separated as a result of attempts to reach safety or tackle poverty (as unaccompanied refugees, migrants or living on the streets). Although girls expressed more concern about separation, boys are more likely to become voluntarily unaccompanied. For example, in the Za’atari refugee camp in Jordan, 68 per cent of children arriving with no adult care are male and aged 15-17.

**Child labour:** Boys in conflict were particularly concerned about child labour, ranking it fifth, but it was not mentioned by girls, nor by children of either sex in disasters. Results from assessments suggest that child labour increased after children became displaced or refugees. Assessments also show that boys of this age group are more likely to be engaged in selling on the streets, working in mines and in industrial cleaning while girls are more likely to be in domestic work and can be at greater risk of transactional sex.

**Recruitment:** Both girls and boys referenced recruitment in twelfth place. This is the peak age for recruitment (the average age was 12.6 years in a 2006 survey in Colombia), and more boys are recruited than girls. In DRC between 5 and 13 per cent of released children were girls in different periods, while in Colombia the percentage was much higher, at 27 per cent. In Colombia, recruitment was exclusively by armed groups, not state armed forces. Girls are at much greater risk of sexual violence during recruitment and have particular problems of stigmatization upon release (see section 4.6).

**Detention:** In this sample, adolescents did not refer to detention, but boys of this age and a much smaller number of girls are at risk of detention in some contexts. Especially large numbers of children, almost all

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87 For example, in DRC, the HEAL Africa hospital in Goma admitted 304 people, including 3 men, for sexual violence between January and June 2012 of whom 225 were girls under 18 years (74%). However the same organization found that of 2,517 survivors in the community, 745 (29.6 per cent) were under 18, suggesting that children and adolescents are more likely to be taken for treatment than women. Source: Heal Africa, 2012, *North Kivu: Sexual violence targets children* [online]. Available at: www.healafrica.org/wp-content/uploads/2012/09 sexual-violence-targets-children-2012.pdf. Accessed 13 August 2013.


91 Children in South Sudan and in Khyber Pakhtunkhwa talked of the availability of small arms and how it increased insecurity and led to ‘gun cultures’. See country case studies for South Sudan and Pakistan for this evaluation.


94 See Colombia country case study for this evaluation.

95 See Colombia and DRC country case studies for this evaluation.
adolescent boys, have been detained in Afghanistan (189 in 2012), Iraq (302 children including 13 girls, average age 15-17 years) and State of Palestine (194 boys and 1 girl in 2012, aged 12-17).\textsuperscript{96}

**Women**

Women in the evaluation in Pakistan\textsuperscript{97} raised the fear of kidnapping of girls especially when washing clothes distant from homes or during displacement. Kidnap was raised as an issue in all focus groups based on a fear of rape and forced marriage and especially by minority groups. Women were also concerned about family separation during attacks and echoed the concern of adolescents about generalized insecurity and lawlessness during disasters and conflicts. They raised the issue of the direct consequences of damage to homes in disasters and of the problems of accessing health care, especially for pregnant women, during disasters. Early and forced marriages was raised by women in Pakistan and South Sudan; they acknowledged that marriage can be used as a way of reducing the protection burden of parents during crises and to gain revenue through dowry. Evidence on these risks, especially on whether kidnap increases in disasters and whether minorities are at greatest risk, is too scant to be useful.

2.2 ** Appropriateness of strategies and frameworks**

The global Child Protection Strategy is intended to focus on the development of child protection systems and social change in all phases, crisis or non-crisis, and not to separate or ‘silo’ emergencies. The MTSP/Strategic Plan operationalizes the strategy for UNICEF as a whole and provides measurable global targets. The CCCs provide benchmarks for humanitarian action as well as actions in each phase: preparedness, response and recovery. The review of these instruments against the protection issues is intended to identify the appropriateness of the programme design relative to the prevention and response to risks by age group and sex.

The analysis found that the Child Protection Strategy addresses the majority of the issues raised in disasters, conflicts and political violence in the context of system strengthening and that the pillars of system strengthening and social change remain relevant for child protection in the long term and during crises. However, the following points were identified related to the application of these strategies and frameworks.

- The Child Protection Strategy does not provide adequate guidance on how to apply the system strengthening approach in contexts where the state is a perpetrator of violence or where armed groups are in control of entire areas. In both cases, there is a risk that children are left with very weak protection. The debate on applying the systems approach in fragile states\textsuperscript{98} provides a helpful starting point to discuss which aspects of systems can be addressed in contexts in which the state is barely functional. This discussion could be taken further on appropriate service models where the state is a perpetrator or where armed groups are in control.

- The CCCs are not fully aligned to the Child Protection Strategy and the MTSP/Strategic Plan in four ways:

  (a) While the global Child Protection Strategy emphasizes protection of children through integrated systems, the CCCs divide children into categories by type of issue, which risks the development of vertical programmes in emergencies. Given that the drive is towards area-based programming and systems development at all levels, one option would be to align the CCCs to the Strategic Plan result areas as they apply in humanitarian contexts and use the benchmarks to measure the effects on specific issues for children.

\textsuperscript{96} UN, 2013, *Report of the Secretary-General on Children and Armed Conflict.*

\textsuperscript{97} Pakistan was the only country in the evaluation where women were beneficiaries in programmes and where it was possible to hold focus group sessions. Although women are also beneficiaries in DRC, security conditions precluded holding groups there. Women community leaders participated in South Sudan and Colombia.

(b) Social change is not adequately represented in the CCCs even though they are intended to address contexts of protracted conflict. Issues such as gun cultures, prevention of sexual violence in the long term and inter-communal violence all require addressing social norms.

(c) The Child Protection Strategy addresses justice in emergencies, security sector reform and ending impunity, all of which are essential to address and prevent violence. While the rule of law agenda and security sector reform are included in the CCCs, they are currently in the early recovery phase rather than in preparedness.

(d) The Child Protection Strategy appropriately addresses peacebuilding/conflict reduction, but application in practice requires further guidance. To date, conflict reduction has also been weaker in country level programming.

Additionally, there are three gaps in the current CCCs:

(a) In terms of integrating programming across sectors, the protection issues are represented very weakly in the water, sanitation and hygiene (WASH) CCCs despite the fact that collecting water and using sanitation facilities present major risks for sexual violence.

(b) There are currently no points in preparedness on working with the emergency shelter cluster; this is essential to prevent many protection risks (such as in relation to sanitation areas in camps, lighting and firewood collection).

(c) Preventing and addressing child labour and trafficking are addressed in the Child Protection Strategy but are relatively weak in the CCCs.

2.3 Programme design at country level

This section reviews whether the programme design at the country level is relevant and appropriate to the protection issues identified. It considers the extent to which there are clear results chains on complex protection issues especially in protracted contexts. It also collates data on which types of projects are most frequently implemented at country level and whether there are any gaps relative to the protection violations and risks identified.

Theory of change

The global child protection programme operates under a theory of change (what makes change happen) that provides the strategic direction for country level. The theory of change is based on the notion that strong systems coupled with positive social change and a focus on hard to reach people will help to protect all children in all contexts. The theory also assumes that strengthening the resilience of children and their communities will better protect children and that programme integration across sectors is more effective in protection than single sector programming. It includes the assumption that the most effective way to respond in humanitarian action is as part of a longer term approach.

However, in protracted humanitarian contexts at country level, some specific issues will require a more detailed theory of change based within the global theory of change. For example, the evaluation has identified issues affecting protection in the evaluated countries, including (a) inter-communal violence resulting from extremely complex underlying causes (South Sudan), (b) sexual violence perpetrated primarily by civilians in a context of armed conflict, with complex motivating factors (DRC); and (c) political or religious radicalism that leads to acts of violence against children (Pakistan).

In all of these cases, there has been some analysis of the issues but no explicit contextualised theory of change at country level that articulates the assumptions behind the selected approach to programming. Nor is there an articulated pathway towards change together with indicators to measure longer term progress and results. The risk of not developing a country-level theory of change on major protection issues is that a project approach can be taken in which there are different inputs on the problem that are not necessarily compatible or mutually reinforcing.
Relevance of programme design at country level

The evaluation found a wide variety of programme interventions designed to address the types of protection issues identified. Programmes at country level were compared with the protection issues identified to assess the focus of direct programming with children and communities and to identify weaker areas or gaps (see Annex 10). The analysis found a strong focus across countries on the MRM. This is extremely important as it provides evidence to the Security Council to challenge countries where grave violations are committed, and thus aims to prevent some of the direct consequences of armed conflict that children raised as primary concerns. Other programme areas included in programming in more than half the countries in the evaluation were (a) preventing and responding to violence, including GBV, by establishing child protection networks in communities with links to state and non-state services; (b) psychosocial projects through protective spaces such as child-friendly spaces and broader models such as PLaCES in Pakistan; (c) tracing and reunification addressing family separation; and (d) mine/ERW risk education.

Fewer programming interventions (implemented in four to six countries) were planned in (a) legal support services for children and women survivors of violence or abuse; (b) training child- and women-friendly police services; (c) individual casework and counselling in the case of GBV; and (d) empowerment through livelihoods and/or credit. This suggests that fewer programming interventions were designed at country level to directly address impunity for gender-based and other forms of violence and there was more limited work in social protection.

A minority of countries (fewer than four) were implementing programmes to address illegal detention through advocacy (though this was considered a serious issue in only two of the countries). 99 Relatively few countries included disaster preparedness in programming, though in many countries, especially in Asia, preparedness is being incorporated into the school curriculum, so it was not referenced in protection programming.

Few programmes were designed to introduce prevention of sexual violence, kidnapping and trafficking, such as fuel-efficient stoves to reduce the time spent collecting firewood, dignity kits and community alert systems with whistles. There was also very limited programming to address social norms in a systematic way, despite it being one of the pillars of the Child Protection Strategy, and there was limited provision of individual counselling. Child labour overall also received little focus.

2.4 Situation analyses and needs/capacity assessments

This section reviews how much assessments have been used in planning response and what progress has been made in developing tools for assessments.

Assessments for planning response

Of the 12 countries in the evaluation, child protection assessments had been undertaken in 7 countries (Myanmar, Pakistan, Philippines, Somalia, South Sudan, State of Palestine and Sudan; see annex 11). All of these were rapid assessments in sudden-onset contexts, both disasters and upsurges in armed conflict. However, in four countries (Afghanistan, Colombia, DRC and Sri Lanka), all of which are in protracted conflicts or transition, there had been no comprehensive child protection situation analysis/assessment. In those countries only some issue-based analyses had been undertaken. This is a concern as it limits evidence-based programming in protracted contexts.

Rapid assessment tools

To strengthen rapid assessment processes, the CPWG in Geneva has developed a rapid assessment tool (published in 2012), which had been used in four countries 100 and is increasingly in demand. Other

99 Afghanistan and the State of Palestine.
100 Myanmar in 2012, the Philippines (typhoon Pablo) in 2013, Somalia in 2011 and Sudan in 2011. In addition training was held in Afghanistan.
countries, including Pakistan, South Sudan and State of Palestine, had undertaken rapid assessments using different tools adapted in-country.

Two issues were identified with the type of tool and its application that influence data for planning.

(a) The child protection rapid assessment tool provides detailed snapshot data within a population but does not enumerate specific sub-populations, such as separated children, so it should be used in conjunction with other forms of data collection such as data on registration of displaced or refugee populations. The tool was also not designed to monitor changes in child protection over time. There was a consensus among the CPWG and regional advisers that more work is needed in developing monitoring tools.

(b) In the analysis of a sample of assessments for this evaluation (see annex 11) findings were that programme recommendations did not always address all protection issues identified by the assessment, especially in relation to very direct protection issues. For example, within a sample of 7 interagency assessments, 2 identified protection risks from physical or sexual violence (e.g. risks of sexual violence around latrine areas, risk of violence for children walking to school, risks in market areas, violence/riots at distribution points) but did not address those issues in the recommendations. One identified drowning as the principal cause of death and another found recruitment to be a major issue but there were no recommendation to address these issues. Most assessments, however, included recommendations for typical programming responses such as tracing/reunification, child friendly spaces. Essentially, assessment teams did not appear to think creatively about possible ways of protecting children and women from violence.

In terms of preparedness for child protection assessments, some countries, such as Pakistan and South Sudan, have trained enumerators and kept them on standby, which has proven effective in disasters and sudden upsurges in conflict. Conversely, the lack of trained enumerators was a constraint to rapid assessments through the child protection sub-cluster in DRC.
3. OUTCOMES AGAINST THE MTSP

This chapter sets out progress towards achieving the planned organization-wide outcomes of the MTSP in armed conflict and disaster. Programme outcomes are the focus, not process issues such as approaches and bottlenecks; these are addressed in chapter 4, where each of the CCCs is analysed. Clearly, in protecting children in armed conflicts and disasters, the principal results depend on longer term work to strengthen systems and bring about social change. These areas will be reviewed in chapter 5.

The MTSP, in key result area 3, established three organizational targets for protecting children in armed conflict and disasters: (a) protecting children from violence, abuse and exploitation, (b) ending the recruitment and use of children in armed conflict, and monitoring recruitment and use; and (c) reporting on protection violations.

3.1 Protecting children from violence, abuse and exploitation.

Girls’ and boys’ rights to protection from violence, abuse and exploitation is sustained and promoted, including psychosocial support to children and families, as well as prevention of sexual and gender-based violence. The indicators are number and proportion of separated children reunified in emergencies; number and proportion of children with safe access to community for socializing, play and learning; and number and proportion of children associated with armed forces or groups who are reintegrated into their families and communities. These are discussed below.

- Number and proportion of separated children reunified in emergencies

In cases of an upsurge in violence in armed conflict or in a sudden-onset natural disaster, the first 48 hours are critical to prevent family separation and to initiate family tracing. The critical period continues for at least two weeks after the crisis event.

The evaluation found that the reunification of children has been most effective in fast-onset contexts, where high rates of rapid reunification or case closure were achieved together with partners (from around 79 per cent to virtually 100 per cent of children in DRC, Myanmar, Pakistan and the Philippines). These calculations are based on statistics provided by the countries referenced, although the denominator (i.e. total number of separated children) may not have been accurate in all cases as case management systems are still weak.

There were no robust data on the speed of reunification across caseloads but the trend is towards improved preparedness, which should lead to fewer separated children and more rapid reunification. Indeed, two countries in the evaluation that had experienced fast-onset disasters in quick succession (Pakistan and the Philippines) found that the number of separated children fell from one event to the next due to messaging to families about how to prevent separation and what action to take if children became separated. Preparedness includes radio messaging to communities to prevent separation and rapid registration on pre-prepared forms, as well as a rapid family tracing system using a specially designed programme based on SMS messaging that is currently being introduced. In addition, a child protection information management system intended to strengthen casework is being introduced, although much

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101 Case closure can occur without the need for tracing if a child is separated from the usual or legal caregiver but living with another relative.

102 Although DRC is a protracted context, this refers to a fast-onset upsurge in violence in November 2012.

103 In Pakistan in the 2010 floods, 70 per cent of 505 separated children were reunified (see country case study for this evaluation); in DRC 80 per cent of 406 separated children were reunified of just one group of children separated in the November 2012 displacement (see country case study for this evaluation); in Haiti 58 per cent (of 1,524 children) were reunified (see IRC, 2012, Child protection and gender-based violence emergency response: UNICEF emergency action July 2010 to July 2012, New York, IRC); in the Philippines it was believed that all children had been reunified; in Sudan 31 per cent of 1,392 children were reunified (see country office questionnaire for this evaluation); and in South Sudan 37 per cent of 3,213 children were reunified (see country case study for this evaluation).

104 In Pakistan the number of separated children fell to 70 in the 2011 floods (from 505 in 2010) and in the Philippines it fell from 30 children in Sendong tropical storm (late 2011) to 8 in Pablo (December 2012).
more work is needed to build capacity for these tools to be used effectively (see the analysis of CCC4, Separated Children).

However, reunification rates were much lower where either (a) significant numbers of children were already separated prior to the crisis event (such as in Haiti, where large numbers of children were living in institutions before the earthquake; or (b) the context was a protracted conflict in which children had been separated for very long periods. In Haiti, where 40 per cent of registered children were already separated prior to the earthquake, reunification rates were much lower, at 58 per cent. Similarly in Sudan and South Sudan, rates were only 31 per cent and 37 per cent respectively during the return period after a very long conflict. 106

Case management systems were weak in most contexts, and follow-up was found to be very poor and a long way from international standards. International standards require at least one follow-up visit within a month to children reunified with legal or usual caregivers and systematic follow up every three months to children in interim or alternative care until permanent care is arranged. It was difficult to obtain data about the extent of follow-up, but the case study countries (DRC, Pakistan, South Sudan) at a minimum were far from compliant with these guidelines (see analysis of bottlenecks in CCC4, Separated Children).

There appeared to be a correlation between the effectiveness of governance and the degree of separation or rapid reunification. For example, separation was not considered to be an issue in Colombia and rapid reunification was achieved for virtually all children in the Philippines. These two countries were in the highest category of governance effectiveness within the sample in the evaluation, drawing on World Bank indicators (see annex 3). 109

- Number and proportion of children with safe access to community for socializing, play, learning

The aim of psychosocial support is to strengthen the coping mechanisms and resilience of girls, boys and their communities. The assessment of issues faced by children of all ages demonstrated that (a) it is extremely important to address distress and anxiety in children and families in disasters and armed conflicts at an early stage, and (b) children are more likely to suffer residual consequences if they do not have access to recreational, sporting and learning opportunities. In the focus groups, children of all ages valued these interventions very highly and some felt that such activities had helped them to manage aggressive behaviour. 110

The number and proportion of children reached through psychosocial programming varied by (a) extent of preparedness prior to the emergency, (b) the degree to which psychosocial programming is viewed as an entry point to services and aims to reach the highest possible percentage of affected people, (c) the extent to which mobile outreach services have been introduced, (d) whether psychosocial support is provided through existing organizations and (e) funding availability. However, where partners have been prepared in the pre-crisis phase, it has been possible to rapidly scale up and reach very high numbers relatively quickly.

In most contexts, UNICEF is reaching very large numbers of girls, boys and women and about 8 to 13 per cent of the affected population. In the 2011 floods in Pakistan, UNICEF-funded psychosocial interventions reached 200,000 girls, boys and women, 8 per cent of affected children and 6.3 per cent of affected women, in 2012. Analysing children reached in relation to UNICEF country targets, the percentages are much higher: 92,687 girls (84% of target) and 99,171 (90% of target) in the relief phase in March 2012. 111

106 Country office questionnaire for this evaluation (Sudan), country case study, South Sudan.
108 Child separation was not reported as an issue in Colombia.
110 See Pakistan country case study for this evaluation, 2013.
These vast numbers were achieved through a programme, PLaCES, that provides a wide variety of cross-sectoral services\textsuperscript{112} on an open-access basis at village level, including through mobile outreach services (see section 4.5). Other examples are South Sudan, which reached 22,300 recently displaced girls and boys in 2012, 12 per cent of the total population of recently displaced children under 18.\textsuperscript{113} However, this figure was 297\% of the UNICEF Country Office target of reaching 7,500 of the children most affected by armed conflict and displacement, in 2012.\textsuperscript{114} In Colombia, psychosocial programming reached 48,203 adolescent girls and boys in prioritized municipalities, or 13 per cent of adolescents aged 12 to 17 years in 44 target municipalities and 87\% of UNICEF Colombia’s cumulative target for 2011-12.\textsuperscript{115}

Exceptionally, much higher numbers were reached in Haiti by the Red Cross with some UNICEF support. The Red Cross had trained and equipped large numbers of volunteers who were ready to be mobilized in a crisis. With this approach, half of the population still displaced after the earthquake (259,000 children and adults) was reached with psychosocial programmes within days of the cholera epidemic in 2011.\textsuperscript{116} Large numbers were also reached through partners in Somalia (131,128 children and women), and in the State of Palestine, where 46,000 children were reached although it was not possible to calculate percentages. Psychosocial interventions were found to be cost effective (ranging from $10 to $45 per person, see section 7.4) and suitable for scaling up.

- Number and proportion of children associated with armed forces or groups reintegrated into their families and communities

Planning for reintegration programming is expected to reflect the Paris Principles\textsuperscript{117} and is aimed at tracing boys and girls released from armed forces and armed groups and reuniting them with their families wherever possible (or into foster care where not). It also is to provide vocational training, help with business start-ups and access to education. The target in the Minimum Standards is to reach 100 per cent of released boys and girls.

In 2012, 4,475 children (the majority boys) were reached by reintegration programmes for boys and girls released from armed forces and armed groups across seven countries.\textsuperscript{118} Reintegration programmes are reaching the majority of children released from armed forces/armed groups through formal release procedures as per the target. However, self-released children (mostly girls) who aim to avoid the stigma of association with armed forces/armed groups are not necessarily reached.

Reintegration support was generally found to be of good quality and highly valued by the participating children. It is addressed under Child Recruitment and Use, CCC7.

\textsuperscript{112} Recreation and sports; primary health care services including vaccination; good feeding practices and hygiene awareness; awareness on gender-based violence; vocational training; support to access temporary learning centres or school; birth registration; disaster risk reduction; mine risk awareness and counselling; and other secondary level services when necessary.

\textsuperscript{113} 350,000 people were newly displaced by conflict in South Sudan in 2011 plus a further 164,000 in by June 2012, totaling 364,000 recently displaced people (UN OCHA statistics, June 2012. OCHA, 2012, Population of Concern in South Sudan, online. Available at: http://www.unhcr.org/cgi-bin/texis/vtx/home/opendocPDFViewer.html?docid=500e532c9&query=population of concern south sudan 2012. (Accessed 13 January 2014). Of these, approximately 53.47\% are under 18 years, making a population of recently displaced children of 248,100. UNICEF psychosocial programmes reached 22,300, 12\% of recently displaced children.

\textsuperscript{114} Country Case Study, South Sudan for this evaluation, 2012.

\textsuperscript{115} Country Case Study, Colombia for this evaluation, 2012 (from UNICEF Colombia, 2012, Tabla de Indicadores).

\textsuperscript{116} Haitian Red Cross, 2011, Psychosocial Support Programme, unpublished.


\textsuperscript{118} All data from UNICEF 2012 annual reports: Colombia, 436; DRC, 1,780; Myanmar 56 (of 75 notified); Pakistan, 0; Somalia, 950; South Sudan, 640; Sudan, 613.
3.2 Ending and monitoring the recruitment and use of children in armed conflict

This target includes ensuring children’s effective release and reintegration, taking into account gender-based differences in the situation of boys and girls. The indicator is:

- Number of conflict situations in which children are still being unlawfully recruited or used by armed forces or armed groups in apparent breach of international law.

Globally, parties in 15 countries were included in the annexes of the Annual Report of the SRSG-CAAC in 2013119, as still unlawfully recruiting or using children in armed conflict. Although the theatres of armed conflict have shifted in recent years, the total number of armed conflict situations in which children are recruited or used has not fallen significantly. Parties in 15 countries were listed in 2003,120 and in 2012, parties in 13 countries were listed.121

3.3 Reporting on protection violations

This target addresses how conflict-affected countries monitor and report on the protection of children. The indicators are:

- Number of countries that have established a monitoring system on protection concerns for children and women.

In all countries where the MRM is active, UNICEF and partners have established a monitoring system on the grave violations affecting children. As noted in the previous section, in 2012, 13 countries were being monitored, plus an additional 3 countries where only some of the grave violations were being monitored. The effectiveness of MRM systems is discussed under CCC2.

- Number of countries engaged in MRM where CTFMRs are co-chaired by UNICEF and have an active work plan.

The MRM is operational in eight of the countries covered by the evaluation (see CCC2), and in all cases there is a CTFMR co-chaired by UNICEF. There has been strong advocacy for action plans in recent years, and seven of the eight countries have established them. Of these, five were signed or revised in 2011/2012 (see annex 12). This demonstrates significant and persistent advocacy in this area in recent years. Six of the action plans are with the armed forces122 and one (the Philippines) is with an armed group. In addition, beyond the countries in the evaluation, the action plan is complete in Yemen and the parties are expected to sign in 2014.

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122 Afghanistan, DRC, Myanmar, Somalia, South Sudan and Sudan.
The action plans are promising frameworks to prevent and end the recruitment and use of children, in particular by government forces. With appropriate and constant UN technical support to relevant authorities, they can achieve significant results. For instance, government armed forces are being encouraged to introduce age verification procedures as well as strengthen birth certification as crucial means of prevention, and to implement strong awareness-raising campaigns. As a result, 1,379 applicants under 18 were screened out through age verification and 2,064 children under 18 were released from armed forces in 2011/2012 total in DRC, Myanmar, Somalia, South Sudan and Sudan (table 1).

### Table 1. Children prevented from recruitment and released in 2012

<table>
<thead>
<tr>
<th>Country</th>
<th>Measures taken and results (2012 except where noted)</th>
<th>Number of children rejected from recruitment</th>
<th>Number of children released</th>
</tr>
</thead>
<tbody>
<tr>
<td>Afghanistan</td>
<td>Under-age applicants rejected by government armed forces based on action plan[^124]</td>
<td>122</td>
<td></td>
</tr>
<tr>
<td>DRC</td>
<td>Children released (or escaped)[^125]</td>
<td>1,497</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Under-age applicants rejected by government armed forces based on action plan[^126]</td>
<td>269</td>
<td></td>
</tr>
<tr>
<td>Myanmar</td>
<td>Children released from armed forces (42 under the action plan)[^127]</td>
<td>97</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Under-age applicants rejected by government armed forces based on action plan[^128]</td>
<td>538</td>
<td></td>
</tr>
<tr>
<td>Somalia</td>
<td>Children released based on UNICEF support in 2011.[^129] (Action plans revised in 2012 but no statistics are available on release in 2012)</td>
<td>120</td>
<td></td>
</tr>
<tr>
<td>South Sudan</td>
<td>Under-age applicants rejected by government armed forces based on action plan (421 boys, 29 girls)[^130]</td>
<td>450</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Children released based on action plan and following inspections (230 of 250 identified, 92%)[^131]</td>
<td>230</td>
<td></td>
</tr>
<tr>
<td>Sudan</td>
<td>Children released in 2011 and included in reintegration programming in 2012[^132]</td>
<td>120</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>1,379</td>
<td>2,064</td>
</tr>
</tbody>
</table>


[^125]: Ibid.

[^126]: Ibid.

[^127]: Ibid.

[^128]: Ibid.

[^129]: UNICEF annual report, Sudan, 2011.


[^131]: Ibid.

However, there are 25 armed groups within the listed parties in the eight countries (see annex 12) and only one has an action plan, although these parties continue to recruit children and to kill and maim. Preliminary talks are underway with other armed groups. UNICEF’s ‘room for manoeuvre’ is limited on engagement with non-state entities (NSEs) both because national governments and armed forces often prohibit direct dialogue (for example in Colombia and Pakistan) and because some donor countries have a list of organizations considered to be terrorist groups, and engagement with them could risk relations with the donor. Of the 26 NSEs listed in the countries included in the evaluation, only 6 are also included in the United States list of terrorist organizations so this may be less of an issue than appears (see Annex 12).

The challenge for the CTFMRs will be to continue to exert pressure on armed forces to end the recruitment and use of children while extending advocacy with armed groups, which has been very limited to date. In addition, UNICEF at country and HQ levels will need to strengthen advocacy on attacks on schools and hospitals, for which a guidance note is currently being developed with the Office of the SRSG-CAAC.

133 Moro Liberation Front in the Philippines.
134 US Department of State, Foreign Terrorist Organizations. Available at: http://www.state.gov/j/ct/rls/other/des/123085.htm (online). Accessed 15.1.2014. Specific organizations listed as terrorist organizations in countries in evaluation are: Afghanistan: Haqqani Network; Colombia: National Liberation Army (ELN) and Revolutionary Armed Forces of Colombia (FARC); Philippines: Abu Sayyaf Group (ASG) and Communist Party of the Philippines/New People’s Army (CPP/CPA); Somalia: Al Shabaab.
4. EFFECTIVENESS IN RELATION TO THE CCCs

Effectiveness refers to the extent to which programmes have reached their own objectives. In the case of UNICEF’s Core Commitments for Children in Humanitarian Action, effectiveness is measured against benchmarks. The CCCs include process benchmarks (e.g. leadership, systems to deliver services) and benchmarks on programme results for children (e.g. reunification of separated children, preventing and addressing violence against children and women). The following analysis reviews each of the CCCs against benchmarks with an emphasis on what has worked well and less well in achieving those results.

4.1 Effective leadership (CCC1)

UNICEF is committed to ensuring that effective leadership is established in two areas of responsibility under the protection cluster led by UNHCR: the child protection area of responsibility, for which UNICEF leads, and the GBV area of responsibility, which UNICEF co-leads with UNFPA. UNICEF is also committed to providing support for establishment of a mental health and psychosocial support coordination mechanism, ideally through integrating the issue in existing coordination mechanisms. Globally, UNICEF provides leadership support and co-chairs the IASC Research Group on Mental Health and Psychosocial Support (MHPSS). In addition, UNICEF should link to other cluster/sector coordination mechanisms on critical issues. UNICEF should provide guidance to partners on common standards and approaches and ensure that child protection and GBV gaps and vulnerabilities are identified and addressed without duplication. UNICEF is the ‘provider of last resort’ for child protection in humanitarian action.

Clusters are activated as part of an international emergency response to a large-scale humanitarian situation that has led to coordination gaps. According to the Inter Agency Standing Committee (IASC), cluster activation should be strategic time limited and based on four criteria: (a) a new large-scale emergency (or sharp deterioration) leading to coordination gaps; (b) national response and coordination capacity is not sufficient to meet needs; (c) humanitarian needs justify a multi-sectoral approach that existing coordination mechanisms cannot adequately address; and (d) the scale of the operational presence requires a sector-specific coordination mechanism. Clusters should be reviewed every six months to assess their relevance and to consider whether nationally led coordination mechanisms are able to appropriately meet needs.

The evaluation found that:

(a) UNICEF has led the child protection sub-cluster in 10 of the 12 countries in the evaluation (see table 2), producing good results. The key responsibilities of information sharing, preparedness planning and leading inter-agency assessments have been fulfilled in most countries.

(b) UNICEF has also made important technical contributions in some countries to the GBV AoR although overall leadership in the GBV area of responsibility has been weaker.

(c) UNICEF has led the integration of mental health and psychosocial support into programming, although the MHPSS working group had been established in relatively few countries.

UNICEF’s performance as child protection sub-cluster lead

UNICEF has led an activated sub-cluster in 10 countries and is developing a working group in Myanmar. In all these countries, there are subnational as well as national groups. In Colombia, UNICEF does not

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135 Provider of last resort signifies that the cluster/sub-cluster lead will conduct a gap analysis (who, what, where, when) and do their utmost to ensure an adequate response, accepting that there may be funding and access constraints. IASC, 2008, Operational guidance on the concept of provider of last resort, online. Available at: www.unicef.org/nutritioncluster/files/Provider_of_Last_Resort_-_Operational_Guidance.pdf. Accessed 29 November 2013.


137 Within the group of 12 countries, working groups in MHPSS had only been established in 3 countries: Philippines, South Sudan (just beginning in 2012) and State of Palestine.
lead a working group but participates in the protection cluster, led by UNHCR, and an Inter-agency Group on Children Affected by Armed Conflict, led by OHCHR. As child protection sub-cluster lead, UNICEF is expected to maintain and facilitate information flows, promote inter-agency rapid assessments and develop preparedness measures. There is evidence across the case study countries that these responsibilities have been fulfilled effectively and are contributing to the quality of humanitarian response.

UNICEF had led inter-agency assessments in 6 of the 12 countries in the evaluation and had also promoted training of enumerators in some (but not all) countries. The proportion of countries having conducted inter-agency assessments is relatively small compared with the results of CPWG survey of coordination conducted in 2012,¹³⁸ which found that 12 of 14 countries had conducted assessments since 2011. The CPWG survey also found that the use of joint assessments had grown considerably since a 2009 survey, although there is still strong demand for further training in applying the child protection rapid assessment tool. These results suggest that UNICEF’s leadership is promoting inter-agency assessments and developing capacity in this area.

On information sharing, the expectation is that UNICEF will maintain an overview of the situation, facilitate information flows vertically and horizontally, and promote a ‘3Ws’ analysis (who is doing what, and where) to identify and address gaps. When gaps are identified, UNICEF is expected to be the provider of last resort. As measured by the questionnaires submitted by partners and by meetings with partners in case study countries, UNICEF had performed well in sharing information with sub-cluster members in all countries. However, some case study and desk study countries¹³⁹ felt that information sharing had not necessarily led to effective joint planning for advocacy and programming responses. Plans were not sufficiently concrete or strategic in some contexts or had not always led to a timely and effective response. Another issue was that vertical linkages were weak in some contexts,¹⁴⁰ such that planning was not sufficiently based on the situation in the field. In DRC, the national coordinator had developed standards and locally appropriate guidelines from the bottom upwards.

Regarding UNICEF’s role as the provider of last resort, there was evidence that UNICEF aimed to fill gaps based on the 3W analysis, but the exercise depends heavily on financial and human resources and was not always possible.

Almost two thirds of child protection sub-clusters had been active in preparedness planning. The evaluation found that preparedness plans had been developed in 7 of the 12 countries under UNICEF’s leadership. This result is in agreement with the CPWG finding in 2012 that 12 in 17 countries surveyed had developed inter-agency contingency or preparedness plans.¹⁴¹

<table>
<thead>
<tr>
<th>Table 2. Status of child protection sub-cluster in evaluation countries</th>
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<tr>
<td><strong>Country</strong></td>
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<tr>
<td>Afghanistan</td>
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<td>Colombia</td>
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<td>DRC</td>
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<td>Haiti</td>
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<tr>
<td>Myanmar</td>
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<td>State of Palestine</td>
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<td>Pakistan</td>
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<td>Philippines</td>
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<td>Somalia</td>
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<td>South Sudan</td>
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<td>Sudan</td>
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<td>Sri Lanka</td>
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¹³⁹ Haiti, Somalia and State of Palestine questionnaires and Pakistan and South Sudan case studies.
¹⁴⁰ Notably Pakistan and South Sudan.
¹⁴¹ Global Protection Cluster, op. cit.
Issues arising in coordination

- **Lack of adequate funding:** Virtually every country in the evaluation identified lack of adequate funding for coordination, especially for dedicated human resources, as the principal barrier to effective sub-cluster leadership. There was a consensus that attempting to coordinate using staff whose time is divided half and half between coordination and programming is detrimental to both programming and coordination, especially during intensive response periods. Not all countries had full-time posts for coordination even at national level, and full-time posts are rare even at subnational level.\(^{142}\)

  The funding issue also affects the grade of post that can be recruited. Both UNICEF and OCHA argued that a minimum of five years of experience is required, but it is often not possible.\(^{143}\) The post of Information Manager was also found to be essential to effective coordination but rarely available also due to funding issues.\(^{144}\) In this respect, child protection is also the ‘poor stepsister’ compared to other clusters and sub-clusters. For example, in the Philippines in Typhoon Bopha (Pablo), child protection was the only cluster/sub-cluster not to receive support for coordination through a standby or a rapid response team.

- **Over-reliance on UNICEF:** NGO members of sub-clusters have not always invested time in working groups developing guidelines, tools etc. This has led to over reliance on UNICEF to undertake time-consuming drafting work.\(^{145}\) This was not found in DRC, however, which suggests that developing guidelines, standard operating procedures etc. bottom up in the field may lead to greater engagement of partners.

**UNICEF’s performance as co-lead of the GBV Area of Responsibility**

The GBV sub-cluster had been activated in 8 countries in the evaluation during humanitarian action and in most other countries there are GBV working groups.\(^{146}\) Where the GBV sub cluster had been activated it was led by UNFPA, and in one case jointly with UNHCR. The situation in DRC is slightly different as there is a coordination structure led by the government in which UNICEF leads the multi service assistance delivery pillar. In Pakistan, UNICEF assumed co-leadership of the GBV sub-cluster with UNFPA shortly after the mega-floods in 2010 but withdrew after two months due to the excessive volume of work in coordination across UNICEF as a whole. Although not co-lead, UNICEF Pakistan provided strong technical support to the GBV sub cluster during humanitarian response in 2010-2012 in close coordination with UNFPA. A similar situation was found in Haiti where UNICEF provided human resources to the UNFPA-led sub cluster following the earthquake. In Somalia and South Sudan UNICEF provides leadership at sub national level in some areas. The GBV sub-cluster, like the child protection sub-cluster, aims to provide preparedness planning, tools and training and be the provider of last resort in a large international emergency and where national coordination structures are not able to meet those responsibilities. In the countries in the evaluation, UNFPA tended to lead the GBV sub-cluster at national level, but leadership was generally much weaker at subnational level due to staff shortages.\(^{147}\)

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\(^{142}\) In the case study countries, there was one full time coordination post at national level in DRC and South Sudan and three part-time posts at national and subnational levels in Pakistan. The post in Pakistan had been full time at the height of the mega floods in 2010.

\(^{143}\) The full-time posts in DRC and South Sudan were at P3 or P4 level, recognizing that it demanded a minimum of 5 years’ experience. However, DRC was trying to recruit a second full-time position for Eastern DRC and had funding only for a UNV. In the Philippines, the CPWG relied on a staff member seconded from Plan International to UNICEF, which was found to be very costly. UNICEF Afghanistan had the same difficulty in lack of funding for a full-time post and had made multiple (unsuccessful) attempts to raise donor funds.


\(^{145}\) Claims made in South Sudan and Pakistan that were valid based on descriptions of how key tools were developed.

\(^{146}\) See the country case studies for Pakistan and South Sudan for this evaluation and the country office questionnaire for Afghanistan.
A different issue is whether UNICEF can ensure an effective response in GBV without co-leading the sub-cluster. Experience in Pakistan and the Philippines suggests that UNICEF can make a significant contribution without assuming the responsibility of co-lead at central level. In Pakistan, UNICEF technical assistance led to the development of standard operating procedures and referral pathways in GBV at central and subnational levels. In the Philippines, a different model developed. UNICEF and UNFPA developed joint terms of reference for the child protection and GBV working groups. Given that membership of the two groups was mostly the same, meetings were held jointly, co-chaired by UNICEF and UNFPA and the two organizations collaborated with the Government on a joint CP/GBV strategy with a focus on preventing trafficking in the recovery phase. A partner and member of the GBV group reported that the arrangement improved increased collaboration and sharing of resources and avoided overlapping services.

The challenge for UNICEF is to ensure that coordination in gender-based violence is active and that GBV is effectively addressed in practice, whether or not UNICEF is co-lead.

Mental health and psychosocial working groups

MHPSS working groups had been established in the Philippines, South Sudan and the State of Palestine only. In other countries, the aim was to incorporate MHPSS into existing coordination mechanisms, especially the child protection sub-cluster, to avoid duplication. This was effective, and the evaluation found that the IASC MHPSS guidelines were well known and applied in psychosocial interventions. Half of the partners that replied to questionnaires had used the guidelines in developing child-friendly spaces.

Lessons on MHPSS and on coordination of psychosocial interventions were strongest in the State of Palestine, where UNICEF leads an active working group. It has established an MHPSS strategy and shared it with key ministries to encourage harmonized approaches. Additionally, a tool has been developed together with Columbia University and local professionals to measure the impact of psychosocial support on targeted groups, and that experience could be evaluated with a view to generalization.

Leadership performance against the context dimensions

There was no identified difference in leadership in relation to disaster/armed conflict, development status, sudden or protracted context or governance status.

<table>
<thead>
<tr>
<th>Country</th>
<th>GBV sub-cluster</th>
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</thead>
<tbody>
<tr>
<td>Afghanistan</td>
<td>Activated and led by UNFPA. UNICEF participates but does not co-lead.</td>
</tr>
<tr>
<td>Colombia</td>
<td>Not activated. UNICEF is a member of an inter-agency gender working group.</td>
</tr>
<tr>
<td>DRC</td>
<td>Not activated but UNICEF coordinating one pillar of National GBV Strategy and the multi-sectoral assistant working groups.</td>
</tr>
<tr>
<td>Haiti</td>
<td>Activated and led by UNFPA but UNICEF provided human resources to leadership following the earthquake.</td>
</tr>
<tr>
<td>Myanmar</td>
<td>Protection cluster not activated and no active GBV working group.</td>
</tr>
<tr>
<td>State of Palestine</td>
<td>Proposed in 2012 to be led by UNFPA</td>
</tr>
<tr>
<td>Pakistan</td>
<td>Activated and led by UNFPA (was co-led by UNICEF in first 2 months of humanitarian action after 2010 floods but UNICEF withdrew to excessive coordination responsibilities)</td>
</tr>
<tr>
<td>Philippines</td>
<td>Activated and led by UNFPA but close coordination and joint meetings with CP sub cluster, led by UNICEF.</td>
</tr>
<tr>
<td>Somalia</td>
<td>Activated and led by UNFPA and UNHCR. UNICEF provides some sub national leadership.</td>
</tr>
<tr>
<td>South Sudan</td>
<td>Activated and led by UNFPA. UNICEF is not co-lead at national level but steps in to lead if UNFPA does not have human resources in place and leads at sub national level in some areas</td>
</tr>
<tr>
<td>Sudan</td>
<td>Activated and led by UNFPA.</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>Activated in Northern and Eastern Provinces and coordinated by Government.</td>
</tr>
</tbody>
</table>
4.2 Monitoring and reporting on grave violations (CCC2)

CCC2 requires UNICEF to monitor and report on grave violations and “other serious protection concerns regarding children and women”. It commits UNICEF to using the information to trigger a response, including advocacy. Such monitoring and reporting of serious protection concerns should ensure that:

- Protection issues beyond the six grave violations against children in armed conflict are addressed
- Reporting mechanisms are implemented in all contexts, including disasters
- Monitoring and reporting mechanisms are in place in armed conflict whether or not there are parties listed in the Secretary-General’s annual report on children and armed conflict

The review of outcomes against the MTSP has already identified principal achievements on the basis of the MRM and action plans. This section will consider what works well and less well in operational terms in the MRM and progress in monitoring protection concerns through other mechanisms.

The evaluation found that:

- Monitoring and reporting against the six grave violations is being implemented in all eight countries in the evaluation that have listed parties. Valuable verified data are being produced on violations and used in advocacy at global and country level. As co-chair of CTFMRs, UNICEF has played a major role in the roll-out of training to partners on procedures to promote reporting and collating data, reporting to the Security Council and providing global and national advocacy based on the data.
- There is much less monitoring of protection concerns beyond the six grave violations. As a result, key issues such as child labour, trafficking, FGM/C and child marriage are not highlighted in the same way.
- Only Afghanistan, Colombia, Pakistan and the State of Palestine were found to have systems for reporting on violations and protection issues in contexts of disasters and armed conflict.
- Monitoring and reporting on sexual violence in armed conflict under Resolutions 1888 and 1960 is still at an early stage. No country had installed the MARA system although UNICEF currently prepares an annual report for the Secretary General on conflict related sexual violence based on contributions from country offices.

Issues in monitoring and reporting on the six grave violations

Underreporting through the MRM

The MRM has been effective in providing verified data on protection violations. However, it under-reports significantly, and advocacy would be stronger if it provided a more representative sample.

In contexts in which there is no Department of Peacekeeping Operations (DPKO) mission, reporting is done principally through partner organizations trained for that purpose. In contexts with a DPKO mission, child protection staff attached to the mission do the reporting in addition to working with partners. In both contexts, reporting could be increased by further expanding agreements with partners in the education cluster to train their members to report attacks on schools and the health cluster (and the World Health Organization [WHO]) in relation to attacks on hospitals. Expanding collaboration with landmine/ERW

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148 Afghanistan, Colombia, DRC, Myanmar, Philippines, Somalia, South Sudan, Sudan. Parties in Sri Lanka were de-listed in 2013.

149 A population-based survey in South Kivu (DRC) commissioned by UNICEF, which aimed to identify the incidence of MRM protection violations compared to those actually reported, found that there were around 500 times more violations than were reported through the MRM in 2010. S. Alfaro et al., 2010, An estimation of grave violations of child rights in South Kivu Province, New York, Columbia University.
action agencies could support extending monitoring on killing and maiming. While there are examples of monitoring in this way, they are not consistent and tend not to have been formalized.

Constraints to advocacy based on MRM data

Three constraints were identified to effective advocacy based on MRM data.

- Other UN agencies need to make a greater commitment to the MRM process and to the CTFMR. UNICEF respondents in several countries attested to the need for more commitment by UN agencies. OHCHR was mentioned as being especially important and involved in some countries but not in all. Greater involvement of specialized agencies such as OCHA in addressing the denial of humanitarian access is crucial, and of UNHCR on violations against children in refugee settings. WHO and UNESCO should be more engaged on attacks on health facilities and schools.

- Monitoring and reporting requires a human rights monitoring approach that is not typical of UNICEF’s experience. This gap makes the engagement of OHCHR especially important. UNICEF staff felt that human rights monitoring was neither development nor humanitarian work and “not part of our DNA as an organization”. Respondents from UNICEF regional offices, HQ and country offices said that it requires a set of skills and an approach that need strengthening within UNICEF, either by recruiting more staff with a human rights monitoring background or training to ensure that staff understand the full range of advocacy options. A complementary approach would be greater engagement with OHCHR and other human rights partners.

- The division of responsibilities for advocacy between country, regional and HQ offices is unclear. With better clarity on responsibility for advocacy based on MRM data, advocacy could be reinforced by consistent messaging and mutual accountability at all levels.

Inadequate funding for programming related to action plans

There was a consensus among UNICEF respondents that UNICEF and partners cannot just undertake monitoring; they must also provide programming support to children subject to protection violations. This requires sufficient funding to provide those responses, and the evaluation found that situations had arisen in which the action plan was signed without guarantees of funding for programming (in Afghanistan, for example) presenting a risk to credibility and to diplomatic relations.

Inadequate resourcing to the MRM

The MRM is currently understaffed. Only around half of the countries in which UNICEF is mandated to report under the MRM have a dedicated staff member and a specific roster is still pending. Further, in countries that do not have a joint UN mission (including Colombia, Myanmar, Philippines, Somalia) there are far fewer human and logistical resources available to verify violations.

The lack of adequate staffing for the MRM is inevitably linked to funding issues and to senior management priorities. In mid-2012, UNICEF’s MRM activities were deeply underfunded. Around $8 million of set-aside funds had been allocated to the MRM, while around $116 million was needed to implement it and provide adequate programming support in relation to reported violations. As a mandated activity, the MRM clearly requires more support from donors.

Lack of strategy for staff security

In cases where the MRM is implemented without the backing of a joint mission and a large joint staff team, a visible UNICEF staff member is handling highly sensitive information. There is no clear strategy for ensuring the security of UNICEF staff members in this context.

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150 Information from MRM specialist at UNICEF New York.
151 A joint mission with UNSOM will be established in 2014.
152 Information from MRM Specialist at UNICEF New York.
Monitoring, analysis and reporting arrangements on Security Council resolutions

These monitoring, analysis and reporting arrangements (MARA) specifically address Security Council Resolutions 1820, 1888 and 1960 on conflict related sexual violence.

The MARA is intended to function similarly to the MRM and overlaps with it as the MRM includes sexual violence against children while the MARA will address sexual violence in armed conflict against both children and adults. Establishment of the MARA is still at an early stage in all countries and there is concern about over-stretching UNICEF’s limited resources. The two systems should be as closely linked as possible both to strengthen MRM reporting on sexual violence against children in armed conflict and to reduce strain on UNICEF and partners.153

Lack of monitoring and reporting on other serious protection issues

Within the group of 12 countries, only 4 had established systems to monitor serious protection issues beyond the MRM, such as child labour, trafficking, FGM/C, early and forced marriage, both during disasters and in armed conflicts.

Afghanistan has established a monitoring system through the Child Protection Action Network, which includes government and NGOs. Colombia has an observatory through central government, while the State of Palestine has a system monitoring grave violations and publishing data even though there are no listed parties to the MRM. Pakistan is installing a child protection monitoring system through a human rights NGO, to be integrated into the Human Rights Ministry. These systems are diverse in terms of methods and actors; analysis of the efficacy of different approaches could inform future directions in monitoring protection issues.

4.3 Separation of children from families (CCC4)

The commitment is to prevent separation of children from their families, identify and document all separated and unaccompanied children,154 trace their families and ensure that they are in family-based care or an appropriate alternative and provided with interim care support. The outcomes of tracing and reunification were set out in the review of MTSP indicators; this section analyses the operational issues in working with separated children.

The Minimum Standards for Child Protection in Humanitarian Action promote the identification of as many separated/unaccompanied children as possible as part of assessments or even earlier (preferably in the first 48 hours after a rapid-onset emergency), registration and documentation of the circumstances of each child, tracing families through individual or mass tracing methods155 followed by verification, reunification and follow-up. Where it is agreed to discontinue active family tracing for an unaccompanied or separated child or in situations where family reunification is not in his or her best interests, decisions should be made regarding future care.

Interim arrangements should not be allowed to become permanent by default; there should be a thoughtful process of deciding on a long-term alternative care arrangement, and it should involve the child. In the absence of a national process adequate to determine what actions are in the child’s best interests, the UNHCR Best Interests Determination (BID) Guidelines, originally designed for use with refugee children, provide a valuable framework for making such decisions for all children, using either a best interests assessment or a BID, both of which are required to take the views of the child into account.

153 In DRC, UNICEF has advocated with the UN system for the establishment of a MARA mechanism and requested a P3 post to be placed within the Joint Human Rights Office. A MARA Task Force could be led by UNICEF in DRC. In Afghanistan and the Philippines the system is being established (to be managed by UNFPA in the case of the Philippines). In Myanmar, no MARA is planned but some limited information was submitted by the UN country team to the last global MARA report. In all other countries in conflict in the evaluation no progress was reported with the MARA.

154 The term separated children refers to those separated from both parents, or from the previous usual or legal caregiver, but not necessarily from other family members. This can include children who are informally fostered by non relatively from the same community of origin. Unaccompanied children are children who have been separated from both parents and other relatives and are not being cared for by an adult who, by law or custom, is responsible for doing so.

155 For example, radio, photo boards, community meetings.
However, while the best interests procedures can guide the decision-making process regarding formal foster arrangements or adoption, such decisions need to be formalized by national authorities or courts of law to have legal effect. Permanent/long-term care arrangements are only made following a full analysis of the best interests of the child, and rarely within the first year of separation.\footnote{See UNHCR, 2011, \textit{Field Handbook for the Implementation of Bid Guidelines}, Geneva, UNHCR.}

Considering what has worked well and less well in relation to the \textit{Minimum Standards}, the evaluation found that:

- UNICEF has led the dissemination of basic procedures, and standard operating procedures had been developed, drawing on international guidelines in some countries. There is some evidence that investment in preventing separation through pre-prepared messaging is having a positive effect, especially in rapid-onset disasters or population movements.

- However, follow-up of cases that are not reunified is weak. In most cases alternative care decisions had not been recorded for children who were not reunified and agencies were not following good practice in conducting best interests assessments/determinations.

- Separated children in extended families tend not to be followed up to ensure that the care arrangement is in the child’s best interests and the case can be closed.

- Since the Haiti earthquake and the Asian tsunami, there has been greater awareness of the risk of early or unauthorized adoption and UNICEF has developed a clear message on preventing early inter-country adoption.

- Even though the electronic case management system of the CPIMS is comprehensive, it has been difficult to use in the countries in this evaluation, calling for more investment in capacity building.

- Sub-regional work in preparedness and reunification response to family separation in emergencies is essential. UNICEF recognized it was weak in East Africa (a region with high numbers of separated children) and it is being strengthened.

- Working with separated children has been an entry point to longer term services for alternative care.

**Tracing and reunification processes and procedures found to be effective or improving**

UNICEF and partners have provided messages on preventing separation to be broadcast in a timely way over local radio. This was found in three countries in the evaluation: Pakistan, Philippines and Sri Lanka. Messaging is also believed to have contributed to promoting rapid reunification if families are informed where to go to register separated or missing children.\footnote{See www.unicef.org/media/media_41918.html.}

Preventing unauthorized or rapidly expedited adoption is also improving. Many country office and partner respondents to questionnaires were aware of the issue of unauthorized adoption, especially between countries. Following the experience in Haiti,\footnote{See M. Dambach and C. Baglietto, 2010, \textit{Haiti: ‘Expediting’ inter-country adoptions in the aftermath of a disaster, preventing future harm}, Geneva, International Social Service.} UNICEF prepared standard messages. These are extremely important because of the potential for irritating donor countries if the organization is presented as being categorically against inter-country adoption. Standard operating procedures in Pakistan and South Sudan emphasize the need to avoid early adoption.

In several countries the response to disaster or conflict had been used as an entry point for longer term strengthening of systems for alternative care. In Haiti, UNICEF used the issues that arose following the earthquake to advocate for the country to ratify the Hague Convention on international adoption and to develop stronger alternative care services. In Sri Lanka, tracing and reunification during the transition period was an entry point to a de-institutionalization strategy. In South Sudan the need for tracing and reunification was an entry point to introducing international standards for alternative care.
There are positive developments in the use of technology, including the Inter-Agency Child Protection Information Management System database (see below) and the RapidFTR (Family Tracing and Reunification) application on mobile phones. However, these require further development and much more training.

The RapidFTR\(^{159}\) can link to the CPIMS, allows for faster data exchange of case files than with paper forms (even where there is no Internet access) and speeds up the tracing and case management process. UNICEF staff members and partners can register unaccompanied and separated children, record their detailed information, take photos, save the record and compare the information with missing children being sought by families. This system holds considerable potential but will require investment in roll-out.

**Tracing and reunification processes and procedures found to require improvement**

There was very limited recording of casework and care outcomes for children who were not reunified with usual caregivers. The assumption in most countries is that the majority of these children are living with extended family members, but they should also be followed up to ensure that their current care arrangement is in their best interests and that the case can be closed (based on the *Minimum Standards*). There was no evidence that this follow-up is happening in any of the country contexts. The BID procedures developed by UNHCR, which should be applied to children in interim care whose cases cannot be closed in the way described, have not yet been applied systematically.

Casework with separated children and decisions made about their care should be endorsed by the state even if non-state agencies are undertaking much of the work. Alternative care is the responsibility of the state for all children within its borders, and government agencies should be involved in care procedures. Many partner reports on reunification made no reference to the engagement of the state.

**CPIMS database**

The CPIMS is a database intended to support case management for vulnerable children. An inter-agency initiative, it was developed by UNICEF, International Rescue Committee (IRC) and Save the Children, which are all on its Steering Committee\(^{160}\). The CPIMS was used in seven countries in the evaluation\(^{161}\) where tracing and reunification was required, with mixed results. It was used most effectively in Myanmar following Cyclone Nargis, where it was established and working in three weeks, and in Haiti following the earthquake. However, in all other countries issues had been found in using the system and it was not yet being used effectively.

Field-based representatives of Save the Children and IRC found the database to be high quality and to have useful functions that could be adapted to each context. At its best, the system can be valuable in supporting referrals, consolidating data and coordinating partners.\(^{162}\) However, partners report that three aspects need to be in place for it to be used effectively: First, the team must fully understand manual case management, respect confidentiality and data safety, and use the database to complement effective casework, rather than looking to the electronic tool as a solution. Second, the electronic system must be adapted right at the beginning of the process when the system is launched, so the inter-agency registration forms are adapted before any data is entered. Third, there needs to be an information manager in place who fully understands the functions of the system. The system must also be used with adequate safeguards for confidentiality. Ideally, all partners in the child protection sub-cluster should use the same centralized system, including in the case of large-scale cross-border tracing.

\(^{159}\) See http://rapidftr.com/

\(^{160}\) See www.childprotectionims.org. It should be noted that the CPIMS is not the only system. UNHCR uses ProGres, and ICRC has a separate system for tracing/reunification and case management.

\(^{161}\) DRC, Haiti, Myanmar, Philippines, Somalia, South Sudan, Sri Lanka.

\(^{162}\) Views expressed by partners in Haiti through an evaluation of the programme. IRC, 2012, The IRC in Haiti: *Child protection and gender-based violence emergency response, UNICEF emergency action July 2010 to July 2012*, New York, IRC. These were endorsed by an interview with a former senior child protection manager in Dadaab.
These steps had not been taken systematically in all countries, which had led to difficulties. In DRC, only a few organizations were using the CPIMS, and no partners in the evaluation referred to its use for tracing and reunification. In South Sudan, a partner was managing the system for the sub-cluster but multiple problems arose in data management, leading partners to revert to their own manual systems. Similar software issues arose in Sri Lanka, where the system could not produce timely reports and partners reverted to an Excel spreadsheet. In Sudan, the system is in place but UNICEF feels that partners are very slow in tracing and need much more training to be effective. Concern was expressed in Myanmar that UNICEF had not made proactive efforts to train partners in the system after the emergency. As a result it is currently used by only UNICEF and the Government, which is a source of frustration to some partners.

Somalia is the only country that appears to be investing time in the design and launch of the CPIMS to make sure it is all correct and that all agencies are on board. Partners there have decided that it should be used for both child protection and GBV case management as it is seen as having more effective safeguards than the GBV IMS.

Some partners are making confidentiality errors, such as publishing the full name and details of children being traced/reunified in quarterly reports to UNICEF.

Regional approaches and consistency of methodologies to tracing and reunification and alternative care have tended to be weak, leaving children vulnerable to a lack of adequate follow-up. In recognition of the need for much stronger coordination between agencies and across borders in East Africa, home to large numbers of separated children, UNICEF, UNHCR and Save the Children organized a regional meeting in November 2012. They established a road map for future engagement in each border area and nominated a leader for each key action. A sub regional approach was also developed in West and Central Africa for Malian refugees including separated children.

There are exceptional caseloads of separated children for which caseworkers have difficulty determining the best interests of the child, calling for more global guidance, through the inter-agency working group on unaccompanied and separated children. For example, many young children in South Sudan who were abducted as part of inter-communal violence have grown up in alternative families that resulted from criminal acts, but the children may also be well cared for and have no memory of their family of origin. A second example is girls under 18 who married very young and had children but have been widowed in armed conflict. They are also separated but in very different circumstances.

### 4.4 Violence, exploitation and abuse of children and women (CCC5)

UNICEF is committed to preventing and addressing violence, exploitation and abuse of children and women, including GBV, through supporting affected communities and strengthening systems. The *Minimum Standards for Child Protection in Humanitarian Action* separate out violence into the following categories:

- **Sexual violence**, which includes rape (by known family/community members or strangers), conflict related sexual violence, sexual assault, coercive sex/sexual exploitation and abuse (including demanding sex in return for goods/services), sexual abuse of children, exploitation in prostitution, trafficking for sexual purposes and sexual harassment.

- **Physical violence**, which includes generalized insecurity, threatening behaviour and extreme violence in armed conflict such as killing, maiming, torture and abduction.

- **Harmful practices**, which include FGM/C and early marriage.

- **Dangers and injuries**, which include shelling and explosive remnants of war in armed conflict and environmental hazards such as the risk of accidents or drowning in disasters.

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163 These included missing children entered as separated children; discrepancies on names of children or villages etc., reunifications not registered and updated; and children over 18 whose cases were not closed.
These subdivisions were used to clarify the types of interventions UNICEF has supported and their effectiveness in preventing and responding to violence.

The evaluation found that:

- UNICEF programming has been very effective in responding to GBV, especially in DRC and Somalia, where the incidence is extremely high (see box 4). However, there has been less investment in programming to prevent GBV. Nevertheless, a variety of potential approaches to prevention were identified and these could be replicated and measured in the future.

- There have been relatively few interventions engaging boys and men in the prevention of sexual violence and also limited work on boys as survivors of GBV.

- There have been relatively few interventions to prevent physical violence such as generalized insecurity and threatening behaviour, small arms fire and shelling. Some interventions that were identified could be applied more widely and measured in the future.

- Interventions to prevent harmful practices have been widespread and effective, and they are increasingly being measured to demonstrate results. They are implemented in the context of social change (see section 5.3).

- In terms of dangers and injuries, mine/ERW risk education is the most widely implemented type of intervention and has been shown to be effective (see section 4.7). However, no country mentioned addressing small arms proliferation or supporting the construction of shelters to protect children from the effects of shelling. Projects to prevent injury or death in disasters are also more sporadic.

- In general, access to legal assistance, attention to the justice system and addressing impunity are weak in all countries.

### Box 4. Response to GBV: Democratic Republic of the Congo

The Democratic Republic of the Congo has an extremely high incidence of GBV. UNICEF manages the multi-service assistance pillar of the national sexual violence strategy, which provides GBV survivors with medical, legal, psychosocial and reintegration services. The programme reaches high numbers of survivors. Between 2009 and 2012, 38,994 survivors of GBV received medical services, of whom 43 per cent were children, almost all girls. In the same period, 50,629 girls and women received psychosocial support, more than half under 18.

One of the partners in North Kivu provided services to over 5,000 survivors in 2011. Of these, 36 per cent were under 18 years and 98 per cent were female. Of the perpetrators 54 per cent were civilians and 43 per cent armed actors. Importantly, given the risk of HIV transmission, almost 2,900 survivors (56 per cent) had received treatment within 72 hours and 52 per cent received post-exposure prophylaxis treatment.

Source: DRC evaluation case study

### Response to Sexual Violence and other forms of GBV

UNICEF provides strong and effective programming in responding to sexual violence with technical orientation based on the Inter Agency Standing Committee’s GBV guidelines. Programme are especially strong and extensive in DRC and Somalia but also in Myanmar and Pakistan. Psychosocial and reintegration support (vocational training) is provided as well as referrals for medical treatment and legal services. Results at scale are impressive in DRC (see box 4) and Somalia.

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However, these services have not been provided in all countries, even where the incidence of sexual violence is very high, as in South Sudan. In some contexts, UNFPA has been regarded as primarily responsible for providing services, though its service provision may be very limited.

A major issue in addressing GBV overall concerns impunity. As in most countries in the world, survivors in evaluation countries were reluctant to use legal services. For example, only 25 of 1,300 survivors of GBV took up legal services offered through PLaCES in Pakistan.\(^{166}\) UNICEF has also supported Gender and Child desks in police stations in South Sudan and Sri Lanka. Results are not clear in South Sudan, but in Sri Lanka a concerted strategy of addressing all components of the justice system\(^{167}\) has resulted in a significant increase in reporting of child abuse (including sexual abuse) and reduced the average prosecution time from 5 years to 6 months.\(^{168}\)

It has also been possible to strengthen services and increase reporting of GBV. UNICEF recognizes that reporting cannot be for data only; survivors must be able to access quality services, so services must be developed first. After strengthening medical and psychosocial services, a strategy found to be effective in increasing reporting in Somalia was to send SMS messages to whole populations encouraging reporting (see section 6.2) which resulted in an 11 per cent increase in calls to a helpdesk.\(^{169}\)

**Prevention of GBV**

Various strategies have been used to prevent GBV, and although they have not been sufficiently well monitored to demonstrate results, they suggest possible avenues for the future.

(a) **Alert systems established by community protection committees**

- Community protection committees were established in most countries with varying degrees of direct engagement in the prevention of GBV and sexual violence. In Somalia GBV Focal Points raise the alert when there is a risk of medical and sexual violence, notifying both protection partners and NGOs working on women and girls’ rights and abuse. NGOs, together with police officers, access the areas of concern, and assist the women and girls who have experienced violence. Women and girls and also receive whistles in dignity kits. There was no monitoring data available on this initiative, but it is relatively low cost and can be rapidly established; it should be carefully analysed for possible replication, especially in camps. Similarly in South Sudan, a partner had established a GBV monitoring system in a refugee camp along with women’s peacekeeping teams. They take direct action to prevent GBV such as challenging armed forces to keep their distance from adolescent girls.

- In DRC and Pakistan, child protection committees work with girls and women to raise awareness on the risks of sexual violence and how to avert them. However, there is no data on effectiveness. In Pakistan, men and boys have been included in discussions on GBV. A group reported that the sensitization had influenced their perceptions and that domestic violence had reduced as a consequence within their immediate circle.

(b) **Direct measures to reduce the risk of sexual violence during firewood and water collection and to protect women at night.** These include providing alternative fuels and dignity kits and addressing water supplies. In Somalia a project to provide fuel-efficient stoves led to a significant reduction in risky time spent searching for firewood, but the project was extremely expensive per person (see section 7.4). Dignity kits include torches, which the women especially valued as a tool to prevent assaults at night.\(^{170}\) Dignity kits also ensured that women were dressed appropriately within their culture, helping to protect themselves from risk following displacement.

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\(^{166}\) UNICEF, 2013, Pakistan country case study for this evaluation.

\(^{167}\) Police, rehabilitation officers, judicial medical officers, prison officers, National Child Protection Authority district coordinators and magistrates.

\(^{168}\) Country office questionnaire for this evaluation.

\(^{169}\) Quarterly activity report, August to November 2012, Gruppo per le Ralazioni Transcultural.

\(^{170}\) Interview with IRC in Yida, South Sudan.
(c) ‘Safe houses’ in South Sudan and Sri Lanka. These provide a refuge for women while a longer term solution is being sought. No data were available on how these have been used.

(d) Training the armed forces in human rights. Training was noted as having reduced the reported incidence of sexual violence by the armed forces as perpetrators in Colombia but incident reports were not provided.¹⁷¹

(e) Promoting a legal and policy environment conducive to prevention. Most countries have promoted an effective legal and policy environment as part of development work in child protection and systems strengthening. The most notable example is DRC, where UNICEF has been an important actor with other UN agencies in promoting a multi-sector strategy that includes a justice pillar, coordinated by the United Nations Joint Human Rights Office. In Pakistan UNICEF promoted standard operating procedures for GBV that provided the basis for reporting and referring 1,300 cases during the flood response in 2011. However, all countries in the evaluation reported a very low incidence of prosecution of sexual violence due to a lack of confidence in the system or fear of repercussions for reporting crimes.

Prevention and response to physical violence

Adolescents in both armed conflict and disaster situations mentioned the risks of generalized violence and insecurity, lawlessness, threatening behaviour and the availability of weapons, especially small arms. There were also frequent references to violence at distribution points for food and non-food items in assessments. In armed conflict, there are also risks of shelling, abduction and detention.

The finding was that relatively few interventions have been designed to address the risk of physical violence, with the notable exception of mine/ERW risk education (addressed under CCC8). A few interventions were identified but no data was available on effectiveness.

- In the State of Palestine UNICEF supported a programme to protect children in schools vulnerable to aerial attack. On days under alert of attack, school directors send SMS messages to parents to keep children at home. While it was too early to assess the effect, parents accepted the scheme.

- In the Philippines and South Sudan UNICEF has supported the Non Violent Peace Force in unarmed civilian peacekeeping, engaging adolescents and women in strategies to de-escalate tense situations. This approach can be especially important where small arms are widely available and there is inter-communal violence. No data were available on the effectiveness of the measure beyond anecdotal information on specific incidents, such as intervention by women’s peacekeeping teams to prevent contact between armed forces and girls, and further analysis is needed.

- Monitors have been placed at key points of potential violence in some countries, such as distribution centres in camps and on routes to school in the State of Palestine.

- In addition to programme responses, UNICEF is engaged in advocacy globally and at country level to prevent the detention of children. Advocacy also focuses on reducing the proliferation and use of small arms and the use of explosive weapons in populated areas.

The evaluation found no country level programming to address the use of small arms.

Such interventions tend to be ad hoc and dependent on the initiative of partners and programme managers. This is a concern, given that these kinds of issues were frequently identified in protection assessments (see annex 11).

Prevention and response to harmful practices

Countries have integrated prevention of early marriage (Afghanistan, Pakistan, Philippines, Somalia, South Sudan, Sri Lanka) and prevention of FGM/C (Somalia, Sudan) into strategies for community-based system strengthening as part of longer term programming. Although these are largely development

¹⁷¹ See UNICEF, 2013, South Sudan country case study for this evaluation.
issues, it is important to sustain prevention through child protection community networks during the response and early recovery phases of emergencies as the incidence of FGM/C can increase during the stress of a crisis. Social change interventions are further discussed in section 5.3.

**Prevention and response to dangers and injuries**

Many groups of adolescents and community leaders referred to the direct risks of disasters and especially to the risk of drowning, particularly for very young children. UNICEF is supporting DRR with children and families in all the countries at greatest risk of disasters (Haiti, Myanmar, Pakistan Philippines) and in some countries is promoting DRR in schools. There are few examples of effectiveness although Terre des Hommes, a UNICEF partner in Haiti, reports an apparently effective measure to train children on how to avoid the risk of standing water after hurricanes. Messages were developed together with children and transmitted 72 hours before Hurricane Sandy struck. While five children had died crossing open waters following Hurricane Isaac, no children died in similar circumstances following Hurricane Sandy.

4.5 **Psychosocial support (CCC6)**

The CCC commits UNICEF to ensuring that psychosocial support is provided to children and their caregivers. All child protection programmes should integrate psychosocial support in line with the IASC guidelines. In the analysis of issues, psychological distress was found to be an issue for all age groups. An analysis in the State of Palestine suggested that adolescents may find it more difficult to recover from sustained periods of stress than younger children (see below).

The IASC Guidelines and *Minimum Standards* emphasize multi-layered support systems. The first level calls for providing basic services that protect the dignity of children and communities; at the second level, traditional social networks and community support systems should be strengthened; at the third level, non-specialist supports are provided, such as protective spaces, age-appropriate services and psychosocial aid; and at the fourth level, specialized services are provided by counsellors, psychologists and psychiatrists. Psychosocial programmes have focused on the second and third levels.

The evaluation found:

- All country programmes included psychosocial programming, and it was the most frequently referenced type of child protection project implemented by partners (28 of 44 partners). Models for providing psychosocial assistance varied.
- Very few projects are measuring well-being against a baseline, so it is extremely difficult to assess impact. However, psychosocial interventions were highly valued by children and adolescents in focus groups for this evaluation. Two external evaluations (Colombia\textsuperscript{172} and the State of Palestine\textsuperscript{173}) found significant positive changes in well-being and resilience as a result of programmes.
- There is mixed evidence on the strengthened quality of services in practice against the *Minimum Standards*. Although UNICEF and partners are making more efforts to meet the IASC guidelines, examples were also found of child-friendly spaces that were not sufficiently well structured, activities that were not sufficiently age or gender appropriate and failure to meet standards for the physical environment.
- In some cases, there had been insufficient planning for the sustainability or phase-out of services.

\textsuperscript{172} Puentes et al., 2010, *Evaluacion multi proyecto para la prevencion de la vinculacion de ninos, ninas y adolescentes a grupos armados ilegales y la atencion de ninos, ninas y adolescentes desvinculados de los grupos armados ilegales*, Enero 2006 a Marzo 2010, Bogotá, UNICEF.

Models of psychosocial projects

Models of psychosocial projects differed widely within the group, and there had been little analysis of which effectiveness. Three types of service delivery were identified:

(a) **Protective ‘spaces’ (fixed and mobile) established as a time-limited project for the humanitarian response.** These have broad entry criteria and provide non-specialist services usually through volunteers and referral to specialist services if required. Examples include PLaCES in Pakistan and child-friendly spaces in DRC, Myanmar, Somalia, South Sudan and Sudan. They can be an entry point to various services (for example, identification of separated children, recreational activities, birth registration, GBV sensitization and reporting, mine/ERW risk education, referral for social protection measures, livelihoods, health and hygiene education). Many of these services are age and sex specific. Mobile services facilitate reaching populations that would have difficulty accessing fixed spaces.

(b) **Psychosocial programming through existing structures.** For example, the Haitian Red Cross provided psychosocial programming through schools and summer camps. A second example is community and sports activities organized by local government as with Golombiao (Game of Peace) in Colombia. In Afghanistan and the State of Palestine some psychosocial programming has been provided through mosques. Such activities may or may not be time-limited.

(c) **Individual or group counselling delivered at community level.** Such services were delivered by emergency psychosocial teams in Afghanistan and the State of Palestine and to children in detention in Afghanistan. Individual counselling has also been provided in DRC and Somalia to survivors of GBV; in Pakistan to children directly affected by the complex emergency; and in Haiti for children and women in disasters.

There was no difference in the type of model used in terms of disasters versus conflicts, fast-onset versus protracted context or in terms of development or governance status.

**Effectiveness of psychosocial projects**

Children and adolescents in focus groups in Colombia, Pakistan and South Sudan valued psychosocial projects highly. In Pakistan and South Sudan, children and adolescents of both sexes especially valued sports, recreational and educational activities. In Pakistan, where counselling by psychologists was available to especially distressed children, it was particularly valued, and focus group participants felt that it had helped them to manage aggressive behaviour. Girls and boys also recognized the importance of mine/ERW risk education, sensitization on early marriage and health/hygiene education (Pakistan) all provided through psychosocial services.

Relatively few impact evaluations on psychosocial interventions have taken place, but one held in Colombia found that the programmes had improved family relations, strengthened peaceful conflict resolution, instilled hope for the future and positively influenced perceptions of gender equality. In the State of Palestine, an extensive evaluation tested changes in children against seven types of outcomes and included comparison groups. It found significant improvements in the level of engagement in the home, community/social relations and problem-solving, but less improvement in resilience, engagement in school and reducing troubling thoughts and feelings. In Haiti an extensive evaluation conducted by Terre des Hommes on psychosocial programming with girls and boys aged 6 to 17 years found similar results to the other two evaluations. Parents felt that children had made the greatest improvements in relations in the home and in self-confidence.

Two points in the State of Palestine case study should be further analysed for all contexts: (a) younger children improved on more outcomes than adolescents and (b) improvement was greater where children were enrolled in programmes that included counselling as well as recreational activities. The latter point is

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174 Puentes et al. op. cit..
backed by the experience of adolescents, especially boys, in the complex emergency in Pakistan, who were very clear that counselling had helped them.

**Minimum Standards**

It was only possible to review psychosocial projects in relation to the *Minimum Standards* in Pakistan and South Sudan. In both cases strengths were the recruitment and training of local volunteers, provision of sports and recreation, linkages with education and promotion of school attendance (not substituting school). While Pakistan was very positive on age- and sex-appropriate activities, this aspect was much weaker in South Sudan. Both had issues of inadequate water and sanitation and of overcrowding.

Data disaggregated by sex and age in psychosocial projects was weak across all countries. In a sample of 30 partners implementing psychosocial projects or projects with a psychosocial component, and across national and international partners, fewer than half had disaggregated data on project beneficiaries by age and sex. One third had not disaggregated beneficiary data at all. There was no significant difference between national and international NGOs.

**Coordination with other sectors**

In some countries, efforts were being made to integrate other services using psychosocial programming as an entry point. In Pakistan, 90 per cent of PLaCES were providing integrated services with temporary learning centres, breastfeeding corners and health/hygiene messaging. These were considered to be very effective by participants, partners and the Government. In the Philippines, supplementary feeding, health screening and sanitation needs were addressed through the child-friendly space, and clothing was distributed. In Haiti, psychosocial programming was linked to health promotion to limit the spread of the cholera epidemic.

**Phasing and sustainability**

Two examples of phasing were especially relevant. First, in the Philippines child-friendly spaces were designed to provide a safe and secure place for children in evacuation centres, but they also served as a semi-permanent structure to be handed over to the local authority (in Barangay) for use as a daycare centre during the recovery phase and beyond. Second, the child protection networks attached to protective spaces in most countries were aimed at being sustainable even if the protective space ceased to function. In some cases, child protection networks were linked to government or other institutions to strengthen sustainability. In Pakistan, for example, they were linked with the child protection unit of the Social Welfare Department and then efforts were being made to legalize them as community-based organizations.

Protective spaces do not have to be sustainable but participants should be aware from the beginning that the project will be time-limited. This did not always happen. In Pakistan, some PLaCES users were extremely disappointed to find the project would close.

### 4.6 Child recruitment and use (CCC7)

This commitment aims to address and prevent child recruitment and use and to conduct advocacy against illegal and arbitrary detention. Child recruitment and use has been addressed in the context of the MTSP and through the MRM. This section focuses on (a) reintegration programming with children released from the armed forces/armed groups, (b) programme activities to prevent recruitment beyond the MRM action plans and (c) illegal and arbitrary detention.

The evaluation found that:

- UNICEF has made significant investments in reintegration programming, reaching large numbers, especially in DRC. Only South Sudan had followed children up over time and shown that livelihoods interventions and business start-up were effective in preventing re-recruitment and keeping children with families. Foster programmes to support boys and girls who cannot return to families were

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176 It was not possible to visit protective spaces in DRC, and the programme in Colombia was quite different.
successful (DRC, Colombia) and avoided concentrations of released children in one place, which could increase vulnerability. Released girls were unlikely to access services (DRC) without special arrangements, as they may self-release and become ‘invisible’ to avoid stigmatization.

- Three forms of preventing recruitment (beyond the action plans) were identified: (a) local alert systems (Colombia), (b) direct negotiation with commanders to release children and cease recruitment (DRC), and (c) a psychosocial intervention, the Game of Peace (Colombia).
- Within the countries in the evaluation, illegal detention has only been addressed by UNICEF in Afghanistan and the State of Palestine. Some change, albeit limited, has been achieved in these complex contexts.

Reintegration programming

UNICEF has supported reintegration programmes in most countries. The most highly valued and widespread interventions are economic support through vocational training and support to small business start-up, usually in combination with supporting access to formal education. Released children have also received psychosocial support where necessary to prepare them for return to families, and foster families have provided a home to released girls and boys in some contexts (notably DRC, where 10 to 20 per cent of released children, mostly boys, are placed with foster families, but also in Colombia).

Data on the longer term outcomes of reintegration programming are scant, mainly because there has been limited systematic follow-up and recording. However, in South Sudan, one partner found that 14 months after participating in a reintegration programme, a group of 39 boys in a pilot programme were all still with families and in school, and none had returned to the barracks, in contrast with what had happened prior to the programme. The programme provided a start-up food pack for families, a stock of goats and skills training in animal husbandry, and support to return to school. The project was subsequently extended to a much larger group of released children. In Somalia, within a group of 300 children (270 boys, 30 girls), 85 per cent completed educational and vocational training and were in employment or business start-ups by the end of the programme. In DRC, an estimated 28,000 children have received reintegration support between 2008 and 2012 (though there is some concern about these statistics in terms double-counting and children going through programmes more than once). In most contexts, economic interventions were considered fundamental to preventing re-recruitment, as children are attracted to join armed forces/armed groups by the offer of money or goods, as found in Colombia, DRC, South Sudan and Sri Lanka.

An evaluation report on the extensive DRC programme concluded that foster care had been very effective, especially in making released children less visible, and that foster parents, mobilized through religious organizations, are motivated by a genuine concern for children whose rights have been violated in a context of armed conflict. The report also concluded that developing skills useful to the wider community makes returnees more acceptable at local level, that continuing formal education is essential in addition to vocational training and that it is important to prepare children psychologically for what to expect on return.

The DRC evaluation and a study in Colombia found that released girls have special needs related to sexual violence experienced during the time spent with armed forces/groups. Girls were less likely to come forward for reintegration services as they prefer not to be identified. The DRC evaluation found that girls need to be identified in subtle ways through community contacts to encourage them to access medical care for sexually transmitted infections and psychosocial care (in the case of single mothers).

It is important to note that there has been a lack of long-term follow-up of beneficiaries of reintegration programmes, which is a problem to donors, especially in the very large programme in DRC. It was not

177 Programme implemented by VSF-Suisse. See South Sudan country case study for this evaluation.
180 Ibid.
possible to demonstrate what percentage of released children settled in their communities, as opposed to returning to armed forces/armed groups, although this kind of data is fundamental to justify continued investment, especially in programmes that are relatively high cost per person.

**Programme activities to prevent recruitment beyond the action plans**

Three different programme approaches were identified that aim to prevent recruitment to armed groups. Although difficult to measure, influence on armed groups appears to be at a much lower scale.

(a) **An alert system to raise the alarm about recruitment attempts by armed groups.** In Colombia, if residents hear of attempts to recruit children, such as by recruiters attempting to contact children on school premises or recruiters announcing that they require residents to hand over children, parents or concerned citizens can report the incident in confidence to the Ombudsman’s Office. It should rapidly issue an alert, and government/NGO partners should demonstrate a show of force by all going into the area in question at the same time. The responsibility of each sector of the Government and of partners has been defined in a national strategy for prevention of recruitment, and each sector is mobilized through district level plans. Once called out to a site of attempted recruitment, the team talks to residents, reviews which aspects of the plan to prevent recruitment have been implemented and which need to be reinforced, and introduces changes necessary. This method has been found effective in prompting withdrawal of armed groups in some instances.  

(b) **Direct negotiation with commanders at local level.** In DRC there were examples of staff of the UN Mission, UNICEF and partners talking directly to commanders to persuade them to release children, resulting in the release of small numbers of children.

(c) **Providing psychosocial measures aimed at increasing resilience to recruitment.** In Colombia, an extensive evaluation found that the Game of Peace was effective in strengthening family relations, promoting gender equality and encouraging dialogue in conflict resolution. However, it was unclear whether it was effective in preventing recruitment. The case study for this evaluation also questioned whether psychosocial measures without livelihoods interventions could be effective when poverty and lack of employment opportunities were factors driving children into recruitment, given that they are often enticed with money or goods.

**Illegal detention**

Two countries in the evaluation, Afghanistan and the State of Palestine, are especially subject to issues of illegal detention, although it was also referenced in other countries (DRC, South Sudan). UNICEF aimed to secure the release of children and prevent further detention.

In the State of Palestine UNICEF developed an advocacy strategy to prevent the detention of Palestinian children by Israeli military forces (see section 6.1). It is not clear whether UNICEF advocacy has influenced the situation, but the numbers of children in Israeli detention fell from a monthly average of 285 in 2010 to 196 in 2012. (However, the 2012 figure reflects a slight increase over 2011, when it was 190). In Afghanistan, an unknown number of children are held in detention on national security charges. In 2011 UNICEF estimated the figure could be as high as 2,000. In response UNICEF has provided training to lawyers and paralegals to represent children more effectively and to provide psychological first aid. It has been difficult to determine the effects of these measures, not least because the total number of children in detention is unknown.

4.7 **Use of landmines and indiscriminate or illegal weapons (CCC8)**

The Commitment is to ensure that children and communities in areas affected by ERW have access to mine/ERW risk education and are better protected from mines and other indiscriminate and/or illicit weapons. The evaluation found that:

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181 See Colombia country case study for this evaluation.

MRE is reported to have resulted in greater awareness of the risks of ERW, modified behaviour in some cases and increased sightings and reporting of ERW, leading to the safe removal of explosives (Pakistan and Sri Lanka). Community monitors and volunteer MRE multipliers help in reaching high numbers of at-risk people.

Casualties are stable or increasing in four countries in the evaluation and decreasing in two countries.

In some countries (notably Afghanistan) MRE has appropriately become more focused on the highest risk group: adolescent boys.

In some contexts, partners have found that the effectiveness of MRE can be further enhanced by combining MRE with livelihoods interventions to reduce risky income-generating behaviours.

The engagement of community leaders on mine/ERW risk education can be an entry point to peacebuilding (Pakistan).

Funding has fallen for MRE, reducing programming.

Mine/ERW risk education and effectiveness

MRE had been implemented in 6 of the evaluation countries: Afghanistan, Colombia, Myanmar, Pakistan, South Sudan and Sri Lanka. MRE was found to be effective in two ways: it increases the awareness and knowledge of children and adults on self-protection from ERW and it increases reporting of sightings, leading to safe removal. Effectiveness is usually measured by knowledge, attitudes and practices (KAP) studies and the extent of reported sightings is also a measure of effectiveness. In addition, there is strong evidence of high coverage of MRE.

<table>
<thead>
<tr>
<th>Countries where casualties are decreasing</th>
<th>Countries where casualties are increasing or staying the same</th>
</tr>
</thead>
<tbody>
<tr>
<td>Afghanistan</td>
<td>Colombia</td>
</tr>
<tr>
<td>2011: 812</td>
<td>2011: 538</td>
</tr>
<tr>
<td>2012: 1,211</td>
<td>2010: 540</td>
</tr>
<tr>
<td><strong>Children:</strong> 52% of civilian casualties where age recorded</td>
<td><strong>Children</strong></td>
</tr>
<tr>
<td></td>
<td>2011: 40 (32 boys, 8 girls)</td>
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<tr>
<td></td>
<td>2010: 21</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>Myanmar</td>
</tr>
<tr>
<td>2011: 17</td>
<td>2011: 381</td>
</tr>
<tr>
<td>2010: 27</td>
<td>2010: 274</td>
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<tr>
<td>Pakistan</td>
<td></td>
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<tr>
<td>2011: 569</td>
<td></td>
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<tr>
<td>2010: 394</td>
<td></td>
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<tr>
<td><strong>Children</strong></td>
<td></td>
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<tr>
<td>2011: 99</td>
<td></td>
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<tr>
<td>2009: 57</td>
<td></td>
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<tr>
<td>South Sudan</td>
<td></td>
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<tr>
<td>2011: 206</td>
<td></td>
</tr>
<tr>
<td>2010: 82</td>
<td></td>
</tr>
</tbody>
</table>

Source: Landmine Monitor, www.the-monitor.org/

A KAP study was held by a partner in Sri Lanka and another was in process in Colombia (results were not yet available for this evaluation) to measure changes in knowledge, attitudes and practices/behaviour as a result of MRE. The KAP study of a sample population in Sri Lanka showed that the percentage of people with knowledge had increased from 25 per cent to 65 per cent, changed attitudes had grown from 37 per cent to 60 per cent and changed behaviour from 32 per cent to 60 per cent. \(^{183}\)

The examples of Pakistan and Sri Lanka demonstrate effectiveness in terms of reporting sightings of ERW. In Sri Lanka, after the population returned to the north in 2009, MRE intensified. During 2011, more than 2,317 suspicious items were reported and safely removed. In Pakistan, in the seven months from October 2009 to April 2010, 42 cases of sightings were reported in one area (Malakand) through community focal points established during MRE sessions. The sightings included ERW in the vicinity of schools. After sightings were reported in Pakistan, the local administration organized their safe removal.

\(^{183}\) Data from result tables of before and after MRE, Rural Development Foundation, unpublished and undated.
In focus groups, adolescents informed the evaluation team that MRE is effective in teaching safe behaviours. They showed accurate knowledge of the risks but also argued that there are risks they cannot avoid.

**Population reached and targeting**

Very high percentages of target populations were reached through MRE. In South Sudan 124 per cent of the target of 175,000 was reached in the six months ending in mid-2012; in Colombia 81 per cent of the target population of 45,000 persons had been reached in 2011, ahead of the target date of 2012; and in Pakistan 76 per cent of the target was reached in 2012. Numbers reached in Pakistan were lower because of declining funding.

In a review of MRE targeting, the Landmine Monitor observed that MRE should be driven by contamination data, casualty data and KAP surveys to ensure it is as efficient as possible. Within the evaluation, two countries had targeted MRE to specific groups: Afghanistan focused on boys aged 8 to 15 years, as the group with the highest casualty figures, and Sri Lanka focused on specific livelihood groups. In Sri Lanka, combining MRE with reducing risks by providing alternative livelihood options was found to be effective. Other country programmes did not reference targeting MRE populations.

In Pakistan, the engagement of religious and community leaders was found to provide an entry point into peacebuilding by using a message that MRE is relevant for all children regardless of their class, ethnic group or religion.

**Casualty numbers**

Although risks have been reduced, in some countries casualties have remained the same or increased in recent years, including among children under 18 in some instances. Respondents attributed this to the continued distribution of ERW or a decline of funding. The data from the Landmine Monitor[^184] is set out in table 4.

5. SYSTEM STRENGTHENING AND SOCIAL CHANGE

This section addresses child protection system strengthening and social change in relation to the areas set out in the evaluation framework: expectations of what should be achieved in each phase: longer term development, preparedness, response and recovery.

5.1 System strengthening

System strengthening should provide the foundation for response capacity during humanitarian crises. The expectation is that systems will be strengthened long term in an integrated way across all components to enhance protection for children in emergencies. This includes laws, policies and standards; services and service delivery mechanisms (promotion, prevention and response actions); human and fiscal resources and management and capacities, including community-based child protection mechanisms; communication and advocacy; collaboration and coordination; and evidence and data for decision making. In addition, as part of preparedness, specific actions are expected according to the CCCs. This includes coordination mechanisms in conjunction with government and partners; identification of risks, capacities and resources; dissemination of legal and regulatory frameworks; and identification of relevant actors, including community-based child protection mechanisms and referral systems. The expectation is that the response will be built on existing child protection systems and coping mechanisms and that they should not be weakened, for example, by bringing in services that function apart from existing systems. In early recovery and transition, the aim is to seek opportunities to accelerate system strengthening.

Long-term system strengthening

The first step in long-term system strengthening is mapping the country’s child protection system, led by the government, followed by drawing up detailed plans. Within the countries in the evaluation, there was no difference in progress towards system mapping between fragile and non-fragile states and those with more effective governance. Among the fragile states and up to early 2013, Myanmar, South Sudan and Sudan had initiated but not completed the process of mapping/planning. Among the states with more effective governance, only Pakistan had completed the process and was establishing plans at provincial level.

UNICEF had also made significant investments in legal and policy frameworks for child protection, including addressing disasters, armed conflict and political violence.\(^{185}\)

Two issues identified in child protection system strengthening were especially pertinent to humanitarian contexts:

(a) In fragile states it is questionable whether all components of the system can be addressed at the same time or whether that puts even greater strain on weak states. For that reason, one analysis\(^{186}\) posited that system strengthening efforts could focus on the strategic functions of the state that cannot be outsourced to non-state providers, in particular the security sector and justice functions. In DRC, where impunity for violence is a major issue, a focus on justice was being considered, and in Afghanistan, justice had been a major focus for some time. Given the importance of security and justice to protection and their immediate relevance to many of the risks identified in this report, this perspective is appropriate.

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\(^{185}\) UNICEF provided technical and financial support to the development of the following legislation/policies relating to CPiE: Colombia, legal framework and delivery mechanisms to prevent child recruitment; Pakistan, child protection legislation including disasters and complex emergency, standing commissions and child protection units at district level; South Sudan, the Child Act and policy for children without caregivers; DRC, national protocols on sexual violence; Haiti, a decree on residential care centres; Myanmar, minimum standards in residential centres and Child Law under reform process; Sri Lanka, institutionalization of standards for alternative care; State of Palestine, amended Child Law; Sudan, Child Act and national action plan on violence against children.

(b) Even in states classified as having more effective governance, such as Colombia and Pakistan, coverage of protective services faced challenges, especially in areas most affected by armed conflict and largely controlled by armed groups. Both formal and less formal systems were weaker and services much more difficult to deliver in those areas. There are no easy solutions, and it requires persistent and creative thinking to determine how to reach children in these areas both during 'stable' phases and during upsurges in violence.

**Preparedness**

UNICEF had made considerable investments in preparedness in both fragile and non-fragile states. The child protection sub-clusters led by UNICEF in 10 of the 12 countries had developed and disseminated standard operating procedures, joint tools and guidelines, and more recently had promoted the *Minimum Standards.* In most cases, standards have been adopted by governments. However, government capacity to ensure standards are upheld is weak in most contexts and no sub-clusters or working groups reporting having systems to monitor quality.

Joint preparedness plans with government/NGOs had been established in 7 of the 12 countries (Colombia, DRC, Myanmar, Pakistan, South Sudan, State of Palestine, Sudan) and most are inter-sectoral. Proposals for integrated, inter-sectoral programming through the Central Emergency Response Fund (CERF) had been made in at least Colombia, Pakistan and Sudan.

More extensive analysis is needed on how preparedness planning is strengthening child protection response. In Pakistan, arguably the best prepared among the countries evaluated, there was a consensus across sectors (social welfare, education, health, police, social protection, disaster management and non-state partners) that children were better protected in the 2011 floods than in 2010 due to better preparedness across sectors. Respondents felt that there is a much better understanding of what protecting children in emergencies requires, how to reach people at local level through protective centres and how to link those centres to state services, even though many services remain weak and with low coverage.

**Response**

The principal systems issue for the response phase is the extent to which response is based on existing systems and structures rather than those imported to address the disaster or upsurge in violence.

The evaluation found that wherever possible, and especially when there has been effective preparedness planning, response has been based on existing organizations and systems established prior to the disaster or upsurge in violence. Where child protection working groups exist before emergencies hit, they have been especially important in ensuring functional horizontal linkages between organizations and state services. In some cases the scale of the disaster has outsized capacities already in place, such as during the flood responses in Pakistan. In that case, it has been necessary to introduce new partners (almost all local/national NGOs) that may not have a previous base in the area or be familiar with local systems.

At community level, response has been based on support to existing networks, such as religious organizations with community-based structures (Afghanistan, Colombia, DRC) the Red Cross (Haiti, Myanmar), the YMCA (State of Palestine), school systems and community-based associations (Somalia), or children’s clubs (Sri Lanka) or child protection networks (most countries in the evaluation).

Child protection networks played a wide variety of roles, though there is limited robust data on effectiveness:

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187 *Colombia*, adaptation of UN Guidelines on Alternative Care; *DRC*, locally appropriate standards for child-friendly spaces, standards for support of released adolescents in foster care, protocols for GBV; *Pakistan*, developed standard operating procedures on separated children and GBV; *Somalia*, GBV and child protection standard operating procedures.

188 *State of Palestine* developed a joint tool with Columbia University to monitor psychosocial interventions.

189 *Sri Lanka* disseminated IASC guidelines on psychosocial interventions, mine action guidelines (and is developing guidelines for SL), guidelines on separated children; *South Sudan* disseminated key CPWG guidelines.

190 *Afghanistan* and *Philippines*. 

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- Increased reporting of child abuse and GBV (Pakistan, Myanmar, Somalia, South Sudan and Sri Lanka).
- Delay of early marriage in the recovery/transition period (Pakistan, South Sudan, Sri Lanka)
- Identification of separated children (DRC, Haiti, Pakistan, South Sudan)
- Engagement in community-level disaster preparedness (Haiti, Pakistan, Sri Lanka).
- Prevention of recruitment through psychosocial support (Colombia, DRC) and foster care (DRC)
- Multiplying mine risk education (Colombia, Pakistan, South Sudan).
- Promotion of positive social norms (Afghanistan through Children in Islam; Pakistan through male child protection committees addressing domestic violence and GBV)
- Awareness-raising on grave protection violations (Philippines)

The effectiveness of community networks did not appear to be linked to the strength of state governance. Countries with especially effective community networks included those where the state is classified by the World Bank as relatively more effective (Philippines) and less effective (DRC, Myanmar, Somalia, Sudan).\(^1\) In the countries where the state is weak, networks were important because they provided support in zones that were often inaccessible (especially Somalia and Sudan). There was also no correlation between the effectiveness of community networks and the suddenness of the onset or national income status.

Several countries were found to have made agreements with international NGOs to access specialist experience or because of the lack of capacity of national NGOs. However, most of the international NGOs were already in country and had specialist experience in child protection.

**Recovery and transition**

The evaluation found growing examples of longer term system strengthening:

- Child protection committees established during emergencies were linked to state child protection units at district level with the aim of promoting longer term sustainability. In Pakistan, for example, efforts were also being made to legalize child protection committees/networks as community-based organizations and to ensure that they are maintained after displaced people return to their area of origin. Sustainable child protection networks were expected to facilitate rapid response during future emergencies.

- Tracing and reunification systems catalysed longer term standards and procedures for alternative care and deinstitutionalization (Haiti, Pakistan, South Sudan, Sri Lanka).

- Several aspects of CPiE interventions have driven demand and skills development for child protection case management. These include the introduction of social care centres (Sri Lanka) and PLaCES (Pakistan), prevention of individual recruitment in Afghanistan and tracing and reunification in Somalia.

- Response to sudden onset disasters allowed for testing and strengthening of linkages and working modalities for child protection that were subsequently applied in development programming (Colombia, Myanmar, Pakistan). Efforts have also been made to transfer those same modalities with returning displaced populations (Pakistan).

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\(^1\) See annex 3 on countries in the evaluation by classifications of disasters/armed conflict, development status and governance. The effective of governance is based on World Bank classifications.
• Reintegration systems for children formerly associated with armed groups formed the basis of a system for career guidance and vocational training for vulnerable youth in the post-conflict transition phase in Sri Lanka.

• Partnerships developed with other agencies to address trafficking during emergencies led the way for broader long-term responses beyond emergencies (Philippines).

• Response systems for sexual violence in armed conflict have driven the development of national protocols on sexual violence (DRC).

These examples straddle disaster and conflict, development status, sudden and protracted contexts and governance status. Thus it appears that opportunities for longer term strengthening can be found in all contexts.

5.2 Capacity building

Capacity building is an integral part of system strengthening. UNICEF is committed to building the capacity of government partners, members of the child protection sub-cluster and its own staff. The questions are (a) to what extent have efforts in capacity building been effective at central and decentralized levels and with the state/NGOs and (b) which kinds of strategies have been effective and produce sustainable change.

Capacity building and technical support provided by UNICEF

UNICEF has made vast investments in building the capacity of partners, mostly through workshops but also through technical assistance (see table 5). Technical assistance includes support to developing standard operating procedures, regulations, protocols etc.

Within partner questionnaire responses, training on the MRM was the most frequently referenced form of capacity building and has been effective in increasing reporting of violations. Training on approaches to children associated with armed forces and armed groups (CAAFAG) has improved links between economic approaches and reintegration (DRC, South Sudan, Sri Lanka) and strengthened coordination between government departments (Colombia). There is evidence of a clearer understanding of what constitutes GBV, appropriate responses and referral pathways (DRC, Pakistan, Somalia). Training plans have also linked to contingency planning for the sub-cluster in some contexts (for example, DRC, Pakistan and South Sudan) and so have been integrally linked to preparedness.

Capacity building has been aided by increased access to the multiple materials available on the CPWG website, the new Minimum Standards and considerable investments in the roll-out of training on the Minimum Standards. Numerous webinars have provided access to training for large numbers of people from different agencies across the world.

<table>
<thead>
<tr>
<th>Table 5. Types of technical support provided by UNICEF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training on MRM</td>
</tr>
<tr>
<td>Workshops on CAAFAG reintegration</td>
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<tr>
<td>Workshop training on GBV</td>
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<tr>
<td>Technical assistance on project design or M&amp;E</td>
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<tr>
<td>Coordination meetings, drafting key documents</td>
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<tr>
<td>Workshop training on IDTR*</td>
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<tr>
<td>Received materials and tools on child protection</td>
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<tr>
<td>Workshop training on MHPSS</td>
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<tr>
<td>Workshop training on financial systems</td>
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<tr>
<td>Technical assistance through field visits</td>
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<tr>
<td>Training on assessment methodologies</td>
</tr>
<tr>
<td>Training on mine risk education</td>
</tr>
<tr>
<td>Orientation on child trafficking</td>
</tr>
</tbody>
</table>

Total Responses 46

* Identification, documentation, tracing, reunification

Source: Response from desk study partners.
Strategies that have produced sustainable change

In relation to training strategies, there was a consensus among UNICEF and government respondents that strategic, sustainable models embedded in institutions and widely rolled out are the most useful. Technical assistance to develop standard operating procedures, guidelines, protocols etc. endorsed by government has also been shown to be sustainable.

Examples of training that has produced sustainable change is that organized within the academies of the armed forces in Colombia and South Sudan, which have served to shift understanding and practice in child protection and are reputed to have reduced protection violations. The significant factor in both countries is the degree of ownership of the training materials by the armed forces themselves. The model has also been used with the police in Colombia but has not been implemented as widely as within the armed forces. A similar model is being used to train government social workers in South Sudan. A three-month course has been developed with the University of Juba for ministry personnel.

For programmes to be effective on the front line, adequate training is essential for UNICEF partners, especially national NGOs and faith-based organizations (FBOs), who comprise the majority of operational partners.

Weaknesses and issues in capacity building

Despite significant investments in technical assistance, capacity in planning and monitoring remains weak among many partners. This is evidenced by (a) poorly defined objectives and limited and inconsistent data in reports received from partners for this evaluation and (b) limited confidence and capacity in case management, as evidenced by the lack of follow-up of cases of separated children, for example. Further, a recent survey of field-based coordinators by the global CPWG found that capacity building on CPiE with national partners is still a high priority. Similarly, partners within the evaluation continue to demand further capacity-building investments.

Four major weaknesses were identified in approaches to capacity building, especially for national NGO partners in CPiE. First, training has tended to be ad hoc in most countries; it has not been part of a longer term plan for the whole sub-cluster and has not been based on some form of needs assessment. Second, capacity building has not used the Competency Framework to develop individual or organization-wide plans for capacity building. Third, there were no examples of linking training to follow-up methodologies or to supervised field work. Finally, there has not been a strong emphasis on data management, which is fundamental to demonstrating effectiveness and thus also to fundraising. The more systematic, long-term methodologies, which governments or armed forces have tended to use, should be sustained with governments and extended to include other partners, especially NGO/FBOs.

5.3 Social change initiatives

Social change interventions are extremely important, as they aim to influence the root causes of some forms of violence. They are long-term development interventions that need to be sustained during upsurges in violence and in disasters. They can be especially important in addressing the causes of gender-based and physical violence against children and women in all contexts as well as conflict-related violence, such as inter-communal violence, the use of small arms and the recruitment of children and youth in protracted conflicts.

Based on the evaluation framework, the analysis focused on the extent to which the actions in social change set out for each phase were implemented in practice. The expected actions in each phase (based on the Child Protection Strategy and CCCs) are:

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192 See the country case study reports for this evaluation.
(a) Long term: Public education and social dialogue on child protection issues, promoting a culture of peace, understanding community and family coping mechanisms, and strengthening the role of children, adolescents, families and communities in protection.

(b) Preparedness phase: Developing messages and ensuring key actors are aware of local values and culture.

(c) Response phase: Challenging negative attitudes and practices.

(d) Early recovery phase: Using transition as an opportunity to accelerate positive social change.

The evaluation found that social change interventions, including systematic monitoring systems to measure change, are being introduced but they remain relatively few. A gap was identified in the lack of programming addressing gun cultures.

There is no evidence as yet on which types of social change approaches are most effective in different contexts or indeed whether social change is most effective when a number of mutually reinforcing methods are used simultaneously (e.g. social communication, social mobilization, opinion leaders, child empowerment). There is vast potential for extending social change programming and for further engaging community-based child protection committees, which have been developed in virtually all countries in the evaluation and are often already engaged in social change programming without having articulated it as such. The only examples identified of programmes addressing the attitudes, perceptions and cultures of children and youth were the Game of Peace in Colombia and children’s clubs, which are strongest in Sri Lanka. There are opportunities to extend these types of programmes for youth, especially in conflict-affected and fragile states.

**Long-term interventions in social change**

Three types of long term intervention were identified: (a) programmes promoting a culture of peace in conflict-affected states, (b) a programme to address social norms in relation to sexual violence (c) programmes addressing FGM/C.

(a) **Promoting a culture of peace**

A multi-country peacebuilding programme is addressing the causes of conflict, including at community level, such as related to land distribution in DRC. The programme started too recently for its effect to be assessed, but the monitoring system should produce evidence in the medium term.

Two further peacebuilding programmes were identified, in Afghanistan and Colombia. In Afghanistan religious communities are encouraged to transmit messages on children’s rights through mosques, madrassas and religious study groups, working with mullahs, imams, religious scholars and elders. This programme, embedded in local culture and transmitted through accepted channels, appears to be having a positive effect in that some communities have developed their own codes of conduct on respecting children’s rights. However, no further monitoring/evaluation evidence was available.

The Game of Peace in Colombia is a very different type of programme for vulnerable children and youth. An adaptation of football, the game involves structured discussion groups lasting several months for each participant. *Golombiao* has been extensively evaluated and was found to have a positive effect on perceptions of peaceful co-existence, conflict resolution, gender relations, leadership capacities and family relations. This type of approach may provide a possible avenue for other conflict contexts.

In Pakistan, mine/ERW risk education was found to be a neutral entry point to possible peacebuilding interventions, as it is important for all children regardless of their class, ethnic group or religion. The message was found to resonate in all sections of the population, especially when local leaders and community members are engaged. However, it had not yet been extensively used in this way nor had results been measured.

In South Sudan inter-communal violence (cattle raiding) is being addressed through radio programmes aimed at explaining the roots of the problem in access to grazing land and water.
(b) Addressing social norms that tolerate sexual violence

In Somalia and South Sudan the Social Norms and Community-based Care Programme in Humanitarian Settings: Building 'Good Practice' Approaches for Primary Prevention of Response to Sexual Violence Against Women and Girls Affected by Conflict promotes the establishment of social rules that are upheld by social rewards and punishments, which will eventually be further reinforced through legislation and policies. This recent programme, which may be extended to DRC and other countries, includes an extensive monitoring system so is expected to produce data on which aspects are most effective.

(c) Addressing FGM/C

Under the Saleema initiative, communities in Sudan have been introduced to collective abandonment of FGM/C over the past two years. As a result, 469 of the 960 communities engaged in the programme have publicly declared abandonment, contributing to a fall in prevalence nationally. Data show a 5 per cent decline in FGM/C nationally over four years, but in the emergency zone of South Darfur the practice has increased. This demonstrates the need to give special attention to harmful practices during emergencies.

The challenge for all of these programmes is to strengthen monitoring systems to more clearly demonstrate the long-term impact and to extend them to other issues, such as small arms control (by addressing a gun culture) and inter-communal violence. With all such programmes, the aim is to sustain messaging during upsurges in violence or disasters.

Preparedness actions based on the CCCs

The evaluation found many ad hoc examples aimed at incorporating an understanding of values and social norms into preparedness actions but few examples of planned strategies. An exception was Pakistan, where strong efforts were made during preparedness to consider how girls and women could be encouraged to attend PLaCES. By making culturally appropriate changes to programme design, the percentage of girls and women was raised significantly between 2010 and 2011. Successful efforts were also made to encourage religious minorities to attend. Preparedness in relation to serving children and women with disabilities was less evident.

Challenging negative attitudes and practices during response

Response programming is expected to be part of the continuum of prevention and care across formal and less formal response systems. Again, Pakistan is the example of the best-articulated approach to accelerating change through disaster and conflict response. Through PLaCES, community-based child protection networks were mobilized to intervene with families during the response phase to delay marriages of children. Male members of these networks were sensitized on domestic violence and encouraged to prevent and report violence in the community. Networks were linked to state child protection units to report incidents. PLaCES also found it effective to encourage mixing of religious minorities.

Accelerating positive change during recovery

While most programmes aimed to sustain social change programming into the recovery phase, Pakistan was exceptional in using emergency response to drive casework systems articulating a vision that community-based child protection networks should be linked to state child protection units at district level and continue to address the protection of children in the long term.

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195 Country office questionnaire for this evaluation.
196 Protective Learning and Community Emergency Services.
197 Ibid.
6. CROSS-CUTTING ISSUES

The cross-cutting areas of advocacy, communication, knowledge and data management are all fundamental parts of the child protection system and should be mutually reinforcing. Equity aims to ensure that hard-to-reach groups (based on gender, ethnic/religious or minority status and disability) are included in preparedness, response and recovery. Participation concerns the engagement of children, women and their communities in all phases, which is important to strengthen their resilience.

6.1 Advocacy

The CCCs define advocacy as deliberate efforts based on demonstrated evidence to persuade decision-makers to adopt policies and take actions to promote and protect the rights of children and women in humanitarian situations. This is distinct from communication and messaging, which is usually directed at affected populations rather than decision-makers. Advocacy is exceptionally important and also extremely sensitive in the child protection sector, as it often involves speaking out on protection violations by states as well as non-state actors.

For the evaluation, advocacy has been reviewed against the dimensions set out in the CCCs. It considers disasters and sudden upsurges in armed conflict as well as chronic armed conflict. The analysis reviews (below) the extent to which:

(a) Advocacy has been an integral part of humanitarian action and whether there has been an explicit advocacy agenda established jointly with partners

(b) Advocacy is evidence based and targets the full range of stakeholders, including governments, policymakers, international organizations and non-governmental entities

(c) Advocacy is based on human rights and humanitarian legal instruments

(d) The results achieved – in terms of political, human and financial support and humanitarian access – adhere to international laws and standards and ensure accountability of perpetrators for child rights violations.

In general, the evaluation found that:

- UNICEF has been weak in advocacy on complex political issues with governments but strong on advocacy for technical approaches.

- In complex political contexts, coordinated advocacy has been insufficient in terms of establishing an explicit strategy and roles for the UNCT, country office, regional office and headquarters.

- MRM data has been fundamental to advocacy, and the role of the CTFMRs has been extremely important.

- Child protection sub-clusters have been relatively weak in developing joint advocacy agendas.

Advocacy as an integral part of humanitarian action and with an explicit agenda in conjunction with partners

Only half the country offices felt that they have a CPIE advocacy strategy on any issue, although that response does not take full account of the advocacy agenda of the CTFMRs (mostly on recruitment). However, there is much less evidence of advocacy addressing governments, armed forces or armed groups on other violations: killing and maiming, abduction, sexual violence, attacks on schools/hospitals and humanitarian access. There is also less evidence of advocacy in countries that are of concern to the Security Council but where no party has been listed and therefore where the CTFMR has not been established. For example, although there is serious concern in Pakistan about the destruction of schools, UNICEF has not been active in advocacy on that point, or about the protection of children and women during armed operations.
There is also very little evidence of joint advocacy agendas established through the child protection sub-clusters, with the exception of advocacy for technical approaches. For example, partners referenced single agency campaigns on trafficking and adoption but did not refer to joint advocacy through the sub-cluster. Indeed, of 27 partner responses on what worked well in the partnership with UNICEF, only one partner referred to advocacy. Training and technical support and coordination scored much higher.

**Evidence-based advocacy targeting the full range of stakeholders**

The evidence base consists principally of data from the MRM, which is serving as the cornerstone of advocacy in 10 of the 12 countries (all except Haiti and Pakistan).

The State of Palestine has gone the furthest, having established a four-part advocacy strategy targeting the Israeli military authorities. It includes (a) a UNICEF-sponsored study on children in detention, (b) coordination with child protection partners towards a common goal, (c) 'quiet' diplomacy with Israeli military authorities and (d) private interventions with diplomatic missions that can advocate during bilateral meetings.

In terms of using data in advocacy, a UNICEF partner in Haiti (Terre des Hommes) used the CPIMS database to advocate with the Government for ratification of The Hague Convention, and Colombia has used data on explosive remnants of war to advocate for humanitarian demining and for mine/ERW risk education in schools. In Pakistan, data on child protection violations is being systematically collected by the Human Rights Commission, an NGO sponsored by UNICEF, and that system will eventually be linked to the Ministry of Human Rights. However, the data had not triggered advocacy at the time of the evaluation.

**Basis of advocacy in human rights and humanitarian legal instruments**

Advocacy on the MRM violations is clearly based in human rights and humanitarian legal instruments, most especially the CRC, the Optional Protocol on the involvement of children in armed conflict, the Rome Statute of the International Criminal Court and the Geneva Conventions.

**Results achieved**

The main results achieved are:

- Acceptance of action plans resulting in significant reductions in the recruitment of children by armed forces (see chapter 3). In some cases, notably DRC, this required persistent advocacy over several years.

- Advocacy targeting the armed forces in Afghanistan and South Sudan. In South Sudan, 21 of 25 occupied schools were liberated as a result, providing places for 8,000 schoolchildren.

- A landmark decision on reparations to children as a result of the amicus curiae intervention with the International Criminal Court on the Thomas Lubanga case in April 2012.

- Preparation of multiple joint guidelines, standard operating procedures and legislation in some cases (notably Colombia) in disasters and protracted emergencies, based on advocacy for technical approaches.

**Issues in effective advocacy**

Four issues were identified:

(a) Most countries have not identified key issues that require advocacy or developed an advocacy strategy jointly with child protection partners outside the CTFMR.

(b) Even where an advocacy strategy has been developed at country level, it has not always been adequately supported by other levels of the organization (regional office and headquarters), including
through speaking out at global level. In the absence of a joint strategy and a willingness to make public statements on contentious issues, the lack of advocacy can become a reputational risk.

(c) There is a perception in some countries that advocacy is only ‘safe’ for UNICEF if undertaken in conjunction with other UN agencies, or even that advocacy on complex issues is principally the responsibility of the Humanitarian Coordinator.

(d) Child protection staff are not always clear about the distinction between communication and advocacy and have interpreted communication campaigns targeted at behaviour change as advocacy.

6.2 Communication

UNICEF and partners have used communication as a tool to avoid risks and report protection issues in both disasters and armed conflicts. The main forms of communication to affected populations have been radio, SMS messages, Meena comic books, community theatre and community meetings, as well as messaging through child protection committees.

No systematic evaluations were found to assess change resulting from communication, but there are many areas in which it is believed to have made an important contribution to prevention of protection violations:

- Reduced child separation from families, aided by radio messaging in DRC, Haiti and Pakistan (see section 4.3)
- Lower death rates by drowning in regions of Haiti following pre-tested targeted radio messaging (see section 4.4)
- Identification of children under 18 for release from the armed forces in Myanmar after radio messaging that encouraged children to identify themselves
- Alerts by community radio stations in DRC encouraging children and families to stay at home during attacks by the Lord’s Resistance Army.
- Promotion of resistance to early marriage during the disaster response in Pakistan through Meena comic books used in PLaCES. There were successes in delaying early marriage when child protection committees attached to PLaCES approached families directly, but there is no evidence whether the Meena comics encouraged children to resist.
- Protection of children from air attacks in the State of Palestine as school directors were encouraged to use SMS messaging to alert families to keep children at home. The scheme was well received by parents, especially as SMS messaging was already used for school timetables and other administrative matters, but the initiative was too recent for its effectiveness in protection to be assessed.
- Increased reporting of sexual violence to a helpline (by 11 per cent) through SMS messages providing the public with the helpline number in Somalia.
- Facilitation of participation by girls and boys in emergency response, increasing resilience. This was strongly in evidence in PLaCES in Pakistan, where information was displayed in local languages on the walls of tents and many volunteers were available to respond to queries to support self-sufficiency and children’s agency.

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198 The State of Palestine feels that UNICEF at other levels has not always been prepared to speak out on country-level issues.
199 The campaign was seen as having contributed to influencing children’s risk-taking behaviour following the hurricane.
200 Country office questionnaire for this evaluation.
201 Report by UNICEF partner, GRT, to UNICEF.
Issues arising in communication are as follows:

(a) Although most countries had included communication in preparedness actions, they tended to be focused on rapid-onset emergencies and not on social change in chronic emergencies. For example, the Strategy to Combat Sexual Violence in DRC had no communication plan, nor was there a communication strategy addressing inter-communal violence in South Sudan.

(b) There is confusion between advocacy and communication and they were frequently cited by UNICEF country offices as a similar concept. This detracts from clear and strategic thinking on the potential role of communications.

From UNICEF HQ to country offices, there is a perception that communication for development is focused on long-term development. As a result offices sometimes fail to seek out opportunities for messaging in disasters and armed conflicts.

6.3 Knowledge and data management

Evidence building and knowledge management is one of the cross-cutting areas in the global Child Protection Strategy, and data are essential for planning, monitoring and evaluation. This section addresses the extent to which data collection and management systems for policy and decision-making in different phases of emergencies are relevant and adequate.

The key points identified in the evaluation are:

- Despite the establishment of various data management systems, child protection remains one of the weakest sectors in terms of ‘metrics’, from the perspective of donors. OCHA and donors report that unless the sector is able to demonstrate impact it will continue to have difficulty in raising funds.

- There are few data disaggregated by age and sex in partner reports, yet UNICEF depends on partner data, given that partners are on the frontline. Without data consistently using the same indicators and forms of disaggregation, it is not possible to consolidate results across projects. Inter-agency agreement on key indicators drawing on the Minimum Standards is a significant step forward, but to improve data will require strengthening partner capacity to produce data as well as UNICEF capacity to support partners in doing so.

- Most protection issues and violations are addressed by a data collection system, but not all systems are functional at present. The case management system, CPIMS, and incident monitoring systems, GBVIMS and MRMIMS, were found to be strong tools that can be customized to local requirements, but they require considerable capacity investment.

Data systems and gaps

The evaluation analysed existing data systems intended to monitor the kinds of protection risks and violations identified in section 2.1 (see table 6).

<table>
<thead>
<tr>
<th>Type of risk or issue</th>
<th>Data system</th>
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</thead>
<tbody>
<tr>
<td>Killing/maiming (shelling, bombing, armed combat)</td>
<td>MRM plus country-level systems for data on ERW/mine action (no standard system).</td>
</tr>
<tr>
<td>Disability</td>
<td>GBVIMS</td>
</tr>
<tr>
<td>Family separation</td>
<td>CPIMS (where in use), HPMS*, GBVIMS which shows if survivors are UAM/SC/OVC</td>
</tr>
<tr>
<td>Floods (displacement, drowning, and loss/damage to homes)</td>
<td>No system established</td>
</tr>
<tr>
<td>General insecurity, lawlessness, small arms</td>
<td>No system established</td>
</tr>
<tr>
<td>Malnutrition, disease and lack of access to health care</td>
<td>Health IMS</td>
</tr>
<tr>
<td>Risk</td>
<td>System/Approach</td>
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<tr>
<td>----------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Sexual violence (including fear of sexual violence) against children and women</td>
<td>GBVIMS for actual incidents and MARA for incidents in armed conflict</td>
</tr>
<tr>
<td>Abduction (or fear of) and unauthorized adoption</td>
<td>MRM and GBVIMS for abduction, potentially CPIMS for unauthorized adoption</td>
</tr>
<tr>
<td>Child labour</td>
<td>No system established. MICS addresses child labour in routine surveys (not emergencies) and MRM addresses child labour given that recruitment is one of the worst forms of child labour</td>
</tr>
<tr>
<td>Early and forced marriage</td>
<td>GBVIMS for forced marriage. Some GBV incident systems also register early marriage.</td>
</tr>
<tr>
<td>Denial or loss of access to education (including preschool)</td>
<td>Education IMS</td>
</tr>
<tr>
<td>Psychosocial distress</td>
<td>No system established but some countries have applied well-being scales</td>
</tr>
<tr>
<td>Physical abuse and domestic violence or Intimate Partner Violence</td>
<td>GBVIMS</td>
</tr>
<tr>
<td>Recruitment</td>
<td>MRM</td>
</tr>
<tr>
<td>Trafficking</td>
<td>No system established</td>
</tr>
<tr>
<td>Increase in FGM/C</td>
<td>GBVIMS</td>
</tr>
<tr>
<td>Living/working on streets</td>
<td>No system established</td>
</tr>
<tr>
<td>Loss of livelihoods</td>
<td>No system established</td>
</tr>
</tbody>
</table>

* Humanitarian Performance Monitoring System

Most risks can be covered by the CPIMS and GBVIMS in conjunction with the monitoring and reporting systems (MRM, MARA). In addition, most countries have mine/ERW action databases, and these were reported to be effective in Colombia and Sri Lanka. The MICS can also be used to monitor changes in child labour, although not specifically for emergencies.

However, the following risks are currently not included in data systems in emergencies:

- Direct protection risks in disasters (such as drowning)
- Risks related to livelihoods (child labour in emergencies, as opposed to the child labour captured in the MICS, children on the street, loss of livelihood)
- Risks related to general insecurity including small arms.
- Trafficking
- Psychosocial distress.

In addition, the following data tools contribute to information for planning and decision-making in emergencies:

- UNICEF MoRES<sup>202</sup> in Emergencies System, which collects data on programme results in armed conflict and disasters against child protection targets
- Assessments that provide snapshot data on child protection risks, although the child protection rapid assessment tool is not set up to monitor change.
- Research/programme monitoring systems, which should be able to demonstrate change achieved by programmes.

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<sup>202</sup> Monitoring Results for Equity System.
Finally, UNICEF’s MoRES framework (currently being rolled out) seeks to identify bottlenecks and barriers to intended results through strengthening evidence-based programming and undertaking more frequent monitoring of bottlenecks and barriers that impede results. The goal is to address the needs of the hardest-to-reach groups (poorest, isolated populations, minorities, persons with disabilities, etc.), including in humanitarian settings. The question is how effective this framework will be in providing data to identify and act on identified barriers and bottlenecks in emergency settings.

**Effectiveness of data management systems**

The systems or approaches to collecting data that have been most effective are the MRM and HPMS/MoRES, but their effectiveness has depended on considerable investment in data management staff. Following is a summary of the effectiveness of the main systems.

- **MRM**: It reports on protection violations, and the resulting data has been used in advocacy. But there is considerable reluctance to release MRM data in some contexts due to the sensitive nature of the information and the fact that very few CTFMRs have information sharing protocols and a data security policy. For that reason, most MRM data is only included in the SRSG reports and is not available for use in planning and advocacy by UNICEF and partners.

- **UNICEF MoRES in Emergencies system**: It is usually the basis for establishing targets across the sub-cluster, and UNICEF collects data from its own funded partners as well as from sub-cluster partners. In Pakistan, given the scale of the emergencies, field monitors were established to collect data and cluster information officers were in place to collate data at subnational and national levels.

- **GBVIMS**: The GBVIMS is being used in over 18 different countries. For example, international NGOs are using the system in countries such as DRC, Somalia, and South Sudan. Where partners have used the system, it has produced reliable disaggregated data and has led to programmatic changes based on trends in reporting. In Somalia, the GBVIMS is being integrated with the CPIMS in order to strengthen using the system for case management.

- **CPIMS**: It has been used in different ways in different countries. CPIMS has been set up by individual partners for their own caseloads and established as an inter-agency system, consolidated at national level (e.g. South Sudan). Within the evaluation, the results were varied (see section 4.3), but the overall conclusion is that the software can be customized and it can be an effective tool in case management. Yet it requires considerable investment in training and capacity building and must be adapted to the local context before data are entered and ideally in the preparedness phase. If all of this is done, it can produce strong summarized data across caseloads and support individual case management.

In addition, some countries have separate data systems for mine/ERW action, managed by the government (for example, Colombia and Sri Lanka). UNICEF partners contribute to these data systems, and they are viewed as working well.

**Issues and bottlenecks in data management**

- **UNICEF** is dependent on partners for most data collection on programmes, including through the case management systems. However, very few partners, especially national NGOs, specified in proposals/reports how they would collect data and even fewer were clear about data disaggregated by age and sex.

- Several respondents, especially at regional and HQ level, felt that the child protection sector had not yet recognized the importance of data management, invested sufficiently in data systems or employed data specialists with an understanding of child protection issues. As an illustration of this issue, data management is not an area included in the diploma course for CPIE according to the published curriculum.203

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• While the Humanitarian Performance Monitoring System (now known as MoRES in humanitarian action) is producing improved programme data, results are set as a percentage of targets; because the affected population is not set as the denominator, the system is not able to produce coverage figures. This is a serious gap especially for donors and governments.

• Most of the data systems are managed by partner agencies, and information may or may not be shared with governments. This weakens system strengthening overall.

• The various data systems do not interface, so the same child may be registered on the CPIMS, GBV IMS and MRM databases. In recognition of this issue, UNICEF HQ is working on a common platform for the systems through a project “Information Management and Innovation to Protection Children in Emergencies which was launched in 2012 (see section 7.5 Innovations).

• There is very limited programme monitoring that actually takes a baseline measurement at the beginning or attempts to measure change as a result of interventions. OCHA expressed concern that it was not possible to track changes in individual children; for example, the DRC system cannot confirm how many children are returning to the armed forces/armed groups after going through reintegration programmes.

6.4 Equity

UNICEF is committed to ensuring equity of access to services in emergencies, especially under-served populations. It is therefore important to know, for example, whether underserved communities access child protection services in emergencies (tracing/reunification, psychosocial services, reintegration of released children, medical/legal services following sexual violence etc.). If these people are not accessing services, it is important to know what are the barriers and bottlenecks and how they can be overcome.

Findings showed that reasonable efforts were made across countries to identify geographical areas with high concentrations of hard-to-reach groups, both in disasters and armed conflicts and in rapid-onset and protracted contexts. For example, in Colombia, DRC, Myanmar, Philippines, Sri Lanka and State of Palestine, efforts were made to extend psychosocial programming into areas with concentrations of minority ethnic or religious groups and especially into isolated areas or complex buffer zones. The main constraints were found to be security, access and the vast amounts of time required to reach isolated areas.

Regarding equitable access by gender, for psychosocial projects in which age/sex data were available, boys were slightly over-represented in three countries (Haiti, Pakistan and South Sudan, where boys represented 52 to 57 per cent of beneficiaries) and girls in another three countries (Somalia, Sri Lanka and Sudan; between 53 and 60 per cent girls). The State of Palestine had even representation of girls and boys. No country exceeded a 60/40 breakdown, suggesting that efforts are being made to ensure equitable access.

Regarding access to services by age, the original model of child-friendly spaces focused on younger children. But practice has changed in most countries in recent years, encouraging provision of age- and sex-appropriate services to girls and boys of all ages, and encouraging adolescents to participate.\(^{204}\)

The one group for which limited progress has been made is children with disabilities. There was a consensus across the case study countries and in several of the desk study countries that children with disabilities are underserved (Philippines and Sri Lanka appeared to be exceptions\(^{205}\)). Few services have been designed to be accessible to persons with disabilities. Much greater consultation with and participation by children and adults with disabilities will be needed to ensure their inclusion.

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\(^{204}\) All partners that responded to the questions on the age of psychosocial project beneficiaries gave mixed ages with the exception of a partner in the Philippines, which focuses on younger children.

\(^{205}\) Three partners, ESCO, RDF and Caritas in Sri Lanka, were reaching people with disabilities with livelihood support and children’s clubs. In the Philippines children with disabilities were included in child-friendly spaces.
7. EFFICIENCY OF UNICEF PROGRAMMING

Efficiency analyses how resources and inputs (funding, expertise, time) have been used and converted into achieving results, with a particular emphasis on the extent to which resources have been used economically. The evaluation considered the following dimensions of efficiency: (a) adequacy of funding allocated to child protection; (b) adequacy of human resources in child protection during emergencies; (c) efficiency in phasing, from scaling up to respond to emergencies to phase out; (d) cost-effectiveness of interventions; and (e) innovations that can contribute to greater efficiency or effectiveness.

7.1 Adequacy of funding and resource allocation

The capacity to provide an effective and predictable response in CPIE depends in large measure on adequate and timely funding. This section reviews funding levels and trends overall and the issues/barriers in funding that affect outcomes.

Of the 12 countries evaluated, 6 felt that funding was inadequate to provide a predictable response in CPIE and GBV (Afghanistan, Colombia, DRC, Philippines, Sri Lanka, Pakistan), while 4 countries considered funding adequate (Somalia, South Sudan, State of Palestine, Sudan). There was no information from Haiti or Myanmar.

Five countries received less than half of the appeal in 2012, and these included both sudden-onset disasters and upsurges in armed conflict (Afghanistan, DRC, Pakistan, Philippines and Sri Lanka). Of these Afghanistan and the Philippines received less than 30 per cent of the appeal. In some of these countries, severe cuts had been made, as discussed below. In many of the countries, funding for longer term investments in child protection was severely curtailed, making it extremely difficult to build the foundations of CPIE through system strengthening.

Considering the contextual variables, there were no clear correlations in funding levels between disasters and armed conflicts, development status or governance. Unsurprisingly, the longer the period of time after a major disaster, the less the funding. For example, funding had fallen drastically in Pakistan after the 2010 floods and in Sri Lanka after the tsunami response.

Issues on fundraising and timing

- For longer term investments, thematic funding is especially important as it provides flexible resources that can be used for innovations, including those related to child protection system strengthening. However, child protection received only 6 per cent of global thematic funding in 2012, reflecting a continuing downward trend, more so than other sectors. In 2012, child protection received only $18 million in thematic funds, despite the fact that the total child protection investment that year was $331 million.206

- Protection overall received the lowest percentage of all sectors in the Consolidated Appeals Process in 2013. Protection/human rights/rule of law (a single category) received 20 per cent of appeal funds, compared to 41 per cent for health and 31 per cent for WASH.207 The trend appears the same for disaster and armed conflict contexts.

- Short-term emergency funding such as CERF is extremely important to CPIE and has allowed for rapid response in some countries. But it is limited because child protection has high requirements for human resource, compared to the material inputs needed for other programmes, and the time lag on recruitment is usually greater than on receipt of supplies. For funding that has a time span of three to

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six months, projects may just be starting when the time window expires. Short-term funding is also
affected by the administrative delays.

Consequences of funding issues

- In some countries, severe cuts in programming have resulted in immediate cuts to services provided
  to affected populations, such as cuts to GBV programming in DRC despite extremely high rates of
  sexual violence. In Pakistan mine/ERW risk education had been cut at a time when child casualties
  were increasing. In Colombia, programmes were cut across the board and staff reduced at a time of
  peace talks, a crucial moment for planning for the possible release of children from armed groups.
  This reduces UNICEF’s ability to achieve good coverage of affected populations.

- More specifically, the cuts and inadequate funding affect UNICEF’s commitments under MRM Action
  Plans. Without sufficient funds to manage reintegration programmes and other commitments, not only
do children lack support, but UNICEF faces a serious reputational risk.

- There was consensus across countries that inadequate funding for coordinators for child protection
  sub-clusters is a serious risk to the quality of leadership throughout the sector, affecting all partners,
  not just those funded by UNICEF.

- Inadequate funding results in inadequate staffing, thus limiting investment in building the capacity of
  partners.

Reasons identified for funding limitations

Three points were raised by donors, OCHA, UNICEF and UNICEF partners as particular constraints to
securing funding:

(a) Child protection is still not seen as a lifesaving sector that is essential in the early stages of sudden-
onset emergencies as well as in protracted contexts. UNICEF and partners in the CPWG need to
more clearly articulate how child protection interventions both sustain life directly and ensure that
children and women are able to contribute to society in the long term.

(b) The lack of data and indicators to demonstrate the impact of child protection interventions in the long
  term (for example, to demonstrate the impact of reintegration investments in preventing re-
  recruitment and ensuring the psychological recovery of survivors of sexual violence) limit the ability of
  donor governments to persuade taxpayers that investment in CPIE is essential and effective.

(c) Donors would like to see more emphasis on prevention. For example, the Swedish International
  Development Cooperation Agency (UNICEF’s largest government donor to child protection) refers in
  its global child protection policy statement to the UN Study on Violence against Children, and
  specifically to the conclusion that “No violence is justifiable and all violence is preventable.” Sweden
  calls for more dialogue on the recommendations of the study.

7.2 Adequacy of human resources

The main human resources issue for CPIE is whether sufficient adequately qualified staff are available
when they are most needed. Five key findings were identified in relation to human resources.

(a) UNICEF as a whole, considering country and regional offices and HQ, has responded quickly and
effectively to scaling up human resources in child protection. This was most clearly evidenced by the
response to the floods in Pakistan beginning in September 2010. In contrast, serious human resource
issues arose following the earthquake in Haiti, when UNICEF staff from other duty stations were
brought in for very short periods, which was not seen as effective. In Pakistan, HQ personnel were

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208 Up to 2012, 70 per cent of the child protection budget was for CPIE, and of that 50 per cent went to GBV. In 2012, only 10
per cent of the total child protection budget went to GBV.
introduced in the first phase together with protection staff from RedR\textsuperscript{210} and the CPWG rapid response team. This strategy was seen as effective. With the country office and HQ simultaneously recruiting for child protection staff, the team was rapidly scaled up, with 17 staff contracted within three months of the floods, starting in August, and 22 additional staff recruited by December 2010. Of the 22 recruits, all but five were national staff.

UNICEF’s Fast Track HR system, reinstated after the Haiti earthquake, is expected to mitigate staffing problems in the future. However, a 2012 review of it found that child protection was one of the functional areas most affected by recruitment difficulties. It was especially to find people with the needed language skills who were willing to work in non-family duty stations in the Middle East and North Africa region, given perceptions of religious restrictions on women.\textsuperscript{211} As an example, the child protection officer post in the Kivus in DRC was vacant for two years as no suitably qualified candidates could be found who were willing to stay in a difficult non-family duty station, given the relatively small pool of potential candidates and burnout of those with emergency experience.

(b) The contributions of the CPWG rapid response team have been extremely effective and very well received. These have ranged from training in applying the Rapid Assessment Tool to starting the process of developing a GBV policy and strategy in country to managing the coordination of the child protection sub-cluster/working group a short term basis.

(c) There is a serious shortage of child protection staff in some countries. In Colombia there was a stark contrast between UNICEF and UNHCR; UNICEF had only one field-based staff member (a consultant) while UNHCR had 30 staff. UNHCR also expressed concern about the lack of UNICEF field presence in South Sudan.

(d) Budget limitations have led to cuts in key posts in some countries or to the deployment of inadequately qualified staff. For example in Colombia the international mine/ERW risk education post was cut due to funding. It was to be replaced by a national position although funding for that post had not been allocated at the time of the evaluation. This was a particular concern in a country with one of the highest child mine/ERW casualty rates in the world, especially given that child casualties increased from 2011 to 2012.\textsuperscript{212} In DRC funding limitations were obliging the child protection team to give a UNV responsibility for CPWG coordination in North Kivu, an area that clearly needs a staff member with at least five years of experience.

(e) Strategic deployment of staff to provide technical support for key units of other agencies has been very successful. For example, in South Sudan, the UNICEF staff member seconded to the child protection unit of the Armed Forces has been pivotal in gaining the trust and confidence of the SPLA to move forward on an MRM action plan. Similarly, the placement of a UNICEF child protection staff member in the child protection unit of MONUSCO has been fundamental to the effectiveness of the Action Plan and the MRM. Both of these posts and deployments contributed to UNICEF’s positive reputation and effectiveness.

Taken together, these points suggest a need to work on the human resources strategy for CPIE.

7.3 Efficiency in phasing: Scale up to phase out

This section addresses the extent to which there have been well conceived strategies for scaling up programmes during crises and phasing out in the recovery period. It also addresses the extent to which the emergency was used as an opportunity to catalyse long-term changes in child protection in the recovery phase.

\textsuperscript{210} A service that provides skilled staff in emergencies; www.redr.org.uk.

\textsuperscript{211} DHR, 2013, \textit{Review of the fast-track recruitment process}, New York, UNICEF.

\textsuperscript{212} From 44 in 2011 to 69 in 2012. See the Colombia Government website for statistics: www.accioncontraminas.gov.co.
Rapidly scaling up in the early phase of an emergency depends on having funds and capacity for rapid disbursement to partners, as well as systems and preparedness.

Regarding the rapid disbursement of funds to partners, there was a consensus across UNICEF staff, government and NGO partners that administrative processes hamper efficiency in scaling up for a rapid response. One example cited was South Sudan, where it took three months to disburse funds following a serious outbreak of inter-communal violence. Other examples of delayed project implementation were cited by partners in Haiti, Somalia and Sri Lanka. There are no special procedures to facilitate rapid disbursement of funds in emergencies, which is a source of frustration for many UNICEF staff.

However, investment in systems strengthening and preparedness resulted in successes in scaling up (see section 5.1). Further, where the response was able to draw on experienced NGO partners already working in the area, it was more efficient. During the 2012 hurricanes and cholera outbreak in Haiti, UNICEF partnered with the Haitian Red Cross, which already had in place teams of psychosocial responders trained, prepared and equipped. This allowed for very rapid scale-up.

UNICEF Pakistan had the clearest plans for phase-out. It was aiming to encourage the sustainability of child protection committees by linking them to government child protection units for ongoing support and case referrals outside of emergencies. It was also encouraging the committees to legalize as community-based organizations. This strategy had been most effective in the northwest of Pakistan, where additional funding had also allowed for establishment of community-based child protection centres. In general, however, UNICEF Pakistan was concerned that the sudden drop in funding following an emergency makes it difficult to plan for organized, sustainable phase-out.

7.4 Cost comparison for interventions

Costs were compared for different types of interventions based on samples of project costs per person and then reviewed against achievements (see table 7, based on annex 13.

<table>
<thead>
<tr>
<th>Type of project</th>
<th>Lowest cost per person in sample</th>
<th>Highest cost per person in sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>GBV projects providing medical and psychosocial support and prevention services</td>
<td>$163.00</td>
<td>$1,385</td>
</tr>
<tr>
<td>Reintegration of CAAFAG (mostly vocational training, and some income generation start-up with livestock)</td>
<td>$170.00</td>
<td>$1,502</td>
</tr>
<tr>
<td>Psychosocial: PLaCES, child-friendly spaces, Golombiao and psychosocial teams providing emergency support in State of Palestine</td>
<td>$10.00</td>
<td>$45*</td>
</tr>
<tr>
<td>Fuel efficient stoves to reduce time spent collecting firewood and reduce the risk of GBV (beneficiaries are calculated per family member)</td>
<td>$8.09</td>
<td>$10.55</td>
</tr>
<tr>
<td>Human rights training for armed forces and police</td>
<td>$2.90</td>
<td>$2.90</td>
</tr>
<tr>
<td>Mine/ERW risk education</td>
<td>$1.08</td>
<td>$21</td>
</tr>
</tbody>
</table>

* Plus one outlier project at $437 per person.

213 This includes medical and psychosocial support for survivors.
214 Information from UNICEF HQ on a project in Somalia that provides fuel efficient stoves. The project benefited 186,000 family members at a cost per family member ranging from 10.55 USD to 8.09 USD.
215 Based on costs in large programme in Colombia reaching over 11,000 armed forces and police.
Two types of projects were identified in relation to cost: i) interventions reaching very large numbers of beneficiaries at a relatively low cost per person (protective spaces, fuel efficient stoves as part of the prevention of GBV), human rights training and mine risk education; ii) interventions that provide services to individuals as survivors of violence or recruitment which are at a much higher cost per person.

Both types of projects have been shown to be effective with relatively low cost per person. However, UNICEF should watch for expensive outliers in psychosocial projects and establish an acceptable maximum funding limit.

The most costly projects are those addressing individual children or women that require individual case management, namely release/reintegration and GBV casework. However, the latter projects can have profound results for individuals and society as a whole. Given the costs per person, however, it is particularly important for UNICEF to demonstrate sustainable outcomes for beneficiaries. This was possible for only one of the reintegration projects assessed in the evaluation.216

All the most costly projects were implemented by international rather than national NGOs, and they were costly largely due to their staff costs. This may be justified when the projects involves a specialist service or particularly strong monitoring and research. However, UNICEF child protection teams felt that in general working with NGOs was less costly and more sustainable (see section 5.2).

7.5 Innovations

This section addresses innovations that have been introduced that can improve the effectiveness or efficiency of CPIE response. Innovations were identified in:

(a) SMS messaging for protection and family tracing.

(b) Information management for incident monitoring and case management for vulnerable children and women.

(c) Psychosocial and GBV interventions (PLaCES in Pakistan) and psychosocial interventions through the Game of Peace (in Colombia)

(d) Direct protection of children and women from physical or sexual violence (protection monitors at checkpoints in the State of Palestine, women’s peacekeeping teams in South Sudan).

(e) Innovative approach to applying the Paris Principles with an armed group through an action plan (Philippines).  

All of the examples cited are considered to be adaptable to other contexts.

SMS messaging

SMS messaging and mobile phone technology were used in protection and family tracing.

- In Somalia, a UNICEF partner used SMS messaging in communities in three districts to encourage reporting of GBV.217 This resulted in an 11 per cent increase in self-referrals to the helplines across the three locations covered.

- In the State of Palestine, UNICEF together with UNESCO and partners from the Working Group on Grave Violations piloted conflict DRR programmes in 29 schools in areas vulnerable to attack. Among other interventions, school directors were assisted in sending SMS messages asking parents to keep

216 A reintegration project by VSF-Suisse in South Sudan had demonstrated through a pilot project that released boys did not return to the barracks, were still living with families more than a year after release and were all in school since being in the project. Prior to the project, many released children had been returning to the barracks or working on the streets.

217 The message was ‘Your silence increases violence. If you hear or see any kind of violence against women or children, please call [local number given]’. GRT, Activity report August to November 2012, unpublished.
children at home on days when there was a high risk of Israeli air attack. This was found to be especially effective as part of a broader system in which school directors use SMS alerts for questions about timetabling and other regular issues.

Mobile phone technology is relatively cheap, can benefit from the massive increase in access to mobile phones\(^218\) and all three examples were considered to be effective and replicable. However, UNICEF does not currently have ethics/quality control guidance on the use of SMS technology in programming and this should be considered in the future.

**Information management for case management and incident monitoring**

In 2012 UNICEF HQ initiated a project called Information Management and Innovation to Protect Children in Emergencies. The project aims to build next-generation protection-related case management and incident monitoring applications. Existing best practice tools, such as the CPIMS and GBVIMS, are built on software platforms that limit the opportunities for integration and interoperability. UNICEF is also mandated to develop and deploy an information management system for MRM (MRM IMS) to promote best practices and address issues of security being faced by ad hoc systems. The new tools will be adaptable to different operation contexts and work online and offline to support field level protection workers dealing with case management and incident monitoring.

The project will use open source software and will incorporate mobile data gathering tools such as RapidFTR, a family tracing and reunification application developed in collaboration with the UNICEF Innovation Unit. Deployment of these tools will be coordinated by UNICEF HQ and training and technical support will be provided.

**Psychosocial interventions**

- **PLaCES** is a model of multi-purpose centres that provide age- and sex-appropriate protective services from the early response stage through the recovery. In Pakistan, it is directed especially to women and adolescents not reached through child-friendly spaces. PLaCES provide a variety of services on premises and serve as an entry point to external services and benefits. Services on the premises include structured recreation, messaging and referrals on protection and GBV, individual counselling, DRR education, health and hygiene education, mine/ERW risk education, vaccination and breastfeeding corners. Referrals are provided for assistance with applying for social protection transfers, birth registration and access to medical services. Child protection committees are developed with community volunteers, and these are intended to become sustainable through links to state services and to quickly scale up in subsequent disasters/population movements. PLaCES were found to cost $11 per person, including administration.

- **Golombiao** is a sports/recreation strategy sponsored by the Colombian Government and supported by UNICEF to engage large numbers of adolescents to challenge their perceptions and promote positive values on peaceful co-existence, conflict resolution and gender relations. Adolescents are enrolled for several months in the game, which is played mostly at public facilities and is promoted by a network of facilitators. Participants enjoyed Golombiao and it was found to improve their self-esteem, family relations, gender relations and school work. Indirectly it is expected to help young people to resist enticement to recruitment, but the linkages are more nuanced and more difficult to measure.

Both of these examples are replicable in other contexts.

**Direct protection from physical and sexual violence**

- In the State of Palestine, the Working Group on Grave Violations has initiated a system in which volunteer ‘protective partners’ stand watch at Israeli army checkpoints that children must pass on

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their way to school. Volunteers are posted to ensure children’s safe passage through the 23 checkpoints identified as being the most hazardous for children.

- In South Sudan, a UNICEF partner initiated a system to train and empower groups of women as peacekeeping teams, especially in areas vulnerable to the Lord’s Resistance Army, other armed groups and cross-border violence. The teams build on local resilience and have been found to be ‘hungry’ for training. The project aims to prevent and de-escalate violence and to prevent and challenge GBV. Teams have negotiated with armed forces to prevent the sexual exploitation of girls and to promote conflict resolution in an area of high prevalence of small arms.

**Innovation in applying the Paris Principles**

The Philippines is the only country in the evaluation to have signed an action plan with an armed group. There, UNICEF and partners are establishing a system to apply the Paris Principles in a context where children are born into an armed struggle in which their parents and communities are already involved and where the notion of recruitment is more nuanced. It is not possible to argue for the ‘release’ of children as that would mean separating them from parents and communities. Instead ‘red lines’ have been developed on which forms of engagement are acceptable and unacceptable. Community child protection groups have been established to monitor the red lines.
8. CONNECTEDNESS AND COORDINATION

Connectedness and coordination refers to how UNICEF works with other actors in emergencies and the extent to which response is coordinated or integrated horizontally across sectors. It also addresses whether UNICEF works effectively and efficiently in key partnerships to ensure that children are protected in emergencies.

8.1 Integrated programming

Integrated programming (as explained in section 1.3) refers to working across sectors with joint plans and objectives that create synergies and a programme that is greater than the sum of its parts. It also refers to integration across phases (addressed in section 5.1 on systems). This section reviews integrated programming in relation to: (a) joint planning and co-location of services, (b) dialogue across government ministries and (c) inter-sectoral working groups. The section draws especially on the example of Pakistan, which has been the strongest of the countries evaluated on integrated programming. This section also points out other examples of (or gaps in) integrated programming.

Joint planning and co-location of services

PLaCES resulted from a joint planning initiative involving the education and protection sectors of UNICEF Pakistan following the floods in 2010. It was meant to help with preparedness for future disasters. The health and WASH sectors were also involved so that basic services were brought together, creating synergies. For example, in the 2010 flood response (before PLaCES was established) child-friendly spaces had not reached women or adolescent girls. For the 2011 response, breastfeeding corners and vaccination services were established in PLaCES, increasing access to services for survivors of GBV, discussion on GBV and access to information, in addition to temporary learning centres and protection services. The health services attracted women to the centres, which in turn gave adolescent girls more confidence to participate, considerably increasing the percentage of women and girls reached by CPiE. There was consensus that this level of integration can only happen through joint planning in the preparedness phase.

Among the countries in the evaluation, there was much more evidence of joint planning between the protection and education sectors, followed by health and lastly with WASH. The lack of integrated planning with WASH was seen as a serious gap in some contexts. In South Sudan, for example, there was no strategy to protect girls and women during the seasonal movement of pastoralist communities in search of water.

Dialogue across government ministries

In many countries ministries tend to plan vertically, engaging little across sectors. The mapping process in system strengthening is intended to encourage joint planning for child protection, including in emergencies. The evaluation covered some countries where joint planning is occurring whether or not mapping has taken place.

In Colombia, for example, all sectors were asked to contribute to a national strategy for preventing recruitment, and that strategy is mirrored in operational plans at district level, managed through local councils. The aim is to ensure that each sector is aware of its role, so education ensures safe school places that recruiters cannot access, youth services provide positive activities for out-of-school hours, the Ombudsman’s Office manages an alert system used when recruiters attempt to enter the area, etc. The system works best where there is strong leadership at subnational level and plans also involve non-state actors. Some observers also felt that ideally plans should be integrated into regular local development planning processes, as opposed to a separate parallel process.

Another example is cross-sectoral planning for child protection in Pakistan, which is a responsibility of child protection and welfare commissions at provincial level and integrates all sectors, including the Disaster Management Authority, and non-state actors.
These two examples involve states with more effective governance. No similar examples were identified in fragile or conflict-affected states.

**Inter-sectoral working groups**

Under the cluster system, each sector, including the child protection and GBV sub-clusters, establish their own plans. There was very little evidence of inter-cluster work among the evaluated countries except for the State of Palestine. There an Inter-Cluster Coordination Group uses data from the MRM on grave violations against children to trigger a response. More limited examples include (a) the WASH cluster in DRC, which had met with the protection cluster to establish indicators for sexual violence in the 2014 plan and (b) the protection cluster contingency plan in Pakistan, which makes a single reference to joint work with the health cluster but not to other clusters. Integrated planning appears to be happening more within UNICEF’s own programming than across clusters.

One of the main issues for child protection is that water and sanitation points and collecting firewood are still major risks for children and women and require much more attention. The WASH cluster (led by UNICEF) and the emergency shelter cluster (under the leadership of UNHCR and IFRC) are crucial in developing strategies to prevent protection risks.

**8.2 Coordination with other UN actors and partnerships**

UNICEF’s principal partnerships in CPiE involve (a) government partners; (b) programme implementing partners; (c) child protection sub-cluster partners, which includes implementing partners but also many other partners; and (d) strategic partnerships with governments, donors, the UN system and the private sector. The question is how effective have partnerships been in the response to disasters and conflicts and how is UNICEF viewed as a partner.

Overall, partners value UNICEF highly for it high-quality technical leadership in CPiE, inter-agency coordination and development of frameworks for response within a strong understanding of children’s rights. UNICEF is also valued for its consistency in terms of always being present in the field after a disaster or upsurge in violence. Partners look to UNICEF for guidance in child protection and for developing a joint perspective across the sub-cluster, including on advocacy. Critiques across agencies include the relatively little field presence in some contexts (which are mainly due to funding constraints).

**Government partners**

Partnerships with governments, especially social affairs ministries, armed forces and disaster management authorities, have resulted in sustainable change in regulations, policies, legislation and administrative capacity.

Among government partners interviewed in the case study countries, there was universal recognition of UNICEF’s valuable technical role in supporting the development of policies, legislation, standard operating procedures, etc. The support also benefited provincial and municipal levels, where consistent policies and approaches were seen in Colombia, Pakistan and South Sudan, even though service delivery capacity at subnational level was much weaker.

Comments from the case study countries included: “UNICEF is always present and has an excellent knowledge of the situation” (Colombia) and “UNICEF has worked on getting momentum via advocacy then framework support on policy and legislation” (Pakistan). There were no significant negative comments on partnerships, with the exception of administrative procedures for release of funding and the lack of flexibility in reporting (Pakistan and South Sudan).

**Programme implementing partners**

The number of NGO partnerships differs widely from country to country, as does the emphasis on national versus international NGOs (see table 8). Over two thirds of partnerships reviewed across nine countries are with national NGOs or FBOs. Sudan was the only country weighted towards international

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219 It was not possible to visit municipalities in DRC.
NGOs, which is likely to be related to local access issues. South Sudan also partners with a large number of international NGOs, due to the limited capacity of national NGOs.

Overall, UNICEF country offices felt that partnering with national NGOs provides more sustainability and access to areas inaccessible to UNICEF directly due to security or distance (DRC, Pakistan, Somalia, Sudan) although this requires remote monitoring, which is complex. National NGOs have also been found more effective in monitoring and reporting gross child rights violation as they have direct relationships with community networks.

Some national organizations with significant reach have been key partners precisely because of their coverage (such as Caritas/Pastoral Social or national Red Cross). The national Red Cross has been especially important in some countries because of its capacity to scale up very rapidly due to its cadre of trained volunteers. This has also been true of some organizations that are not typically emergency oriented, such as rural development agencies in Pakistan, which have wide coverage and strong grassroots organization and can introduce child protection into their mission. Organizations that are more difficult to support are small, inexperienced NGOs that are not part of a wider network and that require a great deal of support. They tend to become partners where there are few alternatives or they provide a very specific type of service not widely available.

<table>
<thead>
<tr>
<th>Table 8. UNICEF-funded partners by country, 2012</th>
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<tr>
<td><strong>Country</strong></td>
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<tr>
<td>Afghanistan</td>
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<tr>
<td>Myanmar</td>
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<tr>
<td>State of Palestine</td>
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<tr>
<td>Pakistan (2011)</td>
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<tr>
<td>Philippines</td>
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<td>Somalia</td>
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<td>South Sudan</td>
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<tr>
<td>Sri Lanka</td>
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<td>Sudan</td>
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<td><strong>Total</strong></td>
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</table>

Sub-cluster partners

A wide range of strategic partnerships with NGOs were also formed through child protection sub-clusters. Of 27 sub-cluster partner responses on what works well and less well in the partnership with UNICEF, responses were most positive about coordination and technical support. NGO partners also recognized the importance of UNICEF’s influence with government.

Strategic partners

**Child protection units in peacekeeping missions:** Partnerships with child protection units in peacekeeping missions in South Sudan and DRC were especially effective. In both cases, UNICEF had placed only one staff member in the unit but was able to provide strong technical support for implementation of the MRM while also collaborating with the broader staff team on verifying grave violations. In South Sudan, UNICEF tended to focus on the programming aspects of reintegration while the child protection officers of the Peacekeeping Mission addressed the advocacy issues.

**UNFPA:** Partnership with UNFPA on GBV has been effective in DRC, Pakistan, Philippines and South Sudan. In DRC the two agencies collaborate on the national strategy for GBV although they are responsible for different pillars. In Pakistan they have collaborated on training and joint management of two consultancies on GBV in emergencies, and they are jointly chairing a Girls’ Task Force. In the Philippines and South Sudan, collaboration on the GBV sub-cluster has been positive, and UNICEF leads some of the subnational task forces. UNICEF and UNFPA are also developing a joint strategy on trafficking. There were no specific programme partnerships with UNFPA in Colombia although UNICEF is part of the Gender Working Group there.

**UNHCR:** Partnership with UNHCR has been limited in the countries in the evaluation but is strengthening, and UNICEF/UNHCR are developing global guidance notes for country programmes on cooperation. A
joint mission on child protection with refugee populations in Lebanon and Jordan in April 2013 helped to define more clearly areas of cooperation for those countries and globally. Countries are being encouraged to develop closer cooperation agreements around many common areas of intervention, including prevention and response to violence against children and women (including GBV); separated and unaccompanied children; the MRM; psychosocial interventions; and mine/ERW risk education.

Within the evaluation, UNHCR felt that the relationship between the protection cluster and child protection sub-clusters worked well in DRC, Pakistan and South Sudan. In Colombia UNHCR expressed concern that UNICEF is not consistently present in protection cluster meetings and has little field presence. UNICEF’s field presence was also a concern to UNHCR in South Sudan. Joint work across the case study countries was principally on child separation and alternative care, including some collaboration on best interest determination meetings with refugee populations.

**OCHA**: Collaboration with OCHA has principally concerned funding, CAP appeals and pooled funds. OCHA expressed concern that child protection agencies collectively cannot produce data to the same level as other sectors and that this limits fundraising potential. In particular, concern was raised in DRC about the inability to track the progress of individual girls, boys and women in programming to provide evidence on the impact of interventions. OCHA recommended introduction of new methods to provide counter-factuals and review the effect of programming, possibly through case studies.

**OHCHR**: There has been relatively limited collaboration with OHCHR although there is strong potential for a strengthened partnership, especially in developing advocacy strategies oriented to specific goals and audiences. This is particularly important given that the evaluation has identified UNICEF’s limited experience with human rights advocacy.

**Academic institutions**: Academic institutions had been effectively engaged in a very limited number of countries, and there is potential for much greater collaboration. In Colombia training for armed forces and police was undertaken through a university; in the State of Palestine an academic partnership was involved in developing an instrument to measure the impact of psychosocial support; and in South Sudan a university sponsored a course for social workers. All of these initiatives were considered to be very effective.

**The media**: There had been considerable use of the radio in messaging (see section 6.2) but no country reported a strategic agreement with a media agency.

**The private sector**: Private sector collaboration was referenced only in Colombia in connection to a UNHCR-UNICEF joint analysis of public-private partnerships and to private sector funding. Otherwise there was no reference to joint projects with the private sector.

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220 In programme impact evaluation, establishing a counter-factual typically implies identifying a group as similar as possible (in observable and unobservable dimensions) to the group receiving the intervention and comparing outcomes over time, to determine what would have taken place in the absence of the programme intervention.
9. SUPPORT FROM REGIONAL OFFICES AND HEADQUARTERS

The issue is whether UNICEF’s global and regional guidance has contributed to a timely and adequate response to child protection concerns in emergencies, before, during and after a conflict or disaster. The evaluation found that HQ and regional offices had provided timely technical surge support, as had the Rapid Response Team of the CPWG. Technical support on specific issues, especially when country led, was also found to have contributed to the effectiveness of CPiE. Global guidance materials are also seen as positive but the volume is extremely difficult to absorb. The Minimum Standards have been welcomed as a first stage source of comprehensive guidance.

HQ and regional office support was viewed by country office child protection teams as most useful in the context of:

- Technical assistance in response to a country-led demand
- Timely surge assistance in emergencies
- Technical support in specialist areas (those most referenced were children and armed conflict and MRE), including sharing lessons learned on undocumented experiences with other agencies
- Support to advocacy and speaking out on an issue
- Advice/guidance on fundraising
- Provision of training open to government and members of the child protection sub-cluster on CPiE, IASC guidelines, etc.

Only one country responded to the question of what was least useful in visits from the regional office and HQ, feeling that it was technical assistance driven by HQ interests. (No further detail was provided).

Visits and support from HQ had tended to focus on the MRM, action plans, preventing detention or MRE, accounting for eight of nine HQ visits to desk study countries in 2011/2012. Visits and support from regional offices was more varied, addressing sub-cluster coordination, CPiE training and preparedness planning, systems strengthening and advocacy against detention. Most countries had received three to four visits in the 2011/2012 period.

Some very strong technical and advocacy results have been achieved with HQ and regional office support. This has included (a) increased funding for child protection following the floods in Pakistan in 2010, due to public advocacy by the regional office; (b) technical support to the process of de-listing parties in Sri Lanka from the annexes of Secretary General’s report on children affected by armed conflict after the conflict ended in 2009; (c) design of a KAP study on mine/ERW risk in Myanmar; (d) signature of the action plans in Somalia; (e) development of a strategic matrix for action plan implementation in the Philippines; and (f) initiation of a dialogue for change on detention in the State of Palestine.

Child Protection Working Group

The CPWG and GBV AoR were found to be extremely useful in sharing tools and in providing skilled Rapid Response Team members. CPWG team visits had been made to Afghanistan, Myanmar, Pakistan and the Philippines, covering CPWG coordination and training in use of the Rapid Assessment Tool and on CPiE. In Pakistan the GBV Rapid Response Team provided strong technical assistance that was the foundation of the survivor-centred approach to GBV following the floods and assisted in drawing up standard operating procedures, providing extensive training to government and partners, establishing referral pathways and strengthening case recording and providing advice to community members on

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221 Among seven desk study countries, regional office visits were as follows: sub-cluster coordination (three visits), CPiE training and preparedness planning (two visits), systems strengthening (one visit) and advocacy against detention (two visits).
preventing domestic violence and early marriage. There was a consensus that the team was extremely valuable and several respondents commented that it was excellent.

Global guidance

There was a consensus across respondents that technical global guidance in written form is more than ample. The challenge is to consolidate what exists and as far as possible bring it together in the *Minimum Standards* so that the extremely busy child protection officer in the field is not expected to absorb many different types of guidance.
10. CONCLUSIONS AND RECOMMENDATIONS

10.1 Conclusions

The conclusions are set out across the following dimensions, guided by the evaluation objectives and evaluation criteria/questions:

(a) Key successes, lessons learned and gaps
(b) Relevance of programme design.
(c) Effectiveness and efficiency of programming.
(d) Coordination and programme management.
(e) Integration of equity, gender, community participation and human rights-based approaches.

Key successes, lessons learned and gaps

- Key successes against MTSP organizational targets

1. High percentages of separated children have been reunified, especially in fast-onset emergencies, by UNICEF and partners

The MTSP aim was to rapidly reunify separated children in sudden-onset contexts (those resulting from an upsurge in violence or a natural disaster). Based on a sample of fast-onset contexts (both conflict and disaster) where reunification data were available, an estimated 79 to 100 per cent of separated children have been reunified (or cases closed as children were living with extended family). These calculations are based on statistics provided by the sample countries although the total number of separated children may not have been accurate in all cases, given the weakness of case management systems. The aim is to reunify as rapidly as possible, within 48 hours to 2 weeks, but data were not available on the speed of reunification. Reunification rates were much lower in countries where children had been separated for longer periods; for example, reunification rates ranged from 31 to 37 per cent in Sudan/South Sudan.

2. UNICEF-supported psychosocial interventions are reaching significant numbers of children in complex settings.

UNICEF intends to provide safe access for children to socialize, play and learn. UNICEF-supported psychosocial programmes reached between 8 and 13 per cent of affected girls, boys and women in sample contexts of disasters and conflicts. Assessed against UNICEF Country Office targets, however, the percentage reached is much higher, ranging from 84 to 297 per cent of target. The numbers reached varied from 22,300 conflict-affected girls and boys in South Sudan (12 per cent of the total) to 200,000 girls, boys and women in Pakistan (8 per cent of the flood-affected children). These statistics do not include the contributions of partners in child protection sub-clusters to psychosocial programming, so a higher total percentage of affected populations was reached. A key strength identified in the evaluation is that UNICEF has focused on outreach to hard-to-reach groups (the poorest people, ethnic and religious minorities, isolated populations, people with disabilities), and mobile outreach has been effective in increasing coverage. Costs per person of such services tended to be low ($10 to $45 per person over several months). Two external evaluations found significant improvements in some aspects of well-being through participation in psychosocial programmes, more so with younger children than adolescents.

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222 DRC, Myanmar, Pakistan and Philippines.
223 84% of girls and 90% in the relief phase of the floods in Pakistan, 2012; 297% of target in South Sudan and 87% of the target in Colombia (see Country Case Studies for this evaluation).
224 One was held across CPWG partners implementing psychosocial programming in the State of Palestine led by UNICEF and the other in Colombia on a large psychosocial ‘Game of Peace’ programme. Improvements were found in engagement in the
3. **UNICEF provided reintegration support to the majority of children released from armed forces and armed groups through formal channels across seven countries in 2012**

   The aim was to provide boys and girls released from armed forces and armed groups with family reunification or foster care and assistance with reintegration through, for example, education, vocational training or business start-up. Across six countries 4,475 released boys and girls received such support through UNICEF programmes in 2012. This represents the majority of children released through formal channels.

4. **The MRM and action plans are prompting the release of children and preventing recruitment**

   The aim was to establish the MRM in all countries listed by the Security Council and to advocate for time-bound action plans to address the grave violations against children, especially recruitment. The MRM has been established in all countries listed by the Security Council and UNICEF co-chairs, with the humanitarian coordinator, the CTFMR. Advocacy by the task force with armed forces has led to signed action plans in seven of the eight countries in the evaluation, of which five were signed or revised in 2011/2012. Advocacy in those countries has led to the release of 2,064 children in 2011/2012 and to rejection of 1,379 children from recruitment through age screening.

- **Key successes against the CCCs**

5. **UNICEF’s programme response to gender-based violence has been extensive and effective across multi-sectoral support, especially in contexts of highest incidence.**

   The CCC benchmark is to prevent and address violence, exploitation and abuse of children and women, including GBV. UNICEF reached very large numbers of GBV survivors with multi-sectoral support (espeially medical and psychosocial and to a lesser degree reintegration and legal support) in some countries, especially those with the highest incidence of GBV. These include DRC, where 39,000 children and women were reached between 2009 and 2012, and Myanmar, Pakistan and Somalia. In one group of 3,000 survivors, 56 per cent had received treatment with 72 hours of the incident.

6. **UNICEF work in mine risk/ERW risk education is successful in reaching its targets.**

   Between 76 and 124 per cent of the target population had been reached by mine/ERW risk education in 2012. The numbers of people reached ranged from 45,000 to 175,000. In addition to raising awareness of risks, in two countries systems were established to report sightings of suspicious objects, which led to the safe removal of 2,359 potentially dangerous objects.

7. **UNICEF has been effective in leading child protection sub-clusters.**

   The aim was to lead the child protection sub-clusters in inter-agency assessments, preparedness, information-sharing and coordination against the 3 Ws (who does what, where and when). UNICEF had led the sub-cluster in 10 of the 12 countries. Of these, UNICEF had led joint assessments in six countries and guided the development of preparedness plans in seven countries. Partners felt that UNICEF had been effective in sharing information, though it had not always led to more effective joint planning.

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225 ‘Listed’ refers to being included in the annexes of the annual report of the Special Representative of the Secretary General to the Security Council.
• Gaps or weaker areas in programming

1. Advocacy using MRM data has been strong on recruitment issues, but there has been less emphasis on the other violations. Advocacy with armed groups is a gap.

While CTFMRs have been effective in advocacy with armed forces on preventing recruitment and on the release of children, there has been much less advocacy on the other grave violations: killing and maiming, abduction, sexual violence, attacks on schools/hospitals and humanitarian access. Further, only one action plan had been signed with an armed group, although such groups are now the main perpetrators of recruitment and other grave violations. This is despite the fact that there were 26 listed armed groups in the countries covered by the evaluation. Negotiations are ongoing with other armed groups but this area needs to receive more emphasis by UNICEF and CTFMR partners.

2. Conceptualization on system strengthening in conflict-affected and fragile states needs further development.

Good progress has been made on conceptualizing child protection system strengthening across the continuum of pre-crisis, crisis and post-crisis. However, more guidance is needed on how to apply the concepts in fragile and conflict-affected states. One area for further analysis is determining whether investments should focus on the strategic functions of the state that cannot be fulfilled by other actors, especially the security sector and justice functions. This would be especially pertinent given the extent of impunity for violence against children and women. Further, more analysis should be applied to how to strengthen systems for child protection in areas largely controlled by armed groups.

3. Prevention of violence against children and women has been weaker than response.

There has been more investment in the response to violence and other protection risks than to prevention overall. This is particularly the case with the direct protection risks that children and women raised in this evaluation, such as violence/risk of violence when collecting firewood and water; sexual violence around WASH facilities in camps; threatening behaviour where law and order are weak; gun cultures; disorder and violence around distributions; and being caught in shelling and crossfire or in floods. The evaluation has identified some examples of approaches demonstrating that creative thinking and participation by affected communities in seeking solutions can lead to practical and viable approaches to prevention.

4. Systematic interventions aimed at social change are essential and need to be extended.

Systematic interventions with measured outcomes aimed at social change that are based on analysis of the root causes of issues have been relatively weak in armed conflicts and disasters. There have been long-term programmes addressing FGM/C and early marriage, and more recently programmes have been introduced on peacebuilding and addressing sexual violence. However, these types of programmes need to be extended to address issues in armed conflict, such as inter-communal violence and gun cultures, and issues such as domestic violence that can be exacerbated during disasters.

5. Data management and case management remain very weak.

Disaggregated data are essential for evidence-based planning and for monitoring results and outcomes, but it was found to be weak at most levels. Three principal weaknesses were identified: (a) disaggregation by sex and age across projects/programmes for programme monitoring; (b) longitudinal monitoring for outcomes in programmes that provide individual support, such as reintegration programming for released children or GBV survivors; and (c) case management. Weak case management is a risk to individual children and a serious limitation to producing data for planning. The lack of longitudinal data means it is not possible to evaluate the outcomes of investments on individuals – for example, are the same children being re-recruited, or are the recruits different children. The lack of these data also hinders fundraising, as donors need to demonstrate outcomes to taxpayers.
Strengthening data overall requires a significant investment in capacity building with partners in preparedness, response and recovery, as they are the primary producers of data.

6. **Funding for child protection is insufficient to provide adequate leadership and maintain an adequate programme response.**

Half of the countries in the evaluation received less than half of the funding requested in their appeals, and some received less than 30 per cent. There was no evident distinction in funding received between disasters and armed conflicts. Funding shortages have resulted in cuts in essential programming, such as a reduced response to survivors of GBV in DRC and to mine/ERW risk education in Pakistan, and staff cuts in Colombia during a crucial phase of peace talks. Three other serious consequences have resulted from funding shortages: (a) UNICEF is not able to fulfil all the commitments made under MRM action plans, which is a risk both to children and to UNICEF’s reputation; (b) UNICEF is finding it difficult to provide sub-cluster coordinators with the required technical capacity and field experience, threatening the quality of leadership; and (c) investments in capacity building with partners will be constrained despite their high priority. As noted previously, increasing funding requires better data to prove short-term and long-term programme outcomes to donors, as well as a greater focus on prevention.

- **Lessons learned on effective approaches in child protection in emergencies**

  1. **Lessons learned on preventing violence against children and women**

   Low-cost methods to prevent violence and challenge impunity have not yet been used extensively but have shown promise, especially in camp contexts. They include (a) providing whistles to children and women so they can sound an alarm, together with a response system based on community-based child protection networks and civilian police; (b) providing women with dignity kits that include torches and culturally appropriate clothing as early as possible after a crisis event; (c) training women as unarmed civilian peacekeepers and GBV monitors; and (d) using SMS messaging to encourage reporting of GBV where quality services are available.

  2. **Lessons learned on preventing recruitment and re-recruitment**

   The most effective approaches to preventing child recruitment by armed forces have been (a) providing technical support inside child protection units, which has encouraged commanders to take ownership of the issues and instill prevention of recruitment and promotion of release from within; (b) ensuring that children have birth registration documents and formal release papers, which allows them to prove their age; (c) providing livelihoods interventions to released children, to help them combat poverty; and (d) including other vulnerable children in reintegration programming, to reduce stigma and combat community perceptions that released children are rewarded for having been in an armed force/armed group.

  3. **Lessons learned on increasing coverage of psychosocial interventions**

   Mobile outreach services allowed Pakistan’s PLaCES programme to take services to communities, enabling it to reach more isolated communities and religious minorities. Mobile services included those provided by fixed PLaCES, such as recreation, health/hygiene awareness, vaccination, awareness of GBV, birth registration, positive parenting and nutritional practices.

  4. **Lessons learned on preventing mine/ERW risk**

   Three aspects of mine/ERW risk education stood out as highly effective: (a) establishing mechanisms to report sightings of mines/ERW as part of the education process, together with systems for the safe removal of explosive hazards; (b) addressing mine/ERW risk education in community meetings led by local leaders; and (c) in highly sensitive border areas, using mine/ERW risk education as an entry point to discuss peacebuilding with a focus on children’s rights to safety, security and peace.
Relevance of programme design and strategies

- The Child Protection Strategy remains relevant and appropriate to protection issues for children and women, but some important aspects have received insufficient attention in programme design at country level.

  The Child Protection Strategy was found to address the protection issues raised in conflict, disaster and political violence. The two pillars of system strengthening and social change also remain relevant. However, three important components of the strategy have not been emphasized in programme design at country level:

  1. Engagement with justice in emergencies, security sector reform and ending impunity.
  2. Peacebuilding and conflict reduction especially in relation to how peacebuilding and conflict reduction translate into practical approaches.
  3. The prevention of all forms of violence in disasters and armed conflicts.

- The CCCs are a useful framework, especially for phasing activities, but they need to be more closely harmonized with the Child Protection Strategy and the Minimum Standards.

  The CCCs serve as a quick reference tool for preparedness, response and recovery in emergencies, which makes them very important to CPiE staff. They have not been used consistently as a planning tool, but could be if they were more closely harmonized with the Child Protection Strategy and the Minimum Standards. The CCCs are not harmonized with the Child Protection Strategy in the following ways:

  1. The CCCs tend to divide protection issues by categories of children while the Strategy emphasizes integrated programming. This could be addressed by basing future CCCs on the Strategic Plan targets in system strengthening, social change and other processes (leadership in emergencies, data management, capacity building) and using the benchmarks to establish issue-based targets for children on issues such as separation and reintegration and Linking them to the indicators of the Minimum Standards.
  2. The CCCs do not address social change in emergencies, even though they are intended to apply to protracted as well as fast onset contexts.
  3. The rule of law agenda and security sector reform appear in the CCCs, but they are in the early recovery phase. It would be better to include them as key actions in preparedness.
  4. Despite the links between protection and WASH, protection issues are poorly addressed in the WASH CCCs, and there are no points in preparedness on working with the emergency shelter cluster.
  5. Child labour and trafficking are not addressed specifically in the CCCs while the Minimum Standards tend to focus on the worst forms of child labour rather than impoverishment and displacement caused by disasters and armed conflict leading to an increase in child labour overall.

- Theories of change (what makes change happen) and results-based programming are weak.

  At country level, there has been weak analysis of key local and national protection issues, their root causes and which types of measures could result in changes to better protect children. In addition, protection issues had not been set out in relation to human rights and international humanitarian law violations, which would help to clarify the approach to be taken and advocacy targets. Examples of key issues that merit further analysis are (a) inter-communal violence, which is motivated by complex

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226 The worst forms of child labour include: slavery, trafficking, recruitment to armed forces/armed groups, forced prostitution. See ILO Convention no. 182.
227 As measured through case studies; this was difficult to review through desk studies.
social and economic factors and requires a multi-strategy approach; (b) various forms of violence in areas controlled by armed groups that are difficult to access; and (c) long-term sexual violence, which can be perpetrated by armed forces, armed groups and civilians and which requires an approach that measures the impact of different strategies. Approaches and the relative emphasis on programming versus advocacy were not articulated, and in most cases there was no results chain with outcome indicators and data collection systems longer term.

- **Child protection assessments are improving data availability in disasters and conflict, the Child Protection Rapid Assessment tool is robust and training is facing high demand.** Generally, recommendations in assessments correspond to findings although direct issues of violence were not always addressed.

Demand for training in application of the CPRA tool has been growing, and assessments are producing better quality data for planning. However, there were examples of assessments that identified issues concerning fighting at distribution points, unsafe bathing areas and even recruitment of children in camps that were not addressed in the recommendations.

- **There has been very limited analysis globally of the protection issues emerging from specific types of disasters or armed conflicts by age and sex.**

The evaluation attempted to contextualize protection issues by identifying research data on the issues arising from floods, cyclones etc. by age/sex compared to earthquakes or by different type of conflict. However, very limited data is available, and it does not appear to have been systematically reviewed in this way. The growing body of evidence from rapid assessments may provide a resource to undertake meta-analysis of protection issues in relation to disaster typology. This type of analysis would allow for more targeted preparedness, including prevention measures by age/sex.

**Effectiveness and efficiency of programme design**

- **Child protection psychosocial services worked well as an entry point to services across sectors.** This approach should be expanded as a methodology. It provides a clear ‘one-stop shop’ for communities, and affected populations valued services organized in this way. Reaching out through community networks allowed for scaling up integrated programming at relatively low cost.

- **UNICEF’s leadership of the child protection sub-cluster worked well and was valued by partners where UNICEF has a highly qualified, experienced staff member.** Similarly UNICEF’s technical support to the GBV AoR was highly valued where qualified human resources had been committed. Sub-cluster preparedness was especially important in developing common tools and procedures. However, this approach was constrained by lack of funding, leading to two practices that risk the quality of technical leadership and coordination: (a) introducing lower cost but inadequately experienced staff (such as UNVs) to lead sub-clusters and/or (b) doubling up with tasks such that coordinators are forced to dedicate half of their time to programming. Leadership of the child protection sub-cluster and technical support to the GBV AoR are so important that neither of the above strategies should be used at central level or in subnational areas where there is a high incidence of protection issues or GBV.

- **Vertical linkages in the sub-clusters were found to be weak in a number of countries.** However, this could be mitigated by engaging subnational partners in developing tools and procedures from the bottom up. Although UNICEF did not co-lead the GBV sub-clusters, in one context the two meetings were effectively linked, first child protection, then GBV. This reduced the time commitment required of members and ensured better integration of issues, though the sub-clusters were still led by UNICEF and UNFPA respectively.

- **A variety of ad hoc, small-scale programming approaches have been used to prevent violence.** These initiatives have tended to be projects rather than programmes and dependent on local initiatives. They need to be analysed in terms of the types of violations and risks they are aiming to prevent in disasters (sexual violence and other forms of GBV, physical violence, harmful practices and dangers/injuries) and should be scaled up if they are shown to be effective.
• **UNICEF has been effective in the preparedness and response phases but needs to put more focus on the recovery phase and links to systems and sustainability.** In some cases, communities valued protective spaces and services highly, but there were no clear plans for sustainability or phase-out in a way the population understood. Such plans should be made and shared with the affected population from an early stage. Efforts were made to aid the sustainability of child protection networks in areas of origin. If sustained, child protection networks can provide the basis for rapid scale-up in future emergencies. However, these efforts had also been constrained by funding shortages, and most had not been tested over time. Partner selection was also found to be important for sustainability. Where UNICEF has partnered with long-established organizations such as the Red Cross or YMCA, interventions and models are more likely to be sustainable, as is rapid scale-up during emergencies.

• **The MRM has worked well in providing data for advocacy through the Security Council and at country level but it lacks resources for data collection and follow-up programming.** Only half the countries mandated for the MRM have a full-time UNICEF staff member responsible for its implementation, and it is especially difficult for them to verify violations where there is no joint UN Mission to undertake most of the verification. In addition, other clusters and departments have not been sufficiently engaged in collecting data on violations – the education cluster and education departments on attacks on schools; the health cluster and health departments on attacks on hospitals/health units; and demining organizations on maiming. UNICEF also lacks resources for programming to which commitments are made through action plans. In some countries, other UN agencies have not engaged in the MRM, which weakens advocacy and leaves UNICEF staff more exposed. Staff can also be more exposed to security issues if they associated with MRM reporting outside of a UN Mission.

• **Data management and data availability overall remains very weak.** In addition to the shortage of monitoring systems for measuring outcomes over time against a baseline (already referenced), there was little recording of age- and sex-disaggregated data from broader programming (i.e. mine/ERW risk education, participation in child protection networks, psychosocial projects). Overall, systems for collecting, analysing, feeding back and discussing data through the sub-clusters and case management systems need further investment.

In addition, systems for case management (CPIMS and GBVIMS) had mixed results in terms of effectiveness, and most partners were not using either of them. The CPIMS holds considerable potential, especially in conjunction with the rapid tracing SMS tool, but considerable further work is required to roll it out and ensure that ethical standards are maintained.

**Coordination and programme management**

• **There are significant capacity gaps in CPIE at country level, especially among national government social work staff and NGO/FBO partners.** These gaps are evidenced especially by weak project planning, monitoring, data management and case management. Human rights advocacy skills also need strengthening within UNICEF teams. At global level, UNICEF and partners are supporting post-graduate diploma and masters courses, and multiple training workshops have been provided at country level. Country-level training has strengthened capacity in specific technical areas (MRM, GBV, separated children) but there remains an issue of comprehensive skills development to address all areas of CPIE. The CPWG has developed a competency framework that is only recently being rolled out as a planning tool for capacity development at the individual level and across child protection sub-cluster/working group partners. The challenge for UNICEF and international partners is to identify how this tool can be adapted and adopted to support and partner CPIE recruitment, performance management and professional development, including developing and funding longer term courses that integrate field-level learning.

• **Funding for CPIE is well below requirements in at least half the countries in the evaluation.** Some of the reasons for low funding are (a) the broad perception that protection is not a life-saving sector, (b) lack of capacity to demonstrate short-term and long-term outcomes and (c) the limited focus on prevention. Another issue is that the short time periods designated for spending CERF
funding do not take account of the human resource focus of child protection, which means that start-up takes longer than in other sectors that are more dependent on inputs. In addition, project costs can vary considerably, and costs per person on approaches heavily dependent on human resources are often far outside the typical, expected range.

- Although child protection is increasingly the entry point for integrated programming, coordination with the WASH and the emergency shelter clusters is weak. This is an issue especially but not exclusively in camp situations because water, sanitation and firewood collection continue to present major risks to the protection of children (especially girls) and women.

Integration of equity, gender, community participation and human rights-based approaches

- Equity

Equity for UNICEF means that all children have an opportunity to survive, develop and reach their potential without discrimination, bias or favouritism, including during humanitarian action. This implies ensuring that the poorest and hardest to reach (isolated populations, ethnic and religious minorities, people with disabilities and often girls and women) are included in humanitarian services. The MoRES system is being introduced to monitor bottlenecks and barriers to reaching the most underserved people, in all contexts. Overall, strong efforts were made to include religious and ethnic minorities in services and to reach isolated populations. Gender equity was also a strong focus; girls were never less than 40 per cent of beneficiaries, and in some cases more girls were reached than boys. The most under-served group was found to be children with disabilities, both in longer term system strengthening and in emergencies.

- Participation

Mobilization and participation of communities has been widespread in all countries. This has been effective in involving adults in protection and making links to services. However it was less clear how engaged children and adolescents have been in committees, with the exception of the long-term model of children’s clubs in Sri Lanka, in which many projects are clearly child-led. There is evidence that engaging a small number of adolescents in largely adult child protection committees can be tokenistic, and adolescents find it difficult to have an effective voice in such settings. However, when children are actively involved, they can help to prevent violence and exploitation by contributing to appropriate messaging and activities. Most children included in the evaluation had not engaged in programme planning.

10.2 Recommendations

Recommendations are structured around five strategic areas and programme planning and equity issues. They are addressed to UNICEF HQ, regional offices and country offices. The upcoming Strategic Plan for 2014-2017 provides an opportunity to integrate some of the proposed strategic directions.

General recommendations

1. Further develop inter-agency human rights-based advocacy in all contexts but especially where the state is a perpetrator of violence and where armed groups are in control. In addition, engage further with the rule-of-law and security sector agenda and address impunity with reference to violence against children in armed conflict and disasters.

2. Strengthen the prevention of violence, including sexual violence and other forms of GBV against girls, boys and women in emergencies using social change interventions (longer term) and community alert/response systems during crises.

3. Strengthen data management, case management, evidence building and use of data for advocacy and programme management, and accountability to affected populations and to demonstrate outcomes to donors.
4. Invest in increasing funding for CPIE. Demonstrate to donors a greater emphasis on providing evidence of outcomes and on prevention.

5. Analyse the application of the Child Protection Strategy in fragile and conflict affected States and harmonize the CCCs to the CP Strategy

6. Strengthen the inclusion of children with disabilities, reported as the group for which UNICEF had placed the least emphasis on identifying and addressing barriers to inclusion.

7. Together with international NGO partners, invest in medium term, systematic capacity-building of government and national NGO partners in CPIE, with an emphasis on data management and quality CPIE programming.

Detailed recommendations

1. **Further develop inter-agency human rights-based advocacy in all contexts but especially where the state is a perpetrator of violence and where armed groups are in control. In addition, engage further with the rule-of-law and security sector agenda and address impunity with reference to violence against children in armed conflict and disasters.**

- **HQ level**
  
  (a) In countries where UNICEF country offices report significant human rights violations through the MRM, support the development of a joint advocacy agenda with defined responsibilities and joint accountability between HQ and regional and country offices and together with partner UN agencies, especially OHCHR, UNHCR and DPKO. This should always be undertaken in contexts where the state is a perpetrator of violence or where armed groups control areas of the country.

  (b) Provide stronger technical orientation on the rule-of-law, security sector and justice agendas in the context of development settings and in humanitarian action, with specific reference to key result areas for child protection long term, as part of preparedness, during emergencies and in recovery phases.

  (c) Seek to attract child protection staff with a human rights monitoring and advocacy background for key posts at all levels, and include human rights advocacy in job descriptions.

- **Regional office level**

  (a) Share in the development of country office plans on complex political issues through the CTFMR or child protection/GBV sub-clusters, with defined responsibilities for speaking out at regional level as required and joint accountability.

- **Country office level**

  (a) Have the CTFMR build on the successes from engagement with armed forces to push towards dialogue with armed groups on the protection of children from the six grave violations. In addition, the task force should directly address how to respond in cases where the state is a perpetrator.

  (b) Encourage active engagement by key UN agencies in the CTFMR (UNHCR, OHCHR, UNFPA, ILO, OCHA, WHO, UNDP) to strengthen and share ownership of an advocacy agenda.

  (c) Jointly analyse situations of violence against children by each armed group (and the state if necessary) relative to human rights law, international humanitarian law and the Paris
Principles. Develop an advocacy/negotiation plan if possible. If engagement is considered impossible, document the justification. If possible, involve the leadership of armed groups in training on child rights and CPiE (there are precedents for this in Chad).

(d) Strengthen all aspects of addressing impunity including the following. (i) As part of long-term development and preparedness, train police services and judiciary (in addition to armed forces) on the protection rights of girls, boys and women in emergencies, preferably as a strategic and medium-term measure through internal training academies and linked to national universities or institutes for sustainability; (ii) together with partners (UNHCR and protection cluster, emergency shelter cluster) promote effective policing in displaced persons camps and among vulnerable communities in emergencies.

- **Child protection and GBV sub-clusters**
  
  (a) Identify the principal protection issues in the local context (e.g. trafficking, domestic violence, sexual violence by civilians, quality of alternative care, child labour) and the key objectives for change that require the engagement of policymakers or decision makers. Develop an advocacy agenda that includes: (i) what further research or data could provide evidence to build a case with policy or decision makers; (ii) which human rights or international humanitarian law applies, which national legislation applies and what of the Minimum Standards, other inter-agency guidelines (i.e. IASC GBV guidelines) and underlying normative statements apply; (iii) which national/international and audiences should be targeted; and (iv) what advocacy methods should be used. Consider collaborating with human rights specialists such as OHCHR in developing the advocacy agenda and strategic actions.

  (b) Document actions taken jointly by the child protection sub-cluster/CPWG and/or GBV sub-cluster and monitor changes achieved.

2. **Strengthen the prevention of violence, including sexual violence and other forms of GBV, against girls, boys and women in emergencies using social change interventions (longer term) and community alert/response systems during crises.**

- **HQ level**

  (a) The evaluation strongly endorses the approach taken in UNICEF HQ proposals and plans to address social norms as a form of primary prevention of sexual violence against women, girls and boys affected by armed conflict. The approach will address the prevention of sexual violence by civilians as well as armed actors and will provide evidence of impact which will be able to inform/improve future programming. Consideration should also be given to applying lessons for social norms approaches to other forms of violence including inter-communal violence, in child labour situations, recruitment and use of children, and addressing cultural acceptance of violence and the use of weapons.

  (b) Provide guidance to country offices on how to implement a social change agenda as part of the continuum of before, during and post crisis and in relation to the issues above. There should be a focus on protracted contexts and on how change can be measured.

  (c) The child protection section should compile guidance to regional and country offices on practical, low-cost and scalable examples of how to prevent violence in emergencies. These should be based on country experiences and could include simple alert systems for use in camp contexts (whistles in combination with response through child protection committees and police), GBV monitoring and reporting teams, inclusion of men and boys in discussions

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228 For example, the CTFMR in the Philippines undertook a systematic analysis of each armed group and the potential for negotiation and possible entry points.

on GBV, continuation of the work on reducing risks through SAFE (Safe Access to Firewood and Alternative Energy) and deployment of unarmed civilian peacekeepers in conflict de-escalation.

(d) Develop guidance on psychosocial services as an entry point to services across sectors and thus promote integrated programming. Further develop guidance on psychosocial support that goes beyond Safe Spaces/Child Friendly Spaces and include community based work including promoting community networks. This should include guidance on more standardized approach to PSS within UNICEF.

- **Regional office level**

  (a) During visits to countries in conflict and those prone to disasters, discuss social norms approaches and the above examples of prevention of violence in emergencies and consider their applicability in the country context and in camp/non-camp situations.

- **Country office level**

  (a) Analyse the root causes of violence and the types of social change interventions that could contribute to prevention. Develop monitoring systems together with key indicators and methods to measure change over time.

  (b) During emergencies, ensure that the child protection issues (including physical and sexual violence) identified through rapid assessments are addressed directly by some form of prevention, drawing on the examples presented above.

  (c) As part of preparedness, child protection teams should review the protection risks linked to all other sectors with particular emphasis on WASH and shelter. UNICEF WASH and child protection staff should jointly review locally appropriate preparedness measures to be taken in camp and off-camp situations together with UNHCR and appropriate clusters.

3. **Strengthen data management, case management and evidence building and use of data for advocacy and programme management, stronger accountability to affected populations and to demonstrate outcomes to donors.**

- **HQ level**

  (a) Contract data specialists with child protection and GBV experience at HQ and at regional office levels with capacity to provide technical support in the areas below. These tasks require two types of expertise: Researcher/statistician (for regional office with capacity in information technology) and programme planning/monitoring and evaluation experts.

  The duties of the researcher/statistician will be to ensure maximization of opportunities for data collection on protection issues through the MICS and DHS, and to design research on children outside the MICS/DHS (children in institutions, on the streets, in detention).

  The programme planning, monitoring/M&E expert will need qualitative and quantitative skills and understanding of child protection/GBV. This person’s duties will be to support the design of programme monitoring systems to measure outcomes (for example, case study, longitudinal, cross sectional, experimental etc.) and impact and act as a long-distance helpdesk to regional and country offices.

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230 Recognizing that there have been few rigorous evaluations of programmes to engage boys and men in dialogue on GBV to demonstrate which approaches are effective.

231 These recommendations draw on and build on the project Information Management and Innovation to Protect Children in Emergencies, referenced in section 7.5.
(b) Strengthen evidence in the field of psychosocial support by undertaking specific evaluations of CFS and psychosocial support interventions.

- **Regional office level**
  
  (a) Contract two experts with skills in research/data/statistics/IT and programme planning and M&E, as follows:

  The duties of the programme planning expert, who should have understanding of child protection and GBV, will be to assist in designing programme monitoring systems that include robust indicators and common datasets across partners to measure programme outcomes, and provide help-desk service to country offices.

  The duties of the researcher/statistician/IT expert will be to install, adapt and develop capacity in managing incident monitoring systems (i.e. CPIMS, GBVIMS and MRMIMS) at country level; operationalize statistical indicators from the *Minimum Standards*; and provide help-desk service on data management and evidence building to country offices.

- **Country office level**
  
  (a) Establish jointly agreed systems for collecting age/sex-disaggregated data across child protection/GBV sub-cluster partners during preparedness phases. These should relate to indicators in the *Minimum Standards*. Provide adequate training for partners to collect and collate data and organize systems for analysis and feedback of data to child protection and GBV sub-clusters.

  (b) Strengthen human resources and provide training on case management to ensure that data is adequately captured and collated (in a fully ethical and confidential manner) across caseloads of separated children, psychosocial programming, GBV, release/reintegration and survivors of landmines/ERW. Ensure that training includes (i) strong safeguards on ethics and confidentiality, (ii) systems for securely collating data across caseloads on a ‘need to know’ principle, and (iii) a data security plan including steps for data storage, contingency planning/failover plan and best practices for data collection, exchange, transfer and handover.

4. **Invest in increasing funding for CPIE. Demonstrate to donors a greater emphasis on providing evidence of outcomes and on prevention.**

   Funding for child protection in emergencies should be increased in all areas but was identified as especially important to (a) provide effective sub-cluster leadership; (b) fund action plans resulting from the MRM, including reintegration and long-term follow up on reintegrated children; (c) mine and ERW risk education; (d) GBV interventions; and (e) capacity building of partners.

- **HQ level**
  
  (a) Advocate with donors, OCHA, UNICEF senior management, and other UN agencies on the lifesaving nature of CPIE and GBV interventions, with the objective of endorsing their vital importance and ensuring activation of the protection cluster (and child protection and GBV sub-clusters) immediately following disasters and upsurges in conflict.

  (b) Develop a business case to present to donors on funding mid to senior level child protection specialists and GBV sub-cluster coordinators, specialists on GBV in emergencies and on the importance of funding the MRM, action plans and MRM and GBV related programming.

  (c) Continue to share plans and proposals with donors to enhance data systems in order to demonstrate outcomes and strengthen approaches to preventing child protection violations and GBV.

  (d) Advocate with donors and OCHA on country level requests for no-cost extensions of CERF funding, given that its time restrictions frequently constrain CPIE and GBV programming.
(e) Strengthen the inclusion of CPiE and the prevention of GBV in proposals for integrated programming in humanitarian action.

**Regional office level**

(a) During visits to countries in armed conflict and those prone to disasters, provide brief workshops to donors on regional perspectives on CPiE and GBV and specifically on the lifesaving nature of interventions. This should address developments in preventing violence in emergencies and monitoring for results and longer term outcomes.

**Country office level**

(a) Develop proposals with other sectors as integrated programming with CPiE in the lead as an entry point for selected services, drawing on the study on integrated programming in humanitarian action currently under way.

(b) Further develop approaches to prevention of violence and measurement of CPiE and ensure they are included in proposals to donors. Meet with donors to explain perspectives in CPiE including phasing (preparedness, response, seeking opportunities for system strengthening in recovery).

5. **Analyze the application of the Child Protection Strategy in fragile and conflict affected States and harmonize the CCCs to the CP Strategy**

**HQ and regional office levels**

(a) Integrate child protection in armed conflict and disasters into the Child Protection Strategy as a whole (rather than having it as a stand-alone pillar).

(b) Invest in further analysis of child protection in fragile and conflict-affected states, particularly the notion that investments should focus on the strategic functions of the state that cannot be fulfilled by other actors, especially the security sector and justice functions. Further, apply more analysis to how to strengthen systems for child protection in areas largely controlled by armed groups.

(c) In the revision of the CCCs, which are not fully in line with the Child Protection Strategy, consider (i) promoting an integrated response rather than separate categories of children or services, (ii) addressing social change in emergencies in all three phases, (iii) including the rule-of-law agenda and security sector reform in the preparedness phase, (iv) aligning the CCCs to the *Minimum Standards* (although strengthening issues of child labour more than the *Minimum Standards*) and the revised *IASC GBV Guidelines*.

(d) Further develop the revised CCCs as a planning framework for UNICEF’s intervention in emergencies.

(e) Support country offices to develop theories of change in the local context on key protection issues in protracted armed conflicts.

6. **Strengthen the inclusion of children with disabilities, reported as the group for which UNICEF had placed the least emphasis on identifying and addressing barriers to inclusion.**

Practical examples are urgently needed of how to effectively include people with disabilities in planning and service provision during humanitarian action, and these should be shared/discussed with country offices. Disability Rights Organizations and specialist NGOs can contribute in this exercise.

**HQ and regional office level**

(a) Strengthen guidance and provide selective technical assistance on inclusion of children with different types of disabilities in child protection programming during emergencies. This should
include monitoring aspects through use of MICS as part of preparedness planning and transition to recovery and development.

(b) Facilitate documentation and share good practices on programme experiences related to inclusion of children with disabilities.

(c) Strengthen global/regional advocacy and foster partnerships with NGOs and other allies.

- **County office level**
  
  (a) As part of preparedness, collect data on types of disabilities by age group and sex, drawing on MICS and other survey data wherever possible.

  (b) Ensure that monitoring systems on access to child protection services during emergencies include type of disability in addition to age/sex disaggregation, and compare access data with existing data on disability in the population to determine degree of inclusion.

  (c) Provide training on inclusion of children with disabilities to partners based on the *Minimum Standards*.

  (d) Support social mobilization and behaviour change communication to aid children with disabilities and reject any form of discrimination.

7. **Together with international NGO partners, invest in medium term, systematic capacity-building of government and national NGO partners in CPIE, including GBV, with an emphasis on data management and quality CP programming.**

- **HQ level**
  
  (a) Support the CPWG to applying the competency framework at individual and collective level in countries of operation. Encourage international NGOs to contribute to building the capacity of national NGO partners in the child protection sub-cluster based on the results of the analysis of the competency framework.

- **Regional office level**
  
  (a) Support child protection sections at country level to develop systematic training based on competency frameworks and encourage international NGOs to co-fund longer term courses in CPIE as part of preparedness across child protection sub-clusters/working groups.

- **Country office level**
  
  (a) Adapt the competency framework for CPIE to country needs so individuals in UNICEF, relevant government personnel, INGOs and NGOs can self-assess capacity-building needs and the results can be collated.

  (b) On the basis of the assessment against the competency framework, develop a joint plan for capacity building of sub-cluster members and review the plan against the *Minimum Standards*. Ensure that it includes adequate training and practice on data management and evidence building.

  (c) Identify a national institute or university with capacity to manage training courses in CPIE over a medium term period and introduce supervision of assignments, distance learning and opportunities for applying theory to practice.

  (d) Encourage international NGO members of the child protection sub-cluster/working group to co-fund the course with UNICEF.
(e) With the CP working group/sub cluster, plan launch events at national and sub national levels and training events on the *Minimum Standards for Child Protection in Humanitarian Action* in line with the *Minimum Standards Implementation Strategy*. 