



Global Protection Cluster
Child Protection

A MATTER OF LIFE AND DEATH

**CHILD PROTECTION
PROGRAMMING'S
ESSENTIAL ROLE
IN ENSURING CHILD
WELLBEING AND
SURVIVAL DURING
AND AFTER
EMERGENCIES**

A REPORT BY
THE CHILD
PROTECTION
WORKING GROUP







The Child Protection Working Group (CPWG), established in 2007, is a sub-group of the Global Protection Cluster. It brings together a range of global-level partners who support child protection in emergencies. One important aspect of their work is advocacy to promote a better understanding of and support for child protection in emergencies. Advocacy activities are managed by an interagency taskforce, led by ChildFund Alliance.

CPWG Members:

ChildFund Alliance, CPC Network, Danish Refugee Council, International Organization for Migration, International Rescue Committee, Islamic Relief Worldwide, Plan International, Refuge Point, Save the Children, Terre des Hommes, UNHCR, UNICEF, War Child Holland, War Child UK, World Vision International

CONTENTS

PAGES

| | |
|----|--|
| 5 | ACKNOWLEDGEMENTS |
| 6 | GLOSSARY, ACRONYMS & ABBREVIATIONS |
| 9 | 1. INTRODUCTION |
| | <ul style="list-style-type: none"> ■ What is child protection in emergencies? ■ Background to this research ■ Research objectives ■ Structure of document |
| 14 | 2. RESEARCH METHODOLOGY |
| | <ul style="list-style-type: none"> ■ Qualitative Data Collection ■ Quantitative Data Collection ■ Research Limitations |
| 19 | 3. FINDINGS |
| | <p>QUESTION 1. What are the serious threats to life and wellbeing that child protection interventions can address?</p> <ul style="list-style-type: none"> 3.1 DANGERS AND INJURIES 3.2 PHYSICAL VIOLENCE AND HARMFUL PRACTICES 3.3 SEXUAL VIOLENCE 3.4 PSYCHOSOCIAL DISTRESS AND MENTAL DISORDERS 3.5 CHILDREN ASSOCIATED WITH ARMED FORCES AND ARMED GROUPS 3.6 CHILD LABOUR 3.7 UNACCOMPANIED AND SEPARATED CHILDREN 3.8 JUSTICE FOR CHILDREN <p>QUESTION 2. What actions can child protection actors take to prevent and respond to violence against children in emergencies?</p> <p>QUESTION 3. How can child protection interventions be best prioritized within emergency responses and humanitarian action?</p> <p>SETTING THE RECORD STRAIGHT: <i>Dispelling common misunderstandings on the role of child protection in emergencies</i></p> |
| 54 | 4. CONCLUSIONS |
| 58 | 5. ANNEXES |
| | <p>ANNEXES 1-8: Further data and case studies on main areas of child protection concern</p> <p>ANNEX 9: Research tools, key informant interview questions</p> <p>ANNEX 10: Research tools, survey questions and details of survey respondents</p> |

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GLOSSARY, ACRONYMS & ABBREVIATIONS

| TERM | EXPLANATION |
|---|---|
| Alternative care¹ | Care provided for children by caregivers who are not their biological parents. This care may take the form of informal or formal care. Alternative care may be kinship care, foster care, other forms of family-based or family-like care, residential care or supervised independent living arrangements for children. |
| Case management² | Social work-based case management is a systematic process by which a trained and supervised caseworker assesses the needs of the client and, when appropriate, assesses the client's family; he or she will then arrange, sometimes provide, coordinate, monitor, evaluate, and advocate for a package of multiple services to meet the specific client's complex needs. |
| CERF | The Central Emergency Response Fund is a standby fund established by the United Nations to enable more timely and reliable humanitarian assistance to survivors of disasters and complex emergencies. |
| Child associated with armed forces or groups³ | Any person under the age of 18 years old who is, or who has been, recruited or used by an armed force or armed group in any capacity, including but not limited to boys and girls used as fighters, cooks, porters, messengers, spies or for sexual purposes. |
| Child labour | In most contexts, the legal minimum working age is 15. Child labour is work that is unacceptable because the children involved are too young and should be in education. Alternatively, it is inappropriate because the work is harmful to their emotional, developmental, or physical well-being, whether they have reached the minimum age or not. Many of those involved in child labour are victims of the worst forms of child labour. These include forced or bonded labour, children associated with armed forces or armed groups, trafficking, sexual exploitation or hazardous work that causes harm to their health, safety or morals. |
| Child protection in emergencies | Child protection in emergencies is defined as preventing and responding to violence, abuse, exploitation and neglect of children during times of emergency caused by natural and man-made disasters, conflict or other crises. ⁴ |
| Child marriage⁵ | A formal marriage or informal union before age 18. ⁶ |
| Female genital mutilation/cutting⁷ | Female genital mutilation/cutting refers to all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons. |
| Humanitarian Coordinator | The most senior United Nations official in a country experiencing a humanitarian emergency. This individual is responsible for leading and coordinating the efforts of humanitarian organizations (both UN and non-UN) with a view to ensuring that they are principled, timely, effective and efficient, and that they contribute to long-term recovery. |
| Humanitarian Country Team | A strategic and operational decision-making and oversight forum established and led by the Humanitarian Coordinator. Composition includes representatives from the UN, IOM, international NGOs, and the Red Cross/Red Crescent Movement. Agencies that are also designated Cluster leads should represent the Clusters as well as their respective organizations. The Humanitarian country team is responsible for agreeing on common strategic issues related to humanitarian action. |

GLOSSARY, ACRONYMS & ABBREVIATIONS

| TERM | EXPLANATION |
|--|---|
| Orphan⁸ | When the term orphan is used in this report, it refers to a child who has lost both parents as a result of death. In many countries a child who has lost one parent is considered an orphan. However, for programming purposes, if this child were to be classed as an orphan, attempts to reunify them with their existing parent would cease. Thus a clear distinction between a child with neither parent living and a child with one parent living must be made for technical reasons. |
| Psychosocial | The term “psychosocial” denotes the inter-connection between psychological and social processes and the fact that each continually interacts with and influences the other. The composite term mental health and psychosocial support (MHPSS) is often used to describe any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorder. Aid agencies outside the health sector tend to speak of supporting psychosocial wellbeing, while health sector agencies tend to speak of mental health (yet historically have also used the terms “psychosocial rehabilitation” and “psychosocial treatment”). Exact definitions of these terms vary between and within aid organizations, disciplines and countries. |
| Psychosocial distress | Historically it has been difficult to distinguish psychosocial distress from mental disorders as the instruments used to make diagnoses have been validated only outside emergency situations. Signs of psychological and social distress may include behavioral and emotional problems such as loss of appetite, change in sleep patterns, nightmares and withdrawal. The child tends however to be able to function in all or almost all day-to-day, normal activities. Mental disorders can be recognized by signs of impaired daily functioning. |
| Psychological first aid⁹ | Describes a suitable, supportive response to someone who is suffering and may need support. It is a way of communicating with and supporting an individual to help them to get better as well as a process of identifying basic practical needs and ensuring they are met. |
| Psychosocial support¹⁰ | This term refers to processes and actions that promote the holistic wellbeing of people in their social world. It includes support provided by family, friends and the wider community, indicating the direct relationship between psychological wellbeing and social context. |
| Separated children | <p>Children separated from both parents, or from their previous legal or customary primary caregiver, but not necessarily from other relatives.</p> <ul style="list-style-type: none"> ■ Primary separation is when a child is separated from his or her caregiver as a direct result of the crisis or emergency. ■ Secondary separation occurs after the crisis when children who are not separated during the emergency become separated during the aftermath. Secondary separation is usually a consequence of the impact of the emergency on the protective structures that were in place prior to the crisis and of the deteriorated economic circumstances of a family or community. |
| Unaccompanied children/ unaccompanied minors¹¹ | Children who have been separated from both parents and other relatives and are not being cared for by an adult who, by law or custom, is responsible for doing so. |

GLOSSARY, ACRONYMS & ABBREVIATIONS

| ACRONYM OR ABBREVIATION | EXPLANATION |
|-------------------------|--|
| ANT | <i>Armée nationale tchadienne</i> (the National Chadian Army) |
| ARC | Action on the Rights of the Child |
| CAAFAG | Child Associated with Armed Forces or Armed Groups |
| CERF | Central Emergency Response Fund |
| CPMS | Minimum Standards for Child Protection in Humanitarian Action |
| CPWG | Child Protection Working Group |
| DFATD | Department of Foreign Affairs, Trade and Development, Canada |
| DFID | Department for International Development, UK |
| DRR | Disaster Risk Reduction |
| ECHO | European Commission's Humanitarian Aid and Civil Protection department |
| FARC | <i>Fuerzas Armadas Revolucionarias de Colombia</i> (the Revolutionary Armed Forces of Colombia). |
| FTS | Financial Tracking Service |
| IASC | Interagency Standing Committee |
| IDP | Internally Displaced People |
| ILO | International Labour Organization |
| INFORM | Index for Risk Management, ECHO |
| IRC | International Rescue Committee |
| IRT | Immediate Response Team, UNICEF |
| MIRA | Multi-Cluster/Sector Initial Rapid Assessment |
| NGO | Non-Governmental Organization |
| OCHA | UN Office for the Coordination of Humanitarian Affairs |
| OFDA | Office of US Foreign Disaster Assistance |
| OPAC | UNCRC Optional Protocol on the involvement of children in armed conflict |
| PTSD | Post-Traumatic Stress Disorder |
| STIs | Sexually Transmitted Infections |
| UNCRC | UN Convention on the Rights of the Child |
| UNFPA | UN Population Fund |
| UNHCR | UN Refugee Agency |
| UNICEF | Internally Displaced People |
| USAID | United States Agency for International Development |
| WASH | Water, Sanitation and Hygiene |
| WHO | World Health Organization |
| 3, 4, 5Ws | Who, What, Where, When and for Whom |

INTRODUCTION



What is child protection in emergencies?

The majority of those affected by humanitarian emergencies are children.¹² In times of crisis, children face increased risk of all forms of violence and exploitation. Emergencies both exacerbate pre-existing protection concerns and create new ones.

Child protection in emergencies is defined as the prevention of and response to abuse, neglect, exploitation, and violence against children in times of emergency caused by natural or manmade disasters, conflicts, or other crises. It involves specific activities by child protection actors, whether national or community-based, and/or by humanitarian staff and others supporting local capacities.

As described in the 2012 Minimum Standards for Child Protection Humanitarian Action, the range of protection concerns faced by children in humanitarian contexts comprises:

- Dangers and injuries
- Physical violence and harmful practices
- Sexual violence
- Psychosocial distress and mental disorders
- Children associated with armed forces and armed groups
- Child labour
- Unaccompanied and separated children
- Justice for children

These categories can help to explain the breadth and diversity of child protection work. However, child protection risks should not be seen as discrete, but rather interconnected and compounding. For example, an unaccompanied girl or boy may face increased risk of association with an armed force or group. In turn, that child is more likely to experience physical and sexual violence, psychosocial distress and mental disorders. Furthermore, child protection issues should be seen as interconnected because experience shows that when children are protected in an effective and holistic manner, other humanitarian efforts are more successful. Evidence shows that deprioritizing psychosocial support, for example, may reduce the effectiveness of other humanitarian programme interventions, such as education, health and livelihoods.¹³ It is therefore important to keep a view of the “bigger picture” and address the full range of child protection concerns in each context, rather than focusing on one or two fundable issues.

BACKGROUND TO THIS RESEARCH

The CPWG commissioned this research in order to address the consistent deprioritization of child protection in humanitarian action, reported year on year by child protection coordination groups and evidenced by statistics on funding and the findings of other research efforts in the humanitarian sector.

Support from the Central Emergency Response Fund (CERF) is based on the idea of prioritized “life-saving” assistance to people in need. The CERF defines “Life-saving and/or core emergency humanitarian programmes” as those actions that “within a short time span remedy, mitigate or avert direct loss of life, physical and psychological harm or threats to a population or major portion thereof and/or protect their dignity”. The definition is based on the fundamental humanitarian principle of placing the people and communities affected at the centre and applying a rights-based approach, in particular the right to life with dignity. The CERF now lists several aspects of child protection programming as life-saving interventions.¹⁴

Child protection has increasingly gained recognition in recent decades. It is now acknowledged as an area of stand-alone programming as evidenced by the existence of global and national-level humanitarian coordination mechanisms. A significant number of UN agencies, international NGOs and donors have dedicated child protection staff or teams at global, regional and national levels.

However, studies including a review of protection financing commissioned by the Global Protection Cluster have confirmed that protection and its various components, including child protection, are poorly understood and communicated.¹⁵

Levels of spending for the prevention and response of violence against children in emergencies remain very low, both by governments and donors.¹⁶ Precise data is hard to extract on the specific funding picture of either protection or child protection.¹⁷ However, protection in emergencies activities appear underfunded as they typically receive approximately one third of the total amount requested (i.e. the funding needs presented in country appeals) and proportionately less than the overall humanitarian response.¹⁸

Despite an overall growth in humanitarian funding, CERF funding for child protection fell from US\$ 6.5 million in 2007 to US\$ 3.2 million in 2008, and then fell again to US\$ 2.9 million in 2009.¹⁹ If recorded data for child protection funding is treated separately from the overall protection cluster, in 2009 it has the second highest level of underfunding after the education sector.²⁰ The 2008/2009 data indicates that a number of categories of child protection work are especially underfunded. These are child-focused gender-based violence projects, trafficking and migration and child labour. Furthermore, research shows that the voices of children are often not heard and do not influence humanitarian decision-making.²¹

| YEAR | % OF REQUIRED FUNDING | | |
|------|-----------------------|---------------------------------|------------------|
| | ALL SECTORS | PROTECTION non-child protection | CHILD PROTECTION |
| 2008 | 67% | 66% | 47% |
| 2009 | 68% | 45% | 32% |

Opinion leaders understand that child protection needs are urgent.²² Children themselves prioritize child protection.^{23, 24} Child protection actors know that child protection interventions save lives, now and later. Yet the evidence base and theory of change to support investment in child protection programming in emergencies remains poorly established.

Systematic data collection on child protection needs in humanitarian settings is limited. While there is country-level evidence on deaths and injuries caused by certain concerns – such as information on lives lost due to unexploded ordnance, deaths due to a natural disaster, or killings due to small arms fire – there is little information on the impact of other child protection concerns on children’s lives, health and wellbeing.

Research in non-emergency settings on sexual violence and child marriage show increased mortality rates. It is also clear that other children, such as those associated with armed forces or groups, or engaged in child labour, are exposed to further risks that would increase the possibility of loss of life. But little to no causality or correlation is drawn between child death rates and child protection issues in the aftermath of disasters or conflict settings. This hampers child protection actors in their efforts to explain their work to humanitarian decision-makers and in their ability to garner support in terms of financial, logistical and technical resources.

RESEARCH OBJECTIVES

The purpose of the research commissioned by the CPWG was to answer the question: Does child protection in humanitarian action save lives? In order to do so, three research questions were pursued:

QUESTION 1. What are the serious threats to life and wellbeing that child protection interventions can address?

QUESTION 2. What actions can child protection actors take to prevent and respond to violence against children in emergencies?

QUESTION 3. How can child protection interventions be best prioritized within emergency responses and humanitarian action?

STRUCTURE OF THE DOCUMENT

Research methodology is described in the section below. Research findings, along with the author's analysis, are presented in third section, under the heading of each of the three research questions listed above. An additional finding on perceptions of child protection is also included.

The conclusion presents a response to the question of whether child protection in humanitarian saves lives, based on the research findings, outlining key considerations relating to the question.

Annexed to this report is a set of programme tools, including:

- A comprehensive overview of existing data and case studies on each major child protection concern(annexes one to eight). This is intended to provide a reference point for child protection practitioners, donors, humanitarian decision-makers and others;
- An overview table listing the activity areas, the child protection needs addressed, if the activity is classed as life saving under CERF funding criteria and how it contributes to the achievement of overall humanitarian goals;
- A suggested sequencing of child protection interventions in emergencies (requiring contextualization);
- A suggested child protection prioritization process;
- A child protection ranking table;
- Child protection surveillance and threshold indicators;
- A suggested process for the development of vulnerability criteria.

RESEARCH METHODOLOGY



The research combined qualitative and quantitative research methods. Qualitative methods entailed a literature review and key informant interviews. The quantitative data analysis consisted of an online survey and the review of existing statistical data tables.

QUALITATIVE DATA COLLECTION

LITERATURE REVIEW

There were six broad categories of literature and written material included in the research:

- Research papers produced by NGOs, UN agencies, interagency groups, donors, research bodies, advocacy groups or academic institutions.
- Donor, UN agency, and NGO position papers, strategy documents and guidelines with regards to humanitarian financing and child protection in emergencies programming.
- Emergency-specific baseline data needs assessments, programme plans, and evaluation reports.
- Electronic versions of press releases and news reports on children, child protection issues or certain emergency contexts.
- Prioritization frameworks, criteria and tools used by any sector in the humanitarian field, including those pertaining to a certain donor, sector, agency or programme activity.
- Agency websites and online databases.

Published reports and grey literature were identified through online searches of websites focussed on child protection, health or the impact of emergencies. These included the sites of major NGOs and UN agencies, and human rights organizations. In addition, material on child morbidity and mortality in emergency contexts as well as articles on specific child protection needs were identified through online directories of academic journals such as the National Center for Biotechnology Information, Sage Journals online, Journal of the American Medical Association, and The Lancet. Further material collected was based on recommendations from those who took part in key informant Interviews, and members of the CPWG Advocacy Taskforce. Through this process evidence, data and information and was drawn from a total of 191 resources.

KEY INFORMANT INTERVIEWS

Within the context of this research, key informant interviews were in-depth semi-structured interviews lasting between 30 and 90 minutes, depending on the participant's responses.²⁵ Three broad categories of questions were asked, depending on the role of the informant:

- How are programming activities prioritized in emergencies?
What criteria are used for prioritization?
What prioritization tools are used?
- Which sectors do you perceive as most life-saving? And why?
- What are your perceptions of child protection in emergencies needs?
Which child protection needs pose the greatest threat to child wellbeing?

The key informants were selected according to their ability to represent the views of her or his associates from a certain context or organization. The initial selection of key informants was based on recommendations from members of the Advocacy Taskforce and the wider child protection community, thus a purposive sampling technique was used. Further key informants were included in the research as initial study subjects referred the researcher to more individuals who were able to provide valuable information. As far as possible, information gathered through interviews was triangulated. A total of 16 people took part in the key informant interviews, representing donor agencies, NGOs and working groups or Clusters. They were a mix of child protection experts and generalists, occupying head office positions, regional office advisory roles, or implementing programmes at a country-level.

QUANTITATIVE DATA COLLECTION

The two main sources of quantitative data collected were statistics on child wellbeing and programme outcomes collated during the literature review and the data generated through the use of an online survey.

SECONDARY SOURCES: No global data was available allowing the comparison of child protection concerns across all emergency contexts. However, many sources were found citing research or data indicating absolute numbers of affected children or correlations between certain child protection concerns and outcomes on wellbeing, health and/or life.

SURVEY: The survey was a set of online questions, primarily multiple-choice to encourage greater participation. Space was given to participants for additional comments and explanatory notes to accompany their responses. The questionnaire was composed of 19 questions, covering the respondents profile, prioritization of sectors and sectors as life-saving, prioritization criteria and tools, and child protection in emergencies issues and programming impact on the lives of children. The survey was available to respondents in both English and French, either through the website Survey Monkey, or in Microsoft Word or Adobe Acrobat formats.

The survey was initially sent out to all the members of the Child Protection Working group, as well as a sample of Coordinators leading other sector's Clusters. Taskforce members and respondents themselves were also encouraged to share the survey more widely among those who may be able to contribute to the research, thus allowing for snowball sampling. Data was gathered anonymously. Just over 120 respondents partially completed the survey, with 79 completing all the questions.²⁷

RESEARCH LIMITATIONS

- Little data is available on the impact of child protection needs in emergencies. In most cases causes of death and their potential link to child protection concerns are not recorded. Thus any correlation that may exist between a child protection concern and mortality rates may not be ascertained.
- Cross-country sets of data are provided where possible, but global-level statistics are not available in most instances,²⁸ so individual country case examples are presented instead. Given the significant variations between emergency contexts and data collection techniques, generalizations may be unreliable.
- “Life-saving” is variously defined across humanitarian frameworks. Although the concept is frequently used, only CERF provides a clear definition. The CERF definition is intended as guidance for a very specific funding tool, periodically renegotiated by a relatively small pool of humanitarian policy-makers. It is not intended to provide a rigorous or enduring framework.
- Likewise, no guidance or principles exist to facilitate prioritization in humanitarian contexts. The author of this paper has proposed the following framework based on the data sources for this research.
- Analysis is lacking on the long-term health and wellbeing outcomes of issues such as distress, separation from caregivers and family, association with armed forces and groups and exposure to adversity in general in humanitarian settings.
- The impact of delayed child protection programming initiatives on outcomes for children has not been adequately investigated to draw conclusions on the impact of rapid response.
- Certain child protection concerns are under-reported. This may be due to stigma, the concealed nature of the activity, or the cultural acceptance of certain ways of treating children. In particular, sexual violence (especially when it involves boy survivors), physical violence in the home, certain forms of child labour (domestic work, sexual exploitation, association with armed forces or groups), female genital mutilation, child marriage and mental health concerns are hard to record.
- Assessments and research often exclude children’s voices. This means children’s needs are not captured and contributes to their deprioritization.
- A limited number of humanitarians from other sectors responded to the survey. This constrained the extent to which other sectors’ perspectives of child protection in emergencies and the prioritization processes employed in the wider humanitarian community could inform conclusions.

FINDINGS

3

RESEARCH QUESTION 1.

What are the serious threats to life and wellbeing that child protection interventions can address?

THE EVIDENCE PRESENTED IN THIS REPORT CONFIRMS THAT CHILD PROTECTION CONCERNS IN EMERGENCY CONTEXTS PRESENT SERIOUS THREATS TO LIFE AND WELLBEING.

This report presents quantitative and qualitative data on the threats, scale, scope and variation in child protection concerns. This is followed by information on which children are most vulnerable to each specific threat, acknowledging that risks are not evenly distributed. Gender, disability, location, socioeconomic status and other factors are often predictors of the kind of risks children will face during and after emergencies. Further, the report describes the urgency of the response and specifies actions that should be taken.

Findings on the threats to life and wellbeing resulting from each form of violence against children clarify the role child protection actors play in ensuring the humanitarian system meets its overall goals.²⁹ Evidence presented underscores the essential role of child protection as stand-alone sector and the importance of tailored interventions to prevent and respond to the risks faced by children.

- The nature and scale of the threat;
- Who the most vulnerable children are;
- The urgency of response and suggested actions.

The research presented here focuses on child protection concerns posing an immediate threat to life and wellbeing.

Not all the negative outcomes of the various needs are immediately life-threatening, but many have a significant and detrimental long-term impact on individuals, families and societies as whole. Research has shown that adverse childhood experiences lead to long-term health outcomes.³⁰ Examples include increased risk-taking behaviour among adults, contributing to premature death and the psychological impact of family separation on children, potentially causing instability, addiction, poor educational outcomes and aggressive behaviour.^{31, 32} These long-term impacts may exacerbate and maintain conflict, perpetuate cycles of poverty and reinforce family and community instability.

3.1

DANGERS AND INJURIES

SEE ANNEX 1 FOR FURTHER DATA AND CASE STUDIES ON CHILDREN WHO EXPERIENCE DANGERS AND INJURIES IN EMERGENCY CONTEXTS.

In Thailand in 2011, Tropical Storm NaLgae and continuing monsoon rains brought large-scale flooding to a number of regions. A child protection rapid needs assessment identified unsafe physical surroundings as the main source of worry among caregivers regarding their children, most notably unsafe objects (such as electrical cables) poisonous animals and road traffic accidents.³³

In emergencies, children are among those most vulnerable to danger and injury, especially in developing countries.³⁴ The World Health Organization reports that hundreds of thousands of children die each year from injuries or violence, and millions of others suffer the consequences of non-fatal injuries.³⁵

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

In emergency and post-emergency contexts, children's surrounding landscape changes rapidly, putting new risks in the immediate vicinity of children and their communities. This may be either as a result of population displacement, of living in new settings or of physical changes in the environment itself. These risks include proximity of building works, dangerous terrain such as landslide areas, unstable ground due to earthquakes, larger and faster flowing rivers, flood waters, new roads, unstable debris and unexploded ordnance. The rapidly changing settings means that it is urgent to ensure safety of these risk sites and raise awareness.

Additionally, the humanitarian response itself may cause injury by presenting new dangers. For example, the increase in road vehicles that children and their families are not used to may present a danger,³⁶ as may reconstruction work with building sites and dangerous machinery.

These are not necessarily risks familiar to children and their caregivers.

Furthermore, health and emergency services may not be available to respond should an incident occur. Alternatively, they may be overwhelmed, inadequate and ill-resourced and therefore unable to provide suitable treatment. Children, their families and communities may not be aware of the availability of facilities even when they are present.

In general terms, the type and number of injuries depend on the nature and context of the emergency.

- Childhood physical injury is common during and after armed conflicts and natural disasters.³⁷

- Injuries in earthquake settings are numerous.³⁸

- Children are especially at risk of road traffic accidents because their heads, chests, abdomens and limbs are all in a state of growth, entailing a relative “softness”. Their smaller physical stature limits their ability to see or be seen by vehicles.³⁹ In 2004 road traffic injuries made up 22.3% of total global child injury deaths by cause.⁴⁰ In Rwanda, for example, more children were evaluated for injuries from road traffic accidents than from landmines or interpersonal violence in July 1994, following the large influx of vehicles as part of relief efforts.^{41, 42} In Asia, recent surveys show that road traffic injuries are one of the five leading causes of disability for children.⁴³ It is important to be aware of the risks of drowning and to include water risks in any mapping activities.

- The best-documented paediatric injuries associated with conflicts are those due to landmines. See annex 4 for a detailed case study.

WHICH CHILDREN ARE MOST VULNERABLE?

Certain groups of children have higher than average rates of injury. These rates may be associated with their specific circumstances and environment such as refugee status or homelessness.⁴⁴ On a global scale in all settings, the proportion of children who die as a result of injury increases with age, accounting for over 40% of deaths among those aged 15 to 19.⁴⁵ Data from Syria indicates that boys aged 13-17 years old are four times more likely to be injured or killed than girls of the same age.⁴⁶ Once injured, unaccompanied and separated young children are especially unlikely to know where to go for help and assistance and gain access to any humanitarian services available. Their injuries are therefore likely to cause greater long-term issues.

URGENCY OF RESPONSE

There is a need for medical support within hours of the incident. Sphere⁴⁷ states that in many cases wounds are not presented for treatment within six hours meaning that instances of wound infection and preventable excess mortality increase. Mine Risk Education, and the referral of children to health services are both recognized as life-saving activities under the CERF Life-saving criteria.⁴⁸

3.2

PHYSICAL VIOLENCE AND OTHER HARMFUL PRACTICES

SEE ANNEX 2 FOR FURTHER DATA AND CASE STUDIES ON CHILDREN WHO EXPERIENCE PHYSICAL VIOLENCE AND OTHER HARMFUL PRACTICES IN EMERGENCIES CONTEXTS.

NATURE AND SCALE OF THE THREAT TO LIFE AND WELLBEING

As of February 2015, 7,796 children have been killed in Syria's three-year civil war.⁴⁹

Violence against children contributes disproportionately to overall health burdens, with greater medical needs across affected children's lifespans.⁵⁰ Children who suffer physical abuse may manifest a variety of life-threatening internal and external injuries, as well as far-reaching psychosocial consequences.

Although data is limited for the impact of natural disasters or conflicts on the rate of physical abuse against children in poorer nations, there are statistics available from developed countries such as the USA. This suggests an increase in violence and child abuse may occur after disasters.⁵¹ For example, inflicted traumatic brain injury is one of the most severe forms of child abuse, often leading to hospitalization and even death. In the six-month period after Hurricane Floyd struck North Carolina, USA, rates of inflicted traumatic brain injury in children under two increased five-fold.⁵²

An increase in violence and abuse within the home may occur due to increased stress caused both by the event and the consequences of the emergency: poverty, lack of food and others.⁵³ During conflicts, children may suffer extreme violence such as killing, maiming, torture and abduction. The impact of an emergency may also lead families to resort to harmful strategies as coping mechanisms, such as child marriage and female genital mutilation.

Since 1990, an estimated 90% of those killed in conflicts around the world have been civilians, and 80% of those have been women and children.^{54,55}

Disasters, violent conflict, political change and periods of instability place children at increased risk of early marriage.⁵⁶ It should be noted that there are also cases of boys being forced into marriage, but girls are disproportionately affected. The consequences of child marriage are severe and potentially life-threatening. Child brides may end up pregnant when their bodies are not yet ready, with elevated rates of maternal and newborn morbidity. Girls' lack of physical development means they are more likely to experience complications during childbirth including obstetric fistula and haemorrhaging. The chance of contracting HIV/AIDS and other sexually transmitted diseases is also higher for child brides.⁵⁷ Girls who have been

forced into marriage are also more vulnerable to domestic violence.⁵⁸ Child marriage often results in separation from family and friends and lack of freedom to participate in community activities, which can all have major consequences on girls' mental and physical wellbeing.

The UN estimates that over 140 million girls and women across the world have undergone female genital mutilation/cutting. Although illegal in many countries, it is in evidence in a number of across Africa and the Middle East.⁵⁹ Female genital mutilation/cutting has serious health implications. All forms of the practice may cause immediate bleeding and pain and are associated with a risk of infection. The presence of female genital mutilation/cutting increases the risks of obstetric complications and perinatal death.

Little research has been carried out to date on the correlation between female genital mutilation/cutting incidence and emergencies. However, some facts are clear. In many contexts, the practice may be a prerequisite to marriage. Families may seek to marry their daughters in an emergency, often as a way of coping with food insecurity or poverty, to obtain a dowry, to preserve "honour" when a girl has experienced sexual violence, or to protect a girl from the threat of sexual violence.⁶⁰ Preventing the practice is more complex in a humanitarian context, as it is harder to track when operating in a context of displacement or population movement.⁶¹ Moreover, outcomes and repercussions are worse in emergency settings. Stretched resources and poor sanitary conditions mean that rates of infection increase and treatment for complications may be hard to access.⁶² In addition, girls and women are likely to face economic barriers to accessing services that require transport or some form of payment, and cultural barriers may further hamper help seeking behaviour.⁶³ Female genital mutilation/cutting compounds the negative outcomes of other forms of violence. If a girl has been subjected to the practice she is even more likely to suffer injury and health problems when having physically violent, forced intercourse.

WHICH CHILDREN ARE MOST VULNERABLE?

Reports indicate that adolescent boys are significantly more likely to be killed during the course of a conflict than women and girls.⁶⁴ Research suggests that adolescent boys are also most vulnerable to torture, since instances of torture are commonly linked with detention. In conflict situations, children (both boys and girls) over the age of 10 are more likely to be killed or intentionally wounded than younger children.⁶⁵ There is also evidence from research in several African countries of a slightly higher rate of childhood physical abuse experienced by boys than girls.⁶⁶ For child marriage, adolescent girls are most vulnerable. Global estimates indicate that 1 in 3 girls in the developing world are married before the age of 18. Meanwhile, only 5% of males marry before their 19th birthday.⁶⁷ Across all regions, girls who live in rural areas are more likely to become child brides than their urban counterparts.⁶⁸

URGENCY OF RESPONSE

Supporting and reporting services, using case management should take priority and start immediately. Community awareness may begin with prevention messages. Identification of vulnerable families for Cash Transfer Programmes and behavioural change interventions may come in a second phase of programming as this might take longer to implement. Principle 3 of the Protection Principles under the Humanitarian Charter states "Protect people from physical and psychological harm due to violence or coercion." The Sphere guidelines state that the Protection Principles should guide all humanitarian agencies. Child protection interventions are essential to the realization of this principle.

3.3. SEXUAL VIOLENCE

SEE ANNEX 3 FOR FURTHER DATA AND CASE STUDIES ON CHILDREN WHO EXPERIENCE SEXUAL VIOLENCE IN EMERGENCY CONTEXTS.

NATURE AND SCALE OF THE THREAT TO LIFE AND WELLBEING

Almost one fifth of girls in Haiti's capital Port-au-Prince were raped during an armed rebellion in 2004 and 2005.⁷⁰ Eighteen months after the earthquake in Haiti, a UN report showed that sexual abuse and exploitation were widespread primarily because women and girls could not obtain the goods and services they needed to survive.⁷¹

Evidence suggests that sexual violence occurs in all emergency contexts.⁷² This may be due to reduced protection mechanisms. It is also sometimes attributed to increased social and economic pressures.⁷³

The consequences of sexual violence are far-reaching and include injury and death, unwanted pregnancy, contraction of sexually transmitted infections, physical injuries, mental health issues, distress, and social and economic exclusion.

Childbirth is more likely to be difficult and dangerous for an adolescent than for an adult. In low and middle-income countries, complications in pregnancy and childbirth are the leading cause of death in women aged 15 to 19 years.⁷⁴ Pregnancy may result in eclampsia, premature labour, prolonged labour, obstructed labour, fistula, anaemia or infant and/or maternal death.⁷⁵ Girls who give birth before age 15 are five times more likely to die in childbirth than women in their twenties.⁷⁶

Furthermore, babies born to very young mothers are much more likely to die in the first year of life.⁷⁷ The risks are higher in conflict situations, where maternal health services are likely to be unavailable or inadequate.⁷⁸ It is increasingly recognised that pregnancy is a reason for suicide among girls. In some cultures, pregnancy among unmarried girls is considered grounds for homicide.⁷⁹

As children's bodies are smaller and less developed, they may suffer more severe injuries than adults who are subjected to the same form of violence.⁸⁰ The World Health Organization reports that up to 65% of women with obstetric fistula developed this during adolescence, with dire consequences for their lives, physically and socially.⁸¹ Other physical injuries include broken bones, bruising and wounds.⁸² For boys, there are other possible injuries including damage to the anus, pain during urination, blood in the stools and severe anal, rectal, penile and testicular pain.⁸³

Sexual intercourse that leads to abrasions, lacerations and inflammation enhances the risk of HIV acquisition.⁸⁴ Young girls' bodies are not yet fully developed and ready for sexual activity, and thus more likely to suffer injury during intercourse.⁸⁵ It is therefore possible to hypothesise that there may also be an increased chance of HIV infection among younger girls.

WHICH CHILDREN ARE MOST VULNERABLE?

Despite the discourse on sexual violence centring primarily on women (sometimes including girls), it is important to note that girls and boys of all ages and even babies may be subjected to sexual violence.^{86 87} In some conflict-affected states, over 80% of survivors of sexual violence are children.⁸⁸ Adolescent girls are one of the most at-risk groups when it comes to sexual violence, abuse and exploitation. This is due to their physical development, age and relative vulnerability. Risks for girls include rape, sexual exploitation, child or forced marriage, and unintended pregnancy. Over the last decade incidents of sexual violence against men and boys, including sexual enslavement and forced rape, have been reported in over 25 conflicts worldwide.⁸⁹ It is important to note that cases of male rape are even more likely to be under-reported than sexual violence experienced by women.⁹⁰

In conflicts in which sexual violence has been properly investigated, male sexual violence has been recognized as “regular and unexceptional, pervasive and widespread, although certainly not at the rate of sexual violence committed against women”. (Note the author of the research report states that she uses the term “men” to include both boys and men).⁹¹

Data coming from specific locations such as Syria and Afghanistan suggest that overall rates for all conflict-affected areas may be significantly higher than any official statistics suggest.⁹² According to Save the Children in the Democratic Republic of the Congo, men and boys constitute an estimated 4 to 10% of victims seeking assistance for sexual violence.⁹³ In Libya,⁹⁴ Syria, the Occupied Palestinian Territories,⁹⁵ and other settings, sexual violence against males has occurred in the context of detention, as a form of torture, punishment or humiliation. Anecdotal and informal reports from Syria indicate many incidents of boys being subjected to sexual torture in places of detention and of rape being used both tactically and opportunistically, at scale, against both girls and boys as young as 7 years old.⁹⁶ The fact that estimates suggest that less 10% of victims report their experiences would suggest that sexual violence during war is a considerable problem for boys and men.⁹⁷

No data is available on the incidence of sexual violence experienced by children with disabilities in emergency settings, but it is important to note that they are especially vulnerable to violence and abuse. This may be attributed to social and structural discrimination, increased powerlessness and isolation.⁹⁸

Natural disaster contexts receive less attention with regards to incidence of sexual violence. However, evidence indicates they are also times of great risk. For example, after the 2004 Indian Ocean tsunami, there was a significant increase in the number of reported cases of sexual violence in both Sri Lanka and Indonesia.⁹⁹ There were also indications of similar increases in sexual violence in other tsunami-affected countries but these were not as systematically recorded.¹⁰⁰ In post-earthquake Haiti, the erosion of security services' capacity to monitor and report cases of sexual violence, coupled with a large proportion of the population living in makeshift housing and camps led to an increased risk of rape.¹⁰¹ Each round of the Post-Nargis review in Myanmar reported a higher incidence of gender-based violence, with 7% in the second review and 20% in the third review.¹⁰² Problems of violence in disaster settings may, however, be worse in regions with a history of civil unrest and social conflict.¹⁰³ This theory would be supported by the examples given above, as Sri Lanka and Banda Aceh were the two regions in the tsunami-affected area previously caught up in conflict, and Haiti and Myanmar have also both seen years of unrest.

URGENCY OF RESPONSE

Case management should take priority and start immediately. Medical support needs to be given with hours (evidence collection must happen within 72 hours, ideally within the first 48 hours after the incident). To prevent HIV, the survivor must receive treatment within 3 days. To prevent unwanted pregnancy, which is also life-saving for younger girls, medical intervention is required within one week. Psychosocial support should be given early and on a continuous basis.

Vital actions for health actors with regards to sexual and reproductive health, as outlined in the Sphere standards, include the implementation of measures to reduce the risk of sexual violence and ensuring access to both medical and psychosocial support. Child protection actors are central to making this possible for child survivors.¹⁰⁴

Support for survivors of sexual violence is listed as life-saving action in the CERF Life-Saving Criteria under the health, gender-based violence, education in emergencies and child protection sectors.¹⁰⁵

3.4

PSYCHOSOCIAL DISTRESS AND MENTAL DISORDERS

SEE ANNEX 4 FOR FURTHER DATA AND CASE STUDIES ON CHILDREN WHO EXPERIENCE PSYCHOSOCIAL DISTRESS AND MENTAL DISORDERS IN EMERGENCY CONTEXTS.

NATURE AND SCALE OF THE THREAT TO LIFE AND WELLBEING

In 2010, 7 years after the conflict began, it was estimated that over a quarter of Iraqi children, or 3 million, suffered varying degrees of Post-Traumatic Stress Disorder.¹⁰⁶

Most children who have been through a stressful event will exhibit changes in behaviour, emotions, spirituality, social relations or physical wellbeing. Both primary and secondary stressors may cause mental health concerns. Primary stressors inherent in many disasters may include any injuries sustained, watching someone die or exposure to violence. Secondary stressors occur after an emergency and include issues such as a lack of financial assistance, recovery and rebuilding of homes, loss of physical possessions and resources, health problems, change or lack of access to education, media reporting, change in family structure, loss of leisure and recreation, parents' worries about their children, and lack of infrastructure.¹⁰⁷ Significantly, disruption of the social fabric of community life is also a serious cause of stress.¹⁰⁸ These manifest their effects shortly after a disaster and may persist for extended periods of time.¹⁰⁹

Research demonstrates that children exposed to violence in conflict settings or harsh conditions such as those experienced in refugee camps show high rates of serious psychiatric problems. Symptoms of distress may include loss of appetite, change in sleep patterns, nightmares, withdrawal and regression in certain skills. Temporary symptoms are more common than severe long-term reactions, with more children experiencing depression and anxiety than post-traumatic stress disorder (PTSD).¹¹⁰ However, the psychological impact may persist for up to three to five years after a natural disaster.¹¹¹

Crises can induce severe and chronic stress. Research shows that “toxic stress” – when the stress response system is activated over a prolonged period – leads to elevated levels of cortisol.¹¹² This affects the brain’s hippocampus and can lead to problems with short-term recall, learning abilities, stress and fear responses, and the ability to control emotions. During early childhood, the neural circuits of a child’s brain are particularly sensitive. Humanitarian organizations working directly with children frequently report girls and boys showing reduced concentration spans and ability to control behaviour and emotions. Without adequate intervention and the presence of protective and caring relationships, toxic stress can have permanent

effects, meaning that the person is more likely to develop anxiety, depression and a range of other mental emotional and behavioural disorders. Where large groups of children are affected, this can lead to entire generations experiencing mental health, social and economic problems. Moreover, these impacts are not confined to brain development – research indicates a strong correlation between adverse childhood experiences and higher rates of heart, liver and lung disease in adulthood.¹¹³

The most immediately life-threatening form of mental disorder includes suicidal tendencies. Increases in suicide rates show a time lag after an emergency in developed country settings examined.¹¹⁴ The more destructive and large-scale a disaster, the more suicide rates are lagged (immediately after the emergency suicide rates may decline, but later they are higher than the norm).¹¹⁵ The delay is less significant when disasters are experienced in less developed/low income countries.¹¹⁶ This may be attributed to the absence of insurance, social security and bank loans available for reconstruction. There is also a correlation between community connectedness and decline in levels of distress and mental disorders, and it may be in many contexts of disaster and conflict that community networks are established or maintained in a way that ensures mental wellbeing.

Deprioritizing psychosocial support responses in humanitarian settings may have negative repercussions for the whole emergency response. It has been noted that a lack of support or treatment may reduce the effectiveness of other humanitarian programme interventions, such as education and livelihoods.¹¹⁷

WHICH CHILDREN ARE MOST VULNERABLE?

Some research shows that there may be greater psychological consequences for younger children and for survivors of disasters with many casualties.¹¹⁸ One study of the psychological wellbeing of refugee and displaced children found emotional disorders to be more prevalent in girls.¹¹⁹ Exposure to conflict and resettlement stressors may vary by sex: boys and girls have different likelihoods of being subjected to sexual violence, or being recruited into armed forces or groups. Furthermore, there may be differences in family and societal reactions to expressions of distress in boys versus girls. Evidence suggests that boys may be more vulnerable to externalizing disorders,¹²⁰ especially with cumulative exposure to potentially traumatic events. Post-traumatic stress disorder does not show clear sex-related differences. A small amount of evidence suggests that individuals exposed to forced displacement when younger than 12 years generally have better psychosocial outcomes than older children, particularly for depression.¹²¹ Those who experienced conflict-related trauma before the age of 12 were not at increased risk of post-traumatic stress disorder in adulthood, unlike those who were exposed after the age of 12 years.¹²² In other research there is also the indication that post-traumatic stress reactions are significantly higher for females, and for those who have lost a family member.¹²³

Post-earthquake studies of children and adults from around the world have found that those with the most severe earthquake-related experiences and losses have the most severe and persistent post-traumatic stress and grief reactions.¹²⁴ These include ongoing problems may include depression, substance abuse, delinquency and aggressive or withdrawn behaviour.¹²⁵ After earthquakes, research has found that children and adolescents lose trust in the safety of the world, in the ability of adults to protect them and show widespread signs of separation anxiety.¹²⁶ Data from natural disasters in the USA indicates suicide rates increase for a longer period after floods than for either hurricanes or earthquakes. One possible explanation for this is the recurring nature of floods.¹²⁷

Research carried out on the rates of post traumatic stress reactions in post-tsunami Indonesia found that community level poverty and political insecurity before the disaster were important predictors of individuals' post-traumatic stress response in the wake of the disaster. This suggests that individual loss may be easier to bear when others have had similar experiences. Community destruction has a persistent causal effect on mental health.¹²⁸ This finding underlines the importance of restoring communal life after a disaster. Two studies have described a decreased incidence of suicide during wars.¹²⁹

Several studies have shown that individuals or areas with greater social capital are quicker to recover from natural disasters. Natural disasters may enhance social connectedness in the post-disaster period.¹³⁰ Similarly, research shows that the psychological consequences of war on children might be mitigated by family and community support.¹³¹ Community strengthening may therefore be a means to address psychological issues. Since debt is a significant source of distress for those who have experienced disasters and emergencies, it may be concluded that economic strengthening programmes, especially cash transfers, potentially contribute to an increased feeling of mental wellbeing among those who experience disasters or conflict.

URGENCY OF RESPONSE

The identification and response to suicidal tendencies – part of the case management process – is urgent. These are cases that may come to light through work with specific vulnerable groups of children, for example survivors of sexual violence, those maimed by unexploded ordnance, or children released from detention and armed forces or groups. Other psychosocial support and economic strengthening interventions may take longer to establish and are not as immediately life-threatening.

Psychosocial support activities are listed as life-saving action in the CERF Life-Saving Criteria under the gender-based violence, education in emergencies and child protection sectors.¹³³

Psychosocial support is one area of essential services listed under the mental health standard of the Sphere Guidelines.¹³⁴

3.5

CHILDREN ASSOCIATED WITH ARMED FORCES AND GROUPS

SEE ANNEX 5 FOR FURTHER DATA AND CASE STUDIES ON CHILDREN ASSOCIATED WITH ARMED FORCES AND GROUPS

NATURE AND SCALE OF THE THREAT TO LIFE AND WELLBEING

The UN reports that 9,000 child soldiers are engaged in fighting on both side of the conflict in the South Sudan war.¹³⁵

Children recruited into armed groups and forces are often exposed to high levels of violence, abuse, exploitation and injury.¹³⁶ They may face sexual exploitation and violence (both girls and boys), detention for engagement in conflict, threats to life, possible injury and exposure to explosive remnants of war.¹³⁷ They are also deprived of education and parental care. Vulnerability is ongoing even after release or escape, as formerly associated children may lack education or may be rejected by their families and communities, potentially leading to secondary exploitation.¹³⁸ Children who escape from armed military groups often have long-term psychological problems.¹³⁹ In Syria, children report awareness of their increased chance of severe or fatal injury and death.¹⁴⁰

There is a clear correlation between association with armed forces and groups and sexual exploitation and violence. Armed forces and groups use both boys and girls for sexual purposes. Reports of sexual violence have come from a range of conflict-affected countries, including Colombia, the Democratic Republic of the Congo, South Sudan and Afghanistan. Children may be forced to provide sexual services for one or more armed individuals.¹⁴¹ In other instances children, sometimes with encouragement from their families, may choose to attach themselves to individual fighters or commanders as a self-protection strategy. It is perceived that attachment to one individual is better than abuse and exploitation by many.

More than 4,000 cases of children associated with armed forces and groups were documented and verified by the UN in 2013, but thousands more children are estimated to have been recruited and used.¹⁴² Up to 20 states have used or deployed under-18s as part of their national armies and forces.¹⁴³ These figures do not reflect on the use and recruitment of children into armed groups not allied with states, and the report of the UN Special Representative on Children and Armed Conflict identifies many more armed groups that have recruited children.¹⁴⁴ Although many of these groups are operating in the same countries listed in the Child Soldiers International report, there are a number of locations – namely, Lebanon, Mali, India, Pakistan, and Nigeria – where armed groups are reported to have recruited children according to the UN Special Representative’s report, that are not listed in the Child Soldiers International report.¹⁴⁵

This brings the total number of countries in which children are being recruited into or used by armed forces and groups to at least 25 nations: a significant rise from the 13 countries mentioned in a 2007 report by Save the Children.¹⁴⁶

WHICH CHILDREN ARE MOST VULNERABLE?

Data from various contexts suggests both girls and boys are vulnerable to association with armed forces and groups, but are given different roles and functions to support the fighting.¹⁴⁷ For example, in Yemen children were observed assuming security functions, with boys being used in combat and logistical roles and girls undertaking support functions such as food preparation, gathering military intelligence and carrying detonators.¹⁴⁸ There were reports of recruitment through forced marriage of girls to members of militia groups.¹⁴⁹ Information from ILO-IPEC's investigation of children's association with armed forces and groups in Central Africa in 2002 indicated that as many as 30% of associated children in the eastern Democratic Republic of the Congo were girls.¹⁵⁰ The Coalition to Stop the Use of Child Soldiers' global report of 2008 gave a similar estimate for the number of girls engaged by armed forces and groups in Sierra Leone.¹⁵¹ Assessments carried out in South Sudan indicate that boys from pastoralist communities are more likely than other groups to be recruited by armed groups.¹⁵² It is unclear whether this is true of other country contexts.

Most child recruitment into armed forces and groups occurs in conflict settings. However, in some instances, recruitment may occur during a natural disaster response, most often in settings where conflict had been present prior to the disaster. For example, after Cyclone Nargis in Myanmar in 2008 the Child Protection Working Group received unverified reports that children were being recruited in the cyclone-affected delta region.¹⁵³ As stated by Watchlist, unaccompanied and poor children are more easily lured into armed forces or groups with the promise of compensation, food and shelter.¹⁵⁴ In addition, armed forces and groups may recognise the vulnerability of children after a disaster and actively seek new members.

URGENCY OF RESPONSE

There is immediate need for action on the registration, response and referral of children formerly associated with armed forces and groups as they may have suffered physical injury that needs immediate medical attention.

Psychosocial support is more urgent for associated children than for the wider child population due to the level and forms of violence to which they have been exposed and the likelihood that this may persist and be perpetuated if it goes unaddressed.

3.6

CHILD LABOUR

SEE ANNEX 6 FOR FURTHER DATA AND CASE STUDIES ON CHILD LABOUR

NATURE AND SCALE OF THE THREAT TO LIFE AND WELLBEING

Domestic child labour is a major problem in Haiti, with up to 225,000 children aged between five and 17, mainly girls, virtually living as slaves. These child live-in domestic workers are referred to as “restavèks”. Restavèks report that they are regularly beaten and experience other severe forms of neglect, abuse and exploitation, including sexual violence.¹⁵⁵ One study pointed out that the average 15-year-old restavèk was four centimetres shorter and weighed 20 kilograms less than the average Haitian child.¹⁵⁶

Research has shown that child labour affects children’s health and is significantly and positively related to adolescent mortality.¹⁵⁷

Children’s vulnerability to child labour, especially in its worst forms, increases in all emergency contexts. Communities and families face lost livelihoods, educational possibilities are disrupted and children’s protection mechanisms may be eroded by being displaced or separated from caregivers.

Working children are exposed to situations that make them vulnerable to trafficking, abuse, violence and exploitation. They may be living and working on the street, lacking the care and support of their families, in situations of domestic labour, or on factory floors. Working children, particularly those in “hidden” jobs such as domestic labour, are at great risk of abuse and exploitation.

Global estimates of children engaged in the worst forms of child labour, other than hazardous labour, are not measured directly. This can be attributed to the often hidden and illicit nature of these extreme forms of child labour and the consequent lack of reliable data in most contexts. However, according to the 2012 ILO estimate, 85 million children are engaged in hazardous labour, 5.5 million children in forced labour or sexual exploitation, and 168 million children are classified as “child labourers” (defined as work that deprives children of their childhood, their potential and their dignity, and that is harmful to physical and mental development).^{158, 159}

In terms of impact on a community as a whole, in settings where there is a high proportion of children engaged in the worst forms of child labour and significant exclusion from education, the probability of a reoccurrence of conflict is increased.¹⁶⁰ This may be because these conditions maintain or recreate the grievances that ignited conflict in the first instance.¹⁶¹

Different types of work carry specific risks for children:

- Child labour in agriculture is one of the three most dangerous sectors in terms of work-related fatalities, non-fatal accidents and occupational diseases.^{162, 163} In all settings, an estimated 59% of all children in hazardous work aged 5 to 17 are in this sector.¹⁶⁴
- The life of a child in commercial sexual exploitation is one of violence, physical and psychological health problems. Research in Bangladesh indicated that one quarter of children involved in commercial sexual exploitation had been beaten, and another quarter had been raped.¹⁶⁵
- Children who live on the street in Myanmar often work as beggars, domestic workers, waste pickers, or are exploited for commercial sex. With no protective adult, they are especially vulnerable to abuse by adults as well as older children, including harassment and exploitation, beatings and robbery, stigma, rape and risky sexual behaviour.¹⁶⁶
- Children in domestic service face many risks that are compounded when s/he lives in the household where s/he works.¹⁶⁷ 421,000 child domestic workers in Bangladesh, of which 75% are girls, face particular vulnerabilities.¹⁶⁸ Almost all work seven days a week and 90% sleep at their employer’s home.¹⁶⁹
- Child mining may lead to injury, health consequences as a result of exposure to dangerous metals and even death.¹⁷⁰ In a study carried out by World Vision in the Democratic Republic of the Congo, over half of the child miners interviewed reported having being injured, and just under 20% reported having seen the accidental death of another child at their place of work.¹⁷¹ The risks of death or fatal injuries caused by explosions, falling rocks or poor equipment are very high in artisanal and small-scale mining.¹⁷² While there are no global estimates on the numbers involved, it is known that children are a large proportion of the workforce.

WHICH CHILDREN ARE MOST VULNERABLE?

Globally, boys outnumber girls in all sectors of work, with the exception of domestic work.¹⁷³ This is demonstrated for example in Bangladesh where boys comprise about three quarters of all working children.¹⁷⁴ In Jordan, child labour is a phenomenon primarily affecting male children.¹⁷⁵ However, it was reported that there are a large number of “home-bound” girls who are kept from education and engage full time in household chores.¹⁷⁶ It is important to recognize that there are country contexts where almost the same numbers of girls and boys are working, for example Myanmar¹⁷⁷ and South Sudan. It may be that globally it appears boys work more due to the fact that girls’ work is both more hidden (as is the case in both domestic work and commercial sexual exploitation) or their productive and income-generating activities are not perceived as work because they are more often in the private rather than the public sphere. It has also been noted in some instances that rural children are much more likely to work and be out of school.¹⁷⁹ This may be because there are fewer educational opportunities in rural areas, or a reduced awareness of the value of education.

URGENCY OF RESPONSE

The child protection system-building activities of community awareness and advocacy with government and trade unions may wait until later in the early recovery phase of any humanitarian response. These initiatives may build upon any data gathered during the first phase of the emergency.

3.7

UNACCOMPANIED AND SEPARATED CHILDREN

SEE ANNEX 7 FOR FURTHER DATA AND CASE STUDIES ON UNACCOMPANIED AND SEPARATED CHILDREN. SEE GLOSSARY FOR DEFINITIONS OF “UNACCOMPANIED”, “SEPARATED” AND “ORPHAN”.

NATURE AND SCALE OF THE THREAT TO LIFE AND WELLBEING

The Rwandan genocide of 1994 saw thousands of children orphaned or separated from their parents.¹⁸⁰ In addition, because of the poor living conditions in the camps, parents actively abandoned many children.¹⁸¹ An estimated 400,000 to 500,000 children were lost or separated from their families during the genocide.¹⁸²

Children who become separated from their caregivers in emergencies lose their primary protection mechanism. When external risks increase, children need the security of family even more: the separation from or loss of relatives increases the possibility of negative social, economic and psychological impacts of emergencies.¹⁸³ Children may be abducted into forced labour, conscripted into armed groups or forces or trafficked.¹⁸⁴

Separation from adult carers may reduce the possibility of children gaining access to required humanitarian aid and services.¹⁸⁵ Research demonstrates significant long-term psychosocial impacts on children. A correlation has been found between separation from caregivers and death.¹⁸⁶

In some emergency contexts children are placed in institutional care in response to short-term separation from caregivers, lack of family resources to support children or a belief that children will have better care and support in formal care settings. In Indonesia, for example, 97.5% of the children in residential care in the aftermath of the December 2004 Aceh tsunami had been placed there by their families so that they could receive an education.¹⁸⁷

However, evidence indicates that children in institutions are significantly more vulnerable to exploitation and violence, with a number of studies reporting wide-ranging physical, sexual and psychological abuse.¹⁸⁸ Again in Indonesia, research after the tsunami showed that the overall wellbeing, development and school performance of those children living in a family environment were found to be significantly better than for those in institutional care.¹⁸⁹ Exposure to these forms of violence may leave children with lasting developmental problems, injuries and trauma.¹⁹⁰

WHICH CHILDREN ARE MOST VULNERABLE?

Research suggests that boys are more likely to become separated from their families than girls.¹⁹¹ This may be explained by the fact that girls are more protected and kept closer to their caregivers during times of instability. Some evidence suggests that children with disabilities may be abandoned or placed in institutions in times of crisis and displacement.¹⁹²

Girls who have been separated from their usual caregivers and end up living in foster care or extended families may be especially vulnerable to sexual abuse when they reach puberty.¹⁹³ In addition to sexual violence, girls living without their parents are more susceptible to early or forced marriage, withdrawal from education and overwork.¹⁹⁴

URGENCY OF RESPONSE

It is imperative that separated, unaccompanied or orphaned children are registered and details of their separation are documented as soon as possible. In emergency contexts populations may move and then move again, so efforts should be made to find family as soon as possible. In addition, for those children under 5 years old, little information may be available to support the tracing process. Available information needs to be gathered as soon as possible. Children without their usual caregivers also need to be placed in some form of safe, suitable interim care as soon as possible. This will ensure that they are protected from life-threatening risks such as sexual violence, abduction and recruitment into armed forces and groups.

Family-based care has generally been found to be both better for child wellbeing and more cost-effective. In east and central Africa, Save the Children UK found residential care to be ten times more expensive than community-based care.¹⁹⁵

3.8

JUSTICE FOR CHILDREN

SEE ANNEX 8 FOR FURTHER DATA AND CASE STUDIES ON JUSTICE FOR CHILDREN IN EMERGENCY CONTEXTS.

NATURE AND SCALE OF THE THREAT TO LIFE AND WELLBEING

Since the second Intifada in 2000, over 5,500 Palestinian children under the age of 18, some as young as 12, have been imprisoned by Israeli authorities for alleged security offences ranging from distributing pamphlets, throwing stones to being associated with an armed group.^{196,197} One report put the figure of child detainees since the outset of the second Palestinian uprising in 2000 at 8,000.¹⁹⁸

“Justice for children”, or “children in contact with the law” covers a range of ways in which children come into contact with security forces, legal structures and law enforcement agents, including as witnesses, victims, beneficiaries or when they are in conflict with the law themselves. For the purpose of this research we will focus on children in conflict with the law, since they are also most likely to suffer injury or severe threats to their wellbeing. The term “children in conflict with the law” refers to anyone under 18 who comes into contact with the justice system as a result of being suspected or accused of committing an offence.¹⁹⁹

While there is no global data on the number of children detained specifically in emergency settings, UNICEF in 2006 reported that more than one million children were detained worldwide.²⁰⁰

A large body of research reflects on how boys and girls held in prisons may be exposed to diverse forms of violence and threats to their wellbeing, including ill treatment, sexual abuse, torture, physical violence, abuse and death.²⁰¹ Children suffer physical and humiliating punishment, bullying and isolation.²⁰² Dire conditions and harsh regimes are also physically and mentally damaging for children and may amount to cruel, inhumane and degrading treatment.²⁰³ In many prisons and institutions, children are denied medical care, education and other basic rights.²⁰⁴ In addition, if they are

being held alongside other family members they may see their parents or relatives abused.²⁰⁵ Findings indicate that even in youth or juvenile facilities that hold only children, there is a continued risk of abuse, not only from adults but also from the other detained children.²⁰⁶ Of 292 ex-detainee children involved in a programme in the West Bank, 98% said that they were subjected to violence by the Israeli army during their arrest and detention.²⁰⁷

Within conflict settings in particular, when justice systems are weakened through under investment and lack of regulation, normal rules of detention are misapplied or not enforced. Standards to ensure the wellbeing of juveniles in the justice system, if they exist at all, are often not maintained or are disregarded. This leads to an increased likelihood of violence against children in detention.²⁰⁸

Health problems also have a significant impact on children's wellbeing during and after detention. Children may incur various injuries during detention or suffer health concerns. Even in a high-income economy such as Israel, prison health care is under-resourced and medical support for detainees is basic, leading to long-term health consequences.²⁰⁹

In addition, child detention has a negative impact on members of their family. In many situations, the detention may lead to family tensions and negative relations.²¹⁰ In some cases the family has to cover the costs of food, drinks and clothes for their children while they are detained, an economic burden that may create significant challenges during an emergency.²¹¹

WHICH CHILDREN ARE MOST VULNERABLE?

The literature suggests that detained children are predominantly boys. In the Occupied Palestinian Territories, 90% of children arrested and charged are male.²¹² In Davao City, the Philippines, of the 497 children arrested by police between January and June 2002, 83% were boys.²¹³ Research carried out in the Philippines, covering both conflict-affected and non-emergency settings, shows that the average age of children in detention was 14.4 years old. The proportion of children in custody increased with age.²¹⁴ In one study area in the Philippines, 60% of children held in detention were not living with their parents when they were arrested, indicating there may be a correlation between family separation and conflict with the law.²¹⁵

URGENCY OF RESPONSE

It is important that children held in detention are not exposed to extreme violence, abuse, exploitation and maltreatment that may be life-threatening. Negotiating for access to children being held and case management support are the first steps to ensuring their wellbeing.

RESEARCH QUESTION 2.

What actions can child protection actors take to prevent and respond to violence against children in emergencies?

Data from the survey and key informant interviews indicates that the full range of strategies to prevent and respond to violence, exploitation, neglect and abuse is poorly understood and communicated.

Based on a review of agency-specific programming guidance and the Minimum Standards for Child Protection in Humanitarian Action, as well as the literature on responses to child protection in emergencies needs, the following list of child protection in emergencies interventions has been identified.²¹⁶

THERE ARE WAYS TO PROTECT GIRLS AND BOYS IN EMERGENCIES:

12 STRATEGIES FOR PREVENTION AND RESPONSE

Advocate with governments, donors, parties to conflict, those planning and implementing programmes in other sectors and other high-level actors and decision-makers. For example, child protection actors may advocate against the use of orphanages and international adoption in response to humanitarian crises, because lessons learned from around the world demonstrate that girls and boys are usually far safer and better cared for in a family environment in their own communities.²¹⁷

Raise awareness on child protection concerns targeting beneficiaries, the wider population, parents, and communities. For example, child protection actors may work with local communities to develop public awareness campaigns against child trafficking during and after emergencies.²¹⁸

Promote behavioural change and implement activities to develop life skills for children and their families. Activities to build resilience and enable better prevention and response to child protection concerns. For example, child protection actors may support parents raising children in difficult and stressful circumstances with positive parenting programmes, promoting alternatives to violence discipline to help keep children safe.²¹⁹

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

Develop, support and monitor alternative or interim care for separated, unaccompanied or orphaned children or those needing alternative arrangements for their safety. This includes children requiring temporary care after release from armed forces or groups, or from detention.²²⁰

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

Provide structured social activities for children, facilitated by adults from their own community. This may include child friendly spaces and other psychosocial support activities.²²¹ Child friendly spaces are environments in which children can access free and structured play, recreation, leisure and learning activities. Other psychosocial support activities that child protection actors may deliver, in collaboration with the wider humanitarian community, include mass communication about positive coping methods, the activation of social networks such as women's groups and youth clubs, and psychological first aid.

Support and develop community-based child protection mechanisms, understood as networks or groups of individuals operating at the community level who work in a coordinated manner towards child protection goals.²²² Such mechanisms may be indigenous or externally initiated and supported.

Improve livelihoods.²²³ This area of work encompasses actions taken by governments, donors and implementers to improve livelihoods, where “livelihoods” refers to the capabilities, assets and activities required to make a living. Activities may include: micro-credit, skills training, agricultural interventions and cash transfer programmes (cash transfers/grants – both conditional and unconditional, cash for work and vouchers).

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

Monitor child protection activities.²²⁴ In certain contexts, child protection actors gather data on the killing or maiming of children; recruitment or use of child soldiers; attacks against schools or hospitals; rape and other instances of grave sexual violence; abduction and denial of humanitarian access. In other settings, the systematic monitoring of child protection concerns enables child protection actors to identify and understand patterns of violence, exploitation and abuse.

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

RESEARCH QUESTION 3.

How can child protection interventions be best prioritized within emergency responses and humanitarian action?

Within the humanitarian sector, agencies, working groups, clusters²²⁶ and donors all establish priorities as a means to more effectively allocate finite resources, including finances, personnel, logistics and material inputs.

WHEN ACTIVITIES ARE PRIORITIZED IN HUMANITARIAN ACTION, IT MAY BE THAT THEY ARE:

- Given the greatest budget allocation;
- Funded immediately or more urgently;
- Assigned a higher proportion of staff and other resources; or
- Management ensures the rapidity of implementation of these actions so that programming in this area may commence as soon as possible (through, for example, allocation of vehicles/transport, order of shipment of equipment needs and others).

IN EMERGENCIES, THERE ARE SEVERAL POSSIBLE REASONS FOR PRIORITIZING CERTAIN ACTIVITIES OVER OTHERS. THESE INCLUDE:

- Numbers of people affected;
- Threat to life and wellbeing (how life-saving an activity is);
- Humanitarian principles;
- Media attention;
- Ease of access;
- Existing capacity to respond;
- Value for money.

Acknowledging the range of reasons for prioritizing certain needs and humanitarian programme activities over others, this report will focus on the criteria of “life-saving”, asking which interventions are most urgent and respond to the greatest need.

In terms of criteria for prioritization, the research survey indicated that participants felt the following three factors were most influential in determining how resources and time should be invested in programming:

- Those that target the most vulnerable;
- Those that are most life-saving;
- Those that reach the highest number of affected people.²²⁷

Child protection unquestionably focuses on some of the most vulnerable individuals in a humanitarian setting, and the majority of those affected by humanitarian emergencies are children. Child protection actors may use these facts to argue for the prioritization of child protection in emergencies.

At a global level, the Child Protection Working Group has yet to agree on a set of tools specific to the sector to enable the prioritization of country responses, child protection needs, programming interventions and beneficiary vulnerability. Most frequently, data collected either through the Child Protection Rapid Assessment or presented in the 3, 4 or 5Ws (Who, What, Where, When and for Whom) is used by country-level actors to determine priorities.

More systematic means of determining the greatest threats for children may garner greater support within the humanitarian community and augment resource allocation for child protection in emergencies. Borrowing from other sectors in the humanitarian arena that have more substantial funding may be especially beneficial. Reviewing the various methods used in the sector the following four broad categories of methods for prioritization have been identified:

- Prioritization processes: Suggested steps to be taken by specified actors in order to establish and agree priorities, either in terms of funding allocations, sequencing of action or beneficiaries to be targeted;
- Categorization or ranking tools;
- Vulnerability criteria: Parameters for selecting and targeting the most beneficiaries with greatest need;
- Indicator sets for surveillance: Predetermined benchmarks relating to a sector that signal the need for external intervention and may determine priorities.

Each of these is explored in more detail in the programming guidelines that accompany this report, with adapted versions developed for use by child protection in emergencies actors.

The following table draws together evidence on threats to life and wellbeing with proposed interventions, suggesting a timeframe for action.

| CHILD PROTECTION ISSUE | IMPACT ON CHILD AND DETAILS OF CHILD PROTECTION | PROGRAMME INTERVENTION | TIME FRAME FOR ACTION | RECOMMENDED DURATION OF INTERVENTIONS |
|--|--|--|---|---|
| Dangers and injuries: Includes road traffic accidents, drowning, fire-related burns, injury, disability, injury caused by explosive remnants of war or landmines, injury from gunfire, etc. | Physical injury – cuts, burns, loss of limbs, etc. | Case management: Identification and referral for medical treatment | Within 6-12 hours to ensure that life threatening injuries do not become fatal ²²⁹ | Punctual one-off treatment, with possible limited number of follow-up visits, depending on medical assessment |
| | Psychological / emotional | Depends on symptoms – See Psychosocial distress response section below | | |
| | In case of disability – challenges in access to education / livelihoods | Case management / Economic Strengthening / Mainstreaming: Support for referral to support services, options including: non-formal education, livelihoods activities, or cash transfer programmes – link with education teams | Ideally within 3 days, at latest within first few weeks | Continuous – at least 6 months |
| Physical violence and other harmful practices: Includes domestic violence, physical abuse, corporal punishment, early marriage, female genital mutilation, killing, maiming, torture, abduction, etc. | Physical injury – cuts, bruises, broken bones, damage to sexual organs, etc. | Case management: Identification and referral for medical treatment. Typically, a health response is centre-based, while a child protection response is more holistic. | Within 6-12 hours ²³⁰ | Punctual one-off treatment, with possible limited number of follow-up visits, depending on medical assessment |
| | Psychological / emotional | Depends on symptoms – See Psychosocial distress response section below | | |
| | Lack of safety | Alternative care (for children who are at risk of on-going violence in current living situation) | Within 24 hours | Short-term solution while community based care option is identified |
| | Separation from family | Depends on symptoms – See Unaccompanied and separated children section below | | |
| | In case of early marriage or abduction – challenges in access to education / livelihoods | Case management / Economic Strengthening / Mainstreaming: Referral to support services, options include non-formal education, livelihoods activities, education teams, or cash transfer programmes | Within 1 month | Continuous – at least 6 months |

| CHILD PROTECTION ISSUE | IMPACT ON CHILD AND DETAILS OF CHILD PROTECTION | PROGRAMME INTERVENTION | TIME FRAME FOR ACTION | RECOMMENDED DURATION OF INTERVENTIONS |
|---|--|---|--|---|
| Sexual violence: Includes rape by known family or community members, rape by strangers, rape during armed conflict, demanding sex in return for favours, sexual abuse of children with disabilities, exploitation of children in prostitution, and trafficking for the purpose of sexual exploitation | Pregnancy | Case management: Identification and referral for medical treatment | 120 hours to prevent unwanted pregnancy | Punctual one-off treatment |
| | Sexually transmitted disease / infection | Case management: Identification and referral for medical treatment | 72 hours to access care to prevent the potential transmission of HIV | Punctual one-off treatment, with possible limited number of follow-up visits, depending on medical assessment |
| | Physical injury – including internal injuries, fistulas and external injuries incurred during attack | Case management: Identification and referral for medical treatment | Within 6-12 hours ²³¹ | Punctual one-off treatment, with possible limited number of follow-up visits, depending on medical assessment |
| | Mental health problems such as post-traumatic stress disorder, anxiety and depression. | Case management and psychosocial support: Referral to available psychosocial support services | Within 24 hours ²³² | Continuous – at least 3-6 months |
| | Socioeconomic outcomes | Case management / Economic Strengthening / Mainstreaming: for referral to support services, options include: non-formal education, livelihoods activities, education teams, or cash transfer programmes | Within 1 month | Continuous – at least 6 months |
| | Historical cases of sexual violence identified too late for medical treatment | Depending on circumstances, case management coupled with psychosocial support | Within 3 days of identifying the case | |
| | Lack of safety – ongoing exposure to perpetrator of sexual violence | Alternative care (for children who are at risk of ongoing violence in current living situation) | Within 24 hours | Short-term solution whilst community-based care option is identified |

| CHILD PROTECTION ISSUE | IMPACT ON CHILD AND DETAILS OF CHILD PROTECTION | PROGRAMME INTERVENTION | TIME FRAME FOR ACTION | RECOMMENDED DURATION OF INTERVENTIONS |
|--|--|---|--|--|
| Psychosocial distress and other mental disorders | Suicide attempts or suicidal behaviour or intensely violent behaviour on the part of the child | Case management: Refer to medical professionals for mental health support wherever possible | Within 24 hours | Bi-weekly follow-up to confirm quality of care and access to services – ongoing until reduced level of psychosocial support risk |
| | Significant behaviour change, though not suicidal – frequent crying, bed wetting, dropping out of school, using drugs / alcohol, having distressing flashbacks | Case management: Refer to medical professionals for mental health support wherever possible | Within 3 days | Weekly follow-up to confirm quality of care and access to services; ongoing until reduced level of psychosocial support risk |
| | Normal signs of distress – sadness, withdrawal, frustration, anger and minor behaviour change | Psychosocial support – including child friendly spaces | Within 2 weeks | Continuous – at least 3-6 months |
| Association with armed forces or groups: Includes boys and girls used as combatants, in support roles as spies, porters or informants, or for sexual purposes. | Physical injury | Case management: Identification and referral for medical treatment | Within 6-12 hours ²³³ | Punctual one-off treatment, with possible limited number of follow-up visits, depending on medical assessment |
| | Family separation | See “Unaccompanied and separated children”. Programme interventions for psychosocial support and reintegration should include child, family and community | See “Unaccompanied and separated children” | See “Unaccompanied and separated children” |
| | Psychological/emotional | Psychosocial support | Depends on symptoms - See Psychosocial distress response section below | Continuous – at least 3-6 months |
| | Limited or no access to education | Case management support for referral to non-formal education, education teams | Within 1 month | Continuous – at least 6 months |

| CHILD PROTECTION ISSUE | IMPACT ON CHILD AND DETAILS OF CHILD PROTECTION | PROGRAMME INTERVENTION | TIME FRAME FOR ACTION | RECOMMENDED DURATION OF INTERVENTIONS |
|--|--|---|--|---|
| | Socioeconomic | Case management support for referral to support services, options including: livelihoods activities, or cash transfer programmes | Within 1 month | Continuous – at least 6 months |
| Child labour: Includes hazardous work and worst forms of child labour (e.g. commercial sexual exploitation of children, work underground, work with dangerous machinery, equipment and tools, slavery, etc.) | Physical injury | Case management: Identification and referral for medical treatment | Within 6-12 hours ²³⁴ | Punctual one-off treatment, with possible limited number of follow-up visits, depending on medical assessment |
| | Psychological/emotional | Psychosocial support | Depends on symptoms - See Psychosocial distress response section above | Continuous – at least 3-6 months |
| | Socioeconomic | Case management / Economic Strengthening / Mainstreaming: Referral to support services, options include livelihoods activities, or cash transfer programmes | Within 1 month | Continuous – at least 6 months |
| Unaccompanied and separated children | Exposure to or risk of further violence as child does not have protective mechanisms | Case management support to enable identification, tracing, verification and reunification, with on-going follow-up | An unaccompanied child under 5 or a separated child under 5 with unknown family members – respond within 24 hours. An unaccompanied child under 12; a separated child under 12 with unknown family; a child-headed household or a separated or unaccompanied girl child with unknown family members – respond within 3 days Others – within 7 days | Follow-up fortnightly / monthly after reintegration until 1-2 visits with no issues arising |

| CHILD PROTECTION ISSUE | IMPACT ON CHILD AND DETAILS OF CHILD PROTECTION | PROGRAMME INTERVENTION | TIME FRAME FOR ACTION | RECOMMENDED DURATION OF INTERVENTIONS |
|------------------------|---|---|--|---|
| | | Interim care for at-risk children | | Bi-weekly visits until medium term / foster care placement identified |
| | | Medium-term / foster care | | Fortnightly / monthly visits until long-term solution identified |
| Justice for children | Physical injury | Case management: Identification and referral for medical treatment | Within 6-12 hours ²³⁵ | Punctual one-off treatment, with possible limited number of follow-up visits, depending on medical assessment |
| | Psychological /emotional | Psychosocial support | Depends on symptoms - See Psychosocial distress response section above | Continuous – at least 3-6 months |
| | Socioeconomic | Case management / Economic Strengthening / Mainstreaming: for referral to support services, options include livelihoods activities, or cash transfer programmes | Within 1 month | Continuous – at least 6 months |

COMMON MISUNDERSTANDINGS ABOUT CHILD PROTECTION IN EMERGENCIES

FEEDBACK THROUGH KEY INFORMANT INTERVIEWS AND THE RESEARCH SURVEY REVEAL A SERIES OF PREVALENT MISCONCEPTIONS ABOUT CHILD PROTECTION IN EMERGENCIES IN THE HUMANITARIAN COMMUNITY.

“Child protection is just about child friendly spaces”

Child friendly spaces are frequently seen as the only child protection activity. The reality is that child protection in emergencies involves diverse activities. Other less visible, and potentially more life-saving activities – such as case management, awareness-raising for the prevention of violence, and advocacy for the release and reintegration of children formerly associated with armed forces and groups – are less visible.

“Other humanitarian actors protect children – so this is the shared responsibility of the wider humanitarian community”

Although recent initiatives such as the Inter-Agency Standing Committee’s statement on the centrality of protection have emphasized the shared responsibility for protection across the humanitarian community, many humanitarians still fail to support protection either in their programming responses or in their contributions to decision-making. This leads to a confusing and contradictory set of views, where on the one hand “someone else” is wholly or partly responsible for the prevention of violence, the identification and response to children injured by unexploded ordnance, caring for child survivors of sexual violence and addressing the needs of children with physical injuries; and on the other these activities are seen as subordinate to “child survival” responses.

“Child protection is cross-cutting and doesn’t require stand-alone activities”

It is believed that protection overall is cross-cutting and therefore stand-alone funding for child protection is deemed unnecessary.

While mainstreaming protection is valuable, the reality is that children have specific protection needs which are not provided by other sectors. These require a tailored response.

“Child protection is a vague concept, open to interpretation”

The misconception exists that child protection lacks a clear definition and/or that it refers to all child rights. In fact, child protection in emergencies is defined specifically as the prevention of and response to abuse, neglect, exploitation and violence against children during times of emergency caused by natural and man-made disasters, conflict or other crises.

Conversely, the term “protection” has a very broad definition and is understood in many different ways across the humanitarian community, including:

- As the overall goal of humanitarian response, meeting basic survival needs (typically considered to be food, shelter, water and health);
- As the respect, protection and fulfilment of all human rights, including children’s rights;
- As ensuring the safety and security of vulnerable populations.

“Child protection does not respond to urgent humanitarian needs, it’s about rebuilding better societies”

Responses to survey and interview questions reveal that child protection programming is often considered not to be urgent or life-saving. The reality is that evidence and experiences repeatedly show that timely interventions to protect girls and boys in emergencies save lives. Certain aspects of child protection programming are especially underestimated in their impact on children’s lives (e.g. child labour and justice for children). This may be because they are relatively new areas of intervention in humanitarian contexts and therefore less well known. The reality is that evidence and experiences repeatedly show that timely interventions to protect girls and boys in emergencies save lives.

CONCLUSIONS



Child protection in humanitarian action saves lives

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

The child protection issues generated by the situation are life-threatening. A large body of evidence exists to support the assumption that this condition is consistently met in humanitarian contexts;

Child protection programming is possible. It can be assumed that this condition is not always met due to access and funding constraints, although the full extent of the gap between demand and provision, taking into account local child protection efforts, is not known; and

Child protection programming is effective in mitigating these threats or the effects of violence, exploitation, abuse and neglect. The effectiveness of child protection programming varies and requires further study.

Data gaps and misperceptions lead to the deprioritization of life-saving child protection programming

Since the second and third conditions listed above signal a gap in data, it is clear that this data gap is an important factor in the deprioritization of child protection in humanitarian settings. The lack of evidence on child protection needs; the extent, impact and effectiveness of child protection programme responses; and the effects of under-investment are a significant impediment to making the case for prioritization of child protection programming.

However, data is only part of the problem. Given the lack of objective, robust and comparable evidence across all sectors in many emergency situations, especially in the early days of the response, many significant funding decisions are made on the basis of human intelligence, personal judgement and past experience.²³⁷

Humanitarian Coordinators, Humanitarian Country Teams, Intercluster Coordinators and representatives of international NGOs and UN agencies may play an important role in securing initial funding for child protection activities. There is a need to ensure they understand the essential and life-saving nature of timely child protection interventions.

The current model of ad-hoc decision-making does not favour child protection. This research demonstrates that misconceptions abound on the range and nature of child protection interventions, the importance of stand-alone programmes, the specific responsibilities of the child protection sector and the life-saving nature of child protection interventions. Many humanitarian actors believe that programming for child protection in emergencies is limited to the implementation of child friendly spaces. Moreover, they understand child friendly spaces in the narrowest sense of the term's use. The shift in programme design from needs-based to system-building activities, while beneficial for children and ensuring more sustainable actions, may add to the lack of understanding of child protection programming.

Humanitarian actors are not homogeneous and certain donors do prioritize child protection in humanitarian responses, or at least certain elements of child protection. For example DFADT, ECHO and USAID/OFDA have specific funding mechanisms dedicated to the prevention and response of violence, exploitation, abuse and neglect of children. Furthermore, in their interaction with the media many senior humanitarians highlight child protection issues – often in response to international attention on these issues. In some humanitarian responses, research suggests it is the lack of a coordinated message on needs and programming responses from within the child protection sector; and the low capacity of child protection responders, that leads to a deprioritization of child protection programming from the outset.

In order to improve understanding of and support for child protection programming in the humanitarian community, child protection actors can:

- Provide clear, shared and timely articulations of need in new emergencies;
- Implement joint programmes with other sectors, as well as an effective programme strategy;
- Intentionally draw attention to activities other than child friendly spaces and explaining these clearly, in language accessible to other sectors;
- Emphasize the role child protection plays in humanitarian response as a contribution to the achievement of global humanitarian objectives.

When the principle of “life-saving” is introduced, prioritization of child protection actions is necessary

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

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

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

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

ANNEXES



ANNEX 1

FURTHER DATA AND CASE STUDIES ON CHILDREN WHO EXPERIENCE DANGER AND INJURIES IN EMERGENCY CONTEXTS

GENERAL: DANGERS AND INJURIES

■ In Thailand in 2011, Tropical Storm Nalgae and continuing monsoon rains brought large-scale flooding to a number of regions. A child protection rapid needs assessment identified unsafe physical surroundings as the main source of worry among caregivers regarding their children, most notably unsafe objects (such as electrical cables) poisonous animals and road traffic accidents.²³⁸

■ Detailed data from one war-affected community in Croatia during the 1991-1992 war enables analysis of childhood injuries during conflict.²³⁹ In a 13-month period, 215 children were wounded and 46 killed. Over two-thirds of the children killed and wounded were boys. Children (both boys and girls) over the age of 10 years were more likely to be killed or wounded than younger children. Most of the children died or were injured as a result of machine gun fire, rockets or bombs, including cluster bombs dropped from aircraft. In a study of 94 children almost 40% of the children had a permanent disability.

■ In Iraq more than 1,976 children and young people were injured between December 2012 and April 2013.²⁴⁰

■ During the Syrian crisis children of all ages, from babies to teenagers, have suffered severe physical trauma and injury caused by sniper fire, rockets, missiles and falling debris. According to UNHCR data, in the first six months of 2013, 741 Syrian refugee children received hospital treatment for physical trauma and other injuries incurred in Syria or Lebanon including burns, bullet wounds and broken bones.²⁴¹ In Za'atari refugee camp, Jordan, 1,379 children were treated for weapon or war-related injuries between 20 October 2012 and 25 October 2013. The majority of these children, 58%, were boys.²⁴²

■ During one evaluation carried out in South Sudan car accidents were listed as a greater risk by adolescents than separation from family, bombing, hunger, lack of medicines, or floods.²⁴³

■ **Injuries** in earthquake settings are numerous.²⁴⁴ Most result from falls or being hit by collapsing walls, flying glass or shifting objects. Children may be injured or killed by being trapped in a collapsed building or severely burned in a fire. Injuries to the head, neck, or chest are usually the most severe.²⁴⁵

■ **Road traffic accidents:** In 2004 road traffic injuries made up 22.3% of total global child injury deaths by cause.²⁴⁶ The head and limbs are the most common parts of the body injured. The severity of injuries will vary, depending on the age of the child, the type of road user and whether protective devices were used. Recent surveys in Asia show that road traffic injuries are one of the five leading causes of disability for children.²⁴⁷ Whilst during the course of this research, no quantitative data was identified on the incidence of road traffic accidents involving children in emergency and post-disaster settings, there is some qualitative evidence that traffic accidents pose a risk to children's life and

wellbeing. Example: One report notes that an increase in road traffic accidents involving child pedestrians was noted following the humanitarian response to the crisis in Rwanda. Children got used to receiving small handouts from passing vehicles and would run out into the roads. Following the large influx of vehicles as part of relief efforts, more children were evaluated for injuries from road traffic accidents than from landmines or interpersonal violence in July 1994.^{248, 249}

■ **Drowning:** It is important to be aware of the risks of drowning and to include water risks in any mapping activities. However, it should be noted that drowning after a disaster, caused directly by a natural disaster, is less common²⁵⁰ than drowning due to other causes. Flash floods and tsunamis cause many deaths by drowning at the time they occur, but they are less common than slow onset floods. And death by drowning after the natural disaster is less common. In addition, it should be noted that the actions child protection agencies may take to prevent drowning due to a natural disaster are considered Disaster Risk Reduction activities, and not strictly part of the humanitarian response phase. Nevertheless, humanitarian actors and families need to be aware of the presence of new water sources, increase in speed and size of river flow, change in currents of the sea and ensure appropriate measures are taken to ensure the safety of children.

Case study: Landmines

The best-documented paediatric injuries associated with conflicts are those due to landmines.²⁵¹ Children are particularly vulnerable to landmines, both in terms of probable exposure and impact. Children may be too young to read, or illiterate, rendering warning signs useless, they may not understand the communications that warn them of the presence of landmines.²⁵² Given their shape and size, children may use unexploded ordnance as a toy.²⁵³ Children's head, chest, abdomen and limbs are all in a state of growth, they are physically more vulnerable and thus more likely to suffer serious injury and possibly death from landmine injuries.²⁵⁴

- Landmines remain a problem long after a conflict is resolved. More than 90% of landmine victims today are civilians, with one in four of these victims a child.²⁵⁵
- Nearly one million children are affected by the presence of landmines, limiting their access to essential services.²⁵⁶
- Every year since 1999, there have been about 1,000 child casualties²⁵⁷ from mines/explosive remnants of war, with significantly greater numbers of children killed and injured in 1999 and 2001. There were 1,168 child casualties in 2012, an increase from 1,063 in 2011, despite the overall decrease in the global casualty total. Children accounted for 47% of the total number of civilian casualties in 2012.²⁵⁸
- In Afghanistan in the early 1990s, 25% of injuries due to antipersonnel mines were in children younger than 16 years.²⁵⁹
- At least 481 landmine and explosive remnants of war casualties (108 deaths and 373 injuries) – over half of them children – were reported to the Mine Action Center of Afghanistan in 2009.²⁶⁰
- In 2012, child casualties caused by landmines/explosive remnants of war increased as a proportion of civilian casualties (to 47%, four percentage points higher than in 2011).²⁶¹
- In Yemen, where the percentage of child casualties has consistently been high, 105 children were killed or injured by mine/explosive remnants of war in 2012, seven times the number in 2011.²⁶²
- Data for the Syria conflict indicates that of the 10,586 child deaths, explosive weapons caused by far the majority – 7,557, or 71%.²⁶³ Older children outnumber younger children among the victims.²⁶⁴
- During 2013, in Colombia, 368 people, of whom 165 were civilians and 28 children, were killed or maimed in incidents related to landmines and unexploded ordnance.²⁶⁵

UGANDA WAS OFFICIALLY DECLARED FREE OF LANDMINES AT A CEREMONY IN THE CAPITAL, KAMPALA, ON 10 DECEMBER 2012²⁶⁶

The achievement is the result of dedicated work by the National Mine Action Programme in Uganda in collaboration with NGOs including the Danish Demining Group. Following years of conflict between the Uganda People's Defence Force and the Lord's Resistance Army in northern and western parts of Uganda, large swathes of land were left heavily contaminated by landmines and other explosive remnants of war. Now all identified minefields in the country have been cleared.

PROGRAMMING AND RESPONSE

- **1997:** Uganda signed the Anti-Personnel Mine Ban Convention
- **2007:** Provision of technical assistance to the Office of the Prime Minister in order to accelerate Uganda's National Mine Action Programme (in standstill at the time).
- Training and equipment for 130 police and military personnel, deployment to clear minefields near the northern and western borders. Assistance provided in information management, mapping, logistics, technical advice and material support.
- **2010 and 2012:** Norwegian People's Aid sent mechanical clearance machines from South Sudan to assist the operation. During mine clearance operations, the Danish Demining Group provided mine risk education for 111,000 residents, 80% of whom were children, across 600 villages and 670 schools in contaminated areas.
- Other actors involved in the effort included World Vision International.

PROGRAMMING OUTCOMES AND IMPACT

- Police and military teams cleared 46 former battlefields. This resulted in the disposal of thousands of landmines and tens of thousands of other explosive remnants of war.
- In 2006 there were some 300 civilian victims of explosions from mines and other explosive remnants of war. In 2011, five people were maimed or killed, while 2012 saw three victims.

“Over the years landmines has resulted in many fatal or crippling incidents and in addition to the loss of lives and limbs the fear of using otherwise productive land for agriculture or pasture for livestock has impeded development – the conclusion of the demining efforts marks a new beginning for the people of Uganda.”

Rasmus Stuhr Jakobsen, Head of the Danish Demining Group.

ANNEX 2

FURTHER DATA AND CASE STUDIES ON CHILDREN WHO EXPERIENCE PHYSICAL VIOLENCE AND OTHER HARMFUL PRACTICES IN EMERGENCY CONTEXTS

KILLING

- In the Central African Republic Human Rights Watch confirmed the deliberate killing of scores of civilians, including women, children and the elderly, between March and June 2013, and received reports of hundreds more from credible sources.²⁶⁹
- In Iraq an estimated 692 children and young people were killed between December 2012 and April 2013.²⁷⁰
- As of February 2015, 7,796 children have been killed in Syria's three-year civil war.²⁷¹
- Small arms fire was recorded as the cause of death of 2,806 (26.5%) of the 10,586 children for whom cause of death could be analyzed in Syria. It is plausible that children may be unintentionally killed by stray or ricocheting bullets, but a lack of intention is not possible for the 764 cases of summary execution and 389 cases of sniper fire.²⁷² Of the children killed, boys outnumbered girls by more than 2 to 1 overall, with the ratio of boys to girls close to 1:1 among infants and children under 8 but rising to more than 4 boys to every girl among 13 to 17-year-olds.²⁷³
- During the period July and August 2014, at least 539 Palestinian children were reported killed as a result of hostilities in Gaza. This figure included 341 boys and 197 girls, aged between one week and 17 years old, with 68% of victims aged 12 or younger.²⁷⁴

“Everyone was attacked [in Riak]: they kill women and children. For us as women, we didn’t see the big machine, but we hear it firing. The big machine is shelling everywhere, but we don’t know who is doing the firing.”

A middle-aged woman from Lingere.²⁷⁵

“[In Mankien] my neighbour was killed, a shell dropped on their tukul [hut]. There were three children and their mother in the tukul, only one child survived, injured on her back.”

A mother of seven who was displaced from Mankien.²⁷⁶

TORTURE

■ The conflict in Syria has seen 13 to 17-year-old males suffer the vast majority of recorded torture cases among children.²⁷⁷ Summary execution (which here includes killings after capture and detention as well as field executions, in some cases with torture) was more often carried out on boys than on girls (566 compared with 198). 112 cases of child torture were recorded. Of these cases 109 were boys and 3 were girls. For the 106 cases where the age of the child was noted the vast majority (84%) were boys aged 13 to 17. Torture was recorded as contributing to the cause-of-death for children aged only 1, 3 (2 cases), 4 (2 cases), 9 (2 cases) and 10 (6 cases).²⁷⁸

■ A number of children who have escaped from the Tatmadaw Kyi (the Myanmar Army) were arrested and detained in prison. Child Soldiers International received reports of sexual abuse of these formerly associated children by fellow prisoners, and torture and other ill treatment by prison staff.²⁷⁹

■ The Israeli military forces detention of Palestinian children since the beginning of the second Palestinian uprising in 2000 has seen children as young as 12 years old interrogated, ill treated, tortured and subjected to physical and verbal harassment.²⁸⁰

■ Evidence on the ground in Syria shows that children have been treated with zero tolerance: a detained thirteen year old recalls his torturers words, “they said, ‘remember this saying, always keep it in mind: we take both kids and adults, and we kill them both”²⁸¹

EARLY AND FORCED MARRIAGE

■ In some countries more than 50% of girls are married or in union with someone before they turn 18. This includes in Niger, 75%, Chad, 72%, Mali, 71%, Bangladesh, 64%, Central African Republic, 61% and Mozambique, 56%. All of these are nations with high poverty rates and face frequent natural disasters or cycles of conflict.²⁸²

■ 41% of girls under 18 are married in West and Central Africa, 29% in Latin America and the Caribbean, and 15% in the Middle East and North Africa. Approximately two in five adolescent girls in South Asia are married.²⁸³ Regional variations reported by USAID are not specific to emergency settings, but indicate an underlying cultural propensity to marry girls young that may be exacerbated in emergency settings, as is the case in Syria.

■ The proportion of adolescent girls (15-19) who are currently married or in union reach 25% in Sudan and nearly 20% in Iraq and Yemen.²⁸⁴

■ During the 2011 drought in the Horn of Africa, families married off daughters aged as young as nine to pay their dowries in kind before their livestock died.²⁸⁵ It is reported that during the drought in the Horn of Africa and the Sahel, the rate of child marriage in affected communities increased.²⁸⁶

■ Early marriage of girls as young as 13 is widespread in the refugee camps of Dadaab, Kenya. Adolescent girls are being married to ensure the rest of their family have money to meet their basic needs.²⁸⁷ While data for Kenya shows that 26% of children are married by the time they are 18, in Somalia (where by far the majority of the refugees are from) the rate is 45% (other smaller groups in the camps are Ethiopians for whom the rate in their home country is 41% and South Sudanese 52%) showing a higher propensity among the refugee population to use early marriage as a coping strategy.²⁸⁸ Girl survivors of rape in Dadaab Camp, Kenya, reported inability to refuse marriage to their attacker when they had survived sexual violence.²⁸⁹

■ Adolescent refugee girls from Syria now living in Lebanon are being pushed into early marriage as a form of “protection” and coping mechanism. Some of these girls are as young as 14 years old. Early marriage was common practice among the Syrian population prior to the conflict. With displacement to Lebanon there is evidence that this has increased as girls are being married to community members to ‘protect’ them from rape.²⁹⁰ Simultaneously, the age at which girls are marrying is reported to be decreasing.²⁹¹

■ One evaluation carried out in South Sudan found that early or forced marriage was listed as the second greatest risk by adolescents.²⁹²

■ In Cameroon in September 2012, an internal Plan report found that the floods had put an economic strain on families that meant that they were willing to marry their daughters off at an earlier age. One father from the community said, “If men come for our daughters, we would give”.²⁹³

■ According to World Vision data gathered in Bangladesh in 2012, 62% of children under 18 who married in the last five years were married in the 12 months following Cyclone Sidr in 2007.²⁹⁴

■ South Sudanese women and girls face the highest maternal mortality rate in the world.²⁹⁵

“The girl is the property of the family. So when she is old enough and the man comes with the dowry, the family gives him the girl and takes the dowry. If the girl is disobedient and refuses to marry him, if she says, ‘I don’t want to get married’, then we’ll say ‘He has dowry, and you will marry him’. If she still refuses, we’ll beat her and force her to get married, so we can get the dowry.”

Village Chief, South Sudan.²⁹⁶

“He slapped me in the face to prevent me from leaving and I fell down...That’s when he removed an axe from under the mattress and kept slapping me with it. He wanted to hit me on the head with the axe but I blocked him with my arm. That’s when the axe cut my arm...I started crying out for my mother.”

Mary, married at 14.²⁹⁷

FEMALE GENITAL MUTILATION/CUTTING

- In refugee camps in Sudan, reports document girls as young as ten having undergone female genital mutilation/cutting, then falling pregnant as a result of rape and suffering great health complications during childbirth, almost dying.²⁹⁸
- In Nigeria, vulnerable and displaced women and girls reported being forced to undergo female genital mutilation/cutting to prepare them for prostitution, which they described as their only means of survival.²⁹⁹
- In Mali a large number of people were displaced during the recent conflict. Plan International discovered that displaced families from a region where female genital mutilation/cutting is not traditionally practiced, were being ostracised, and were under pressure to perform female genital mutilation/cutting on their daughters as it is common among the host community families.³⁰⁰

AN ADOLESCENT GIRL INTERVENTION, PAKISTAN POST-FLOODS 2012³⁰¹

Plan International was working in flood affected areas of Pakistan in 2010.

THE FOLLOWING NEEDS WERE IDENTIFIED

- More girls than boys were dropping out of school;
- Concerns about safety and security of adolescent girls in displacement camps, with various reports of increasing sexual violence: and;
- Boys' schools were re-opened after the floods much sooner than girls' schools, leaving girls vulnerable to child marriage and denied their right to education.

Based on this, Plan established Non-Formal Education Centres for girls as part of their emergency response.

ACTIVITIES

- The curriculum combined academic studies with life skills and discussions around gender-related issues
- The Non-Formal Education Centres provided a safe space and constituted an integrated protection and education response.

OUTCOMES

- Non-Formal Education Centres allowed adolescent girls to continue receiving a level of education that they otherwise would no longer have been able to access
- Girls were able to discuss Violence Against Women and Girls in a protective space and to come up with solutions to reduce their vulnerability.
- Qualitative case studies suggest that Non-Formal Education Centres provide girls with opportunities to gain confidence and assume leadership roles within the Non-Formal Education Centres as well as the wider community. Further benefits included parents agreeing to delay marriage until after the completion of studies

ANNEX 3

FURTHER DATA AND CASE STUDIES ON CHILDREN WHO EXPERIENCE SEXUAL VIOLENCE IN EMERGENCY CONTEXTS

■ In Côte d'Ivoire in 2007, 30% of girls who left armed forces and groups reported having been raped. The proportion of teenage mothers was up to 75% in some communities.³⁰² In the post-election violence of 2010 and 2011, over half of reported cases of sexual violence were children.³⁰³

■ Survivors of sexual violence who were especially badly injured as a result of rape had difficulty walking, and experienced bleeding and discharge in the genital area. Most women interviewed reported severe pain for weeks, months, or even years after the rape, especially in the abdomen and vagina.³⁰⁴

■ With regards to conflict settings specifically, sexual violence spreads due to a combination of factors including poverty, social unrest, insecurity, increased vulnerability, and weakened social and legal structures.³⁰⁵ In addition, research indicates that gang rape (rape by multiple perpetrators) is much more common in war than in peacetime.³⁰⁶ It is generally perceived that incidence rates of rape increase in all conflict settings, but recent research indicates that rates differ depending on certain variables.³⁰⁷ 62% of the conflicts in the study period involved significant rape in at least one conflict year; however 15 wars provided no reports of rape. The report found that forcible recruitment through random abductions provides a statistically significant explanation for the occurrence of wartime rape. Converse to popular perception, rape is not more likely during ethnic conflicts or genocides. Similarly, gender inequality has not been shown to be associated with the prevalence of wartime rape.³⁰⁸

■ Over 50% of children surveyed in the Central African Republic reported having been the victims of sexual exploitation and abuse.³⁰⁹

■ In the Democratic Republic of Congo in 2008, the UN Population Fund recorded 16,000 cases of sexual violence against women and girls. Nearly 65% of cases involved children, mostly adolescent girls. An estimated 10% of victims in this period were children less than ten years old.³¹⁰ In the first half of 2012, 74% of sexual violence survivors treated at the HEAL hospital in Goma, DRC, were children.³¹¹

■ More than 70% of the sexual violence cases seen by the International Rescue Committee in Sierra Leone were girls and more than 20% of those were girls under 11. It is thought that somewhere between 215,000 and 257,000 Sierra Leonean women and girls may have been subjected to sexual violence.³¹²

■ Almost one fifth of girls in Haiti's capital Port-au-Prince were raped during an armed rebellion in 2004 and 2005.³¹³ Eighteen months after the earthquake in Haiti, a UN report showed that sexual abuse and exploitation were widespread primarily because women and girls could not obtain the goods and services they needed to survive.³¹⁴

■ Research in Lebanon found that 4.8% of children surveyed admitted to experiencing at least one form of sexual abuse during the Lebanon war of 2006. Findings showed that boys were subjected to sexual abuse more frequently than girls during the fighting. Researchers also noted that, in this context, cases of sexual abuse affecting girls were treated with greater secrecy.³¹⁵

■ Of 76 boys detained in juvenile rehabilitation centres on national security related charges in Afghanistan, 10 reported sexual violence or threats of sexual violence on their arrest.³¹⁶

■ Research indicates that rates of intimate partner violence tend to be high across all conflict and complex emergency settings, significantly higher than most of the rates of wartime rape and sexual violence perpetrated by individuals outside of the home.³¹⁷

■ In Swaziland adults reported a reduction in young girls engaging in transactional sex as a result of a cash transfer programme aiming to improve food security after drought.³¹⁸

FURTHER DATA AND CASE STUDIES ON CHILDREN WHO EXPERIENCE PSYCHOSOCIAL DISTRESS AND MENTAL DISORDERS IN EMERGENCY CONTEXTS

■ The Rwandan genocide was one of the most violent conflicts in modern history – over half a million civilians were murdered in just a few months. One year after the killings a study of over 1,500 Rwandan children and adolescents was carried out. During this research it was found that the levels of probable Post-Traumatic Stress Disorder ranged from 54% to 62%. 95% of the sample were still re-experiencing symptoms. The extreme degree of violence witnessed – over 90% of those involved in the research reported having witnessed killings and had had their lives threatened, 30% witnessed rape or sexual mutilation and 15% had had to hide under corpses to remain alive themselves – suggests that under certain circumstance individual psychological resilience may be extinguished.³¹⁹ Evidence suggests that children who are exposed to military violence for prolonged periods may develop aggressive behaviour themselves.³²⁰

■ In 2010, 7 years after the conflict began, it was estimated that over a quarter of Iraqi children, or 3 million, suffered varying degrees of Post-Traumatic Stress Disorder.³²¹

■ A child protection rapid assessment carried out in the Occupied Palestinian Territories found that 100% of children's behaviour changed considerably as a result of psychosocial distress.³²² Conflict-related events were found to be the largest source of stress. This persisted until at least 2014.³²³

■ In a Sudanese refugee camp in northern Uganda, 20% of 56 children had chronic PTSD.³²⁴

■ Whilst not specific to the situation of children, the following data is also revealing:

■ A national epidemiological study carried out before the 2006 conflict in Lebanon – in the aftermath of more than 20 years of civil war – showed that 4.6% of people had suffered from a severe mental disorder (bipolar disorder, severe forms of depression, or anxiety disorders) in the previous 12 months.³²⁵

■ A survey of 1,544 adults in Timor-Leste found a Diagnostic and Statistical Manual of Mental Disorders point prevalence estimate of clinically relevant mental disorders of 5.1% (including psychosis prevalence rate at 1.4%). Psychotic disorders were reported to be the most disabling.³²⁶

ANNEX 5

FURTHER DATA AND CASE STUDIES ON CHILDREN ASSOCIATED WITH ARMED FORCES OR ARMED GROUPS

“... several dozen children boys and girls ranging between the ages of 8 and 13 years were forcibly taken from their home. These children were subsequently reportedly used by soldiers and militia members as human shields placing them in front of the windows of buses carrying military personnel into the raid on the village”.

Reported from the Syria conflict.³²⁷

“I thought of leaving [the fighting] a lot,” he said. “I lost my studies, I lost my future, I lost everything. I looked for work, but there’s no work. This is the most difficult period for me.”

Former associated child in Syria.³²⁸

- The UN reports that 9,000 child soldiers are engaged in fighting for both side of the conflict in the South Sudan war.³²⁹
- In Iraq children as young as 14 have been used as suicide bombers.³³⁰
- 90% of the soldiers in the Lord’s Resistance Army in Uganda consisted of children. Children as young as 4 years of age were abducted and forced to be involved in military action.³³¹
- More than 30,000 children – boys and girls – were reported to be conscripted into the various militias in the Democratic Republic of Congo in 2006.³³²
- In Syria Human Rights Watch has documented children as young as 14 years old in roles supporting the “Free Syrian Army”³³³ and children as young as 15 years old are engaged as fighters. The report cites figures from the Violations Documenting Center,³³⁴ which in May 2014 had documented 194 “non-civilian” male children killed since September 2011.³³⁵
- The UN documented the recruitment and use of 1,293 children in Somalia in the UN Special Representative of the Secretary General’s report published in 2014. Over the course of one year, there were verified cases of at least 20 girls who were subjected to sexual violence in the context of forced marriages following recruitment into Al-Shabaab.³³⁶
- In Colombia there is a link between displacement due to conflict and the likelihood of child abduction. Armed groups such as the Fuerzas Armadas Revolucionarias de Colombia (FARC) and others routinely recruit children as soldiers and workers in the illegal narcotics trade. Schools are often the sites of this forced recruitment. One study found the average age of recruitment to be under 13.³³⁷

ADVOCACY USING DATA FROM THE MONITORING AND REPORTING MECHANISM ON GRAVE VIOLATIONS AGAINST CHILDREN

Through the UN's Monitoring and Reporting Mechanism that verifies cases of grave violations against children in conflict settings, there is now increased awareness of the use of children by armed forces and groups.

The information gathered on the number of children associated with armed forces and groups is reported to the UN Security Council on an annual basis. This information has been used to put pressure on states and armed actors to comply with UNCRC Optional Protocol on the involvement of children in armed conflict (OPAC), which entered into force in 2002.

As a result more and more governments now voluntarily commit to implementing Action Plans to end the military use of children.³³⁸

CHILDREN ASSOCIATED WITH ARMED FORCES AND GROUPS IN CHAD³³⁹

CONTEXT

In 2007 the UN estimated that between 7,000 and 10,000 children may have been associated with armed forces and groups in Chad. Whilst there had been a marked decrease in reported incidents of child recruitment by all parties since 2009, concurrent with improvements in the local security situation, incidents nonetheless continued. Reports that children as young as eight had been recruited and used were also corroborated by data compiled through the Disarmament, Demobilization and Reintegration programme, according to which children aged from seven to 17 were received in transit centres. The vast majority of released children were boys. The information gathered on the number of children associated with armed forces and groups is reported to the UN Security Council on an annual basis. This information has been used to put pressure on states and armed actors to comply with UNCRC Optional Protocol on the involvement of children in armed conflict (OPAC), which entered into force in 2002.

PROGRAMMING

Since 2007, the Chadian government officially acknowledged the existence of the problem of children associated with armed forces and groups in Chad generally, and the possibility that under-18s may be associated with the Chadian national army specifically. The government took some concrete measures to address the problem,³⁴⁰ including through the establishment of the “National programme on the release, temporary care, and reinsertion of children associated with armed forces or groups” in October 2007. Whilst it had recognisable failings, this resulted in the release of many children who would otherwise have remained in the Armée nationale tchadienne (ANT – the National Chadian Army).

In June 2011, improved levels of government cooperation with the UN also resulted in the agreement of an Action Plan to end the recruitment and use of children. This plan is recommended by the UN Secretary-General and the UN Security Council as the only procedure by which the ANT could be removed from the list of parties that recruit and use children in the Secretary-General's reports on children and armed conflict. Under the plan, the government commits to adopting various measures relating to legislation, recruitment procedures, the release and reintegration of child soldiers and accountability (among others). In collaboration with UNICEF, the Chadian government is disseminating and reinforcing clear military instructions to prohibit child recruitment and ensure compliance with national legislation.

Much of this programming and legislative change is brought about through support and collaboration between UNICEF and the government. UNICEF is also supporting efforts to revise the birth registration process in Chad so as to enable better age verification when recruiting to the armed forces. Advocacy and influencing efforts have also included efforts by Child Soldiers International to ensure that the 28 April 1992 Ordinance on the Status of Military Personnel and the draft Child Protection Code (Code de protection de l'enfant) – a text drafted by the Ministry of Justice with the support of UNICEF be revised so as to be compliant with national legislation and the ratified Optional Protocol.³⁴¹

PROGRAMMING OUTCOMES

The national release temporary care and reinsertion programme implemented in collaboration with UNICEF has recorded the release of 1,031 children in the four years to October 2011. 95% of those released were from the ranks of armed groups.

LESSONS LEARNED OR RECOMMENDATIONS

- There is a sense that the fact that the government controlled the verification element of the programme hampered the release process significantly. Associated children were reluctant to demobilise through formal channels. Many children have auto-demobilized thus by-passing any entitlements to psychosocial support or assistance in reintegration. The high proportion of children benefiting from the programme who were associated with ANT would support this hypothesis.
- It may be that a more politically neutral release and reintegration programme, run by non-governmental humanitarian actors, could have been more successful in these circumstances.
- National-level advocacy and support to government to revise legislation or raise awareness on existing laws alongside service provision activities address some of the underlying causes of recruitment and association with armed groups and forces, contributing to system building and ensuring a long term impact

ANNEX 6

FURTHER DATA AND CASE STUDIES ON CHILD LABOUR IN EMERGENCY CONTEXTS

“If my mother and father were alive I would be protected. They wouldn’t let me live like this.”

Lovely, 14-year-old child domestic worker in Haiti.³⁴²

■ Domestic child labour is a major problem in Haiti, with up to 225,000 children aged between five and 17, mainly girls, virtually living as slaves. These child live-in domestic workers are referred to as ‘restavèks.’ Restavèks report that they are regularly beaten and experience other severe forms of neglect, abuse and exploitation, including sexual violence.³⁴³ One study pointed out that the average 15-year-old restavèk was 4 centimetres shorter and weighed 20 kilograms less than the average Haitian child.³⁴⁴ The 2010 earthquake exacerbated the situation as a large number of children’s births went unregistered, making them more susceptible to illegal work and trafficking across borders.³⁴⁵ In addition unaccompanied minors were more vulnerable to being taken in as domestic workers.

■ Many Syrian children in Lebanon are working to support themselves and their families. They are working on the street, in fields, at construction sites and in commercial locations in situations that often endanger their lives and wellbeing.³⁴⁶ Research in Lebanon found that working children were more susceptible to sexual abuse.³⁴⁷

■ Research carried out in Jordan as part of the Syrian humanitarian response effort found the vast majority of children engaged in informal work to be between the ages of 16 and 17 (66%), a further 30% were aged 12-15. Work in markets was found to be risky due to exposure to injuries and possible sexual assault. Child labourers aged 12 and over are exposed to certain risks, including chemicals, traffic and harsh weather conditions.³⁴⁸ Complementary research on children engaged in the agricultural sector in Jordan found that about 22% of children surveyed reported that they were injured during their work.³⁴⁹ Of this figure, 4.8% reported that they could no longer work as a result of their injuries.³⁵⁰

■ 54% of communities engaged in the Child Protection Rapid Needs Assessment after Typhoon Haiyan reported children engaged in harsh or dangerous forms of labour. This included farm work, domestic help in other people’s homes, construction and fishing.³⁵¹

■ Research carried out in Abidjan in 2004 showed that 30,000 girls were engaged in domestic work and very susceptible to physical, emotional and sexual abuse and exploitation.³⁵²

■ In Myanmar in 2006 it was reported that over a third of children aged 7 to 16 were working, with roughly equal numbers of boys and girls.³⁵³ An assessment of female sex workers under 25 carried out in 2010 found 12% to be aged 10-14 and another 33% to be aged 15-19.³⁵⁴ Just under 20% are thought to be HIV-positive, compared to an HIV prevalence rate of under 1% for the adult population as a whole.³⁵⁵ Whilst these figures are not solely based on data of new incidents due to emergencies, it has been found that most of the working children in Myanmar had dropped out of school due to an emergency or event in the family that required extra cash. Thus a large proportion may result from natural disasters or conflict.³⁵⁶

■ In South Sudan, a region and now country that has been plagued by conflict for decades, it has been found that only 26% of children are in school exclusively versus 35% of children aged 10 to 14 years old who work exclusively, and almost half of 10 to 14 year-olds (46%) spend at least some time each week engaged in some form of economic activity.³⁵⁷ The numbers of girls and boys working are roughly equal.³⁵⁸ Of those children working, over 60% are carrying out unpaid labour in the agricultural sector.³⁵⁹ Research carried out in Malakal found that 50% of boys interviewed carried out paid work outside the home. Both boys and girls, some as young as 7, worked in sites such as the market. Children report that they are increasingly working due to displacement as a result of the conflict, some engaging in hazardous labour.³⁶⁰

■ Research in Angola demonstrated that child economic activity is higher in the war affected provinces than in the districts that enjoyed relative security.³⁶¹

■ Most of the 13 countries identified as having the most widespread abuses of child workers (Bangladesh, India, Nigeria, Pakistan, Chad, Democratic Republic of the Congo, Ethiopia, Liberia, Myanmar, Somalia, Sudan, Zimbabwe and China) are plagued by long-term conflict, recurrent natural disasters or political unrest.³⁶²

“My children come home from working in the fields and they cry because they have been yelled at and beaten.”

Syrian mother with several children working in the fields in Lebanon.³⁶³

INTERNATIONAL RESCUE COMMITTEE CASH TRANSFER PROGRAMME IN LEBANON³⁶⁴

Context and needs: In 2014, the IRC carried out both gender-based violence and livelihoods assessments in areas of Lebanon receiving Syrian refugees. They found that both Syrian refugees and Lebanese host communities were under severe financial strain and relying increasingly on negative coping strategies, including sending children to work. Many women and girls had experienced sexual violence, abuse, and exploitation since their displacement from Syria, and identified a number of ongoing protection concerns. The report recommended economic support to mitigate the risks faced by women and girls, alongside health and psychosocial support services.

Programme design and modalities: based on the assessment findings, the IRC implemented an unconditional, cross-sector, cash programme for 700 Syrian and 425 Lebanese households between February and October 2013. Cash was given to each household for 4 to 6 months. Protection colleagues accompanied the staff managing the cash transfer programme during household-level assessments providing support in identifying potential protection concerns, and making referrals to the protection programme.

Programme objectives: The overall programme objective was to improve living conditions and allow beneficiaries to meet diverse and changing needs. Integrated into the project aims was the intent to reduce recourse to negative coping strategies, particularly for women.

Beneficiary Selection: Initial pre-selection was conducted through a referral system, final selection based on ranking against a range of vulnerability criteria (see Household Vulnerability Assessment). Initially, the programme focused on female-headed households due to the identified increased protection risks for women and girls. In later stages, due to the recognition of the complex vulnerabilities in the area, a wider range of social and economic criteria were considered. IRC also worked with local government, seeking referrals for vulnerable Lebanese households from municipal lists. A household vulnerability assessment was developed for the selection of Lebanese beneficiary households.

Recorded outcomes and impact: Protection concerns, in particular prevention of negative coping strategies, can be difficult to measure. However, protection staff report positive trends in communities receiving cash assistance. The assistance addresses gaps that would have otherwise been filled by coping strategies. Anecdotal evidence suggests that female beneficiaries become more empowered when they are able to provide for their families.

ANNEX 7

FURTHER DATA AND CASE STUDIES ON UNACCOMPANIED AND SEPARATED CHILDREN

- As of March 2015, UNICEF identified 7,894 separated and unaccompanied children in South Sudan.³⁶⁵
- A 2011 survey of the situation in Iraq found that up to one million children have lost one or both parents as a result of the conflict.³⁶⁶
- The Rwandan genocide of 1994 saw thousands of children orphaned or separated from their parents. In addition, because of the poor living conditions in the camps, parents actively abandoned many children. An estimated 400,000 to 500,000 children were lost or separated from their families during the genocide.³⁶⁹
- The majority of the unaccompanied separated and orphaned Rwandan children who had crossed over into Goma, Eastern Democratic Republic of Congo, during the genocide of 1994 were cared for in centres for unaccompanied children.³⁷⁰ Extremely high mortality rates were documented among these unaccompanied Rwandan refugee children. 85% of these deaths occurred more than 2 days after children arrived at relief centres. This suggests that early and appropriate care may have significantly increased these children's life chances.³⁷¹
- Mass population movements resulting from the conflict in Syria has caused many families to be spread across international borders. Over 3,700 children in Jordan and Lebanon are living without one or both of their parents, or with no adult caregivers at all. Parents have died, been detained, or have sent their children away out of fear for their safety.³⁷²
- Evidence from conflict affected areas of Senegal indicate that children separated from their carers and living with host families may place an additional strain on already limited resources and thus be forced into work, including engaging in the worst forms of child labour.³⁷³
- After Cyclone Nargis in Myanmar in May 2008, 1,396 separated and unaccompanied children were registered.³⁷⁴
- A 1999 Government survey of more than 2,000 sex workers in Sierra Leone found that 37% were under the age of 15, that the majority had been displaced by conflict and were unaccompanied by family.³⁷⁵ This suggests that family separation increases girls' vulnerability to life-threatening forms of exploitation.

COORDINATED CASE MANAGEMENT EFFORTS REUNIFYING CHILDREN

Child protection in emergencies case management programming includes active tracing and reunification support for children and their families. After Cyclone Nargis in Myanmar, tracing efforts by an interagency group of child protection actors were led by UNICEF and Save the Children as co-chairs of the Cluster for the Protection of Children and Women.³⁷⁶

A core group of child protection actors from within the Cluster for the Protection of Children and Women³⁷⁷ mapped out areas of responsibility for each of the agencies carrying out identification, tracing and reunification in the affected area. A series of workshops and meetings established protocols, agreed the case management forms to be used and trained field-level staff. They used the interagency child protection information management system to collate data from all agencies. Global-level support from the system gave technical inputs in adapting the database and forms for use in context. A staff member from the global team provided training on how to use the database and mentored the full time database administrator.³⁷⁸

- As a result of the efforts of the Cluster, a total of more than 1,200 separated or unaccompanied children were receiving individual case management support.³⁷⁹
- The case management work enabled 575 children to be reunified with either their parents or extended families by April 2009.³⁸⁰

SEPARATION AND REUNIFICATION OF CHILDREN DURING THE RWANDAN GENOCIDE³⁸¹

Estimates state that between 400,000 and 500,000 children were lost or separated from their families during the Rwandan genocide. Given this extremely large caseload, it was essential that agencies worked together to share information and cooperate in their registration, tracing and reunification efforts.

PROGRAMME RESPONSE

- A total of 61 organizations and agencies, including the International Committee of the Red Cross, the UN Refugee Agency, UNICEF and Save the Children, worked together to reunite children with their families.
- Agencies agreed on general criteria for the registration and reunification of unaccompanied children.
- Standardized information was gathered and recorded for each child.
- ICRC set up and ran a computerized database on behalf of all agencies that collated the information on registered separated and unaccompanied children and reports of missing children to enable matches.

- Paper forms were harmonized and a standardized spelling of names and places was established.
- Registrations recorded in the database included those in Rwanda, in refugee camps in Democratic Republic of Congo, Tanzania, Uganda and Burundi, and in a number of European countries that had accepted evacuated Rwandan children.
- A number of offices were established throughout the affected areas to register and trace children.
- Clear procedures for data gathering and handing were established.
- Staff were trained.
- By 31 December 1997 the database contained 271,297 names.
- Humanitarian agencies such as Concern Worldwide and Save the Children collaborated closely with the Rwandan government to produce national legislation and policies to guide fostering. The policies remain to this day.

CHALLENGES

- The time lapse between registration of a child and entry in the database varied from two to seven months.
- Assistance programmes as a cause of secondary separation: Up to a possible 29% of cases identified as unaccompanied and separated may have been inappropriately registered, as parents sought strategies to access extra assistance for their children and families. The considerable media attention given to the issue of unaccompanied children early on in the emergency generated donor interest, which in turn encouraged humanitarian organizations to provide specific medical, food and other material assistance for this target group. The only way that the larger refugee populations could benefit from this focused assistance was to ensure that their children were identified and registered as unaccompanied.
- For some ‘untraceable’ children, many left in residential care centres, the hopes of finding their families declined as the years passed. The International Rescue Committee pioneered new tracing strategies, including a new tool, the historical mobility map. By asking children to draw pictures of everything they could remember about their homes and families prior to their separation, social workers were able to stimulate discussions about daily tasks, relationships and geographic points of interest. In many cases, this helped to trigger new clues and pieces of information to help to trace their families successfully.

OUTCOME

- Over 56,984 children reunited during the first six years.
- 180 children, classed as ‘untraceable’ and 370 children who had been living in care centres were reunited with family members between 1999 and 2002.

ANNEX 8

FURTHER DATA AND CASE STUDIES ON JUSTICE FOR CHILDREN IN EMERGENCY CONTEXTS

“Inside the prison, I did not get access to any services and I am glad that I am out now [on bail]. We are three brothers, our father died in 2008 and we did not have anyone to take care of me and my brothers so we were put in an orphanage.”

Ali Malik, 16.

■ Ali was born in 1997 and has lived through the Iraq conflict. His father died when he was 11 years old. He had no way of providing for his family and got caught stealing from a shop to provide food for his brothers. He was put in prison as a result.³⁸²

■ During the internal armed conflict in Nepal between 1996 and 2006 the Government of Nepal gave security forces the power to arrest and detain individuals in “preventive detention” for a period of up to 12 months. No minimum age was specified, so children suspected of being associated with armed groups were held in administrative detention under these instruments in the same facilities as adults. The majority of children who had been held in administrative detention had been subjected to torture or ill treatment after arrest and during interrogations.³⁸³

■ In the case of Syria, data collected shows that of the 112 recorded child torture cases, 109 children were listed as either having experienced prior “detention”, “kidnap”, “arrest” or “imprisonment.” Periods of “detention” listed were up to seven months. This indicates a high correlation between detention/imprisonment and torture.³⁸⁴

■ In 2012 approximately 1,500 children were held in detention in Iraq, the youngest of who was only ten years old.³⁸⁵ Children held in Iraq may be detained for periods ranging from two months to more than three years.³⁸⁶

■ Since the second Intifada in 2000, over 5,500 Palestinian children under the age of 18 years, some as young as 12, have been imprisoned by Israeli authorities for alleged security offenses ranging from distributing pamphlets, throwing stones to being associated with an armed group.^{387,388} One report put the figure of child detainees since the outset of the second Palestinian uprising in 2000 at 8000.³⁸⁹

■ The UN documented the arbitrary arrest and detention of 1,009 children by the national army in Somalia in 2013.³⁹⁰

■ In Afghanistan, as of December 2013, 196 boys were held in juvenile rehabilitation centres across the country for alleged association with armed groups or on security charges. At least 15 detained boys have alleged to have been raped or received threats of sexual violence upon arrest or in detention.³⁹¹

■ Children in Mali, some as young as 13, who were recruited as child soldiers by armed groups or suspected of links with them, are now being detained by Malian forces alongside adults, where some reports suggest they have been tortured.³⁹

■ In 2013, the UN documented 107 cases of ill treatment of Palestinian children. These include painful restraint, blindfolding, strip-searching, verbal and physical abuse, solitary confinement and threats of violence during arrest, transfer, interrogation and detention. This figure includes five cases where the child was under the age of 12.³⁹³

PSYCHOSOCIAL SUPPORT, VOCATIONAL TRAINING AND REINTEGRATION SUPPORT FOR PALESTINIAN EX-DETAINEE CHILDREN IN THE WEST BANK.

368 ex-detainee children, both girls and boys, benefitted from a package of support including structured psychosocial individual and group sessions, career/educational counselling sessions, vocational assessments and training. In some cases their families have also benefitted from family support group sessions. The programme has enabled ex-detainees to return to school, and identify job opportunities.³⁹⁴

ANNEX 9

RESEARCH TOOLS: KEY INFORMANT INTERVIEW QUESTIONS

FOR CHILD PROTECTION STAFF/CLUSTER LEADS

CHILD PROTECTION IN EMERGENCIES NEEDS:

1. Which child protection need is most life-threatening or most affects children's wellbeing in your view and experience?
2. Which child protection need affects the highest number of children in your view?
3. Does this vary depending on the context? If so, how?
4. Do you have any reports – data – evaluations that demonstrate the life-threatening nature of certain forms of child protection need that you can share with me?

PRIORITIZATION

5. What tools have you used to prioritize programming activities in emergencies?
6. How were decisions made to prioritize the different categories of programme intervention?
 - Have you in the past used child protection needs assessment data to influence programming decisions? If so how, and when?
 - Have you referred to and or used the child protection information management system as a tool for prioritization?

If so how and why?
7. How were child protection programme interventions phased in your emergency response?
 - Which child programming components came first?
 - What child programming needs did they address?
 - Which programme interventions came later? Or last?
 - Why did these get deprioritized?

ADVOCACY ON LIFE-SAVING NATURE OF CHILD PROTECTION

8. Have you had to convince other sectors / humanitarian country team / humanitarian coordinator of the life-saving nature of child protection? If so, how did you do this? What tools, data and strategies did you use?
 - What was the outcome?
 - What was successful?
 - What did not work well?

RECOMMENDATIONS

9. Do you have any recommendations on how child protection in emergencies can better publicise its life-saving nature?
Any other information:
10. Is there any other information or are there any other examples you would like to share with us that you think are relevant to this research?

OTHER SECTOR STAFF

PRIORITIZATION

1. What criteria do you use to prioritize programme responses in emergencies?
2. Do you have specific tools to prioritize programming in emergencies?
 - If so, what are they?
 - How do these tools work?
 - How effective are they in convincing donors, Humanitarian Coordinators, etc. of need to carry out programming in your sector?
 - How effective are they/ have they been in supporting process of securing funding?
3. Have you needed to and been able to change donor views on the donor's programming priorities?
 - If so, what strategies did you employ?
 - What evidence or tools did you use?
 - What was the outcome?

PERCEPTIONS OF CHILD PROTECTION IN EMERGENCIES

4. What child protection in emergencies needs do they consider most life-threatening?
 - Why?
 - Does this vary depending on the context? If so, how?

5. Do you consider any child protection interventions as life-saving?

- If so which ones?
- And why do you think these child protection in emergencies interventions are more important/ more life saving than other child protection in emergencies activities?

PERCEPTIONS OF CHILD PROTECTION IN EMERGENCIES

4. What child protection in emergencies needs do they consider most life-threatening?

- Why?
- Does this vary depending on the context? If so, how?

5. Do you consider any child protection interventions as life-saving?

- If so which ones?
- And why do you think these child protection in emergencies interventions are more important/ more life saving than other child protection in emergencies activities?

INTEGRATION

6. Are there areas of your work that rely on collaboration with child protection in emergencies actors?

- Are there humanitarian objectives that could not be achieved without support from child protection in emergencies interventions?
- If so, what are they?
- How do they rely on support from child protection programme implementers?
- Does this collaboration achieve life-saving outcomes?

ANY OTHER INFORMATION?

7. Is there any other information or are there any other examples you would like to share with us that you think are relevant to this research?

GENERALISTS AND DONORS

PRIORITIZATION

1. What do you consider the priorities in emergencies?

- Why?
- Does this vary depending on the context? If so, how?

2. What criteria do you use to prioritize programme responses in emergencies?

3. Do you have specific tools to prioritise programming in emergencies?

- If so, what are they?
- How do these tools work?

PERCEPTIONS OF PRIORITY SECTORS

4. What sectors or humanitarian responses do you consider most life-saving?

- Why?
- Does this vary depending on the context? If so, how?

5. What sectors or humanitarian responses are considered most life-saving?

- Why?
- Does this vary depending on the context? If so, how?

PERCEPTIONS OF CHILD PROTECTION

6. What child protection needs do you consider most life threatening?

- Why?
- Does this vary depending on the context?
- If so, how?

7. Do you consider any child protection interventions as life-saving?

- If so which ones?
- And why do you think these child protection in emergencies interventions are more important/ more life-saving than other child protection in emergencies activities?

8. Do you see child protection in emergencies interventions as essential to the overall humanitarian response?

- If yes, why and how?

ANY OTHER INFORMATION?

9. Is there any other information or are there any other examples you would like to share with us that you think are relevant to this research?

ANNEX 9

RESEARCH TOOLS: KEY INFORMANT INTERVIEW QUESTIONS

FOR CHILD PROTECTION STAFF/CLUSTER LEADS

CHILD PROTECTION IN EMERGENCIES NEEDS

1. Which child protection need is most life-threatening or most affects children's wellbeing in your view and experience?
2. Which child protection need affects the highest number of children in your view?
3. Does this vary depending on the context? If so, how?
4. Do you have any reports – data – evaluations that demonstrate the life-threatening nature of certain forms of child protection need that you can share with me?

PRIORITIZATION

5. What tools have you used to prioritize programming activities in emergencies?
6. How were decisions made to prioritize the different categories of programme intervention?
 - Have you in the past used child protection needs assessment data to influence programming decisions? If so how, and when?
 - Have you referred to and or used the child protection information management system as a tool for prioritization? If so how and why?
7. How were child protection programme interventions phased in your emergency response?
 - Which child programming components came first?
 - What child programming needs did they address?
 - Which programme interventions came later? Or last?
 - Why did these get deprioritized?

ADVOCACY ON LIFE-SAVING NATURE OF CHILD PROTECTION

8. Have you had to convince other sectors/ humanitarian country team/ humanitarian coordinator of the life-saving nature of child protection?
 - If so, how did you do this? What tools, data and strategies did you use?
 - What was the outcome?
 - What was successful?
 - What did not work well?

RECOMMENDATIONS

9. Do you have any recommendations on how child protection in emergencies can better publicise its life-saving nature?

ANY OTHER INFORMATION?

10. Is there any other information or are there any other examples you would like to share with us that you think are relevant to this research?

OTHER SECTOR STAFF

PRIORITIZATION

1. What criteria do you use to prioritise programme responses in emergencies?
2. Do you have specific tools to prioritise programming in emergencies?
 - If so, what are they?
 - How do these tools work?
 - How effective are they in convincing donors, Humanitarian Coordinators, etc. of need to carry out programming in your sector?
 - How effective are they/ have they been in supporting process of securing funding?
3. Have you needed to and been able to change donor views on the donor's programming priorities?
 - If so, what strategies did you employ?
 - What evidence or tools did you use?
 - What was the outcome?

PERCEPTIONS OF CHILD PROTECTION IN EMERGENCIES

4. What child protection in emergencies needs do they consider most life-threatening?
 - Why?
 - Does this vary depending on the context? If so, how?
5. Do you consider any child protection interventions as life-saving?
 - If so which ones?
 - And why do you think these child protection in emergencies interventions are more important/ more life saving than other child protection in emergencies activities?

INTEGRATION

6. Are there areas of your work that rely on collaboration with child protection in emergencies actors?
 - Are there humanitarian objectives that could not be achieved without support from child protection in emergencies interventions?
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GENERALISTS AND DONORS

PRIORITIZATION

1. What do you consider the priorities in emergencies?
 - Why?
 - Does this vary depending on the context? If so, how?
2. What criteria do you use to prioritize programme responses in emergencies?
3. Do you have specific tools to prioritise programming in emergencies?
 - If so, what are they?
 - How do these tools work?

PERCEPTIONS OF PRIORITY SECTORS

4. What sectors or humanitarian responses do you consider most life-saving?
 - Why?
 - Does this vary depending on the context? If so, how?
5. What sectors or humanitarian responses are considered most life-saving?
 - Why?
 - Does this vary depending on the context? If so, how?

PERCEPTIONS OF CHILD PROTECTION

6. What child protection needs do you consider most life threatening?
 - Why?
 - Does this vary depending on the context?
 - If so, how?
7. Do you consider any child protection interventions as life-saving?
 - If so which ones?
 - And why do you think these child protection in emergencies interventions are more important/ more life-saving than other child protection in emergencies activities?
8. Do you see child protection in emergencies interventions as essential to the overall humanitarian response?
 - If yes, why and how?

ANY OTHER INFORMATION?

9. Is there any other information or are there any other examples you would like to share with us that you think are relevant to this research?

ANNEX 10

RESEARCH TOOLS: SURVEY QUESTIONS AND DETAILS OF SURVEY RESPONDENTS

RESPONDENTS DETAILS

1. WHAT KIND OF ORGANIZATION DO YOU WORK FOR?

(Choose only one option from below)

- ☐ Interagency group/ Cluster
- ☐ Local NGO or community based organization
- ☐ UN agency – head office or regional office
- ☐ UN agency – country office
- ☐ INGO – head office or regional office
- ☐ INGO – country office
- ☐ Donor agency – bilateral/ government
- ☐ Donor agency – multilateral
- ☐ Donor agency – corporate
- ☐ Donor agency – trust
- ☐ Research institute
- ☐ Academic body
- ☐ Government agency in emergency affected country
- ☐ Other (please specify)

2. WHERE ARE YOU BASED?

(Choose only one option from below)

- ☐ **NORTH AFRICA** – Algeria, Egypt, Libya, Morocco, Tunisia, Western Sahara
- ☐ **SUB-SAHARAN AFRICA** – Including West, Eastern, Central and Southern Africa – (West Africa: Benin, Burkina Faso, Cape Verde, Cote d'Ivoire (Ivory Coast), Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Mauritania, Niger, Nigeria, Saint Helena, Senegal, Sierra Leone, Togo; Eastern Africa: Burundi, Comoros, Djibouti, Er-

itrea, Ethiopia, Kenya, Madagascar, Malawi, Mauritius, Mayotte, Mozambique, Reunion, Rwanda, Seychelles, Somalia, Tanzania, United Republic of Uganda, Zambia, Zimbabwe; Central Africa: Angola, Cameroon, Central African Republic, Chad, Congo (Brazzaville), Democratic Republic of the Congo, Equatorial Guinea, Gabon, Sao Tome and Principe; Southern Africa: Botswana, Lesotho, Namibia, South Africa, Swaziland)

☐ **MIDDLE EAST** – Bahrain, Iraq, Iran, Israel, Jordan, Kuwait, Lebanon, Oman, Palestine, Qatar, Saudi Arabia, Syria, United Arab Emirates, Yemen

☐ **EUROPE** – Andorra, Austria, Belgium, Bulgaria, Cyprus, Czech Republic, Denmark, Estonia, Faroe Islands, Finland, France, Germany, Gibraltar, Greece, Guernsey and Alderney, Hungary, Iceland, Ireland, Italy, Jersey, Luxembourg, Malta, Isle of Man, Monaco, Netherlands, Norway, Portugal, Spain, Sweden, Switzerland, Svalbard and Jan Mayen Islands, United Kingdom, Vatican City State (Holy See)

☐ **EASTERN EUROPE** – Albania, Belarus, Bosnia, Croatia, Kosovo, Latvia, Lithuania, Liechtenstein, Macedonia, Moldova, Montenegro, Poland, Romania, Russia, San Marino, Serbia, Slovakia, Slovenia, Turkey, Ukraine

☐ **OCEANIA** – Australia, Fiji, French Polynesia, Guam, Kiribati, Marshall Islands, Micronesia, New Caledonia, New Zealand, Papua New Guinea, Samoa, American, Solomon, Islands, Tonga, Vanuatu

☐ **ASIA** (Including: South Asia: Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, Sri Lanka, South East Asia: Brunei, Cambodia, East Timor, Indonesia, Laos, Malaysia, Myanmar, Philippines, Singapore, Thailand, Vietnam, East Asia: People's Republic of China, Hong Kong, Macau, Japan, North Korea, South Korea, Mongolia, Republic of China)

☐ **NORTH AMERICA** – Canada, Greenland, US

☐ **SOUTH AMERICA, CENTRAL AMERICA OR THE CARIBBEAN** – (Central America: Belize, Costa Rica, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama; South America: Argentina, Bolivia, Brazil, Chile, Colombia, Ecuador, Falkland Islands (Malvinas), French Guiana, Guyana, Paraguay, Peru, Suriname, Uruguay, Venezuela; Caribbean – Anguilla, Antigua and Barbuda, Aruba, Bahamas, Barbados, Bonaire, Saint Eustatius and Saba, British Virgin Islands, Cayman Islands, Cuba, Curaçao, Dominica, Dominican Republic, Grenada, Guadeloupe, Haiti, Jamaica, Martinique, Monserrat, Puerto Rico, Saint-Barthélemy, St. Kitts and Nevis, Saint Lucia, Saint Martin, Saint Vincent and the Grenadines, Sint Maarten, Trinidad and Tobago, Turks and Caicos Islands, Virgin Islands (US))

3. WHAT TYPE OF ROLE DO YOU FILL?

(Choose only one option from below)

- ☐ Cluster / Interagency Group Coordinator
- ☐ Sector specialist / advisor
- ☐ Funding decision-maker within a donor agency – selecting the funding priorities between different sectors

- ☐ Funding decision- maker within a donor agency – sector specific
- ☐ Operations / logistics
- ☐ Monitoring & evaluation generalist
- ☐ Monitoring & evaluation sector specific
- ☐ Human resources
- ☐ Campaigns
- ☐ Communications or media
- ☐ Advocacy generalist
- ☐ Advocacy sector specific
- ☐ Policy / research generalist
- ☐ Policy / research sector
- ☐ Other (please specify)

4. PLEASE SPECIFY WHICH SECTOR(S) YOUR ROLE FOCUSES ON

(You may select as many options as are relevant)

- ☐ Camp management and coordination
- ☐ Early recovery
- ☐ Education
- ☐ Food security
- ☐ Health
- ☐ Nutrition
- ☐ Protection – overall
- ☐ Child protection
- ☐ GBV
- ☐ Housing, land and property
- ☐ Mine action
- ☐ Shelter
- ☐ WASH (Water, Sanitation, & Hygiene)
- ☐ All sectors listed above
- ☐ Other (please specify)

5. DOES YOUR ORGANIZATION IMPLEMENT CHILD PROTECTION PROGRAMMES IN EMERGENCIES?

- ☐ YES
☐ NO

MOST IMPORTANT SECTORS

6. PLEASE RANK THE TOP 5 SECTORS YOU PERSONALLY FEEL ARE THE GREATEST PRIORITY IN EMERGENCIES

(do not limit yourself to the sectors your agency works on)?

– 1 being the most important, 2 being second most important, 3 being third, etc.

Note your ranking in the text box

- ☐ Camp management and coordination
- ☐ Communications
- ☐ Early recovery
- ☐ Education
- ☐ Food security
- ☐ Health
- ☐ Nutrition
- ☐ Protection – overall
- ☐ Child protection
- ☐ GBV
- ☐ Housing, land and property
- ☐ Mine action
- ☐ Shelter
- ☐ WASH (Water, Sanitation, & Hygiene)
- ☐ Other (please specify)

7. WHY DO YOU THINK THE SECTORS YOU HAVE RANKED TOP ARE THE MOST IMPORTANT? IF YOU HAVE SELECTED “OTHER” ABOVE PLEASE EXPLAIN HERE

PRIORITIZATION CRITERIA

8. HOW DO YOU PRIORITIZE PROGRAMME IMPLEMENTATION WITHIN YOUR ORGANIZATION?

(Select the top 3 from the list below, 1 being the most important criteria, 2 being second most important, and 3 being third most important)

You prioritise activities you consider to be...

- ☐ ... best value for money
- ☐ ... most life-saving
- ☐ ... fastest to implement in emergency settings
- ☐ ... greatest media attention
- ☐ ... have the greatest visibility
- ☐ ... scale of impact
- ☐ ... scale/ numbers affected
- ☐ ... Other ... explain

9. PLEASE EXPLAIN WHY FOR EACH OF THE TOP 3 CRITERIA YOU SELECTED.

(If you have selected “other” amongst your top 3 reasons, please explain what the “other” criteria is here)

You prioritise activities you consider to be...

- ☐ ... best value for money
- ☐ ... most life-saving
- ☐ ... fastest to implement in emergency settings
- ☐ ... greatest media attention
- ☐ ... have the greatest visibility

- ☐ ... scale of impact
- ☐ ... scale / numbers affected
- ☐ ... Other ... explain

SECTORS AS LIFE-SAVING

10. WHICH SECTORS DO YOU PERSONALLY FEEL ARE MOST LIFE-SAVING?

(Do not limit yourself to the sectors your agency works on. Select the top 5 most life-saving. RANK your answer – 1 being most life-saving, 2 being second most life-saving, 3 being third most life-saving, etc.)

Note your ranking in the text box

- ☐ Camp management and coordination
- ☐ Early recovery
- ☐ Education
- ☐ Food security
- ☐ Health
- ☐ Nutrition
- ☐ Protection – overall
- ☐ Child protection
- ☐ GBV
- ☐ Housing, land and property
- ☐ Mine action
- ☐ Shelter
- ☐ WASH (Water, Sanitation, & Hygiene)

11. WHY DO YOU CONSIDER YOUR TOP 5 CHOICES THE MOST LIFE SAVING OF THE DIFFERENT SECTORS? PLEASE EXPLAIN YOUR REASONING FOR EACH.

PRIORITIZATION TOOLS

12. DO YOU USE ANY SYSTEMATIC METHODS, CRITERIA OR TOOLS TO PRIORITISE ACTIVITIES IN YOUR SECTOR?

- ☐ YES
- ☐ NO

13. IF YES...

- A. WHAT METHODS, CRITERIA OR TOOLS ARE THESE? PLEASE INCLUDE ANY NAMES OR DESCRIPTION OF TOOLS USED.**
- B. HOW DO YOU USE THEM?**
- C. DO YOU ADAPT THEM TO THE SETTING?**
- D. WHAT HAVE PAST OUTCOMES OF USING THESE METHODS BEEN**

CHILD PROTECTION IN EMERGENCIES NEEDS IMPACT ON CHILDREN

14. WHICH OF THE CHILD PROTECTION NEEDS DO YOU CONSIDER HAS A MOST NEGATIVE IMPACT ON CHILD WELLBEING OR SURVIVAL?

(Please rank the following options, 1 being the most severe, 8 being the least severe.)

- ☐ **PHYSICAL DANGERS AND INJURIES:** Including road traffic accidents, drowning, fire-related burns, injury, disability, injury caused by explosive remnants of war or landmines, injury from gunfire, etc.
- ☐ **PHYSICAL VIOLENCE AND HARMFUL PRACTICES:** Including for example, domestic violence, physical abuse, corporal punishment, early marriage, female genital mutilation, killing, maiming, torture, abduction, etc.
- ☐ **SEXUAL VIOLENCE:** Including for example: rape by known family or community members, rape by strangers, rape during armed conflict, demanding sex in return for favours, sexual abuse of children with disabilities, the commercial sexual exploitation of children, and trafficking for the purpose of sexual exploitation.
- ☐ **PSYCHOSOCIAL DISTRESS AND MENTAL DISORDERS**
- ☐ **CHILDREN ASSOCIATED WITH ARMED FORCES AND ARMED GROUPS:** Including for example boys and girls used as combatants, in support roles as spies, porters or informants, or for sexual purposes
- ☐ **CHILD LABOUR:** Child labour is work undertaken by children under the legal minimum working ages. Include hazardous work and worst forms of child labour, e.g. the commercial sexual exploitation of children, work underground, work with dangerous machinery, equipment & tools, slavery, etc.
- ☐ **UNACCOMPANIED AND SEPARATED CHILDREN:** Definition: separated children are those separated from both parents, or from their previous legal or usual primary caregiver, but not necessarily from other relatives. This can include children accompanied by other adult family members. Unaccompanied children are children who have been separated from both parents and other relatives, and who are not being cared for by an adult who, by law or custom, is responsible for doing so.
- ☐ **JUSTICE FOR CHILDREN:** Children who come into contact with the law in a variety of contexts (e.g. civil and administrative procedures) whether children are in conflict with the law, victims, witnesses, or in contact with the law as beneficiaries.

15. WHAT DO YOU CONSIDER TO BE THE MOST LIFE-SAVING OF CHILD PROTECTION ACTIVITIES?

(Rank your answer, 1 being most life-saving, 11 being least saving.)

- ☐ **CASE MANAGEMENT** – identification of vulnerable children and referral to essential services (medical support, interim-care, psychosocial support, legal assistance, safety & security, etc.)
- ☐ **CARE FOR SEPARATED & UNACCOMPANIED CHILDREN** or those needing alternative arrangements for their safety (including for example foster care, family-based or family-like care placements, residential care, supervised independent living arrangements, etc.)
- ☐ **COMMUNITY BASED MECHANISMS** – establishing networks or groups of individuals at community level who work in a coordinated way toward child protection goals (including child protection committees linked into referral mechanisms)
- ☐ **CHILD FRIENDLY SPACES** – environments in which children can access free and structured play, recreation, leisure & learning activities
- ☐ **MONITORING GRAVE VIOLATIONS AGAINST CHILDREN** – collating data on killing or maiming children; recruitment or use of child soldiers; attacks against schools or hospitals; rape and other grave sexual violence; abduction of children; and denial of humanitarian access
- ☐ **AWARENESS RAISING** on child protection concerns – targeting beneficiaries, population, parents, and communities
- ☐ **BEHAVIOUR CHANGE & LIFE SKILLS** for children and their families, building resilience and enabling better prevention and response to child protection concerns
- ☐ **CAPACITY BUILDING OF KEY WORKERS & SERVICE PROVIDERS** at national or community level (social workers, animators, teachers, health workers, those working in justice, and security forces, employers, etc.) on child protection issues
- ☐ **ADVOCACY** on prevention and response to child protection concerns targeting governments, donors, parties to conflict and other high level actors and decision-makers
- ☐ **MAINSTREAMING** Integration of child protection concerns into other sectors' programme activities
- ☐ **ECONOMIC STRENGTHENING** Programmes and services that seek to develop the economic capacity and livelihoods of individuals and households

16. DOES CHILD PROTECTION PROGRAMMING HAVE TO START IN THE FIRST DAYS OF AN EMERGENCY OR CAN IT WAIT UNTIL LATER?

(Please rank the following options, 1 being the most severe, 8 being the least severe.)

- ☐ ... Must start in first days
- ☐ ... Can wait till later in the emergency response

17. PLEASE EXPLAIN YOUR REASONING FOR THE ANSWER GIVEN ABOVE

18. PLEASE RANK THE CHILD PROTECTION PROGRAMMING ACTIVITIES, IN THE ORDER THEY MUST START BEING IMPLEMENTED

(1 being the activity that must start first, 2 being activity that should start next and 11 being activity that may start last)

- ☐ Case management
- ☐ Care for separated and unaccompanied children
- ☐ Community based mechanisms
- ☐ Child friendly spaces
- ☐ Monitoring grave violations against children
- ☐ Awareness raising on child protection concerns
- ☐ Behaviour change and life skills for children & their families
- ☐ Capacity building of key workers
- ☐ Advocacy on prevention and response to child protection concerns
- ☐ Mainstreaming into other sectors
- ☐ Economic strengthening

CLOSING

19. IF YOU WOULD LIKE TO SHARE ANY FINAL COMMENTS, CLARIFICATIONS OR THOUGHTS ON THE SUBJECT OF THE IMPORTANCE OF CHILD PROTECTION IN HUMANITARIAN ACTION, HOW LIFE SAVING IT IS OR HOW TO PRIORITIZE PROGRAMMES IN EMERGENCY SETTINGS PLEASE DO SO HERE.

DETAILS OF SURVEY RESPONDENTS

- Over 60% of respondents were from INGOs, either at head office, regional office or country level. 22% worked for a UN agency, again at global, regional or country level. The rest were working for either LINGOs or CBOs, government, academic bodies, donor agencies, research institute or were employed as independents consultants.
- Just under one third (29%) of respondents were from the Asia region, and roughly a fifth each from the Middle East (18.5%), Sub-Saharan Africa (21.0%) and Europe (21.8%).
- Almost fifty per cent were technical specialists (48.7%), and just over 20 per cent were Cluster Coordinators or working group leaders (21.0%).
- Most of these had some responsibilities for child protection – 101 out of 119 respondents

- ¹ Interagency Working Group on Unaccompanied and Separated Children (2013) Alternative Care in Emergencies Toolkit
- ² Child Protection Working Group (January 2014) Inter Agency Guidelines For Case Management and Child Protection: The Role of Case Management in the Protection of Children: A Guide for Policy & Programme Managers and Caseworkers
- ³ The Paris Principles: Principles and Guidelines on Children Associated with Armed Forces or Armed Groups (2007)
- ⁴ For a full definition see CPWG (2014) Advocacy note 3: “What is Child Protection in Emergencies?”
- ⁵ UNICEF (October 2014) Child protection from violence, exploitation and abuse: Child marriage, available at: http://www.unicef.org/protection/57929_58008.html [accessed 13 February 2015]
- ⁶ See UN Convention on the Elimination of All Forms of Discrimination Against Women, Article 16.
- ⁷ UNICEF (October 2014) Child protection from violence, exploitation and abuse: Female genital mutilation/cutting, available at: http://www.unicef.org/protection/57929_58002.html [accessed 13 February 2015]
- ⁸ Interagency Working Group on Unaccompanied and Separated Children (2013) Alternative Care in Emergencies Toolkit
- ⁹ IASC (2007) Guidelines on Mental Health and Psychosocial Support in Emergency Settings
- ¹⁰ Child Protection Working Group (CPWG) (2012) Minimum Standards for Child Protection in Humanitarian Action
- ¹¹ Interagency Working Group on Unaccompanied and Separated Children (2013) Alternative Care in Emergencies Toolkit
- ¹² UNHCR (2014) Global Trends Report 2013
- ¹³ Theresa S Betancourt (2015) The Intergenerational Effect of War, JAMA Psychiatry Published online January 7 2015
- ¹⁴ OCHA (January 2010) Central Emergency Response Fund Life-Saving Criteria
- ¹⁵ Julian Murray and Joseph Landry (2013) Placing protection at the centre of humanitarian action: Study on Protection Funding in Complex Humanitarian Emergencies. An independent study commissioned by the Global Protection Cluster
- ¹⁶ Paola Perezniето, Andres Montes, Lara Langston and Solveig Routier (2014) The cost of the effects of violence against children in emergency contexts, ODI, CPWG, ChildFund Alliance
- ¹⁷ It is hard to get a clear picture of either the funding requested or committed to either protection or child protection in particular for several reasons. Elements of protection are mainstreamed across the whole humanitarian response and are not reflected only in protection programming plans. For child protection the fact that it is a sub-Cluster under protection means that specific child protection projects are often hard to identify. In addition agencies may present appeals for funding for integrated programmes focused on children, without specifying what proportion of resources will be dedicated to child protection specifically.
- ¹⁸ Julian Murray & Joseph Landry (September 2013) Placing protection at the centre of humanitarian action: Study on Protection Funding in Complex Humanitarian Emergencies
- ¹⁹ As child protection is “hidden” under the overall protection Cluster funding reporting, the most recent data on the details of financing for child protection in emergencies is that compiled in 2007 – 2009 for the report “Too Little, Too Late.” This funding pattern goes against the trend of overall CERF funding, which increased dramatically in 2008 and then decreased in 2009. See Sarah Lilley, Johanna MacVeigh, Christine McCormick and Misty Buswell (2011) Too Little, Too Late: Child protection funding in emergencies, commissioned by the Child Protection Working Group of the Global Protection Cluster
- ²⁰ As child protection is “hidden” under the overall protection Cluster funding reporting, the most recent data on the details of financing for child protection in emergencies is that compiled in 2007 – 2009 for the report “Too Little, Too Late.” This funding pattern goes against the trend of overall CERF funding, which increased dramatically in 2008 and then decreased in 2009. See Sarah Lilley, Johanna MacVeigh, Christine McCormick and Misty Buswell (2011) Too Little, Too Late: Child protection funding in emergencies, commissioned by the Child Protection Working Group of the Global Protection Cluster
- ²¹ Jabry, A. (ed), 2005 (second edition). After the Cameras Have Gone – Children in Disasters. London: Plan International
- ²² Fenton and Bernard Van Leer Foundation (2013) Communicating about violence in the lives of young children. http://www.fenton.com/files/fenton_bvlf_report.pdf (Accessed 5 May 2015)
- ²³ Save the Children and Norwegian Refugee Council (2014) Hear it from the children : Why education in emergencies is critical.
- ²⁴ Children in a changing climate coalition, with Plan International, Save the Children, UNICEF, UNISDR and World Vision (2013) Towards the resilient future children want : a review of progress in achieving the Children’s Charter for Disaster Risk Reduction.
- ²⁵ See Annex 1: Key Informant Interview Questions for details of the content of questions and structure of the interviews

- ²⁶ The Humanitarian Reform of 2005 introduced new elements to improve capacity, predictability, accountability, leadership and partnership. The most visible aspect of the reform is the creation of the “Cluster Approach”. Clusters are groups of humanitarian organizations (UN and non-UN) working in the main sectors of humanitarian action, e.g. shelter and health. They are created when clear humanitarian needs exist within a sector, when there are numerous actors within sectors and when national authorities need coordination support.
- ²⁷ For further details of survey respondents see Annex 2
- ²⁸ Data collection methods for child protection in emergencies have historically not been consistent across settings thus rendering the quantitative information available incomparable. In 2012 the Global Child Protection Working Group produced a Rapid Assessment tool that may over time create a data set that it is possible to collate across geographical settings and over time.
- ²⁹ Noting that the Humanitarian Country Team’s overall purpose is to “alleviate human suffering and protect the lives, livelihoods and dignity of populations in need,” see IASC, December 2013, Reference module for the implementation of The Humanitarian Programme Cycle
- ³⁰ Martin Woodhead (2006) Strong foundations : early childhood care and education (background report prepared for the Education for All Global Monitoring Report 2007. UNESCO: 2007/ED/EFA/MRT/PI/33/REV
- ³¹ Brown DW1, Anda RF, Tiemeier H, Felitti VJ, Edwards VJ, Croft JB, Giles WH. (2009) Adverse childhood experiences and the risk of premature mortality, *Am J Prev Med.* 2009 Nov;37(5):389-96. doi: 10.1016/j.amepre.2009.06.021.
- ³² Kimberly Howard, Anne Martin, Lisa J. Berlin, and Jeanne Brooks-Gunn (2011) “Early Mother-Child Separation, Parenting, and Child Well-Being in Early Head Start Families,” *Attach Hum Dev.* Jan 2011; 13(1): 5-26.
- ³³ Child Protection Sub-Cluster, Thailand (February 2012) Child Protection Risks due to Flooding in Thailand October-December 2011: Inter-Agency Child Protection Rapid Assessment Report
- ³⁴ Neumayer & Plumper, 2007 cited in Peek L., Stough LM. (2010) Children with disabilities in the context of disaster: A social vulnerability perspective, *Child Development.* 2010 Jul-Aug;81(4):1260-70.
- ³⁵ Margie Peden, Kayode Oyegbite, Joan Ozanne-Smith, Adnan A Hyder, Christine Branche, AKM Fazlur Rahman, Frederick Rivara and Kidist Bartolomeos (ed.) (2008) World report on child injury prevention, WHO and UNICEF
- ³⁶ William J Moss, Meenakshi Ramakrishan, Dory Storms, Anne Henderson Siegle, William M Weis, Ivan Lejnev, Lulu Muhe (2006) Child Health in Complex Emergencies, *Bulletin of the World Health Organisation (WHO)*, January 2006, 84 (1)
- ³⁷ William J Moss, Meenakshi Ramakrishan, Dory Storms, Anne Henderson Siegle, William M Weis, Ivan Lejnev, Lulu Muhe (2006) Child Health in Complex Emergencies, *Bulletin of the World Health Organisation (WHO)*, January 2006, 84 (1)
- ³⁸ The Sphere Project (2011) Humanitarian Charter Minimum Standards in Humanitarian Response: 2011 Edition
- ³⁹ Margie Peden, Kayode Oyegbite, Joan Ozanne-Smith, Adnan A Hyder, Christine Branche, AKM Fazlur Rahman, Frederick Rivara and Kidist Bartolomeos (ed.) (2008) World report on child injury prevention, WHO and UNICEF
- ⁴⁰ Margie Peden, Kayode Oyegbite, Joan Ozanne-Smith, Adnan A Hyder, Christine Branche, AKM Fazlur Rahman, Frederick Rivara and Kidist Bartolomeos (ed.) (2008) World report on child injury prevention, WHO and UNICEF
- ⁴¹ William J Moss, Meenakshi Ramakrishan, Dory Storms, Anne Henderson Siegle, William M Weis, Ivan Lejnev, Lulu Muhe (2006) Child Health in Complex Emergencies, *Bulletin of the World Health Organisation (WHO)*, January 2006, 84 (1)
- ⁴² William J. Moss, Meenakshi Ramakrishan, Anne Siegle, Dory Storms, Bill Weiss (September 2003) Building the Evidence Base on the Provision of Health Care To Children in Complex Emergencies: Report of the Working Group on Child Health in Complex Emergencies
- ⁴³ Margie Peden, Kayode Oyegbite, Joan Ozanne-Smith, Adnan A Hyder, Christine Branche, AKM Fazlur Rahman, Frederick Rivara and Kidist Bartolomeos (ed.) (2008) World report on child injury prevention, WHO and UNICEF
- ⁴⁴ Margie Peden, Kayode Oyegbite, Joan Ozanne-Smith, Adnan A Hyder, Christine Branche, AKM Fazlur Rahman, Frederick Rivara and Kidist Bartolomeos (ed.) (2008) World report on child injury prevention, WHO and UNICEF
- ⁴⁵ Communicable and non-communicable diseases accounting each for just over 20% of deaths of children between the ages of 15 and 19. See Margie Peden, Kayode Oyegbite, Joan Ozanne-Smith, Adnan A Hyder, Christine Branche, AKM Fazlur Rahman, Frederick Rivara and Kidist Bartolomeos (ed.) (2008) World report on child injury prevention, WHO and UNICEF
- ⁴⁶ Hana Salama and Hamit Dardagan (2013) Stolen Futures: The Hidden Toll of Child Casualties in Syria, Oxford Research Group, Oxford, UK
- ⁴⁷ The Sphere Project (2011) Humanitarian Charter Minimum Standards in Humanitarian Response: 2011 Edition.
- ⁴⁸ OCHA (January 2010) Central Emergency Response Fund Life-Saving Criteria

- ⁴⁹ Syrian Observatory for Human Rights (2015) Available at: http://www.syriahr.com/?option=com_news&nid=16470&Itemid=2&task=displaynews. Accessed 10 April 2015.
- ⁵⁰ World Health Organisation, United Nations Office on Drugs and Crime, United Nations Development Programme (2014) Global Status Report on Violence Prevention 2014
- ⁵¹ In counties less affected or not affected, there was no increase in the incidence rate. Other U.S. studies have also shown post-disaster increases in child abuse reports. See World Health Organization (2005) Violence and disasters
- ⁵² In counties less affected or not affected, there was no increase in the incidence rate. Other U.S. studies have also shown post-disaster increases in child abuse reports. See World Health Organization (2005) Violence and disasters
- ⁵³ Jeannie Annan, Tom Bundervoet, Juliette Seban, Jaime Costigan (2013) Urwaruka Rushasha: A Randomized Impact Evaluation of Village Savings and Loans Associations and Family-Based Interventions in Burundi, International Rescue Committee
- ⁵⁴ Data on the number of deaths in conflict settings is for the most part not disaggregated between intentional killings, and accidental death. In this section on killings we have tried to list data that indicate death due to hostilities in conflict affected countries. Any unintentional deaths resulting either from natural disasters or due to the presence of landmines and unexploded ordinance are listed elsewhere in the report.
- ⁵⁵ Olara Otunnu, 'Special Comment' on Children and Security, Disarmament Forum, No. 3, United Nations Institute for Disarmament Research, Geneva, 2002, pp. 3-4, cited in Save the Children Child Protection Initiative (2013) Save the Children's Child Protection Strategy 2013-2015: Making the world a safe place for children
- ⁵⁶ Save the Children (2014) State of the World's Mothers : Saving Mothers and Children in Humanitarian Crises
- ⁵⁷ USAID reports that national and international indicators on maternal health, education, food security, poverty eradication, HIV/AIDS, and gender equality are all negatively correlated with high child marriage rates. - USAID (October 2012) Ending Child Marriage & Meeting the Needs of Married Children: The USAID Vision for Action
- ⁵⁸ UNICEF (date unknown) Mali: Child Marriage is a Death Sentence for Many Young Girls
- ⁵⁹ For an interactive map on the incidence of Female Genital Mutilation see: Joe Dyke (February 2015) Interactive Map of Female Genital Mutilation Rates Globally, available at: <http://newirin.irinnews.org/extras/2015/2/5/fgm-female-genital-mutilation-map> [accessed 10 February 2015]
- ⁶⁰ Marianna Ryan, Alison Glennie, Louise Robertson and Ann-Marie Wilson (February 2014) The Impact of Emergency Situations on Female Genital Mutilation, 28 Too Many
- ⁶¹ Marianna Ryan, Alison Glennie, Louise Robertson and Ann-Marie Wilson (February 2014) The Impact of Emergency Situations on Female Genital Mutilation, 28 Too Many
- ⁶² Marianna Ryan, Alison Glennie, Louise Robertson and Ann-Marie Wilson (February 2014) The Impact of Emergency Situations on Female Genital Mutilation, 28 Too Many
- ⁶³ As an example of stretched services, in Dadaab refugee camp on the Kenya – Somali border in 2011, there were 3 trained psychologists to provide support to over 250,000 Somali refugees amongst whom there is a very high prevalence of FGM - Marianna Ryan, Alison Glennie, Louise Robertson and Ann-Marie Wilson (February 2014) The Impact of Emergency Situations on Female Genital Mutilation, 28 Too Many
- ⁶⁴ Carpenter 2006; Plümper and Neumayer 2006 cited in Dara Kay Cohen (2013) Explaining rape during civil war: Cross-national evidence (1980-2009), American Political Science Review, Vol. 107, No. 3 August 2013
- ⁶⁵ Michael Rieder and Imti Choonara (2012) Armed Conflict and Child Health. BMJ Open Access, published online Mar 9 2011 <http://dx.doi.org/10.1136/bmj-2009.178186> (accessed 21 April 2015)
- ⁶⁶ World Health Organisation, United Nations Office on Drugs and Crime, United Nations Development Programme (2014) Global Status Report on Violence Prevention 2014
- ⁶⁷ USAID (October 2012) Ending Child Marriage & Meeting the Needs of Married Children: The USAID Vision for Action
- ⁶⁸ UNICEF (2014) Ending Child Marriage: Progress and Prospects
- ⁶⁹ The Sphere Project (2011) Humanitarian Charter Minimum Standards in Humanitarian Response: 2011 Edition
- ⁷⁰ Véronique Aubert with Alison Holder (2013) Unspeakable Crimes Against Children Sexual violence in conflict, Save the Children
- ⁷¹ DFID (October 2013) Violence against Women and Girls in Humanitarian Emergencies: CHASE Briefing Paper
- ⁷² Lin Chew and Kavita N. Ramdas (December 2005) Caught in the Storm: The Impact of Natural Disasters on Women, The Global Fund for Women
- ⁷³ International Rescue Committee (October 2012) Lifesaving, Not Optional: Protecting women and girls from violence in emergencies

- ⁷⁴ World Health Organisation (16 March 2012) Early marriages, adolescent and young pregnancies: Report by the Secretariat
- ⁷⁵ Facts for Life (date unknown) Timing Births, available at: <http://www.factsforlifeglobal.org/01/1.html> [accessed 26 January 2015]
- ⁷⁶ Facts for Life (date unknown) Timing Births, available at: <http://www.factsforlifeglobal.org/01/1.html> [accessed 26 January 2015]
- ⁷⁷ Facts for Life (date unknown) Timing Births, available at: <http://www.factsforlifeglobal.org/01/1.html> [accessed 26 January 2015]
- ⁷⁸ Véronique Aubert with Alison Holder (2013) Unspeakable Crimes Against Children Sexual violence in conflict, Save the Children
- ⁷⁹ World Health Organisation (16 March 2012) Early marriages, adolescent and young pregnancies: Report by the Secretariat
- ⁸⁰ The range of possible injuries girls experience includes uterine prolapses (the descent of the uterus into the vagina or beyond), vesico-vaginal or recto-vaginal fistulas and other injuries to the reproductive system or rectum, often accompanied by internal and external bleeding and discharge. Fistulas may lead to further complications in the form of urinary or faecal incontinence. Véronique Aubert with Alison Holder (2013) Unspeakable Crimes Against Children Sexual violence in conflict, Save the Children
- ⁸¹ World Health Organisation (16 March 2012) Early marriages, adolescent and young pregnancies: Report by the Secretariat
- ⁸² Véronique Aubert with Alison Holder (2013) Unspeakable Crimes Against Children Sexual violence in conflict, Save the Children
- ⁸³ Véronique Aubert with Alison Holder (2013) Unspeakable Crimes Against Children Sexual violence in conflict, Save the Children
- ⁸⁴ Ghosh M, Rodriguez-Garcia M, Wira CR. (2012) Immunobiology of genital tract trauma: endocrine regulation of HIV acquisition in women following sexual assault or genital tract mutilation, American Journal of Reproductive Immunology. 2013 Feb;69 Suppl 1:51-60
- ⁸⁵ Shirley Kohsin Wang (2010) Violence & HIV/AIDS: Violence Against Women and Girls as a Cause and Consequence of HIV/AIDS, Duke Journal of Gender, Law & Policy, Volume 17:313 2010
- ⁸⁶ Véronique Aubert with Alison Holder (2013) Unspeakable Crimes Against Children Sexual violence in conflict, Save the Children
- ⁸⁷ Data from a report by Alastair Hilton (June 2013) The Lost Boys: Sexual violence against boys and men, War Child states the following: Research from conflict zones in Africa and Sri Lanka also highlights considerable numbers of men having experienced sexual violence. In Liberia, 36 per cent of male ex-combatants report experiencing sexual violence in a study carried out in 2006, whilst in El Salvador, just over three quarters of male political prisoners surveyed in the 1980s described at least one incidence of sexual torture. In the Bosnian conflict of the 1990s, 80% of 5,000 inmates in the Sarajevo Canton detention centre were raped. Save the Children's report Unspeakable Crimes Against Children: Sexual violence in conflict, written by Véronique Aubert with Alison Holder in 2013 mentions a study in DRC that found that 9% of all men surveyed directly experienced sexual violence during the conflict.
- ⁸⁸ Véronique Aubert with Alison Holder (2013) Unspeakable Crimes Against Children Sexual violence in conflict, Save the Children
- ⁸⁹ War Child (April 2013) An Unwanted Truth? Focusing the G8: Shining a Spotlight on Sexual Violence against Children in Conflict
- ⁹⁰ There is an under-reporting of rape and sexual violence in general, due to shame and cultural barriers. This is even worse for men and boys as a result of shame, confusion, guilt, fear and stigma. The notion of being a "victim" is also not compatible with notions of masculinity perpetuated in many cultures. See Sandesh Sivakumaran (2007) Sexual Violence Against Men in Armed Conflict, The European Journal of International Law Vol. 18 no. 2. In addition in some states same sex acts are criminalised, which may increase fear of reporting still further as men and boys will have concerns they could be held responsible for the crime. See Dr Chris Dolan (14 May 2014) Into the Mainstream: Addressing Sexual Violence Against Men and Boys in Conflict: A briefing paper prepared for the workshop held at the Overseas Development Institute
- ⁹¹ See Sandesh Sivakumaran (2007) Sexual Violence Against Men in Armed Conflict, The European Journal of International Law Vol. 18 no. 2.
- ⁹² War Child (April 2013) An Unwanted Truth? Focusing the G8: Shining a Spotlight on Sexual Violence against Children in Conflict
- ⁹³ Alastair Hilton (June 2013) The Lost Boys: Sexual violence against boys and men, War Child
- ⁹⁴ Alastair Hilton (June 2013) The Lost Boys: Sexual violence against boys and men, War Child
- ⁹⁵ Véronique Aubert with Alison Holder (2013) Unspeakable Crimes Against Children Sexual violence in conflict, Save the Children
- ⁹⁶ War Child (April 2013) An Unwanted Truth? Focusing the G8: Shining a Spotlight on Sexual Violence against Children in Conflict
- ⁹⁷ Alastair Hilton (June 2013) The Lost Boys: Sexual violence against boys and men, War Child
- ⁹⁸ Data from the US shows that between 30-90% of children with disabilities engaged in different research had experienced some form of sexual abuse. This incidence rate is especially high in institutional care settings. See Frances Ellery, Gerison Lansdowne and Corinna Csáky (2011) Out from the shadows: Sexual violence against children with disabilities, Handicap International and Save the Children
- ⁹⁹ M Carballo, M Hernandez, K Schneider, and E Welle (2005) Impact of the Tsunami on reproductive health, Journal of the Royal Society of Medicine 2005 Sep; 98(9): 400-403.

- ¹⁰⁰ M Carballo, M Hernandez, K Schneider, and E Welle (2005) Impact of the Tsunami on reproductive health, *Journal of the Royal Society of Medicine* 2005 Sep; 98(9): 400-403.
- ¹⁰¹ Amnesty International (2011) Aftershocks: Women Speak Out Against Sexual Violence In Haiti's Camps
- ¹⁰² Ministry of National Planning and Economic Development and UNICEF (2012) Situation Analysis of Children in Myanmar July 2012
- ¹⁰³ Lin Chew and Kavita N. Ramdas (December 2005) Caught in the Storm: The Impact of Natural Disasters on Women, The Global Fund for Women
- ¹⁰⁴ The Sphere Project (2011) Humanitarian Charter Minimum Standards in Humanitarian Response: 2011 Edition
- ¹⁰⁵ OCHA (January 2010) Central Emergency Response Fund Life-Saving Criteria
- ¹⁰⁶ War Child (2013) Mission Unaccomplished: Iraq Statement Report: 10 Years On
- ¹⁰⁷ Sarah Lock, G. James Rubin, Virginia Murray, M. Brooke Rogers, Richard Amlôt, and Richard Williams (2012) Secondary stressors and extreme events and disasters: a systematic review of primary research from 2010-2011, *PLoS Curr.* 2012 October 29; 4, available at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3492002/>
- ¹⁰⁸ Krug EG, Kresnow M, Peddicord JP, Dahlberg LL, Powell KE, Crosby AE, Anest JL. (1998) Suicide after natural disasters, *N Engl J Med.* 1998 Feb 5;338(6):373-8.
- ¹⁰⁹ Sarah Lock, G. James Rubin, Virginia Murray, M. Brooke Rogers, Richard Amlôt, and Richard Williams (2012) Secondary stressors and extreme events and disasters: a systematic review of primary research from 2010-2011, *PLoS Curr.* 2012 October 29; 4, available at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3492002/>
- ¹¹⁰ William J Moss, Meenakshi Ramakrishnan, Dory Storms, Anne Henderson Siegle, William M Weis, Ivan Lejnev, Lulu Muhe (2006) Child Health in Complex Emergencies, *Bulletin of the World Health Organisation (WHO)*, January 2006, 84 (1)
- ¹¹¹ Krug EG, Kresnow M, Peddicord JP, Dahlberg LL, Powell KE, Crosby AE, Anest JL. (1998) Suicide after natural disasters, *N Engl J Med.* 1998 Feb 5;338(6):373-8.
- ¹¹² Harvard Center on the Developing Child (2015) Toxic Stress http://developingchild.harvard.edu/key_concepts/toxic_stress_response/ (Accessed 15 April 2015).
- ¹¹³ As above.
- ¹¹⁴ Tetsuya Matsubayashi, Yasuyuki Sawada, Michiko Ueda (2013) Natural disasters and suicide: Evidence from Japan, *Social Science & Medicine* 82 (2013) 126e133
- ¹¹⁵ Tetsuya Matsubayashi, Yasuyuki Sawada, Michiko Ueda (2013) Natural disasters and suicide: Evidence from Japan, *Social Science & Medicine* 82 (2013) 126e133
- ¹¹⁶ As above
- ¹¹⁷ Theresa S Betancourt (2015) The Intergenerational Effect of War, *JAMA Psychiatry* Published online January 7 2015
- ¹¹⁸ Krug EG, Kresnow M, Peddicord JP, Dahlberg LL, Powell KE, Crosby AE, Anest JL. (1998) Suicide after natural disasters, *N Engl J Med.* 1998 Feb 5;338(6):373-8.
- ¹¹⁹ Ruth Reed, Mina Fazel, Lynne Jones, Catherine Panter-Brick, Alan Stein (2011) Mental health of displaced and refugee children resettled in low-income and middle-income countries: risk and protective factors, Oxford Health NHS Foundation Trust, Oxford, UK. Published online August 11 2011
- ¹²⁰ Externalizing disorders are demonstrated when children act out their emotions rather than hold them in. The term reflects the fact that the child negatively acts on the external environment. Children externalising their distress exhibit behaviours such as aggression, delinquency, hyperactivity, fighting, bullying, cursing and other forms of violence. Disorders included in this category are attention deficit hyperactivity (ADHD) and conduct disorder. Alternatively children may develop internalizing disorders where by they become withdrawn, anxious, inhibited, and show depressed behaviors, problems that more centrally affect the child's internal psychological environment rather than the external world. See Jianghong Liu, (2004) Childhood Externalizing Behavior: Theory and Implications, *Journal of Child and Adolescent Psychiatric Nursing.* 2004; 17(3): 93-103
- ¹²¹ Of the three studies identified by the authors, depression was more prevalent in older children in two studies. Ruth V Reed, Mina Fazel, Lynne Jones, Catherine Panter-Brick, Alan Stein (2011) Mental health of displaced and refugee children resettled in low-income and middle-income countries: risk and protective factors, *The Lancet*, DOI:10.1016/S0140-6736(11)60050-0
- ¹²² Ruth V Reed, Mina Fazel, Lynne Jones, Catherine Panter-Brick, Alan Stein (2011) Mental health of displaced and refugee children resettled in low-income and middle-income countries: risk and protective factors, *The Lancet*, DOI:10.1016/S0140-6736(11)60050-0

¹²³ Elizabeth Frankenberg, Jenna Nobles, and Cecep Sumantri (2012) Community Destruction and Traumatic Stress in Post-Tsunami Indonesia, *J Health Soc Behav.* 2012; 53(4):

¹²⁴ As above

¹²⁵ Earthquakes, The National Child Traumatic Stress Network, available at: <http://www.nctsn.org/trauma-types/natural-disasters/earthquakes> [accessed 28 January 2015]

¹²⁶ Earthquakes, The National Child Traumatic Stress Network, available at: <http://www.nctsn.org/trauma-types/natural-disasters/earthquakes> [accessed 28 January 2015]

¹²⁷ Krug EG, Kresnow M, Peddicord JP, Dahlberg LL, Powell KE, Crosby AE, Annest JL. (1998) Suicide after natural disasters, *N Engl J Med.* 1998 Feb 5;338(6):373-8.

¹²⁸ Elizabeth Frankenberg, Jenna Nobles, and Cecep Sumantri (2012) Community Destruction and Traumatic Stress in Post-Tsunami Indonesia, *J Health Soc Behav.* 2012; 53(4):

¹²⁹ Krug EG, Kresnow M, Peddicord JP, Dahlberg LL, Powell KE, Crosby AE, Annest JL. (1998) Suicide after natural disasters, *N Engl J Med.* 1998 Feb 5;338(6):373-8.

¹³⁰ Greater social connectedness might reduce the overall risk of suicidal acts. Tetsuya Matsubayashi, Yasuyuki Sawada, Michiko Ueda, (2013) Natural disasters and suicide: Evidence from Japan, *Social Science & Medicine* 82 (2013) 126e133

¹³¹ William J Moss, Meenakshi Ramakrishan, Dory Storms, Anne Henderson Siegle, William M Weis, Ivan Lejnev, Lulu Muhe (2006) Child Health in Complex Emergencies, *Bulletin of the World Health Organisation (WHO)*, January 2006, 84 (1)

¹³² Mental health outcomes were better for adult women to whom housing vouchers were offered than for controls to whom vouchers were not offered - Kling, Liebman, and Katz 2007 cited in Elizabeth Frankenberg, Jenna Nobles, and Cecep Sumantri (2012) Community Destruction and Traumatic Stress in Post-Tsunami Indonesia, *J Health Soc Behav.* 2012; 53(4), also, Research carried out in Burundi by the International Rescue Committee indicates that children reported a reduction in their distress levels after their parents had benefitted from a Village Savings and Loans intervention accompanied by parenting support. Jeannie Annan, Tom Bundervoet, Juliette Seban, Jaime Costigan (2013) *Urwuruka Rushasha: A Randomized Impact Evaluation of Village Savings and Loans Associations and Family-Based Interventions in Burundi*, International Rescue Committee

¹³³ OCHA (January 2010) Central Emergency Response Fund Life-Saving Criteria

¹³⁴ The Sphere Project (2011) Humanitarian Charter Minimum Standards in Humanitarian Response: 2011 Edition

¹³⁵ Christopher Tidey (5 May 2014) UNICEF: Info by country: With conflict raging in South Sudan, recruitment of children into armed groups is on the rise, available at: http://www.unicef.org/infobycountry/southsudan_73403.html [accessed: 2 February 2015]

¹³⁶ For example, one 13-year-old child was shelled while on a military base and had to have his leg amputated. Human Rights Watch (2014) “Maybe We Live and Maybe We Die”: Recruitment and Use of Children by Armed Groups in Syria

¹³⁷ See for example the UN's report on (2014) Children and armed conflict. Report of the Secretary-General which lists multiple consequences of the association with armed groups or forces

¹³⁸ One survey in Liberia found that young women who had been combatants had had little access to education or work, making them more vulnerable to exploitation (Specht, 2006) cited in Education For All (EFA) (2011) Education For All Global Monitoring Report 2011: The Hidden Crisis: Armed conflict and education, UNESCO

¹³⁹ Michael Rieder and Imti Choonara (2012) Armed conflict and child health, *Archives of Disease in Childhood*, Jan 1, 2012; 97(1): 59-62.

¹⁴⁰ Human Rights Watch (2014) “Maybe We Live and Maybe We Die”: Recruitment and Use of Children by Armed Groups in Syria

¹⁴¹ Véronique Aubert with Alison Holder (2013) *Unspeakable Crimes Against Children Sexual violence in conflict*, Save the Children

¹⁴² SRSF (2014) Children and armed conflict. Report of the Secretary-General, A/68/878-S/2014/339

¹⁴³ Ten states deployed under-18s in hostilities as part of national armies (army, navy, air force), between January 2010 and June 2012 (Chad, Côte d'Ivoire, the Democratic Republic of the Congo, Libya, Myanmar, Somalia, South Sudan, Sudan, United Kingdom and Yemen). This figure increases to 17 states when the wider spectrum of forces for which states are responsible are included, i.e. when we also consider other official elements of state armed forces and state-allied armed groups. The list of countries then includes the aforementioned countries plus Afghanistan, Central African Republic, Eritrea, Iraq, the Philippines, Rwanda and Thailand. In another three states (Colombia, Israel and Syria) children were not formally recruited but were nevertheless reported to have been used for military purposes including intelligence-gathering and as human shields. In addition, Child Soldiers International has found that, based on its analysis of the laws, policies and practices of more than 100 “conflict” and “non-conflict”

states, children are at risk of use in state or state allied armed forces in many more states. Data from Child Soldiers International (2012) *Louder than words: An agenda for action to end state use of child soldiers*

¹⁴⁴ SRSG (2014) Children and armed conflict. Report of the Secretary-General, A/68/878-S/2014/339

¹⁴⁵ SRSG (May 2014) Children and armed conflict. Report of the Secretary-General. It is important to note that the list of countries in which the SRSG's report notes the use of children by armed groups is unlikely to cover all nations where non-state actors are using children. First, the report only monitors the situation for children in certain contexts; and second, as the system for including cases in the report requires that children are identified and cases verified before they can be noted, many other cases may go unverified due to limits in access and lack of resources.

¹⁴⁶ Save the Children (2007) *Child Protection in Emergencies: Priorities, Principles and Practices*

¹⁴⁷ Both girls and boys are reported as having been associated in contexts as varied as for example Syria (Human Rights Watch (2014) "Maybe We Live and Maybe We Die": Recruitment and Use of Children by Armed Groups in Syria), India (Child Soldiers International (2012) *Louder than words: An agenda for action to end state use of child soldiers*), and DRC (WarChild (2006) *I am not trash: A Call to Action from Child Soldiers*)

¹⁴⁸ Child Soldiers International (2013) Report to the Committee on the Rights of the Child in advance of Yemen's initial periodic report on the Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict

¹⁴⁹ Child Soldiers International (2013) Report to the Committee on the Rights of the Child in advance of Yemen's initial periodic report on the Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict

¹⁵⁰ International Labour Organization, International Programme on the Elimination of Child Labour (IPEC), International Training Centre (ITC) (2010) *Children Formerly Associated with Armed Forces and Groups: "How-to" guide on economic reintegration*

¹⁵¹ Only 8% of the formerly associated taking part in the DDR programme were female. International Labour Organization, International Programme on the Elimination of Child Labour (IPEC), International Training Centre (ITC) (2010) *Children Formerly Associated with Armed Forces and Groups: "How-to" guide on economic reintegration*

¹⁵² Author Unknown (March 2013) *Child Protection in Emergencies Desk Review: South Sudan*

¹⁵³ This is from the author's personal experience when working in Myanmar in 2008.

¹⁵⁴ *The Watchlist on Children and Armed Conflict (2009): No More Denial: Children Affected by Armed Conflict in Myanmar (Burma)*

¹⁵⁵ Sarah Tyler (13 January 2015) *Haiti Earthquake: Five Years On*, available at: <http://blogs.savethechildren.org.uk/2015/01/haiti-earthquake-five-years-on/>, Human Rights Watch, *World Report 2012: Haiti*, available at <http://www.hrw.org/world-report-2012/haiti>, [both accessed on 6 February 2015]

¹⁵⁶ *Beyond Borders*, Boston College Law School, Bureau des Avocats Internationaux, Institute for Justice & Democracy in Haiti, LiLiLi! Read, Université de la Fondation Dr. Aristide, University of Miami School of Law Human Rights Clinic (2014) *The Plight of Restavèk (Child Domestic Servants): Submission for the 112th Session of the United Nations Human Rights Committee*, October 8 & 9, 2014, Review of Haiti's Report under the International Covenant on Civil and Political Rights

¹⁵⁷ Paola Roggero, MD, MSc, Viviana Mangiaterra, MD, PhD, Flavia Bustreo, MD, and Furio Rosati, PhD (2007) *The Health Impact of Child Labor in Developing Countries: Evidence From Cross-Country Data*, *American Journal of Public Health*. 2007 February; 97(2): 271-275.

¹⁵⁸ International Labour Organization (ILO) / International Programme on the Elimination of Child Labour (IPEC) (2013) *Marking progress against child labour: Global estimates and trends 2000-2012*

¹⁵⁹ Alyson Eynon (2015) *Inter-agency toolkit to support humanitarian agencies to meet the protection needs of child labourers in emergencies*, Child Protection Working Group Child Labour Taskforce. Forthcoming

¹⁶⁰ ILO (2010) *The Worst Forms of Child Labour, Education and Violent Conflict*

¹⁶¹ ILO (2010) *The Worst Forms of Child Labour, Education and Violent Conflict*

¹⁶² International Labour Organization (ILO)/ International Programme on the Elimination of Child Labour (IPEC) (2013) *Marking progress against child labour: Global estimates and trends 2000-2012*

¹⁶³ World Health Organisation (date unknown) *Hazardous child labour*, available at: http://www.who.int/occupational_health/topics/childlabour/en/ [accessed 6 February 2015]

¹⁶⁴ International Labour Organisation, *Child labour in agriculture*, available at: <http://ilo.org/ipec/areas/Agriculture/lang--en/index.htm> [accessed 5 February 2015]

¹⁶⁵ UNICEF (June 2010) *Child labour in Bangladesh*

- ¹⁶⁶ Ministry of National Planning and Economic Development and UNICEF (2012) Situation Analysis of Children in Myanmar July 2012
- ¹⁶⁷ International Labour Organisation, Child labour and domestic work, available at: <http://ilo.org/ipec/areas/Childdomesticlabour/lang-en/index.htm> [accessed 5 February 2015]
- ¹⁶⁸ As above
- ¹⁶⁹ UNICEF (June 2010) Child labour in Bangladesh
- ¹⁷⁰ The Child Labor Coalition, Child Mining: 10 Facts, available at: <http://stopchildlabor.org/?p=3853> [accessed 6 February 2015]
- ¹⁷¹ World Vision (2013) Child Miners Speak: Key Findings on Children and Artisanal Mining in Kambove DRC
- ¹⁷² International Labour Organisation (Date unknown) FACTS ON Small-Scale Mining, available at: http://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/publication/wcms_067582.pdf [accessed 6 February 2015]
- ¹⁷³ ILO, Child labour and domestic work, available at: <http://ilo.org/ipec/areas/Childdomesticlabour/lang-en/index.htm> [accessed 5 February 2015]
- ¹⁷⁴ UNICEF (June 2010) Child labour in Bangladesh
- ¹⁷⁵ International Labour Organisation (ILO) (2014) Report of the rapid assessment on Child Labour in the Urban Informal Sector in three governorates of Jordan (Amman, Mafrq and Irbid)
- ¹⁷⁶ International Labour Organisation (ILO) (2014) Report of the rapid assessment on Child Labour in the Urban Informal Sector in three governorates of Jordan (Amman, Mafrq and Irbid)
- ¹⁷⁷ Ministry of National Planning and Economic Development and UNICEF (2012) Situation Analysis of Children in Myanmar July 2012
- ¹⁷⁸ L. Guarcello, S. Lyon and F.C. Rosati, (2011) Labour market in South Sudan, Understanding Children's Work
- ¹⁷⁹ L. Guarcello, S. Lyon and F.C. Rosati, (2011) Labour market in South Sudan, Understanding Children's Work
- ¹⁸⁰ Ann Duerr, MD, PhD, Samuel F. Posner, PhD, and Mark Gilbert, MD (2003) Evidence in Support of Foster Care During Acute Refugee Crises, *American Journal of Public Health*. 2003 November; 93(11): 1904-1909
- ¹⁸¹ William J Moss, Meenakshi Ramakrishan, Dory Storms, Anne Henderson Siegle, William M Weis, Ivan Lejneve, Lulu Muhe (2006) Child Health in Complex Emergencies, *Bulletin of the World Health Organisation (WHO)*, January 2006, 84 (1)
- ¹⁸² Joanne Doyle (2010) Misguided Kindness: Making the right decisions for children in emergencies, Save the Children
- ¹⁸³ Joanne Doyle (2010) Misguided Kindness: Making the right decisions for children in emergencies, Save the Children
- ¹⁸⁴ Joanne Doyle (2010) Misguided Kindness: Making the right decisions for children in emergencies, Save the Children
- ¹⁸⁵ Joanne Doyle (2010) Misguided Kindness: Making the right decisions for children in emergencies, Save the Children
- ¹⁸⁶ William J Moss, Meenakshi Ramakrishan, Dory Storms, Anne Henderson Siegle, William M Weis, Ivan Lejneve, Lulu Muhe (2006) Child Health in Complex Emergencies, *Bulletin of the World Health Organisation (WHO)*, January 2006, 84 (1)
- ¹⁸⁷ Joanne Doyle (2010) Misguided Kindness: Making the right decisions for children in emergencies, Save the Children
- ¹⁸⁸ Joanne Doyle (2010) Misguided Kindness: Making the right decisions for children in emergencies, Save the Children
- ¹⁸⁹ Harvey and Jaspars (2007) A Review of UNICEF's Role in Cash Transfers to Emergency Affected Populations; Joanne Doyle (2010) Misguided Kindness, Save the Children; Lesley Adams and Retno Winahyu (October 2006) Learning from Cash Responses to the Tsunami: Case studies, Humanitarian Policy Group; Save the Children in Indonesia (September 2011) Key Achievements of Child Protection and Care Program in Moving Towards Family-Based Care 2005-11
- ¹⁹⁰ Joanne Doyle (2010) Misguided Kindness: Making the right decisions for children in emergencies, Save the Children
- ¹⁹¹ Joanne Doyle (2010) Misguided Kindness: Making the right decisions for children in emergencies, Save the Children
- ¹⁹² Joanne Doyle (2010) Misguided Kindness: Making the right decisions for children in emergencies, Save the Children
- ¹⁹³ Véronique Aubert with Alison Holder (2013) Unspeakable Crimes Against Children Sexual violence in conflict, Save the Children
- ¹⁹⁴ Véronique Aubert with Alison Holder (2013) Unspeakable Crimes Against Children Sexual violence in conflict, Save the Children
- ¹⁹⁵ Joanne Doyle (2010) Misguided Kindness: Making the right decisions for children in emergencies, Save the Children
- ¹⁹⁶ Office of the Special Representative of the Secretary-General for Children and Armed Conflict (September 2011) Working Paper No.3: Children and Justice During and in the Aftermath of Armed Conflict
- ¹⁹⁷ Michael Rieder and Imti Choonara (2012) Armed conflict and child health, *Archives of Disease in Childhood*, Jan 1, 2012; 97(1): 59-62.
- ¹⁹⁸ Save the Children (2012) The Impact of Child Detention: Occupied Palestinian Territory

- ¹⁹⁹ UNICEF (2006) Child Protection INFORMATION Sheet: Children in Conflict with the Law
- ²⁰⁰ UNICEF (2006) Child Protection INFORMATION Sheet: Children in Conflict with the Law
- ²⁰¹ ICRC (2014) Children and Detention
- ²⁰² ICRC (2014) Children and Detention
- ²⁰³ ICRC (2014) Children and Detention
- ²⁰⁴ UNICEF (2006) Child Protection INFORMATION Sheet: Children in Conflict with the Law
- ²⁰⁵ ICRC (2014) Children and Detention
- ²⁰⁶ ICRC (2014) Children and Detention
- ²⁰⁷ Save the Children Sweden & East Jerusalem -YMCA Rehabilitation Program (2012) The Impact of Child Detention: Occupied Palestinian Territory
- ²⁰⁸ Véronique Aubert with Alison Holder (2013) Unspeakable Crimes Against Children Sexual violence in conflict, Save the Children
- ²⁰⁹ Save the Children Sweden & East Jerusalem -YMCA Rehabilitation Program (2012) The Impact of Child Detention: Occupied Palestinian Territory
- ²¹⁰ Save the Children Sweden & East Jerusalem -YMCA Rehabilitation Program (2012) The Impact of Child Detention: Occupied Palestinian Territory
- ²¹¹ Save the Children Sweden & East Jerusalem -YMCA Rehabilitation Program (2012) The Impact of Child Detention: Occupied Palestinian Territory
- ²¹² Save the Children Sweden & East Jerusalem -YMCA Rehabilitation Program (2012) The Impact of Child Detention: Occupied Palestinian Territory
- ²¹³ Save the Children (2004) Breaking Rules: Children in Conflict with the Law and the Juvenile Justice Process: The Experience in the Philippines
- ²¹⁴ Save the Children (2004) Breaking Rules: Children in Conflict with the Law and the Juvenile Justice Process: The Experience in the Philippines
- ²¹⁵ Save the Children (2004) Breaking Rules: Children in Conflict with the Law and the Juvenile Justice Process: The Experience in the Philippines
- ²¹⁶ These are based on agency specific and Child Protection Working Group strategies for prevention and response to child protection concerns. The Child Protection Working Group strategies are taken from the Minimum Standards for Child Protection in Humanitarian Action, presenting activities to respond to and prevent child protection needs under two different categories: Standards to ensure a quality response, and Standards to develop adequate child protection strategies. The agency specific proposed programme intervention areas reviewed included those of: IRC, Save the Children, UNICEF, World Health Organisation, and World Vision.
- ²¹⁷ See Joanna Doyle (2010) Misguided kindness: Making the right decisions for children in emergencies, Save the Children: London
- ²¹⁸ Immediately after the tsunami in Indonesia, UNICEF and child protection partners introduced community based patrolling and deployment of police officers and social workers at most commonly used exit points and trafficking routes to help minimize the illicit movement of children. See UNICEF EAPRO (2009) Child Trafficking in East and South-East Asia: Reversing the Trend
- ²¹⁹ See International Rescue Committee (2014) Parents Make the Difference: Findings from a randomized impact evaluation of a parenting programme in rural Liberia
- ²²⁰ Interagency Working Group on Unaccompanied and Separated Children (2013) Alternative Care in Emergencies Toolkit
- ²²¹ For further details see: IASC (2007) Guidelines on Mental Health and Psychosocial Support in Emergency Settings, and IASC Reference Group on Mental Health and Psychosocial Support in Emergency Settings, the global Child Protection Working Group, and the global Education Cluster (January 2011) Guidelines for Child Friendly Spaces in Emergencies: Principles for Child Friendly Spaces in Emergencies
- ²²² Alyson Eynon and Sarah Lilley (2010) Strengthening National Child Protection Systems in Emergencies Through Community-Based Mechanisms: A Discussion Paper, and, Mike Wessells (November 2009) What Are We Learning About Protecting Children in the Community? An interagency review of the evidence on community-based child protection mechanisms in humanitarian and development settings
- ²²³ CPC Livelihoods and Economic Strengthening Taskforce (August 2011) The Impacts of Economic Strengthening Programs on Children
- ²²⁴ Those listed in the annexes of the Secretary General's Annual Report on Children and Armed Conflict.
- ²²⁵ UNICEF (2013) RapidFTR, An app for reuniting families in disaster situations.
- ²²⁶ The Humanitarian Reform of 2005 introduced new elements to improve capacity, predictability, accountability, leadership and partnership. The most visible aspect of the reform is the creation of the "Cluster Approach". Clusters are groups of humanitarian organizations (UN and non-UN) working in the main sectors of humanitarian action, e.g. shelter and health. They are created when clear humanitarian needs exist within a sector, when there are numerous actors within sectors and when national authorities need coordination support.
- ²²⁷ The full list of options available to survey respondents was: best value for money, most life-saving, fastest to implement in emergency settings, greatest media attention, have the greatest visibility, scale of impact, scale / numbers affected
- ²²⁸ Time Frames for action proposed here are based on guidance contained within The Sphere Project (2011) Sphere Handbook: Humanitarian

Charter Minimum Standards in Humanitarian Response: 2011 Edition and Child Protection Working Group (January 2014) Inter Agency Guidelines For Case Management and Child Protection: The Role of Case Management in the Protection of Children: A Guide for Policy & Programme Managers and Caseworkers

²²⁹ Sphere state that in many cases wounds are not presented for treatment within 6 hours thus instances of wound infection and preventable excess mortality increase. The Sphere Project (2011) Humanitarian Charter Minimum Standards in Humanitarian Response: 2011 Edition, Save the Children - Child Protection Initiative (December 2012) Child Protection Outcome Indicators suggests a 12 hour timeframe for response to injuries.

²³⁰ The Sphere Project (2011) Humanitarian Charter Minimum Standards in Humanitarian Response: 2011 Edition, Save the Children - Child Protection Initiative (December 2012) Child Protection Outcome Indicators

²³¹ The Sphere Project (2011) Humanitarian Charter Minimum Standards in Humanitarian Response: 2011 Edition, Save the Children - Child Protection Initiative (December 2012) Child Protection Outcome Indicators

²³² Studies have shown that early intervention for survivors of sexual assault is critical, because the level of distress immediately following the assault is strongly correlated to post-traumatic stress disorder symptoms. DFID (October 2013) Violence against Women and Girls in Humanitarian Emergencies: CHASE Briefing Paper; Child Protection Working Group (January 2014) Inter Agency Guidelines For Case Management and Child Protection: The Role of Case Management in the Protection of Children: A Guide for Policy & Programme Managers and Caseworkers

²³³ The Sphere Project (2011) Humanitarian Charter Minimum Standards in Humanitarian Response: 2011 Edition, Save the Children - Child Protection Initiative (December 2012) Child Protection Outcome Indicators

²³⁴ The Sphere Project (2011) Humanitarian Charter Minimum Standards in Humanitarian Response: 2011 Edition, Save the Children - Child Protection Initiative (December 2012) Child Protection Outcome Indicators

²³⁵ The Sphere Project (2011) Humanitarian Charter Minimum Standards in Humanitarian Response: 2011 Edition, Save the Children - Child Protection Initiative (December 2012) Child Protection Outcome Indicators

²³⁶ CPWG (2012) Minimum Standards for Child Protection in Humanitarian Action.

²³⁷ Health and Education Advice and Resource Team, HEART (13 February 2014) Prioritising health activities in humanitarian crises

²³⁸ Child Protection Sub-Cluster, Thailand (February 2012) Child Protection Risks due to Flooding in Thailand October-December 2011: Inter-Agency Child Protection Rapid Assessment Report

²³⁹ The community involved consisted of 28 500 children under the age of 18 years.

²⁴⁰ War Child (2013) Mission Unaccomplished: Iraq Statement Report: 10 Years On

²⁴¹ UNHCR (Nov 2013) The Future of Syria: Refugee Children in Crisis

²⁴² UNHCR (Nov 2013) The Future of Syria: Refugee Children in Crisis

²⁴³ UNICEF Evaluation office (2013) Evaluation of UNICEF Programmes to Protect Children in Emergencies: South Sudan Country Case Study

²⁴⁴ The Sphere Project (2011) Humanitarian Charter Minimum Standards in Humanitarian Response: 2011 Edition

²⁴⁵ The National Child Traumatic Stress Network (date unknown) Earthquakes, available at: <http://www.nctsn.org/trauma-types/natural-disasters/earthquakes> [accessed 28 January 2015]

²⁴⁶ Margie Peden, Kayode Oyegbite, Joan Ozanne-Smith, Adnan A Hyder, Christine Branche, AKM Fazlur Rahman, Frederick Rivara and Kidist Bartolomeos (ed.) (2008) World report on child injury prevention, WHO and UNICEF

²⁴⁷ Margie Peden, Kayode Oyegbite, Joan Ozanne-Smith, Adnan A Hyder, Christine Branche, AKM Fazlur Rahman, Frederick Rivara and Kidist Bartolomeos (ed.) (2008) World report on child injury prevention, WHO and UNICEF

²⁴⁸ William J Moss, Meenakshi Ramakrishan, Dory Storms, Anne Henderson Siegle, William M Weis, Ivan Lejneve, Lulu Muhe (2006) Child Health in Complex Emergencies, Bulletin of the World Health Organisation (WHO), January 2006, 84 (1)

²⁴⁹ William J. Moss, Meenakshi Ramakrishan, Anne Siegle, Dory Storms, Bill Weiss (September 2003) Building the Evidence Base on the Provision of Health Care To Children in Complex Emergencies: Report of the Working Group on Child Health in Complex Emergencies

²⁵⁰ Where natural disasters do have a significant regional impact with implications for increasing the rate of drowning, they tend to be rare events such as the Indian Ocean tsunami of 2004. This incident did result in the death of many tens of thousands of children by drowning, in Aceh, Indonesia, but a disaster of this magnitude is rare, usually occurring less than every 20 years. Drowning from other causes is responsible for most drowning deaths in any given year. – See M. Linnan, A. Rahman, J. Scarr, T. Reinten-Reynolds, H. Linnan, J. Rui-wei, S. Mashreky, S. Shafinaz, S. Bose, E. Finkelstein, F. Rahman (May 2012) Child Drowning: Evidence for a newly recognized cause of child mortality in low and middle income countries in

Asia, Office of Research Working Paper. See also The Sphere Project (2011) Humanitarian Charter Minimum Standards in Humanitarian Response: 2011 Edition

²⁵¹ William J Moss, Meenakshi Ramakrishan, Dory Storms, Anne Henderson Siegle, William M Weis, Ivan Lejnev, Lulu Muhe (2006) Child Health in Complex Emergencies, Bulletin of the World Health Organisation (WHO), January 2006, 84 (1)

²⁵² UNICEF (date unknown) Land-mines: A deadly inheritance, <http://www.unicef.org/graca/mines.htm> [Accessed 28 January 2015]

²⁵³ International Campaign to Ban Landmines (2013) Landmine Monitor 2013

²⁵⁴ UNICEF, Land-mines: A deadly inheritance, <http://www.unicef.org/graca/mines.htm> [Accessed 28 January 2015]

²⁵⁵ Michael Rieder and Imti Choonara (2012) Armed conflict and child health, Archives of Disease in Childhood, Jan 1, 2012; 97(1): 59–62.

²⁵⁶ War Child (2013) Mission Unaccomplished: Iraq Statement Report: 10 Years On

²⁵⁷ With regards to the data on landmines the term casualty refers to a person injured or killed in a landmine, ERW or IED incident, either through direct contact with the device or by being in its proximity.

²⁵⁸ This data refers only to the reported cases where the age of the victim was known. Data taken from International Campaign to Ban Landmines (2013) Landmine Monitor 2013

²⁵⁹ William J Moss, Meenakshi Ramakrishan, Dory Storms, Anne Henderson Siegle, William M Weis, Ivan Lejnev, Lulu Muhe (2006) Child Health in Complex Emergencies, Bulletin of the World Health Organisation (WHO), January 2006, 84 (1)

²⁶⁰ IRIN (28 January 2010) Afghanistan: Landmine Deaths, Injuries Torment Villagers, Available at: <http://www.irinnews.org/report/87902/afghanistan-landmine-deaths-injuries-torment-villagers> [accessed 28 January 2015]

²⁶¹ International Campaign to Ban Landmines (2013) Landmine Monitor 2013

²⁶² International Campaign to Ban Landmines (2013) Landmine Monitor 2013

²⁶³ Hamit Dardagan and Hana Salama (November 2013) Stolen Futures: The hidden toll of child casualties in Syria, Oxford Research Group

²⁶⁴ Hamit Dardagan and Hana Salama (November 2013) Stolen Futures: The hidden toll of child casualties in Syria, Oxford Research Group

²⁶⁵ UNICEF (November 2014) Humanitarian Action for Children: Colombia

²⁶⁶ Danish Refugee Council (December 2012) Uganda free of landmines – a milestone accomplishment, Available at: <http://drc.dk/news/news/artikel/uganda-free-of-landmines-a-milestone-accomplishment/> [accessed 9 February 2015]

²⁶⁷ The humanitarian mine action unit of the Danish Refugee Council

²⁶⁸ Land Mine and Cluster Munition Monitor (date unknown) Uganda 2008 Key Data, http://www.the-monitor.org/index.php/publications/display?act=submit&pqs_year=2009&pqs_type=lm&pqs_report=uganda [accessed 9 February 2015]

²⁶⁹ Human Rights Watch (2013) “I Can Still Smell the Dead”: The Forgotten Human Rights Crisis in the Central African Republic

²⁷⁰ War Child (2013) Mission Unaccomplished: Iraq Statement Report: 10 Years On

²⁷¹ Syrian Observatory for Human Rights (2015) Available at: http://www.syriahr.com/?option=com_news&nid=16470&Itemid=2&task=displaynews. Accessed 10 April 2015.

²⁷² The fact that relatively high numbers of children killed by small arms are recorded across ages and genders indicate it cannot all have been crossfire, since crossfire allows a greater chance of seeking cover and possibility of hiding rather than targeted attack. Hamit Dardagan and Hana Salama (November 2013) Stolen Futures: The hidden toll of child casualties in Syria, Oxford Research Group

²⁷³ Hamit Dardagan and Hana Salama (November 2013) Stolen Futures: The hidden toll of child casualties in Syria, Oxford Research Group

²⁷⁴ UNICEF (October 2014) State of Palestine: Humanitarian Situation Report

²⁷⁵ Amnesty International (June 2012) South Sudan: Overshadowed Conflict: Arms Supplies Fuel Violations in Mayom County, Unity State

²⁷⁶ Amnesty International (June 2012) South Sudan: Overshadowed Conflict: Arms Supplies Fuel Violations in Mayom County, Unity State

²⁷⁷ Hamit Dardagan and Hana Salama (November 2013) Stolen Futures: The hidden toll of child casualties in Syria, Oxford Research Group

²⁷⁸ Hamit Dardagan and Hana Salama (November 2013) Stolen Futures: The hidden toll of child casualties in Syria, Oxford Research Group

²⁷⁹ Child Soldiers International (January 2013) Chance for change: Ending the recruitment and use of child soldiers in Myanmar

²⁸⁰ Save the Children (2012) The Impact of Child Detention: Occupied Palestinian Territory

²⁸¹ WarChild (July 2012) Syria A War on Childhood

²⁸² UNICEF (date unknown) Mali: Child Marriage is a Death Sentence for Many Young Girls

²⁸³ USAID (October 2012) Ending Child Marriage & Meeting the Needs of Married Children: The USAID Vision for Action

- ²⁸⁴ UNICEF (March 2012) Child marriage in the Middle East and North Africa: FACT SHEET
- ²⁸⁵ Louisa Peacock, (13 Nov 2013) Typhoon Haiyan: 'We are failing thousands of girls at risk of rape or trafficking,' says Justine Greening, The Telegraph, article available at: <http://www.telegraph.co.uk/women/womens-life/10444849/Typhoon-Haiyan-relief-effort-We-are-failing-thousands-of-girls-at-risk-of-rape-or-trafficking-says-Justine-Greening.html> [accessed 27 January 2015]
- ²⁸⁶ USAID (October 2012) Ending Child Marriage & Meeting the Needs of Married Children: The USAID Vision for Action
- ²⁸⁷ Véronique Aubert with Alison Holder (2013) Unspeakable Crimes Against Children Sexual violence in conflict, Save the Children
- ²⁸⁸ UNICEF, (2014) State of the World's Children 2014 In Numbers: Every Child Counts: Revealing Disparities, advancing children's rights
- ²⁸⁹ Véronique Aubert with Alison Holder (2013) Unspeakable Crimes Against Children Sexual violence in conflict, Save the Children
- ²⁹⁰ Véronique Aubert with Alison Holder (2013) Unspeakable Crimes Against Children Sexual violence in conflict, Save the Children
- ²⁹¹ DFID (October 2013) Violence against Women and Girls in Humanitarian Emergencies: CHASE Briefing Paper
- ²⁹² UNICEF Evaluation office (2013) Evaluation of UNICEF Programmes to Protect Children in Emergencies: South Sudan Country Case Study
- ²⁹³ DFID (October 2013) Violence against Women and Girls in Humanitarian Emergencies: CHASE Briefing Paper
- ²⁹⁴ DFID (October 2013) Violence against Women and Girls in Humanitarian Emergencies: CHASE Briefing Paper
- ²⁹⁵ Human Rights Watch (2013) Child Marriage: South Sudan, Available at: <http://www.hrw.org/child-marriage-south-sudan> [accessed 9 February 2015]
- ²⁹⁶ Human Rights Watch (2013) Child Marriage: South Sudan, Available at: <http://www.hrw.org/child-marriage-south-sudan> [accessed 9 February 2015]
- ²⁹⁷ Human Rights Watch (2013) Child Marriage: South Sudan, Available at: <http://www.hrw.org/child-marriage-south-sudan> [accessed 9 February 2015]
- ²⁹⁸ Marianna Ryan, Alison Glennie, Louise Robertson and Ann-Marie Wilson (February 2014) The Impact of Emergency Situations on Female Genital Mutilation, 28 Too Many
- ²⁹⁹ Marianna Ryan, Alison Glennie, Louise Robertson and Ann-Marie Wilson (February 2014) The Impact of Emergency Situations on Female Genital Mutilation, 28 Too Many
- ³⁰⁰ DFID (October 2013) Violence against Women and Girls in Humanitarian Emergencies: CHASE Briefing Paper
- ³⁰¹ DFID (October 2013) Violence against Women and Girls in Humanitarian Emergencies: CHASE Briefing Paper
- ³⁰² Human Rights Watch (August 2007) My Heart is Cut: Sexual Violence by Rebels and Pro-Government Forces in Côte d'Ivoire
- ³⁰³ Véronique Aubert with Alison Holder (2013) Unspeakable Crimes Against Children Sexual violence in conflict, Save the Children
- ³⁰⁴ Human Rights Watch (August 2007) My Heart is Cut: Sexual Violence by Rebels and Pro-Government Forces in Côte d'Ivoire
- ³⁰⁵ War Child (April 2013) An Unwanted Truth? Focusing the G8: Shining a Spotlight on Sexual Violence against Children in Conflict
- ³⁰⁶ Dara Kay Cohen (2013) Explaining rape during civil war: Cross-national evidence (1980-2009), American Political Science Review, Vol. 107, No. 3 August 2013
- ³⁰⁷ Dara Kay Cohen (2013) Explaining rape during civil war: Cross-national evidence (1980-2009), American Political Science Review, Vol. 107, No. 3 August 2013
- ³⁰⁸ Based on a review of data from eighty-six major civil wars. Alexandra Raphael (August 2013) Explaining rape during civil war: Cross-national evidence (1980-2009), available at: <http://journalistsresource.org/studies/international/conflicts/rape-during-civil-war-national-evidence-1980-2009> [accessed: 20 November 2014]
- ³⁰⁹ Véronique Aubert with Alison Holder (2013) Unspeakable Crimes Against Children Sexual violence in conflict, Save the Children
- ³¹⁰ Véronique Aubert with Alison Holder (2013) Unspeakable Crimes Against Children Sexual violence in conflict, Save the Children
- ³¹¹ War Child (April 2013) An Unwanted Truth? Focusing the G8: Shining a Spotlight on Sexual Violence against Children in Conflict
- ³¹² Véronique Aubert with Alison Holder (2013) Unspeakable Crimes Against Children Sexual violence in conflict, Save the Children
- ³¹³ Véronique Aubert with Alison Holder (2013) Unspeakable Crimes Against Children Sexual violence in conflict, Save the Children
- ³¹⁴ DFID (October 2013) Violence against Women and Girls in Humanitarian Emergencies: CHASE Briefing Paper
- ³¹⁵ Jinan A Usta, Ziyad R Mahfoud, Gisele Abi Chahine and Ghida A Anani (2008) Child Sexual Abuse: The Situation in Lebanon, KAFA (enough) Violence & Exploitation, The Higher Council for Children/ The Ministry of Social Affairs, Save the Children Sweden
- ³¹⁶ SRSs Annual Report for 2012 cited in War Child (April 2013) An Unwanted Truth? Focusing the G8: Shining a Spotlight on Sexual Violence against

Children in Conflict

- ³¹⁷ Lindsay Stark and Alastair Ager (20 April 2011) A Systematic Review of Prevalence Studies of Gender-Based Violence in Complex Emergencies, *Trauma Violence Abuse* 2011 12: 127
- ³¹⁸ Hannah Thompson (2012) Cash and Child Protection: How cash transfer programming can protect children from abuse, neglect, exploitation and violence
- ³¹⁹ Michael Rieder and Imti Choonara (2012) Armed conflict and child health, *Archives of Disease in Childhood*, Jan 1, 2012; 97(1): 59–62
- ³²⁰ Michael Rieder and Imti Choonara (2012) Armed conflict and child health, *Archives of Disease in Childhood*, Jan 1, 2012; 97(1): 59–62
- ³²¹ War Child (2013) Mission Unaccomplished: Iraq Statement Report: 10 Years On
- ³²² 100 per cent of respondents noted significant changes in children's behaviour and 99% reported significant changes in attitudes of caregivers. In the period after the conflict, travelling far from home to attend school, was identified as the biggest source of stress.
- ³²³ UNICEF (October 2014) State of Palestine: Humanitarian Situation Report
- ³²⁴ William J Moss, Meenakshi Ramakrishnan, Dory Storms, Anne Henderson Siegle, William M Weis, Ivan Lejneve, Lulu Muhe (2006) Child Health in Complex Emergencies, *Bulletin of the World Health Organisation (WHO)*, January 2006, 84 (1)
- ³²⁵ Lynne Jones, Joseph B Asare, Mustafa El Masri, Andrew Mohanraj, Hassen Sherief, Mark van Ommeren (2009) Severe mental disorders in complex emergencies, *Lancet* 2009; 374: 654–61
- ³²⁶ Lynne Jones, Joseph B Asare, Mustafa El Masri, Andrew Mohanraj, Hassen Sherief, Mark van Ommeren (2009) Severe mental disorders in complex emergencies, *Lancet* 2009; 374: 654–61
- ³²⁷ WarChild (2012) Syria: A War on Childhood
- ³²⁸ Human Rights Watch (2014) "Maybe We Live and Maybe We Die": Recruitment and Use of Children by Armed Groups in Syria
- ³²⁹ Christopher Tidey (5 May 2014) UNICEF: Info by country: With conflict raging in South Sudan, recruitment of children into armed groups is on the rise, available at: http://www.unicef.org/infobycountry/southsudan_73403.html [accessed: 2 February 2015]
- ³³⁰ War Child (2013) Mission Unaccomplished: Iraq Statement Report: 10 Years On
- ³³¹ Michael Rieder and Imti Choonara (2012) Armed conflict and child health, *Archives of Disease in Childhood*, Jan 1, 2012; 97(1): 59–62.
- ³³² WarChild (2006) I am not trash: A Call to Action from Child Soldiers
- ³³³ The Free Syrian Army is an umbrella term for multiple armed groups fighting against Syrian government troops
- ³³⁴ A Syrian monitoring group
- ³³⁵ Roles boys interviewed were involved in included fighting on the frontlines, spying on hostile forces, acting as snipers, treating the wounded on battlefields, and ferrying ammunition and other supplies to battles while fighting raged. Whilst the research report does not give an estimated number of children associated with armed forces and groups, as this is yet unknown given issues in access and data collection, it does document the stories and experiences of 25 children engaged in fighting in some way. Human Rights Watch (2014) "Maybe We Live and Maybe We Die": Recruitment and Use of Children by Armed Groups in Syria
- ³³⁶ SRSG (2014) Children and armed conflict. Report of the Secretary-General, A/68/878-S/2014/339
- ³³⁷ Education For All (EFA) (2011) Education For All Global Monitoring Report 2011: The hidden crisis: Armed conflict and education, UNESCO
- ³³⁸ Child Soldiers International (September 2013) Prevention in Cure: Can rehabilitation and reintegration programmes contribute to preventing the recruitment and use of children in conflict?
- ³³⁹ This case study is based on information extracted from the report Child Soldiers International (2012) Better than Cure: Preventing the recruitment and use of children in the Chadian national army
- ³⁴⁰ For example, through its endorsement of the Paris Commitments on Children Associated with Armed Forces or Armed Groups and its hosting of a regional conference in 2010 on ending child recruitment. The conference resulted in the N'Djamena Declaration, in which the six participating governments, including Chad, pledged to end the practice.
- ³⁴¹ Chad ratified the Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict (OPAC) in August 2002.
- ³⁴² Sarah Tyler (13 January 2015) Haiti Earthquake: Five Years On, available at: <http://blogs.savethechildren.org.uk/2015/01/haiti-earthquake-five-years-on/> [accessed on 6 February 2015]

- ³⁴³ Sarah Tyler (13 January 2015) Haiti Earthquake: Five Years On, available at: <http://blogs.savethechildren.org.uk/2015/01/haiti-earthquake-five-years-on/>, Human Rights Watch, World Report 2012: Haiti, available at <http://www.hrw.org/world-report-2012/haiti>, [both accessed on 6 February 2015]
- ³⁴⁴ Beyond Borders, Boston College Law School, Bureau des Avocats Internationaux, Institute for Justice & Democracy in Haiti, LiLiLi! Read, Université de la Fondation Dr. Aristide, University of Miami School of Law Human Rights Clinic (2014) The Plight of Restavèk (Child Domestic Servants): Submission for the 112th Session of the United Nations Human Rights Committee, October 8 & 9, 2014, Review of Haiti's Report under the International Covenant on Civil and Political Rights
- ³⁴⁵ United States Department of Labor's Bureau of International Labor Affairs (2013) Haiti: Minimal Advancement: 2013 Findings on The Worst Forms of Child Labor
- ³⁴⁶ FXB Center for Health and Human Rights at Harvard University (2014) Running Out of Time: Survival of Syrian Refugee Children in Lebanon
- ³⁴⁷ Jinan A Usta, Ziyad R Mahfoud, Gisele Abi Chahine and Ghida A Anani (2008) Child Sexual Abuse: The Situation in Lebanon, KAFA (enough) Violence & Exploitation, The Higher Council for Children / The Ministry of Social Affairs, Save the Children Sweden
- ³⁴⁸ International Labour Organisation (ILO) (2014) Report of the rapid assessment on Child Labour in the Urban Informal Sector in three governorates of Jordan (Amman, Mafrq and Irbid)
- ³⁴⁹ International Labour Organisation (ILO) (2014) Rapid Assessment (RA) on Child Labour: Agricultural Sector in Jordan / Mafrq & Jordan Valley (Ghor) Jordanians and Syrian Working Children
- ³⁵⁰ International Labour Organisation (ILO) (2014) Rapid Assessment (RA) on Child Labour: Agricultural Sector in Jordan / Mafrq & Jordan Valley (Ghor) Jordanians and Syrian Working Children
- ³⁵¹ Protection and Education Cluster (2014) Child Protection and Education Cluster Joint Needs Assessment: Typhoon Haiyan (Yolanda)-Affected Municipalities in the Philippines Final Report
- ³⁵² Reported by the Bureau International Catholique pour l'Enfance (BICE), Organisation nationale pour l'Enfant, la Femme et la Famille (ONEF) and the Ministre de la Solidarité, de la Famille, de la Femme et de l'Enfant in 2004
- ³⁵³ Ministry of National Planning and Economic Development and UNICEF (2012) Situation Analysis of Children in Myanmar July 2012
- ³⁵⁴ Ministry of National Planning and Economic Development and UNICEF (2012) Situation Analysis of Children in Myanmar July 2012
- ³⁵⁵ In 2009 HIV prevalence among the adult population was estimated to be 0.61%.. Ministry of National Planning and Economic Development and UNICEF (2012) Situation Analysis of Children in Myanmar July 2012
- ³⁵⁶ Ministry of National Planning and Economic Development and UNICEF (2012) Situation Analysis of Children in Myanmar July 2012
- ³⁵⁷ L. Guarcello, S. Lyon and F.C. Rosati, (2011) Labour market in South Sudan, Understanding Children's Work
- ³⁵⁸ L. Guarcello, S. Lyon and F.C. Rosati, (2011) Labour market in South Sudan, Understanding Children's Work
- ³⁵⁹ L. Guarcello, S. Lyon and F.C. Rosati, (2011) Labour market in South Sudan, Understanding Children's Work
- ³⁶⁰ World Vision (2014) Fear and want: Children living in crisis in South Sudan
- ³⁶¹ ILO (2010) The Worst Forms of Child Labour, Education and Violent Conflict
- ³⁶² Maplecroft (date unknown) Climate change will push more children into work, available at: <http://maplecroft.com/about/news/child-labour-index.html> [accessed 17 February 2015]
- ³⁶³ FXB Center for Health and Human Rights at Harvard University (2014) Running Out of Time: Survival of Syrian Refugee Children in Lebanon
- ³⁶⁴ Leah Campbell (2014) Cross-sector cash assistance for Syrian refugees and host communities in Lebanon: An IRC Programme: CaLP Case Study, Cash Learning Partnership and IRC
- ³⁶⁵ UNICEF (2015) South Sudan Situation Report, available at: <http://reliefweb.int/sites/reliefweb.int/files/resources/UNICEF%20South%20Sudan%20SitRep%20%2355%20-%2026Mar2015.pdf> (accessed 6 April 2015.)
- ³⁶⁶ War Child (2013) Mission Unaccomplished: Iraq Statement Report: 10 Years On
- ³⁶⁷ Ann Duerr, MD, PhD, Samuel F. Posner, PhD, and Mark Gilbert, MD (2003) Evidence in Support of Foster Care During Acute Refugee Crises, American Journal of Public Health. 2003 November; 93(11): 1904-1909
- ³⁶⁸ William J Moss, Meenakshi Ramakrishnan, Dory Storms, Anne Henderson Siegle, William M Weis, Ivan Lejneve, Lulu Muhe (2006) Child Health in Complex Emergencies, Bulletin of the World Health Organisation (WHO), January 2006, 84 (1)
- ³⁶⁹ Joanne Doyle (2010) Misguided Kindness: Making the right decisions for children in emergencies, Save the Children

- ³⁷⁰ Ann Duerr, MD, PhD, Samuel F. Posner, PhD, and Mark Gilbert, MD (2003) Evidence in Support of Foster Care During Acute Refugee Crises, *American Journal of Public Health*. 2003 November; 93(11): 1904-1909
- ³⁷¹ William J Moss, Meenakshi Ramakrishnan, Dory Storms, Anne Henderson Siegle, William M Weis, Ivan Lejnev, Lulu Muhe (2006) Child Health in Complex Emergencies, *Bulletin of the World Health Organisation (WHO)*, January 2006, 84 (1)
- ³⁷² UNHCR (Nov 2013) The Future of Syria: Refugee Children in Crisis
- ³⁷³ ILO (2010) The Worst Forms of Child Labour, Education and Violent Conflict
- ³⁷⁴ UNICEF Press centre (1 May 2009) One year after Cyclone Nargis: Myanmar on hard road to recovery, available at: http://www.unicef.org/media/media_49541.html [accessed 6 February 2015]
- ³⁷⁵ DFID (October 2013) Violence against Women and Girls in Humanitarian Emergencies: CHASE Briefing Paper
- ³⁷⁶ UNICEF Press centre (1 May 2009) One year after Cyclone Nargis: Myanmar on hard road to recovery, available at: http://www.unicef.org/media/media_49541.html [accessed 6 February 2015]
- ³⁷⁷ The main actors in the efforts to reunify children in the Nargis Cyclone response were Enfants du Monde - Droits de l'Homme, Myanmar Red Cross, Save the Children, UNICEF and World Vision.
- ³⁷⁸ Myanmar Cluster for the Protection of Children and Women Meeting Minutes May-November 2008, and Myanmar Child Protection in Emergencies Technical Working Group Meeting Minutes, 19 November 2008
- ³⁷⁹ United Nations Office For The Coordination of Humanitarian Affairs (24 October 2008) Myanmar Cyclone Nargis: OCHA Situation Report No. 51
- ³⁸⁰ UNICEF Press centre (1 May 2009) One year after Cyclone Nargis: Myanmar on hard road to recovery, available at: http://www.unicef.org/media/media_49541.html [accessed 6 February 2015]
- ³⁸¹ Based on information given in the report: Joanne Doyle (2010) Misguided Kindness: Making the right decisions for children in emergencies, Save the Children and found on the International Committee of the Red Cross website: Maarten Merkelbach (30 June 2000) Reuniting children separated from their families after the Rwandan crisis of 1994: the relative value of a centralized database, *International Review of the Red Cross*, No. 838, available at: <https://www.icrc.org/eng/resources/documents/misc/57jqhh.htm> [accessed 12 February 2015]
- ³⁸² War Child (2013) Mission Unaccomplished: Iraq Statement Report: 10 Years On
- ³⁸³ Office of the Special Representative of the Secretary-General for Children and Armed Conflict (September 2011) Working Paper No.3: Children and Justice During and in the Aftermath of Armed Conflict
- ³⁸⁴ Hamit Dardagan and Hana Salama (November 2013) Stolen Futures: The hidden toll of child casualties in Syria, Oxford Research Group
- ³⁸⁵ Office of the Special Representative of the Secretary-General for Children and Armed Conflict (September 2011) Working Paper No.3: Children and Justice During and in the Aftermath of Armed Conflict
- ³⁸⁶ SRSG (2014) Children and armed conflict. Report of the Secretary-General, A/68/878-S/2014/339
- ³⁸⁷ Office of the Special Representative of the Secretary-General for Children and Armed Conflict (September 2011) Working Paper No.3: Children and Justice During and in the Aftermath of Armed Conflict
- ³⁸⁸ Michael Rieder and Imti Choonara (2012) Armed conflict and child health, *Archives of Disease in Childhood*, Jan 1, 2012; 97(1): 59-62.
- ³⁸⁹ Save the Children (2012) The Impact of Child Detention: Occupied Palestinian Territory
- ³⁹⁰ SRSG (2014) Children and armed conflict. Report of the Secretary-General, A/68/878-S/2014/339
- ³⁹¹ SRSG (May 2014) Children and armed conflict. Report of the Secretary-General
- ³⁹² Amnesty International (14 June 2013) Children in Mali conflict forced to fight, detained with adults and tortured, available at: <http://www.amnesty.org/en/news/mali-child-soldiers-2013-06-13> [accessed: 2 February 2015]
- ³⁹³ SRSG (2014) Children and armed conflict. Report of the Secretary-General, A/68/878-S/2014/339
- ³⁹⁴ Save the Children (April 2011) The Post-trauma Rehabilitation of the Palestinian Ex-detainee Children in the West Bank Programme, Available at: <http://resourcecentre.savethechildren.se/child-protection/recommended-resources/newsletters/march-2011/case-studies/rehabilitation> [accessed: 2 February 2015]

