
CHILD PROTECTION IN EMERGENCIES

A Toolkit for Practitioners in Pacific Island Countries



Australian Government

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Cover photograph © UNICEF/2015/Dan McGarry

A mother and child stand next to their devastated garden. They are thankful that the water supply has been reconnected and that they still have pigs and chickens with which to survive.

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STATEMENT OF COMMITMENT

Recognizing the importance of protecting children in emergencies, Pacific island countries gathered during two sub-regional meetings, in Fiji (2013) and Palau (2014), to express their firm commitment to establishing stronger child protection systems, which can cope with regional emergencies.

During these two meetings, eight governments signed the 'Pacific Island Commitment to Child Protection in Emergencies' agreement, pledging to provide the best level of protection to children affected by disasters.

Government representatives, as well as local and international organizations, pledged to establish functional and reliable national child protection systems that can prevent and respond to child protection concerns at all phases of humanitarian action. In particular, to establish effective mechanisms to prevent and respond to child abuse, neglect, exploitation, and violence during emergencies.

Specific focus during the discussions was on strengthening efforts in five core areas including coordination, communication, prevention, and response, mainstreaming CPiE in other sectors, and monitoring and evaluation.

Pledges included assurances to prioritize CPiE in national agendas, and to advocate for, and mobilize funds for child protection programmes. They emphasized the importance of raising awareness among children themselves, getting them to participate in programme planning and implementation, and on strengthening their resilience and coping skills to mitigate the effect that emergencies may have on them.

Furthermore, they promised to address the needs of the most vulnerable children, including children with disabilities and their families, and mitigate the effect of disasters on the community at large.

Signing the 'Pacific Island Commitment to Child Protection in Emergencies' agreement is an important milestone on the path towards establishing stronger child protection systems in the region, and ensuring the safety and well-being of Pacific families and communities.

FOREWORD

Pacific island nations have suffered in recent years, as a result of the devastating effects of climate change. They went through many natural disasters including frequent droughts, floods, and cyclones. Children, who represent more than half of the population, are among those who suffered the most during those emergencies.

Experience shows that displacement, separation from family, injuries and diseases are all conditions that threaten the safety and well-being of children in emergencies. More critically, incidences of violence, exploitation, abuse, and neglect increase in the aftermath of a disaster because of weakened child protection systems. Therefore, child protection in emergencies becomes imperative and an absolute priority.

Considering this, UNICEF Pacific continues to support and assist host countries and partners in their endeavours to lessen the impact of disasters on the region's children. The urgency of this matter dictates that we work together towards creating stronger child protection national systems that can withstand the strains of emergencies, and provide adequate protection at a time when children need it the most.

Advocating for child protection in emergencies, and ensuring priority in humanitarian action, is an important first step. We need to integrate child protection in all areas of humanitarian work in the region, and ensure that children are at the centre of all emergency preparedness, response, and recovery efforts.

This toolkit aims to set new standards for CPIE service delivery in our region, and hopes to inspire all those working in this area. We hope you will find it useful, and that it will pave the way for stronger cooperation and partnerships in child protection in the Pacific. We look forward to working together and collaborating on implementing it and to collectively providing the best service we can to the children of the Pacific.



Karen Allen
UNICEF Pacific Representative

PREFACE

This toolkit is written as a quick reference guide to all those working in child protection in emergencies in the Pacific. It aims to provide practical tips and operational guidance to those working in the social service sector, the security and justice sectors, as well as those working in humanitarian assistance including camp managers, relief workers, and others.

The toolkit focuses on various child protection priorities in emergencies, taking into account the three stages of humanitarian action: preparedness, response, and recovery. It is based on, and guided by, the knowledge introduced in the newly published Minimum Standards for Child Protection in Humanitarian Standards (2014). It also relies on the valuable experience of staff in the field who served in several large-scale emergencies around the world.

The toolkit adopts a more holistic systems approach to child protection in emergencies, considering all elements, concerns, and priorities. It is composed of four parts, and opens with an introduction to CPIE and the normative and legal framework around child protection. The first part identifies some of the potential dangers to children in emergencies. The second part addresses child protection priorities at the preparedness phase. It focuses on specific areas of importance in preparing for emergencies, including: coordination, communication, and awareness building, engaging children in preparedness, human resources, and information management. The third part of the kit covers, in chronological order, important responses to child protection in emergencies. The fourth section specifies some important child protection considerations during the recovery phase. It encourages readers to think of opportunities and ways to create effective child protection systems to respond to future emergencies.

Each chapter has an introduction, a goal to achieve, and an implementation list consisting of steps on how to achieve the goal. All chapters end with a list of suggested readings, helpful and practical tools are found in the Annexes at the end of the kit. We hope that readers will find this toolkit to be user-friendly, reliable, and flexible for application in various emergencies.

INTRODUCTION



© UNICEF/2012/Hing

After Cyclone Mick in Fiji, a family looks on as the Rewa River rises into their home.

INTRODUCTION

I WHAT IS CHILD PROTECTION IN EMERGENCIES?

Child protection in emergencies (CPIE) refers to all efforts to prevent and respond to abuse, neglect, exploitation, and violence against children in the aftermath of a disaster. It includes, as a first step, guaranteeing that children receive all the necessary humanitarian assistance that is required for their safety and wellbeing. CPIE prioritizes the fulfilment of certain rights for children in emergencies, namely those that protect children against maltreatment and ensures their survival and wellbeing.

As duty-bearers, governments have the primary responsibility of ensuring that children are protected at all times, especially during emergencies. Local aid organizations, international organizations, communities, families and parents all share the responsibility of caring for and protecting the child. The primary obligation, however, lies with local authorities, which bear the responsibility of making sure that services and assistance are available to children.

Emergencies are situations or events that threaten the health, safety, security, or wellbeing of a community and especially of children. They demand immediate and urgent action, especially during the first few hours of a disaster. Emergencies often escalate into full-fledged humanitarian situations if we do not respond to them in a timely and effective manner. They can be caused by either natural or man-made hazards. In the case of the Pacific region, tsunamis, cyclones, earthquakes, floods, and other natural hazards are the primary cause of emergencies.

CPIE is an area of critical concern for many reasons. Children are a very vulnerable group. Their dependence on adults and their need for care make them even more vulnerable. In emergencies, so many factors increase a child's vulnerability. Displacement, separation from family and community, losing a parent or a loved one, and losing home and possessions are all factors that can endanger a child's life. The lack of safety and security, and reliance on humanitarian assistance also means they become exposed to violence, exploitation, abuse and other injustices. In general, weakened child protection services, including security, justice, and social services in an emergency can result in an environment rife with violations against children.

Assisting children in the context of an emergency has to be done through careful interventions, which address both their immediate needs and protects them from long-term harm. CPIE is a multi-sectoral area of work involving many actors, as such we all need to be prepared to act, and equipped with the necessary resources that enable us to provide an effective and a well-rounded response.

Want to learn more?

Check out:

CPWG (2014) *Minimum Standards for Child Protection in Humanitarian Action*. <http://cpwg.net/minimum-standards/>

Free e-Learning Course. *Inter-agency Child Protection Learning Center: Child Protection in Emergencies*. <http://www.cplearning.org/>

UNICEF (2005) *Child Protection Policies and Procedures Toolkit*

Visit: http://www.unicef.org/protection/57929_62178.html



II LEGAL AND NORMATIVE FRAMEWORK

Children's rights have been enshrined in various general and specialized international legal instruments, starting with The Universal Declaration of Human Rights (UDHR) 1948. The UDHR provides the basic provisions for the protection of children as well as adults, safeguarding their right to life, nationality, education, health, and the full development of [the human] personality. The Convention on the Rights of the Child (CRC), which took effect in 1990 is the primary guiding legal instrument in child protection. The CRC outlines and establishes the civil, political, economic, social, health and cultural rights of children. Other instruments, designed to guarantee children's and women's rights and welfare in emergencies, also complement the CRC. The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), 1979, the Convention on the Rights of Persons with Disabilities and Optional Protocol (CRPD), 2008, the Convention Relating to the Status of Refugees, 1951, the Geneva Conventions and their supplementary protocols, and the United Nations Convention against Transnational Organized Crime, 2000, are among them. Regional and national laws play a crucial role in providing protection to children in times of emergencies, international protection laws must be translated into national laws if we are to guarantee the effective protection of women and children.

Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection.

UDHR, Article 25 (2)

Quick tidbit...

Many countries in the world have child protection standards enshrined in their constitutions. In the Pacific region, the Constitution of the Republic of Fiji guarantees children's rights by stating:

41.1) Every child has the right a) to be registered at or soon after birth, and to have a name and nationality; b) to basic nutrition, clothing, shelter, sanitation and health care; c) to family care, protection and guidance, which includes the equal responsibility of the child's parents to provide for the child i) whether or not the parents are, or have ever been, married to each other; and ii) whether or not the parents are living together, have lived together, or are separated; d) to be protected from abuse, neglect, harmful cultural practices, any form of violence, inhumane treatment and punishment, and hazardous or exploitative labour; and e) not to be detained, except as a measure of last resort, and when detained, to be held i) only for such period of time as is necessary; and ii) separate from adults, and in conditions that take account of the child's sex and age. 2) The best interests of a child are the primary consideration in every matter concerning the child.

PRINCIPLES GUIDING THE WORK FOR THE PROTECTION OF CHILDREN IN EMERGENCIES:

The following are the basic principles in providing protection to children in emergencies. These principles derive primarily from the Convention on the Rights of the Child (CRC), humanitarian law, and lessons learnt from past emergencies.

What is a "Principle"?

A principle is a truth, a rule, or a belief, that guides our behaviour.

Oxford English Dictionary

Principle 1 Avoid exposing people to further harm as a result of your actions

It stipulates that, those involved in humanitarian responses must do all they can to avoid exposing people affected by disaster, particularly children, to further harm during the provision of relief and assistance.

Principle 2 Ensure people's access to impartial assistance

Meaning that, humanitarian assistance must be available to all those in need without any discrimination or exclusion on political or other grounds. This principle ensures that we assist everyone equally, regardless of preferences. Favouritism has to be avoided at all cost; aid has to be given to everyone, starting with those who need it the most, such as women, girls and boys, and children with disabilities.

Certain internally displaced persons, such as children, especially unaccompanied minors, expectant mothers, mothers with young children, female heads of household, persons with disabilities and elderly persons, shall be entitled to protection and assistance required by their condition and to treatment which takes into account their special needs.

The Guiding Principles on Internal Displacement, Principle 4 (2)

Principle 3 Protect people from physical and psychological harm arising from violence and coercion

Children must be protected from “violence, being forced or induced to act against their will,” and from fear of such abuse. It stresses that protection in emergencies should be carried out in a way that makes children more secure, facilitate children’s and families’ own efforts to stay safe, and reduce children’s exposure to risks.

Principle 4 Assist people to claim their rights, access available remedies and recover from the effects of abuse

This principle reminds us that children are rights-holders, and that we have the obligation of assisting them and their caretakers to claim their rights. It also affirms children’s rights to legal redress and remedies, as well as to social and legal services that will help them move past their experiences of abuse.

Principle 5 Strengthen child protection systems

In humanitarian settings, the child protection system may have become weakened or ineffective, however the emergency phase may provide an opportunity to develop and strengthen national child protection systems, including community-based mechanisms of protection.

Principle 6 Strengthen children’s resilience in humanitarian action

This principle is based on the notion that all children have internal strengths and capacities that should be harnessed and encouraged. Services in emergencies have to aim at increasing support for children and reducing risks around them. All efforts must be done to strengthen children’s skills and coping mechanisms.

Principle 7 Neutrality

This is applicable especially in armed conflict situations, it is a commitment not to take sides in hostilities or in controversies based on political, racial, religious, or ideological identity.

Principle 8 Accountability

Humanitarian agencies should hold themselves accountable to affected populations, national partners, and donors.

Principle 9 Participation of affected populations

As one of the most important principles, it urges us to build on existing capacities and promote participation. Affected populations have to be consulted at every stage of planning and service delivery.

Principle 10 Respect for culture and custom

Most interventions require particular sensitivity to the local environment. Responses should be grounded on a thorough understanding of the traditional and cultural dynamics.

STANDARDS GUIDING THE WORK FOR THE PROTECTION OF CHILDREN IN EMERGENCIES:

In 2012, the UNICEF-led Child Protection Working Group (CPWG), comprised of more than 500 child protection international experts from 14 organizations, launched the Child Protection Minimum Standards in Humanitarian Action (CPMS).

This document sets forth comprehensive standards and guidance on child protection services in emergencies. It combines knowledge from years of experience in working with children in emergencies.

It is an invaluable tool meant to support governments and agencies responsible for emergency response, and helps them improve the quality of their programmes. The CPMS identify 26 standards in core child protection and humanitarian areas. A summarized list of the standards is available below as a quick reference and introduction to the CPMS:

What is a “Standard”?

An agreed **universal benchmark (or target)** to be achieved or aspired to; or

A **common agreement** of what needs to be achieved.

Introductory CPMS Presentation, CPMS Roll out Pack, available at: <http://cpwg.net/minimum-standards/>

SUMMARY LIST OF CPMS

Standard 1 Coordination

Relevant and responsible authorities, humanitarian agencies, civil society organizations and representatives of affected populations coordinate their child protection efforts in order to ensure a full, efficient and timely response.

Coordination allows everyone involved in child protection to agree on a shared set of objectives and division of labour. It can help create an inter-agency or multi-sectoral response that strengthens child protection systems in the long run.

Standard 2 Human resources

Child protection services are delivered by staff with proven competence in their areas of work. Recruitment processes and human resource policies include measures to protect girls and boys from exploitation and abuse by humanitarian workers.

This does not aim to replace standards developed by humanitarian agencies elsewhere, but rather provides a focus for human resources when mobilizing child protection staff and implementing safeguarding requirements.

Standard 3 Communication, advocacy and media

Child protection issues are communicated and advocated for with respect for girls' and boys' dignity, best interests and safety.

Humanitarian organizations communicate and advocate on child protection issues, thereby bringing children's images and stories to the general public. When used in a careful and strategic manner, communication concerning children can lead to advances in child protection. However, if used wrongly, communication and advocacy can negatively affect the way children are perceived, and may cause further danger to children and their families.

Standard 4 Programme cycle management

All child protection programmes build on existing capacities, resources and structures and address the evolving child protection risks and needs identified by girls, boys and adults affected by the emergency.

Child protection programmes must build on pre-existing information together with assessments (if needed). Children and their communities should be engaged in the situation analysis, programme design and monitoring and evaluation. Analysis and considerations of existing child protection systems, and how these can be strengthened, should always be integrated into the programme.

Standard 5 Information Management

Up-to-date information necessary for effective child protection programming is collected, used, stored and shared, with full respect for confidentiality, and in accordance with the 'do no harm' principle and the best interests of the child.

Information about a specific child for case management purposes may need to be stored and shared if and when necessary. Information about the overall situation of children and of the response should be consolidated, analysed, summarized and used to inform programmatic decisions for the protection of children.

Standard 6 Child protection monitoring

Objective and timely information on child protection concerns is collected in an ethical manner and systematically triggers or informs prevention and response activities.

Systematic monitoring of child protection concerns should be carried out from the first stages of an emergency. Monitoring refers to the on-going collection of information indicating levels and patterns of violence, exploitation, abuse and neglect. Monitoring should always be combined with response.

Standard 7 Dangers and injuries

Girls and boys are protected from harm, injury and disability caused by physical dangers in their environment and the physical and psychosocial needs of injured children are responded to in a timely and efficient way.

After the age of one, unintentional injuries are a leading cause of death among children and adolescents. Children with existing disabilities can be at particular risk. This risk is heightened in an emergency. Displacement can also put children closer to previously unfamiliar risks, such as road traffic, rivers and floodwaters, unstable debris and explosive remnants of war. Injuries should be treated quickly and appropriately to avoid a greater chance of long-term or permanent injury.

Standard 8 Physical violence and other harmful practices

Girls and boys are protected from physical violence and other harmful practices, and survivors have access to age-specific and culturally appropriate responses.

Patterns of violence are heightened in humanitarian settings and children are more at risk of domestic violence, physical and sexual abuse and corporal punishment. Families and other sources of protection are often put under immense strain and the weakened protective environment around the child may result in family or community members abusing children. Families may also resort to harmful practices as a coping mechanism in the aftermath of an emergency.

Standard 9 Sexual violence

Girls and boys are protected from sexual violence and survivors of sexual violence have access to age-appropriate information as well as a safe, responsive and holistic response.

In the chaos that can follow an emergency, children of all ages are at a heightened risk of sexual violence, and are more easily exploited and coerced than adults. Sexual violence is present in all emergencies, but is often hidden. Prevention and response to sexual violence against children should be addressed in all emergencies.

Standard 10 Psychosocial distress and mental disorders

Girls' and boys' coping mechanisms and resilience are strengthened and severely affected children are receiving appropriate support.

Most children who have experienced stressful situations will initially show changes in social relations, behaviour, physical reactions, emotions and spirituality. Mental health and psychosocial support brings together diverse, complementary approaches to providing appropriate care.

Standard 11 Children associated with armed forces or armed groups

Girls and boys are protected from recruitment and use in hostilities by armed forces or armed groups, and are released and provided with effective reintegration services.

Children continue to be recruited and used by armed forces or armed groups across the world. Boys and girls are used in a number of ways, including as combatants, spies, porters and informants, or for sexual purposes.

Standard 12 Child labour

Girls and boys are protected from the worst forms of child labour, in particular those related to or made worse by the emergency.

In emergency contexts, with the possible loss of livelihoods, breadwinners and access to education, children become particularly vulnerable to child labour. While the child protection response in an emergency should be as thorough as possible, the response should prioritize the worst forms of child labour, starting with those related to or made worse by the emergency.

Standard 13 Unaccompanied and separated children

Family separation is prevented and responded to, and unaccompanied and separated children are cared for and protected according to their specific needs and their best interests.

Children separated from their parents and families are at increased risk of violence, abuse, exploitation and neglect in an emergency. Prevention and response need to include actions to address the separation itself (prevention of separation, family tracing and reunification) as well as interim or alternative care.

Standard 14 Justice for children

All girls and boys who come into contact with the justice systems as victims, witnesses or alleged offenders are treated in line with international standards.

Emergency situations often increase the exposure of children to the justice system as alleged offenders, victims or witnesses, or in a combination of these roles. For children in conflict with the law, detention should be a last resort, and where possible, diversion and alternative measures involving families and communities should be used.

Standard 15 Case management

Girls and boys with urgent child protection needs are identified and they receive age and culturally appropriate information as well as an effective, multi-sectoral and child-friendly response from relevant providers working in a coordinated and accountable manner.

Case management is the process of helping individual children and families through social services. Children should be appropriately involved throughout the process, and their best interests should be considered.

Standard 16 Community-based mechanisms

Girls and boys are protected from abuse, violence, exploitation, and neglect through community-based mechanisms and processes.

A community-based child protection mechanism is a network of individuals at community level who work toward child protection goals. Effective mechanisms include local structures and processes that promote or support the wellbeing of children.

Standard 17 Child-friendly spaces

All children and young people can go to community-supported child-friendly spaces that provide structured activities that are carried out in a safe, child-friendly, inclusive and stimulating environment.

Child-friendly spaces are nurturing environments in which children can access free and structured play, recreation, and learning activities, to regain a sense of normality and continuity. They require collaboration among sectors and should be designed and operated in a participatory manner.

Standard 18 Protecting excluded children

All girls and boys in humanitarian settings have access to basic services and protection, and the causes and means of exclusion are identified and addressed.

Exclusion is commonly associated with stigmatized social status such as disability, belonging to an ethnic or religious minority, gender, or economic standing. Humanitarian crises can make exclusion worse, but may also offer opportunities for change.

Standard 19 Economic recovery and child protection

Child protection concerns are reflected in the assessment, design, monitoring, and evaluation of economic recovery programmes. Working-age boys and girls and their caregivers will have access to adequate support to strengthen their livelihoods.

Economic recovery interventions should reach those households where child protection concerns are most pressing and should maximize children's chances to remain with their families, access education, and avoid hazardous labour or other forms of exploitation.

Standard 20 Education and child protection

Child protection concerns are reflected in the assessment, design, monitoring and evaluation of education programmes. Boys and girls of all ages can access safe, high-quality, child-friendly, flexible, relevant and protective learning opportunities in a protective environment.

Quality education contributes to the safety and wellbeing of children before, during and after emergencies. It requires close collaboration between education and child protection actors on a range of issues including child-friendly spaces and child protection prevention measures.

Standard 21 Health and child protection

Child protection concerns are reflected in the assessment, design, monitoring and evaluation of health programmes. Girls and boys have access to quality health services delivered in a protective way that takes into account their age and developmental needs.

Health intervention is a central part of an overall approach to support services in response to major child protection risks in emergencies. Health activities must reduce child protection risks, and generally be carried out in a protective way.

Standard 22 Nutrition and child protection

Child protection concerns are reflected in the assessment, design, monitoring and evaluation of nutrition programmes. Girls and boys of all ages and their caregivers, especially pregnant and breastfeeding women and girls, have access to safe, adequate and appropriate nutrition services and food.

Children are particularly vulnerable to all forms of under-nutrition in times of instability and crisis. Risk-prevention measures should be included within nutrition activities.

Standard 23 Water, sanitation and hygiene (WASH) and child protection

Child protection concerns are reflected in the assessment, design, monitoring and evaluation of WASH programmes. All girls and boys have access to appropriate WASH services that minimize the risks of physical and sexual violence.

Child protection workers have an important role to play in making sure that child protection activities contribute to and maintain safe and appropriate WASH practices for and by children. Similarly, WASH workers should make sure that their interventions are carried out in a way that protects children and their caregivers.

Standard 24 Shelter and child protection

Child protection concerns are reflected in the assessment, design, monitoring and evaluation of shelter programmes. All girls and boys and their caregivers have appropriate shelter provided that meets basic needs, including protection and disability access, and which facilitate longer-term solutions.

Shelter is a complex sector with many implications for child protection. Vulnerability for children can increase during and after disasters, when children may be living with new, reduced or altered family units, or alone.

Standard 25 Camp management and child protection

Child protection concerns are reflected in the assessment, design, monitoring and evaluation of camp management programmes. The safety and wellbeing of girls and boys of all ages living in camps is safeguarded through camp management structures.

The aim of managing camps is to create the space needed to deliver protection and help effectively. This affects child protection in several ways – for example, through the way the camp is physically planned, the way support is distributed, or the way decisions are made that affect children’s lives. Camp managers need to make sure children are not exposed to risks in the camps, and respond when these are identified.

Standard 26 Distribution and child protection

Children access humanitarian assistance through efficient and well-planned distribution systems that safeguard girls and boys from violence, exploitation, abuse and neglect.

Distribution of immediate, life-saving assistance is one of the most urgent actions to be taken in an emergency response, and one that can significantly improve the safety and wellbeing of children. The way in which food and other relief items are distributed has a significant effect on the threats experienced by women and children. Any kind of distribution needs to incorporate a child protection approach. It should be timely, comprehensive and extremely well planned.

Want to learn more?

Check out:

CPWG (2014) *Minimum Standards for Child Protection in Humanitarian Action*. <http://cpwg.net/minimum-standards/>

CPWG (2014) *Child Protection in Emergencies Face to Face Training*. <http://cpwg.net/resource-topics/training-packages/>

UNICEF (1998) *Core Commitments for Children in Humanitarian Action*. http://www.unicef.org/publications/index_21835.html

Also visit

www.cpwg.net

www.unicef.org

www.humanitarianinfo.org



1

**CHILD
PROTECTION
RISKS**



UNDP Fiji – Inoke Bainimarama

Gizo Hospital compound, Solomon Islands, in ruins after tsunami and earthquake in 2007.

PART 1 CHILD PROTECTION RISKS

1 UNINTENTIONAL INJURIES



GOAL

To protect children from harm, injury and disability, and to respond to the needs of injured children in an efficient manner

CPMS Standard 7

In the aftermath of an emergency, large numbers of children suffer because of accidents. In natural disasters, children can experience drowning, falling, and severe burns. If not treated promptly, injuries can lead to permanent disability and sometimes death. Physical injuries can be easier to detect as they are visible, but some types of injuries can be hidden, like head injuries or internal bleeding. Professional medical staff can easily detect hidden injuries, so it is very important to provide medical attention immediately to a child after an accident.

Symptom checklist

Injuries can be immediate or can show up after a few hours or days. Look out for signs like light headedness, unconsciousness and fainting, disturbance in speech or vision, appearance of confusion, rapid breathing, being disconnected and not connecting cognitively with people around, skin discoloration, and swelling of the abdomen or other parts of the body.

Implementation list

- 1 Identify and collect information on risks and possible physical dangers to children:** The rapid assessment form in Part 2 provides an example of the type of information to collect and how to organize it. Data has to be segregated by age, sex, geographic location, special needs or disabilities, and the specific risks that each child group may face.
- 2 Share this information with children, families, and service providers, including shelter and camp managers, social service and distribution teams:** Educate children on risks and how to avoid them. Information on risks will empower them and allow them to share their concerns with you. To ensure that they are aware of the specific dangers around them, you can



1 CHILD PROTECTION RISKS

conduct practical exercises and drills where children go through scenarios and identify risks together. Make sure to clearly inform them of what to do, and who to contact, in case of an accident.

- 3 Identify injured children and ensure they have access to medical assistance:** Medical teams deploy rapidly after a disaster happens, they are on the ground providing medical support to victims within the first 24 hours. Liaise with them to get information on the types of injuries they see among children, how to avoid them, and if there is anything to keep in mind while designing/building settlements, schools and shelters for injured children. Make sure they have access to counselling and mental health services and prioritize them in services. This is necessary for their rehabilitation and reintegration into the community.
- 4 Design targeted awareness messages to prevent injury:** Messages have to identify the risks, give instructions on how to avoid them, and offer direction on what to do in case of injury. Disseminate messages among children and families through the wider media, as well as smaller channels like face-to-face sessions in schools, child-friendly spaces, and community gatherings. (See chapter on Communication and awareness building)
- 5 Create safe community spaces for children:** Create Child-Friendly Spaces (CFS) to make sure that children have a safe place to resort to in an emergency. CFSs protect children from all kinds of harm by providing a safe environment for them to stay. CFSs are an essential component of child protection in emergencies (see chapter on Child-friendly spaces).
- 6 Make sure that children and community members are involved in all of the above:** One of the most important lessons we have learnt from past emergencies is that a great response is one driven by the community and by the children themselves. They are the main beneficiaries and their wisdom, input, and knowledge have to guide us every step of the way.

Sample information to gather in assessing physical injury risks

Type of disaster: Tsunami, cyclone, earthquake, floods

Physical damages: Fallen buildings, landslides, mud pits and other

Where: Near the river, next to the church (use popular landmarks)

What can happen to children: Drowning, falling, or burning etc.

Who should we share this information with: Families/Community/Schools/Police/military/health/legal/social services/water department/fire department etc.

Want to learn more?

Check out:



CPWG (2014) *Minimum Standards for Child Protection in Humanitarian Action*. <http://cpwg.net/minimum-standards/>

CCF, IRC, ICRC, Terre des Hommes, Save the Children, UNHCR, UNICEF (ECHO) (2009). *Introduction to Child Protection in Emergencies Training Package, Module on Children with Disabilities*.

Centre for Disease Control and Prevention (CDC) and World Health Organization (WHO) (2001). *Injury Surveillance Guidelines*.

UNICEF and WHO (2008), *World Report on Child Injury Prevention*.

U.S. Department of Health and Human Services (2009). *Head Start Emergency Preparedness Manual* by Amanda Schwartz. See the “Community Hazard Risk Assessment Worksheet”. <http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/ep>

U.S Department of State Health Services, Texas (2008) *Emergency and Disaster Planning for Children with Special Health Care Needs*. http://www.dshs.state.tx.us/preparedness/eprep_public.shtm#special

<http://www.ready.gov/>

2 DISPLACEMENT



GOALS

- Prevent displacement
- Provide timely assistance to displaced children
- Ensure rapid return to homes/lands after the emergency

UNICEF Pacific Standard

Displacement is one of the most common consequences of emergencies. Families often find themselves having to leave their homes and relocate to safer places to avoid danger. The lives of internally displaced children and their access to services (health, education, safety, and security) are disrupted as they relocate to other areas. They become vulnerable, more targeted and exposed to violence, exploitation, abuse, and neglect. Special measures are always required to protect children from the devastating effects of displacement. Avoiding displacement is a necessary first step, and we should gear all our efforts towards this goal. We must avoid relocation at all costs if dangers are no longer imminent. Victims should be able to stay in their homes while they receive relief assistance. That way vulnerable families can have the chance to return to their normal lives as

1 CHILD PROTECTION RISKS

services around them resume. In the event that relocation is an absolute necessity, we must make sure that it is a voluntary process and no one leaves against his or her will. We must guarantee victims' legal rights to return, and to their land and property at all times, especially during emergencies. Victims should never lose ownership, access, or full control of their land or property because of damages or dangers. Evacuation centres must be set-up immediately to shelter victims, and they have to be equipped with special services for children. Once the emergency starts coming to an end, permanent services should be restored so that communities can return to their homes and pre-emergency routine.

Implementation list



- 1 Counsel victims on relocation and ensure a voluntary process:** If relocation has to happen, counsel victims on their options before leaving, and make sure that it is a voluntary process. During counselling, victims must be given assurances and information on future reconstruction plans and return assistance. Assure them that it is a temporary solution, and they will get full assistance to rebuild their homes and return to them as soon as the emergency is over. Land and property ownership must be preserved; no one should lose access to his or her land, property, or area of previous residence.
- 2 Address immediate needs:** Immediately provide food, health care, and shelters for the first 48-72 hours. Conduct a rapid assessment to determine needs prior to providing assistance. Rapid assessments do not have to be lengthy or labour intensive. They can be as simple as asking victims basic questions to determine what they need and how it can be provided. Interacting with victims early on in the emergency is important, relief teams have to reach out to children, and to all members of the family.
- 3 Set-up temporary evacuation centres for children and their families:** Keep in mind (while planning) to establish the centre and services for a minimum period of three months. Include appropriate shelters, child-friendly spaces, community service centres, clinics, and places of worship.
- 4 Provide critical government services to displaced persons:** For example, a birth and death registry, recovery of lost documents, national I.D. services, work-related permits, and financial assistance if possible.
- 5 Begin rebuilding destroyed homes and communities:** All reconstruction efforts have to be closely coordinated with the community. They have to decide on reconstruction priorities. Make sure to provide child-related services in a way that is safest for children.

6 Return home at the end of the emergency: Ensuring people's right to return is one of the most important duties in an emergency. Families with children, and especially single mother heads of household, must be given priority in return efforts. Services for them have to be functioning before they return.

Want to learn more?

Check out:



CPWG (2014) *Minimum Standards for Child Protection in Humanitarian Action*. <http://cpwg.net/minimum-standards/>

The Guiding Principles on Internal Displacement.
<http://www.ohchr.org/EN/Issues/IDPersons/Pages/Standards.aspx>

UNHCR (2008) *Protecting Internally Displaced Persons: A Manual for Law and Policymakers*.

IDMC (2014) *Born in displacement: Challenges in assisting and protecting descendants of internally displaced people*.

Oxford University (2014) *The Oxford Handbook of Refugee and Forced Migration Studies*. <http://www.rsc.ox.ac.uk/policy/oxford-handbook>

3 FAMILY SEPARATION



GOALS

- Prevent family separation
- Respond to it appropriately if it occurs
- Ensure that unaccompanied and separated children are cared for and protected according to their needs and best interests

CPMS Standard 13

In emergencies, many children are involuntarily separated from their families, and it becomes one of the most distressing events in a child's life. We consider separated children to be those separated from both parents, but not necessarily from other relatives. Unaccompanied children (or unaccompanied minors) are those separated from both parents and other relatives and not cared for by an adult. Orphans are children whose parents, or at least one parent, is known to be dead. The longer a child is separated from her or his family, the more difficult it is to reunite them, and the more vulnerable a child becomes to violence, abuse, and exploitation. Child protection efforts in emergencies focus significantly on reuniting separated and unaccompanied children with their families. Tracing and reunification programmes must be set-up immediately, in the interim, children

1 CHILD PROTECTION RISKS

should be placed in community-based care. In case the child is not able to unite with his or her family, long-term stable care arrangements must be guaranteed for the child. Permanent arrangements however, such as adoptions, should be postponed entirely until all reunification efforts have been exhausted, and a significant amount of time has passed giving parents a chance to return.

Implementation list



1 Avoid separation by ensuring children stay close to their parents and caretakers during relocation: Make sure that children do not lose their identity during mass movements. Create wristbands for children with their names, parents' names, address, and school information. Include phone numbers if possible.

To avoid family separation in emergencies, make sure that every child's school bag includes a laminated sheet with the following information:

My name is, I am years old.
I live at (address)
with my
(example: grandparents, siblings, pets, etc, + their names).

My mum's name is and her phone number is
My dad's name is and his phone number is
I go to School. I am in class

Important people in my life whom I love are:
(Add information on extended family or family friends)

1. (name) (address) (phone number)
2. (name) (address) (phone number)
3. (name) (address) (phone number)

Dear parent,

Please agree, in consultation with your child, on a safe **place** to meet in case of an emergency. Decide on a particular **time** of day to meet, and designate an out-of-state **relative/friend** who can be the focal point for communication. Please fill out the following section with your child:

If we should ever get separated in an emergency, we will meet each other again at We will always be there at (hr) in the morning/afternoon. And is our out-of-state relative (or friend) who will always have information about us and can tell us where the other one is. His/her phone number is and he/she lives at

- 2 **Device ways of finding separated children:** For example, by visiting villages asking around in churches, asking people in settlements if they know of any separated children. Create a large network of people who can inform and help identify separated children.
- 3 **Collect preliminary information on separated children and risk factors:** Including numbers, locations, and reasons for separation. Once reasons for separation are clearer, share them with children and communities, and create awareness to prevent separation.
- 4 **Begin reunification programme and efforts:** Create a system for the identification, documentation, tracing, and reunification (IDTR) of separated children and families. Take advantage of the latest technology in mobile services to help you reunite families. See CPMS STANDARD 13 Unaccompanied and Separated Children on detailed steps of how to set-up an IDTR programme. CPMS can be found on: <http://cpwg.net/minimum-standards/>
- 5 **Agree with all government departments and rescue organizations on standardized registration forms:** Ensure that all the information needed by all actors to trace parents or children are included in one form. Do not subject parents and children to multiple rounds of interviews to get information. Processing children and families more than once can be traumatic.
- 6 **Set-up reunification centres:** Use places that are familiar to the community. Create meeting points where children and parents can either find each other, or get information on where to find each other. Spread the news about these centres so both parents and children can find them.
- 7 **Make sure separated children have prioritized and expedited access to emergency services:** Including safe shelters, food packages, healthcare, and mental health support.
- 8 **Ensure legal accountability for children in interim care:** If a child is reunited or placed with a relative, ensure that the adult caretaker publicly commits to protecting the child while in their care. Ask the caretaker to sign a form accepting responsibility for the child, and arrange for one or more respected local leaders to witness it, agreeing to monitor the child's wellbeing and to report any problems.

Sample form

I (Name of caretaker or relative) **acknowledge that on this day** (Date and time), **have been given the responsibility of caring for** (name of child), **my** (relationship, example: niece, nephew, grandson, cousin's daughter) **temporarily and until a permanent solution is found. I acknowledge that it is my duty and responsibility to look after the child, and to provide them with the best care and support they need.**

Signature of caretaker:

Signature of authority:

Signature of community leaders:

Want to learn more?

Check out:



CPWG (2014) Minimum Standards for Child Protection in Humanitarian Action. <http://cpwg.net/minimum-standards/>

ICRC, IRC, Save the Children, UNICEF, UNHCR, World Vision (2004) Inter-agency Guiding Principles on Unaccompanied and separated Children.

UN (2010) United Nations guidelines for the alternative care of children. http://www.unicef.org/protection/57929_57994.html

Inter-agency working group on unaccompanied and separated children (Draft for Field testing 2011). Alternative Care Toolkit (ACE).

UNICEF (2007) THE LOST ONES: Emergency Care and Family Tracing for Separated Children from Birth to Five Years. www.refworld.org/pdfid/468e2f632.pdf

4 PHYSICAL ABUSE AND VIOLENCE



GOAL

To protect children from physical violence and harmful practices, and to provide effective assistance to victims

CPMS Standard 8

Emergencies are a time when children become very susceptible to physical abuse and violence. Physical abuse is the non-accidental physical injury of a child, which causes him/her bruises, fractures, or severe physical damage. It includes

actions such as punching, beating, cutting, kicking, shaking, throwing, stabbing, choking, hitting, burning, assaulting, or wounding a child. So many factors can lead to abuse and violence against children, including pressures and stress that emergencies often place on parents. Adults may resort to alcohol or drugs as a way to cope with an emergency, consequently subjecting their children to corporal punishment or domestic abuse. In addition, lack of security in evacuation centres for example can lead to other forms of physical violence including torture, rape, abduction, and killing by strangers or organized criminal groups.

It is important to recognize the signs and symptoms of physical abuse and violence. In some cases, the child may directly report abuse by a parent or caregiver; they might share it with friends or disclose it to a teacher or social worker. Children in most cases are not aware of the criminality of these acts, so it is the responsibility of the childcare worker to identify and recognize the signs and help the child address them. Parents' attitudes and behaviours can be a good indicator; abusive parents sometimes exhibit harsh treatment towards children. They may pull or push a child, or be forceful with them. Alternatively, they may complain too much about a child, call them names, or describe them in negative terms like cursed, evil, dumb, useless, or worthless. If a child is ever in this situation, it could mean that they are at risk of abuse or violence.

Symptom checklist

Signs may include visible injuries, bruises, burns, bites, unease of movement, or general expressions of pain and hurt. Sometimes a child may not have any visible signs, but some behavioural indications will be noticeable, like seclusion and a lack of interest in playing or mingling with others. They might cry frequently and not want to be around a parent or a specific adult, or protest at going home. Frequently children who are victims of physical abuse commit violence against themselves and against others. For example, they may attack other children, destroy objects, or mistreat animals.

Implementation list

1 Identify the risk factors for physical abuse and violence against children within the context of an emergency:

Emergencies pose different stresses on the protection system overall, and on caretakers specifically. Identify these stresses, for example weak security in centres, caretakers' loss of livelihood, harmful cultural practices, etc. Examine the motivations behind child abuse and violence in the specific emergency, and make detailed assessments that can inform the response.



1 CHILD PROTECTION RISKS

2 Collect information and establish a strong case-referral system:

Share information on violence and abuse with the involved sectors and actors, especially the police, healthcare system, and social services. Make sure that the information shared in the referrals does not disclose sensitive information and respects the privacy of child cases and their families.

3 Create community-based child protection groups: These groups usually involve teams of community members like parents, teachers, and members of faith groups. They form watch committees of three to four persons per geographic area, who identify victims, draw up response plans, and create ways of lowering violence against children in their villages or districts. They go from door to door talking to families and children and give feedback to service providers.

4 Provide care for child victims of physical abuse/violence and for their families: Including psychosocial support, medical support, legal assistance, and educational/vocational training opportunities. Ensure that all services protect victims against stigmatization.

5 Establish Child Friendly Spaces (CFS): CFSs are safe venues where children are protected against abuse and violence. They are also places where professionals can identify cases and provide services to them. Establish safe ways for children to report violence and abusers through safe activities or counselling in the CFS. Make sure the reporting system does not put children in additional danger.

6 Raise awareness on physical abuse and violence and educate communities: Make sure that the community is involved in designing the messages and conducting the awareness campaigns. Educate communities on the signs and symptoms of abuse through TV, radio, and face-to-face during social events.

7 Keep an eye on special cases: Such as children with disabilities, children in residential care, children living and working on the street, and other vulnerable sub-groups. Often these cases are easier targets since they are not part of stronger protection networks. These cases must be prioritized by social service teams.

8 Prevent physical abuse by staff who come into contact with children:

Make sure that all staff interacting with children sign a code of conduct agreement (see Annex 6 for the sample form). Previous emergency experience has shown that children have fallen prey to workers and staff involved in the response. It is crucial that we ensure that only staff members who have shown adherence to the highest ethical and moral standards are in contact with children.

Want to learn more?

Check out:



CPWG (2014) *Minimum Standards for Child Protection in Humanitarian Action*. <http://cpwg.net/minimum-standards/>

U.S. Department of Health and Human Services (2013). *What Is Child Abuse and Neglect? Recognizing the Signs and Symptoms*. <https://www.childwelfare.gov/pubpdfs/whatiscan.pdf>

U.S. Department of Health and Human Services (2014). *The Prevention Resource Guide: Making Meaningful Connections*. <https://www.childwelfare.gov/topics/preventing/preventionmonth/resource-guide/?hasBeenRedirected=1>

IRC, OHCHR, Save the Children, Terre des Hommes, UNHCR, UNICEF (2009) *Action for the Rights of Children*.

NGO Advisory Council for Follow-Up to the UN Study on Violence Against Children (2011). *Five Years On: A Global Update on Violence Against Children*.

United Nations Secretary-General's Study on Violence against Children (2006) <http://www.unicef.org/violencestudy/reports.html>

UNICEF (2010) *Child Disciplinary Practices at Home: Evidence from a Range of Low- and Middle-Income Countries*. www.childinfo.org/files/report_Disipl_FIN.pdf

5 SEXUAL ABUSE AND VIOLENCE



GOAL

To protect children from sexual abuse and violence, and to provide adequate assistance to victims

CPMS Standard 9

Lack of security and the chaos that ensues a disaster increases the risk of sexual abuse and violence against children. Sexual violence has various legal definitions, most of them include all forms of rape, demanding sex in return for favours, sexual abuse of a disabled child, as well as activities related to child trafficking, prostitution and pornography. Sexual abuse is any attempt to entice, persuade, coerce, or engage a child in sexual activity. Examples include acts of indecent exposure, any touching in a sexual way, intentionally exposing the child to sexual acts, intercourse, and penetration, engaging the child in any form of prostitution or pornographic activities.

1 CHILD PROTECTION RISKS

Recognizing the signs of sexual abuse can be challenging. Changes in behaviour are a good indicator; a child may exhibit too much knowledge of sexual behaviour, or become socially secluded and isolated from other children. They may exhibit signs of anxiety or fear of a particular person or activity. If the child is exposed to sexual violence then physical signs may show, like the inability to sit or walk properly. Babies and younger children might experience nightmares or bedwetting. There are also more serious signs like pregnancy and sexually transmitted diseases for older children. Some groups who are more at risk include girls perceived to be of a lower social status, separated children, and children with disabilities. Older child victims of sexual abuse might resort to alcohol and substance abuse, and they often run away from home if the parent is an abuser. They may suffer from depression, be sad and cry easily, and some more serious cases may attempt suicide.

Implementation list



- 1 Identify risk factors and share them with the involved departments:** Identify specific risk factors related to the emergency like poor security at centres, overcrowded accommodation, or unsafe roads to distribution sites. Share the information with the police, health, and social services. Address the safety and security concerns of girls, and engage them in dialogue about prevention.
- 2 Establish a case-identification and referral mechanism:** After identifying child victims of sexual abuse it is essential to immediately refer them to the concerned authority i.e, social services. In managing and sharing information about cases of sexual abuse, make sure to guard the confidentiality, safety, and security of the victim. Manage sensitive information appropriately (see chapter on Information management). Social services are trained on how to address cases of sexual abuse in a sensitive manner and will involve other authorities as needed.
- 3 Provide holistic care for children subjected to sexual abuse/violence and their families:** Including psychosocial support, medical support, legal assistance, and educational/vocational training opportunities. Psychosocial support is an important component of their rehabilitation. See the chapter on Mental Health and Psychosocial Support for details.
- 4 Take legal action against perpetrators:** Ensure legal redress for the victim after sufficient counselling.
- 5 Establish Child-Friendly Spaces:** Provide children with a safe haven to go to and be safe from sexual abuse and violence (See chapter on CFS)

- 6 Raise awareness on sexual abuse and violence:** Educate children, especially young girls, and communities on sexual abuse. Empower them to prevent sexual abuse from occurring and extend a helping hand to victims. In designing messages try to shatter the stigma around sexual abuse and encourage the community to address it in a healthy way.
- 7 Keep an eye on special cases:** Such as children with disabilities, children in residential care, street children, and other vulnerable sub-groups.
- 8 Prevent sexual abuse by staff who come into contact with children:** Ensure all staff sign the code of conduct agreement and are given adequate training on detecting suspicious behaviour by other team members. Establish effective systems of oversight and create safe ways for staff to report on suspicious activities.

Want to learn more?

Check out:



CPWG (2014) Minimum Standards for Child Protection in Humanitarian Action. <http://cpwg.net/minimum-standards/>

U.S. National Center for Missing and Exploited Children. Commercial Sexual Exploitation of Children: A Fact Sheet, and the Social Services Indicator Card. <http://www.missingkids.com/CSTT>

Handicap International and Save the Children (2011). Out from the Shadow. Sexual violence against Children with disabilities.

IRC, UNICEF (2012) Caring for Child Survivors of Sexual Abuse, Guidelines for Health and psychosocial service providers in Humanitarian settings.

International Rescue Committee, UNFPA and UNHCR (2010). Gender-based Violence Information Management System User Guide.

International Rescue Committee and UNICEF (2012). Caring for Child Survivors in Humanitarian Aid Settings: Guidelines for providing case management, psychosocial interventions and health care to child survivors of sexual abuse.

WHO (2007). Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies.

WHO and UNHCR (2002). Clinical management of survivors of rape: A guide to the development of protocols for use in refugee and internally displaced person situations.

6 EMOTIONAL AND PSYCHOSOCIAL DISTRESS



GOAL

To strengthen children's coping mechanisms and resilience, and to provide appropriate assistance to affected children

CPMS Standard 10

Emergencies pose a tremendous threat to a child's mental health and wellbeing. Witnessing destruction, leaving home, separating from family, and losing a parent or a loved one can traumatize a child. Trauma is a condition that happens to a person when they become overwhelmed by their emotions and are unable to process them. If not treated effectively, traumas can lead to more serious mental health disorders, like post-traumatic stress disorder, anxiety disorder, depression and other conditions.

Interventions for victims of disasters happen on so many levels. Medical practitioners focus on psychiatric and clinical interventions, like psychotherapy and specialized counselling, while emergency mental health care focuses on providing adequate psychosocial support (PSS). Psychosocial support workers use special approaches when dealing with children in emergencies like art therapy, play therapy, music therapy, and dance/movement therapy.

States Parties shall take all appropriate measures to promote physical and psychological recovery and social reintegration of a child victim of: any form of neglect, exploitation, or abuse; torture or any other form of cruel, inhuman or degrading treatment or punishment; or armed conflicts. Such recovery and reintegration shall take place in an environment which fosters the health, self-respect and dignity of the child.

CRC Article 39

In protection and humanitarian aid, we have to ensure both access to mental health services as well as psychosocial support to the victims. Psychosocial support (PSS) is a term exclusively used in reference to victims of disaster. PSS is a type of intervention that strengthens the resilience of victims, and ensures they receive the necessary support from their social surroundings. It surrounds victims with care from family, friends, and peers, and ensures they have access to the knowledge and services they need to deal with trauma, take charge of their own recovery, and resume normal life.

Symptoms of trauma and mental distress are very challenging and can be very subtle. Some children become fearful and anxious, which can translate into becoming clingy, irritable, or sulky, among other behaviours that can indicate there is a more serious problem. Some may experience difficulty concentrating,

getting flashbacks, reliving the event, or feeling very angry, sad, and hopeless. Older children might experience a shift in religious opinion for example, pondering deeper existential questions and showing signs of despair. They may resort to alcohol or drugs, and in some cases may have suicidal thoughts. Some exhibit physical symptoms like loss of appetite, rapid heartbeat, rapid breathing, feeling choked, difficulty sleeping, gastric problems, and stomach pain.

Implementation list



- 1 **Create Child-Friendly Spaces:** Establish a structure where children can feel included and can receive tailored services such as non-specialized counselling, therapy and rehabilitation activities.
- 2 **Identify the emotional and social impacts of the emergency on children:** Map out some of the warning signs and symptoms that children may exhibit such as seclusion, poor scholastic performance, sadness, or fear. Talk to children and allow them to share their feelings. Set up a strong psychosocial support programme (See chapter on Mental Health and Psychosocial Support)
- 3 **Identify children and families who are most in need of psychosocial support:** Recognizing the signs, teachers, parents and all those working with children can help identify children and families who are struggling. Conduct an assessment to determine the PSS needs of children and families in the community. Information on PSS assessment can be found in the chapter on Mental Health and Psychosocial Support.
- 4 **Raise awareness on the impact of emergencies on survivors and workers:** Design messages to facilitate symptom identification, tell children and caretakers what to do, and who to reach for support.
- 5 **Strengthen networks of psychosocial support:** Surround victims of disasters with loved ones who can give them emotional support. Have the community design activities for children like sports events, arts activities, and opportunities to mingle and play. Ensure the resumption of child services, especially school, so that children can resume their daily routines and regain a sense of normalcy.
- 6 **Ensure access to mental health services and create a confidential referral system:** For cases that require professional mental health interventions, ensure that healthcare providers are informed, and can intervene. Referrals can be done through the primary health care system.
- 7 **Provide psychosocial support to aid workers:** (See chapter on staffing and human resources for how to take care of staff during emergencies)

Quick tidbit...

Modern brain imaging techniques have enabled scientists to visualize the effects of abuse and neglect on the developing brain.

Images taken show that violence, abuse and neglect early in life damages the brain's physical structure by impairing cell growth, interfering with the formation of healthy circuitry, and altering the neural structure and function of the young brain.

"These neurobiological findings explain some of the emotional, psychological and behavioural difficulties as a result of violence, abuse and neglect in early childhood".

Check out:

Preventing and Responding to Violence, Abuse, and Neglect in Early Childhood: A Technical Background Document

Available at: http://www.unicef.org/protection/files/Report_on_preventing_and_responding_to_violence_in_early_childhood_2013_Cassie_Landers.pdf

Want to learn more?

Check out:



CPWG (2014) *Minimum Standards for Child Protection in Humanitarian Action*. <http://cpwg.net/minimum-standards/>

IFRC (2014) *Psychosocial Centre's Lay Counselling: A trainer's manual*. <http://psp.drk.dk/sw40688.asp>

IFRC (2014) *Psychosocial Support: Towards safe and healthy living*

Columbia University (2014) *Methodologies and Tools for Measuring the Mental Health and Psychosocial Wellbeing of Children in Humanitarian Contexts*.

WHO (2013) *Psychological First Aid: Guide for Field Workers* whqlibdoc.who.int/publications/2011/9789241548205_eng.pdf

IRC, OHCHR, Save the Children, Terre des Hommes, UNHCR, UNICEF (2009). *Action for the Rights of Children: Foundation module on psychosocial support*.

UNICEF (2013) *Inter Agency Guide to the Evaluation of Psychosocial Programming in Emergencies*.

NSW Institute of Psychiatry (2000). *Disaster Mental Health Response Handbook*.

IASC Refer Group on Mental Health and Psychosocial Support (2010). *IASC Guidelines on Mental Health and Psychosocial Support for Protection Workers*.

7 GENDER-BASED VIOLENCE



GOAL

To protect women and girls from gender-based violence in emergencies, and to ensure that victims receive adequate care

UNICEF Pacific Standard

Gender-based violence (GBV) is very commonplace in emergencies. It refers to acts that are systematic and harmful against a woman, a girl, or a child or adult person because of their gender. Domestic violence, sexual harassment, rape, female genital mutilation, forced marriage, honour crimes, human trafficking, forced prostitution, and forced abortion are all examples of GBV and are all very prevalent in emergencies. GBV increases in emergencies because of displacement and loss of livelihood among other factors. Very common in these circumstances is violence, abuse, and discrimination against women and girls in humanitarian services and designing aid programmes.

Survivors of GBV suffer from deep psychological trauma, and experience depression, terror, guilt, shame, and low self-esteem. Additionally, there is huge stigma associated with GBV and some survivors commit suicide rather than bear the burden of shame. Victims are unlikely to report incidents of GBV out of fear of more abuse; consequently, they do not receive the necessary support services they need. Very often, cases are only discovered when physical symptoms show, like bruises, pregnancy, disease, or other visible clear signs. Most forms of GBV are hidden and require investigating and probing into the deeper fabric of social relations.

Implementation list

- 1 **Collect information on at-risk populations:** Identify vulnerable sub-groups including women of certain ethnic backgrounds, economically disenfranchised girls, or girls with disabilities. Generate population-at-risk profiles, and gather information on locations, conditions, and ways of reaching them.
- 2 **Collect information on possible types of violations against them:** For example sexual abuse, physical violence, trafficking, killing, abduction, or other forms of maltreatment.
- 3 **Create awareness on risks among the identified groups and the general community:** Create targeted messages with the help of those who may be at risk. Disseminate messages through various channels including mass media outlets, like TV and radio, as well as smaller outlets like school assemblies,



1 CHILD PROTECTION RISKS

town meetings, and religious gatherings. Empower communities to protect at-risk groups, to assist victims, and to prevent GBV from happening. All efforts should be made to shatter the stigma around GBV.

- 4 Create a case-identification mechanism and referral system for GBV victims:** Ensure that all sectors agree on a way to share information on cases, and that they prioritize services for vulnerable ones. Make sure that the information shared in the referrals respects the privacy and confidentiality of the child and the family.
- 5 Ensure access to services for child victims of GBV and their families:** Including mental health services, rehabilitation, reintegration services, psychosocial support, healthcare, legal assistance, and safety/security service.
- 6 Ensure that staff involved in child protection and aid delivery are trained on GBV:** All staff who come into contact with children must be trained on GBV and must sign the code of conduct agreement (See Annex 6)

Want to learn more?

Check out:

CPWG (2014) Minimum Standards for Child Protection in Humanitarian Action. <http://cpwg.net/minimum-standards/>

Global Protection Cluster (2010). Handbook for Coordinating Gender-based Violence Interventions in Humanitarian Settings.

Inter-Agency Standing Committee (2005) Guidelines for GBV Interventions in Humanitarian Settings: Focusing on prevention of and response to sexual violence in emergencies.

International Rescue Committee, UNFPA and UNHCR (2010). Gender-based Violence Information Management System User Guide.

IASC (2006). Women, Girls, Boys and Men: Different needs – Equal Opportunities.

IASC Gender Handbook in Humanitarian Action.

UC Berkeley Human Rights Center (2013). Safe Haven: Sheltering Displaced Persons from Sexual and Gender-Based Violence.

Humanitarian Practice Network (2015). Special feature Gender-based violence in emergencies.

Plan International (2013). In Double Jeopardy: Adolescent Girls and Disasters.



8 CHILD LABOUR



GOAL

To protect children against all forms of child labour in emergencies

CPMS Standard 12

Emergencies are a period when children become especially vulnerable to the worst forms of child labour (WFCL). Losing possessions, shelters, and the family breadwinner in some cases forces children into economic roles they are not prepared for and can expose them to exploitation and abuse. Child labour is work that deprives children of their childhood, their potential, and dignity. It is work that is harmful to their physical and mental development because it is physically, socially, mentally, and morally dangerous to them. It deprives them of the opportunity to attend school, and/or requires them to combine school attendance with long and heavy work. Different forms of child labour in emergencies include slavery and slavery-like practices, such as sexual trafficking, or illicit activities like drug trafficking. The WFCL includes forced or bonded labour, sexual exploitation, and illicit work.

Implementation list



- 1 **Conduct assessment to determine WFCL risk factors:**
The assessment should look at the number of children forced into labour, as well as the reasons and motivations behind them.
- 2 **Share information with all government enforcement units and create a confidential referral system:** Include labour inspectorates, the police, and the social services. Create channels for exchanging information and coordination on special cases.
- 3 **Establish a community-based Child Labour Monitoring System (CLMS) with the help of child protection organizations:** CLMS empowers a community to detect cases of children involved in WFCL, it refers them back to school, and ensures they have access to service including economic assistance.
- 4 **Ensure access to services for victims:** Including psychosocial support and educational interventions. Make sure children have access to CFSs where they can reintegrate back in society. Ensure access to mental health services for more serious cases such as victims of human trafficking.

1 CHILD PROTECTION RISKS

- 5 Ensure the implementation of emergency livelihood activities for parents and caretakers:** Design and implement special economic assistance packages for affected families with children in order to both prevent and respond to child labour risk factors.
- 6 Create awareness within the community and educate children about WFCL:** Target at-risk groups within formation campaigns and special messages at schools, CFSs and community events.

Want to learn more?

Check out:

CPWG (2014) Minimum Standards for Child Protection in Humanitarian Action. <http://cpwg.net/minimum-standards/>

ILO (1999) Worst Forms of Child Labour Convention

UNICEF, ILO (2013). Manual on Child Labor Rapid Assessment Methodology

CPWG (2014) Responding to the Worst Forms of Child Labour in Emergencies

U.S Department of Labor (2013). Report: Findings on the Worst Forms of Child Labour.

ILO (2012). The tripartite process of determining hazardous child labour: Guide for facilitators.

ILO (2009). Safe Work for Youth Toolkit.

ILO (2005) Guidelines for Developing Child Labour Monitoring (CLM) processes.



2

PREPAREDNESS



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Residence of Mele village in Vanuatu making their way to the evacuation centres before Cyclone Pam made landfall.

PART 2 PREPAREDNESS

9 COORDINATION



GOAL

To coordinate all child protection activities in an emergency in order to provide a full and efficient response

CPMS Standard 1

Child protection is a multi sectoral area of work, involving various actors from social services, justice, law enforcement, health, and education sectors among others. During an emergency, it is important that all actors work together in an efficient manner to provide a comprehensive and all-inclusive response. Solitary action should be avoided at all cost; organizing the work and activities of all actors is one of the most important tasks to be done in an emergency. Collectively, actors need to designate an agency or create a joint body which is in charge of coordinating and orchestrating child protection activities. This involves planning, guiding service delivery, and ensuring that all groups, especially community members, local NGOs, and child protection organizations are involved in the decision-making process. In addition, they enlist political support for child protection, designate local CPIE focal points, make financial appeals, and advocate/secure funding for services. It is a key responsibility of governments to establish this coordinating body, to manage it, and most importantly to make sure that it is well staffed and funded.

Implementation list

- 1 Create, identify, or designate a central government unit in charge of coordinating all child protection activities in an emergency:** It should exist under the general (wider) emergency coordination unit and be staffed and run by emergency management government officials.
- 2 Ensure availability and participation of all relevant parties:** Include local NGOs and aid organizations, notify them of meetings, and follow up on attendance. All staff present at the coordination meetings must be of a higher/senior level and have the authority to make decisions on behalf of their departments.
- 3 Appoint the national and sub-national coordinators:** Make sure this happens during the first or second meeting. Appoint coordinators at the district, village, and community levels.



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- 4 **Create the terms of reference (TOR) for the coordinating body and its staff:** The coordinating body has to include staff from all sectors. (See Annex 7 for sample TOR)
- 5 **Create sub-divisions within the unit to manage different child protection areas:** For example, create special desks for child labour, gender-based violence, sexual exploitation, domestic abuse etc.
- 6 **Prepare staff contact lists and disseminate widely:** Include their areas of responsibility and contacts.
- 7 **Decide on communication channels:** Identify and agree on ways to update everyone on progress. Set-up email lists, a hotline, or a website to share the latest information with staff in the field.
- 8 **Gather all child protection related information:** One of the most important duties of the coordinating body is to gather, analyse, and share information on CPIE. This information can be used to produce documents, reports, and statistics to inform the child protection response (see chapter on Information Management).
- 9 **Agree on how to communicate, coordinate, and report during an emergency:** Since emergencies bring communications to a halt and destroy many of the usual channels like mobile phones and landlines, it is very important to agree on ways to get in touch with each other before the emergency happens.
- 10 **Plan and carry out joint needs assessments:** Coordinate the CPIE rapid assessment process and ensure a unified approach. Ensure that all actors performing the child protection rapid assessment (CPRA) come together to decide on the information they want and how to gather it prior to conducting the assessment (see chapter on Rapid Assessment). Make sure actors approach communities jointly. Avoid exposing children and victims to multiple rounds of questioning.
- 11 **Create a Joint Action Plan:** Consider looking at the child protection work in the emergency as a long-term project, with common goals and outcomes set by everyone. Ensure the inclusion of all actors in the drafting of the action plan as well as in service delivery. Make sure to incorporate lessons learnt from previous emergencies. Repeating the same mistakes in emergencies may cost lives.
- 12 **Follow up with actors to ensure the implementation of plans:** Call frequent meetings to receive reports on progress and plan future steps. At the beginning of the emergency daily meetings are necessary, as time goes by coordination meetings twice a week are usually sufficient.

Want to learn more?

Check out:



CPWG (2014) *Minimum Standards for Child Protection in Humanitarian Action*. <http://cpwg.net/minimum-standards/>

Sphere Project (2014). *Building a Better Response*. Free e-learning course on humanitarian coordination. <http://www.sphereproject.org/blog/new-e-learning-course-on-humanitarian-coordination/>

CPWG (2009). *Child Protection in Emergencies Coordinator's Handbook*.

OCHA (2013). *United Nations Disaster Assessment and Coordination (UNDAC) Field Handbook*.

IASC WG (2012). *Cluster coordination Reference Module (4). Transformative Agenda Reference Document*.

The Sphere Project (2011). *The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response; Core standard 2: coordination and collaboration*.

10 COMMUNICATION AND BUILDING AWARENESS



GOAL

To raise awareness on child protection issues, and empower communities to uphold the dignity, safety, wellbeing, and best interest of the child

CPMS Standard 3

Awareness building is a key component of preventing violations and protecting children from harm in emergencies. Government authorities, aid organizations, local NGOs, and community members share the responsibility of raising awareness on child protection. Conducting awareness campaigns through various communication methods, using large-scale and small-scale media before and during an emergency is very important. Large-scale media outlets like radio, television, printed press, and digital methods like texting, Facebook and Twitter are all important means of getting messages across. They can reach thousands of people, spread awareness about CPiE, and enlist the support of children and parents in preparedness and prevention. Smaller community information sharing opportunities like town council meetings, social events and others are equally important and can target specific at-risk groups. Schools, child-friendly spaces, sports clubs and other places where children congregate are excellent venues to educate children about violence, exploitation, abuse, and neglect, and teach them

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how to protect themselves. Teachers play a vital role in raising awareness on harms and dangers, identifying children at risk, and giving them all the necessary information to protect themselves.

Implementation list



- 1 Identify child protection issues for awareness building:**
Examine and analyse the risks that emergencies pose on children.
- 2 Identify your communication strategy:** Including the channels you will use, the actors you will involve, and the information you will share.
- 3 Design messages that are simple to convey, culturally sensitive, and respectful of the image of the child:** Always make sure that stories and images used are accurate and sensitive. Do not exaggerate stories, and avoid stereotyping children or portraying them as weak and powerless. Make sure to promote gender equality and non-discrimination in every message disseminated. (See Annex 3 for sample messages)
- 4 Ensure training/briefing of media staff, including journalists, TV and radio hosts on child protection basics:** Create a brochure on CPIE for members of the media to inform them of current CPIE issues. Make sure to elaborate on the confidentiality of child-related information. Members of the media should never give any biographic/personal information of a child whose picture or story is used. They should be careful not to mention names, addresses, school names, or other information that could compromise the safety and security of a child. They must always consider whether publishing a story is in the best interests of the child, their family, and their community.
- 5 Share your tailored messages with the community, families, children, and authorities:** Ensure the widest circulation and make sure the messages reach children.

Pacific example

In 2013 Fiji launched a national emergency preparedness awareness campaign. It featured special messages for communities on how to keep children and families safe during disasters. The campaign included TV advertisements and segments on emergency preparedness, a special website (www.getready.gov.fj) disseminating important CPIE information, and other materials like posters, brochures, and pocket guides. The information was tailored towards children and their parents. Sample messages to children included:

- Know where your family members are at all times.
- Get your children immunized.
- Don't leave anybody behind.
- Keep your family fed as best you can but don't eat spoiled food.

- Boil all drinking water.
- Dispose of waste safely.
- Seek medical attention for diarrhoea, high fevers or unusual body pains.
- Help your children feel safe and loved.
- Get your children back to school and into a routine as soon as possible.
- Work together and help your community recover.



Want to learn more?

Check out:



CPWG (2014) *Minimum Standards for Child Protection in Humanitarian Action*. <http://cpwg.net/minimum-standards/>

UNICEF (2011). *Communicating with Children: Principles and practices to nurture, inspire, excite, educate and heal*.

UNICEF (2006). *Behaviour Change Communication In Emergencies: A Toolkit*.

UNICEF (2010). *Advocacy Toolkit: A Guide to Influencing Decisions that Improve Children's Lives*.

Handicap International (2011). *Using testimony: supporting our denunciation and advocacy actions*.

11 CHILD PROTECTION MONITORING



GOAL

To collect and analyse information on child protection concerns prior to an emergency, and to use this information to inform the response

CPMS Standard 6

Child protection monitoring is a critical step to designing and implementing a successful emergency response. Monitoring child protection refers to gathering information about violence, exploitation, abuse, and neglect, and analysing this to come up with patterns and predictions. Collecting and analysing information is very important because it aids in understanding the situation, prevents child maltreatment from happening, and helps design the right responses.

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It is necessary to have this information prior to an emergency, so that the response can be informed by the information. Collecting material must start with documenting individual cases and incidences of maltreatment and violations. The information should be stratified by the type of maltreatment, for example abductions, domestic violence, etc., as well as by age and gender. Make sure as much information is collected as possible on the reasons and motivations behind the violations, and the circumstances around each incident.

Implementation list



- 1 Start by mapping the general child protection system in the country:** A child protection system includes the laws, policies, and agencies working on child protection in a country, as well as the interplay between all of those. A comprehensive assessment determines whether all of these elements are working together effectively to protect children from violence, exploitation, abuse and neglect. For detailed steps on how to conduct child protection system mapping see UNICEF Child Protection Systems Mapping and Assessment Toolkit at: http://www.unicef.org/protection/files/Mapping_and_Assessment_users_guide_Toolkit_En.pdf
- 2 Document violations and identify types of maltreatment and the reasons behind them:** Look at all types of dangers that can harm children; these can include, for example, negative gender perceptions, domestic abuse, child labour, and sexual violence among others.
- 3 Establish a multi-sectoral database which can house all child protection information:** See chapter on Information Management.
- 4 Come up with likely child protection in emergencies scenarios:** Find out about the type of disasters that may affect your country, its impact on child protection, and identify different responses. Bring staff together from the different sectors working on child protection, conduct joint workshops, and ensure that everyone participates in the planning process.
- 5 Agree on what to do in case of emergency:** Create departmental CPiE plans and field-test them. Ensure that staff, at all levels, are trained on emergency preparedness and child protection.

Want to learn more?

Check out:



CPWG (2014) Minimum Standards for Child Protection in Humanitarian Action. <http://cpwg.net/minimum-standards/>

UNICEF (2013). Child Protection System Comprehensive Mapping and Assessment Toolkit. http://www.unicef.org/protection/57929_58020.html

Ager, Akesson and Schunk (2010). Mapping of Child Protection M&E Tools.

Bloom, Shelah (2008). Violence Against Women and Girls: A Compendium of Monitoring and Evaluation Indicators.

O/SRSG-CAAC, UNICEF, DPKO (2010), MRM Guidelines, Field Manual and Training Toolkit.

12 ENGAGING CHILDREN IN PREPAREDNESS



GOAL

To empower children to take part in emergency preparedness and response

UNICEF Pacific Standard

Children are among the first to take action when a disaster strikes. They are always keen on helping their communities and are active participants in relief efforts. It is very important to engage children in disaster preparedness and response. Educate children on emergencies, tell them how a disaster can affect them, and how they can protect themselves. Prioritize empowering children, make it a key component in emergency preparedness. Children can be of great help if they know how to perform first aid, basic emergency assistance, and how to rescue and assist other children. They can be supportive to friends in need, help prepare their homes/schools against disasters, and help set up child-friendly spaces. They can even take part in distributions and other aid work like taking inventories or delivering food packages to the elderly. Children's participation has to be encouraged, and it can start by making sure they are present during emergency planning meetings.

Implementation list



- 1 Provide information for children on emergencies, their impact, and the special issues they may encounter:** Make sure the information provided is age-appropriate and geared towards empowerment and reducing anxiety levels.
- 2 Involve children in planning and decision-making:** Engage children in discussions, ask them about their priorities, fears, and what they want to see happen in emergencies. Ensure that their feedback is incorporated in all the preparedness plans. Empower them to take small measures to prepare themselves for an emergency, like creating a family emergency plan or preparing a family emergency kit.
- 3 Develop children's capacities and guide them on how they can be useful in emergencies:** Help children define their own roles and how they can assist in an emergency. A sample list of activities and roles that children can play in an emergency include:
 - Making toys for younger children
 - Organizing entertainment
 - Playing with and cheering up children who lost family members
 - Supporting friends who are sad
 - Helping prepare food packs for distribution
 - Clearing up after an emergency
 - Helping to trace families
 - Helping old people collect food packages
 - Helping families with small children
 - Cleaning and painting buildings
 - Providing first aid

Want to learn more? Check out:



UNICEF (2007). The Participation of Children and Young People in Emergencies: A guide for relief agencies, based largely on experiences in the Asian tsunami response.

U.S. Federal Emergency Management Administration Complete Resources for Children in Emergencies (child-friendly website) <http://www.ready.gov/kids>

13 STAFFING AND HUMAN RESOURCES



GOALS

- Build the skills and expertise of staff working on CPiE
- Protect children from exploitation and abuse by staff
- Ensure the health and well-being of staff

CPMS Standard 2

An organization's most valuable asset is the people working for it. Staff knowledge, competence, and dedication determine the quality of service they provide. CPiE staff must possess a unique set of skills and competencies; they must have a strong background in child protection as well as humanitarian aid work. Well-trained staff who know what to do once an emergency starts are the key to a successful response. In the first few hours of the emergency they conduct rapid assessments and determine an appropriate course of action. It is the role and responsibility of each department to make sure there is a pool of CPiE experts and staff available and ready to respond in times of crisis.

Conducting frequent CPiE staff trainings are essential and should cover important protection issues, like detection of cases, referral systems, assisting special groups like unaccompanied minors, and specialized training on the different types of violations. Staff must have updated knowledge and information on all of these areas, be familiar with best practices, and learn how to apply their knowledge and expertise within an emergency context. Staff training can take many forms, participatory methods are better at preparing staff and motivating them. Workshops, seminars, and other types of trainings are useful in both educating staff and preparing them for the response. Remember that once an emergency starts, it is too late to select and train staff. You must be cautious of untrained staff, they can do more harm than good.

Staff wellbeing in emergencies

Staff members and volunteers working on child protection during emergencies are exposed to many stressful events that can affect their mental health and wellbeing. They work under extreme pressure for long hours in very emotionally demanding situations. It is very important that staff are equipped with the necessary knowledge and skills to perform in such an environment and to prevent them from being psychologically affected. Some of the mental health conditions that could affect them include depression, general anxiety disorder, and post-traumatic stress disorder. It is important for managers to know the symptoms of these conditions and to recognize them. Once a staff member exhibits some signs it is essential to provide them with immediate counselling to ensure they do not burn out. Employers and managers are responsible for their staff's safety and wellbeing in emergencies, and must facilitate access to

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mental health support to their staff when necessary. Many organizations and government departments include in their benefit packages to staff pre-paid free counselling services.

Recognizing the symptoms

Anxiety, fear, grief, guilt, self-doubt, sadness, Irritability, anger, resentment, increased conflicts with friends/family, nightmares. Feeling overwhelmed, hopeless, despair, depressed. Anticipation of harm to self or others, social withdrawal. Insomnia. Memory loss, difficulty naming objects or people, decision making difficulties, having trouble concentrating. Fatigue, nausea, dizziness, stomach pain and upset, heart palpitations, difficulty breathing.

Disaster Mental Health for Responders: Key Principles, Issues and Questions, available at: <http://emergency.cdc.gov/mentalhealth/responders.asp>

Implementation list



1 Identify CPiE expertise needed in each department:

Make sure the staffing gaps are identified and filled at every level including the sub-regional and community levels in the field.

2 Fill out positions with qualified staff and recruit new staff as necessary:

Make sure to include child protection experts on the selection panel. Provide equal opportunities for men and women applying for positions. Provide attractive salary packages with benefits to attract the most qualified candidates and to motivate them to stay in their jobs.

3 Design CPiE training for staff and provide induction upon recruitment:

Make sure to translate and disseminate this toolkit to everyone working with children in emergencies. Staff must be aware of the code of conduct for working with children, and of the punishments related to abuse and exploitation. All staff must sign a code of conduct agreement form (see Annex 6 for sample form).

4 Make sure staff understand their roles, responsibilities, and are empowered and equipped to perform their duties:

Ensure that all staff have a plan of action to follow, perform drills, and coach/mentor them on how to provide services in the best possible way.

5 Create a whistleblowing system to identify staff perpetrators and violators:

Colleagues and people working with a perpetrator should be given the opportunity to come forward and report suspicious activities through properly established confidential channels.

Want to learn more?

Check out:

CPWG (2014) *Minimum Standards for Child Protection in Humanitarian Action*. <http://cpwg.net/minimum-standards/>

IRC, OHCHR, Save the Children, Terre des Hommes, UNHCR, Unicef (2009). *Action for the Rights of Children*

Keeping Children Safe Coalition (2011). *Safeguarding children in emergencies*.

The UN Secretary-General's Bulletin (2003). *Special Measures for Protection from Sexual Exploitation and Sexual Abuse*.



14 INFORMATION MANAGEMENT



GOALS

- To collect information that is useful to protecting children
- To use, share, and manage the information effectively
- Uphold information confidentially to avoid harming children

CPMS Standard 5

In child protection, a lot of importance is given to information sharing and management because of the important role it plays. The quality with which we gather, share and analyse information could determine the safety or danger of a child. There are three types of information that child protection actors rely on in performing their duties: The first relates to case documentation, the second relates to the effect of the disaster on children, and the third relates to risk factors and types of violations children might face in an emergency. One of the most important aspects of child-related information gathering and sharing is confidentiality. Information must be handled with extreme caution and awareness of its sensitivity. It is recommended to share child protection sensitive information on a need-to-know basis only.

Implementation list

- 1 Assign competent CPiE information management staff in each department:** Ensure that staff on every level are trained on information technology and management. Ensure that staff who are managing CPiE information are aware of the sensitivity and confidentiality of the information.



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2 Develop information collection tools: In collaboration with all the involved departments and humanitarian agencies, jointly create tools to capture the data that is needed by actors. When making the rapid assessment make sure all departments and actors use only one form. Information gathered should be sufficient to allow for a response at every stage, including the early recovery stage. Avoid exposing children and parents to multiple rounds of questioning as it can have a detrimental effect on them.

3 Design and set up a central information management database: Make sure to build on what is already available, such as local case databases. Database design has to be done with the help of a capable Information Technology (IT) expert. Child protection staff should determine what information needs to be stored and what reports they need the database to generate.

4 Train staff on how to use the database: Especially on how to generate reports, graphs, and statistics.

5 Share information with the designated information management staff in each department: Remember that confidentiality is of the utmost importance. In order to safeguard information, establish a coding system. Use codes and numbers instead of children's names.

Note

- If working with paper files, keep the material/information safe by storing them in locked cabinets.
- Secure computer files with passwords, and restrict database access to a limited amount of staff.
- Ensure that when collecting information from children and parents that staff are trained on how to interview children.
- Always seek consent from the child, parent, or caretaker prior to gathering or using any information.

Want to learn more?

Check out:

CPWG (2014) *Minimum Standards for Child Protection in Humanitarian Action*. <http://cpwg.net/minimum-standards/>

UNHCR and IRC (2011). *Field Handbook for the implementation of UNHCR BID Guidelines*.

ICRC (2009). *Professional Standards for Protection Work (Chapter on managing sensitive protection information)*.



3

RESPONSE

3 RESPONSE



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Taufiso (9 years old) holds his bicycle as he goes through the water that flooded the island of Niu in Tuvalu, which was hit by Cyclone Pam in March 2015.

PART 3 RESPONSE

15 RAPID ASSESSMENT



GOAL

To conduct a thorough rapid assessment to determine child protection needs and inform the response

UNICEF Pacific standard

Child protection rapid assessment (CPRA) is the process of gathering and analysing information about the protection needs of children in the aftermath of a disaster. CPRA also measures the impact of the disaster on children, child-related services, and identifies needs. Conducting a CPRA is of the utmost importance, as it provides a chance to gather all the necessary information required to inform the response.

CPRA should ideally be initialized within the first few weeks of an emergency and usually takes about two to five weeks to complete. Child protection in emergencies programmes and activities heavily rely on a strong CPRA document that identifies the dangers, affected child groups, their locations and needs, and opinions of the community on how to deliver the assistance. Children, parents, nurses, teachers, construction workers, police officers and others can tell us about the specific kinds of risks to children and how to mitigate them. The objective of a CPiE rapid assessment is to collect, analyse, and manage data in an effective way, allowing us to design comprehensive short-term and long-term interventions. It is an investigative process to find out:

- a **The scale of the disaster** (How many children/families are affected? Where? How have they been affected?)
- b **Vulnerabilities and risks** (the type of danger they face, for example physical injuries, physical or sexual abuse, abduction, WFCL, etc.)
- c **Priorities for action** (What services do we have to provide? What programmes/activities can we carry out?)
- d **Designing the response** (How will we carry out these activities?)

Although rapid assessments are designed primarily to determine the immediate needs in an emergency, they should be designed in such a way to capture information that can be used in the long-term rebuilding of the child protection system as a whole. Information gathered should be varied and ample to allow for a more thorough examination of the child protection system deficits and needs in the long run.

Implementation list



- 1 Create/identify/designate a group of child protection experts to perform the assessment:** Usually called a Child Protection Assessment Task-Force, in most cases they fall under the larger national emergency response body.
- 2 Develop your assessment plan to determine what information to collect and how:** This is a joint process. Use the 'What We Need to Know Method' to identify different dangers facing each vulnerable sub-group. (See Annex 4 for a sample Rapid Assessment form, and Annex 5 for details on the WWNK method and a sample sheet)
- 3 Conduct a desk review to collect data, from before and after the disaster:** Include previous child protection reports, system maps, laws, cases etc. Situation analysis reports conducted by UNICEF and other partners for each country are very useful tools. They identify the strengths and deficits in child protection systems, information within can be useful in designing responses that take into account both the short and long-term needs of children and the child protection system as a whole.
- 4 Recruit information-gathering teams and identify Key Informants:** Key Informants (KIs) are persons from the community who are familiar with children's issues and can give you pertinent information on their condition. Examples include teachers, caregivers, nurses and doctors, local chiefs, camp managers, religious leaders etc. It is important to identify at least three KIs per site or per community. When choosing KIs, make sure to include people who directly work with children, as well as those who are in a position of authority. KI groups should include both men and women equally. Watch out for biases and discriminatory opinions.
- 5 Train teams on investigation and interviewing techniques:** When designing interview questions, make sure to frame the questions in a simple way. Questions need to be sensitive to the culture, as well as the ordeal that the victims have gone through.
- 6 Design/adapt the CPRA tools and forms:** There are many samples of CPRA forms that you can translate and use. For reference see Annexes 4 and 5.
- 7 Dispatch teams to collect information:** Make sure your information teams spread out, and find hard to reach children and interview them.
- 8 Upon return, enter the information into a database and begin analysis:** There are many approaches to analysing the information you collect. Traditional emergency data analysis methods included applying the 'needs

analysis' approach to primary information gathered from the field. This approach considers the hierarchy of needs of individuals (i.e. shelter, security, food and other) and builds on this model to determine the needs and prioritize delivery. While this approach is suitable for rapid response purposes, CPIE methods include a combination of the systems analysis approach, the early recovery approach, and the human rights-based approach to analysing information. It looks at long-term and short-term survival needs, mechanisms of delivering child protection services, and strengthening capacity to fulfil children's rights concurrently.

- 9 Write your final report:** The final report must include all the information collected using the WWNK method, highlighting child protection needs, and identifying the appropriate response. Make sure to include recommendations and information that can tie into the efforts in the recovery phase (see chapter on Early Recovery).

Want to learn more?

Check out:

CPWG (2014) Minimum Standards for Child Protection in Humanitarian Action. <http://cpwg.net/minimum-standards/>

CPWG (2012) Child Protection Rapid Assessment Toolkit. <http://cpwg.net/resource-topics/cpra-toolkit/>

CPWG (2012) Information Sheet: Child Protection Rapid Needs Assessment (CPRA) Toolkit.

Inter-Agency Standing Committee (2012). Multi-Cluster/Sector Initial Rapid Assessment (MIRA). <http://www.unocha.org/what-we-do/coordination-tools/needs-assessment>

CPC, SC (2013) Research Brief: Measuring Violence Against Children in Humanitarian Settings.

CPWG (2013) CPIE Desk Review Template.



16 SHELTERS AND EMERGENCY CENTRES



GOALS

- To provide shelters for children and their families which meet minimum standards
- To incorporate child protection needs and concerns in all shelter activities, especially the needs of children with disabilities

CPMS standard 24

One of the priorities in any emergency is to ensure that families have a safe place to resort to. Emergency centres are commonly used as temporary shelters (or evacuation sites) for families both prior to a disaster, and/or in the aftermath of it. They are pre-existing buildings and structures used for protecting communities against cyclones, tornadoes, earthquake, tsunamis or other types of disasters. Building types vary widely and may include religious buildings, schools, hotels, community centres, sport infrastructures, hospitals, factories, police posts, military barracks, etc. The shelters and emergency centres have to be safe for children. It is important to consider specific child protection needs when designing and creating the centres, such as the needs of children with disabilities and those who are more at risk of violence and abuse. Make sure that all site arrangement and construction is geared towards catering for the needs of children and their families.

Implementation list



- 1 Determine shelter needs:** Assign community members the task of collecting information for designing shelters and centres including: Numbers and details of families with children, single parents heads of households, unaccompanied minors, children with health concerns or special needs etc.
- 2 Ensure communities have access to shelters and safe centres that meet minimum standards:** The Sphere Handbook is the companion of the CPMS and is the primary resource on relief assistance. Make sure all shelter activities abide by the Sphere Standards.
- 3 Encourage communities to participate in shelter/centre design:** Rely on the wisdom and knowledge of the local community in designing the shelters. Inquire about their preferred materials and structure specifications. Children have to take part in deciding on the location and design of their spaces, including schools and CFSs.

Sphere Guidelines on Shelter Provision

- ✓ In a disaster, all affected populations must be given covered living space consisting of a floor area of (at least) 3.5 m² per person, and a floor-to-ceiling height of 2 meters.
- ✓ Climate has to be taken into consideration. In hot climates, heavyweight material should be used to withstand heat. If using lightweight material, make sure there is adequate insulation to allow for temperature changes inside the structure.
- ✓ Proper ventilation has to be provided and is essential to healthy living.
- ✓ Choose materials that are environmentally friendly.
- ✓ Ensure safe separation of families for privacy purposes.
- ✓ Cultural practices have to be considered, especially in building cooking areas and making sleeping arrangements.
- ✓ Keep in mind separation of the sexes within the house if culturally required.

4 Prioritize children and families in shelter distribution: Make sure children and families are the first to move into shelters. Assist families in moving in, and place them within easy access of community service centres, hospitals, schools, and food distribution points.

5 Guarantee family unity by placing families together: Never separate families when distributing shelters. Place vulnerable groups like single parents, families with children, and unaccompanied minors close to their extended families, relatives, or friends. They need their social support network around them at all times. Avoid family separation, uprooting, and removing people from their support groups at all cost. See the chapter on Displacement.

Want to learn more?

Check out:

CPWG (2014) *Minimum Standards for Child Protection in Humanitarian Action*. <http://cpwg.net/minimum-standards/>

The Sphere Project (2011). *The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response*.

IASC (2005) *Guidelines for Gender-based Violence Interventions in Humanitarian Settings*. Chap. 4.7: *Shelter and site planning and non-food items*.

UNHCR and IOM (2010). *Collective Centre Guidelines*.

IFRC and UN-Habitat (2009). *Shelter Projects 2009*.



17 DISTRIBUTION AND RELIEF ITEMS



GOAL

To facilitate children's access to humanitarian assistance and relief items in ways which protect them from violence, exploitation, abuse, and neglect

CPMS standard 26

Distribution of relief items is one of the most important and urgent activities in an emergency. It is the most crucial part of the immediate response and plays an important role in children's safety and wellbeing. Determining needs is the first step in distribution, it is traditionally done through a needs assessment. Common relief items are divided into two categories: Food Items (FIs) and Non-Food Items (NFIs). Relief packages containing both are put together by responders and distributed to address victims' immediate needs.

Malnutrition increases dramatically, and kills most rapidly, in emergencies. Most children do not die due to conflicts or natural disasters themselves, but rather to resulting food shortages, lack of safe water, inadequate health care, and poor sanitation and hygiene.

UNICEF http://www.unicef.org/nutrition/index_emergencies.html

There are so many considerations in distributing relief items for children. Staff have to ensure that vulnerable sub-groups including street children, child heads of households, and special needs children have equal and easy access to relief. Distribution must be done in a way that is mindful of children and protects them from harm, violence, neglect, abuse, and exploitation. For example, distribution centres have to be close and accessible to children and their families, the routes leading to them must be safe and clear.

Implementation list

1 Work closely with distribution teams and share information gathered by the Child Protection Rapid Assessment (CPRA):

Share information on numbers, locations and special needs of children.



2 Jointly work on determining the needs of special groups: These groups include unaccompanied minors, children with disabilities, young girls, and pregnant and breastfeeding women. Keep in mind the dietary needs of children at different stages. Also ensure the supply of basic hygiene products and first aid kits to women and children. See Annex 8 for the contents of relief packages for children.

3 Take part in discussions and plans on distribution channels and methods:

Make sure distribution teams integrate protection priorities into their plans. Highlight issues such as family unity, discrimination in distribution, maltreatment by staff, and prioritizing children among others (See below for a list of child protection priorities in distribution)

4 Observe the distribution process and report on any violations:

Ensure protection staff are present during distributions to monitor process and report on any amendments needed in the distribution process.

5 Create a distribution complaints mechanism for the community:

Make sure children have a safe and confidential way to report on violations in the distribution process. Complaints must be received and addressed by senior management.

Child Protection Priorities in Distribution

- Girls and boys have to be treated equally and provided with equal access to distribution items.
- Prioritizing families with children, single parents, child heads of households and unaccompanied minors in distribution.
- Accompanying and assisting children during distribution. Consider delivering relief items to their homes.
- Children's access to information on distribution especially distribution sites and times.
- Never ask children to grant favours in return for goods or services given.
- Children may participate in distribution in a voluntary capacity but should never be forced into any work.
- Distribution to children should be swift and fast, allowing them to resume their community activities.
- Setting up a confidential complaints mechanism for people to report concerns, including incidents of intimidation, violence, and sexual exploitation committed by community members and/or humanitarian personnel.
- Training distribution staff on working with children and having them sign the code of conduct agreement.

Want to learn more?**Check out:**

CPWG (2014) *Minimum Standards for Child Protection in Humanitarian Action*. <http://cpwg.net/minimum-standards/>

U.S. Federal Emergency Management Agency (2013) *Emergency Supply List*. www.ready.gov/sites/default/files/documents/files/checklist3.pdf



The Sphere Project (2011). The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response: Minimum Standards in Food Security and Nutrition.

UNICEF free on-line Nutrition in Emergencies Training Course. <http://www.unicef.org/nutrition/training/>

IASC (2006). Women, Girls, Boys and Men: Different needs – Equal Opportunities. IASC Gender Handbook in Humanitarian Action. Chaps: Gender and Food Distribution in emergencies and Gender and Non-Food Items in emergencies.

18 MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT



GOAL

To strengthen the resilience and coping mechanisms of children, and to ensure they receive adequate psychosocial support

CPMS standard 10

Mental health and psychosocial problems are very prevalent in emergency situations. Until recently, humanitarian interventions tended to focus on the detection of particular types of severe mental health disorders among children, such as post-traumatic stress disorder and depression. Research shows however, that only a very small percentage (3-5 per cent) of children exposed to disasters end up developing serious mental health disorders that require professional intervention. The majority of children are resilient, and most require a level of non-clinical intervention to prevent them from developing into more serious mental health conditions.

Psychosocial support (PSS) in emergencies is of the utmost importance and should be carried out immediately after a disaster strikes. PSS models of intervention are varied, and will depend highly on the cultural context in which the child lives. Designing psychosocial interventions for children in emergencies must rely on knowledge of the existing mental health and protection environment in the country. In the Pacific region, each island country has its own unique culture and understanding of mental health and wellbeing. In most Pacific island countries, mental well-being is tied to religious or spiritual wellness, playing an active/positive role in the family, and maintaining a healthy work-life balance. It is important to understand a population's health beliefs and their definition of wellness prior to deciding on psychosocial interventions.

Most psychosocial interventions for children and adolescents rely on one fundamental principle, providing the necessary information and skills to children that would empower them to overcome psychosocial problems. This includes educating children, through play and other means, on stress and coping, positive thinking, healthy behaviours, self-efficacy, and healthy social interactions. There are many ways of achieving this goal, and it can be done through community structured social activities, or basic PSS interventions and non-specialized counselling.

Implementation list



1 Determine the type of psychosocial intervention required:

Gather as much information as possible, during the rapid assessment process, on the mental health and psychosocial impact of the disaster on children and families. Include local social services or mental health organizations in the information gathering and analysis process. Focus the assessment on gathering specific information on return to normalcy and community wellbeing (See UNICEF EAPRO's Field action guide for psychosocial assessment of children and families in emergencies)

2 Design multi-layered psychosocial support intervention:

Based on the assessment conducted, determine the type of intervention that can be most effective in addressing the needs of children within the specific emergency context. There are various levels of intervention that can be implemented depending on the severity of the disaster and its effect on the community. A traditional multi layered approach to psychosocial assistance includes support in the following areas:

a Advocacy: Ensuring that all staff and service providers are aware of the importance of mental health support to children, and can provide a positive influence. It also involves integrating psychosocial support priorities into all humanitarian aid sectors.

b Family and community wellness: At this level priority is given to restoring and strengthening already existing relationships, and to building stronger support networks. To create a sense of normalcy, and routine for children and their families, through organizing social activities. For example cultural and artistic events, youth sports events, and religious activities can bring people together and provide a forum where they can share experiences and connect with one another. Make sure to include children who are separated, orphaned, or isolated to surround them with people who can provide emotional and social support.

3 RESPONSE

- c Focused, Non-Specialist Assistance:** This is a third level of intervention which is often necessary for children and families who have lost loved ones and are dealing with grief. A useful tool to provide support to this group is the Psychological First Aid (PFA). It is a type of intervention that is delivered by case-managers, social workers, or PSS response staff. It is designed to help victims of disasters in particular. It relies on establishing a humane and compassionate connection with the survivor, providing emotional comfort, and teaching them coping skills. (See below for PFA Manual).
- d Referrals to Specialised Mental Health Services:** This is the fourth level of psychosocial support usually used for those suffering from previous mental health conditions or those who exhibit more serious symptoms. Warning signs for this group include significant social isolation, withdrawal, changes in behaviour, mood swings, aggression, tearfulness, and sadness among many other symptoms. In most cases referrals and linkages to mental health professionals can be done through the primary health care system.

3 Provide training on psychosocial support: Ensure that staff providing psychosocial support to the community are fully aware and updated with the latest standards and knowledge on mental health and psychosocial support for children including the IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings. It is imperative that only trained individuals, including social or para-social workers, are the ones who come in direct contact with children. MHPSS trained staff are aware of the ethical standards for providing support, and will ensure that the interventions do not cause any harm.

Want to learn more?

Check out:

www.mhpss.net

Mental Health and Psychosocial support Network.

National Child Traumatic Stress Network (2012). The Psychological First Aid Field Manual, available at: <http://www.nctsn.org/content/psychological-first-aid>

UNICEF EAPRO (2005), Field action guide for psychosocial assessment of children and families in emergencies. http://www.unicef.org/eapro/activities_3693.html

IASC (2007), Guidelines on Mental health and Psychosocial support in emergency setting. <http://mhpss.net/iasc-guidelines-on-mental-health-and-psychosocial-support-in-emergency-settings/>



Government of South Sudan (2013), *Life Skills and Psychosocial Support for Children and Youth in Emergencies*. <http://mhpss.net/?get=261/TrainerGuide1.pdf>

National Child Traumatic Stress Network (2009), *Psychological First Aid*

For Schools Field Operations Guide, 2nd Edition. <http://mhpss.net/?get=49/PFA-for-Schools.pdf>

19 CHILD-FRIENDLY SPACES



GOAL

To set up community-based CFSs where children and young adults gain access to support services and activities in a safe and stimulating environment

CPMS standard 17

CFSs can be established quickly to respond to children's protection needs including psychosocial and non-formal education in an emergency. They are safe areas where children can come together, play and enjoy other activities which restore a sense of normalcy and protect them against the adverse effects of the disaster. Child-Friendly Spaces (CFSs) are widely used in emergencies as a first response to children's needs and a first step in providing support to the affected communities.

Broadly, the purpose of CFSs is to support the resilience and wellbeing of children and young people through community-organized, structured activities conducted in a safe, child-friendly, and stimulating environment. CFSs can be made to cater of children of all ages, they may include a variety of age groups in one area. Activities are divided by category, interest, or age. CFSs are meant to be transitional places to host children until services, including schools, are up and running again.

CFSs are not only places for children to play and take part in leisurely activities, they are places where deeper protection concerns can be addressed. They are great venues, for example, for the identification and detection of maltreatment cases. They offer opportunities for children to share concerns they have about violence, exploitation, abuse, and neglect, and to allow social workers and protection staff to help them. In addition, they provide excellent opportunities to educate children on potential risks and dangers, and to make sure they are empowered and well equipped with the knowledge they need to protect themselves.

Implementation list



- 1 Determine the need for a CFS and identify beneficiaries:**
Start by making a quick assessment involving the community as to the need for a CFS. In some cases, CFSs may not be needed if child services are not affected by the disaster, or if schools and other services are running normally. It is very important to identify needs prior to planning and implementation. Gather information on the number of girls and boys that can benefit from a CFS, segregate the information by age. Find out where they live, if they have any special needs to be considered, such as health issues, mobility needs, learning needs, etc. Parents, caretakers, and relatives have to be involved in designing the CFS. They must be interviewed, and their opinions and feedbacks have to be considered.
- 2 Find a location:** It is very important to find a suitable location to set-up the CFS. In the event of torrential rain, it is important that the CFS structure be on high ground with adequate water drainage channels to lower grounds. After tsunamis it is important to abide by government stipulated safety distances from the shore. Keep away from areas of contamination and from main roads and hazardous traffic. Set it up close to schools and hospitals and to religious and community buildings that are familiar to the child. The location has to be agreed upon in consultation with the community. Make sure that it is safe for a child to walk to and from the CFS without fear of harassment.
- 3 Choose a sound structure:** Schools, community centres, and places of worship like churches, mosques, and temples are all great locations to start a CFS. In the aftermath of an earthquake, however it might be more suitable to start a CFS in a tent where there is no fear of collapsing structures and aftershocks. The structure of the CFS has to have adequate ventilation, be clear of harmful objects, it has to have large storage space for toys and supplies, provide shade and protection from the elements and take into consideration the mobility needs of children with disabilities.
- 4 Organize integrated services and activities:** Activities chosen will depend on factors including the local culture, the type of emergency, volunteers and resources available, community context and the needs of children. Activities can be built around the five types of play: creative, imaginative, physical, communicative and manipulative. (See Annex 10 for sample of activities.)
- 5 Provide ongoing support for animators and staff:** Ensure that staff working in CFSs have all the resources and knowledge they need. Conduct regular trainings for them on how to provide psychosocial, educational, and protection support for children. Make sure they are connected to child protection workers in the area.

6 Phase out in a contextually appropriate manner: Once children are able to return to their homes and normal activities (especially school), then all the services they need must be provided through routine infrastructure and routine services. CFSs are meant to be temporary solutions until normal services resume.

Want to learn more?

Check out:



CPWG (2014) Minimum Standards for Child Protection in Humanitarian Action. <http://cpwg.net/minimum-standards/>

UNICEF (2009) A Practical Guide for Developing Child Friendly Spaces.

Save the Children (2008) Child Friendly Spaces in Emergencies: A Handbook for Save the Children Staff.

Terre des Hommes (2009). 20 Games With a Psychosocial Aim.

IASC, INEE, Global Protection Cluster, Global Education Cluster (2011). Guidelines for Child-friendly Spaces in Emergencies.

Child Protection Sub-Sector for Sudan (2011). Minimum Standards for CFS and Children's Centres.

Christian Children's Fund (2008). Starting Up Child Centered Spaces in Emergencies: A Field Manual.

IFRC and Save the Children Denmark (2012). The Children's Resilience Programme – Psychosocial support in and out of school: Booklet 1 Understanding Children's Wellbeing. (2012).

Also visit: <http://childfriendlyplaces.org/>

20 JUSTICE FOR CHILDREN



GOAL

To prevent children from encountering the justice system, and to treat those who do in accordance with international standards

CPMS standard 24

A justice system consists of numerous actors, including the police, courts, and corrections mechanism. Child protection seeks to ensure that all the above actors, and their staff, policies and procedures, operate in a way that safeguards

and promotes the best interests of the child. Children can encounter the justice system in many ways, as witnesses, victims, or as part of proceedings. Emergencies create special circumstances that can bring children into contact with the justice system. For example, children can fall prey to organized criminal groups taking advantage of the lack of security in emergencies. They may get involved in illegal activities, such as stealing or begging, due to financial hardships caused by the disaster. They may also be involved in legal proceedings, including inheritance and custody issues, if they lose a parent or a loved one. It is everyone's responsibility to ensure that children who encounter the law are protected, and treated in accordance with international human rights standards.

Children's rights as they pertain to their encounters with the justice system:

- The right to be protected from hardship in criminal proceedings,
- To be treated with dignity and compassion,
- To be protected from discrimination in all justice proceedings,
- The right to be informed, to be heard and to express their views and concerns without fear,
- The right to effective assistance, the right to privacy, the right to safety, and the right to reparation and to special preventive measures.

Implementation list

1 Process children who are victims of disaster through child-friendly courts and police stations:

Officers and judges should consider creating modified child-friendly environments for child proceedings during emergencies and after. This could include size-appropriate chairs and tables, smaller microphones, decorated walls, and access to toys. An informal atmosphere is less intimidating for a child, police officers should conduct interviews outside of the police station, preferably at a place that is familiar and comfortable for the child. Bear in mind the traumatic effect that a disaster can have on a child.



2 Ensure that only trained staff come into contact with children, and ensure access to both male and female officers:

Police officers are the first line of contact with children, they have to be sensitive in their communication and ensure that children are given information in a systematic, age-sensitive, and child-friendly manner. Officers have to create a safe environment for the child to share their experience and be attentive to their views, concerns and needs. All officers must undergo mandatory training on communicating with children. (See Annex 9 on Interviewing Techniques)

3 Identify children in detention and monitor their conditions and treatment.

Consider diversion options: Make sure children in custody or detention are released if the conditions are not suitable. For juvenile offenders in prison, consider alternatives to detention. Emergency settings and transition into recovery provide an opportunity to consider other options for children who are in conflict with the law. Diversion programmes are beneficial to both the child and the system. Community-based diversion programmes have been implemented in so many countries around the world and have proven to work effectively. They involve the establishment of community groups who can perform mediation, case-management, psychosocial support, education, and reporting to court on progress.

4 Identify cases of violations in the justice system and take measures to stop them and prevent them from reoccurring:

Create a team of experts who can identify, manage, and address cases of violations against children who encounter the law. The team should consist of lawyers, social workers, medical and mental health practitioners, and human rights workers.

Want to learn more?

Check out:



CPWG (2014) *Minimum Standards for Child Protection in Humanitarian Action*. <http://cpwg.net/minimum-standards/>

United Nations (2008). *United Nations Common Approach to Justice for Children*.

UNODC, UNICEF (2009). *Justice in matters involving children as victims and witnesses of crime (child-friendly version)*.

UNICEF, Innocenti Research Centre and Harvard Law School (2010). *Children and Transitional Justice*.

OHCHR (2008). *Human rights in the administration of justice, a manual on human rights for judges, prosecutors and lawyers*.

Harborview Center for Sexual Assault (2009) *Child Interview Guide*.

UNICEF's *Toolkit on Diversion and Alternatives to Detention*, available at: http://www.unicef.org/tdad/index_55653.html

21 MAINSTREAMING CHILD PROTECTION IN OTHER SECTORS



GOAL

To incorporate child protection priorities in all aspects of humanitarian assistance

CPMS standard 19-26

Mainstreaming or integrating child protection in other areas refers to incorporating child protection priorities into other sectors' programming and operations. While governments are the primary duty-bearers responsible for protecting children during emergencies, it is the duty and responsibility of everyone working with children to ensure their safety and wellbeing. If children receive assistance in an efficient and sensitive manner then threats to their safety and security will be prevented. Child protection teams rely on support from other sectors to protect children against violence, abuse, exploitation, and neglect. This can be achieved through working collaboratively to ensure that all emergency programmes and services a) do not put children at risk of violence, exploitation, abuse, or neglect, and b) improve the overall safety, security and wellbeing of children. Specific child protection mainstreaming efforts will vary widely depending on the type of emergency, actors' capacity, and the priorities for service delivery. All successful mainstreaming efforts start with joint-programming and collaboration between the different government agencies. Child protection priorities have to be highlighted and upheld at the highest levels of government and prioritized in the work of the central emergency management unit.

Implementation list

1 Identify other sectors and actors working in related areas:

Sectors working collaboratively on child protection in emergencies include education, health, and water and sanitation sectors among others. It is important to get to know staff working in each of these departments, at all levels, and to establish strong working relations.



2 Promote better collaboration between the sectors: Advocate for child protection issues within other sectors. Acknowledge that each area has its own unique knowledge, expertise, and wisdom that can contribute to better protection for children. Stress on the importance of combining knowledge and expertise in order to improve services.

3 Determine the method of integrating child protection in other sectors:

Child protection mainstreaming is most effective when special child protection issues are incorporated into the programme designs and plans of other sectors. Child protection staff should attend meetings in all areas and be involved in joint planning sessions.

4 Identify common goals and areas of work: In close coordination with staff in all sectors, define joint objectives, and prioritize activities and programmes that can improve conditions for children. Determine common areas of cooperation including: providing health and medical services to victims of maltreatment, safe access to water and hygiene facilities for children, and prevention of maltreatment and dangers to children through education in schools and other areas.

5 Establish case referral systems and link victims to the services they need:

All staff working with children have the opportunity to identify those who are at risk of maltreatment, and those who have been exposed to maltreatment. In order to provide a well-rounded response to them, a strong case-referral system should be established to link them to all the services they need. Establishing case-referral mechanisms is an opportunity for different sectors to work together and to build stronger partnerships.

6 Provide on-going capacity building and training for staff in other sectors:

Staff working with children in education, health, and other sectors need to be updated on the latest knowledge and information in child protection. Provide them with frequent training, educate them on special concerns and dangers that children face in emergencies. Focus on the mitigation of risk factors, identification of cases, and proper referral processes.

Guiding notes for actors in other sectors

- ✓ Make sure child protection teams are invited to participate in planning and coordination meetings.
- ✓ Invite child protection teams to train your staff on child protection issues, code of conduct for working with children, and how to detect and report cases of violence, exploitation, abuse, and neglect.
- ✓ Ensure that children are your primary beneficiaries in service provision, and consult child protection teams on your methods of service delivery.
- ✓ Always keep in mind vulnerable sub-groups such as children with disabilities, minority children, victims of violence etc.
- ✓ Establish open and continuous channels of communication with child protection teams, and perform joint assessments and monitoring exercises to evaluate the success of your programmes in protecting children.

Want to learn more?

Check out:

UN Pacific. 'What is Joint Programming?'

http://www.pacific.one.un.org/index.php?option=com_content&task=view&id=117&Itemid=168

CPWG (2014) *Minimum Standards for Child Protection in Humanitarian Action*.
<http://cpwg.net/minimum-standards/>

UNDG (2015) *Introduction to Transition Toolkit*

<http://toolkit.undg.org/overview>

Education Cluster (2012). *Protecting Education in Conflict Affected Countries*.

INEE (2010). *Child protection and education toolkit*.

IRC (2008). *Clinical Care for Sexual Assault Survivors: a Multimedia Training Tool. Facilitator's Guide*

WHO (2008). *Manual for the health care of children in humanitarian emergencies*.

UNICEF (2011). *Water, Sanitation and Hygiene for Schoolchildren in Emergencies: A Guidebook for Teachers*.



22 MONITORING AND EVALUATION



GOAL

To monitor and evaluate CPIE projects and programmes and to incorporate lessons learnt

UNICEF Pacific standard

Monitoring and evaluation is an essential exercise to determine whether CPIE programmes are leading towards the desired outcome of protecting children in emergencies and after. It is a process through which we examine our programme efforts and assess the extent to which they are relevant, efficient, and effective. It is part of quality assurance and helps us improve services and strengthen the impact of our work. It involves classifying our programme activities, and gathering and analysing data about them in such a way that recognizes achievements and identifies gaps. It helps us learn from past mistakes and ensures we do not repeat them. The information generated through M&E is essential for managers' decision making. It is also used for reporting to donors and providing forecasts for future funding.

Implementation list



- 1 Identify project/programme objectives:** Define both the broader goals and the sub-goals of a particular child protection emergency project or programme. The objectives of a child protection programme, for example, would typically be to strengthen the overall child protection system in a country, to provide psychosocial support to victims of maltreatment, to build awareness on child abuse through advocacy and media, or to combat violence against children. Programme objectives have to be clear and specify a goal to strive towards.
- 2 Assess whether or not your project is reaching its goals:** This can be achieved by creating indicators to measure performance and success in reaching goals. Indicators are instruments used for measuring conditions that are difficult to analyse or measure. For example, if we want to measure how successful we are in raising awareness on dangers to children in emergencies, we can look at the number of campaigns with key messages conducted as one of the indicators to determine whether or not we are indeed reaching the goal. Other indicators include the number of staff working on the campaigns, the amount of communication material produced and disseminated, and the number of children who can identify the dangers as a result of our messages.
- 3 Identify the type of information and tools needed for measurement:** Depending on the type of indicators used, you can either collect quantitative data (i.e. number of cases referred, number of children aware of dangers, number of campaigns held etc.), or qualitative data gathered through interviews or surveys on knowledge, attitudes, and behaviour change towards a particular issue.
- 4 Analyse the information and evaluate success:** Consolidate the data and compare it against the objectives and goals you have defined for the project. Assess whether efforts are successful in reaching the desired outcomes. Document, organize, and save all information for future reference.

Want to learn more?
Check out:



UNICEF (2005) Child Protection Policies and Procedures Toolkit, Stage 6 Monitoring and Evaluation.

UNDP (2009) Handbook on Planning, Monitoring and Evaluating for Development Results.

World Bank (2007) Monitoring and Evaluation: Tips by Yumi Sera and Susan Beaudry.

USAID (2004) Monitoring HIV/AIDS Programs: A Facilitator's Training Guide. Module 8: Monitoring and Evaluating Orphans and other Vulnerable Children Program. <https://www.globalhivmeinfo.org/DigitalLibrary/Digital%20Library/Core%20Module%208%20Monitoring%20and%20Evaluating%20Orphans%2and%20Other%20Vulnerable%20Children%20Programs.doc>.

4

EARLY RECOVERY



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*Ellen (13 year old) is a student at St. Joseph's College in Vanuatu.
She is attending class in a 72-square-meter tent provided by UNICEF.*

PART 4 EARLY RECOVERY

23 CHILD PROTECTION AND EARLY RECOVERY



GOALS

- To adopt an early recovery approach to child protection in emergencies
- To strengthen the national child protection system while providing emergency assistance

UNICEF Pacific standard

Early recovery refers to shifting from the provision of short-term assistance to focusing on long-term sustainable solutions. Traditionally, early recovery was seen as a phase of humanitarian action that came after the initial emergency response phase, to usher efforts into a phase of stability and reconstruction. Recent thinking, however, shies away from looking at early recovery in a time-frame manner, and encourages us to think of it as a new model of providing humanitarian assistance from start to finish. The ‘early recovery’ approach to humanitarian assistance tells us that we need to adopt a long-term vision from the first day of the emergency, and to provide assistance in such a way that enables recovery and system rebuilding from the early stages. It cautions us against creating a new layer of emergency services, rather rely on the current national mechanisms of service delivery, refurbish them as quickly as possible so they can resume normally.

The early recovery approach is a model which encourages us to balance our response to immediate needs and efforts to rebuild the system and increase its ability to cope with future disasters. Particularly in the area of child protection, the early recovery approach is very useful, as it encourages us to regard emergency situations as an opportunity to re-examine the child protection system and to rebuild it while providing urgent needs. The early recovery approach is guided by values which aim to assist countries in strengthening their own capacity, lessen their reliance on foreign assistance, and support their overall political and economic progress. Principles that guide the early recovery approach include:

- Fostering national ownership, and supporting national actors to assume their responsibilities as duty bearers.**
- Supporting long-term national and local capacities:** To enable national actors to develop their capacity for humanitarian action in order to effectively be first resort providers. This includes working through local governance structures to plan and implement all relief work.

4 EARLY RECOVERY

- c **Balancing response to immediate needs with planning for recovery:** To encourage humanitarian actors to begin assuming a longer-term planning lens at the same time as working to save lives.
- d **Reducing risks and vulnerabilities:** Making sure that while we rebuild, we do it in such a way that strengthens systems' resilience to future disasters.

Implementation list



- 1 **Identify child protection concerns to integrate in early recovery efforts:** Determining child protection long-term concerns will rely on an examination of the current system and its effectiveness. For most countries in the region, a child protection systems mapping has been done (See following page for links to documents). These documents highlight the strengths of the child protection national systems, as well as the areas in need of assistance. This information can be extremely useful in designing emergency responses and early recovery efforts. It is important to keep in mind that the rapid assessment process conducted to determine immediate needs in an emergency should also collect information on long-term needs and goals. The rapid assessment process should consider pre-existing information on potential risks, harms, and dangers to children for the short and long-term.
- 2 **Build government, community, and child protection capacities and systems:** Early recovery provides an opportunity to revisit existing structures and mechanisms and to improve on them. Start by advocating and planning for a stronger child protection system and allocating funds and staff to work on child protection in the different sectors. Focus on certain problem areas, for example legislation or social welfare, and work on filling the gaps in these areas while providing emergency needs.
- 3 **Ensure integration of child protection priorities and fulfilment of children's rights in security and justice sector reform:** Rebuilding the security and justice systems is a prerequisite to a strong child protection system. Ensure staff are well aware of risks, forms of maltreatment, and ways to efficiently process cases of violence, exploitation, abuse, and neglect. Build on and strengthen national birth registration capacities.
- 4 **Strengthen the capacity of the existing child welfare system:** Advocate and strengthen community-based foster care systems for unaccompanied and orphaned children. Advocate against premature adoption and continue family tracing efforts.

- 5 Strengthen community-based mechanisms to prevent and combat child maltreatment:** Foster social and community networks and relationships to ensure the protection of vulnerable children. Initiate educational and advocacy activities on child protection risks, responses, and models of psychosocial support.
- 6 Strengthen coordination mechanisms for child protection:** Establish new internal coordination mechanisms for effective communication and collaboration on child protection cases. Create stronger case-referral systems to ensure collective support for child survivors.
- 7 Initiate community-supported approaches to social reintegration and livelihood for vulnerable women and children:** Ensure that vulnerable women and children affected by the disaster have a non-stigmatizing way of rebuilding their lives and livelihoods. Educate communities on providing psychosocial support for these groups. Ensure ease of access to services and prioritization in all recovery programmes and efforts.

Want to learn more?

Check out:



For Baseline Reports and studies on the child protection systems in the pacific region please go to the UNICEF Pacific Publications page, under Child Protection Publications:
http://www.unicef.org/pacificislands/resources_10989.html

UNICEF (2011). Early Recovery Approach Technical Note.

<http://www.unicefinemergencies.com/downloads/eresource/docs/DRR/ER%20Techinal%20Note%20FINAL.docx>

UNICEF (2010) Working Paper on Adapting a systems Approach to Child Protction: Key Concepts and Considerations.

http://www.unicef.org/protection/files/Adapting_Systems_Child_Protection_Jan__2010.pdf

UNDG (2015) Introduction to Transition Toolkit.

<http://toolkit.undg.org/overview>

CPWG (2014) Minimum Standards for Child Protection in Humanitarian Action.
<http://cpwg.net/minimum-standards/>

CPWG (2013) IA CPiE Face to Face Training on Child Protection in Emergencies, S-19, Early Recovery.<http://cpwg.net/?s=early+recovery>

UNDP Early recovery website: http://www.undp.org/content/undp/en/home/ourwork/crisispreventionandrecovery/focus_areas/early-recovery.html

ANNEXES



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Parents and children waiting for the boat at the building remains at the wharf of Nui Island in Tuvalu, which was hit by Cyclone Pam in March 2015. All 672 residents were affected, and roads and infrastructure were badly damaged. The cyclone destroyed 12 houses and displaced 60 people. Many other houses as well as roads and infrastructure were badly damaged.

ANNEX 1 PACIFIC ISLANDS COMMITMENT TO CHILD PROTECTION IN EMERGENCIES DOCUMENTS

FIJI ISLANDS, SAMOA, SOLOMON ISLANDS AND VANUATU

Pacific Child Protection in Emergencies Workshop

9-13 December 2013, Nadi, Fiji Islands

We, the “Participants” from government, national and International organizations to the Pacific Child Protection in Emergencies Workshop representing Fiji, Samoa, Solomon Islands and Vanuatu recognize:

- Pacific Island Countries are extremely vulnerable to disasters and the effects of climate change. The Pacific sub-region continues to rank extremely high in world disaster risk assessments. Four Pacific Island Countries are within the 15 top countries with the highest World Risk Index. Recent years have seen an increase in the frequency and the severity of disasters.
- Children represent a significant percentage of the affected populations in emergencies. (Often between 40-60% of those affected are children). Disasters pose to children in our countries new protection risks, exacerbate existing ones and undermine protection mechanisms.

In response to above, we the “Participants” aim at establishing and strengthening functional and reliable child protection systems able to prevent and respond at all the phases of the humanitarian cycle, preparedness, response and recovery. For the purpose, we make express and strong commitment towards the following areas:

- 1 Coordination:** Relevant and responsible authorities, humanitarian agencies, civil society organizations and representatives of affected populations coordinate their child protection efforts in order to ensure full, efficient and timely response.
- 2 Communication:** Messages on child protection risks and safety are used to raise awareness amongst children themselves, their caregivers and communities.

All modes of communication available are to be considered. Radio, written media, social media, TV, etc. where relevant, functional and effective. Communication efforts also need to include and consider traditional ways of conveying messages within communities.

3 Prevention and response: All possible efforts to be made towards effectively preventing and responding to child abuse, neglect, exploitation and violence including physical and sexual violence against children.

- “Girls” and “boys” are protected from sexual violence and survivors have access to services. Appreciating the links between gender-based violence and child abuse, efforts are to be coordinated.
- Strengthening children, families, communities coping mechanisms and resilience including provision of psychosocial support to “girls” and “boys” and their families.
- Family separation is prevented and responded to especially when displacement occurs. Unaccompanied and separated children need to be cared and protected in accordance with their best interests.
- National legal frameworks and plans will increasingly incorporate and adequately address child protection concerns, acknowledging the adverse and often detrimental effects of emergencies on children. Additionally, support children’s access to justice and when appropriate and relevant consider community-based solutions when the formal system is not accessible/functional in emergencies.
- Children have access to community supported child-friendly spaces with age appropriate activities conducted in a safe, stimulating and nondiscriminatory manner.
- Basic services and protection are inclusive of all children, delivered impartially and addressing the needs of most vulnerable children, including children with disabilities and their families.

4 Mainstreaming child protection in emergencies: Mainstreaming child protection or ensuring that child protection considerations inform all aspects of humanitarian action. This will maximize the child protection impact of the work that humanitarian sectors/clusters undertake and further complies with the “do no harm” principle. Adequate cross sectoral response contribute to the effective rehabilitation and reintegration of children affected by violence.

5 Child protection monitoring and evaluation: Child protection interventions will build on existing capacities and structures where possible and create new ones where needed to address child protection concerns in emergencies. Therefore we consider monitoring and evaluation as key to inform of any needs for adjustments and development of plans as well as document progress and extract lessons as part of the efforts in increasing preparedness in subsequent seasons.

We the “Participants” declare that all actions and efforts are to be undertaken in line with existing national legal instruments and plans as well as the international legal framework, more specifically we make explicit commitment towards the

four pillars of the Convention of the Rights of the Child: Best Interests of the Child, Non Discrimination, Child Survival and Development and Child Participation. We additionally reiterate our commitment towards the core principles of humanitarian action.

We the “Participants” call on our Governments to recognize the importance of Child Protection in emergencies and to advocate and mobilize adequate financial and human resource to prioritize child protection in national agendas.

We the “Participants” are committed in our personal and professional capacity to do our utmost for the advancement of the protection of children in our respective Pacific Island Countries.

THE PALAU COMMITMENT 2014

Federated States of Micronesia, Republic of Palau, the Kingdom of Tonga and the Republic of Marshall Islands

Palau Commitment to Child Protection in Emergencies 2014

*North Pacific Child Protection in Emergencies Workshop
10-14 November 2014, Koror, Palau*

We, the “Participants” from government, national and international organizations to the North Pacific Child Protection in Emergencies Workshop representing Federated States of Micronesia, Republic of Palau, the Kingdom of Tonga and Republic of Marshall Islands recognize:

- Pacific Island Countries are extremely vulnerable to disasters and the effects of climate change. Pacific islands continue to rank extremely high in world disaster risk assessments. Four Pacific Island Countries are within the 15 top countries with the highest World Risk Index. Recent years have seen an increase in the frequency and the severity of disasters.
- Children (up to the age of 18) represent a significant percentage of the affected populations in emergencies. (Often between 40-60% of those affected are children.) Disasters pose to children in our countries new protection risks, exacerbate existing ones and undermine protection mechanisms.

In response to above, we the “Participants” aim at establishing and strengthening functional and reliable child protection systems able to prevent and respond at all the phases of the humanitarian cycle, preparedness, response and recovery. For the purpose, we strongly commit towards the following areas:

- 1 **Coordination:** Relevant and responsible authorities, governments, humanitarian agencies, civil society organizations and representatives of affected populations coordinate their child protection efforts in order to ensure full, efficient and timely humanitarian action.
- 2 **Communication and consultation:** Messages on child protection risks and safety are used to raise awareness amongst children themselves and for caregivers, in schools, homes and communities. All modes of communication available are to be considered and utilized – radio, written media, social media, telephone, TV, etc. where relevant, functional and effective. Communication efforts also need to include and consider traditional ways of conveying messages within communities. Recognizing that children are best placed to know the risks they face and the best mechanisms for response, we commit to actively consulting them and to acting upon the information they provide.
- 3 **Prevention and response:** All possible efforts to be made towards effectively preventing and responding to child abuse, neglect, exploitation and violence including physical, emotional and sexual violence against children.
 - National legal frameworks and plans will increasingly incorporate and adequately address child protection concerns, acknowledging the adverse and often detrimental effects of emergencies on children. Additionally, we will support children’s access to justice as and when appropriate and relevant, and considering community-based solutions when the formal system is not accessible/functional in emergencies.
 - “Girls” and “boys” are protected from sexual violence and survivors have safe and confidential access to services. Appreciating the links between gender-based violence and child abuse, efforts are to be coordinated.
 - Strengthening children’s, families’ and communities’ coping mechanisms and resilience will include provision of psychosocial support to “girls” and “boys” and their families.
 - Family separation is prevented and responded to especially when dis-placement occurs, especially within informal and family networks. Unaccompanied and separated children need to be cared and protected in accordance with their best interests.
 - Children have access to community supported child friendly spaces with age appropriate activities conducted in a safe, stimulating and non-discriminatory manner.
 - Basic services and protection are to be inclusive of all children, delivered impartially and addressing the needs of most vulnerable children: children with disabilities, children living in poverty, children from ethnic/linguistic minority groups, and their families.

- 4 Mainstreaming child protection in emergencies:** Mainstreaming child protection, ensuring that child protection considerations inform all aspects of humanitarian action. This will maximize the child protection impact of the work that humanitarian sectors/clusters undertake and further comply with the “do no harm” principle. Adequate cross-sectoral responses contribute to the effective rehabilitation and reintegration of children affected in disasters.
- 5 Child protection monitoring and evaluation:** Child protection interventions will build on existing capacities and strengthen structures where possible to address child protection concerns in emergencies. Monitoring and evaluation are key to inform of any needs for adjustments and development of plans as well as document progress and extract lessons as part of the efforts in increasing preparedness in subsequent seasons. Participants commit to consultative, inclusive, ethical and timely monitoring and evaluation, and to acting upon any child protection concerns identified.

We the “Participants” declare that all actions and efforts are to be undertaken in line with existing national legal instruments and plans as well as the international legal framework. More specifically we make explicit commitment towards the four overarching pillars of the Convention of the Rights of the Child: Best Interests of the Child, Non Discrimination, Child Survival and Development and Child Participation. We additionally reiterate our commitment towards the core principles of humanitarian action.

We the “Participants” call on our Governments to recognize the importance of Child Protection in emergencies and to advocate and mobilize adequate financial and human resource to prioritize child protection in national agendas.

We the “Participants” are committed in our personal and professional capacity to do our utmost for the advancement of the protection of children in our respective Pacific Island Countries.

Palau, 13 November 2014

*Participants North Pacific Child Protection in Emergencies Workshop
10-14 November 2014, Koror, Palau*

ANNEX 2 COMMUNICATION STRATEGY AND KEY MESSAGES

MESSAGES FOR CHILDREN

Messages	Some as for parent	Methods of communication	Indicators
<ul style="list-style-type: none"> Know where your family is if you are not together 	Immediate, during emergency	<ol style="list-style-type: none"> Raise awareness in camps Disseminate through radio Use IEC materials (Posters, pamphlets, flash cards) 	<ol style="list-style-type: none"> Number of awareness sessions and number of people reached Messages are aired/broadcast Number of IEC materials Cases of children responding to the message
<ul style="list-style-type: none"> Know where your safe places are in the community (chapel, schools, community halls) 	Before, during emergency	<ol style="list-style-type: none"> Raise awareness in camps Disseminate through radio Use IEC materials (posters, pamphlets, flash cards, maps) 	<ol style="list-style-type: none"> Number of awareness sessions and number of people reached Messages are aired/broadcast Number of IEC materials Cases of children responding to the message
<ul style="list-style-type: none"> If you go out to school, play or anywhere, tell your family where you are going 	Before, during, after emergency	<ol style="list-style-type: none"> Raise awareness in camps, schools, churches Use IEC materials 	<ol style="list-style-type: none"> Number of awareness sessions and number of people reached Number of IEC materials
<ul style="list-style-type: none"> If you are forced to flee, stay with your families and hold on to your mum and dad, aunts, uncles, elder brothers or sisters' hand 	After emergency	<ol style="list-style-type: none"> Raise awareness in camps, schools, churches Use IEC materials 	<ol style="list-style-type: none"> Number of awareness sessions and number of people reached Number of IEC materials
<ul style="list-style-type: none"> If you lose your family, look for other parents or someone you can trust 	Before, during, after emergency	<ol style="list-style-type: none"> Raise awareness in camps Disseminate through radio Use IEC materials (posters, pamphlets, flash cards) 	<ol style="list-style-type: none"> Number of awareness sessions and number of people reached Messages are aired/broadcast Number of IEC materials Cases of children responding to the message
<ul style="list-style-type: none"> Know your parents' names and contact numbers 	Before, after emergency	<ol style="list-style-type: none"> Raise awareness in camps Disseminate through radio Use IEC materials (posters, pamphlets, flash cards) 	<ol style="list-style-type: none"> Number of awareness sessions and number of people reached Messages are aired/broadcast Number of IEC materials Cases of children responding to the message

MESSAGES FOR PARENT

Messages	Urgency of dissemination (timing)	Methods of communication	Indicators
<ul style="list-style-type: none"> Strive to keep the family together 	During emergency	<ol style="list-style-type: none"> 1 Raise awareness in camps 2 Disseminate through radio 3 Use IEC materials (posters, pamphlets, flash cards) 	<ol style="list-style-type: none"> 1 Number of awareness sessions and number of people reached 2 Messages are aired/broadcast 3 Number of IEC materials 4 Cases of children responding to the message
<ul style="list-style-type: none"> Try not to be separated from your children for long periods of time 	After emergency	<ol style="list-style-type: none"> 1 Raise awareness in camps 2 Disseminate through radio 3 Use IEC materials (posters, pamphlets, flash cards) 	<ol style="list-style-type: none"> 1 Number of awareness sessions and number of people reached 2 Messages are aired/broadcast 3 Number of IEC materials 4 Cases of children responding to the message
<ul style="list-style-type: none"> Know where your children are at all times 	During, after emergency	<ol style="list-style-type: none"> 1 Raise awareness in camps 2 Disseminate through radio 3 Use IEC materials (posters, pamphlets, flash cards) 	<ol style="list-style-type: none"> 1 Number of awareness sessions and number of people reached 2 Messages are aired/broadcast 3 Number of IEC materials 4 Cases of children responding to the message
<ul style="list-style-type: none"> Do not promise children things you cannot provide 	After emergency	<ol style="list-style-type: none"> 1 Raise awareness in camps 2 Disseminate through radio 3 Use IEC materials (posters, pamphlets, flash cards) 	<ol style="list-style-type: none"> 1 Number of awareness sessions and number of people reached 2 Messages are aired/broadcast 3 Number of IEC materials 4 Cases of children responding to the message
<ul style="list-style-type: none"> Promise that you will do anything you can to protect them 	During, after emergency	<ol style="list-style-type: none"> 1 Raise awareness in camps 2 Disseminate through radio 3 Use IEC materials (posters, pamphlets, flash cards) 	<ol style="list-style-type: none"> 1 Number of awareness sessions and number of people reached 2 Messages are aired/broadcast 3 Number of IEC materials 4 Cases of children responding to the message

MESSAGES FOR PARENT (continued)

Messages	Urgency of dissemination (timing)	Methods of communication	Indicators
<ul style="list-style-type: none"> Talk to the children, pay attention to them, let them explain their concerns and fears 	During, after emergency	<ol style="list-style-type: none"> 1 Raise awareness in camps 2 Disseminate through radio 3 Use IEC materials (posters, pamphlets, flash cards) 	<ol style="list-style-type: none"> 1 Number of awareness sessions and number of people reached 2 Messages are aired/broadcast 3 Number of IEC materials 4 Cases of children responding to the message
<ul style="list-style-type: none"> Give children accurate information about what is happening 	Before, during, after emergency	<ol style="list-style-type: none"> 1 Raise awareness in camps 2 Disseminate through radio 3 Use IEC materials (posters, pamphlets, flash cards) 	<ol style="list-style-type: none"> 1 Number of awareness sessions and number of people reached 2 Messages are aired/broadcast 3 No. of IEC materials 4 Cases of children responding to the message
<ul style="list-style-type: none"> Try to maintain everyday routine like eating, bathing and sleeping 	After emergency	<ol style="list-style-type: none"> 1 Raise awareness in camps 2 Disseminate through radio 3 Use IEC materials (posters, pamphlets, flash cards) 	<ol style="list-style-type: none"> 1 Number of awareness sessions and number of people reached 2 Messages are aired/broadcast 3 Number of IEC materials 4 Cases of children responding to the message
<ul style="list-style-type: none"> Continue breastfeeding 	During, after emergency (always)	<ol style="list-style-type: none"> 1 Raise awareness in camps 2 Disseminate through radio 3 Use IEC materials (posters, pamphlets, flash cards) 	<ol style="list-style-type: none"> 1 Number of awareness sessions and number of people reached 2 Messages are aired/broadcast 3 Number of IEC materials 4 Cases of children responding to the message
<ul style="list-style-type: none"> Encourage children to help, children cope better and recover sooner when they help others 	After emergency	<ol style="list-style-type: none"> 1 Raise awareness in camps 2 Disseminate through radio 3 Use IEC materials (posters, pamphlets, flash cards) 	<ol style="list-style-type: none"> 1 Number of awareness sessions and number of people reached 2 Messages are aired/broadcast 3 Number of IEC materials 4 Cases of children responding to the message

MESSAGES FOR PARENT (continued)

Messages	Urgency of dissemination (timing)	Methods of communication	Indicators
<ul style="list-style-type: none"> Encourage children to do school work even if there are no schools 	After emergency	<ol style="list-style-type: none"> 1 Raise awareness in camps 2 Disseminate through radio 3 Use IEC materials (posters, pamphlets, flash cards) 	<ol style="list-style-type: none"> 1 Number of awareness sessions and number of people reached 2 Messages are aired/broadcast 3 Number of IEC materials 4 Cases of children responding to the message
<ul style="list-style-type: none"> Caring for children and telling them you love them will reassure them 	During, after emergency	<ol style="list-style-type: none"> 1 Raise awareness in camps 2 Disseminate through radio 3 Use IEC materials (posters, pamphlets, flash cards) 	<ol style="list-style-type: none"> 1 Number of awareness sessions and number of people reached 2 Messages are aired/broadcast 3 Number of IEC materials 4 Cases of children responding to the message
<ul style="list-style-type: none"> Do not criticise children for the changes in their behaviour such as being 'clingy' to parents or caregivers, bedwetting, clumsiness or seeking reassurance frequently. 	During, after emergency	<ol style="list-style-type: none"> 1 Raise awareness in camps 2 Disseminate through radio 3 Use IEC materials (posters, pamphlets, flash cards) 	<ol style="list-style-type: none"> 1 Number of awareness sessions and number of people reached 2 Messages are aired/broadcast 3 Number of IEC materials 4 Cases of children responding to the message
<ul style="list-style-type: none"> Do not show anger or aggression in front of your children 	During, after emergency	<ol style="list-style-type: none"> 1 Raise awareness in camps 2 Disseminate through radio 3 Use IEC materials (posters, pamphlets, flash cards) 	<ol style="list-style-type: none"> 1 Number of awareness sessions and number of people reached 2 Messages are aired/broadcast 3 Number of IEC materials 4 Cases of children responding to the message

ANNEX 3 SAMPLE CHILD PROTECTION RAPID ASSESSMENT FORM

This assessment form must be translated into the local language.

Introduce yourself: Introduce yourself and your organization to respondents, and explain that the purpose of the assessment is to help organizations make good decisions about how best to work with and support affected communities.

Don't make promises of assistance: Make certain that interviewees know that how, when and where protection assistance is provided will depend on many factors.

Obtain consent: Gaining consent means making sure people know why you are asking questions and also what the information will be used for. Emphasize that participation in an interview is optional and that all information shared will be kept confidential and secure. Interviewees may request to skip questions that they are not comfortable answering.

Write clearly and concisely: Please write **clearly and briefly**, using the last page for additional information.

Observe local cultural practices: Assessors must observe cultural principles, for example women questioning women (where this is appropriate).

Respect interviewees time and needs: Use your judgment in carrying out the assessment and consider the needs of interviewees. **You do not need to complete every question** but rather focus on the questions that are most relevant to the situation.

Do no harm: When gathering information on sensitive issues, there may be difficult choices to make about whom to approach; the potential risks to respondents of providing sensitive information; as well as whether, where and how to approach them. Careful decision must be made to minimize any potential risk to interviewees. In general, only seek information that respondents feel comfortable and safe providing, but also consider the risks to children of not obtaining information on immediate threats to their safety. Be sensitive to information that may be socially or politically sensitive.

CHILD PROTECTION RAPID ASSESSMENT (CPRA) FORM

Date of record:

Location: Community, Ward, Province

Interviewee: Interviewer/organization:

Period covered by the assessment:

DEMOGRAPHIC INFORMATION

- 1 Number of children in the community:

Boys	Girls
0-7	0-7
7-12	7-12
12-18	12-18
Don't Know	Don't Know

Source of information

- 2 Are there children with specific needs? Which?

- Disabled
- Orphaned
- Separated
- Other

- 3 Are there vulnerable households?

- Female headed
- Child headed
- Elderly headed

- 4 Are any children separated from their parents/care givers?

- No
- Yes, causes of separation
 - Loss of parent/caregivers
 - Death of parent
 - Relocation
 - Other

- 5 Who currently look after these children?

- Relative
- Church
- Social Welfare Division
- Care Centre
- Local NGOs, Please indicate
- INGOs, Please indicate
- Other, Please indicate

- 6 Who currently provide support to children?

- Relative
- Church
- Social Welfare Division
- Care Centre
- Police
- Local NGOs, Please indicate
- INGOs, Please indicate
- Other, Please indicate

- 7 Has anyone ever come to take children away from parents?

- No
- Yes, Please indicate
 - Who
 - When
 - Motivation

- 8 What are the major threats and concerns for children's security and well-being?

- 9 Are there safe spaces and activities where children can play freely?

- No
- Yes, organized by

ANNEX 4 RAPID ASSESSMENT 'WHAT WE NEED TO KNOW' SHEET

1 Unaccompanied and separated children

- Patterns of separation from usual caregivers of boys and girls
- Types of care arrangements for separated and unaccompanied children and existing gaps
- Capacities and mechanisms in the community to respond to child separation
- Patterns and levels of institutionalization of children
- Laws, policies and common practices on adoption (in and out of country)

2 Dangers and injury

- Nature and extent of any hazards for children in the environment (i.e. open pit latrines, dangling electrical wires, landmines or other explosives in the vicinity of the residence, small arms, camps close to roads, etc.)

3 Physical violence and other harmful practices

- Types and levels of violence towards girls and boys in the community
- Causes and level of risk of death and/or severe injury to children resulting from violence and/or harmful practices
- Existence of active participation of children in acts of violence
- Existing scale of child marriage and likely new risks as a result of the emergency

4 Sexual violence

- Specific risks of sexual violence for girls and boys
- How different forms of sexual violence are viewed by families (including youth/children), community leaders and government counterparts, and how this is normally dealt with
- Availability and accessibility of essential sexual violence response services for children (especially health and psychosocial services)
- Common harmful practices (domestic and/or societal)

5. Psychosocial distress and mental disorders

- Sources of stress and signs of psychosocial distress among girls and boys and their caregivers
- Children's and their caregivers' (positive and negative) coping mechanisms
- Capacities for provision of people/resources at the community level to provide support for children

6 Protecting excluded children

- Accessibility of basic services to children, regardless of their age, sex, background and their different abilities
- Risks and types of discrimination against specific groups of children
- Information needs and communication channels
- Common information-sharing channels (for children and adults) and child protection information needs

7 Child labour

- Existing patterns and scale of the worst forms of child labour
- Likely increase in children's exposure to worst forms of child labour as a result of the emergency
- Likely new worst forms of child labour that could emerge as a result of the emergency

Adapted from the CPWG "Child Protection Rapid Assessment Toolkit, 2012".

ANNEX 5 STAFF CODE OF CONDUCT AGREEMENT

CODE OF CONDUCT

In order to prevent sexual exploitation and abuse, the following core principles have to be respected by anyone engaging in humanitarian assistance or taking part in reconstruction activities in Pacific Island Countries:

- All humanitarian workers have to follow international humanitarian principles including impartiality and neutrality.
- Sexual exploitation and abuse by humanitarian workers constitute acts of gross misconduct and are therefore grounds for termination of employment.
- Sexual activity with children (persons under the age of 18) is prohibited regardless of the age of majority or age of consent locally. Mistaken belief regarding the age of a child is not a defence.
- Exchange of money, employment, goods, services or false promises for sex, including sexual favours or other forms of humiliating, degrading or exploitative behaviour is prohibited, including favouritism or procurement of such services for third parties. This includes exchange of assistance that is due to beneficiaries.
- Sexual relationships between humanitarian workers and beneficiaries are strongly discouraged since they are based on inherently unequal power dynamics. Such relationships undermine the credibility and integrity of humanitarian aid work.
- Where a humanitarian worker develops concerns or suspicions regarding sexual abuse or exploitation by a fellow worker, whether in the same agency or not, he or she must report such concerns via established agency reporting mechanisms.
- Humanitarian workers are obliged to create and maintain an environment which prevents sexual exploitation and abuse and promotes the implementation of this code of conduct. Managers at all levels have particular responsibilities to support and develop systems which maintain this environment, including referrals to counselling/rehabilitation services for employees

Place and date:

Name and signature:

.....

.....

ANNEX 6 GENERIC TOR FOR COORDINATING BODY

TERMS OF REFERENCE CHILD PROTECTION SUB-WORKING GROUP

Objective

The Child Protection Sub-working Group (CP SWG) is a coordinating body with the objective to strengthen and harmonize emergency child protection (CP) interventions for boys and girls affected by the crisis, with a particular focus on unaccompanied and separated children (UASC), the worst forms of child labour, children associated with armed forces and armed groups (CAAFAG), violence against children and children in conflict with the law.

Child Protection Definitions

The CP SWG has adopted the definition of Child Protection in Emergencies as 'the prevention of and response to abuse, neglect, exploitation of and violence against children in emergencies' as agreed by the Global Child Protection Working Group (2014), the Minimum Standards for Child Protection in Humanitarian Action (2012).

Structure of the CP SWG

The CP SWG is a Sub-working Group of the Protection Working Group. The CPSWG will meet every second Tuesday of the month. Extraordinary meetings and ad-hoc task forces are created by the chairs and at the request of members of the CP SWG, when this is considered necessary to address an urgent issue. These ad-hoc Task Forces and field-based Sub-Working Groups report to the national CP SWG. A draft agenda is circulated to members of the CP SWG not later than three days before the regular bimonthly meeting (i.e. every two weeks), giving the members the opportunity to suggest additional items for discussion. Draft minutes are circulated within three days of the meeting.

Key Tasks of the CP SWG

1 Improving coordination and information sharing

- a Identify trends and emerging issues and coordination in interventions with other sectors.
- b Ensure that appropriate partners are continuously engaged in working group meetings, activities and informationsharing.
- c Develop and maintain a training information matrix.
- d Maintain sector information contained on the data website, including by ensuring the regular updating of matrices and the protection website, and the development of other information management tools in accordance with other inter-agency information management and reporting tools.

- e Maintain sector-specific information on the website (guidelines and other resource tools).
- f Update the ToR on an annual basis, or when needed if there is a change in the context.
- g Develop a Strategy and a Work Plan and revise them once a year or when needed.
- h Coordinate monitoring and evaluation including sharing and harmonizing tools and reporting on sector results.
- i Conduct regular mapping of the key areas related to prevention and response to CP issues.
- j Update the CP Briefing Note quarterly.

2 Data collection and inter-agency case management systems

- a Collect data on the incidence of reports of violence and neglect against girls and boys and the responses, facilitated by the use of agreed upon Information and Case Management Systems.
- b Review and consolidate existing assessments on the CP situation and/or work with relevant agencies and the refugee and host populations to conduct relevant participatory assessments on CP.
- c Distribute regular and consistent reports to all stakeholders to keep them informed about the nature and extent of CP issues, activities undertaken and results achieved.

3 Child protection funding

- a Update mapping of partner activities with a view to identify gaps and propose projects to address prioritized needs.
- b Develop inter-agency fundraising appeals.
- c Explore other sources of funding and follow up with identification, and contact building with relevant donors.
- d Represent the CP SWG in donor fora and inter-agency funding mechanisms.
- e Provide necessary information to CP partners about funding opportunities, requirements and processes.
 - a Prioritize pooled funding proposals according to sector priorities as appropriate.

4 Mainstreaming child protection into other sectors

- a Regularly participate in various sector meetings to advocated for CP concerns as appropriate, ensuring that assessments, strategies and work plans include issues related to CP.

- b Enhance the participation of other sectors in the CP working group.
- c Monitor and assess services provided to children to identify child protection risks and provide recommendations accordingly.
- d Make periodic presentations in various fora.

5 Building capacity of child protection partners and mainstreaming

- a Promote the application of relevant national and international standards (national protocols, existing policy guidance, etc.).
- b Conduct trainings and workshops on CP for members of the CP SWG and members of other working groups, including refugee and host communities.
- c Support the capacity building of relevant stakeholders and service providers to undertake child protection in emergencies work consistent with the CP SWG priorities, including through the exchange of information, expertise and training on child protection.

6 Advocacy

- a Support community mobilization, behaviour change activities and develop/revise IEC materials.
- b Sensitize and advocate for specific actions for CP with international bodies.
- c Develop joint advocacy messages in coordination with other actors.

Responsibilities of members include:

- a Coordinate planning and assessments with all other actors to avoid duplication and address gaps, including geographical and programmatic gaps.
- b Regularly attend meetings and share information about activities, trends in violence against girls and boys, and challenges encountered in the field.
- c Actively participate in the activities of the working group, including leading and or participating in specific activities of the coordination group and development of common tools and approaches.
- d Designate focal points for managing communication from and to the group (e.g. data request).
- e Agree to follow guiding principles for ethical CP programming.

Leadership responsibilities:

- a Ensure the smooth running of operations and support coordination efforts in the field, and facilitate final endorsement on strategies and activities.
- b Identify existing service gaps and opportunities for programming and funding.

- c Promote close and effective collaboration with members and leadership of other working groups by encouraging participation, convening regular meetings, promoting coordination and information sharing among key actors.
- d Coordinate activities with wider emergency coordination body.
- e Participate in protection meetings and regularly report on all developments related to CP issues.
- f Provide updates on urgent national protection issues; networks, databases, training and funding opportunities.
- g Act as a link between the emergency and the protection teams.

Adapted from the document 'Terms of Reference, Child Protection Sub-Working Group, Jordan', available at: <https://data.unhcr.org/syrianrefugees/download.php?id=5657>

ANNEX 7 CONTENTS OF A CHILD'S RELIEF PACKAGE

Commonly non-food items (NFIs) for children are divided into categories of beddings clothing, toiletries and hygiene supplies, and recreational and learning materials. NFIs are often distributed in the form of relief packages (RPs), which are prepared in warehouses and include all the necessary items. Special attention has to be given to the age, sex, and special needs of persons in a household. Girls and boys will require different items depending on their age, health and needs. Pregnant and lactating mothers will require different items and must be engaged in designing their own RPs.

- ✓ **Clothes** including underwear, undershirts, t-shirts and trousers, sulu, skirts for girls (take into account traditional attire), socks and shoes. Ensure good materials, preferably high cotton content to avoid heat rashes. Depending on the weather coats and water-proof jackets should be included during colder weather.
- ✓ **Toiletries** should include toothbrush and toothpaste, deodorant, body lotion, wet wipes, toilet paper, tissue paper boxes, cotton balls, shampoo, hair brush, liquid soap, bar soap, sponges, hand sanitizers, and disposal plastic bags. Disinfectants, chlorine bleach and other cleaning supplies are necessary as well. For girls and women sanitary pads should be provided in adequate quantities, as well as hair bands. For boys shaving kits should be included depending on the age. Families with babies have to be provided with adequate supplies of diapers, wet wipes, baby talcum powder, diaper rash cream and Vaseline or petroleum jelly.
- ✓ **Bedding** including mattresses, a minimum of 2 bed sheets per person, pillows, and a blanket.
- ✓ **First aid kit** including sterile adhesive bandages in different sizes, safety pins, cleansing agent and antiseptic, latex gloves, sunscreen, gauze pads, scissors, tweezers, and a thermometer.
- ✓ **Recreation and learning equipment** can include books, stationery kits, a backpack, age-appropriate toys and games including colouring pads and crayons, puzzles, kites, building blocks etc. For teenagers consider sports equipment including Frisbees, footballs, badminton sets, chess or any other culturally appropriate recreational items. Cards, dominoes and board games can also be considered.

ANNEX 8 INTERVIEW STRUCTURE AND TECHNIQUE

- 1 Start by introducing yourself to the child, explain what you do, and the purpose of this conversation. Depending on the age of the child you may wish to offer them a pen and paper or colouring crayons to keep their hands busy.
- 2 Start the conversation with an ice-breaking exercise and some rapport building. Ask the child questions about their hobbies, school, foods, games, and activities they enjoy.
 - Ask questions like: “So before we get started, tell me a little bit about yourself”, “and Tell me what you like to do for fun?”
 - During this stage it is very important to listen patiently and let the child share as much as they want to. Pay attention to the child’s body language and only proceed when the child seems comfortable and ready.
- 3 Ensure the child understands the difference between fact and fiction. Explain to the child that it is important to talk about things that actually happened.
 - You can say something like: “I talk with lots of children. It’s always important that they tell me the truth and what really happened”.
- 4 Explain to the child that there are no right or wrong answers to their questions. Say that because you were not there, you will rely on them to tell you what happened.
- 5 Tell the child that it is OK to say ‘I don’t know’ when they are not sure of something, or ‘I don’t understand’ when they would like some clarification, and ‘I don’t remember’ when they cannot recall the particulars of a situation.
6. Transition to the more substantive part of the conversation when you feel that the child is ready. Start by saying something like: “Now I want to talk to you about why we are having this talk today, or why I came to see you today, or why you came to see me today”. Or you can ask “Did anyone talk to you about why we are having this conversation?” If the child answers in the positive, then encourage them to tell you what they think. If the child answers in the negative, then proceed to the next point.
- 7 Tell the child that you understand that something may have happened and ask them to tell you about it.
 - Simply say “I understand that something has happened, tell me about it”.
 - If the child has any physical marks like cuts, bruises, burns etc. then you can say “I see that you have a [cut, bruise, mark] over here. Tell me everything about that”.

- If the child is a bit reluctant, you can be more specific by saying “I understand that someone has done something that has bothered you. Tell me about that”.
 - If you know the time or location of the incident then you can say, “I heard that something might have happened in school, tell me about that,” or “I heard that something happened yesterday, tell me about that”.
 - Begin questions with “I heard that...” and follow up with “Tell me about that,” or “Tell me what happened”.
- 8 Avoid asking the child about the violator immediately or mentioning their names. Encourage them to recount the event and tell you who was involved in it.
 - 9 If the child is reluctant to talk and starts crying for example, say something like “I can see that you are very upset, tell me why”, or “I can see that you are very quiet, tell me why”.
 - 10 To clarify, or confirm what a child has told you say, “You said that Tell me again about that” or “You have told me a lot, and I want to make sure that I understood correctly”. Give the child permission to correct you if you make any mistakes in the course of re-capping what they have told you.
 - 11 At this point, it is important to counsel the child, and give them information on what to do and future steps. Do not ask a child to share their experiences if you are not trained on how to handle cases of maltreatment. Make sure there is a counsellor in the room who can manage this part of the conversation. Make sure you involve your local child protection authorities and discuss safety plans if there is potential risk to the child.
 - 12 To wind down the conversation, bring the child back to a neutral subject. Thank the child for trusting you enough to tell you about their experience. Ask them if they have any fears or feelings to share before you end the conversation.

Tips from the Washington State Child Interview Guide http://depts.washington.edu/hcsats/pro_guidelines.html#

ANNEX 9 ACTIVITIES IN CHILD-FRIENDLY SPACES

EQUIPMENT TO MAKE AVAILABLE AT A CHILD-FRIENDLY SPACES INCLUDE

1 Play and game equipment such as:

- ✓ Rope
- ✓ Rubber bands for shooting game
- ✓ Soccer balls
- ✓ Tennis balls and rackets or cricket bats
- ✓ Volleyball set
- ✓ Frisbee
- ✓ Bingo games
- ✓ Kites
- ✓ Skipping ropes
- ✓ Hopscotch – chalk and flat pebbles
- ✓ Plastic flash cards with Child Protection messages
- ✓ Shells/stones for knuckle bones or seeds, e.g. sago palm seeds
- ✓ Puzzle
- ✓ Snakes and Ladders game (or other boardgame)
- ✓ Wooden toys for small children
- ✓ Building blocks



Sample of a UNICEF supported recreational toolkit for emergencies

2 Educational equipment

- ✓ Crayons
- ✓ Drawing pencils and paper
- ✓ Drawing books
- ✓ Chalk and black boards
- ✓ Basic readers about disasters
- ✓ Art and craft materials
- ✓ Weaving materials
- ✓ Country maps
- ✓ Tools for splitting pandanus
- ✓ Sewing kits
- ✓ Dyes
- ✓ Religious/cultural books
- ✓ Picture books
- ✓ Musical instruments like a ukulele
- ✓ Tambourines
- ✓ A guide for how to play traditional games, and for activities that use locally available materials

SUGGESTIONS FOR TRADITIONAL CONTEMPORARY GAMES

- 1 Kasikasi race (these are little crabs that can be numbered, placed in a circle on the sand and made to race).
- 2 Hand eye coordination games such as stone knuckles, 'sapui' variations, 'asita', 'fly, fly', and more.
- 3 Story telling sessions of "Tukuni, UE!".
- 4 Chinese whispers or coconut wireless.

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