INTRODUCTION

Children can easily become separated from their parents, relatives or usual caregivers in emergencies, irrespective of whether these are rapid or slow in onset, or the causes of the emergency (natural disaster, armed conflict or other situations of violence). Separation can result from a variety of causes, both accidental and deliberate. Lacking the care and protection of their families, Unaccompanied and Separated Children (UASC) are at increased risk of abuse, neglect, exploitation and violence.  

Separation causes emotional distress and may create significant barriers to accessing humanitarian assistance. **UASC have urgent needs:** To be identified, to be provided with appropriate alternative care, and, whenever possible, to be reunited with family. The humanitarian response can positively or negatively impact separation. In many cases the right prevention and response measures can help to prevent separation from occurring. It is crucial that further family separation is prevented and that an immediate and comprehensive response to the needs of these children is a priority in all emergencies, beginning with preparation for emergencies and prevention of separation.

**The work in the UASC workstream focusses on three main areas of interventions and services.** This is done in close support to and from other CPHA workstreams and UNICEF sections beyond CPHA. The work on UASC is not limited to conflict settings but is applicable to a range of humanitarian contexts that include conflict, natural disasters, and health emergencies.

As part of the wider Child Protection in Humanitarian Action work the UASC workstream aims to ensure children enjoy their rights to a family, a family environment, to care and protection, independent of whether or not they are in their country of nationality.

During 2020, UNICEF and partners provided nearly 137,000 children with family tracing and reunification services and alternative care across 75 countries, a 163 percent increase from 2019.

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The Child Protection in Humanitarian Action (CPHA) section is one of five sections of the UNICEF Child Protection Programme Division. The mandate of CPHA encompasses interventions aimed at saving lives, alleviating suffering, preventing violations, maintaining human dignity, and protecting the rights of affected populations wherever there are acute humanitarian needs. This is regardless of the type of crisis and irrespective of the gross national income level of a country, or the legal status of the affected populations.

UASC is one of seven CPHA workstreams, the other six are:

3 Sudden-onset or protracted emergency, natural disaster, public health emergency, complex emergency, international or internal armed conflict, among others.

The key populations for which these workstreams work is not limited to children. The CPHA Theory of Change (ToC) explains that the term Protection is used, rather than Child Protection, as a way of encompass all aspects of child protection, and also protection issues for women, for families, including caregivers, and communities. Gender-Based Violence in Emergencies (GBViE), Protection against Sexual Exploitation and Abuse (PSEA), Mental Health and Psychosocial Support (MHPSS) all provide services to children and to women.

UASC is an important component of the work done by CPHA which is strongly guided by the CCCs. UASC is one of ten Child Protection commitments under the CCCs:

Commitment: Separation of children from families is prevented and responded to, and family-based care is promoted in the child’s best interest.

Benchmarks:

1. Causes of child separation are identified in a timely manner and actions to prevent separation, including use of behavioural change strategies, are promoted;

2. In close coordination with mandated agencies, UASC are registered, safely reunified and reintegrated with primary caregivers or other family members;

3. All UASC are identified, are in family-based care or in a suitable, safe, alternative care arrangement; and are provided with an individual case management/care plan;

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5 Including the specific mandate of the ICRC and the National Societies, as well as that of UNHCR (for refugees). See Field Handbook on UASC.
In 2019 the UNICEF Evaluation Offices conducted an Evaluability Assessment (EA) of CPHA which identified strengths and challenges in the current system and provided recommendations intended to improve programme design and implementation of CPHA-related programmes and ultimately strengthen CPHA evaluability in the future. The primary recommendation of the EA was:

UNICEF should develop a comprehensive CPHA programme impact pathway and associated results framework with indicators at different levels. All CPHA work streams should fall within its scope, with particular attention to children and the armed conflict agenda.

Two overarching objectives were defined:

**A**

Develop holistic, multi-sectoral ToC and package of interventions and indicators for all CPHA workstreams. For each of these, include required contributions from different sectors.

**B**

Co-create one overarching conceptual framework that brings together all ToCs for all workstreams and will contribute to meaningful inclusion in a new Strategy for Child Protection, as well as guidance, to CPHA practitioners in different humanitarian situations.

This document was created by the UASC in response to the first overarching objective defined in the management response to the EA.
WHO CAN BENEFIT FROM THIS TOC?

The primary purpose of this ToC, is to encourage collective responsibility of all UNICEF offices and its partners for UASC outcomes, programming logic, and to introduce shared indicators that can help measure whether the sector is collectively achieving these.

Four key audiences for the ToC have been identified:

**UNICEF teams at all levels** (headquarters, Regional Offices (ROs), Country Offices (COs) and Field Offices (FOs), as a programme design and management tool, because it helps to:

- Understand and explain the UASC system in emergencies and its interdependencies;
- Inform policy making;
- Plan, design and monitor programming;
- Co-ordinate national and international support and identify gaps;
- Identify and leverage wider developmental and humanitarian efforts, including work Allied Sectors, to maximise results.

**Governments** being CRC State Parties with accountabilities under the CCCs, as a programme design and management tool, because it helps to:

- Understand and explain the CPHA system in emergencies and its interdependencies;
- Inform policy making;
- Plan, design and monitor programming;
- Co-ordinate national and international support and identify gaps;
- Identify and leverage wider developmental and humanitarian efforts to maximise results.
Donors, because it helps to:

- Align international support for UASC with country-level objectives;
- Recognise where specific objectives have interdependencies with other stakeholders;
- Identify the most strategic use of resources and partners to achieve objectives;
- Identify and leverage wider developmental and humanitarian efforts, including work in Allied Sectors, to maximise results.

Partners, UN sister organisations and civil society organisations, because it helps to:

- Understand how specific PSEA activities contribute to the sector overall;
- Inform design of programmes that understand interdependencies with other stakeholders, including work in Allied Sectors, to maximise results;
- Distinguish between implementation failure and theory failure and inform adaptation and advocacy as needed.

This ToC was created and revised as part of a wider effort to create ToCs for each of the seven CPHA workstreams. While each of the individual workstream ToCs can be used as a stand-alone ToC for specific workstream programming, for example to strengthen UASC programming specifically, multiple ToCs can be used at the same time to develop and monitor broader CPHA programmes that can include activities across workstreams. The overarching CPHA ToC largely follows the logic of the individual workstream ToCs which generally have pillars around prevention, response and mechanisms and systems and through the seven workstreams it focusses on national systems. The programming approaches across the workstreams are similar and in line with the overall UNICEF Child Protection Strategy 2021 - 2030.
Setting a time-frame for a ToC is not essential since it is best practice to use a ToC as a living document that is constantly updated. However, given changes in UNICEF and in the contexts where it works, it is important to review the underlying logics and assumptions after a number of years of programming. For this ToC, and indeed the overarching ToC for CPHA, it was decided to follow the same timelines as the period set for the recently released UNICEF Strategic Plan. **This means that this ToC will be relevant for the period 2022 to 2025 when it should be reviewed.** Especially the strategic shift that is underway towards more prevention programming in Child Protection warrants a review by **2025**.
WHO ARE THE KEY AUDIENCES AND HOW CAN YOU REACH THEM?

The key audiences the UASC workstream is trying to reach are:

- The Unaccompanied and Separated Children;
- The Families of UASCs;
- The communities hosting UASCs;
- Partner governments, policy makers, and Implementing Partners (IPs) that UASC teams work with and through.

Three main entry points to reaching the key audiences were identified:

1. **Case-management** as an entry point and monitoring tool for individual children;
2. **Community-level interventions** and services as an entry point at the community level;
3. **Advocacy and systems strengthening** as an indirect entry point by shaping the context of the prevention and response services.

Building on this we note that the Inter-Agency Guiding Principles on UASC⁶ suggest three very similar complementary types of actions to provide preventive and responsive services to UASC:

- **Responsive action** aimed at preventing, putting a stop to, and/or alleviating the immediate effects of a specific pattern of abuse;
- **Remedial action** aimed at restoring dignified living conditions through rehabilitation, restitution and reparation;
- **Environment building** aimed at creating and/or consolidating an environment (political, institutional, legal, social, cultural and economic) conducive to full respect for the rights of the individual.

As we will see these entry points as well as the complementary types of actions have been incorporated in the ToC and they come back as Outcomes.

⁶ Inter-Agency Guiding Principles on Unaccompanied and Separated Children | The Alliance for Child Protection in Humanitarian Action (alliancecpha.org), last accessed on 15/10/21.
The impact statement for this ToC is: UASC inside and outside their country of nationality, regardless of their migration or legal status, access and enjoy their rights to care, protection and a family environment.

Broadly speaking this will be achieved if these preconditions are in place:

- Separation of children from families is prevented and responded to, and family-based care is promoted in the child’s best interest.
- Communities and authorities are equipped with the knowledge and skills required to prevent and respond to the root causes of separation.
- UASC are identified and registered to facilitate and support the tracing of, the reunification and reintegration with their families, as per their best interests.
- Where and when appropriate, alternative care is provided in the short- and longer-term, in line with the UN guidelines.

The overall impact / Outcomes logic of the UASC is shown in Figure 1 below. The outcomes pillar under each of the Outcomes is shown in the three subsequent Figures as well as the overall ToC figure for UASC which is included as Figure 5.
Figure 2: Outcome 1

**Prevention: Every child and community, and national institution is better able to mitigate explosive ordnance risks**

- Scale and root causes of separation are known and analysed, with attention to highly vulnerable children such as children on the move, children with a disability, and CAAFAG (CCC 2/4/6)
- Parents' and caregivers' mental health, psychosocial and parenting skills are strengthened (CCC 2)
- Communities' abilities to prevent and respond to VAC, SGBV, child recruitment/use, migration, disability risks are strengthened (CCC 2)
- Engage with children, families, communities, government and civil society stakeholders to take measures to prevent and respond to separation (CCC 2/3/10)
- Vulnerable families access services reducing their exposure to child protection concerns (CCC 2)
- Engage with Aligned Sectors to take measures preventing and responding to separation
- Children, families, communities, government and civil society stakeholders are equipped with knowledge and skills to prevent/respond to separation
- Children, families and communities approach
- Systemic approach

**Outputs**

- Promote birth registration, with a particular attention to children on the move
- Strengthen communities' ability to identify, prevent and address VAC, SGBV, child recruitment/use, disability, migration risks (CCC 8)
- Strengthen the CP workforce capacity with a focus on separation, FTR and community-based alternative care (CCC 2)
- Support vulnerable families' access to services to reduce their exposure to protection concerns (CPMS 16/20)
- Civil registration systems provide accessible and safe birth registration and certification for children and their families (CCC 2)
- CP workforce expertise with respect to separation, FTR and alternative care is strengthened (CCC 2)
- Align Sectors are equipped with knowledge and skills to prevent/respond to separation (CCC 2)
- Engage with children, families, communities, government and civil society stakeholders to take measures to prevent and respond to separation (CCC 2/3/10)
- Vulnerable families access services reducing their exposure to child protection concerns (CCC 2)
- Engage with Aligned Sectors to take measures preventing and responding to separation
- Children, families, communities, government and civil society stakeholders are equipped with knowledge and skills to prevent/respond to separation
- Children, families and communities approach
- Systemic approach
Introduction Background Beneficiaries Timeframe Key audiences Desired change UASC Theory of Change The underlying ToC Logic Risks and bottlenecks Assumptions

**Figure 3: Outcome 2**

**Outcome 2**

UASC are identified, family ties are restored, and reunified with their families, when in their best interests

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**Legend:**
- Key Activities
- Outputs

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**Figure 3: Outcome 2**

UASC are identified, registered and documented, in line with international and national standards and instruments

Timely establish an effective system for identification, registration, and documentation of UASC in need of care, with an attention to highly vulnerable children such as children on the move, children with a disability, and CAAFA (CCC 2, 6)

An integrated case management system, including referral pathways, periodic review of placement in care, tracing/reunification process and safe information management system, is functional (CCC 2)

UASC’s families and caregivers are traced, links are verified, UASC are reunified in line with international and national standards and instruments

Where tracing activities take place across borders, set up coordination between governments, ICRC, UNHCR, UNICEF and others, in all countries concerned, including through centralization of information (CCC 1 CoTM, see Global Compacts, Blueprint)

Where relevant, an interagency cross-border coordination mechanism is in place

An integrated case management system, including information management, data sharing and protection protocols, standard operating procedures, referral pathways, to ensure children’s best interests’ consideration in decisions related to tracing, alternative care and reunification, and to respond to any additional vulnerability (CCC 2; CPMS 5/18)

Establish a case management system, including referral pathways, periodic review of placement in care, tracing/reunification process and safe information management system, is functional (CCC 2)

Where tracing activities take place across borders, set up coordination between governments, ICRC, UNHCR, UNICEF and others, in all countries concerned, including through centralization of information (CCC 1 CoTM, see Global Compacts, Blueprint)

Establish in a timely manner an effective tracing system for UASC family members/primary legal or customary caregivers, but also for children whose parents are looking for them, for reunification and or restoring contact with families

Establish in a timely manner an effective verification, reunification and follow-up system for UASC to be reunited with their parents, or other relatives when reuniting with parents is not possible

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* Aligned sectors and partners have mainstreamed CP in their response and mitigation and include Education, Health, Nutrition, Social Protection, Livelihoods, WASH, Shelter and Settlement, Camp Management and others. They can be part of UNICEF, the wider UN family, and civil society.
Figure 4: Outcome 3

Outcome 3
All UASC without protective and suitable care are provided with adequate alternative care

**Key Activities**
- Alternative care modalities are identified and analysed, with a focus on family-, and community-based care (CCC 4).
- Map, identify community-based alternative care modalities (kinship care, foster care, child-headed households), reasons for their use and how they affect children’s care and well-being (CCC 4, CPMS 19).
- Ensure access to appropriate family-, community based alternative care options to address both needs for temporary care, and/or longer-term care, with an attention to highly vulnerable children (CCC 4).
- Assess and align national legislation and policy with relevant international instruments pertaining to FTR, de-institutionalisation, community-based alternative care, minimum standards of care, participation of the child and safeguarding, with an attention to the humanitarian-development nexus.
- Promote appointment of independent and qualified guardians to ensure representation of UASC’s best interests at all time.

**Outputs**
- UASC access adequate family- and community-based care options that meet their need for temporary care while tracing/reunification is ongoing, and/or longer-term care when/reunification is not feasible (CCC 4).
- Ensure access to education, skills training, livelihood opportunities, health services, child welfare, child justice services, etc. as required (CCC 2).
- A national alternative care strategy is developed aimed at aligning of the legal and policy framework with the UN Guidelines for the Alternative Care of Children.
- Ensure UASC access to child welfare and child justice, with an attention to legal aid in the case of children on the move.
- Ensure UASC access to education, skills training and livelihood opportunities, and health services.

* Aligned sectors and partners have mainstreamed CP in their response and mitigation and include Education, Health, Nutrition, Social Protection, Livelihoods, WASH, Shelter and Settlement, Camp Management and others. They can be part of UNICEF, the wider UN family, and civil society.
Figure 5: UASC Overall Theory of Change graphic

**Introduction**

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Desired change

UASC Theory of Change

The underlying ToC Logic

Risks and bottlenecks

Assumptions

**Strengthen data and research generation and use**

Parents’ and caregivers’ mental health, psychosocial and parenting skills are strengthened (CCC 2)

**Advocate for national legislation, policies, budgets and accountability**

Communities’ abilities to prevent and respond to VAC, SGBV, child recruitment/use, migration, disability risks are strengthened (CCC 2)

**Build capacity for scaled-up child protection service delivery across sectors**

Scale and root causes of separation are known and analysed, with attention to highly vulnerable children such as children on the move, children with a disability, and CAAFAG (CCC 2/4/6)

**Strengthen the engagement of communities, children and adolescents**

Children’s, families, communities, government and civil society stakeholders are equipped with knowledge and skills to prevent/respond to separation (CCC 2)

**Develop partnerships for coordinated global and national action**

Allied sectors* are equipped with knowledge and skills to prevent/respond to separation

Civil registration systems provide accessible and safe birth registration and certification for children and their families (CCC 2)

**Outcome 1**

Children are better protected hence family separation is prevented

**Impact**

UASC inside and outside their country of nationality, regardless of their migration or legal status, access and enjoy their rights to care, protection and a family environment.

**Outcome 2**

UASC are identified, family ties are restored, and reunified with their families, when in their best interests

UASC are identified, registered and documented, in line with international and national standards and instruments

An integrated case management system, including referral pathways, periodic review of placement in care, tracing/reunification process and safe information management system, is functional (CCC 2)

**Outcome 3**

All UASC without protective and suitable care are provided with adequate alternative care

Alternative care modalities are identified and analysed, with a focus on family- and community-based care (CCC 4)

UASC access education, skills training, livelihood opportunities, health services, child welfare, child justice services, etc. as required (CCC 3)

A national alternative care strategy is developed aimed at aligning the legal and policy framework with the UN Guidelines for the Alternative Care of Children

**Assumptions**

* Allied sectors and partners have mainstreamed CP in their response and mitigation and include Education, Health, Nutrition, Social Protection, Livelihoods, WASH, Shelter and Settlement, Camp Management and others. They can be part of UNICEF, the wider UN family, and civil society.
WHAT IS THE UNDERLYING RESULTS LOGIC?

UASC have urgent needs: to be identified, to be provided with appropriate alternative care, protection, and to be reunited with family. It is essential that further family separation is prevented and that an immediate and comprehensive response to the needs of these children is a priority in all humanitarian settings, beginning with preparation for emergencies and prevention of separation.

The three main areas of interventions/services under the UASC workstream are the Preservation of Family Unity, Restoring of Family Ties, and Care Arrangement / Durable Solutions. These areas of work make up the three preliminary outcome chains in the UASC Theory of Change and each is highlighted further in this section where the underlying outcomes logic is also highlighted.

> Figure 2: Outcome 1

Outcome 1: Children are better protected hence family separation is prevented

The preservation of family union is crucial to make sure children do not separate from their families and that in cases where evacuation takes place it happens in such a way that families stay together. The overall logic is that the preservation of family union will contribute to the prevention of family separation and that children will be better protected at the community level.

Three areas of action fall in this category of UASC programming:

1. Prevent Separation
2. Evacuation
3. Legal Identity and Birth Registration

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1. Prevent Separation

It is possible to prevent children from being separated from their families, even in extreme emergencies. Relevant authorities and other parties in emergencies can be approached to contribute to reducing the risk of separation. These contacts, that are aimed at preventing accidental and deliberate separation and promoting reunification, must be based on an understanding of the causes of separation. Generally speaking, in UASC work there are two types of separation: (1) primary separation, and (2) secondary separation. Primary separation occurs during or immediately after the emergency, usually as a consequence of the event itself while Secondary Separation occurs after the emergency. Secondary separation is often as a consequence of deteriorating livelihoods and the reduced capacity of families to provide care to children. Accidental separation tends to be primary, while deliberate separation tends to be pre-existing or secondary.

Programming to prevent Primary separation can include awareness raising on UASC with other Allied Sectors and actors (camp management, WASH, food, health, security, and others); provision of assistance for family unity and evacuation in safety and with due consideration to children’s best interests; promotion of birth registration; and, thorough assessment of pre-crisis patterns of separation in affected communities, formal/informal modalities of care, and national legal frameworks. Strategies to prevent secondary separation include the provision of MHPSS with a focus on children’s empowerment, life skills, parenting skills, and VAC; GBViE with a focus on child marriage; and, investments into CP workforce capacity, including child marriage and child marriage Information Management Systems.

2. Evacuation

Whenever possible, children should be evacuated from their place of residence together with adult family members. Evacuating children without family members should be a last resort, carried out only after it has been carefully determined that protection and assistance cannot be provided in place and that evacuation of the entire family is not feasible. Separation of these children from their families is meant to be temporary. Evacuation, reception and care should be planned with a view to the earliest possible reunification of the children with their parents. It must be clearly explained to guardians or foster parents that, although the duration of separation may be long, the objective is family reunification.

3. Legal Identity and Birth Registration

The Convention on the Rights of the Child calls for all children to be registered “immediately after birth”. The number of children whose births are officially registered has increased significantly worldwide, yet 166 million children under-five, or 1 in 4, remain unregistered. Many children are registered later in life, such as when they enrol in school. This leaves many children without proper birth registration at the time they are separated from their family. The implications are serious, since a birth certificate is needed for a number of services and offers a degree of legal protection. In addition, there is a risk of the child losing his/her identity and being given a new name.
Outcome 2: UASC are identified, family ties are restored, and reunified with their families, when in their best interests

The process of family reunification and/or restoration of family consists of five processes. The overall logic of this work is that the identification, documentation, tracing, and verification UASC will lead to the restoration of family ties, and, where possible the reunification of UASC with their families in accordance with their rights and best interests.

> Figure 3: Outcome 2

Figure 6: The Restoring of family ties process

- ‘Identification’ is the process of establishing which children have been separated from their families or other caregivers, and where they may be found. The objective of this is facilitating family tracing and ensuring that children receive appropriate care and assistance until reunification or until alternative long-term solutions are arranged.

- ‘Documentation’ entails the recording all the information needed to carry out family tracing, identify care and protection needs, and develop a case management plan. This is the first step towards protecting and preserving the identity of a child and tracing her/his family members. Documentation also refers to collecting information from parents/carers of missing children.
• ‘Tracing’ is the process of searching for either a missing child or a child’s absent parents, primary legal or customary caregivers, or other close family members. Tracing can take months or years, so it is essential to find immediate interim care options, preferably family-based, for children without adequate care (See Standard 19 of the CPHA Minimum Standards). Tracing can be done on a case-by-case basis but in some cases, it may be appropriate for a whole group. Tracing activities must follow appropriate guidance, which includes conducting an analysis of the risks different methods may pose to the child. It is important to remember that successful tracing may not always result in family reunification.

• ‘Verification’ is the process of determining whether a claimed relationship is real, assessing the child’s best interests, and confirming that both the child and family member are willing to be reunited. Verification also assesses the conditions for reuniting children and ensures that children are not handed over to the wrong people. During verification, the parties should not be brought into contact with each other. Agreements with national civil registries can assist in identity verification where appropriate and in the best interests of the child. It is important to remember that successful verification may not always result in family reunification.

• ‘Reunification’ is the process of bringing together the child and family or previous primary caregiver to establish or re-establish long-term care when it is possible, safe and in the best interests of the child. In the case of child refugees, it is essential that procedures for voluntary repatriation are followed, in addition to the Best Interests Procedure (BIP)⁹. Family reunification should be well coordinated and conducted according to international guidelines and relevant national legal frameworks. The child, family, community and interim caregiver should be prepared for reunification through coordinated, multisectoral, family and community-level support. Approaches that address the root causes of separation are valuable when preparing families for reintegration. Remember, safe and effective reintegration is a tailored process, not a single event.

The work on restoration of family ties happens in close collaboration with other CPHA workstreams. The case management approach allows for the identifying, registering, tracing the families of UASC, and for the identification of and the response to any additional vulnerability and risk the child might be confronted to. There may be need for focused, specialised mental health and psychosocial individual support from the MHPSS workstream as well as response to individual GBV and to individual physical and emotional maltreatment. This requires the support of the GBViE workstream and a more general CP response to Violence.

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⁹ CPHA Minimum Standards, 18.3.8. (2019) states: Best Interest Procedures are procedures to assess and determine the best interests of the child (Best Interests Procedures) should be established by the State. Where these are in place, all actors must adhere to these procedures. In addition, it is the responsibility of each individual organisation to (a) ensure that processes exist to assess what is in each child’s best interests before taking any action that affects that child and (b) take this as a primary consideration in any decisions. UNHCR’s Best Interests Procedure is used for child refugees when State procedures are inaccessible and/or inappropriate.
Outcome 3: All UASC without protective and suitable care are provided with adequate alternative care

During humanitarian crises, children may become separated from their families for different reasons:

- As a direct consequence of the emergency itself;
- When children and/or families feel it is in the child’s best interests; and/or
- When a child needs protection from abuse, neglect, exploitation and/or violence within the home.

> Figure 4: Outcome 3

Given that there may be many different reasons for separation, strong case management is required to determine the most appropriate response. The underlying logic of this work is that UASC without protective and suitable care will be better protected and their well-being will be enhanced if they receive alternative care according to their rights, specific needs, wishes and best interests, prioritising family-based care and long-term care arrangements.

‘Alternative care’ is care provided to children by caregivers who are not biological parents or usual primary caregivers. It may be formal or informal. ‘Formal care’ is authorised by an administrative or judicial authority or by an accredited body. ‘Informal care’ is usually provided by friends, relatives or others, arranged by the child, their parents or others in the child’s life, and has not yet been formally registered and endorsed by competent authorities. Each context may have different forms of alternative care that align with local cultural norms, practices, legislation and policy. Alternative care options need to be as family-based as possible and cause the least amount of disruption to the child.

For children who are refugees, internally displaced or migrants, this may be done by connecting the child to people from their community of origin who are also in the new host country or location. Where populations are highly mobile, alternative care arrangements may need to be adapted. This can be done by offering a range of options such as emergency care, transit centres, or supervised independent living for older children.
The team has identified a number of risks and bottlenecks that need to be dealt with, or prevented, in the day-to-day work of UASC. The most important ones are mentioned in this section.

- Children are separated from their families during chaos of flight, including during border crossings;
- Migrant and refugee children are at risk of statelessness due to migration and to nationality laws;
- Migrant and refugee children are less likely to be registered at birth and even children whose birth was registered may be undocumented because children and families flee without identification documents;
- It may not always be possible to identify UASC;
- Family reunification processes are slow and tedious, motivating children to take risks to reunify themselves;
- Lack of coordination and ‘contact’ between migration authorities and CP authorities within states and across borders;
- Some cases of separation are so-called aid-induced separation which can be
  - Primary aid-induced, which is related to transportation or evacuation, camp management, food distribution, healthcare, or
  - Secondary aid-induced, related to deteriorating socioeconomic conditions or responses that involuntarily promote separation (for example when alternative care is supporting at the expense of Family Tracing and Reunification);
- There is always a risk of creating parallel care systems. Examples of this are UASC on the move who migrate because the national care systems in their home region or country cannot cope with, or absorb, the influx of UASC on the Move;
- Family Tracing and Reunification is often not seen as a priority during emergencies and the UNICEF experience during the COVID19 pandemic has again confirmed this.
- Stigmatisation of UASC in their communities of origin slows down or even prevents reunification which leads to children living in the streets, Children Associated with Armed Forces and Armed Groups (CAAFAG), children on the move, and others.
**ASSUMPTIONS**

**Assumption 1:** The workforce of the health, education, WASH, ECD, and nutrition sectors and social protection, livelihoods, shelter & settlement, and camp management actors will support child protection service delivery through the mainstreaming of protection into the work of their sectors.  

**Assumption 2:** Stronger linkages between social protection systems and child protection systems, including public financing for children, will enable sustainable child protection outcomes and stronger primary protection of violations since poverty and food insecurity increase the occurrence of risky behaviours and harm.  

**Assumption 3:** Long-term strengthening of national systems, including those for coordination, in humanitarian responses, leads to stronger, effective, efficient, and inclusive national service delivery modalities and policy/legal framework that are fit for purpose.  

**Assumption 4:** The sector-wide vision on CPHA to engage and participate in primary, secondary and tertiary prevention activities leads to a stronger preventive and responsive child protection programming in humanitarian contexts.  

**Assumption 5:** Social and gender norms change and behavioural change strategies, linked to systems strengthening work, will have a measurable impact in the lives of children, women and families, and on the impact of CPHA programmes including primary prevention.  
Source(s): UNICEF Theory of Change paper, Strategic Plan 2022 – 2025, p. 63, comments from CPHA experts.

**Assumption 6:** Addressing key factors that increase children’s vulnerability to discrimination, exclusion and rights violations, including violations related gender, age, disability, legal and migratory status, in humanitarian settings, will lead to equitable child protection outcomes.  

**Assumption 7:** Rigorous research and data on child protection knowledge gaps and effectiveness of programming, most of all in the field of primary prevention, and including improved disaggregated data and interoperable information management systems, will lead to better policies, reach of services, and improved child protection programming.  

**Assumption 8:** The CPHA learning agenda will create an environment that encourages CPHA and aligned sectors and actors to learn from their evidence and from others which will lead to adaptation and innovation and foster collaboration and evidence-sharing across the CPHA sector.  
Source(s): Evidence-Based Policymaking Collaborative (2018), Evidence Toolkit on Learning Agendas, p. 3, comments from CPHA experts.

**Assumption 9:** Stronger public and private partnerships, responsible business conduct, and donor engagement will contribute to improvements in normative frameworks, policies, resourcing, core assets and innovations for child protection in humanitarian action.  

**Assumption 10:** Advocacy and policy dialogue by CPHA and its partners will result in governments and donors increasing investments in child protection systems, especially in cross-cutting primary prevention programmes.  
Source(s): UNICEF Theory of Change paper, Strategic Plan 2022 – 2025, p. 63, and comments from CPHA experts.

**Assumption 11:** CPHA teams, partners, and government institutions, taking responsibility to improve practices and organise their teams efficiently will lead to effective and efficient teams and social service workforces across sectors that are available and capacitated to respond to humanitarian crisis  
Source(s): Aghina et al. (year unknown), The five trademarks of agile organizations, and comments from CPHA experts.
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CPHA

and UASC Beneficiaries

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of Change

The underlying

T oC Logic

Desired change

Risks and

bottlenecks

Assumptions