

Annex 2: Suggested actions to integrate the prevention principles into the program cycle

	Preparedness	Assessment and situation analysis	Design and planning	Implementation and monitoring	Evaluation and learning
Be context specific 	Identify pre-crisis, context-specific protective and risk factors and existing services.	Identify and prioritize context-specific protective and risk factors with children, families, communities and other local stakeholders.	Develop theories of change that describe how the risk and protective factors identified in the context are associated with different types of harmful outcomes (please see Annex 8). Target the main risk and protective factors identified, prioritizing the factors identified by communities, given their particular relevance to their context. Agree on mechanisms to regularly monitor changes in risk and protective factors throughout the implementation period, and adjust programs accordingly to remain relevant to context.	Implement mechanisms to regularly monitor changes in risk and protective factors. This can include regularly collecting and analyzing feedback from intervention service providers and users or conducting periodic Risk and Protective Factor Ranking exercises.	

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Address multiple levels of the socio-ecology 	<u>Identify</u> and address the pre-crisis protective and risk factors and existing services across socio-ecological levels.	<u>Identify</u> the protective and risk factors across the socio-ecological levels.	<u>Coordinate and plan with a range of actors</u> to address the risk and protective factors at all socio-ecological levels. No one project can target all levels.	Address both risk and protective factors and strengthen relevant services across the socio-ecological levels.	
Use a holistic, multi-sectoral approach 	Include multi-sector analysis and actions around the prevention of harmful outcomes to children in preparedness and Anticipatory Action (AA) plans.	Compile and analyze existing data and, if necessary, collect and analyze new data on child well-being, harmful outcomes and associated risk and protective factors, through multi-sectoral and joint assessment and analysis. Engage with AA actors in their analysis of the context.	Ensure that preventing harm to children is a central aim within humanitarian and refugee response plans. Determine which sectors are involved in the integrated prevention program based on the risk and protective factors that were identified and prioritized. Identify shared child protection prevention outcomes and indicators	Ensure the involvement of all sectors included in the primary prevention approach during monitoring and implementation.	Conduct joint evaluations and document lessons learned on the prevention of harmful outcomes among the range of groups and agencies/actors addressing the risk and protective factors identified.

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			and clarify roles among sectors.		
Measure outcomes 	Compile existing documentation on harmful outcomes for children pre-crisis and associated risk and protective factors. This can be used as baseline information to measure outcomes.	Identify and prioritize risk and protective factors in context to inform program design and future evaluation. Disaggregate assessment data to understand the key factors specific to age, gender, sexual orientation, ethnicity, disability groups and other vulnerability factors.	Develop theories of change on linkages between risk and protective factors and harmful outcomes for children. Where feasible, include both prevention outcome indicators (reduction in harmful outcomes) and results outcomes indicators (change in presence of risk and protective factor) in the project design.	Ensure monitoring efforts and regular analysis of monitoring data and feedback from service providers and users.	Evaluate changes in prevention outcomes, as well as result-level outcomes. Disaggregate evaluation data to understand the intervention impacts specific to age, gender, sexual orientation, ethnicity, disability groups or other vulnerability factors. Share the results on the effectiveness of prevention interventions with humanitarian actors locally and globally.

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Use a strengths-based approach 	Invest in pre-crisis child protection systems that strengthen child well-being in the population and community. Identify potential adaptations that will be needed to enable child protection systems to function during a humanitarian crisis.	Ensure protective factors and existing relevant services are identified in assessments. Work with communities, families and children to contextualize what child well-being looks like in context.	Include program objectives that aim to strengthen child resilience and well-being in the population or community, in addition to reducing risks.	Implement interventions to strengthen protective factors. Build on the existing abilities of children, families, communities and societies to prevent harmful outcomes.	Evaluate outcome-level objectives that aim to strengthen child well-being.
Facilitate community ownership 	Provide resources to local actors to strengthen community preparedness to mitigate harm to children during a crisis.	Identify harmful outcomes and the associated protective and risk factors with children, families, communities and other local stakeholders.	Design interventions that are led by communities. This may require building in flexibility to identify and adjust actions to allow for a participatory approach.	Prioritize community-led approaches and work closely with communities in implementation and monitoring processes.	Prioritize community-led evaluation approaches.

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		Prioritize risk and protective factors together with communities and involve communities in the design process.	Plan for monitoring systems in which data is collected and analyzed by community members.		
Be child-centered and inclusive 	Support children's participation in preparedness efforts, such as in developing family or school safety plans.	Ensure assessments are inclusive of all children represented at the population or sub-population level. Disaggregate data to understand the key factors specific to age, gender, sexual orientation, ethnicity, disability groups or other vulnerability factors which may make children more vulnerable to a specific harmful outcome and impact the barriers they encounter. Age should be disaggregated at a minimum by early childhood, primary school age and adolescence.	Ensure the design of prevention interventions are developmentally appropriate.	Support children within the population to be knowledgeable and skilled on identifying and addressing root causes of harm to themselves and their peers through school curricula or media messaging. Promote safe and meaningful child participation in the implementation and monitoring of the program.	Include children's voices in the evaluation of prevention and results outcomes. Analyze evaluation outcomes based on age, gender, sexual orientation, ethnicity and disability to understand impact and gaps for future programming.

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Engage and advocate with stakeholders 	Identify relevant stakeholders to engage with prior to a crisis occurring. Conduct targeted advocacy efforts to promote the adoption of primary preventive approaches in advance of a crisis.	Conduct a stakeholder mapping and analysis to determine the level of influence each stakeholder holds, how to best engage with them, and what key messages will be most effective.	Establish a mechanism through which to regularly update the stakeholder mapping and adjust methods of engagement if necessary. If relevant, revisit and update the mapping with relevant parties. Based on the stakeholder mapping, develop and implement an Advocacy Strategy with actions targeting each key stakeholder.	Implement the actions/activities in the Advocacy Strategy.	Evaluate the effectiveness of the advocacy efforts in promoting a primary preventative approach.
Bridge development-humanitarian systems 	Ensure preparedness measures to prevent harm are implemented pre-crisis.	Collaborate with governments, development actors, peacebuilding actors and academics to plan, implement and measure impact and cost-effectiveness of primary prevention interventions. Collaborate with Anticipatory Action actors in the design and implementation of pre-identified activities under an AA framework.			