Primary Prevention Framework for Child Protection in Humanitarian Action

Monitoring And Evaluation Addendum

1. BACKGROUND

The Alliance for Child Protection in Humanitarian Action (the Alliance) launched the Prevention Initiative in 2020, prioritizing primary prevention as a strategic priority. The Alliance continues to promote primary prevention programming and generate evidence on prevention as a cost-saving and life-saving intervention. As part of the Prevention Initiative, the Alliance, with funding from the United States Agency for International Development (USAID) Bureau for Humanitarian Assistance (BHA), through Plan International, developed the Primary Prevention Framework (the PPF), which was launched in 2022. The PPF, informed by an extensive desk review and multiple rounds of consultations with CPHA practitioners, details nine principles for effective primary prevention programming and outlines key actions at each step of the program cycle to implement primary prevention approaches that prevent harm and foster child well-being across the levels of the socio-ecological model and through a comprehensive multi-sectoral approach. The PPF was piloted in two locations, Diffa, Niger and Yei, South Sudan from March 2023 to July 2024. All data collected throughout the piloting process, including monitoring and outcome evaluation data, has been compiled to inform the revision of the PPF. The piloting process has also informed the development of this M&E Addendum.

2. PURPOSE OF THE MONITORING AND EVALUATION (M&E) ADDENDUM

This M&E Addendum is a companion to the PPF, addressing the unique challenges of monitoring and evaluating primary preventative approaches in humanitarian settings, which emphasizes identifying and addressing risk and protective factors to avert harmful outcomes for children before they occur. This addendum provides practical guidance on monitoring and evaluating the success of primary prevention. It also refers humanitarian actors, where possible, to standard tools and methodologies to measure progress and adapt interventions.

This guidance is designed for humanitarian actors involved in the monitoring and evaluation of primary prevention programs, including the design of M&E approaches. While leadership on preventing harm to children in humanitarian settings often resides within the child protection sector, close collaboration with specialized M&E colleagues, with experience in multiple sectors, is crucial.

This Addendum should be used in conjunction with the PPF and the Alliance's *Identifying and Ranking Risk and Protective Factors: A Brief Guide***.** The PPF includes extensive guidance on designing primary preventive approaches, an exercise that requires close collaboration between technical and M&E teams to jointly develop a program. As a result, the PPF includes guidance on topics that could also be included in the M&E framework, such as developing a theory of change. This addendum makes note of topics that have already been extensively discussed in the PPF or refers readers to already existing, relevant guidance.

This addendum includes guidance on designing M&E frameworks for preventative approaches[1] as well as monitoring and evaluating preventative approaches, using examples from the prevention pilots in South Sudan and Niger. In certain sections, it points to practical tools and methodologies to measure results and impacts unique to prevention-focused programming. This document does not provide guidance on or tools for standard M&E best practice. This addendum indicates where standard M&E resources and tools can be used without needing specific adaptations.

3. KEY CONSIDERATIONS FOR MEASURING PRIMARY PREVENTIVE APPROACHES

Primary prevention seeks to avert harm before it occurs by addressing the root causes of harmful outcomes to children[2] within a population or community. It does this by mitigating risk factors, which are threats and vulnerabilities that increase the probability of a harmful outcome, and strengthening protective factors, which are capacities to mitigate specific threats in a child's environment. A primary prevention approach targets children and/or families in a population or sub-population[3] and works across the socio-ecological model, using an integrated, multi-sectoral approach. For further guidance on primary prevention, risk and protective factors, harmful outcomes, and a population-level approach, please refer to page 5 of the PPF.

Child protection teams work in coordination with other sectoral teams (education, livelihoods, health, etc) to strengthen protective factors and mitigate risk factors towards prevention of harmful outcomes. For example, the pilot project in Niger identified lack of access to quality education and lack of access to livelihoods as two key risk factors leading to child and early forced marriage (CEFM). Child protection teams worked jointly with livelihoods, education, and M&E teams to design, implement, monitor, and evaluate an integrated program that sought to prevent CEFM through multisectoral programming.

Challenges and limitations to measuring and evaluating primary preventive approaches

Measuring the impact of primary prevention programs poses a unique challenge as it requires measuring harm averted, or that "because of Intervention X, Harmful Outcome Y did NOT happen". This contrasts with measuring the impact of response programs, which seek to measure the results of something that has tangibly happened, such as "Intervention X provided remedy for/relief from negative Outcome Y." This challenge is further complicated because we are unable to measure all key aspects that may influence the impact of a primary prevention intervention.

Humanitarian programs taking a primary preventive approach aim to measure the absence of harmful outcomes. This could be achieved by establishing a counterfactual.[4] However, ethical, logistical, and resource limitations mean it is often impractical in humanitarian contexts. Alternatively, it could be measured with help

[1] Please note, M&E Frameworks, in this document refers to logical frameworks and M&E plans developed during the design phase of the program cycle. For an example of a primary prevention logframe and M&E plan, please refer to Annex 9.
[2] *Harmful outcomes for children* refers to types of harm to children, as outlined in the CPMS, including dangers and injuries, physical and emotional maltreatment, sexual and gender-based violence, mental health and psychosocial distress, association with armed forces or armed groups, child labor or family separation.
[3] According to the Minimum Standards for Child Protection in Humanitarian Action (CPMS) there are three levels of prevention. Primary Prevention explained in this document. Secondary Prevention: targeted to children already identified as at risk and addressing a specific threat or their vulnerability. Tertiary Prevention: Targeted to children who had already experienced harm to reduce the negative effects and minimise the chances of recurring harm.
[4] A counter factual is a scenario showing what would have occurred without the intervention.

from population surveys measuring rates of harmful outcomes such as child labor or CEFM. These might not have been conducted by humanitarian teams but rather by the government or by universities or academic institutions in the country where the program is taking place. Accessing data and analysis from these types of studies could contribute to measuring the impact of prevention programs over time. However, the infrequency of these exercises, particularly in humanitarian settings, and lack of current and concurrent data makes them an impractical option in most contexts, particularly since child protection issues are frequently under reported. Therefore, **the PPF recommends using proxy indicators**[5] to measure the decrease in risk factors and/or improvements in protective factors associated with harmful outcomes to evaluate success in averting harm through association.

Proxy Indicator - Definition:

Proxy indicators are "an indirect measure that approximates a value in the absence of a more direct measure"[6]. In simpler terms, proxy indicators allow you to measure changes that would be difficult or impossible to measure directly.

Selected proxy indicators should measure changes in the prioritized risk and protective factors for the harmful outcome(s) targeted in the primary prevention approach. For example, the primary prevention pilot in Yei, South Sudan prioritized access to quality, inclusive education and access to livelihood opportunities as protective factors against CEFM and child labor. Therefore, the pilot program included activities to improve school enrollment and attendance rates and bolster household incomes in the targeted community, and the M&E plan had indicators to measure changes in these areas. While the proxy indicators used did not establish causation, they offered practical, actionable insights into how interventions addressed root causes of child labor and CEFM, allowing piloting teams to assess and draw conclusions regarding primary prevention outcomes. They also provided insights into program progress and served to assess and adapt programs effectively.

Example from South Sudan primary prevention pilot:

The below extract from the logical framework (logframe) developed for the primary prevention pilot in

South Sudan includes the theory of change, project goal, outcomes, outcome indicators, and impact indicators. In this case, the impact indicators include proxy indicators (highlighted in yellow) to indirectly determine the success of the pilot at preventing child labor and CEFM. These proxy indicators focus on measuring improved access to quality, inclusive education and improvement in household livelihoods, as lack of access to education and lack of livelihoods were prioritized as root causes of both child labor and CEFM during the design process. Theoretically, improving both of these areas will go hand-in-hand with reducing incidences of child labor and child marriage. Including several proxy indicators will serve to add further depth to the evaluation.

[5] Further guidance on proxy indicators can also be found in InterAction's "Gender-Based Violence Prevention: A Results-Based Evaluation Framework".
[6] Global Health Learning Center.

Theory of Change: IF children are supported to enroll in school and are provided with scholastic materials and IF schools provide quality, inclusive education, and IF caregivers are supported to form VSLAs and IF communities are supported to re-start livelihoods THEN child labor and child marriage will be prevented BECAUSE caregivers will have greater economic stability and therefore be better placed to support children to enroll and stay in schools that provide a safe, inclusive learning environment.		
Outcome	**Outcome Indicators**	**Impact Indicator**
Project Goal: To prevent child marriage and child labor in targeted locations through improving access to livelihoods and quality education.	% Reduction in child marriage in target communities	
Outcome 1: Improve access to livelihood opportunities for households in targeted area	% of caregiver households reporting improved household income as a result of income generating activity supported by the project	% Households reporting being able to meet their basic needs without relying on child labor.
Outcome 2: Increased enrollment and retention in quality education opportunities in targeted areas	% increase in school attendance % of children, adolescents, and youth who report that their school provides a supportive learning environment for all % Increase in school retention	% increase in school attendance % Increased retention rates among students in target communities % Increase in school enrollment in target communities

The following sections provide guidance on developing a M&E framework - keeping in mind the considerations and limitations outlined above - for a primary prevention approach.

4. DEVELOPING AN M&E FRAMEWORK FOR A PRIMARY PREVENTION APPROACH

While a M&E framework for a primary preventive approach has the same overall structure and purpose as one for an intervention more focused on response, it should be developed with the lens of measuring harm averted and linking activities and results to outcome indicators that can be used to draw conclusions on harm averted. This will be done through selecting indicators that can demonstrate the reduction in risk factors and the strengthening of protective factors. When designing a primary prevention program, technical teams, and where relevant for the organization the business development team, should work closely with M&E colleagues to develop an M&E framework tailored to the program's goal, objectives, and activities[7]. This will include indicators across multiple sectors, since primary prevention is necessarily an integrated approach.

The following are key considerations to ensure an M&E framework adopts a primary prevention lens:

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While this resource is focused on M&E of a primary prevention approach, CPHA projects, and humanitarian programs more broadly, will often have both prevention and response elements, as these are not mutually exclusive. In fact, it is important to continue promoting both approaches concurrently to ensure that while we prevent harm from happening, we also have remedial action available for those who inevitably experience harm. Therefore, in practice, most M&E frameworks will reflect both prevention and response. However, to ensure clarity in this document, it is focused purely on key considerations for monitoring and evaluating primary prevention approaches.

Defining the program goal: When defining the goal of a primary prevention approach, the team designing the M&E framework should ensure that it clearly states the harmful outcomes to be prevented as well as the risk factors that should be mitigated and protective factors that should be strengthened. For example, the goal of the pilot in South Sudan was "to prevent child marriage and child labor in targeted locations through improving access to livelihoods and quality education".

Developing a Theory of Change: A theory of change for a primary prevention program should demonstrate how changes in risk and protective factors will result in the prevention of a harmful outcome.

- Example from the Niger pilot (2024): IF caregivers have improved access to livelihoods services and IF children are regularly attending school and IF children are registered close to birth THEN child and early forced marriage is less likely to happen BECAUSE caregivers will be better able to meet family's basic needs, keep their children in school, and register their children soon after birth.
    - This theory of change outlines how the harmful outcome will be reduced: through children being able to access school due to having birth registration documents and more likely to stay in school, and communities will be better equipped to both encourage birth registration and school attendance.

[7] For additional information on designing primary preventive approaches, please refer to page 27of the PPF.

Extensive guidance on developing a primary prevention theory of change and examples can be found on page 29 of the PPF.

Selecting indicators: For activity-level output and outcome indicators[8], which are used to measure implementation progress, there are no unique considerations for a primary prevention approach. Just as for response-centered activities, the goal is to demonstrate progress in program implementation. However, when selecting result and impact level indicators, project design teams should focus on selecting indicators that can serve as a proxy for measuring harm averted (please see above section on proxy indicators). At the result-level of the M&E framework, these outcome indicators should be specifically related to measuring either the strengthening of a protective factor (for example, % increase in school retention) or mitigation of risk factors (% decrease in households living below the poverty line).

For an example of an M&E framework for a primary prevention approach, please refer to Annex 9.

5. MONITORING A PRIMARY PREVENTION APPROACH

In general, monitoring of a primary prevention program follows the same best practices as a response-focused program, as the goal is to ensure the successful and timely implementation of program activities. However, there are specific considerations for monitoring a primary prevention approach:

Monitoring changes in risk and protective factors: Monitoring changes in risk and protective (R&P) factors during program implementation allows project teams to gauge the impact of activities during implementation while also identifying new or evolving risks and opportunities to adapt activities. Multi-year programs should periodically monitor changes in risks and protective factors during implementation to assess progress and determine whether adaptations are required. Monitoring changes in risk and protective factors can be done through several methods, including repeating the risk and protective factor ranking exercise conducted at the beginning of the program. For other ways to monitor changes in risks and protective factors please refer to page 24-25 of the PPF. The experience and knowledge of project teams are also key assets to ensure new risk or protective factors are identified in a timely manner.

Additional Resource: Interaction published a Gender Based Violence Prevention Evaluation Framework in 2021. This resource includes a module on "Measurement Considerations", which would be particularly useful for monitoring a primary preventive approach.

Post-distribution monitoring (PDM): PDMs are a unique opportunity to monitor perceptions of how activities are contributing to the strengthening of protective factors, mitigation of risk factors, and prevention of harmful outcomes. Through adding additional questions to the standard PDM tool used by the organization, M&E teams will be able to monitor progress towards results level outcomes during implementation. Please see Annex 10 for a sample PDM tool used during piloting.

[8] Different organizations each have their own terminology to use for topics related to M&E. We recognize the plethora of terms and definitions and therefore have refrained from defining terms here, as it is an undertaking beyond the scope of this addendum. To see a concrete example of what we mean by activity-level output indicators and outcome indicators, please refer to Annex 9: Sample M&E Framework.

6. EVALUATING A PRIMARY PREVENTION PROGRAM

Evaluating the success of a primary prevention program is complex as it involves determining whether the program effectively prevented harm, as detailed in its programmatic goal. Depending on the resources available and the program's duration, one or more of the following approaches may be used to help establish the impact and success of a primary prevention program. This guidance recommends using a combination of the below approaches to ensure key findings are reinforced across multiple sources of information and data collection modalities.

Evaluating changes in result-level outcomes: As with a response-centered program, baseline and endline assessments should be conducted to measure progress towards results-level indicators. While this is standard best practice for humanitarian programming, the endline assessment for a primary prevention project should seek to establish linkages between the achievement of results-level outcome indicators (i.e. the changes in risk and protective factors that were addressed by the program) as a proxy for the prevention of harmful outcomes. This can be done through complementing data collected through quantitative methods with qualitative data collection, such as key informant interviews and focus group discussions. While this will not necessarily allow organizations to establish causation, through combining quantitative and qualitative approaches, organizations can determine if risk factors have been mitigated and/or protective factors strengthened and how this may have contributed to the prevention of the harmful outcome.

The endline assessment and evaluation of the prevention framework field testing in South Sudan provides an example of evaluating changes in result-level outcomes. This endline assessment and evaluation adopted a mixed methods approach to evaluate piloting activities aimed at preventing child marriage and child labor through increasing enrollment and retention in inclusive, quality education and improving access to livelihood opportunities.

Evaluating changes in impact indicators: While an endline assessment will allow organizations to determine changes in results-level indicators, organizations should, where time and resources allow, evaluate changes in prevalence of the harmful outcome. This exercise will evaluate whether the program contributed to decreasing the prevalence and/or incidence of the identified harmful outcome and succeeded in achieving its impact indicator.

To do so, it is necessary to establish baseline prevalence data for the harmful outcome before program implementation. This data may be available through secondary sources, such as through population-level survey data released by the government, academic institutions, and/or research institutions. It will be important to have data specific to the location targeted by the program. The organization will then need to conduct an endline population-level survey to measure the final prevalence rate for that location, using similar methodology to the baseline data collection. Additional qualitative data could also be collected to further reinforce findings. For many organizations, conducting this type of population-level survey is beyond their resources and capacities; it is encouraged to partner with government or academic institutions to collect prevalence data.

In projects where both the endline assessment measuring changes in proxy indicators (*Assessing changes in result-level outcomes* above) and *Evaluating changes in impact indicators* (this section) is undertaken, the results from these two evaluation activities can be observed and analysed side-by-side to further the

understanding of both result-level changes and evaluate changes in the prevalence of harmful outcome (theory of change).

Limitations of impact evaluations for prevention:

Harmful outcomes to children are influenced by a wide variety of factors in their environment that cannot all be addressed by one program, and some factors would require long-term programming. It would be extremely difficult, if not impossible, for implementers to collect impact-level data specifically attributable to the program components, excluding all outside factors. The methodologies described below can estimate the contribution of the intervention, but we cannot necessarily attribute changes in the prevalence of harmful outcomes solely to the project activities.

The below table outlines several potential methodologies to evaluate the impact of a primary preventive approach in addressing harmful outcomes:

Examples of possible outcome-level evaluation method

The Gender-Based Violence Prevention: A Results-Based Evaluation Framework (Interaction, 2021) outlines several evaluation methods that can be adapted for child protection in humanitarian settings. Below are some methods that can be used to understand if harmful outcomes for children have been prevented or reduced in a population.

- **Outcome mapping / Results journals:** Tool used by community members to record changes they observe around them. A list of changes related to the project's expected outcomes are agreed and individuals record when they observe the changes. They also record the extent of the changes (i.e., a few examples have been observed or the change is widespread in the community). Results journals require a clear theory of change and well-defined outcomes at the project design step. Safety concerns, data protection and processing, analysis capacity and literacy levels in the community need to be considered when using results journals.

- **Most significant change:** This method involves measuring the types of change the program is trying to bring about (based on identified outcomes) based on the opinion of community members and relevant stakeholders who share their stories on what change the intervention has made in their life, family or community. These changes are then ranked to identify those that were most significant in reaching the identified outcomes. This method can also be used when causal pathways are not clear, or the project design did not have a theory of change.

- **Outcome harvesting:** This is a qualitative approach where changes toward prevention of harm are retrospectively documented from community members and program staff. The evaluators work backwards to see how the preventative program efforts might have contributed to the change. This method is also useful to identify unintended outcomes. It can be used when causal pathways are unclear or very complex or in conjunction with other evaluation tools.

To complement findings from the endline assessment, project teams can also conduct a final risk and protective factors ranking exercise and analysis. This is not required, but could add complementary data to support the endline evaluation. To draw concrete conclusions from this exercise, it should be conducted with the same FGD participants engaged in the original exercise. Following the ranking exercise, an analysis workshop should be held with FGD participants to compare the results of the initial and final ranking exercises, discuss changes in the rankings, and determine to what extent the program may have contributed to those changes. If original participants are not available, it is suggested to add questions to the ranking exercise that ask participants to reflect on the time since the original exercise and whether any noticeable changes have occurred in risk and protective factors since that time. The results of the initial exercise can be used to guide discussion and reflection; and it should be flagged in the final report that there were x number of participants who were not in the original exercise for transparency and highlight any limitations that might need to be considered due to this factor.

7. CONCLUSION

This addendum has provided practical guidance on both developing and implementing an M&E framework for primary prevention approaches and how to assess their impact. It also emphasizes that collaboration between M&E and child protection colleagues as well as colleagues from other sectors is essential to the successful design and implementation of M&E frameworks for primary prevention. It also refers humanitarian actors, where possible, to standard tools and methodologies to measure progress and adapt interventions. This Addendum should be used in conjunction with the Primary Prevention Framework and the Alliance's *Identifying and Ranking Risk and Protective Factors: A Brief Guide*.

Tools:

- **Annex 9:** Results Framework
- **Annex 11:** PDM Questionnaire
- **Annex 12:** Endline Assessment Report