



# A matter of life and death

## Child protection programming's essential role in ensuring child wellbeing and survival during and after emergencies

### Briefing paper for child protection practitioners, donors and humanitarian decision-makers

**Over the last decade, armed conflict has claimed the lives of over two million children.<sup>1</sup>**

Children are always among the most vulnerable in an emergency. When lives are uprooted, the systems working to keep children safe – in their homes, schools and communities – may be undermined or damaged. Children have specific protection needs that are not met by other humanitarian sectors.

In times of crisis, boys and girls face increased risk of all forms of violence and exploitation. They may be separated from their families, trafficked, recruited or used by armed forces and groups, come into contact with the justice system, face economic exploitation and physical or sexual abuse.<sup>4</sup> Thousands of children are killed or injured every year by explosive weapons and landmines.<sup>5</sup> In the longer term, children's survival and development are jeopardized as their societies' ability to invest in their future is weakened.<sup>6</sup>

**Another 6 million have been left injured or disabled for life and one million were made orphans.<sup>2</sup>**

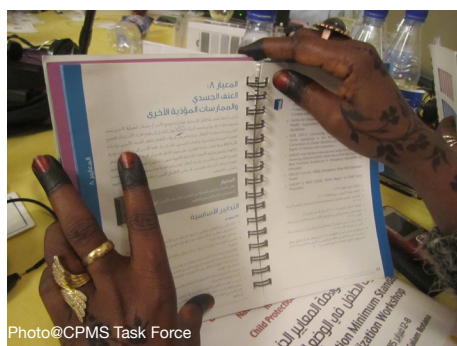
Child protection in emergencies is defined specifically as the prevention of and response to abuse, neglect, exploitation and violence against children during and after disasters, conflicts and other crises.<sup>7</sup> It involves interconnected activities by a range of actors, whether national or community-based and/or by humanitarian staff supporting local capacities.

**In disasters, death rates for children are typically higher than for adults.**

**<sup>iii</sup> In the 2005 Sri Lanka tsunami, death rates for children were 4x those for adults.<sup>3</sup>**

Opinion leaders understand that child protection needs are urgent.<sup>8</sup> Children themselves prioritize child protection.<sup>9,10,11,12</sup> Strengthening child protection systems is one of the most cost-effective ways to build resilience and promote sustainable development.<sup>13</sup> Experience shows that when children are protected in an effective and holistic manner, other humanitarian efforts are more successful.<sup>14</sup>

And yet child protection remains misunderstood, underfunded and consistently deprioritized. This research attempts to understand why. It identifies ways to raise awareness of the importance, relevance and urgency of child protection in emergencies as a life-saving intervention among donors, decision-makers and practitioners.



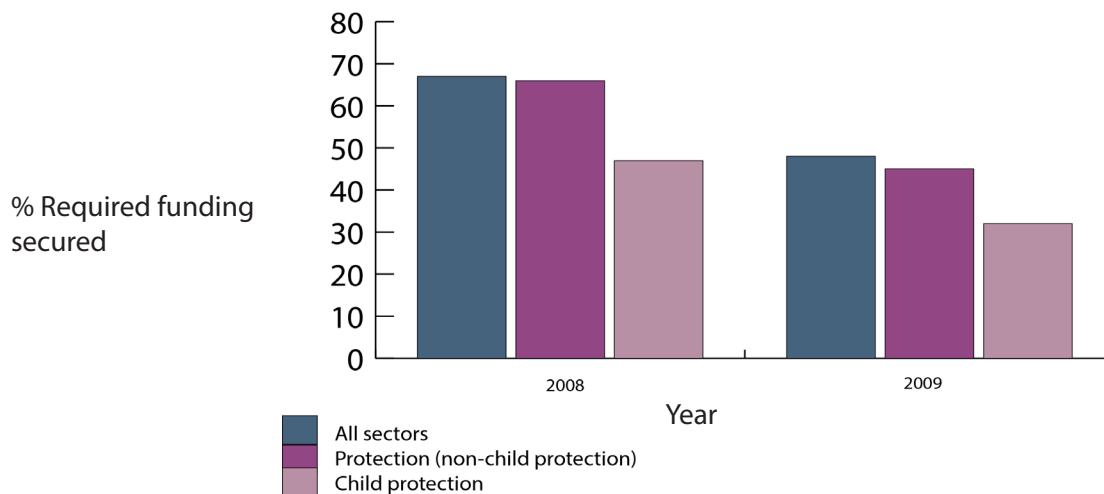


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## Background to this research

The global Child Protection Working Group (CPWG) commissioned this research to address the deprioritization of child protection in humanitarian action, reported year on year by child protection coordination groups and evidenced by statistics on funding and the findings of other research efforts in the humanitarian sector.

Despite an overall growth in humanitarian funding, CERF<sup>15</sup> funding for child protection fell from US\$ 6.5 million in 2007 to US\$ 3.2 million in 2008, and then fell again to US\$ 2.9 million in 2009.<sup>16</sup> If recorded data for child protection funding is treated separately from the overall protection cluster, in 2009 it has the second highest level of underfunding after the education sector.<sup>17</sup>



The 2008/2009 data indicates that a number of categories of child protection work are especially underfunded. These are child-focused gender-based violence projects, trafficking and migration and child labour.<sup>18</sup> Furthermore, research shows that the voices of children are often not heard and do not influence humanitarian decision-making.<sup>19</sup>

## Research objectives

The purpose of this research was to answer the question: Does child protection in humanitarian action save lives? Based on interviews with key informants, an online survey and a comprehensive review of existing literature and statistical data, three research questions were asked:

- 1. What are the serious threats to life and wellbeing that child protection interventions can address?**
  - 2. What actions can child protection actors take to prevent and respond to violence against children in emergencies?**
  - 3. How can child protection interventions be best prioritized within emergency responses and humanitarian action?**
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## FINDINGS

### 1. What can go wrong? Violence, exploitation, neglect and abuse of children during and after emergencies

**In Thailand in 2011, Tropical Storm Nalgae brought flooding to a number of regions. A child protection rapid needs assessment identified unsafe physical surroundings as the main source of worry among care-givers regarding their children.<sup>20</sup>**

**As of February 2015, 7,796 children have been killed in Syria's three-year civil war.<sup>21</sup>**

**Almost one fifth of girls in Haiti's capital Port-au-Prince were raped during an armed rebellion in 2004 and 2005.<sup>22</sup>**

**In 2010, 7 years after the conflict began, it was estimated that over a quarter of Iraqi children, or 3 million, suffered varying degrees of Post-Traumatic Stress Disorder.<sup>23</sup>**

These categories can help to explain the breadth and diversity of child protection work. It should be noted that many risks pre-exist the emergency, but are then aggravated when protection systems break down e.g. road traffic accidents. Other risks emerge as a direct result of the crisis e.g. injury from gunfire. Moreover, child protection risks should not be seen as discrete, but rather interconnected and compounding. For example, an unaccompanied girl or boy may face increased risk of association with an armed force or group. In turn, that child is more likely to experience physical and sexual violence, psychosocial distress and mental disorders. Furthermore, child protection issues should be seen as interconnected because experience shows that when children are protected in an effective and holistic manner, other humanitarian efforts are more successful. Evidence shows that deprioritizing psychosocial support, for example, may reduce the effectiveness of other humanitarian programme interventions, such as education, health and livelihoods.<sup>24</sup> It is therefore important to keep a view of the “bigger picture” and address the full range of child protection concerns in each context, rather than focusing on one or two “fundable” issues.

#### Dangers and injuries

Common forms of physical danger and injury in conflicts, disasters and other crises include road traffic accidents, drowning, fire-related burns, injury caused by explosive remnants of war or landmines and unintended injury from gunfire. Medical support is needed within hours of the incident.

#### Physical violence and other harmful practices

Disasters, violent conflict, political change and periods of instability place children at increased risk of physical violence and other harmful practices. In the home, violence and abuse may occur due to increased stress caused both by the emergency and its consequences. In some circumstances, families may resort to harmful strategies as coping mechanisms, such as early marriage and female genital mutilation. Case management should take priority and start immediately. Community awareness may begin with prevention messages. Identification of vulnerable families for Cash Transfer Programmes and behavioural change interventions may come in a second phase.

#### Sexual violence

Evidence suggests that sexual violence increases in all emergency contexts. This may be due to reduced protection mechanisms. It is also sometimes attributed to increased social and economic pressures. Consequences include injury and death, unwanted pregnancy, contraction of sexually transmitted infections, physical injuries, mental health issues, distress, and social and economic exclusion. Medical support is needed within hours. Evidence must be collected within 48-72 hours. To prevent HIV, the survivor must receive treatment within 3 days. To prevent unwanted preg-

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**The UN reports that over 13,000 child soldiers are engaged in fighting on both side of the conflict in the South Sudan war.<sup>25</sup>**

nancy (also potentially life-saving for younger girls), medical intervention is required within one week. Psychosocial support should be given early and on a continuous basis.

### **Psychosocial distress and mental disorders**

Crises can induce severe and chronic stress -- resulting both from the emergency and its aftermath. Research shows that 'Toxic stress', where the stress response system is activated over a prolonged period, can cause problems with short-term recall, learning abilities, stress and fear responses, and the ability to control emotions.<sup>29</sup> The identification and response to suicidal tendencies is urgent. Other psychosocial interventions take longer to establish.

**Domestic child labour is a major problem in Haiti, with up to 225,000 children aged between five and 17, mainly girls, virtually living as slaves.<sup>26</sup>**

### **Children associated with armed forces and groups**

Associated children may face sexual exploitation and violence (both girls and boys), detention for engagement in conflict, threats to life, possible injury and exposure to explosive remnants of war. They are also deprived of education and parental care. Vulnerability is ongoing even after release or escape, as formerly associated children may lack education or be rejected by their families or communities, potentially leading to secondary exploitation. Immediate action is needed for the registration and referral of formerly associated children as they may have sustained physical injury. Psychosocial support is especially urgent for this group.

**An estimated 400,000 to 500,000 children were lost or separated from their families during the 1994 Rwandan genocide.<sup>27</sup>**

### **Child labour**

Child labour, especially in its worst forms, increases in all emergency contexts. Families face lost livelihoods, educational possibilities are disrupted and protection mechanisms may be eroded by displacement or separation from caregivers. Working children, especially those in 'hidden' jobs such as domestic labour, face great risk of abuse and exploitation. Community awareness and advocacy with governments and trade unions may wait until later in the early recovery phase of the humanitarian response.

**Since the second Intifada in 2000, over 5,500 Palestinian children have been imprisoned by Israeli authorities for alleged security offences.<sup>28</sup>**

### **Unaccompanied and separated children**

Unaccompanied and separated children lose their primary protection mechanism, increasing the likelihood of negative social, psychological and economic impacts of emergencies. Children may be abducted into forced labour, conscripted into armed groups or forces, or trafficked. Separation from adult carers may reduce children's chances of accessing humanitarian aid and services. Research demonstrates long-term psychological impacts.<sup>30</sup> A correlation has been found between separation from caregivers and death.<sup>31</sup> Separated, unaccompanied and orphaned children must be registered and details of their separation documented as soon as possible.

### **Justice for children**

Boys and girls in prison may face diverse forms of violence and threats to their wellbeing, including ill-treatment, sexual abuse, torture, physical violence, abuse and death. Within conflict settings in particular, when justice systems are weakened

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## 2. What can be done? How can child protection actors prevent and respond to violence against children in emergencies?

### Advocate

**Advocate** with governments, donors, parties to conflict, those planning and implementing programmes in other sectors and other high-level actors and decision-makers. For example, child protection actors may advocate against the use of orphanages and international adoption in response to humanitarian crises, because lessons learned from around the world demonstrate that girls and boys are usually far safer and better cared for in a family environment in their own communities.

### Raise awareness

**Raise awareness** on child protection concerns targeting beneficiaries, the wider population, parents, and communities. For example, child protection actors may work with local communities to develop public awareness campaigns against child trafficking during and after emergencies.<sup>32</sup>

### Behavioural change

**Promote behavioural change** and implement activities to develop life skills for children and their families. Activities to build resilience and enable better prevention and response to child protection concerns. For example, child protection actors may support parents raising children in difficult and stressful circumstances with positive parenting programmes, promoting alternatives to violence discipline to help keep children safe.<sup>33</sup>

### Build capacity

**Build capacity** for key workers and service providers at national, regional, local or community levels on child protection issues. For example, child protection actors may pilot training programmes for local social workers to provide supportive care to children and their caregivers.

### Alternative or interim care

**Develop, support and monitor alternative or interim care** for separated, unaccompanied or orphaned children or those needing alternative arrangements for their safety. This includes children requiring temporary care after release from armed forces or groups, or from detention.

### Case management

**Lead case management** whereby vulnerable children are identified and referred to essential services (medical support, interim care, psychosocial support, legal assistance, safety and security, etc.) accompanied by a trained caseworker.

### Social activities

**Provide structured social activities** for children, facilitated by adults from their own community.<sup>34</sup> This may include child friendly spaces and other psychosocial support activities. Child friendly spaces are environments in which children can access free and structured play, recreation, leisure and learning activities. Other psychosocial support activities that child protection actors may deliver, in collaboration with the wider humanitarian community, include mass communication about positive coping methods, the activation of social networks such as women's groups and youth clubs, and psychological first aid.

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## Community based child protection mechanisms

**Support and develop community-based child protection mechanisms**, understood as networks or groups of individuals operating at the community level who work in a coordinated manner towards child protection goals.<sup>35</sup> Such mechanisms may be indigenous or externally initiated and supported.

## Livelihoods

**Improve livelihoods.** This area of work encompasses actions taken by governments, donors and implementers to improve livelihoods, where “livelihoods” refers to the capabilities, assets and activities required to make a living.<sup>36</sup> Activities may include: microcredit, skills training, agricultural interventions and cash transfer programmes (cash transfers/grants – both conditional and unconditional, cash for work and vouchers).

## Mainstream

**Mainstream** and integrate child protection objectives into other sectors’ programme activities.<sup>37</sup> Includes supporting other sectors to consider the views of children throughout the project cycle; enabling actors to adapt services and material delivery to the needs of children; training other sector staff on child rights, child safeguarding and child protection. This includes sectors with an immediately apparent interest in child protection, such as education, but also other sectors such as WASH, health, camp management and others.

## Monitor

**Monitor child protection activities.** In certain contexts, child protection actors gather data on the killing or maiming of children; recruitment or use of child soldiers; attacks against schools or hospitals; rape and other instances of grave sexual violence; abduction and denial of humanitarian access. In other settings, the systematic monitoring of child protection concerns enables child protection actors to identify and understand patterns of violence, exploitation and abuse.

## Family tracing, reunification and reintegration

**Family tracing, reunification and reintegration.** In times of crisis, particularly when associated with sudden or mass population movements, a significant number of children become separated. UN agencies, governments and NGOs have developed interagency procedures to return children to their families. For example, UNICEF has developed a smartphone app called RapidFTR to synchronize lists of separated family members.<sup>38</sup> It has been used to track and reunite unaccompanied and separated children after disasters such as Typhoon Haiyan and the refugee crisis in South Sudan.

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### **3. How to prioritize child protection interventions within emergency responses and humanitarian action?**

**Child protection saves lives, now and later. Some events require action within six hours.**

Where the term “life-saving” is understood to denote actions either preventing death or serious injury immediately or in the longer term, the findings of this research clearly illustrate the life-saving nature of child protection programmes in humanitarian situations.

**Need to consider long-term health and wellbeing outcomes.**

The urgent and life-saving nature of child protection is made clear by the fact that some events require action within six hours in order to avoid the worst outcomes. This affords a helpful basis for prioritization of child protection actions, consistent with the principle of “life-saving” and the humanitarian imperative.

**Better collaboration, tools and indicators to enable prioritization across the humanitarian response.**

Nonetheless, while not all the negative outcomes of child protection needs are immediately life-threatening, there is a need to consider the long-term health and wellbeing outcomes of issues such as distress, separation, association with armed forces and groups. Exposure to adversity is known to have detrimental impacts on individuals, families and wider societies, potentially exacerbating and maintaining conflict, perpetuating cycles of poverty and reinforcing family and community instability.

**All necessary resources: financial, human, technical and material.**

There is a need for cross-sector initiatives with shared methodologies to enable prioritization across all elements of the humanitarian response. Using adapted prioritization tools and processes from those sectors that usually secure greater funding may benefit child protection by enabling other sectors and overall humanitarian decision-makers to better understand the choices being made within the child protection sector. Having an established prioritization process, a ranking tool and surveillance indicators would enable child protection to be more systematic. Going a step further, developing joint vulnerability criteria across sectors may improve interagency and intersectoral referral of cases, as well as ensuring the mainstreaming of child protection in other sector plans.

Prioritization is about getting the necessary resources – financial, human, technical and material – to establish child protection programming from the outset. Funding streams need to be predictable and reliable. Short-term funding may weaken implementation and make some activities untenable, such as one-to-one support for vulnerable children through case management services. Furthermore, child protection must be provided with sufficient human resources, not only finances. This requires long-term investment on behalf of agencies. They must ensure they have deployable staff with appropriate levels of technical expertise and seniority to enable the management and implementation of humanitarian responses.

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