Primary Prevention Framework

For Child Protection in Humanitarian Action

Revised Edition, 2024

USAID FROM THE AMERICAN PEOPLE

THE ALLIANCE FOR CHILD PROTECTION IN HUMANITARIAN ACTION

About this Framework

The Primary Prevention Framework for Child Protection in Humanitarian Action (the PPF) was originally published in 2021 and **revised in 2024** based on learnings from the pilot testing processes in two humanitarian contexts. While Michelle Van Akin and Hani Mansourian provided leadership throughout the development and review of this resource, many other individuals have been part of this journey. The Alliance for Child Protection in Humanitarian Action's (the Alliance) Prevention Initiative is supported by an inter-agency Advisory Group, whose members over the years have provided extensive guidance for this piece of work. Members, past and current, include: Abdisalan Yusuf Adan (Peace Action Society for Somalia), Francis Alumai (REPSSI), Stella Ayo-Odongo (Global Partnership to End Violence Against Children), Ibrahim Bangura (Future Leaders Initiative), Utpal Barua (Bright Bangladesh Forum), Verena Bloch (Child Protection Area of Responsibility), Audrey Bollier (the Alliance), David Brickey Bloomer (Save the Children), Lucia Castelli (AVSI Foundation), Elspeth Chapman (the Alliance), Laurent Chapuis (UNICEF), Elizabeth Drevlow (USAID / Bureau for Humanitarian Assistance), Rinske Ellermeijer (War Child Holland), Huda Ghalegolabi (Right to Play), Sabrina Hermosilla (University of Michigan), Allison Jeffrey (USAID BHA), Celina Jensen (the Alliance), Camilla Jones (the Alliance), Paul Joseph (New Hope New Winners), Joakim Klas Per Daun (DRC), Jessica Lenz (InterAction), Kalulu Maisha (PACOPA), Lauren Melchaide (Action Contre la Faim), Luciana Assini-Meytin (Johns Hopkins University), Kate Moriarty (Inter-agency Network in Education in Emergencies), Aleta Morn (DRC), Joyce Mutiso (CP AoR), Cyriaque Nkengurutse (Association for Reproductive and Family Health in Burundi), Eldad Nyamu (Concepts for Community Programmes), Stephen Olushola (Rise to Inspire Africa), Scholastica Pembe (New Hope New Winners Foundation), Catherine Poulton (UNICEF), Ron Pouwels (CP AoR), Katherine Soule (University of California), Maya Rechdane (AVSI Foundation), William Puok Ruach (AWACD), Sharmin Subrina (Association for Community Development), Zahraa Tahseen Abass (Bent Al-Rafedain Organization), Abba Yusuf Tijani (Grow Strong Foundation), Dr. Lucy Usem (Chad International), Ayuba Irmiya Vandi (Nkafamiya Rescue Mission), Mike Wessells (Columbia University), Anne-Laure Baulieu (the Alliance), Celina Jensen (the Alliance), and Susan Wisniewski (the Alliance).

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It is our fervent hope that this Framework will reflect the commitment and vision of all the above contributors to preventing harm to children in humanitarian action.

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For more information on the Alliance's work and joining the network, please visit www.alliancecpha.org or contact us directly: info@alliancecpha.org.

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Table of Contents

“To rescue the fallen is good, but ‘tis best

To prevent other people from falling” ….

“Better put a strong fence ‘round the top of the cliff

than an ambulance down in the valley.”

Joseph Malins, “The Ambulance Down in the Valley” (1895)

1. THE PURPOSE OF THE PREVENTION FRAMEWORK

Child Protection in Humanitarian Action (CPHA) is "the *prevention* of and response to abuse, neglect, exploitation, and violence against children[1] in humanitarian action."[2] While significant effort and improvements have been made in the sector on responding when harm has already taken place, less focus has been placed on how we can ***prevent*** harm to children before it occurs.

The Primary Prevention Framework for Child Protection in Humanitarian Action (the Framework) provides guidance for humanitarian workers on the key actions and considerations to apply when developing, implementing and evaluating programming to prevent harm to children at the population-level in humanitarian and fragile settings.

The Framework highlights guiding principles and specific actions to take within each of the five steps of the program management cycle for effective primary prevention efforts. Supporting resources and practical tools are linked within each step.

While leadership on preventing harm to children may be taken up within the child protection sector, due to the multisectoral nature of prevention, this Framework is intended for use by CPHA actors as well as other humanitarian actors and key stakeholders. Tools are provided to support CPHA actors in explaining key concepts while collaborating with other sectors and actors, including business and proposal development teams.

The Framework is based on a desk review of evidence-based prevention approaches within the child protection sector as well as other humanitarian sectors such as education, gender-based violence (GBV) and health.[3] The Framework is also informed by guidance documents and briefing papers on understanding and identifying child protection risk and protective factors in humanitarian crises, developed under the Alliance for Child Protection in Humanitarian Action's Prevention Initiative.[4] This framework was revised in 2024 to reflect the learnings from two pilot processes in Niger and South Sudan.

Target audience: This resource is primarily meant for CPHA practitioners in specialist, advisor or manager roles to use as a resource when working with their colleagues, both within child protection teams and across sectors, to design, implement and evaluate primary prevention programs. This resource may also be useful for humanitarian teams responsible for business and proposal development.

[1] The term children or child refers to all individuals under the age of 18 and includes all gender identities and expressions.
[2] The Alliance for Child Protection in Humanitarian Action (2019). *Minimum Standards for Child Protection in Humanitarian Action* (2019 Edition), Annex 1: Glossary. https://handbook.spherestandards.org/en/cpms/#ch008_001
[3] The Alliance for Child Protection in Humanitarian Action (2021). *Prevention Framework: Desk Review Synthesis*. https://alliancecpha.org/en/child-protection-online-library/prevention-framework-desk-review-synthesis
[4] See the Alliance for Child Protection in Humanitarian Action (2021). *Understanding Risk and Protective Factors in Humanitarian Crises: Towards a Preventive Approach to Child Protection in Humanitarian Action*. https://alliancecpha.org/en/child-protection-online-library/guidance-understanding-risk-and-protective-factors-humanitarian Additional resources developed can be found on the Alliance's Prevention Initiative page on their website.

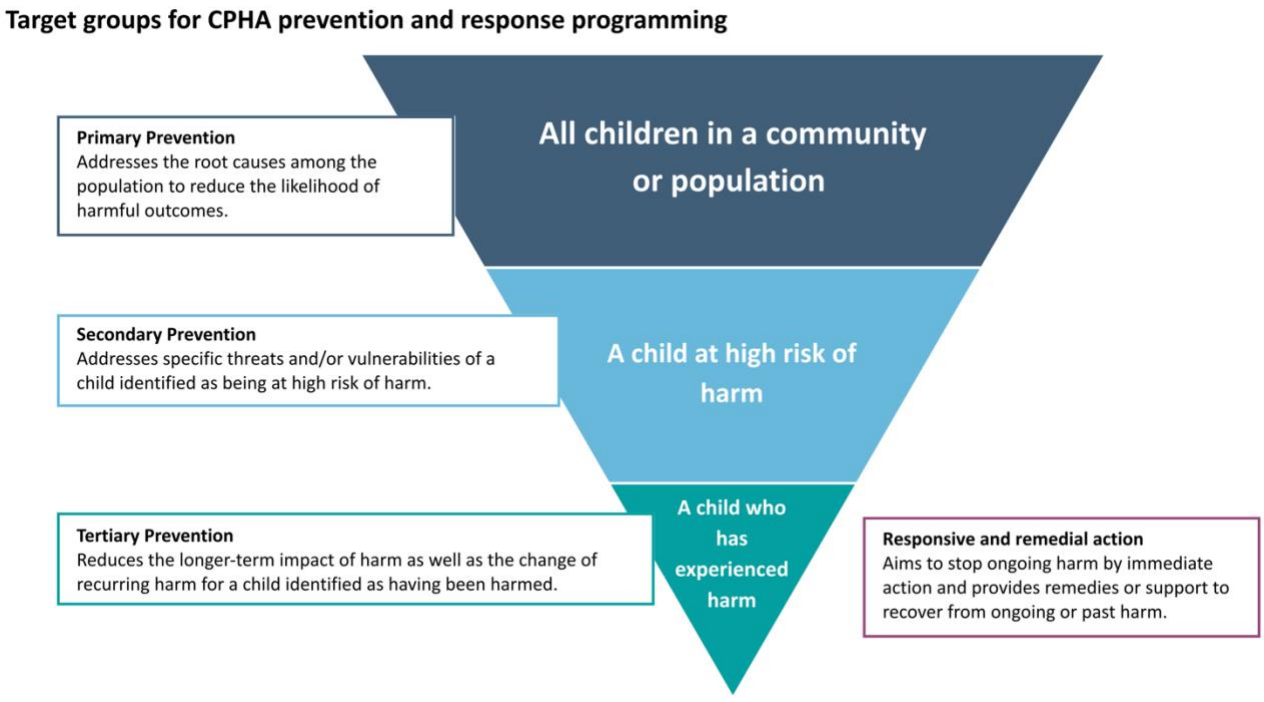
How to use the Framework: The PPF is designed to specifically provide guidance on primary prevention approaches and how to adopt a primary preventive approach across the program cycle. It is not designed to provide guidance on the program cycle itself nor on child protection and humanitarian programming best practices more generally. Instead, it zeroes in on best practices unique to primary prevention. Therefore, the PPF makes regular reference to already existing guidance and resources on subjects that go beyond the scope of this framework.

The accompanying annexes are meant to be used in conjunction with the PPF. They provide additional key information, guidance and tools for primary prevention approaches. The annexes section at the end of this document provides a brief overview of each annex, and regular signposts are included throughout the framework to indicate when these annexes will be useful.

2. WHAT IS PREVENTION IN HUMANITARIAN ACTION?

2.1 The three levels of prevention

Inspired by the public health approach, there are three levels of prevention within child protection: primary, secondary and tertiary. The definitions for each level of prevention, as stated in the Minimum Standards for Child Protection in Humanitarian Action (CPMS), are provided below.[5]



[5] The Alliance for Child Protection in Humanitarian Action (2019). *Minimum Standards for Child Protection in Humanitarian Action* (2019 Edition), Annex 1: Glossary. https://handbook.spherestandards.org/en/cpms/#ch008_001

The below table provides a few illustrative examples of prevention at each level.

Level	Examples (non-exhaustive list)
Primary prevention	Primary prevention activities seek to prevent harmful outcomes before they can occur by addressing their root causes among the population. • Implementation of social protection or other economic policies and programs that strengthen household financial security. • Social norms and behavior change interventions (e.g., programming to reduce violence in schools including positive discipline and anti-bullying). • Community-wide access to parenting support services and information. • Access to quality education services, healthcare, adequate water & sanitation services and shelter for all children.
Secondary prevention	Secondary prevention activities are intended to address a specific threat and/or vulnerabilities of children identified as being at a high risk of harm. • Group or individual life-skills sessions for adolescents identified as being at risk of harm. • Case management for children at imminent or increased risk of a harmful outcome. • Financial support to families with a child identified as at risk for child marriage. • Parenting support sessions or home visits for parents of children identified as at risk of abuse or neglect in the home. • Early intervention support for children with developmental delays, which can lead to a higher risk of abuse, neglect, exploitation, and violence.
Tertiary prevention / Responsive and remedial actions	Tertiary prevention activities are intended to prevent the reoccurrence of harm and long-term negative impacts and are often delivered together with remedial and responsive actions after a child has already experienced a type of harm. • Case management services for children who have experienced abuse, neglect, exploitation, or violence. • Reintegration support for children associated with armed forces and armed groups. • Building the capacity within the justice system on interviewing techniques when working with child survivors.

2.2 A focus on primary prevention

This Framework focuses on primary prevention. Child protection actors are regularly implementing secondary and tertiary prevention interventions as part of humanitarian programming (see either above table with examples or below for additional examples on page 8). However, insufficient investment has been made in programming that aims to prevent harm to children at the population level. Addressing this gap will lead to greater gains in protecting children during a crisis.

Primary prevention seeks to prevent harm before it can occur by addressing the root causes of harm to children within a population or community, leading to an overall reduction in the number of families and children in need of secondary and tertiary prevention services and response services. Investment in primary prevention is essential to ensuring accountability to children and the centrality of protection within humanitarian efforts by reducing the occurrence of harmful outcomes in the long term. It is also essential to achieve meaningful cross-sectoral collaboration, as well as better coherence across the humanitarian-development-peace nexus.

Primary prevention is critical in humanitarian settings for three main reasons:[6]

- An ethical responsibility to prevent harm to children before it occurs whenever possible by all stakeholders;
- Improving the sustainability and long-term impact of humanitarian responses; and
- Increased cost-effectiveness of child protection and broader humanitarian interventions.[7]

[6] For more information on the importance of primary prevention, refer to The Alliance for Child Protection in Humanitarian Action (2021). *From Theory to Practice: Towards a Framework for Primary Prevention in Child Protection in Humanitarian Action: A Position Paper*. https://alliancecpha.org/en/child-protection-online-library/position-paper-theory-practice-towards-framework-primary-prevention

[7] While studies specifically evaluating cost-effectiveness of primary prevention efforts for child protection in humanitarian settings are lacking, evidence from the non-humanitarian child protection efforts and other humanitarian sectors indicates that prevention interventions are more cost-effective than response-focused programming. See also The Alliance for Child Protection in Humanitarian Action (2021), 2021-2025 Strategy, *The Centrality of Children and their Protection: A Clarion Call*, p.30. https://alliancecpha.org/en/child-protection-online-library/alliance-strategy-2021-2025-clarion-call-centrality-children-and

A comprehensive approach: prevention *and* response

Prevention approaches are likely to reduce, but will not eliminate, the need for effective referral, responsive and remedial services.[8] Experience in non-humanitarian contexts has shown that a shift to primary prevention approaches may initially increase the need for response services as awareness and reporting of child protection issues in a community grows.[9]

Primary prevention and response programming are integral and essential components of child protection systems. Interventions to strengthen child protection systems -- such as building workforce capacities, increasing awareness on child developmental needs, or investing more in the social service workforce -- will support both prevention and response approaches.

2.3 Other key terms for primary prevention programming

What are harmful outcomes for children to be prevented?

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.

What are risk and protective factors?[10]

Risk factors are threats and vulnerabilities that increase the probability of a harmful outcome. **Threats** exist in a child's environment and could include armed conflict where the child lives, insecure accommodation arrangements, displacement, neglect, exploitation or violence against children. **Vulnerabilities** are traits or experiences that make a person or a particular subgroup in a population more susceptible to a threat (e.g. ethnicity, developmental delays, being out-of-school, etc.). Some examples of risk factors include the loss of livelihoods that makes a child more likely to engage in harmful labor or an exposed electrical wire in a damaged building that leads to injuries or death among children.

[8] Runyan, C. and Runyan, D. (2019). Re-Visioning Public Health Approaches for Protecting Children. Lonne, B. Scott. D, Higgins, D. & Herrenkohl, T.I. (Eds.), *Using an Injury Prevention Model to Inform a Public Health Approach to Child Protection* (p. 79-95). Child Maltreatment: Contemporary Issues in Research and Policy 9. https://doi.org/10.1007/978-3-030-05858-6_6

[9] Higgens, D. et al. (2019). Re-Visioning Public Health Approaches for Protecting Children. In Lonne, B. Scott. D, Higgins, D. & Herrenkohl, T.I. (Eds.), *The Successes and Limitations of Contemporary Approaches to Child Protection* (p. 3-17). Child Maltreatment: Contemporary Issues in Research and Policy 9. https://doi.org/10.1007/978-3-030-05858-6_1

[10] For further explanation and discussion on risk and protective factors, refer to The Alliance for Child Protection in Humanitarian Action (2021). *Understanding Risk and Protective Factors in Humanitarian Crises: Towards a Preventive Approach to Child Protection in Humanitarian Action*. https://alliancecpha.org/en/child-protection-online-library/guidance-understanding-risk-and-protective-factors-humanitarian

Protective factors reduce the probability of a harmful outcome and support well-being. This includes **capacities** to mitigate specific threats in a child's environment. Examples of protective factors include the skill of a child to engage with a supportive peer group to maintain their mental health or the capacity of a community to advocate with local businesses to stop harmful child labor.

It should be noted that many risk factors can be harmful outcomes, and many harmful outcomes can become risk factors for further harm. For example, displacement is a harmful outcome and the state of being displaced is a risk factor for other harms.

Ensuring the inclusion of children of different ages, genders, disabilities and other identity groups when identifying risk and protective factors is essential. This is because risk and protective factors may be different for groups of children who are marginalized within a community. Risk and protective factors can be found at all levels of the socio-ecological model. See Annex 1 for further examples of common risk and protective factors at the different levels.

Understanding the risk factors that may lead to harm to children and protective factors that mitigate harm within a context is the foundation of primary prevention efforts. A primary preventive approach is one that seeks to strengthen protective factors and mitigate risk factors at a population level in order to prevent harm to children. The below diagram provides a visual depiction of this.

What does population-level in primary prevention mean?

Primary prevention aims to reduce the risk of harm for *all* children within a population or a sub-population.

A ***population*** refers to a whole society or community. For example, the entire population of an internally displaced persons (IDP) camp or all of the people living in a village.

A subgroup or sub-population refers to a specific demographic or group within that population. Sub-populations often have common group characteristics. For example, all children under five living in the IDP camp or all adolescent girls living in a village.

Primary prevention targets an entire population or a sub-population. A ***population*** can refer to a whole society or community. A sub-population refers to a specific demographic or group within that population.

Can vulnerability criteria be used to identify the sub-population for a primary prevention program?

No. The use of vulnerability criteria requires individual identification and assessment of children to determine eligibility, which is relevant to secondary and tertiary prevention. Therefore, vulnerability criteria take into account the individual characteristics of a child, while the selection of a sub-population for primary prevention is based on group characteristics. For example, a blanket distribution of nutritional commodities for children under five is an example of primary prevention programming, focusing on a sub-population selected based on a group characteristic (children under five are generally more susceptible to malnutrition than older children). In contrast, a targeted distribution of nutritional commodities for children under five at high risk of experiencing severe acute malnutrition would require identifying individual children under five using vulnerability criteria (i.e. an individual characteristic of each selected child).

Below are two concrete examples of common CPHA interventions at a primary (population or sub-population), secondary (at-risk of harm), and tertiary (children who have experienced harm) prevention level.

Examples of primary, secondary, and tertiary prevention

Dignity kit support

Dignity kits are a common tool to respond to and prevent sexual and gender-based violence (SGBV) in humanitarian settings. Under CPHA programming, dignity kits can be a key tool to keep girls in school and to support girls experiencing a harmful outcome.

Dignity kits as a primary prevention intervention: Dignity kits are distributed to all adolescent girls in an IDP camp to support school attendance and mitigate the risk of school dropouts. The group characteristic of participating in this intervention is being an adolescent girl in an IDP camp.

Dignity kits as a secondary prevention intervention: Targeted dignity kits are distributed to adolescent girls that meet a specific vulnerability criteria and are therefore at greater risk of dropping out of school. In this case, no group characteristic is used to identify groups of recipients.

Dignity kits as a tertiary prevention intervention: An adolescent girl survivor of SGBV, supported through case management, receives a dignity kit as part of her case plan, which reduces her vulnerability to additional harm or recurrence of SGBV. No group characteristic will be involved in the identification of this child.

Adolescent life skills courses

Life skills courses targeting adolescents are a key intervention to improve psychosocial well-being, build social skills and support networks, and improve resilience amongst crisis-affected adolescents.

Life skills as a primary prevention intervention: Life skills courses are incorporated into the curriculum at secondary schools in affected areas to ensure every student participates in the course.

Life skills as a secondary prevention intervention: Adolescents identified as at-risk of a harmful outcome, such as recruitment to an armed group, are enrolled in a life skills course.

Life skills as a tertiary prevention intervention: Adolescents formerly associated with armed forces or armed groups participate in a life skills course as part of a reintegration program.

3. PRINCIPLES FOR EFFECTIVE CPHA PREVENTION INTERVENTIONS

Nine principles for effective primary prevention interventions have been identified based on existing evidence and pilot testing activities.[11] **These principles are to be applied at all steps of the Framework.**

Be context specific	• Identify risk and protective factors with children, families, communities, and other local stakeholders. While there might be overlap between risk factors across contexts, each context will likely have a unique combination of factors. • Prioritize those risk and protective factors associated with multiple harmful outcomes and those that are most impactful and feasible to address. • Put in place mechanisms to regularly monitor changes in risk and protective factors throughout the program cycle.

[11] The Alliance for Child Protection in Humanitarian Action, (2021). *Prevention Framework of Action: Desk Review Synthesis*. https://alliancecpha.org/en/child-protection-online-library/prevention-framework-desk-review-synthesis

Address multiple levels of the socio-ecology 	• Identify risk and protective factors across the socio-ecological levels (individual, family and relationships, community, society and regional/international levels.) • Collaborate with a range of relevant stakeholders to address risk and protective factors at all socio-ecological levels. A single project cannot cover all levels.
Use a holistic, multi-sectoral approach[12] 	• Compile and analyze existing data on child well-being and harmful outcomes in all multi-sector assessments and monitoring systems. • Conduct multi-sectoral analysis of risk and protective factors to develop joint theories of change on preventing harmful outcomes to children as well as joint program outcomes and indicators. • Determine which sectors should be involved in prevention efforts based on the major risk and protective factors identified in context. • Jointly design integrated primary prevention programs with other sectors
Measure outcomes 	• Use risk and protective factors to inform intervention design, including monitoring and evaluation plans. • Use multi-sectoral, integrated result-level outcomes, related to change in risk and protective factors, to indirectly measure prevention. • Share the results of evaluations on the effectiveness of prevention interventions with all relevant stakeholders.
Use a strengths-based approach 	• Ensure protective factors are identified along with risk factors during assessments. • Have program objectives that aim to strengthen child well-being[13] in the population, in addition to reducing the risk of harm to children. • Understand and build on the existing abilities of children, families, communities, and societies to prevent harmful outcomes.

[12] See Pillar 4 of the *Minimum Standards for Child Protection in Humanitarian Action (2019 edition)* for key actions on how each sector can work to prevent harm to children. https://handbook.spherestandards.org/en/cpms/#ch007

[13] The Alliance for Child Protection in Humanitarian Action (2021). *Defining and Measuring Child well-being in Humanitarian Contexts: A Contextualisation Guide*. https://alliancecpha.org/en/child-protection-online-library/contextualizing-and-measuring-child-well-being-humanitarian-action

Facilitate community ownership 	• Prioritize community-led identification and analysis of priority harmful outcomes, as well as risk and protective factors associated with those outcomes. • Engage communities and families in strengthening existing protective mechanisms and addressing risk factors identified. • Throughout the program cycle, consult communities on changes in risk and protective factors as well as harmful outcomes and incorporate feedback into program refinements to increase community ownership.
Be child-centered and inclusive 	• Population-level interventions must be inclusive of the most vulnerable if they are to reduce harmful outcomes for all children. Disaggregate data to understand the key factors specific to age, gender, sexual orientation, ethnicity, disability groups, or other vulnerability factors which may make sub-groups of children more vulnerable to a specific harmful outcome. Age should be disaggregated at a minimum by early childhood, primary school age and adolescence during needs analysis and implementation. • Ensure prevention interventions are developmentally appropriate to the age of the children targeted. • Support children within the population to be knowledgeable and skilled in addressing root causes of harm to themselves and their peers. School curricula and media messaging can be used to increase children's knowledge and skills. • Ensure children are active participants throughout the program cycle, where possible and safe.
Bridge development-humanitarian systems 	• Work, where possible, with development actors, government structures, and local authorities responsible for child welfare and well-being throughout the program cycle. • Invest in the inclusion of preventative approaches in anticipatory action and preparedness work across humanitarian and non-humanitarian actors. • Strengthen prevention within existing child protection systems, including how they can be adapted during times of crisis. Where possible, use existing systems to identify risk and protective factors.

Engage and advocate with stakeholders 	• Advocate to ensure preventing harm to children is a central aim within all humanitarian preparedness and response efforts. • Conduct mapping and analysis to identify key stakeholders and determine how to engage them to prevent harmful outcomes. • Develop and implement an advocacy strategy with actions targeting key stakeholders and tailored messaging to ensure their support in addressing root causes of harmful outcomes for children.

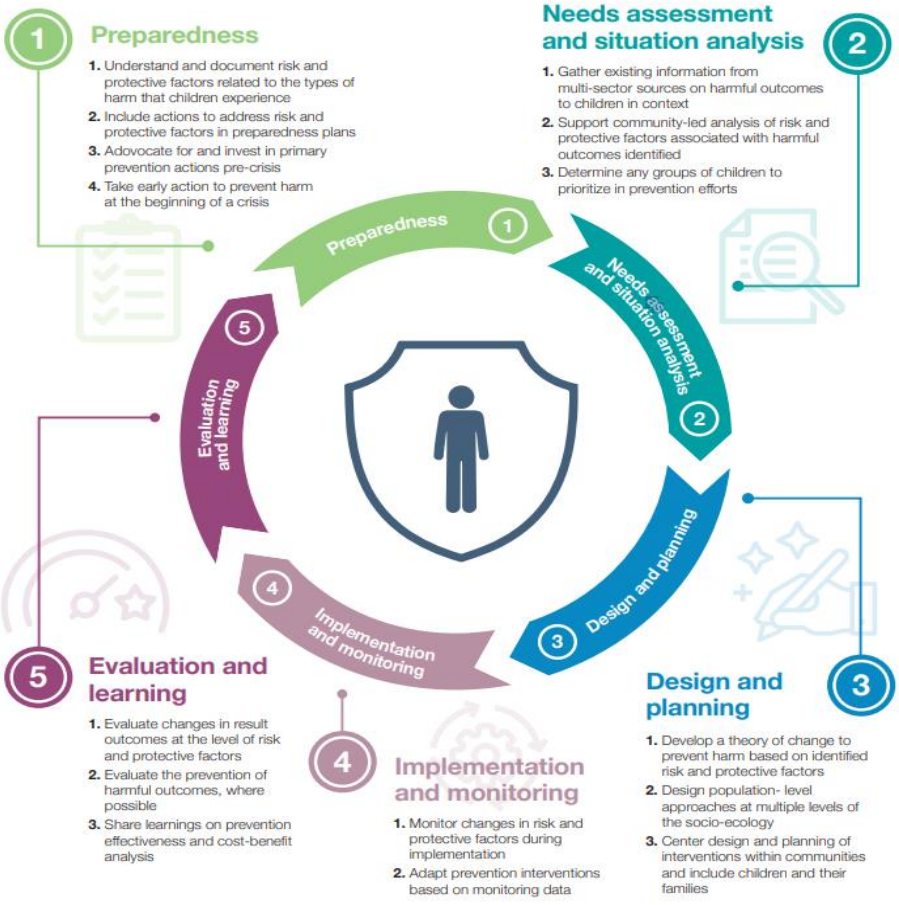
Primary prevention interventions should be reviewed to ensure that the nine principles are integrated into the appropriate program steps. See Annex 2 for key considerations to make at each step of the program cycle for each principle.

4. THE FIVE STEPS OF PREVENTION PROGRAMMING

An overview of the key actions for primary prevention interventions during the program cycle is provided below. This is followed by further details on each step in sections 4.1 to 4.5.

Please note: This Framework does **not** intend to provide a comprehensive guide to program cycle management, but rather highlights the specific considerations and actions to take when designing and implementing primary prevention approaches. The key actions and considerations in CPMS Standard 4 on Program Cycle Management still apply, although they are not repeated here.

Key steps for primary prevention in the program management cycle



Reminder: Integrate the principles into each program cycle step in addition to the key actions above. Refer to Annex 2 for suggested actions and concrete examples of integrating the prevention principles into the program cycle.

Capacity strengthening throughout the program cycle

Greater awareness and understanding of primary prevention are required for child protection in humanitarian action. Concerted efforts to strengthen capacity on what primary prevention is and why it is essential are needed among practitioners, managers and decision makers. Capacity strengthening efforts should target a multi-sectoral audience and include topics on understanding risk factors, protective factors and harmful outcomes for children, and developing comprehensive programs that prevent as well as respond to them. These efforts should be articulated in a coordinated and comprehensive manner and address the specific learning needs of each targeted group. While CPHA practitioners are a key target group, trainings should reach beyond the CPHA sector to include other stakeholders that are key to a successful primary prevention approach, such as:

- **Humanitarian actors from other sectors and humanitarian coordination mechanisms:** As mentioned above, primary preventive approaches are necessarily integrated approaches. Therefore, it is critical that actors from other sectors that play a key role in a primary preventive response have a basic understanding of primary prevention in CPHA and why it is relevant to them. Please refer to Annex 6, which is a one pager on "what is primary prevention for multi sectoral actors."

- **Organizational senior management:** Capacity building efforts targeting this audience should highlight the importance of investing in primary prevention approaches at the population level as an ethical responsibility, as well as a successful preventative approach to reduce the strain on response services by reducing the number of children and families in need. This will support organizational buy-in for the development of primary prevention approaches. Additionally, buy-in from senior management will facilitate collaboration across different sectors that may have to be involved when addressing a range of risk and protective factors.

- **Business/proposal development teams:** As technical teams are not always involved throughout the proposal development process, it is critical that teams in charge of business development and proposal management are aware of this Framework and prioritize its use.

- **External stakeholders** (e.g. local government actors, community leaders): Piloting efforts found that orienting local government actors and communities on primary prevention leads to greater buy-in and support from communities. Basic training should be conducted, in line with the principle of facilitating community ownership.

- **Community volunteers:** Given their important role in implementing humanitarian programming, strengthening volunteers' capacity to effectively understand and apply key concepts and tools for primary prevention at the community level will support preventive approaches.

While initial capacity strengthening efforts are critical when seeking to adopt a primary prevention approach, continued capacity strengthening -- going beyond formal training to include regular discussions and coaching -- is important to ensure the continued success of primary prevention approaches, and should take place across the program cycle.

Refer to the Alliance's Prevention Initiative website for the latest resources to support capacity strengthening on prevention.

4.1 Step One: Preparedness and/or Anticipatory Action

Emergency preparedness is the activities and measures taken before a crisis to ensure a rapid and effective response. Preparedness takes place before a crisis but also continues during a crisis to prepare for changes or exacerbation of the crisis (e.g., increase in armed conflict).

Anticipatory action (AA) refers to a pre-planned set of proactive interventions taken to reduce and mitigate the humanitarian impacts of a predictable crisis or disaster before it occurs, or before its most acute impacts are felt. The decision to act is based on pre-defined triggers, following early warning, or collective risk analysis, of when, where and how the event will unfold and using pre-allocated funds. It is a humanitarian approach that aims to save lives and livelihoods and reduce losses and suffering.[14]

Key Actions: Preparedness and anticipatory action
1. Understand and document risk and protective factors related to the types of harm that children experience now and those they may experience during a potential crisis.
2. Include actions to address risk and protective factors in multi-sectoral AA and preparedness plans.
3. Advocate for and invest in primary prevention actions pre-crisis, and as part of AA interventions.
4. Take early action to prevent harm before a crisis happens.
5. Map and engage with key stakeholders in target locations.

1. **Understand and document risk and protective factors related to the types of harm that children experience now and those they may experience during a potential crisis.** Desk reviews should identify existing harmful outcomes and associated risk and protective factors, which may be

[14] https://www.anticipation-hub.org/about/what-is-anticipatory-action; UNICEF (2024) UNICEF's Anticipatory Action Overview

exacerbated during a potential crisis. Desk reviews should also consider new types of harmful outcomes that may emerge during a crisis (or the exacerbation of an existing crisis) and the associated risk and protective factors. Desk reviews document the services already in place to address these factors. Inter-agency and intersectoral desk reviews should be prioritized wherever possible.

2. **Include actions to address risk and protective factors in multi-sectoral AA and preparedness plans.** AA and Preparedness plans should be developed with local and community actors such as health centers and schools. Multi-sectoral assessment and data collection tools that are developed jointly by child protection, education, health, mental health and psychosocial support (MHPSS), GBV, Livelihoods, Food Security, and others will better include information on risk and protective factors.

   AA plans should include pre-agreed activities and pre-financing that address identified risk and protective factors related to harm to children. Such activities should be done on a no-regrets basis, before and at the onset of the crisis.

   Preparedness plans should include information on who will implement preventative actions in a humanitarian response, how they will be resourced, and how existing services may need to be adapted in the crisis scenario. Preparedness and AA plans should also include actions to prevent harmful outcomes that are *likely* to occur in a crisis. For example, any scenario that involves displacement should prioritize the prevention of family separation. A scenario that includes lockdowns should prioritize preventing violence to children within homes.

3. **Advocate for and invest in primary prevention preparedness actions pre-crisis,** and as part of AA interventions**.** Humanitarian, development, and government actors should work together to take actions that will build the capacity and resilience of children, families, and communities to prevent harm to children when a crisis occurs. The actions should be based on identified risk and protective factors. For example, experience from prior drought cycles shows that child marriage increases during droughts. Therefore, risk and protective factors can be identified and addressed as part of preparedness efforts, or be integrated in AA plans.

   Additionally, existing social protection and prevention interventions can be prioritized for continued and increased funding in emergency preparedness plans. For example, this could include continuing national-level social protection measures (e.g., child and family benefits), strengthening child protection systems to adapt to a crisis through supplemental funding and training, or continuing community and civil society prevention efforts such as the running of parenting support groups.

Program example: Working with children to identify preparedness measures in Nepal to prevent injuries to children from earthquakes.

During consultations with children after the 2015 earthquake in Nepal, children identified numerous preparedness measures that they, their families and their communities could take to prevent injury to children during future earthquakes. The measures were based on risk factors children perceived as having put them in danger during the earthquake as well as protective factors that had kept them safe. Measures included:

- Advising children to avoid landslide-prone areas;
- Ensuring buildings are built to be both earthquake-resilient and safe for children (e.g., ensuring door handles are low enough for children to reach); and
- Improving the school curricula on earthquake preparedness, by including a general understanding of earthquakes and revising messages on how to act during an earthquake to be more clear for children of all ages.[15]

Program example: Getting ahead of severe monsoon flooding in Nepal to reduce and mitigate harms to children and their families.[16]

In recent years, Nepal has been facing severe flooding during the monsoon period, causing displacement and disruption of essential services. In 2022, under the Nepal Anticipatory Action Framework, UN agencies, in collaboration with the national and local government and local implementing partners, took proactive measures based on the pre-defined triggers and with pre-arranged financing. In the preparedness phase, the following measures were taken under the child protection programs:

- Identifying families with children at-risk of child labor, child marriage and other child protection risks and preparing an inclusive list of recipients of cash assistance and/or emergency supplies
- Updating the mapping of service providers to ensure effective referral pathways were in place
- Training community psychosocial workers to assist children and families affected by the floods
- Delivering risk communication focusing on child protection risks through local media to prevent family separation, exploitation and other violence against children
- Deploying the Protection Monitoring and Incident Reporting system

These preparedness measures were immediately turned into actions at the onset of a flood (action trigger).

[15] Save the Children, UNICEF, World Vision, Government of Nepal Central Child Welfare Board, Government of Nepal Ministry of Federal Affairs and Local Development (2015). *After the Earthquake: Nepal's Children Speak Out Nepal Children's Earthquake Recovery Consultation.* https://resourcecentre.savethechildren.net/document/after-earthquake-nepals-children-speak-out/

[16] Anticipatory Action: Nepal https://www.anticipation-hub.org/experience/anticipatory-action-in-the-world/nepal

4. **Take early action to prevent harm before a crisis happens.** Early actions are those that organizations implement in response to a forecast or early warning, before a predicted crisis or disaster has occurred. These early actions either mitigate the impact of a crisis before it occurs or directly prevent harm through multi-sectoral interventions that target root causes of harm.[17] Early warning systems allow for action to be taken based on the potential risk of harm to children, rather than once the hazard or crisis has impacted the population. For example, as the likelihood of displacement due to armed conflict increases, it can be assumed that family separation and psychosocial distress are likely. Early actions to prevent separation and mitigate psychosocial distress can be taken, even before confirming the prevalence of the unaccompanied and separated children and distress. For example, state and/or civil society actors can ensure children and adults have birth certificates or other national identification to facilitate tracing as needed during and after displacement.

Example: Use of early warning systems to prevent recruitment of children by armed forces and armed groups.[18] The Dallaire Institute for Children Peace and Security has developed a predictive model to estimate the likelihood of child soldier recruitment and use by country. Variables that have been found to be predictors of child recruitment and use in a range of contexts are monitored. The Dallaire Institute and its local partners monitor the situation for these and other identified triggers. When the trigger level is reached, preventative actions are put into place.

In northern Mozambique, the conflict has killed over 5,000 people and displaced nearly 800,000 people between 2017 and 2021. The potential recruitment and use of children by non-state armed groups was identified as a concern. While monitoring the evolving situation, early warning triggers that predict use of children by armed groups were identified in January 2020. In response, the Dallaire Institute organized preventative actions such as high-level dialogues and sensitization with the Ministry of Defense, senior military personnel from the Mozambican Defense Forces and policymakers from other relevant ministries. Mozambican soldiers are also being trained on the human rights concerns and best practices for preventing the recruitment and use of children as soldiers, fighting against an armed group that uses child soldiers, including observation, reporting and planning strategies to enhance protections for children.

5. **Map and engage with key stakeholders:** Identifying and engaging with key stakeholders in the intended areas of operation can support the implementation of effective prevention programs. Stakeholder mapping and analysis can be conducted during the preparedness phase and may include relevant community actors such as health centers and schools, local/district government, and representation from line Ministries, UN Agencies, NGOs and other relevant service providers

[17] ODI. (2019). *Anticipatory Humanitarian Action: What Role for the CERF? Moving from Rapid Response to Early Action.* https://www.alnap.org/system/files/content/resource/files/main/12643.pdf

[18] The Dallaire Institute for Children, Peace and Security (2021). *K4P Predictive Model – Early Warning to Early Action, Mozambique Case Study*, Internal Working Document. See https://dallaireinstitute.org/k4p/ for more information.

operating in the area, inter-agency coordination groups/clusters, community-based youth or women's groups, university and academia groups, etc. It is also important that key stakeholders who are active in other sectoral areas that overlap with identified risk factors are identified and briefed on the primary prevention approach.

The stakeholder mapping and analysis will lead to a greater understanding of different actors' roles and how they can contribute to strengthening protective factors or mitigating risk factors, to support strategic engagement. This is important to ensure there is a venue in which to raise external factors that, while beyond the scope of a humanitarian program, have an impact on the success of a primary prevention approach. The mapping and analysis of stakeholders should be revisited and updated semi-regularly. Links to guidance on how to develop a stakeholder mapping are included at the end of this section.

Example on the importance of engaging and advocating with stakeholders at various levels from Niger pilot experience:

In Diffa, Niger, displaced children who had lost their school records were not allowed to enroll in the school where the primary prevention program was being field tested. Displaced children already face a high risk of harmful outcomes, and not being able to access education would increase this risk.

When mapping and analyzing the actors who would be able to influence this, field teams advocated with local school management at the pilot site which successfully resulted in children who did not have their scholastic records being allowed to enroll in school.

An additional layer of a preventive approach across all the layers of the socio-ecological model, would be to advocate to the Ministry of Education to revise enrolment policies nationwide.

Based on the findings of the stakeholder mapping, an informed and targeted advocacy strategy can be developed. An **advocacy strategy** is key to guiding constructive and informed engagement with stakeholders and includes interventions and messages that are tailored to each stakeholder. Strategic advocacy is particularly critical for a successful primary preventive approach at the state and policy level, and to address external factors beyond the purview of any single humanitarian intervention. Several resources on developing an advocacy strategy are included at the end of this section. The examples provided are meant to guide the development of an advocacy strategy but should be contextualized and adapted to each setting.

Resources for CPHA Primary Prevention Preparedness:

- Child Protection Working Group Secondary Data Review (SDR): Matrix and guidance note. The Alliance for Child Protection in Humanitarian Action, 2016.
- Identifying and Ranking Risk and Protective Factors: A Brief Guide. The Alliance for Child Protection in Humanitarian Action, 2021.
- Defining and Measuring Child Well-Being in Humanitarian Action: A Contextualization Guide. The Alliance for Child Protection in Humanitarian Action (2021).
- Anticipatory Action and Child Protection: Acting Early to Better Protect Children in Emergencies, Issue Brief. International Federation of Red Cross and Red Crescent Societies (IFRC), 2021.
- Anticipatory action | UNDRR UN DRR 2024
- Anticipatory Action: A Child-Centered Guide | Save the Children's Resource Centre Save the Children 2024
- The Preparedness Package for Refugee Emergencies: A Reference Guide for Preparedness. UNHCR, 2020.
- Protection Advocacy Toolkit. Global Protection Cluster, 2023.
- Stakeholder Mapping Exercise. UNICEF, 2024.
- Stakeholder Mapping Guide. WHO

4.2 Step Two: Assessment and situation analysis

Key Actions: Assessment and situation analysis
1. Gather existing information from multi-sector sources on harmful outcomes to children in the context.
2. Support community-led analysis of the risk and protective factors associated with harmful outcomes.
3. Determine if any sub-population groups may be prioritized in prevention efforts.

A primary prevention approach is based on a comprehensive analysis of the risk and protective factors that impact whether children experience harmful outcomes. It goes beyond the question of *"What are the harmful outcomes to children occurring in this context?"* (e.g., child marriage, violence in schools, recruitment in armed forces, family separation). Prevention programming also needs to know:

- *"What are the risk factors leading to harmful outcomes for children?" and*

- *"What are the protective factors that can prevent children from experiencing harmful outcomes?"*[19]

1. **Gather existing information from multi-sector sources on harmful outcomes to children in the context. This should build on any desk review conducted during the preparedness phase.** Risk and protective factors relate to a child's holistic well-being and are found in all sectors.[20] Data on child well-being is often already being collected by other sectors, and can be used in joint analysis of harmful outcomes and risk and protective factors. Where relevant data is not already being collected, advocacy for the inclusion of data collection on children's well-being within all sectors is needed. It is essential that child protection and other sector actors discuss and jointly analyze this data to inform the design of effective interventions. This includes sectors involved in the provision of education, health care, water and sanitation, livelihood support, shelter, nutrition and other services to children

   Existing information can be used to take immediate action while further assessment is undertaken or if/when the operating environment does not allow for a community-based identification of risk and protective factors. When information and analysis on harmful outcomes and the risk and protective factors are available in desk reviews, secondary data reviews, or other sources pre-crisis, this information can be used immediately to design primary prevention interventions. When monitoring identifies that there is a significant change in the risk and protective factors or the type of harmful outcomes in the context, updated assessments and analysis can then be conducted to better adapt programming.

Example: Food security indicators related to child protection risk factors

The Coping Strategies Index (CSI)[21] is a tool used by food security professionals to measure household food security and the impact of food aid programs in humanitarian settings. The CSI recommends using focus groups to identify the coping strategies households are using when access to food is inadequate. The strategies are then included in the index as measures of food insecurity in context.

An example of a negative coping strategy suggested in the CSI is sending children to work. This is also an indicator of child labor, with food insecurity as one of its risk factors.

[19] The Alliance for Child Protection in Humanitarian Action (2021). *From Theory to Practice: Towards a Framework for Primary Prevention in Child Protection Humanitarian Action - A Position Paper*. https://alliancecpha.org/en/child-protection-online-library/position-paper-theory-practice-towards-framework-primary-prevention

[20] Clark, H., Coll-Seck, A., Banerjee, A., Peterson, F., Dalglish, S., & Ameratunga, S. (2020). *A future for the world's children?* A WHO-UNICEF-Lancet Commission. *Lancet*; 395 (10224), 605–658. https://doi.org/10.1016/S0140-6736(19)32540-1

[21] Maxwell, D and Caldwell, R. (2008). *The Coping Strategies Index*, Field Methods Manual (2nd edition). https://documents.wfp.org/stellent/groups/public/documents/manual_guide_proced/wfp211058.pdf

Sending a household member to beg is another example of a negative coping strategy included in the CSI. If disaggregated to identify household members by age group, this can also provide data on child labor.

Sending children to eat with neighbors or even sending children to live with family or neighbors are examples of additional coping strategies that impact a child's risk for harm, including family separation.

Joint analysis between food security and child protection actors can lead to the development of prevention interventions to address negative coping strategies.

Example: Using education assessments in Syria to understanding risk and protective factors

Access to safe, quality education for children is a common protective factor that prevents various harmful outcomes to children, such as recruitment in armed forces and armed groups, child labor, family separation, forms of GBV such as early marriage and others.

Joint assessment and analysis of access to safe, quality education between education and child protection actors is essential. The community education assessment tool agreed by the Education Cluster for use in Syria in 2018[22] asks key informants to identify barriers to education. Possible barriers include early marriage, corporal punishment, lack of documentation for children, psychosocial distress of children or teachers, unsafe transportation options and more. The assessment also identifies what groups of children have less access to education by age, disability, gender, or legal or displacement status.

Education assessments include valuable information on harmful outcomes as well as access and attendance to formal and non-formal education. Child protection and education actors can jointly analyze the data collected in combination with additional data collected by child protection actors on risk and protective factors to determine priority prevention actions needed with communities.

[22] The sample community assessment tool can be found at https://educationcluster.app.box.com/v/needsassessmentpackage/file/538143990605.doc as part of the Guide to Coordinated Education in Emergencies Needs Assessment and Analysis developed by the Global Education Cluster, available at https://www.educationcluster.net/Toolkit

Examples of multi-sectoral data on harmful outcomes for children and risk and protective factors

Sector / Actors	Examples of prevention related CPHA data being collected by other sectors*
All sectors and actors	• Information on hard to access populations or marginalized groups • Child well-being services and supports (healthcare, education, nutrition, psychosocial support, etc.) in place by community-level actors
Food security / livelihoods	• Information on coping mechanisms (including harmful coping strategies such as sending children to work, child or forced marriage, etc.) at household level • Existence of and types of child labor and worst forms of child labor
Education	• Safety in and around schools and non-formal education sites • % of child not attending school or at risk of dropping out and the reasons for leaving • Availability of and barriers to accessing education at early childhood, primary and secondary levels
Health	• Types of injuries and illness most prevalent to children in the population • Number of mental health and social service referrals for children and caregivers • List of primary health care services offered in different health centers • Causes of family separation during epidemics
MHPSS	• Existence of mental health and psychosocial service providers that accept children and/or caregivers • Existence of functional referral pathways • Available mental health and psychosocial support services • Levels and sources of stress for children and caregivers

GBV	• Existence of harmful or protective gender norms • Existence of GBV against children, intimate partner violence and threats and vulnerabilities linked to the risk of GBV
Nutrition	• % of acute malnutrition, stunting and micronutrient deficiencies for children by age group in the population that would call for early intervention • Levels of depression among new mothers
Child protection	• Type and prevalence of harmful outcomes for children in the populations • Risk and protective factors related to harmful outcomes at different levels of the socio-ecological model • Status of laws, policies and enforcement related to child protection • Capacities of social services and the national child protection system to prevent and respond to harm to children

2. **Support community-led analysis of the risk and protective factors associated with harmful outcomes.**[23] A list of commonly identified risk and protective factors can be found in **Annex 1**. However, each culture and context will have specific risk and protective factors and vary in the degree of impact each factor has on harmful outcomes. For example, in one context, family separation may be linked to a lack of secondary education opportunities while in another family separation may be linked to the need to flee during seasonal flash flooding. Information on risk and protective factors can be included into assessments that feed into Humanitarian Needs Overview (HNO) exercises in coordination with other sectors.

   Risk and protective factor assessment methods. There are multiple assessment methods such as:

   - The Alliance-developed "Identifying and Ranking Risk and Protective Factors: A Brief Guide," described in the call out box below.

   - Participatory assessment exercises with children, families, and community members such as focus group discussions or surveys. A selection of exercises can be found in the Guidance Notes section of the Alliance for Child Protection in Humanitarian Action's A Reflective Guide for Community-Level Approaches to Child Protection in Humanitarian Action.

[23] To explore a more detailed discussion on risk and protective factors, refer to Understanding Risk and Protective Factors in Humanitarian Crises: Towards a Preventive Approach to Child Protection in Humanitarian Action, Alliance for Child Protection in Humanitarian Action (2021).

- Population monitoring, identifying common factors leading to harmful outcomes; or
- Profiling of children who have already experienced a negative outcome to identify common risk factors.

In Identifying and Ranking Risk and Protective Factors: A Brief Guide, the Alliance has developed a three-step methodology for identifying risk and protective factors as below:

Step 1: Conduct focus group discussions with children, family, community members and key stakeholders to identify and rank risk and protective factors.

Step 2: Conduct an interpretation and prioritization workshop with key stakeholders to determine which risk and protective factors to focus on.

Step 3: Develop a theory of change based on the prioritization workshop results.

Steps 2 and 3 are completed as part of the design phase and are described in more detail in the relevant section.

3. **Determine if any sub-population groups may need to be prioritized in prevention efforts.** Primary prevention approaches work at the population-level and target all children in the population or sub-population. Many likely risk factors, such as poverty or harmful social norms, affect multiple sub-groups (children of different ages, ethnicity, gender, etc.) and are at the root of multiple forms of harmful outcomes. In these cases, interventions that address all children in a population are needed to reduce overall risk.

However, in some instances, it may be more effective to target a specific sub-population more at risk of experiencing harmful outcomes. This will be a sub-group identified based on a particular group characteristic that is identified as being associated with heightened risk. Group characteristics may be linked to age (infants, early childhood, primary school aged, early adolescent and adolescent), gender, sexual orientation, disability, legal status, geographical region or others. For example, older children may be at risk for entering the worst forms of child labor, while younger children may be more at risk of neglect. It is essential to disaggregate data during assessment, analysis, monitoring and evaluation (M&E) to identify group characteristics that may be associated with heightened vulnerability.

Program example: Profiling of children who have experienced harmful outcomes to identify risk and protective factors in Uganda[24]

What was done? In Uganda, ChildFund worked with a wide variety of partners to prevent family separation. Data was collected from children living in the residential care and the caregivers that worked in the residential care centers on the factors that led them to be separated from their families. Nine major risk factors were identified. This included 53% of children and workers citing lack of access to quality education as a factor, 51% the loss of one or both parents, 51% poverty and 15% identified neglect at home.

This information was then triangulated with community data. The communities where the largest number of children living in residential care came from were identified. Then community members from these areas identified households where they perceived a high risk of family separation. The high-risk households were assessed on vulnerability scales that looked at household economic security, access to basic needs, health care, psychosocial support, child protection and legal support. This method found that household poverty, loss of one or both parents, domestic violence and alcoholism were the top risk factors present in these households.

What was the outcome? Using the assessment information above, ChildFund and its partners were able to prioritize risk factors that had the most impact on family separation and design interventions to reduce those risks in the population.

Example from piloting: Designing a primary prevention approach to ensure school retention in Diffa, Niger

A key risk factor for child, early and forced marriage (CEFM) identified by participants in the Risk and Protective Factor Ranking exercise in Niger during the piloting of the Framework was lack of access to education. During the design phase, the piloting team determined that children aged nine to 15 were at greatest risk of being pulled from school and forced to marry because of a common perception that once a child reaches 10 years of age, he or she has reached maturity and should be contributing to the household.

Therefore, rather than focusing school retention on the entire population of children in the targeted area, the piloting team decided to prioritize retention in secondary school, as that was the sub-population of children most at risk of CEFM. Retention activities targeted all children aged nine to 15 in the supported school, making it a sub-population level approach rather than a target approach, which would have further narrowed down beneficiaries based on vulnerability criteria.

[24] ChildFund (2018). Deinstitutionalization of Vulnerable Children in Uganda (DOVCU): ChildFund in partnership with Retrak, Child's I Foundation and Transcultural Psychosocial Organization (TPO) Uganda. https://bettercarenetwork.org/sites/default/files/DOVCU%20Final%20Report.pdf#page=60.

Resources for CPHA Primary Prevention Assessment and Situation Analysis:

- Child Protection Working Group Secondary Data Review (SDR): Matrix and guidance note. The Alliance for Child Protection in Humanitarian Action, 2016.
- Identifying and Ranking Risk and Protective Factors: A Brief Guide. The Alliance for Child Protection in Humanitarian Action, 2021.
- Guidance Note 3: Context Analysis in A Reflective Field Guide: Community-Level Approaches to Child Protection in Humanitarian Action. The Alliance for Child Protection in Humanitarian Action, 2020.
- Child Protection Rapid Assessment Toolkit. The Child Protection Working Group / The Alliance for Protection in Humanitarian Action, 2012.
- Needs Identification and Analysis Framework. The Child Protection Area of Responsibility.
- Defining and Measuring Child Well-Being in Humanitarian Action: A Contextualization Guide. The Alliance for Child Protection in Humanitarian Action, 2021.
- Module 1: Risk Analysis, Gender-Based Violence Prevention: A Results-Based Evaluation Framework. InterAction, 2021.

4.3 Step Three: Design and planning

Program design and planning is a critical step to effective primary prevention interventions. It builds directly on the assessment and analysis and underpins the evaluation of change and evidence that will be generated from the program.

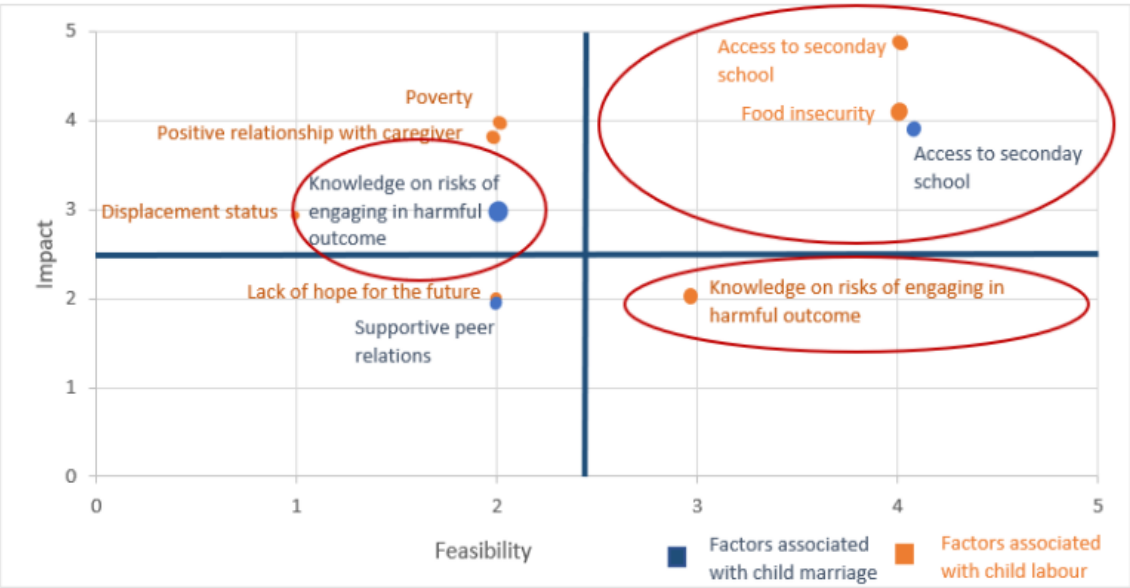
Key Actions: Design and planning
1. Be strategic in selecting the risk and protective factors that will have the most impact and are feasible to address
2. Develop a contextualized theory of change to prevent harm based on the identified risk and protective factors
3. Design population-level approaches to address risk and protective factors at multiple levels of the socio-ecology
4. Identify result level outcomes and indicators that measure changes in risk and protective factors.

1. **Be strategic in selecting the risk and protective factors that will have the most impact and are feasible to address.** Due to budget and resource constraints, it is unlikely that we will ever be able to address all identified risk and protective factors. Humanitarian actors can prioritize the main risk and protective factors leading to harm based on three criteria: 1) the likely impact that addressing the factor will have on preventing harm, 2) the feasibility of addressing the risk or protective factors in the context; and 3) intersection of multiple harmful outcomes. Impact ranking should be done in close

collaboration with communities, families and children. The factors that will have the greatest impact and are most feasible to address should be prioritized. In addition, because children often face multiple types of harm, intersecting factors (those that are common across multiple types of harm) should also be considered a priority. See **Annex 4** for a sample tool to prioritize factors according to impact and feasibility as well as intersection across multiple types of harm.

The example below illustrates how risk and protective factors identified by families and adolescents linked to child labor could be prioritized for programming purposes. The factors that score high on both the impact they will have on preventing child labor and the feasibility of addressing the factors appear in the upper right quadrant of the diagram. These factors should be prioritized in the project design. The decision of where to place the risk and protective factors will look different depending on the context and the outcome of the consultation process.

*Example prioritization of risk and protective factors by impact, feasibility and intersection (see **Annex 4**):*



2. **Develop a contextualized theory of change to prevent harm based on the identified risk and protective factors.** Effective child protection programming, whether prevention or response focused, is rooted in a theory of change that is context specific. The theory of change in prevention programming demonstrates how changes in risk and protective factors will reduce harmful outcomes for children. **This information comes from assessment and analysis conducted in Step 2, and these two steps are heavily linked.**

What is a theory of change?[25]

A theory of change (ToC) is a statement of the form "**IF** we do this activity, **THEN** this change will happen, **BECAUSE** of these factors."

IF we do this activity (prioritized protective factor to be enhanced), THEN this change will happen (the harmful outcome we are aiming to reduce), BECAUSE of these factors (prioritized risk factors that are being addressed)

For example:

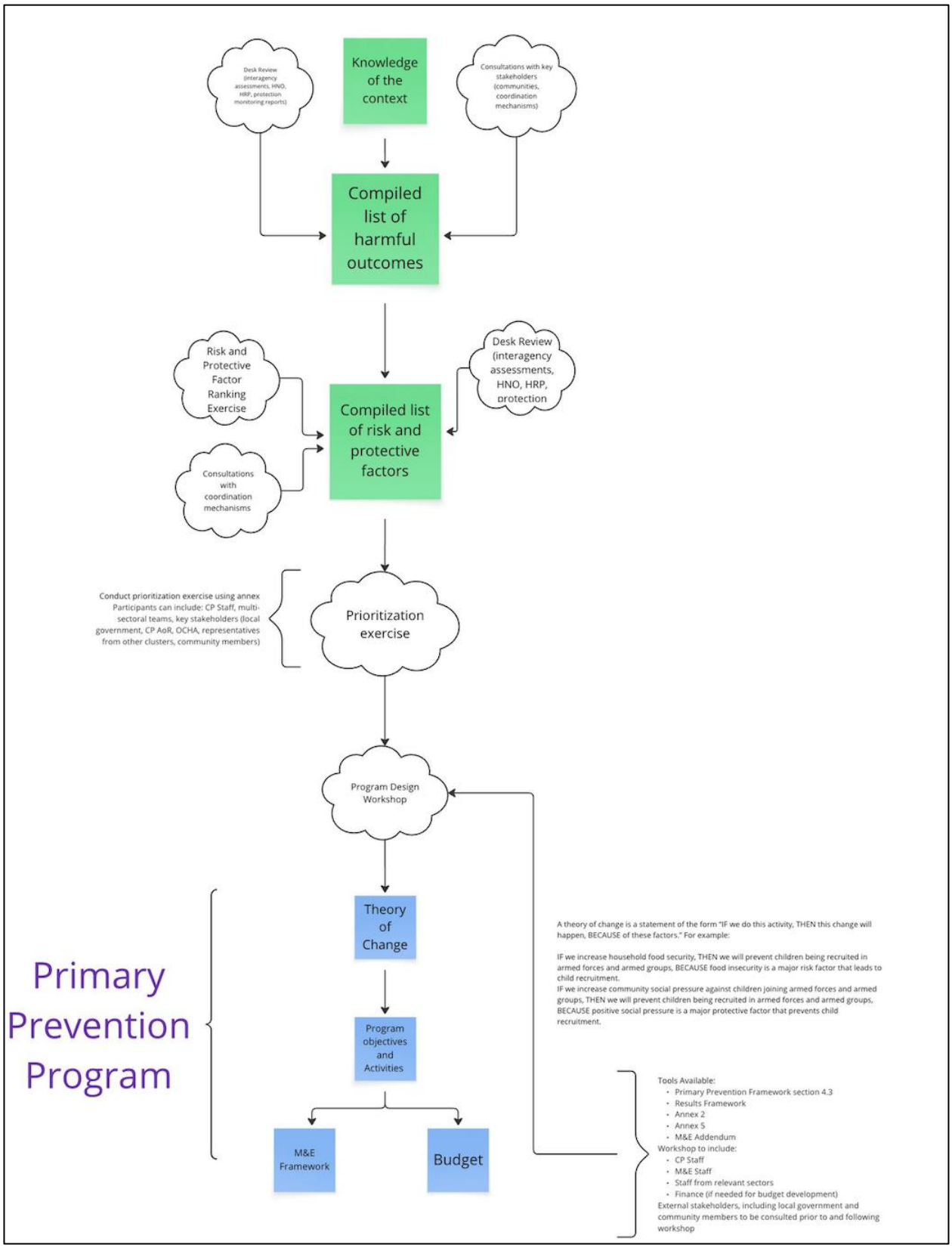
IF we increase household food security, **THEN** we will prevent children from being recruited in armed forces and armed groups, **BECAUSE** with continuous and improved access to food security, children can rely on regular nutrition and food security at home, mitigating one of the root causes of recruitment.

IF we increase community social pressure against children joining armed forces and armed groups, **THEN** we will prevent children from being recruited in armed forces and armed groups, **BECAUSE** positive social pressure is a major protective factor that prevents child recruitment.

*See **Annex 3** for an example logical framework based on this example of the theory of change. For additional guidance on developing a ToC, please refer to this resource:* Theory of Change.

Effective theories of change are informed by assessments by and with communities that have identified which protective and risk factors are most important in relation to the type of harm to be prevented. For the ToC to be community driven and led, and to be targeted, effective and appropriate, community engagement at all stages of the process must be observed.

[25] See further resources for further explanation and discussion on developing a Theory of Change in resources such as O'Flynn and Moberly (2017), *Theory of Change* by INTRAC or *Gender-Based Violence Prevention: A Results-Based Evaluation Framework* (2021) by InterAction.


Desk Review (interagency assessments, HNO, HRP, protection monitoring reports)
Knowledge of the context
Consultations with key stakeholders (communities, coordination mechanisms)
Compiled list of harmful outcomes
Risk and Protective Factor Ranking Exercise
Desk Review (interagency assessments, HNO, HRP, protection
Compiled list of risk and protective factors
Consultations with coordination mechanisms
Conduct prioritization exercise using annex Participants can include: CP Staff, multi-sectoral teams, key stakeholders (local government, CP AoR, OCHA, representatives from other clusters, community members)
Prioritization exercise
Program Design Workshop
Primary Prevention Program
Theory of Change
Program objectives and Activities
M&E Framework
Budget
A theory of change is a statement of the form "IF we do this activity, THEN this change will happen, BECAUSE of these factors." For example:
IF we increase household food security, THEN we will prevent children being recruited in armed forces and armed groups, BECAUSE food insecurity is a major risk factor that leads to child recruitment.
IF we increase community social pressure against children joining armed forces and armed groups, THEN we will prevent children being recruited in armed forces and armed groups, BECAUSE positive social pressure is a major protective factor that prevents child recruitment.
Tools Available:
Primary Prevention Framework section 4.3
Results Framework
Annex 2
Annex 5
M&E Addendum
Workshop to include:
CP Staff
M&E Staff
Staff from relevant sectors
Finance (if needed for budget development)
External stakeholders, including local government and community members to be consulted prior to and following workshop

3. **Design population-level approaches to address risk and protective factors at multiple levels of the social ecology.** This may require a range of actors to intervene from various sectors, which could include peacebuilders, advocacy or research agencies or other non-traditional humanitarian actors. Communities should also be consulted during the design phase, to support higher levels of community ownership. Interventions should focus on reducing risk and bolstering protective factors within the population, not only for children considered to be at high risk. For example, access to life skills to help prevent psychosocial distress in children that are integrated into school curricula or accessible through community centers would be a population level intervention. Setting criteria based on risk level for individual children to be selected into a life skills program would be secondary prevention because it selects individual children already at high risk. Annex 5 provides examples of evidence-based approaches that have been used at a population level, and Annex 9 provides a sample results framework with illustrative population-level activities.[26]

Examples of population-level activities:

The following are all examples of activities that take a population-level approach. As you will see, these activities span sectors to achieve a child protection outcome.

Generic examples:

- Food basket distributions and monthly cash transfers to all households classified with food consumption scores (FCS) of poor or borderline.
- Design and implement safe school initiatives with students, teachers and parents in all secondary schools in the target area.
- Advocate for community leaders to promote understanding of the harm of child recruitment into armed forces and armed groups.

Examples from prevention pilots:

- Carry out educational campaigns on the importance of birth registration to improve the understanding of parents, guardians, carers and state bodies involved in the civil registration chain.
- Set up a birth registration system with the support of integrated health centers to enable birth registration for children born outside health centers (within 30 days of delivery).
- Support student governments to develop action plans to improve the school environment with the goal of encouraging regular attendance.

[26] The Alliance for Child Protection in Humanitarian Action (2021). *Prevention Framework: Desk Review Synthesis.* https://alliancecpha.org/en/child-protection-online-library/prevention-framework-desk-review-synthesis

Designing integrated primary prevention programs:

Primary preventive approaches are not only multi-sectoral but **necessarily integrated, with all sectors contributing to a common outcome.** The sectors involved in primary prevention interventions will depend on the main risk and protective factors identified but may include health, education, livelihoods and/or food security. The following is an example of an integrated approach that was designed as part of the prevention pilots:

Integrated primary prevention approach in Yei, South Sudan

The Risk and Protective Factor ranking exercise Plan International conducted in Yei found that lack of access to quality education and lack of household livelihoods were two key risk factors for both child labor and CEFM. The exercise also found that having a supportive family environment was a key protective factor. With this information in hand, Plan International's child protection, education, and livelihoods teams came together to design a primary prevention project to prevent child labor and CEFM in Yei. The resulting project, while having a child protection focused goal, was primarily composed of education in emergencies and livelihood activities, including developing action plans to protect and rebuild livelihood assets, forming village savings and loans (VSLA) groups, supporting schools to adopt interactive teaching methods, and door-to-door school enrollment campaigns. The only traditionally child protection-focused activity included was positive parenting courses. However, the project overall sought to prevent harmful outcomes to children through achieving the education and livelihood objectives.

The role of child protection in a primary prevention approach:

When other sector-implemented interventions are prioritized, child protection actors still have an essential role in:

- coordinating joint efforts throughout the program cycle;
- advocating for the achievement of common program objectives;
- collecting and analyzing data related to child well-being in context;
- ensuring child participation is systematic and that approaches are inclusive to all children within the population-group; and
- guiding integrated action through implementation and monitoring phase.

To learn more on how to design and implement integrated programming, please refer to the CPMS. And remember, prevention principle 3 "use a holistic, integrated, multisectoral approach" (page 3) should be integrated when designing and planning preventative interventions.

4. **Identify result level outcomes and indicators that measure changes in risk and protective factors**. Measuring change in the reduction of harmful child protection outcomes in the population can be challenging or even close to impossible due to challenges in data collection, population movement, restricted access and insecurity and shorter project cycles. Prevention can also be difficult to measure as it is the absence of something of occurring (the counterfactual). For an example of a prevention results framework, please refer to Annex 9. Additional guidance on monitoring and evaluation for primary prevention programs can be found in the M&E Addendum.

   Instead, we can measure prevention indirectly through result outcomes. Result outcomes measure a reduction in risk and an increase in protective factors. An example of a result could be "children who have been displaced report an increased sense of belonging in the host community" or "the laws prohibiting child labor are better enforced."

   Then, using the agreed theory of change (IF we do X, THEN y), we assume that achieving the desired change in risk and protective factors will lead to prevention of harm. **Annex 3** provides a sample logical framework as one example.

   Where possible, outcomes that directly evaluate prevention of harmful outcomes or improvement in dimensions of well-being will provide more robust evidence of change. (See Evaluation and Learning)

Build flexibility into the program design. Existing humanitarian management and funding systems can pose a challenge to implementing community-driven and context-specific interventions. Pre-identifying program outcomes and approaches in a project proposal before local communities have identified the priority risk and protective factors and appropriate interventions will be less effective and sustainable. If an organization has not been able to complete the needs assessment and situational analysis phase prior to proposal development, they should do some footwork during proposal design to identify and prioritize harmful outcomes and risk and protective factors. Suggestions for building in greater flexibility in the program design are provided below.

- Donors can provide longer funding cycles in humanitarian contexts on programming related to the prevention of harmful outcomes for children.

- In longer funding cycles (more than one year), include an inception period into the project for conducting assessment of risk and protective factors and subsequent design of outcomes and indicators based on the findings.

- In shorter funding cycles (less than one year), use one cycle of funding to conduct the assessment and design for primary prevention actions while implementing other child protection interventions. This can include early action interventions based on pre-crisis knowledge in context and experience on what has worked on primarily prevention in similar contexts to prevent the most likely harmful outcomes for children.

- Implementing agencies and donors can agree to allow revisions to outcomes and approaches when changes in risk and protective factors are identified. Additionally, information on harmful outcomes that are included in Humanitarian Response Plans (HRPs) can be used to develop general outcomes and indicators that call for using a primary prevention approach that can be detailed in later revisions.

Resources for CPHA Primary Prevention Design and Planning:

- Prevention Framework: Desk Review Synthesis. The Alliance for Child Protection in Humanitarian Action, 2021.
- Theory of Change. O'Flynn and Moberly, INTRAC for civil society, 2017.
- INSPIRE Handbook: action for implementing the seven strategies for ending violence against children. World Health Organization, 2018. The Handbook provides details on how to design and implement specific evidence-based interventions to end violence against children. The focus is non-emergencies settings but includes some guidance on using the interventions in humanitarian settings.
- Gender-Based Violence Prevention: A Results-Based Evaluation Framework. InterAction, 2021. This Framework provides further explanation on developing theories of change, outcomes and indicators.
- Everybody Wants to Belong: Practical Guide for Social Norms Programming. UNICEF, 2018.
- **Inter-Agency Toolkit: Preventing and Responding to Child Labor in Humanitarian Action**. The Alliance for Child Protection in Humanitarian Action, 2021. The toolkit provides examples of possible prevention interventions, including by sector.
- Minimum Standards for Child Protection in Humanitarian Action (CPMS). The Alliance for Child Protection in Humanitarian Action, 2019. The CPMS includes key actions on prevention in all standards. These can be used to identify minimum prevention actions to include in CPHA programming. The indicator table in annex to the CPMS also provides examples of indicators on prevention related to some of the key actions within each standard.

4.4 Step Four: Implementation and monitoring

For additional guidance on monitoring a primary prevention project, please refer to the M&E Addendum.

Key Actions: Implementation and monitoring
1. Implement the primary preventive program in coordination with all sectors involved.
2. Monitor for changes in risk and protective factors during implementation.
3. Adapt prevention interventions based on monitoring data.

1. **Implement the primary preventive program in coordination with all sectors involved.** Field testing of this resource in South Sudan and Niger reinforced the importance of close collaboration across all sectors involved in a primary preventive approach. As mentioned previously, primary preventive programs are necessarily integrated, with multiple sectors working together towards a common goal while also achieving their own sectoral objectives. Teams involved in field testing the framework found that having a program or project manager responsible for coordinating implementation across all sectors was crucial to maintain a coordinated, joint approach, rather than several disparate projects. Child protection teams play a key role in this regard, acting as the fulcrum for the various moving parts of a preventive approach.

   Having regular coordination meetings and project check-ins further reinforced the integrated nature of the project and kept the common goal at the forefront. While regular team meetings are best practice when it comes to program management, for primary preventive approaches they are particularly important. Check-in meetings that include of all sectors involved in the primary preventive approach are a key opportunity to not only monitor implementation and progress for each individual sector but also to evaluate how the different sectors are working together to achieve a common goal.

   Reminder: Implementing an integrated primary prevention program requires coordination across multiple sectors and teams. Program teams should have regular project check-ins to reflect on the progress made and continue to ensure the program is grounded in the framework.

2. **Monitor changes in risk and protective factors during implementation.** In humanitarian crises, situations can evolve rapidly. Setting up monitoring systems with children, families, community members and other stakeholders can help identify changes in risk and protective factors that were identified during the assessment phase. For example, while access to formal schooling may have been identified as a protective factor during an initial assessment, schools could become unsafe due to risk of recruitment into armed forces or risk of violence on the routes to and from school. These new risks will need to be addressed, and the program approach and theory of change adapted. To monitor changes in risk and protective factors, consider repeating the Risk and Protective Factor Ranking Exercise at regular intervals.

   For additional information on monitoring primary preventive approaches, please refer to the M&E Addendum.

3. **Adapt prevention interventions based on monitoring data.** Feedback on effectiveness, quality and perceptions of any interventions should be collected systematically, on an on-going basis through interaction with service providers and users. Quantitative information can include output monitoring (e.g., attendance information or number of distributions made, etc.). Qualitative information can be regularly reviewed as well and include information shared through child and community feedback mechanisms, observations from project staff or those participating in the project or post-service user feedback surveys.

Monitoring of progress related to result outcomes should be led by communities and include children wherever possible. See Step 5 for an overview of simple, participatory methodologies for monitoring and evaluation.

Program example: tackling the root causes of sexual and gender-based violence to girls in Northeastern Nigeria[27]

Context: In Borno and Yobe states within northeastern Nigeria, GBV, including early and forced marriage, prevented girls from attending secondary school. To prevent GBV against girls, a three-year project is being implemented by two national Nigerian organizations in partnership with Plan International.

What were the risk and protective factors? A Rapid Gender Assessment followed by a more in-depth Gender and Child Protection Assessment identified specific barriers to education. Risk factors identified for GBV against girls and school dropout were: 1) harmful gender norms in the community, 2) student perception of gender-based discrimination in schools, and 3) corporal punishment in schools. Protective factors identified were: 1) positive coping strategies used by adolescent girls and their families and 2) caregivers who supported adolescent girls to access education.

The three organizations worked together with children, parents and caregivers, teachers, community-level child protection actors and authorities to identify preventative actions to be put in place or strengthened.

What primary prevention approaches were used? Prevention interventions include running adolescent girl-friendly discussion groups and girls' school clubs. At the community level, quarterly discussions are organized among community leaders, women's organizations, and religious leaders to discuss barriers to girls' education and preventing GBV / early marriage. Based on the discussions, public communication messages are developed and broadcast. The organizations also train teachers on gender responsive approaches, psychosocial support, and how to work with children to create and maintain a safe and inclusive learning environment.

What is being monitored? Population-based surveys were administered to adolescents and parents to collect information related to the following risk and protective factors: 1) the level of knowledge and capacity of caregivers and communities to protect girls and support girls' access to education, and 2) the capacities of girls to identify and protect themselves from GBV and assert their rights regarding their education. A baseline survey was conducted at the start of the project, which was used to finalize the prevention interventions' design. Another survey will be completed at the end of the project to assess the change in the identified factors.

[27] Plan International, internal presentation and case study submission, September 2021.

Additionally, annual school evaluations are conducted to monitor changes in the knowledge, skills, and attitudes of teachers to make the learning environment safe. The evaluations review how schools are implementing changes to create quality, gender-responsive, protective, and inclusive learning environments for girls. Education records are also reviewed to measure the percentage of girls who successfully transition between levels. This serves as a proxy indicator for a reduction in the number of girls experiencing GBV in schools.

The role of community volunteers:

Community volunteers play an essential role in humanitarian responses. A primary prevention approach must consider including community volunteers in order to respond effectively to children and their families. **Volunteers are a critical bridge** between CPHA actors and children and their families. They have a deep understanding of local culture and systems, which places them in a unique position to support the design and implementation of population-level primary prevention approaches. Volunteers remain in a community and are able to promote long-term changes that promote children's well-being of children.

This Framework acknowledges the relevance of community volunteers' role and recommends the following engagement actions:

1. Invest in strengthening volunteers' capacities to effectively understand and apply key concepts and tools for prevention. They should be engaged in suitable opportunities for orientation and training.
2. Uphold safe and ethical standards for the roles and responsibilities of community volunteers. Ensuring the appropriate support from more highly trained and employees is essential.
3. Foster the inclusion of volunteers throughout the phases of the Framework. Include them in program design and planning, implementation, and evaluation. For example, in Niger, community volunteers actively participated in the mid-term monitoring and final close-out learning workshops, sharing valuable insights and potential solutions to challenges faced during implementation.
4. Support volunteers with resources, such as equipment, transportation and/or visibility items, that enable them to fulfill their important role within the community. For example, in South Sudan, community volunteers received bicycles which allowed them to organize and conduct prevention activities in a more efficient manner.

4.5 Step Five: Evaluation and learning

Planning for evaluations begins during the design phase (Step Three), once the result-level outcomes and impact indicators are determined. For additional information on evaluating primary preventive approaches as well as evaluation methods, please refer to the M&E Addendum.

Key Actions: Evaluation and learning
1. Evaluate changes in result-level outcomes
2. Evaluate changes in impact indicators
3. Share learnings on prevention effectiveness and cost-benefit analyses

Evaluation:

1. **Evaluate changes in result-level outcomes.** In all programs and projects, the change in result-level outcomes from the baseline to post-intervention should be evaluated by conducting an endline. In some contexts, particularly where there is insecurity, lack of access or short funding cycles, this may be the only level of evaluation possible. 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.

2. **Evaluate changes in impact indicators.** The most direct way to measure prevention of a harmful outcome is through evaluating the changes in impact indicators. This should be conducted where the security situation allows and access to communities is possible. Safety for staff and community members should be considered when deciding if it is feasible to evaluate changes in sensitive issues, for example children associated with armed forces and armed groups or gender-based violence. Evaluations should focus on whether there has been a reduction in harmful outcomes, rather than the process or quality of the intervention itself (e.g., levels of participation, ownership or satisfaction with a service or support), which can be evaluated in parallel.

Learning:

Share learnings on prevention effectiveness and cost-benefit analysis. There is lack of evidence on the effectiveness of different interventions on 1) addressing risk factors or strengthening protective factors and 2) preventing harmful outcomes. Documenting and sharing lessons learned on what works and what does not work is essential to build the evidence base around primary prevention. Learning can best be shared and disseminated through the cluster system and interagency groups.

There are a dearth of studies specifically evaluating the cost-benefit of primary prevention efforts for child protection in humanitarian settings. However, evidence from other sectors indicates that prevention interventions are more cost-effective than response-focused efforts. For example, intervening in early childhood to provide universal access to preschool education or reducing stunting in children costs less than attempts to compensate for deficits resulting from inaction.[28]

Value for money and cost effectiveness calculations can be a useful means of assessing and comparing different prevention and response approaches and can be an effective way to build evidence that furthers the case for investment in primary prevention. At program level, cost effectiveness using the cost per beneficiary calculations of prevention population-level interventions can be compared with those of remedial and response focused interventions as well as secondary and tertiary level interventions. At a national or international inter-agency or government level, prevention outcome data on reduced harmful outcomes for children and negative coping mechanisms can be used to compare different prevention approaches in terms of value for money.

Cost benefit analysis: Since the number of children being reached in primary prevention is often large, it is possible that the overall cost of a prevention intervention remains high. At the same time, evidence shows that childhood experiences of abuse, neglect, exploitation and violence are associated with poorer health, social and economic outcomes and increased mental health problems in adolescence and adulthood.[29] For this reason, it is important to consider the holistic gains in terms of broader child well-being when analyzing the cost of prevention. If the social and economic costs associated with harm to children can be quantified in the context, it is also possible to make a cost-benefit analysis where the cost of prevention interventions are compared with the averted costs of response interventions. Such analyses should be carried out in collaboration with researchers experienced in cost-benefit analysis.

Resources on CPHA Primary Prevention Evaluation and Learning:

- Module 3: Measurement Considerations and Module 4: Evaluation Approaches, Gender-Based Violence Prevention: A Results-Based Evaluation Framework. InterAction, 2021.
- Evaluation of Protection in Humanitarian Action. ALNAP, 2018.
- Outcome Harvesting. Approaches on Better Evaluation, www.betterevaluation.org.
- Process Tracing: Introduction and Exercises. Collier, DME for Peace, 2012.
- Most Significant Change. Approaches on Better Evaluation, www.betterevaluation.org
- Contribution Analysis. Approaches on Better Evaluation, www.betterevaluation.org
- Outcome mapping. Approaches on Better Evaluation, www.betterevaluation.org
- Cost Efficiency Analysis for Basic Needs Programming: Best Practice Guidance for Humanitarian Agencies. The International Rescue Committee, 2019.

[28] UNICEF (2019). The State of the World's Children 2019: *Children, food and nutrition: Growing well in a changing world.*

[29] Center for Disease Control and Prevention (2016). *Preventing Child Abuse and Neglect: A Technical Package for Policy, Norm, and Programmatic Activities. https://www.cdc.gov/violenceprevention/pdf/CAN-Prevention-Technical-Package.pdf*

5. CHALLENGES AND OPPORTUNITIES FOR PRIMARY PREVENTION INTERVENTIONS IN HUMANITARIAN SETTINGS

5.1 Implementing primary prevention interventions with short-term funded projects

Humanitarian funding cycles vary in length. Longer-term funding opportunities will allow for more effective community-owned, sustainable approaches and are preferable where possible. However, prevention efforts can be furthered within any timeframe. In cases with extremely short funding duration (6 months or less) and where continuation of funds is insecure, meaningful gains in prevention work can still be made.

Some examples include:

1. Address gaps in capacity and infrastructure needs that will improve existing services. For example, this could include anything from repairing a classroom ceiling to training health workers on child friendly communication.
2. Identify immediate prevention actions that will stop harm in the short term. For example, working with communities to negotiate a commitment from a unit or units of armed groups not to recruit children.
3. Conduct data collection on risk and protective factors for harmful outcomes in the context to inform future programming and identify where early intervention can be increased.
4. Map prevention and response services and support for child protection.

5.2 Behavior and social norms change interventions in humanitarian settings

Every humanitarian context is different and undertaking social norms changing interventions needs to be considered carefully with possible risks evaluated for the specific context. Social norms and behavior change requires time and extensive participation and may be difficult or even harmful where there is a lack of or unstable access to populations, population movement or insecurity. It may also require multi-pronged approaches including changes to laws and policies alongside engagement with the public or other key targets, which may not be possible in a humanitarian crisis. Additionally, appropriate work on social norms is dependent on community-driven approaches.

At the same time, the average duration of a humanitarian response plan for protracted crises is 10 years,[30] enabling programs to consistently target populations through longer-term funding cycles and projects. Opportunities for shifts in behavior and norms may emerge during a crisis as societal, community and family dynamics adapt.[31] In such cases, it can be possible to work on behavior and social norms changing.

Much of the evidence on social norms change for child protection comes from development settings and

[30] UN OCHA (2024) Global Humanitarian Overview 2024 https://www.unocha.org/publications/report/world/global-humanitarian-overview-2025-enarfres

[31] World Health Organization (2018). INSPIRE Handbook: action for implementing the seven strategies for ending violence against children. https://www.end-violence.org/sites/default/files/paragraphs/download/9789241514095-eng.pdf

further evidence is needed from humanitarian settings. While there are examples of adaptations of social norms interventions for humanitarian contexts, for example compressing teacher training and awareness raising to reduce corporal punishment in schools into short 2-3 month cycles, the effectiveness in resulting behavior change is lacking.[32] Work on using community-based programming in Afghanistan, Somalia and the Democratic Republic of Congo to reduce GBV have shown promise but have only been evaluated on a short term basis with non-rigorous evaluations.[33] Evidence from rapid onset emergencies or more acute phases of emergencies is still needed.

In all contexts, effective behavior and social norms change requires a deliberate strategy and sufficient time to achieve results, as the decision by an individual or group to adopt new behaviors is a complex process. Awareness raising, which is often the main activity in humanitarian settings, is only one step in the process.[34] Evidence from development settings on changing social norms recommends running both community-level and small group-level activities in combination with law enforcement and life skills interventions. It is essential to ensure Do No Harm measures can be applied before any social norms interventions take place.[35]

In UNICEF's Everybody Wants to Belong: Practical Guide for Social Norms Programming, four steps for social norms programming are outlined:

1. Change social expectation through community-based approach
2. Publicize change in the targeted communities and new ones
3. Build an environment that supports new norms and behaviors
4. Evaluate, improve and evolve – expand the program to new areas

Program example: Encouraging positive social norms to prevent harm to children with disabilities[36]

Context: In northern Uganda, years of protracted war contributed to high numbers of persons with disabilities due to among others limited access to health services. It was identified that children with disabilities experienced higher incidents of violence and neglect and that negative social norms around disabilities were one of the risk factors.

[32] Hurras Network (2021, 5 October). *Using Behavioural Change Theory to Reduce Violence against Children in Northwest Syria's Schools* [Conference Presentation] and Fabbri, C. (2021, 5 October). *Reducing Violence against Children in Schools in Nyragusu Refugee Camp* [Conference Presentation], The Alliance for CPHA 2021 Annual Meeting.

[33] Murphy, M., Hess, T., Casey, J. and Minchew, H. (2019). *What works to prevent violence against women and girls in conflict and humanitarian crisis: Synthesis Brief*, What Works to Prevent Violence. https://resourcecentre.savethechildren.net/document/what-works-prevent-violence-against-women-and-girls-conflict-and-humanitarian-crisis/

[34] The Alliance for Child Protection in Humanitarian Action (2021). *Prevention Framework: Desk Review Synthesis.* https://alliancecpha.org/en/child-protection-online-library/prevention-framework-desk-review-synthesis

[35] Refer to Standard 5: Information Management of *the Minimum Standards for Child Protection in Humanitarian Action* for further information and references on Do No Harm approaches to information management.

[36] AVSI Uganda, internal documentation not published.

Risk and protective factors: The program team from AVSI Foundation in Uganda facilitated family dialogues and community dialogue sessions around disability. During the sessions, communities expressed the challenges they faced in caring for children with disabilities and came up with ways the community can better support acceptance of children with disabilities.

Interventions to address social norms: Steps identified by the community included avoiding use of certain words that discriminate and stigmatize, and actions that could be taken to include children in community activities. AVSI also conducted training on inclusive education to increase the general knowledge of teachers on working with pupils with disabilities.

In addition to prevention efforts to address social norms within the population, AVSI also linked families of children with disabilities to relevant services (e.g., occupational therapy or continence management, etc.) and provided families and children with disabilities with psychosocial and livelihood support (secondary prevention interventions).

Result level outcomes: Outcomes included: 1) observed increase in positive attitude towards children with disabilities within the community, 2) increased perception of ability to participate in community activities by children with disabilities, 3) increased enrollment of school-aged children with disabilities the target community schools, 4) increased engagement of fathers in the care of children with disabilities, and 5) improved general health and reduced malnutrition of children with disabilities.

It must be noted that this intervention around social norms have been conducted over eight years in a relatively stable context with additional targeted interventions to support specific children with disabilities and their families as described above.

Social norms programming resources:

- The Behavioural Drivers Model: A Conceptual Framework for Social and Behaviour Change Programming. UNICEF, 2019.
- Everybody Wants to Belong: Practical Guide for Social Norms Programming. UNICEF, 2018.
- UNICEF Social and Behavior Change Program Guidance. UNICEF, 2022.

5.3 Measurement of prevention outcomes in humanitarian settings

One of the key gaps identified in primary prevention programming is the lack of intentional design and measurement on the effectiveness of prevention interventions.

As described in the above sections 4.3 on Design and Planning and 4.5 on Evaluation and Learning, it is often difficult to measure change in the prevalence of a harmful outcome within a population in humanitarian settings. Numerous ethical and logistical challenges exist, including a lack of resources, mobile populations, or the possibility of doing further harm by asking children to report incidences of

violence for measurement purposes or inability to maintain confidentiality in data collection. At the same time, there is a need to have evidence on what is working to prevent harm. While collaborating with researchers to develop and implement rigorous measurement methodologies is ideal where possible, in most cases, the time and resources will not be available.

For most prevention interventions in humanitarian settings, instead of directly measuring outcomes of prevention (e.g., reduced physical and emotional maltreatment of children in the population), result level outcomes can be measured. Result outcomes are directly related to the desired change in reducing risk factors or increasing protective factors. Result outcomes can be either short term results or longer term, depending on the stage of the humanitarian crisis. Then based on the theory of change, it is assumed that a measured evidence on the reduction of risk factors or increased protective factors has led to prevention of the harmful outcomes. Refer back to section 4.3 and 4.5 for further explanation.

Impact of the nature and duration of an emergency on risk and protective factors.

A study jointly organized by the Women's Refugee Commission, John Hopkins University, UNFPA and UNICEF in 2020[37] compared risk and protective factors around child marriage in earthquake disaster-affected populations in Nepal and conflict-affected Rohingya refugee populations in Bangladesh.

In Bangladesh, the study found that the protracted nature of the crisis, the increased insecurity and trauma experienced by the population, and longer-term displacement amplified threats to the refugee population. This insecurity increased the perception of child marriage as a potential safety and security measure for girls. While in Nepal, the short-term nature of displacement did not lead to a lasting change in perceptions on child marriage. This was likely due to the population being able to return to their community or origin fairly quickly and the expectation of a return to normal life.

The study concluded that the root causes of child marriage that existed pre-crisis – insecurity, physical safety and social norms – continued to be major risk factors during a crisis. This finding supports the argument for early action based on pre-crisis awareness on existing risk factors. Additionally, both the nature of the crisis and the response can lead to an increase or reduction of those same factors while any new risk factors, such as the impact of food distribution on child marriage, were found to be more circumstantial and likely more easily addressed.

[37] Leigh, J., et al. (2020). *Child Marriage in Humanitarian Settings in South Asia: Study Results from Bangladesh and Nepal*. UNFPA APRO and UNICEF ROSA. https://resourcecentre.savethechildren.net/pdf/child_marriage_south_asia.pdf

5.4 Coordination and advocacy support for primary prevention approaches for child protection in humanitarian action

Program step	Suggested actions to be taken
Preparedness	• Ensure that interagency secondary desk reviews include an analysis of risk and protective factors and are updated annually. • Coordinate the documentation of existing local services as shared by communities and local stakeholders. • Advocate for investment in prevention-focused services for child protection pre-crisis.
Needs assessment and situation analysis	• Include assessment of risk and protective factors into Humanitarian Needs Overview (HNO) exercises in coordination with other sectors. • Conduct joint analysis of assessment data with other sector coordination groups to identify data from other sectors on child protection risks (e.g., % school drop-out, negative coping mechanisms, etc.).
Design and planning	• Include prevention interventions into Humanitarian Response Plans (HRP) and child protection sector strategies. • Advocate for resourcing of preventative interventions among donors and as a priority for pooled fund resourcing. • Advocate for increased meaningful engagement with and funding for local and national actors in prevention efforts. • Coordinate actors to prioritize building on prior or existing local services. • Lead the assessment of sector capacity in understanding and carrying out primary prevention interventions.
Implementation and monitoring	• Support the integration of prevention elements into inter-agency capacity building initiatives (e.g., ensuring prevention as well response strategies are emphasized in training activities on child protection). • Regularly review monitoring data with other sectors related to identify child protection risk and protective factors and share among member agencies the resulting analysis.
Evaluation and learning	• Disseminate findings from evaluations of prevention approaches to child protection actors, within other relevant clusters and to donors.

6. CONCLUSION

Concerted efforts to prevent harm to children before it occurs are vital to ensure children's protection and well-being in humanitarian and fragile settings. In addition to being an ethical imperative, preventing harm is part of our duty to respect the principles of the Best Interest of the Child and the Right to Survival and Development, as outlined in the Convention on the Rights of the Child (1989). Further work remains to be carried out to strengthen primary prevention for child protection in humanitarian action.

Priorities include:

1. Strengthening the documentation and evidence-base on the effectiveness of primary prevention approaches for the protection of children affected by humanitarian crises and fragility. Ensuring opportunities for sharing and dissemination of prevention program findings will strengthen the capacity of practitioners to conduct primary prevention programming and support advocacy for increased investment in primary prevention efforts.
2. Collecting data and conducting research on the costs and benefits of approaches that intentionally incorporate primary prevention into more responsive programs, in comparison to response-only focused programming.
3. Furthering collaboration between child protection and key sectors, disciplines and actors such as education, health, nutrition, food security, GBV, and others to systematize joint analysis of child protection risk and protective factors and integrated program design.

ANNEXES

Annex 1: Examples of common risk and protective factors

This annex provides examples of common risk and protective factors across the socio-ecological model and is a key tool when providing training on primary prevention. It can also be used during the Assessment and Situation Analysis phase of the program management cycle to support analysis and reporting of the results of the Risk and Protective Factor Ranking Exercise.

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

This annex provides guidance on how to integrate the nine key prevention principles into each step of the program cycle. It should be consulted throughout each step of the program cycle to ensure primary prevention approaches are aligned with prevention principles. This annex also provides links and references to additional supporting material, where relevant.

Annex 3: Example logical framework for a primary prevention CPHA program

This annex is a simple logical framework for a primary prevention program seeking to prevent the recruitment of children by armed groups. It includes sample activities, indicators and outcomes. This can be used as a guide for developing a logical framework for a primary preventive approach, or as a tool during trainings to illustrate a primary prevention approach.

Annex 4: Risk and protective factor prioritization tool

This tool facilitates the prioritization of risk and protective factors identified in a given context. It allows teams to narrow down the number of risk and protective factors to focus on in a primary preventive approach, based on the following criteria: impact, feasibility, and intersection with multiple types of harm. The resulting prioritized risk and protective factors will then inform program design.

Annex 5: Summary of evidence-based CPHA prevention approaches

This annex suggests evidence-based approaches for addressing risk factors and preventing harmful outcomes. The evidence base for these activities can be found in the "Prevention Framework: Desk Review Synthesis." The annex is organized according to the socio-ecological model, providing several examples of interventions and activities per level. The annex also draws linkages with existing resources.

Annex 6: One pager on what is primary prevention for multi sectoral actors

This annex provides a short explanation of primary prevention and why it is important for other humanitarian sectors. It is useful for CPHA practitioners to know how to better engage with colleagues from other sectors, and for other sectors to understand why their contribution is critical to implement primary prevention approaches and reduce harmful outcomes.

Annex 7: Orientation session for external stakeholders

This annex is a short presentation targeting various audiences, including coordination groups (inter-agency working groups, clusters etc.) as well as internal stakeholders (country management teams) and external stakeholders (other NGO actors and government actors). It outlines the importance of primary prevention, guiding principles and key terminology.

Annex 8: Primary prevention design flowchart

This annex is a visual depiction of the process one should follow to move from selecting a harmful outcome to designing a primary prevention program. It includes the key steps, from identifying a harmful outcome, to identifying and prioritizing risk and protective factors, to crafting a theory of change and designing activities and an M&E framework. Useful guidance and references are included.

Annex 9: Monitoring and evaluation framework

The monitoring and evaluation framework includes a sample logical framework with objectives, activities and indicators for a primary preventive approach as well as a monitoring and evaluation plan. It is intended to be used as an illustrative example to support teams in designing primary preventive approaches, as every prevention project must be tailored to the specific context, harmful outcomes, and prioritized risk and protective factors.

Annex 10: Key advocacy messages

These advocacy messages can be used by CPHA actors for internal and external advocacy efforts.