



Prevention Framework

Desk Review Synthesis

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The Alliance for Child Protection in Humanitarian Action (the Alliance) supports the efforts of humanitarian actors to achieve high-quality and effective child protection interventions in humanitarian settings. Through its technical Working Groups and Task Forces, the Alliance develops inter-agency operational standards and provides technical guidance to support protection of children in humanitarian settings.

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Author: Anne-Laure Baulieu on behalf of the Alliance for Child Protection in Humanitarian Action

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About this report: Recognizing the strategic importance of improving evidence-based approaches to preventing child protection issues, this report was developed to inform the establishment of a position paper and framework for prevention programming in support of the Alliance-led Prevention Initiative.

The objective of the Prevention Initiative is to develop key prevention focused resources to support child protection humanitarian practitioners in their efforts to prevent harm to children before it occurs. The Initiative has two key components: a) a measurement component aimed at guiding practitioners in identifying risk and protective factors, which will inform the design of appropriate preventive programming approaches (funded by PRM); and b) a programmatic component (funded by the Bureau for Humanitarian Assistance) focused on developing a framework of action and a position paper to support practitioners in the implementation of those preventive programming approaches. This desk review sought to understand what has been done to date on the prevention of harm to children in both humanitarian and development settings by mapping and analyzing primary prevention approaches as well as good practices in the CP sector and other relevant sectors.



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LIST OF ACRONYMS

BHA	Bureau for Humanitarian Assistance
CAAFAG	Children Associated with Armed Forces or Armed Groups
CDC	Center for Disease Control and Prevention
CP	Child Protection
CPHA	Child Protection in Humanitarian Action
CPMS	Minimum Standards for Child Protection in Humanitarian Action
FGM	Female Genital Mutilation
GBV	Gender-Based Violence
HDI	Human Development Index
IGA	Income-Generating Activities
IPV	Intimate Partner Violence
MHPSS	Mental Health and Psychosocial Support
MRE	Mine Risk Education
NGO	Non-Governmental Organization
PLH	Parenting for Lifelong Health
SEA	Sexual Exploitation and Abuse
TaT	Talking about Talking
UASC	Unaccompanied and Separated Children
UN	United Nations
UNDP	United Nations Development Program
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
VAC	Violence Against Children
VAW	Violence Against Women
VAWG	Violence Against Women and Girls
VSLA	Village Savings and Loan Association
WFCL	Worst Forms of Child Labor
WHO	World Health Organization

1.0. INTRODUCTION

1.1. Desk Review Rationale

Girls and boys often suffer the most in humanitarian crises, and one in four of the world's children lives in a conflict or natural hazard affected setting.¹ In 2019, around 19 million children were displaced within their own countries due to conflict and violence.² Protecting girls and boys in humanitarian crises is a priority for the United Nations (UN) Security Council.³ In addition, the UN 2030 Agenda for sustainable development includes a strong commitment by all States to respect human rights, including child rights,⁴ in development settings.

Child Protection in Humanitarian Action (CPHA) refers to “the prevention of and response to abuse, neglect, exploitation and violence against children (VAC) in humanitarian action.”⁵ Over the past decades, great efforts have been made to improve the capacity of the Child Protection (CP) sector to respond when harm occurs. However, less has been done on the systematic prevention of harm to children in humanitarian settings. Preventing harm before it occurs not only preserves child rights, but is also cost effective. In the Alliance for Child Protection in Humanitarian Action (the Alliance) 2018-2020 Strategic Plan, Prevention is identified as one of the five priorities. The Alliance designed an initiative to develop key resources to implement prevention actions in humanitarian settings. This initiative has two components:

- A measurement component, funded by the Bureau of Population, Refugee and Migration, aimed at developing resources to guide CP practitioners in understanding the root causes of harm to children.
- A programmatic component, funded by the Bureau for Humanitarian Assistance (BHA), aimed at developing a Framework of Action and a Position Paper to support CP practitioners to implement prevention activities in humanitarian settings.

The programmatic component is divided into four phases: the first phase includes a desk review, the second phase comprises the development of a Prevention Framework, the third phase corresponds to the draft of a Position Paper, and during the last phase, both the Prevention Framework and Position Paper will be tested and disseminated. This desk review synthesis is part of the first phase and presents the findings of resources analyzed between March and August 2020.

1.2. Definition of Prevention

The following definition of prevention, adapted from the Center for Disease Control and Prevention's (CDC) definition, was used as a reference for the desk review: “Primary Prevention addresses the root causes of child protection risks among the population (or a subset of it) to reduce the likelihood of abuse, neglect, exploitation or violence against children. Secondary Prevention addresses a specific source of threat and/or vulnerabilities of a child who is identified as being at particularly high risk of abuse, neglect, exploitation or violence, due to characteristics of the child, family and/or environment. Tertiary Prevention reduces the longer-term impact of harm and reduces the chance of recurring harm to a child who has already suffered abuse, neglect, exploitation or violence.”⁶

1.3. Desk Review Objective and Methodology

The aim of the desk review is to understand what has been done to date on the prevention of harm to children in both humanitarian and development settings by mapping and analyzing primary prevention approaches as well as good practices in the CP sector and other relevant sectors, such as Education and Gender-Based Violence (GBV).

A thorough search of the published literature, in English, French and Spanish, in peer-reviewed journals and grey literature was conducted, using online platforms. This approach was more in the nature of a scoping review than a systematic literature review. For more details on the methodology used, see Annex 1.

From March to August 2020, a total of 436 documents were analyzed, which included academic resources (30%) and grey literature (70%). The criteria shown in Table 1 were used to determine the level of evidence of the approaches identified through the desk review.

Table 1: Criteria to Determine the Level of Evidence of Approaches

Effective: Effectiveness Proven	<ul style="list-style-type: none"> • At least two studies using randomized controlled trial and/or high-quality quasi-experimental designs have found effective and statistically significant impacts in approaches to prevent CP risks. <p style="text-align: center;">Or</p> <ul style="list-style-type: none"> • High-quality meta-analysis and systematic review of findings from evaluation of multiple interventions.
Promising: Effectiveness Not Fully Proven	<ul style="list-style-type: none"> • At least one study using a randomized controlled trial and/or high-quality quasi-experimental designs have found promising results in approaches to prevent harm to children.
Suggested: Effectiveness Not Yet Proven	<ul style="list-style-type: none"> • Qualitative studies have tested and/or evaluated approaches preventing CP risks or survey evaluations using pre- and post-tests. <p style="text-align: center;">Or</p> <ul style="list-style-type: none"> • International and regional laws and actors recommend adopting approaches to address CP risks.

Important remark: In line with the do no harm principle, preventive interventions must be contextualized, and it should be noted that an effective, promising or suggested approach may be appropriate in one context but not necessarily in another. An assessment must be carried out as a first step to identify and analyze risk and protective factors, and then develop an adapted theory of change. Under the measurement component of the Prevention Initiative, tools will be developed to assess risk and protective factors in each context.

2.0. DESK REVIEW FINDINGS



The desk review identified a socio-ecological model composed of five levels and Primary Prevention approaches, that is, approaches addressing the root causes of CP risks among the population (or a subset of it) to reduce the likelihood of abuse, neglect, exploitation or violence, at each level of this socio-ecological model.

2.1. The Socio-Ecological Model

The CP socio-ecological model includes four levels with child, family/close relationship, community and society levels.⁷ During the desk review, a fifth level – international and regional level – was identified as follows:



Figure 1: Socio-Ecological Model Identified during the Desk Review

The desk review highlights the importance of understanding the root causes of CP risks (risk factors) at each level of the socio-ecological model.⁸ Table 2 provides a non-exhaustive overview of significant risk factors identified at each level of the socio-ecological model. The below table is meant to be illustrative, and each risk factor mentioned should be contextualized. Risk factors should also not be considered in isolation, as the presence of one risk factor can influence or exacerbate another. For example, the same risk factor may have a different impact based on a child’s gender or age. Also, children of the same age and gender may face different risk factors based on their socio-economic background, level of education and/or religious beliefs. Risk factors are further detailed under each CP risk in the section of the report presenting the approaches identified⁹:

Table 2: Main Risk Factors Identified Across the Socio-Ecological Model

Child Level	<ul style="list-style-type: none"> • Children’s age and gender • Children’s special needs, including disability • Children’s history of disease and mental health • Children belonging to indigenous groups or ethnic minorities • Children’s displacement • Children’s socio-economic background • Children’s access to and level of education and children out of school • Children’s ideology, religion, beliefs and cultural practices • Children’s experience of abuse, neglect, exploitation and/or violence • Children’s alcohol and/or drug abuse • Children’s early sexual initiation and/or transactional sex • Children’s contact with the justice system • Child labor • Children’s recruitment and use by armed groups or armed forces in hostilities
Relationship Level	<ul style="list-style-type: none"> • Presence/absence of/separation from caregivers • Family composition and relationship • Family members’ special needs, including disability • Family members’ history of disease and mental health • Family’s displacement • Family’s socio-economic background, and lack of access to employment and livelihood opportunities, especially for refugees • Family’s level of education and awareness • Family’s ideology, religion, beliefs and cultural practices • Physical environment in the family’s household • Family’s experience of abuse, neglect, exploitation and/or violence • Family members’ alcohol and/or drug abuse • Family members involved in illicit work/activities • Siblings working and/or involved in illicit work/activities

<p>Community Level</p>	<ul style="list-style-type: none"> • Community living in overpopulated areas • Community living in urban or rural areas • Displacement of the community and/or in the community's area • Community's unemployment and/or lack of income and economic opportunities • Lack of social cohesion and breakdown of community support, and past and ongoing intra- and inter-communal violence • Value placed on education by the community and community's awareness • Community's ideology or religion, beliefs and cultural practices • Physical environment in the community • Social norms and values, and social or cultural acceptance of physical and emotional maltreatment of children, GBV, child labor, enrollment of children into armed forces or armed groups, placement of children in institutions, etc.
<p>Society Level</p>	<ul style="list-style-type: none"> • Armed conflict, terrorism, human-made crisis and/or natural hazard • Weak State and institutions due to conflict/post conflict and/or natural hazard, and natural hazard-prone country • Criminality and/or insecurity • Poverty and lack of employment and livelihood opportunities, and insufficient levels of adult workforce • Lack of technical capacities and resources • Lack of governance and rule of law, and culture of impunity • Lack of services provided to the population and absence or weak social protection • Lack of quality education/quality education system • Laws and policies that increase inequalities, harmful/violent laws and policies, and violence as a sentence (corporal punishment, death penalty, life imprisonment, etc.) • Forced enlistment and use of children as soldiers or in other roles associated with armed groups • Suppressed independent civil society • Propaganda, especially through social media/internet • Lack of recognition of State of certain ethnic groups and/or inability for certain ethnic groups to exercise their rights • Access to firearms

International and Regional Level	<ul style="list-style-type: none"> • Armed conflict and/or regional tensions • Lack of international and regional laws enforcement • Lack of international and regional actors' support • Proliferation of light weapons
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The root causes of harm to children are often multiple and present at different levels.¹⁰ It is therefore essential to consider the influence of factors at each level as well as their interactions across the different levels.¹¹

In addition, the desk review indicates that protective factors –what can reduce the impact of risk factors and decrease vulnerability – are key to preventing harm to children.¹² Table 3 provides a non-exhaustive list of significant protective factors at each level of the socio-ecological model, noting that only a limited number of resources collected during the desk review analyzed protective factors. A review indicates that most preventive interventions have focused on understanding and addressing risk factors, and very few have identified and strengthened protective factors.¹³ Therefore, more research is needed to better understand protective factors and see how they can buffer risk factors. Protective factors, such as parents, communities, or schools, can also be a source of risk or harm against children. Risk and protective factors should therefore be systematically assessed together, and this should be taken into consideration while analyzing both risk and protective factors.

Table 3: Main Protective Factors Identified Across the Socio-Ecological Model

Child Level	<ul style="list-style-type: none"> • Children's equal and safe access to services¹⁴ • Children's access to quality and gender-equitable education¹⁵ • Children's capacity for problem solving, learning and adaptation, and to make/find meaning in life¹⁶ • Children's capacity to develop a sense of self-esteem and self-efficacy¹⁷
Relationship Level	<ul style="list-style-type: none"> • Safe household environment through environmental and product/goods modification¹⁸ • Caregivers' employment and/or access to income and economic opportunities¹⁹ • Siblings' access to quality and gender-equitable education and/or income and economic opportunities²⁰ • Caregivers' capacity to improve their own well-being and ability to regulate emotions through responsive caregiving by consistent, dedicated caregivers²¹ • Family communication and cohesion through responsive caregiving²² • Caregivers' capacity to transform gender relations within the couple and/or addressing alcohol or substance abuse and violence in relationships²³ • Identification of kinship care or foster family, and responsive caregiving by consistent caregivers or foster family²⁴

Community Level	<ul style="list-style-type: none"> • Community’s capacity to improve the environment by changing, enacting or enforcing laws, regulations, or organizational policies (e.g., alcohol policies), changing the physical environment, economic or social incentives (or consequences) for behavior, or other characteristics of the community (e.g., ability to monitor and respond to problem behavior)²⁵ • Community’s access to income and economic opportunities, supportive community environment and social networks, and community access to social services²⁶ • Community’s disapproval of child maltreatment, and modeling of norms and behaviors that promote gender equality and child rights²⁷ • Supportive community environment and social networks²⁸
Society Level	<ul style="list-style-type: none"> • Development of national core indicators to monitor uptake and results of preventive strategies, and measure progress²⁹ • Development of independent mechanisms to track progress in addressing CP risks at national level³⁰ • Laws and policies in place to prevent harm to girls and boys, coordinated through national action plans³¹ • Development of Disaster Risk Reduction Plans, monitoring and early warning systems on CP risks³²
International and Regional Level	<ul style="list-style-type: none"> • International strategies and laws in place with the support of international and regional actors to prevent harm to children³³ • International and regional monitoring and accountability mechanisms in place to prevent CP risks³⁴

The risk and protective factors presented above may be relevant in one context but not necessarily in another. An assessment must be conducted to identify and assess risk and protective factors at each level of the socio-ecological model, determine the appropriate levels for a given context and program, and then adopt the approaches that address the risk factors identified and strengthen the relevant protective factors.

2.2. Preventing Harm Across Socio-Ecological Levels and Sectors

The following findings present the approaches common to the seven main CP risks of the Minimum Standards for Child Protection in Humanitarian Action (CPMS); that is, dangers and injuries, physical and emotional maltreatment, GBV,³⁵ mental health and psychosocial distress, children associated with armed forces or armed groups, child labor, and unaccompanied and separated children. In addition, the CP risk related to children in contact with the justice system was included since it overlaps with the other ones. For example, girls and boys can be in contact with the justice system – as victims, witnesses or perpetrators – as a result of GBV, child labor, the recruitment and use by armed forces or armed groups, etc.

2.2.1. A Multi-level Approach

Based on the socio-ecological model and risk and protective factors identified at different levels, the desk review shows that it is critical to adopt a multi-level approach and include girls and boys; families; communities; non-governmental, community-based and faith-based organizations; international non-governmental organizations (NGOs); the private sector; academics; the State; armed forces and armed groups; peacekeeping forces; regional organizations; international partners and donors, etc. A systematic evidence review underlines the presence of multiple risk factors and the importance of addressing them at the different levels to prevent harm to children in humanitarian settings.³⁶

Table 4 presents the rationale, level of evidence and potential challenges related to the adoption of a multi-level approach to prevent CP risks.

Table 4: Details on Multi-Level Approach

Level of Evidence	CP Risks	Rationale and Potential Challenges
Effective to Prevent	GBV. ³⁷	Multi-level interventions lead to deep transformation of attitudes and behaviors. Such interventions should not only challenge the acceptability of violence, but also address the underlying risk factors for violence, including social norms and values, the acceptability of violence, and women’s economic dependence on men. ³⁸
	Mental health and psychosocial distress. ³⁹	In humanitarian settings, interventions aiming at preventing mental health and psychosocial distress of children and families should address risk factors and strengthen protective factors at child, family and community levels. Through multi-level interventions, family and community support systems are indeed strengthened to promote child and family well-being. ⁴⁰
	Physical and emotional maltreatment. ⁴¹	Physical and emotional maltreatment is a multifaceted problem with causes at the individual, relationship/family, community and societal levels. This CP risk needs to be confronted on these different levels to reduce the multiple risk factors. ⁴²
	Worst forms of child labor (WFCL). ⁴³	Risk factors of WFCL, such as child trafficking, are present at individual, relationship and society levels. Programmatic approaches should ensure efforts are focused on the appropriate levels. For example, policy approaches should focus on risks at the societal level to create structural changes, while community-based programs can seek to solve problems of unsafe neighborhoods or provide resources and help to those experiencing individual-level risk factors. ⁴⁴

Promising to Prevent	No studies found.	
Suggested to Prevent	Dangers and injuries. ⁴⁵	The risk factors of child injuries are multiple. Efforts to prevent this CP risk should be multifaceted and include actors at child, family, community and national levels. ⁴⁶
	Unaccompanied and Separated Children (UASC). ⁴⁷	Interventions aiming at addressing the root causes of separation of girls and boys from their families should work with the child, the family, communities and national authorities. ⁴⁸
	Children Associated with Armed Forces or Armed Groups (CAAFAG). ⁴⁹	Efforts should be done at multiple levels to adopt or improve policies aiming at preventing the recruitment and use of children by armed forces and groups in armed conflict. These efforts include policy reforms at both national and local levels. ⁵⁰
	Children in contact with the justice system. ⁵¹	Programs aiming at preventing children from being in contact with the justice system require a broad perspective in terms of levels of action, from an individual to a society level perspective. ⁵²

Good Practice: In humanitarian settings, Mine Risk Education (MRE) is a preventive initiative that seeks to save the lives of children through awareness raising and education. According to the UN Children’s Fund (UNICEF), an MRE campaign provides safety messages about the existence of a threat from explosive devices through multiple communication channels/levels: educating girls and boys, engaging communities, mass media campaigns, and working with the Ministry of Education and other government counterparts to integrate MRE into the primary and secondary school curricula.⁵³

2.2.2. A Multi-sectoral Approach

According to the desk review findings, a multi-sectoral approach prevents harm to children in a holistic manner. A multi-sectoral approach refers “to the collaboration between organizations in different areas of policy (e.g., health, social, environment) and different sectors (e.g., public and private sectors), as well as communities and people, working together to achieve policy outcomes. Typically, multi-sectoral approaches involve holistic inter-agency efforts across key and relevant sectors, to address common and specific goals. Effective approaches do not develop by happenstance, but require deliberate and detailed allocation of responsibilities of each partner that provide a clear indication of roles.”⁵⁴ With regard to the prevention of CP risks, adopting a multi-sectoral approach ensures the implementation of adapted and comprehensive interventions. Combined/integrated interventions can reduce the occurrence of harm to children and each sector has a role to play.⁵⁵ Coordination between sectors is therefore essential to ensure combined efforts lead to the prevention of harm to children.⁵⁶ The exact role of each sector will depend on the context, including the risk and protective factors present, as well as their strength and readiness to provide required inputs.⁵⁷

Table 5 presents the rationale, level of evidence and potential challenges related to the adoption of a multi-sectoral approach to prevent CP risks.

Table 5: Details on Multi-Sectoral/Integrated Approach

Level of Evidence	CP Risks	Rationale and Potential Challenges
Effective to Prevent	GBV. ⁵⁸	Multisectoral interventions with multiple stakeholders lead to change in behaviors and social norms and values. Evidence suggests that effective GBV prevention interventions are integrated into microfinance, social protection, education, and health sector programming. ⁵⁹
	Mental health and psychosocial distress. ⁶⁰	Evidence shows that Mental Health and Psychosocial Support (MHPSS) for affected populations should include psychosocial intervention that strengthens community self-help and support, as well as advocacy for security/protection and for adequate humanitarian aid, such as basic health services and livelihood support. ⁶¹
	Physical and emotional maltreatment. ⁶²	The integration of multi-sector interventions, such as microfinance combined with education on HIV infection, gender norms, domestic violence and sexuality, prevent child maltreatment. ⁶³
	WFCL. ⁶⁴	In addition to a multi-level approach, a multi-sector position with healthcare professionals, education systems, CP services, etc., addresses the multiple and nested risk factors of WFCL such as child trafficking. ⁶⁵
	UASC. ⁶⁶	To prevent the separation of children from their families, a high priority is to integrate preventive economic and CP interventions. The effectiveness of such interventions should be measured through ongoing empirical evaluation. ⁶⁷

Promising to Prevent	No studies found.	
Suggested to Prevent	Dangers and injuries. ⁶⁸	Preventive integrated activities, such as behavioral change, health, urban planning, engineering, law, public policy, etc., can reduce the occurrence of child injury. ⁶⁹
	CAAFAG. ⁷⁰	To prevent the recruitment of girls and boys by armed forces or armed groups, there needs to be multi-sectoral approaches for integrated basic community services for ensuring the provision of basic health care and access to quality education, nutrition education and supplementation, child development, literacy training, sanitation, workforce skills training, agricultural development, community security, etc. ⁷¹
	Children in contact with the justice system. ⁷²	Interventions aiming at preventing children from being in contact with the justice system should not be limited to police and law enforcement but should also include social work, schools, the community, etc. Prevention programs require a broad perspective in terms of sectors and actors involved: multidisciplinary, multi-professional and multi-agency. ⁷³

Good Practice: In Uganda, BRAC ran a program combining life and livelihood skills through trained peer mentors leading clubs where adolescent girls could build social networks and gain knowledge on health and gender issues, including sexual and reproductive health. Peer mentors also coached adolescent girls in basic financial literacy, along with livelihood skills training, business planning and budget management. The World Bank conducted an impact evaluation and found that among program participants and compared to non-participants, pregnancy rates were 26% lower, condom use increased by 28%, early entry into marriage/cohabitation fell by 58% and reports of having unwanted sex decreased by 50%.⁷⁴

Important remark: Interventions must be context specific, and it may be relevant to adopt approaches at multiple levels and work with multiple sectors in a particular context, while approaches at only certain levels and with certain sectors will be needed in another context. In order not to do harm, assessment must be conducted before designing any preventive interventions and must be adapted to the context.

3.0. PRIMARY PREVENTION APPROACHES WITHIN THE SOCIO-ECOLOGICAL MODEL



The following findings present the approaches common to all the CP risks analyzed. The approaches identified focus on primary prevention (i.e., interventions taking place before CP risks occur at individual, relationship, community, society, and international and regional levels). Nonetheless, these approaches may also be relevant to address a specific source of threat and/or vulnerabilities of a child who is identified as being at particularly high risk of abuse, neglect, exploitation or violence (i.e., secondary prevention), and/or to reduce the longer-term impact of harm and reduce the chance of recurring harm to a child who has already suffered abuse, neglect, exploitation or violence (i.e., tertiary prevention).

3.1. Child Level

This level corresponds to the child/individual level of the socio-ecological model and approach addressing risk factors such as age, gender, special needs, etc. At child level, the main approach identified during the desk review was related to access to quality education and life skills.

3.1.1. Access to Quality Education and Life Skills

The desk review indicates that access to quality education and life skills is essential to prevent CP risks. According to the International Network for Education in Emergencies, access is the “opportunity to enroll in, attend and complete a formal or non-formal education program. When access is unrestricted, it means that there are no practical, financial, physical, security-related, structural, institutional or socio-cultural obstacles to prevent learners from participating in and completing an education program.”⁷⁵

Quality education refers to education that is “affordable, accessible, gender-sensitive and responds to diversity. It includes 1) a safe and inclusive learner-friendly environment; 2) competent and well-trained teachers who are knowledgeable in the subject matter and pedagogy; 3) an appropriate context-specific curriculum that is comprehensible and culturally, linguistically and socially relevant for the learners; 4) adequate and relevant materials for teaching and learning; 5) participatory methods of instruction and learning processes that respect the dignity of the learner; 6) appropriate class sizes and teacher-student ratios; and 7) an emphasis on recreation, play, sport and creative activities in addition to areas such as literacy, numeracy and life skills.”⁷⁶

Then, life skills correspond to “skills and abilities for positive behavior that enable individuals to adapt to and deal effectively with the demands and challenges of everyday life. They help people think, feel, act and interact as individuals and as participating members of society. Life skills fall into three inter-related categories: cognitive; personal or emotional; and interpersonal or social. Life skills can be general: for example, analyzing and using information, communicating and interacting effectively with others. They may be about specific content areas, such as risk reduction, environmental protection, health promotion, HIV prevention, prevention of violence or peace-building. The need for life skills often increases in situations of crisis, requiring increased emphasis on building life skills that are relevant and applicable to the emergency and local contexts.”⁷⁷

Evidence indicates that access to quality formal and non-formal education and life skills (such as communication, problem-solving, empathy, emotional regulation, conflict management) reduces the occurrence of CP risks in both humanitarian and development settings.⁷⁸ Schools and non-formal places where children can have access to education and life skills offer safe spaces to children.⁷⁹ For instance, girls attending schools will be less exposed to risk of recruitment by armed forces or armed groups.⁸⁰ Through access to quality education and life skills, children are also empowered as they develop a sense of self-esteem and self-efficacy,⁸¹ as well as the capacity for problem solving, learning and adaptation, and to make/find meaning in life,⁸² and this reduces the occurrence of CP risks in and outside schools/non-formal places. Moreover, teachers and education personnel gain knowledge and adopt “pro-social behaviors” that can help to reduce harm to children in schools and the communities.⁸³ However, schools can also be a source of risk for children. For example, schools are sometimes targeted by armed forces and armed groups or can be used as recruitment sites. There is also the risk of violence against children in schools, from teachers or school personnel or between students.

Table 6 presents the rationale, challenges and level of evidence for how access to quality education and life skills can prevent the different CP risks. Risk factors pertaining to accessing quality education and life skills at the different levels of the socio-ecological model are also included.

Table 6: Details on Access to Quality Education and Life Skills

Level of Evidence	CP Risks	Rationale and Potential Challenges	Rationale and Potential Challenges
Effective to Prevent	Physical and emotional maltreatment. ⁸⁴	Age, gender, access to and level of education, children out of school, history of disease and mental health, experience of abuse, neglect, exploitation and/or violence. ⁸⁵	Access to quality education protects girls and boys against victimization and the perpetration of physical and emotional maltreatment. This also enables them to gain skills so that they can avoid violence at school and within their communities. However, an important prerequisite is that schools should be safe places and teachers/school personnel should be trained on the prevention of child maltreatment. ⁸⁶
	Mental health and psychosocial distress. ⁸⁷	Age, gender, access to and level of education, history of disease and mental health, experience of abuse, neglect, exploitation and/or violence. ⁸⁸	Schools are one of the most important community settings for the prevention of mental health and psychosocial distress of children/youth. Mental health promotion programs in schools, especially those adopting a whole school approach, lead to positive mental health, social and educational outcomes. There is also good evidence regarding the impact of school-based programs and promising evidence from multi-component community-based studies. The studies reviewed demonstrate the feasibility and effectiveness to integrate mental health and psychosocial distress prevention interventions into education and community programs such as community empowerment, poverty reduction, etc. ⁸⁹

<p>Promising to prevent</p>	<p>GBV.⁹⁰</p>	<p>LGBTI and disability status, education level, lack of employment or engagement in livelihoods, alcohol and drug abuse, displacement from home community, separation from family/support structures, experiences in armed groups as combatants or abductees, integration experience of former combatants/abductees, acceptance of Violence Against Women and Girls (VAWG), experiences of VAWG in childhood.⁹¹</p>	<p>School-based child sexual abuse prevention education programs inform children, teachers, and parents about sexual abuse and can prevent such abuse from occurring. Several studies demonstrate that school-based programs increase children's knowledge and skills related to child sexual abuse prevention. Recent research indicates that beginning primary prevention with preschoolers is feasible, and that children as young as 3 years old can learn to recognize inappropriate touching and acquire self-protection skills. In the school-based programs, teachers play an important role in instructing children about child sexual abuse prevention knowledge and self-protection skills and teachers can also provide protective behaviors for young children.⁹²</p>
<p>Suggested to prevent</p>	<p>Dangers and injuries.⁹³</p>	<p>Age and access to and level of education.⁹⁴</p>	<p>Evidence shows that teaching children life skills, such as how to swim, can protect them from injuries or death. However, teaching a child to swim can be hazardous if appropriate safety measures are not in place. In low and middle-income countries, conditions such as malnutrition, birth injury with physical and/or mental disability, asthma and epilepsy can put children aged under 6 years at risk of drowning if they have such undetected conditions. Preventing drowning among children aged under 6 years must therefore use other strategies such as barriers to water and capable supervision.⁹⁵</p>

<p>CAAFAG.⁹⁶</p>	<p>Age, gender and access to and level of education and children out of school⁹⁷, displacement⁹⁸, socio-economic background, child labor,⁹⁹ experience of abuse, neglect, exploitation and/or violence,¹⁰⁰ attracted by honor and duty, revenge, a sense of purpose, and/or need for protection¹⁰¹ and ideology or religion.¹⁰²</p>	<p>A qualitative program evaluation reports that quality education is a powerful tool in preventing girls from joining armed groups. The lack of access to quality education, especially among girls, is one of the main risk factors for their recruitment by armed forces or armed groups.¹⁰³ However, schools can be violent environments, be places for recruitment and/or represent military targets.¹⁰⁴ Authorities, communities and leaders, teachers, and parents should work together to prevent the recruitment of children in and around schools.¹⁰⁵</p>
<p>Child labor.¹⁰⁶</p>	<p>Displacement¹⁰⁷, already working and at risk of engaging in WFCL as a result of the emergency¹⁰⁸, sense of responsibility to take care of family/ contribute to family income¹⁰⁹, engaging in risky behavior, specifically early sexual initiation¹¹⁰, survival sex¹¹¹, substance use¹¹², children's access to and level of education, children out of school, and/or contact with the justice system, experience of abuse, neglect, exploitation and/or violence¹¹³.</p>	<p>A study shows there are gender disparities in education in India that are influenced by the lack of school-infrastructure and social norms. As a result, girls have less access to education than boys. Providing quality, free, inclusive and equitable education to all children, including children from families with low income (i.e., those to which the majority of child workers belong), and strengthening primary education can prevent child labor. In addition, evolving alternative production system, sensitization of workers on the matters of exploitation, unionization of adult workers, deconstruction of parental attitude toward educating female children through appropriate social education, vocational training and technical education to child workers are the most important measures that can lead to the elimination and prevention of child labor in general, and female child labor in particular.¹¹⁴</p>

	UASC. ¹¹⁵	Displacement, ¹¹⁶ children's access to and level of education, children out of school, basic needs unmet, behavioral issues, including contact with the justice system, ¹¹⁷ alcohol or substance abuse, ¹¹⁸ history of disease and mental health ¹¹⁹ , experience of abuse, neglect, exploitation and/or violence. ¹²⁰	Providing quality education opportunities to children can prevent their separation from their families. ¹²¹ In addition, working with teachers and education personnel is required to ensure prevention measures are developed such as considering prevention of separation in school evacuation procedures in case of attack. ¹²² In terms of life skills, there needs to be support of children to identify, learn and promote behaviors that prevent or mitigate separation, such as teaching younger siblings names and phone numbers or developing family plans with their parents in case of conflict or natural hazard. ¹²³
	Children in contact with the justice system. ¹²⁴	History of disease and mental health, substance and alcohol abuse, early sexual initiation, experience of abuse, neglect, exploitation and/or violence, children's access to and level of education, children out of school, and socio-economic background. ¹²⁵	Prevention programs should include early care and quality education, educational and vocational activities, apprenticeships, and life skills programs to all children, including the ones at risk to come in contact with the law. ¹²⁶

Good Practice: In Angola, ChildFund partnered with World Learning for Educational Development to reduce the incidence of exploitative child labor by providing quality educational services for children and youth. The efforts were wide-ranging and included the improvement of infrastructure and teaching quality in schools, the provision of non-formal educational opportunities in areas where none were available, the awareness-raising in communities of both the importance of education and the dangers of exploitative child labor, advocacy work encouraging the Angolan government to build child protection into policy, and to develop a child labor monitoring system. The program demonstrated the power of education against exploitative child labor and exceeded its target by 42%.¹²⁷

3.2. Relationship Level

This level corresponds to the relationship level of the socio-ecological model and approaches addressing risk factors within the household, and during income and strengthening activities. A family-based approach and an income and strengthening approach were identified during the desk review.

3.2.1. A Family-based Approach

The documents analyzed during the desk review mention that a family-based approach prevents harm to girls and boys. According to this approach, the “family unit” is at the heart of the intervention and should be strengthened.¹²⁸ It should be noted that families can also be a source of abuse or neglect of children. A review indicates that, through a family-based approach, “family members can influence one another’s well-being and have a significant effect on the outcomes of interventions” aiming at preventing depression.¹²⁹ Supporting families, and especially parents/caregivers, to understand positive discipline and effective communication helps to increase connectedness and the development of parent-child responsiveness, and this decreases violence. Through families’ awareness and training, home visits, support groups, parents/caregivers gain the opportunities to improve their well-being and ability to regulate their emotions, as well as becoming responsive parents/caregivers.¹³⁰

Table 7 presents the rationale, challenges and level of evidence for how a family-based approach can prevent the different CP risks. Risk factors pertaining to this approach at the different levels of the socio-ecological model are also included.

Table 7: Details on Family-Based Approach

Level of Evidence	CP Risks	Rationale and Potential Challenges	Rationale and Potential Challenges
Effective to Prevent	Physical and emotional maltreatment. ¹³¹	Family’s socio-economic background, lack of access to economic and livelihood opportunities, family composition and relationship, substance and alcohol abuse, and history of mental health. ¹³²	In post-conflict settings, such as Myanmar, families have gained positive parenting skills. A randomized control trial demonstrated that group-based parenting programs, combined with a few home visits, can reduce harsh physical and psychological punishment, increase positive strategies to manage children’s behavior, and enhance the quality of caregiver-child interactions. ¹³³
	GBV. ¹³⁴	Increased stresses on the household, including increased poverty, displacement, etc., increased controlling behaviors, unequal decision making and division of labor, men’s perception of their lack of ability to fulfill traditional masculine roles, choice in marriage/partner, and reintegration of combatants into the household. ¹³⁵	A review demonstrates that parenting programs to prevent intimate partner violence (IPV) and child maltreatment, delivered through sessions on improving parenting skills rather than home visits, are effective in reducing IPV. Moreover, through a focus on gender norms around children and pregnancy, such programs provide an opportunity to improve parenting skills and relationships between parents. ¹³⁶

Promising to Prevent	Dangers and injuries. ¹³⁷	Caregivers' level of education and awareness, family history and relationship, ¹³⁸ family's dangerous behaviors and practices, and cultural beliefs, ¹³⁹ physical environment and products in the household. ¹⁴⁰	Raising the awareness and educating families about the consequences of injuries and the preventive measures to mitigate risks in the home is key to preventing child injuries. Awareness raising and parental education for behavioral change is key to prevent child injuries. In addition, the home physical environment should be modified/improved. ¹⁴¹
	Mental health and psychosocial distress. ¹⁴²	Family's socio-economic background, unemployment, family composition and relationship, ¹⁴³ substance and alcohol abuse, ¹⁴⁴ caregivers' history of mental health and/or suicide attempt. ¹⁴⁵	In humanitarian settings, supporting parents/caregivers through the provision of MHPSS, positive parenting programs and strengthened family and community supportive networks helps to reduce mental health and psychosocial distress of children and their families. Nonetheless, effective preventive programs should also include interventions at both child (through responsive interaction, learning and development, positive relationships, and safe and nurturing environments) and community levels (through strengthened care systems, activated natural community support, and well-being and protection awareness) are required to prevent mental health and psychosocial distress of children and families. ¹⁴⁶
Suggested to Prevent	CAAFAG. ¹⁴⁷	Absence/separation from caregivers ¹⁴⁸ and/or displacement, family history and relationship, ¹⁴⁹ forced marriage for girls, ¹⁵⁰ existing affiliation of family members with armed forces or groups and/or an ideology, ¹⁵¹ socio-economic background and unemployment. ¹⁵²	To prevent the recruitment of girls and boys by armed forces or armed groups in fragile States, policies are needed at national and local levels for Integrated Parent Education and Support Systems that could strengthen families and improve parenting behaviors. ¹⁵³ Family relationship, and especially relationship between children and parents/caregivers, is one of the main risk factors of recruitment of children by armed forces or armed groups, and improving parenting can reduce the occurrence of this CP risk. ¹⁵⁴

<p>WFCL.¹⁵⁵</p>	<p>Separation from caregivers¹⁵⁶ and/or displacement,¹⁵⁷ family composition and relationship,¹⁵⁸ food insecurity,¹⁵⁹ and/or lack of employment of caregiver(s),¹⁶⁰ caregivers involved in illicit work/activities,¹⁶¹ lack of access to formal labor market, especially for refugees,¹⁶² education level of caregivers,¹⁶³ disability/ill caregiver or other family members,¹⁶⁴ siblings that work,¹⁶⁵ early and forced marriage.¹⁶⁶</p>	<p>Child trafficking prevention interventions should include the awareness and education of families and parents on the consequences of this issue, as well as how child traffickers operate and how to protect children. However, such awareness and education interventions should also target children/youth, communities, local/village chiefs, politicians, Child trafficking prevention interventions should include the awareness and education of families and parents on the consequences of this issue, as well as how child traffickers operate and how to protect children. However, such awareness and education interventions should also target children/youth, communities, local/village chiefs, politicians, law enforcement personnel, government officials, social workers, teachers and medical professionals.¹⁶⁷</p>
<p>UASC.¹⁶⁸</p>	<p>Displacement,¹⁶⁹ absence or separation from caregivers,¹⁷⁰ family composition and relationship¹⁷¹ and elderly caregivers,¹⁷² early and forced marriage, economic vulnerability or loss, disability/ill family member, substance abuse of caregiver(s), family's history of mental health.¹⁷³</p>	<p>In humanitarian settings, family-based interventions can reduce the occurrence of separation of children from their families where HIV is present. These interventions not only address risk factors, but also seek to strengthen resilience and build on naturally occurring cultural and family strengths to facilitate positive outcomes. Through family communication, good parenting, family connectedness, and parental understanding related to HIV, parent-child relationships are strengthened.¹⁷⁴</p>

	Children in contact with the justice system. ¹⁷⁵	Family’s socio-economic background and level of education, family members involved in criminal activities ¹⁷⁶ , family composition and relationship, substance and alcohol abuse, history of family’s mental health. ¹⁷⁷	To address risk factors at family level, such as family composition and relationship, substance and alcohol abuse, history of family’s mental health, ¹⁷⁸ there needs to be an implementation of family-focused interventions with long-term effects, such as functional family therapy and behavioral parent training. ¹⁷⁹
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Good Practice: In South Africa, Parenting for Lifelong Health (PLH) is an evidence-based parenting intervention for low-resource settings. The PLH aims at preventing child maltreatment and other forms of violence, such as youth violence and IPV. This program includes PLH for infants, pre-adolescents and adolescents. All PLH prototype programs are based on shared social learning principles, which include modeling of learned behavior, positive parenting skills before discipline, positive reinforcement to promote good behavior, positive instruction-giving, ignoring negative attention-seeking behavior, and nonviolent limit-setting. There is preliminary evidence of effectiveness for these prototype programs; for instance, compared to a control group, there was a 44% reduction of physical abuse according to caregivers.¹⁸⁰

3.2.2. An Income and Economic Strengthening Approach

The desk review shows that an income and economic strengthening approach is key to preventing CP risks. An income and economic strengthening approach refers to the provision of income, economic opportunities, and/or material resources to families/households struggling for their basic needs like food, shelter and medical services.¹⁸¹ Such families/households are predisposed to domestic violence and the lack of meaningful income is a risk factor for child maltreatment as family/household members with low income are often stressed and abusing children verbally, physically and/or emotionally and may be a “channel” for this stress.¹⁸² Therefore, reducing household poverty – through cash transfers, savings and loans groups, micro-finance support¹⁸³ and material support¹⁸⁴ – is a key approach to preventing CP risks as this reduces economic stress and potential triggers for inter-familial/household conflict.¹⁸⁵

Table 8 presents the rationale, challenges and level of evidence for how an income and economic strengthening approach can prevent the different CP risks. Risk factors pertaining to this approach at the different levels of the socio-ecological model are also included.

Table 8: Details on Income and Economic Strengthening Approach

Level of Evidence	CP Risks	Rationale and Potential Challenges	Rationale and Potential Challenges
<p>Effective to Prevent</p>	<p>Physical and emotional maltreatment.¹⁸⁶</p>	<p>Family’s socio-economic background and caregivers’ unemployment, family composition and relationship, substance and alcohol abuse, and history of mental health.¹⁸⁷</p>	<p>Income and economic strengthening interventions help to reduce child maltreatment and IPV as the likelihood that children witness such violence, suffer the consequences, and become victims or perpetrators of violence is decreased. Moreover, increasing women’s access to income and economic resources is a protective factor for child maltreatment. For instance, when cash transfers are provided for women along with parent training, they have also been shown to improve parental monitoring and reduce child maltreatment. However, standalone cash transfers interventions for girls may increase their risk of sexual harassment. Economic asset-building must be accompanied by simultaneous strengthening of social assets – including social networks and reproductive health knowledge – to avoid girls’ increased risk of sexual violence.¹⁸⁸</p>
	<p>GBV.¹⁸⁹</p>	<p>Increased stresses on the household, including increased poverty, displacement, etc., increased controlling behaviors, unequal decision making and division of labor, men’s perception of their lack of ability to fulfill traditional masculine roles, choice in marriage/partner, and reintegration of combatants into the household.¹⁹⁰</p>	<p>The provision of financial and/or material incentives to families – in the form of school uniforms, livestock or cash transfers – has had promising results in reducing child marriage. These incentives have often been conditional on the girl staying in school or staying unmarried until the age of 18 years. Yet, a program in Malawi showed promising results in keeping girls in school and delaying marriage through unconditional cash transfers.¹⁹¹</p>

<p>Effective to Prevent</p>	<p>UASC.¹⁹²</p>	<p>Displacement,¹⁹³ absence or separation from caregivers,¹⁹⁴ family composition and relationship¹⁹⁵ and elderly caregivers,¹⁹⁶ early and forced marriage, economic vulnerability or loss, disability/ill family member, substance abuse of caregiver(s), family's history of mental health.¹⁹⁷</p>	<p>In low- and middle-income countries, poverty is a primary cause of separation of children from their families. In humanitarian settings, “a useful strategy for preventing child-family separation is to organize child-focused social protection systems that include economic support (e.g., vocational training) to at-risk families.” Some evidence suggests the protective value of such economic interventions for mothers; however, other research indicates these programs have limited reach and may temporarily increase child labor or reduce the time available for school. A significant challenge is that economic development and CP practitioners have distinct technical expertise and remain largely separated from each other. A high priority is to integrate preventive economic and CP interventions.¹⁹⁸</p>
<p>Promising to Prevent</p>	<p>No studies found.</p>		
<p>Suggested to Prevent</p>	<p>Mental health and psychosocial distress.¹⁹⁹</p>	<p>Family's socio-economic background and unemployment, family composition and relationship,²⁰⁰ substance and alcohol abuse,²⁰¹ caregivers' history of mental health and/or suicide attempt.²⁰²</p>	<p>There are multiple layers of MHPSS needed to adequately meet the needs of all children and caregivers. One of these layers corresponds to children's and caregivers' basic needs that should be met appropriately. Running family preservation programs aiming at strengthening vulnerable families' socioeconomic status and thus improving the well-being and reducing the likelihood of mental health and psychosocial distress of children and their families is critical.²⁰³</p>

	<p>CAAFAG.²⁰⁴</p>	<p>Absence/separation from caregivers²⁰⁵ and/or displacement,²⁰⁶ family history and relationship,²⁰⁷ forced marriage for girls,²⁰⁸ existing affiliation of family members with armed forces or groups and/or an ideology,²⁰⁹ lack of income and/or unemployment.²¹⁰</p>	<p>At relationship level, one of the main risk factors of recruitment of children by armed forces or armed groups is the lack of financial resources.²¹¹ Improving families' income through the provision of small business support and income-generating activities (IGAs) can prevent the recruitment of children. Such interventions should also include access to child protection services, safe spaces, education, life skills, vocational training for children. Their parents should also be sensitized on child recruitment, and communities' support networks should be strengthened.²¹²</p>
	<p>Child labor.²¹³</p>	<p>Separation from caregivers²¹⁴ and/or displacement,²¹⁵ family composition and relationship,²¹⁶ socio-economic background and food insecurity,²¹⁷ and/or lack of employment of caregivers,²¹⁸ caregivers involved in illicit work/ activities,²¹⁹ lack of access to formal labor market, especially for refugees,²²⁰ education level of caregivers,²²¹ disability/ill caregiver or other family members,²²² siblings that work,²²³ early and forced marriage.²²⁴</p>	<p>In development settings, schools in rural or urban poor areas do not receive adequate financial support from the government. As a consequence, the cost of sending children to school is too high for families with low income. Organizing simple IGAs within the school but replicable on a wider scale throughout the community have been proven to be an effective alternative to families choosing to send their children to work and to ensure they benefit from an education. Several quality education programs have included IGAs on school premises to offset the schooling costs of poor or working children. This income has been used for different purposes, including buying uniforms, paying school levies and improving the school environment and facilities. In addition, schools could also be used as community centers through which skills in IGAs could be transferred to families to enable them to carry out similar activities at home to support the household. Involving parents directly in project activities also helps them to value the education of their children more and makes them more aware of the risks of child labor.²²⁵</p>

	Children in contact with the justice system. ²²⁶	Family's lack of income, level of education of caregivers, family members involved in criminal activities, ²²⁷ family composition and relationship, substance and alcohol abuse, history of family's mental health. ²²⁸	At relationship level, one of the major risk factors of being in contact with the justice system is the lack of income. ²²⁹ Providing families with economic support and opportunities to meet essential needs can prevent children from being in contact with the justice system. Such interventions should be implemented together with activities promoting the child's and family's healthy development, improve family functioning, meet and strengthen neighborhoods and community support networks. ²³⁰
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Good Practice: In Burundi, the International Rescue Committee's EA\$E program aimed at reducing incidence of IPV and improving women's overall decision-making. A discussion group series, Talking about Talking (TaT), was integrated into a traditional Village Savings and Loan Association (VSLA) intervention. An evaluation demonstrated a statistically significant decrease in the incidence of IPV among women at high or moderate risk in the intervention group. Furthermore, the VSLA and the TaT group were associated with both an increase in decision-making and use of negotiation skills, and a decrease in overall acceptance of violence. The evaluation showed interventions addressing underlying risks of Violence Against Women (VAW) through engaging both men and women in an empowering manner can be successful in changing deeply entrenched social norms and, ultimately, reducing levels of violence.²³¹

3.3. Community-Level

This level corresponds to the community level of the socio-ecological model and approaches addressing risk factors, such as unemployment, armed conflict, criminality, harmful social norms and values, etc. A community-level approach and changing social norms and values were identified during the desk review.

3.3.1. A Community-level Approach

The findings of the desk review indicate that a community-level approach plays a meaningful role in the prevention of CP risks. A community-level approach can be defined as an approach "that seeks to ensure that community members are able to protect children and ensure their right to healthy development."²³² Communities are key actors in the prevention of CP risks; however, in humanitarian settings, their ability to protect children may be weakened, and they can also be a source of risk for children (from the physical environment and/or community members).²³³ CP practitioners need to assess and understand how communities "naturally" protect children (i.e., what communities are doing themselves to prevent CP risks), and these "natural" community supports should be reinforced through community mobilization, capacity building, etc.²³⁴

Table 9 presents the rationale, challenges and level of evidence for how a community-level approach can prevent the different CP risks. Risk factors pertaining to this approach at the different levels of the socio-ecological model are also included.

Table 9: Details on Community-Level Approach

Level of Evidence	CP Risks	Rationale and Potential Challenges	Rationale and Potential Challenges
<p>Effective to Prevent</p>	<p>GBV.²³⁵</p>	<p>Ongoing intra- and inter-communal violence, explicit targeting of women and girls for rape and killing to reduce reproductive capacity or de-humanize opposition groups, acceptance of discriminatory gender roles, lack of economic opportunities due to instability, normalization of violence and continued acts of rape, etc., stigma against reintegration of former combatants or abductees, increase in female headed households.²³⁶</p>	<p>In humanitarian settings, community-level interventions are the most successful in preventing GBV, and they include awareness-raising programs that are multi-exposure, involve both women and men, and focus on strengthening family relationships. However, the success of these interventions has only been measured in the short term, and often using non-rigorous methodologies. Their long-term effectiveness is still unproven.²³⁷</p>
	<p>Mental health and psychosocial distress.²³⁸</p>	<p>Community violence and poor social connections.²³⁹</p>	<p>Mapping and building on resources within the community helps to prevent mental health and psychosocial distress of children and families. In this regard, “natural” community networks, practices and processes to prevent mental health and psychosocial distress should be systematically identified and strengthened. This contributes to a stronger overall care environment promoting the inclusion of the most vulnerable children and families and reduces the potential for harm.²⁴⁰</p>
<p>Promising to Prevent</p>	<p>No studies found.</p>		

Suggested to Prevent	Physical and emotional maltreatment. ²⁴¹	Community's violence, concentrated and disadvantaged neighborhood, and poor social connections. ²⁴²	Adopting a community-level approach can prevent child physical and emotional maltreatment through the identification of a community leader who will act as role model, the engagement of the different stakeholders at community level to avoid physical and emotional maltreatment, gain community support through awareness raising, and launch education and awareness-raising campaigns for ending corporal punishment. ²⁴³
	Dangers and injuries. ²⁴⁴	Value placed on education by communities and community's awareness. ²⁴⁵	Community-led risk mapping and supporting communities so that communities map risks and design and develop campaigns can prevent child injuries. Such interventions ensure communities' ownership and help to reach positive outcomes for children. ²⁴⁶
	CAAFAG. ²⁴⁷	Poverty, ²⁴⁸ displacement, ²⁴⁹ geographic proximity to armed forces or groups ²⁵⁰ or host communities in urban areas. ²⁵¹	Working on both community mobilization and engagement of armed groups/forces can prevent the recruitment of children by armed forces or armed groups. For instance, in Colombia, community awareness-raising and public education activities have been conducted by trained community and religious leaders to prevent child recruitment. ²⁵²
	Child labor. ²⁵³	Poverty and displacement, ²⁵⁴ urban/rural areas, ²⁵⁵ school closures, ²⁵⁶ presence of humanitarian aid (e.g., growing construction industry leading to demand for workers) ²⁵⁷ or insufficient humanitarian assistance in comparison to needs, ²⁵⁸ and breakdown of community support. ²⁵⁹	Adopting a community-level approach can prevent the occurrence of child labor by fostering social dialogue between actors of the communities (e.g., exchange of information, consultations or negotiations between employees and employers). In addition, an entity is needed to connect local institutions, representatives of municipalities, trade unions, employers' associations, NGOs, universities and other social actors to organize awareness and training days, etc. ²⁶⁰

	UASC. ²⁶¹	Displacement, ²⁶² poverty, ²⁶³ lack of educational opportunities, ²⁶⁴ proximity to/ existence of child care institutions catering to children with caregivers, or child labor, ²⁶⁵ social cohesion ²⁶⁶ and breakdown of community support. ²⁶⁷	To prevent the separation of children from their families in humanitarian settings, promising interventions include the use of a community-level approach that aids social integration. Nonetheless, it should be mentioned that livelihood supports are the most effective in regard to preventing and responding to children living outside family care. ²⁶⁸
	Children in contact with the justice system. ²⁶⁹	Community violence, unsafe neighborhood, harmful peer influence and gender norms, ²⁷⁰ poor school systems, limited economic opportunities ²⁷¹ and access to firearms. ²⁷²	A community-level approach can address the main risk factors for children to be in contact with the justice system such as community violence, unsafe neighborhood and harmful peer influence. ²⁷³ In the Philippines, community volunteers became child rights advocates in their communities, and peer educators helped to prevent children from being in contact with the justice system. ²⁷⁴

Good Practice: Community mobilization approaches have been used successfully to reduce Female Genital Mutilation (FGM) and child marriage. In West-Africa, community-based education programs addressing a range of issues, including health, literacy and human rights, have been implemented, and villagers identified both FGM and IPV as key issues. In many cases, villages have taken pledges to renounce FGM and encourage neighboring villages to do the same. A quasi-experimental assessment of the program in Senegal noted mothers of girls aged 0-10 years less frequently reported their daughters had undergone FGM in the intervention villages than in the comparison villages.²⁷⁵

3.3.2. Changing Social Norms and Values

The desk review underlines the importance of changing social norms and values. The CPMS define social norms as “rules of behavior that are generally expected and supported in a given context. Violence, abuse, neglect and exploitation can be prevented by positive social norms or can be upheld by negative social norms, such as the ‘right’ of parents to hit their children.”²⁷⁶ Changing social norms and values is a critical step in the prevention of harm to girls and boys, but certain social norms and values can be deeply anchored in communities’ behaviors and practices (e.g., corporal punishment in schools or child marriage).²⁷⁷ To successfully change social norms and values, it is recommended to run both community- and small group-level activities, combined with law enforcement and life skills interventions.²⁷⁸

Table 10 presents the rationale, challenges and level of evidence for how changing social norms and values can prevent the different CP risks. Risk factors pertaining to this approach at the different levels of the socio-ecological model are also included.

Table 10: Details on Social Norms and Values Change

Level of Evidence	CP Risks	Rationale and Potential Challenges	Rationale and Potential Challenges
<p>Effective to Prevent</p>	<p>Physical and emotional maltreatment.²⁷⁹</p>	<p>Harmful social norms and values, and harmful behaviors and practices.²⁸⁰</p>	<p>The modification of social norms and values through norm-change activities at community-level, such as awareness-raising or small-group level, is effective to prevent child physical and emotional maltreatment when combined with other elements, such as legislation or life-skills training.²⁸¹</p>
	<p>GBV.²⁸²</p>	<p>Ongoing intra- and inter-communal violence, explicit targeting of women and girls for rape and killing to reduce reproductive capacity or de-humanize opposition groups, acceptance of discriminatory gender roles, lack of economic opportunities due to instability, normalization of violence and continued acts of rape, etc., stigma against reintegration of former combatants or abductees, increase in female headed household.²⁸³</p>	<p>Community mobilization interventions reduce GBV at the population level through changes in public discourse, practices and norms for gender and violence. However, such interventions should engage stakeholders at different levels (e.g., community men and women, youth, religious leaders, police, teachers, and political leaders) during group support and education processes, public events and advocacy campaigns in which ideas are elicited and discussed.²⁸⁴</p>
	<p>WFCL.²⁸⁵</p>	<p>Gender norms,²⁸⁶ social, cultural acceptance of child labor.²⁸⁷</p>	<p>Multiple social norms and values enable the sexual exploitation of girls.²⁸⁸ Changing these social norms and values through community mobilization and awareness helps to prevent WFCL, such as child trafficking. However, actors at different levels should participate, such as children, families, professionals working with children and national authorities.²⁸⁹</p>

Promising to Prevent	No studies found.		
Suggested to Prevent	Dangers and injuries. ²⁹⁰	Community's dangerous behaviors and practices, cultural beliefs, ²⁹¹ physical environment and products in the community. ²⁹²	Cultural and religious beliefs around the concept of fate can explain child injuries in certain contexts. A study suggests that some parents may misunderstand the concept of fate, and this could negatively influence their practice in the area of child injury prevention. This suggests the need for clarification of this misunderstanding among the parents and the wider community through awareness-raising and education. ²⁹³
	Mental health and psychosocial distress. ²⁹⁴	Harmful social norms and values, and harmful behaviors and practices. ²⁹⁵	In humanitarian settings, community "natural" supports (e.g., community leaders) should be activated to prevent mental health and psychosocial distress of children and families, and this could be done through communication for development activities with community organizations such as women's groups. Communication for development involves understanding people, their beliefs and values, and the social and cultural norms that shape their lives. It involves engaging communities and listening to adults and children as they identify problems, propose solutions and act on them. ²⁹⁶
	CAAFAG. ²⁹⁷	Community's traditional practices, ²⁹⁸ ideology and religion. ²⁹⁹	Girls and boys may be recruited for different reasons and used by armed forces or armed groups in different ways. Preventive interventions should adopt a gender-sensitive approach. For instance, traditional beliefs about the entry of boys into manhood can strongly influence their participation in fighting forces. ³⁰⁰

	UASC. ³⁰¹	Social norms; ³⁰² customary care practices; ³⁰³ perceived benefits of placement in alternative care, including a belief that services will be better provided to children; and harmful traditional practices. ³⁰⁴	Gender norms should be taken into consideration while designing programs aiming at preventing the separation of children from their families. For example, female caregivers play a significant role in decision-making and provision of care to children. It is therefore important to understand the role of each parent in the decision of placement in alternative care, and successful interventions should mitigate the inequitable gender norms around domestic roles or education. ³⁰⁵
	Children in contact with the justice system. ³⁰⁶	Harmful behaviors and practices. ³⁰⁷	At community level, harmful social norms and values represent the main risk factors of being in contact with the justice system. ³⁰⁸ Gender-sensitive interventions can prevent girls and boys from being in contact with the justice system. ³⁰⁹

Good Practice: SASA! is a community mobilization intervention developed by Raising Voices in Uganda that aims to prevent GBV by addressing gender inequality and social norms around the acceptability of violence, working through trained community activists. It was designed to systematically work with a broad range of stakeholders within the community, with deep community coverage to promote critical analysis and discussion to change power inequalities and norms that perpetuate VAW.³¹⁰ SASA! was evaluated over five years in a cluster randomized controlled trial. At end line deeply entrenched behaviors shifted, with women’s past year experiences of physical IPV approximately 50% lower in intervention communities compared to control communities.³¹¹

3.4. Society Level

This level corresponds to the society/State level of the socio-ecological model and approaches addressing risk factors, such as weak State and law enforcement, poverty, harmful policies, armed conflict, criminality, etc. A monitoring approach and system strengthening approaches were identified during the desk review.

3.4.1. A Monitoring Approach³¹²

The desk review highlights the importance of a monitoring approach for any preventive intervention. According to the CPMS, “at program level, monitoring is an ongoing, internal process of data collection focused on inputs and outputs. At coordination level, monitoring both the situation and the response is central to optimizing the impact of efforts to protect children in emergencies.”³¹³ With regard to the prevention of CP risks, the aim of monitoring is to define these risks through systematic data collection to better understand them, and then develop, implement and evaluate interventions.³¹⁴

Table 11 presents the rationale, challenges and level of evidence for how a monitoring approach can prevent the different CP risks. Risk factors pertaining to this approach at the different levels of the socio-ecological model are also included.

Table 11: Details on the Monitoring Approach

Level of Evidence	CP Risks	Rationale and Potential Challenges	Rationale and Potential Challenges
Effective to Prevent	Physical and emotional maltreatment. ³¹⁵	Weak State and institutions due to conflict/post conflict and/or natural hazard, lack of governance and rule of law, policies that increase inequalities, poverty. ³¹⁶	Through a monitoring approach, data can be collected to learn the magnitude and circumstances of child physical and emotional maltreatment, track the implementation of planned activities and assess their impact. Monitoring can also help guide efforts to improve strategies, address gaps and promote a sustained focus on prevention. Data should therefore be collected at national level from population-based surveys and facility-based administrative systems, such as hospitals. These data should be accessible by all prevention stakeholders at national, local and community levels. ³¹⁷
Promising to Prevent	No studies found.		

Suggested to Prevent	GBV. ³¹⁸	Unequal gender dynamics, patriarchal norms and practices that discriminate against women, culture of impunity, lack of rule of law, poverty, emphasis on hyper masculinities as facets of warfare, armed actors using rape as a weapon of war, forced enlistment and use of girls as soldiers or in other roles associated with armed groups, Sexual Exploitation and Abuse(SEA) by private and public sector entities, exclusion of female representation in security forces, armies, peace negotiations, lack of response services for survivors, suppressed independent civil society, VAWG not addressed in peace agreements, State building processes exclude governance mechanisms for addressing gender inequality and VAWG. ³¹⁹	Developing independent monitoring mechanisms at national level to track progress can prevent early and forced marriage. Moreover, CP actors need to analyze and assess the impact of existing policies and programs aiming at preventing child, early and forced marriage to ensure their effectiveness and monitor their implementation. ³²⁰
	Mental health and psychosocial distress. ³²¹	Weak State and institutions due to conflict/post conflict and/or natural hazard, poverty and basic needs uncovered. ³²²	Setting up national and/or regional observatory structures that collect data through civil registration, hospitals, surveys, etc., can prevent mental health and psychosocial distress. Such monitoring can help better understand the prevalence of mental health and psychosocial distress among the population and take preventive measures, such as information campaigns, hotlines, etc. ³²³

Suggested to Prevent	Dangers and injuries. ³²⁴	Natural hazard-prone country, lack of technical capacities and resources. ³²⁵	Developing early warning systems (i.e., “complex processes aimed at reducing the impact of natural hazards by providing timely and relevant information in a systematic way”) ³²⁶ can prevent drowning. ³²⁷
	UASC. ³²⁸	Weak State and institutions due to conflict/post conflict and/or natural hazard, lack of governance and rule of law, insecurity, ³²⁹ poverty and high unemployment, ³³⁰ lack of quality education system, ³³¹ recruitment by residential care facilities. ³³²	Little research has been conducted on children living outside family care in low- and middle-income countries. Both research and monitoring are needed about the number, location and diversity of these children to better understand and address the root causes of this CP risk. ³³³
	CAAFAG. ³³⁴	Weak State and institutions due to conflict/post conflict, lack of governance and rule of law, insecurity, ³³⁵ poverty, high unemployment level, lack of quality education system, ³³⁶ propaganda, especially through social media/ internet. ³³⁷	In Chad, a project evaluation underlines the need for the State to develop a national database recording the recruitment and disappearance of children to better address the issue of recruitment and use of girls and boys by armed forces or armed groups. Such a database would help to know how many children are missing and have a deterrent effect. ³³⁸ Nonetheless, the effectiveness of such an intervention has not been measured nor proven, and an in-depth assessment should be conducted as a first step to identify potential security/safety risks for beneficiaries, staff, partners, authorities, etc., in line with the do no harm principle.

Suggested to Prevent	WFCL. ³³⁹	Weak State and institutions due to con-flict/post conflict and/or natural hazard, lack of governance and rule of law, insecurity, ³⁴⁰ lack of recognition of State of certain ethnic groups/ inability to exercise labor rights, ³⁴¹ poverty and insufficient levels of adult workforce, ³⁴² lack of regulation of the labor market, ³⁴³ lack of quality education system. ³⁴⁴	To prevent WFCL, such as child trafficking, data should be collected at national level to better understand this issue and, in particular, children’s sex, religion, age, nationality, ethnicity, socio-economic background and children in need of special protection (i.e., vulnerable groups who are at a higher risk of being exploited). In this regard, States should develop monitoring systems and also track progress made in implementing reforms aiming at preventing this CP risk. ³⁴⁵
	Children in contact with the justice system. ³⁴⁶	Armed conflict and/or terrorism, ³⁴⁷ criminality and poverty, ³⁴⁸ access to firearms, ³⁴⁹ harmful/ violent laws and policies, and violence as a sentence (corporal punishment, death penalty, life imprisonment). ³⁵⁰	At national level, there is a lack of data on children in contact with the justice system. ³⁵¹ It is crucial that States collect accurate disaggregated data on this CP risk, understand what works in their context in terms of prevention, measure the effectiveness of measures and programs, and ensure regular evaluations and monitoring of these programs. ³⁵²

Good Practice: Monitoring linked to MRE and using hospital-based information has led to a better understanding of the scale of the problem and the prevention of child injuries. The data generated guided national policy on injury prevention and helped in identifying contaminated areas and implementing evidence-based advocacy and public education interventions. In Eritrea, UNICEF worked successfully with the government to prevent child injuries and death by integrating landmines and unexploded ordnance into national injury monitoring systems.³⁵³

3.4.2. System Strengthening Approaches

Moreover, the findings of the desk review indicate system strengthening approaches prevent CP risks. According to the CPMS, CP systems include “the people, processes, laws, institutions, capacities and behaviors that normally protect children,” and in humanitarian settings, these systems can “become weak or ineffective.”³⁵⁴ CP systems are “context-specific” and should be strengthened to prevent harm to girls and boys.³⁵⁵ A systematic evidence review underlines the importance of strengthening national and community CP systems to prevent CP risks in both emergency and recovery contexts.³⁵⁶

Table 12 presents the rationale, challenges and level of evidence for how system strengthening approaches can prevent the different CP risks. Risk factors pertaining to these approaches at the different levels of the socio-ecological model are also included.

Table 12: Details on System Strengthening Approaches

Level of Evidence	CP Risks	Rationale and Potential Challenges	Rationale and Potential Challenges
<p>Effective to Prevent</p>	<p>GBV.³⁵⁷</p>	<p>Unequal gender dynamics, patriarchal norms and practices that discriminate against women, culture of impunity, lack of rule of law, poverty, emphasis on hyper masculinities as facets of warfare, armed actors using rape as a weapon of war, forced enlistment and use of girls as soldiers or in other roles associated with armed groups, SEA by private and public sector entities, exclusion of female representation in security forces, armies, peace negotiations, lack of response services for survivors, suppressed independent civil society, VAWG not addressed in peace agreements, State-building processes exclude governance mechanisms for addressing gender inequality and VAWG.³⁵⁸</p>	<p>One of the most prominent public policies to address VAWG in low and middle-income countries is the establishment of specialized police stations for women and girls where they can receive information about their rights. However, most laws aiming at preventing domestic violence are not accompanied by budget allocations and there is often resistance to the laws from male-dominated judiciary and police.³⁵⁹</p>
	<p>Physical and emotional maltreatment.³⁶⁰</p>	<p>Weak State and institutions due to conflict/post conflict and/or natural hazard, lack of governance and rule of law, policies that increase inequalities, poverty.³⁶¹</p>	<p>A systematic review shows that laws prohibiting corporal punishment in 24 countries have been closely associated with decreased support for and use of corporal punishment as a child discipline approach. Adopting laws can indeed result in an increase in social norms and attitudes protecting against the use of violent punishment against children. However, laws and reforms should be implemented in conjunction with the means to enforce these protections.³⁶²</p>

	Mental health and psychosocial distress. ³⁶³	Weak State and institutions due to conflict/post conflict and/or natural hazard, poverty and basic needs uncovered. ³⁶⁴	Evidence for building systems for mental health care after conflict shows emergencies can be a catalyst for the meaningful development of preventive mental health care. A review of lessons learned in 10 countries shows that focusing on system-wide reform to address both new-onset and preexisting mental disorders is crucial. ³⁶⁵
Promising to Prevent	No studies found.		
Suggested to Prevent	Dangers and injuries. ³⁶⁶	Lack of laws and policies enforcement. ³⁶⁷	Legislation enforcement or regulation can lead to changes in individual behavior, such as legislation requiring the use of bicycle helmets, or to changes in industry standards, such as child-resistant packaging for medications. Legislation and regulation are among the most powerful tools to prevent child injuries. ³⁶⁸
	CAAFAG. ³⁶⁹	Weak State and institutions due to conflict/post conflict, lack of governance and rule of law, insecurity, ³⁷⁰ poverty, high unemployment level, lack of quality education system, ³⁷¹ propaganda, especially through social media/ internet. ³⁷²	Capacity building of armed forces on rights and needs of children, including the concept of childhood, stages of development, the international and national laws prohibiting the recruitment and use of children in armed conflict, age verification, unique characteristics of girl soldiers, the role of the military in the protection of children, etc., can prevent the recruitment of children. ³⁷³

Suggested to Prevent	WFCL. ³⁷⁴	Weak State and institutions due to conflict/post conflict and/or natural hazard, lack of governance and rule of law, insecurity, ³⁷⁵ lack of recognition of State of certain ethnic groups/ inability to exercise labor rights, ³⁷⁶ poverty and insufficient levels of adult workforce, ³⁷⁷ lack of regulation of the labor market, ³⁷⁸ lack of quality education system. ³⁷⁹	To address risk factors at society level (e.g., poverty and insufficient levels of adult workforce) ³⁸⁰ to prevent WFCL, such as child trafficking, governments should develop and implement legislation as well as action plans including socio-economic reforms, awareness and education campaigns, etc. ³⁸¹
	UASC. ³⁸²	Weak State and institutions due to conflict/post conflict and/or natural hazard, lack of governance and rule of law, insecurity, ³⁸³ poverty and high unemployment, ³⁸⁴ lack of quality education system, ³⁸⁵ recruitment by residential care facilities. ³⁸⁶	States should implement the human rights frameworks (international legal framework) that recommend preventing family separation. In this regard, national plans are needed to clarify the role and responsibilities of State authorities, local communities and civil society and facilitate coordination and division of labor between them ³⁸⁷ to address the risk factors at State level, such as the lack of governance and rule of law and insecurity. ³⁸⁸
	Children in contact with the justice system. ³⁸⁹	Armed conflict and/or terrorism, ³⁹⁰ criminality and poverty, ³⁹¹ access to firearms, ³⁹² harmful/ violent laws and policies, and violence as a sentence (corporal punishment, death penalty, life imprisonment, etc.). ³⁹³	To prevent children from being in contact with the justice system, States should initiate juvenile justice reforms framed by a child and gender-sensitive approach promoting a juvenile justice system that is fair, effective and efficient. These reforms should also include the use of diversion and alternative non-custodial measures; deprivation of liberty is a measure of last resort, and if used, conditions of detention and the treatment of children respect the dignity and special needs of the child, and minimize the risk of violence. ³⁹⁴

The following approaches aiming at reinforcing systems were identified:

State reform approach: A review suggests initiating State's reform in major sectors such as peace/security, judicial, social protection, education, etc.³⁹⁵ Such reforms are usually part of national action plans³⁹⁶ developed under the aegis of the UN, regional organizations, other States, NGOs, etc.³⁹⁷

Good Practice: To prevent child trafficking, Mali's National Plan of Action included the adoption of laws and regulations against trafficking, cooperation agreements with other States, raising awareness of the general public, etc. The implementation of this National Plan of Action was monitored by a committee composed of representatives from the government, technical and financial partners, national and international NGOs, foreign consular services and diplomatic representations.³⁹⁸

Implementation and enforcement of domestic laws: The enforcement of domestic laws and policies has both educational and deterrent effects on the society, enables the accountability of perpetrators and reduces the exposure of children to key risk factors.³⁹⁹ A review indicates that advocacy actions encourage States to adopt and then enforce domestic laws and policies preventing CP risks.⁴⁰⁰

Good Practice: To prevent child marriage, the global initiative Girls Not Brides has mobilized several governments to establish supportive legal and policy frameworks and integrate a focus on addressing child marriage into the work plans and budgets of their relevant ministries and ensure cross-governmental coordination. Sub-national and local governments also have a crucial role to play in the prevention of child marriage.⁴⁰¹

Capacity building: Training of national and local authorities, the civil society, non-States actors, etc., is a way to prevent harm to girls and boys. According to the UN Office on Drugs and Crime, through capacity building sessions, trainees gain required knowledge in child rights and are thus able take appropriate measures to avoid the occurrence of CP risks when they feel they are included, respected, supported and heard.⁴⁰²

Good Practice: In Sierra Leone, a qualitative evaluation indicated an educational program was successful in preventing the recruitment and use of children by armed and security forces. This program comprised sessions on rights and needs of children, separation of children from their families, international and national laws prohibiting the recruitment and use of children, age verification, the unique characteristics of girl soldiers, the role of the military in the protection of children, etc.⁴⁰³

3.5. International and Regional Level

This level corresponds to the international and regional level of the socio-ecological model and an approach addressing risk factors such as armed conflict, lack of international and regional laws enforcement, lack of international and regional actors’ support, etc. Implementing and enforcing international and regional laws was the main approach identified during the desk review.

3.5.1. Implementing and Enforcing International and Regional Laws

The findings of the desk review indicate that implementing and enforcing international and regional laws is an important preventive approach. International and regional laws correspond to international and regional conventions and treaties, and as explained by the World Health Organization (WHO) for youth violence prevention, adopting international laws, such as the Firearms Protocol of the UN Convention on Organized Crime, provides “a framework for States to control and regulate licit arms and arms flows, prevent their diversion into the illegal circuit and facilitate the investigation and prosecution of related offenses.”⁴⁰⁴ It is worth noting that only States Parties to international and regional conventions and treaties have the legal obligation to implement them.⁴⁰⁵ Through advocacy actions, as well as monitoring and reporting mechanisms (e.g., the Monitoring and Reporting Mechanism on grave violations against children during armed conflict),⁴⁰⁶ States Parties are encouraged to comply with their legal obligations and enforce signed conventions and treaties aiming at preventing harm to girls and boys.⁴⁰⁷

Table 13 presents the rationale, challenges and level of evidence for how implementing and enforcing international and regional laws can prevent the different CP risks. Risk factors pertaining to this approach at the different levels of the socio-ecological model are also included.

Table 13: Details on Implementation and Enforcement of Regional and International Laws

Level of Evidence	CP Risks	Rationale and Potential Challenges	Rationale and Potential Challenges
Effective to Prevent	No studies found.		
Promising to Prevent	No studies found.		
Suggested to Prevent	Dangers and injuries. ⁴⁰⁸	Lack of international and regional laws enforcement. ⁴⁰⁹	The enforcement by States Parties to international conventions and treaties, such as the Firearms Protocol of the UN Convention on Organized Crime, can prevent child injuries. ⁴¹⁰
	Physical and emotional maltreatment. ⁴¹¹	Lack of international and regional laws enforcement. ⁴¹²	The requirement to adopt and implement a national child maltreatment prevention action plan is set out in international and human rights instruments, such as the UN Convention on the Rights of the Child. States Parties to these instruments should comply with their international commitments. ⁴¹³

GBV. ⁴¹⁴	Lack of international and regional laws enforcement. ⁴¹⁵	States Parties to international conventions and treaties aiming at ending child marriage have the obligation under international law to act to address this CP risk. ⁴¹⁶
Mental health and psychosocial distress. ⁴¹⁷	Lack of international and regional laws enforcement. ⁴¹⁸	In terms of MHPSS emergency preparedness, promoting human rights, international humanitarian law, as well as the ratification and support implementation of international human rights/ humanitarian law instruments by States, is key. ⁴¹⁹
CAAFAG. ⁴²⁰	Worldwide proliferation of light weapons, and young populations, ⁴²¹ armed conflict and/ or regional tensions, lack of international and regional laws enforcement, lack of international and regional actors' support. ⁴²²	To prevent the recruitment of girls and boys by armed groups or armed forces, States should enforce international laws and treaties criminalizing the practice of recruitment and use of child soldiers in armed conflict and the prosecution of recruiters of children (i.e., war criminals and also their business associates). ⁴²³
WFCL. ⁴²⁴	Lack of international and regional laws enforcement, and lack of international and regional actors' support. ⁴²⁵	According to the Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, supplementing the UN Convention against Transnational Organized Crime, States Parties must adopt or strengthen various measures to help eradicate the factors that create the environment for child trafficking to take place/ develop. ⁴²⁶
UASC. ⁴²⁷	Lack of international and regional laws enforcement. ⁴²⁸	Promoting reforms in support of laws and policies in line with international instruments signed by the States can prevent the separation of children from their families. ⁴²⁹
Children in contact with the justice system. ⁴³⁰	Lack of international and regional laws enforcement. ⁴³¹	States Parties to international conventions and treaties should enforce them to prevent children from being in contact with the justice system. ⁴³²

Good Practice: The Coalition to Stop the Use of Child Soldiers launched a global advocacy campaign to prevent and end the recruitment and use of child soldiers. This campaign encouraged States to sign and implement the Optional Protocol on the involvement of children in armed conflict, prohibiting the recruitment and use of children under 18 years old by armed forces and groups. A minimum number of States Parties was required so that the Protocol could come into force and the campaign contributed to reach this number.⁴³³

4.0. DISCUSSION



The desk review shows that harm to girls and boys in both humanitarian and development settings can be prevented. However, only a few preventive interventions have been designed, implemented, monitored and evaluated by CP actors in humanitarian contexts. The sector needs to focus on both response to children's needs and prevention of harm, and CPHA actors should invest more in prevention. The public health model with the three levels of prevention can be used as a reference, especially to develop primary-level prevention programs that have been scarce. Nonetheless, it is highly recommended to consider prevention and response together. As underlined by several studies, elements of response/treatment should be included in any primary/population-level prevention interventions, and response interventions "should be considered within a broader prevention framework."⁴³⁴ The following discussion presents a number of recommendations to develop evidenced-based quality and sustainable interventions aiming at preventing CP risks in humanitarian settings.

4.1. Importance of Considering Compounding Factors and Risk and Protective Factors Together

According to the desk review, risk and protective factors are often multiple and present at child, relationship, community, society and/or regional and international levels. In addition, protective factors can also represent risk factors or sources of harm for children under certain conditions. The influence of these factors at each level, as well as their interactions at the different levels of the social ecology of the child, should be carefully assessed.⁴³⁵ In this regard, it is essential to have an in-depth understanding of the root causes of harm to girls and boys and the connections between the different CP risks that may share common root causes.⁴³⁶ CP risks may indeed coincide, and a CP risk or a combination of them may increase the occurrence of others.⁴³⁷ For instance, at child level, the desk review identified physical and emotional maltreatment and mental health and psychosocial distress as main risk factors increasing the occurrence of other CP risks. In other words, if a child is physically and/or emotionally abused and/or suffering from psychological distress, the likelihood of GBV, recruitment of children by armed forces or armed groups, child labor, child-family separation and/or being in contact with the justice system increases.

In addition, understanding and strengthening protective factors across the social ecology of the child is critical to "maximize"⁴³⁸ the potential and capacity of the child, family, community, society and/or regional and international actors to prevent harm to children. As an example, the desk review indicates that providing communities with the opportunities to exercise a growing capacity for agency and judgment around social norms and values is underscored as an important protective factor that reduces the occurrence of child physical and emotional maltreatment, GBV, mental health and psychosocial distress, recruitment of children by armed forces or armed groups, separation of the child from the family and children in contact with the justice system. As protective factors lower the likelihood of CP risks, preventive interventions should systematically address risk factors, and at the same time, enhance protective factors.

The desk review underlines the need for more research on the root causes of CP risks in each context; what works to prevent harm to children in humanitarian settings,⁴³⁹ as well as the timing of risk factors; the interplays between them across and within levels of the social ecology; and the determination of cause and effect.⁴⁴⁰ Moreover, the desk review identified only a limited number of studies on protective factors, and further research is required to see how they can balance and buffer multifaceted risk factors. Then, for both risk and protective factors, it is important to have a better understanding of how emergencies, such as conflict and natural hazard, affect them during the different phases of an emergency.⁴⁴¹

Therefore, and as a first step, it is highly recommended to conduct a continuous, context-specific protection analysis to map and analyze risk and protective factors, their relationships, and interplay in relation to the crisis dynamics and identified threats. Based on the findings of the assessment, a context-specific theory of change should be developed and clearly identify their outcomes, their causality, the pathways and how can they jointly address CP risks. Interventions should take into consideration the nested nature of risk and protective factors, target the appropriate levels of the socio-ecological model for a given context and program, and ensure that measurement is capturing outcomes confined or connected to those levels.⁴⁴² Second, integrated interventions with other CP actors – especially if multiple CP risks are identified – and with actors from other sectors are required. Such interventions imply a close collaboration between these different actors. To this end, consortium programs can ensure that several actors work toward a common objective and jointly address root causes of CP risks. Then, continuous program monitoring is required to monitor risk and protective factors before, during and after a crisis, understand how a crisis induces CP risks, and adjust the interventions to the evolving context.

4.2. Need for More Evidence to Inform Preventive Interventions

The desk review stresses the need for more evidence to develop primary prevention-level interventions (i.e., at population level, and not only at individual level).⁴⁴³ So far, preventive interventions in the CPHA sector have mainly dealt with secondary and tertiary levels. However, further research on secondary and tertiary prevention approaches is also needed, particularly if response elements should be included in a primary-level prevention intervention. Response interventions should also be considered within a broader prevention framework. Further investigation of “macro-level factors” driving harm to children is indeed required, and how that interacts with individual-level risk.⁴⁴⁴ A review on VAWG prevention recommends conducting ecological/multi-level studies and long-term qualitative and ethnographic research to better analyze macro-level risk factors.⁴⁴⁵ Such studies and research would help in understanding how children, families, communities, the society, regional and international actors are preventing CP risks from occurring and how CP actors can provide them with support to gain further capacity to protect children, especially during emergencies. In addition, a longitudinal approach would clarify the “interconnection between the short- and long-term impacts of structural inequalities, policies and models of care on individual lives.”⁴⁴⁶ As long-term research may be hard to achieve with humanitarian funding cycles, collaboration with development actors and donors need to be explored.

4.3. Sustainable Primary Prevention Approaches in Humanitarian Settings

Findings of the desk review indicate it is important to design and implement sustainable programs in humanitarian settings to prevent CP risks.⁴⁴⁷ Primary prevention approaches should adopt both immediate/short-term and longer-term perspectives. Primary prevention approaches, such as social norms and values changing or strengthening systems, can lead to positive outcomes for children on the short and longer terms; however, systemic change and improvements at all levels of the social ecology of the child requires time. Humanitarian actors should therefore partner with both development and local actors to address risk factors and enhance protective factors. In-line with the “humanitarian-development-peace nexus,” combined efforts can be done to address children’s vulnerability before, during and after an emergency. The nexus is supported by a specific funding structure and working together toward the prevention of CP risks can represent a great opportunity to put the nexus into practice.

4.4. Empowerment of Children, Parents and Communities

The desk review shows the importance of empowering children, parents and communities to prevent CP risks. For instance, the findings indicate empowering girls through access to quality education,⁴⁴⁸ empowering parents through the provision of small business support and income-generating activities,⁴⁴⁹ and empowering communities through awareness-raising and public education activities conducted by trained community and religious leaders⁴⁵⁰ can reduce the recruitment of children by armed forces or armed groups.⁴⁵¹ Through these interventions, children have the capacity to develop a sense of self-esteem and self-efficacy and the capacity to make/find meaning in life,⁴⁵² parents have access to income and economic opportunities,⁴⁵³ and communities are able to monitor and prevent a behavior/practice.⁴⁵⁴ These protective factors are thus reducing the occurrence of recruitment of children by armed forces or armed groups. However, the aforementioned interventions have been conducted at only one level (i.e., at child, family or community level), and there is a need for programs that include all appropriate levels of the socio-ecological model based on assessed risks and protective factors.

4.5. Do No Harm and Inclusion

In line with the do no harm principle, preventive interventions must be contextualized as the approaches identified may be appropriate and effective in one context but not necessarily in another. The current desk review synthesis only provides broad indications of risk and protective factors. In each context, an assessment must be carried out as a first step to identify and analyze risk factors to be addressed and protective factors to be strengthened, and then to adopt relevant approaches at appropriate levels of the socio-ecological model and with the collaboration of relevant sectors. If risk and protective factors are not carefully assessed in context, interventions may not address the root causes of the CP risks and could even cause harm.

In addition, CP actors should avoid situations in which preventive interventions are replacing or marginalizing cultural practices that help to support children's well-being. It is highly recommended to assess what children, families, communities and societies are doing themselves to prevent CP risks, and to support, rather than substitute them. Then, there are significant gaps in regard to cultural resources and interventions – for instance, to prevent stigma for formerly recruited or used children – and long-term qualitative and ethnographic research can help designing culturally adapted preventive interventions. Such research should be highly participatory to accurately reflect children's, families' and communities' needs and perceptions.⁴⁵⁵

The desk review also underlines the importance of an inclusive approach to prevent CP risks. Evidence indicates interventions to prevent harm to children can be effective in promoting the inclusion of all girls and boys, including those with special needs.⁴⁵⁶ It is recommended to adopt an inclusive approach from the onset of a preventive intervention (i.e., from the assessment and program design stage).⁴⁵⁷ Moreover, it is recommended to invite communities to create an inclusive environment and guidance, and a toolkit for supporting a community-led approach to CP can be helpful.⁴⁵⁸

4.6. Recommendations for Donors and Decision-Makers

As only a few preventive interventions at primary/population level have been implemented in the CPHA sector, donors should invest in research on both risk and protective factors, and in ecological/multi-level, long-term qualitative and ethnographic studies that are highly participatory. In addition, donors should invest in multi-year evidenced-based interventions –using methods that help understand and measure complexity such as mixed-methods, outcome mapping or outcome harvesting, systems-thinking, contribution analysis, indicator-free measurement, realist evaluations, etc.– for monitoring and evaluation, as well as preventive interventions that include elements of response at the different stages of an emergency.

Finally, the desk review highlights the need for immediate action from policy and decision-makers to transform the circumstances or context in which CP risks are taking place.⁴⁵⁹ At both society and regional/international levels, risk factors such as armed conflict, criminality, harmful laws and policies, dramatically increase the occurrence of harm to girls and boys. As mentioned in the introduction of this desk review synthesis, the UN Security Council has set the protection of children in humanitarian crisis as a priority and, under the UN 2030 Agenda for Sustainable Development, all States have committed to respect child rights. These commitments should now be translated into concrete actions, especially from States that should adopt laws and policies respecting child rights; allocate required resources, especially for schools, social service workforce, and social protection; and from the international community to support peace agreements between parties to armed conflict, mobilize donors to fund State-building processes, etc. Advocacy actions are needed to request significant change of the overall context. It is recommended to include an advocacy component and/or to collaborate with advocacy actors in preventive interventions to ensure CP risks are addressed sustainably.

ANNEX 1: DESK REVIEW PROTOCOL AND SEARCH TERMS USED

Rationale of the Desk Review

Over the past decades, tremendous work has been done to improve the capacity of the Child Protection (CP) sector to respond in crises with acceptable quality. However, little has been done on systematic prevention of harm in humanitarian settings. Preventing harm before it occurs not only preserves the dignity and humanity of the affected population, but it is also cost-effective.

In the Alliance Strategic Plan 2018-2020, Prevention is identified as a priority. Additionally, the Strategic Plan identifies cross-sectoral work as another priority. Since prevention is by nature cross-sectoral, there is a clear linkage between two strategic priorities. The 2019 Annual Meeting for CP in Humanitarian Action (CPHA), which focused on the Humanitarian-Development Nexus, also placed a significant emphasis on system strengthening and prevention.

In this context, the Alliance, through Plan International USA, submitted a two-year project proposal to the United States Agency for International Development's Bureau for Humanitarian Assistance to develop key resources to support CP practitioners to implement prevention actions in humanitarian settings. This initiative began with the collection and analysis of published and grey literature on prevention through a desk review.

Objective of the Desk Review

The desk review was conducted with the aim to understand what was done on prevention of harm to children by mapping and analyzing approaches to primary prevention, as well as good practices regarding prevention in the CP sector and other relevant sectors, such as Education and Gender-Based Violence (GBV).

Definitions of Key Terms

Prevention: The Minimum Standards for Child Protection in Humanitarian Action (CPMS) cites the following definition of prevention: "Primary Prevention addresses the root causes of child protection risks among the population (or a subset of it) to reduce the likelihood of abuse, neglect, exploitation or VAC. Secondary Prevention addresses a specific source of threat and/or vulnerabilities of a child who is identified as being at particularly high risk of abuse, neglect, exploitation or violence due to characteristics of the child, family and/or environment. Tertiary Prevention reduces the longer-term impact of harm and reduces the chance of recurring harm to a child who has already suffered abuse, neglect, exploitation or violence (adapted from the Centers for Disease Control and Prevention)."⁴⁶⁰

Harm: The CPHA does not have an official definition of harm. Therefore, for this desk review, harm will refer to abuse, exploitation, neglect and VAC,⁴⁶¹ and the CP risks listed in the CPMS; that is, dangers and injuries (standard 7), physical and emotional maltreatment (standard 8), gender-based violence (standard 9), mental health and psychosocial distress (standard 10), children associated with armed forces and armed groups (standard 11), child labor (standard 12), and unaccompanied and separated children (standard 13).⁴⁶²

Children: As per the Convention on the Rights of the Child, a child means "every human being below the age of 18 years unless, under the law applicable to the child, majority is attained earlier."⁴⁶³

Humanitarian settings: The CPMS refers to "humanitarian crisis," which is defined as a "serious disruption of the functioning of a community or a society involving widespread human, material, economic or environmental losses and impacts that exceed the ability of the affected community or society to cope using its own resources and therefore requires urgent action."⁴⁶⁴

Methodology of the Desk Review

The desk review was conducted by the Prevention Focal Point and the Research Assistant, and a Review Group provided support to collect resources and review the desk review synthesis.

A thorough search of the published literature, in English, French and Spanish, in peer-reviewed journals and grey literature was conducted using online resources.

First, regarding the published literature, peer-reviewed journals were identified through academic search engines, such as Google Scholar,⁴⁶⁵ JSTOR,⁴⁶⁶ SAGE Journals,⁴⁶⁷ CAIRN,⁴⁶⁸ etc. The quality of the published literature and risks of bias were assessed through the Effective Public Health Practice Project and Critical Appraisal Skills Program tools.⁴⁶⁹

Then, the grey literature was identified through:

- The CPHA Alliance's Resources,⁴⁷⁰ Plan International's Publications,⁴⁷¹ CPC Learning Network,⁴⁷² Save the Children's Resource Center,⁴⁷³ and NGO members of the CPHA Alliance such as the International Rescue Committee, Child Soldiers International, War Child, Terre des hommes, etc.
- Global initiatives and partnerships focusing on Prevention such as Prevention Collaborative,⁴⁷⁴ What Works to Prevent Violence,⁴⁷⁵ and INSPIRE: Seven strategies for Ending Violence Against Children.⁴⁷⁶
- Resources shared by CPHA Alliance's and Advisory Group's members.

The quality of grey literature and risks of bias were assessed through the AACODS (Authority, Accuracy, Coverage, Objectivity, Date and Significance) checklist.⁴⁷⁷

Inclusion-exclusion criteria were set to prioritize documents for review, as follows:

Academic Literature	<ul style="list-style-type: none">• Resources published in the last 20 years in disciplines such as education, public health, psychology, law, GBV, protection, etc.• Resources focusing on prevention approaches of harm to children in humanitarian and development settings.• Quantitative, qualitative and mixed-methods resources.
Grey Literature	<ul style="list-style-type: none">• Resources published in the last 20 years.• Resources focusing on prevention approaches in both CPHA and CP in development settings.• Resources focusing on prevention approaches in other sectors such as GBV, Education, Health, Disaster Risk Reduction, etc.

Search Terms Used for the Desk Review

The following search terms were used for the desk review:

- For dangers and injuries: prevent* child* danger*; prevent* child* injur*.
- For physical and emotional maltreatment: prevent* child* physical maltreat*; prevent* child* emotion* maltreat*; prevent* violence against child*; prevent* child* abuse; prevent* child* neglect; prevent* child* bullying.
- For GBV: prevent* gender* based violence; prevent* sex* violence OR abuse; prevent* child* sexual* violence OR abuse; prevent* child* marriage*.
- For MHPSS: prevent* child* mental health OR disorder* OR distress.
- For CAAFAG: prevent* child* soldier* OR associated with armed force* AND/OR group*; prevent* child* recruit*.
- For child labor: prevent* child labor OR work; prevent* child* traffick*; prevent* child* forced labor; prevent* child* slavery; prevent* child* exploit*.
- For UASC: prevent* family separat*; prevent* unaccompanied AND/OR separated child*; prevent* child* on the move.
- For children in contact with the justice system: prevent* child* OR youth contact with justice system; prevent* juvenile justice; diversion; prevent* violence justice system.

ANNEX 2: EVIDENCE GAPS IDENTIFIED

Here is a non-exhaustive list of evidence gaps per CP risk identified during the desk review:

1. Dangers and injuries:

- There are research gaps in the identification of risk factors, as well as the evaluation of programs and strategies aiming at reducing child injuries.
- It is important to consider the important differences in the possibilities of preventive action between the different types of risks of injury. More assessment and research are needed to identify and understand these risks and how interventions can address them.

2. Physical and emotional maltreatment:

- Monitoring is crucial and there is a need to provide data on the magnitude and circumstances of child physical and emotional maltreatment, track the implementation of planned activities, and assess their impact.
- Support for high-quality implementation research on child physical and emotional maltreatment must be increased, and more of this research must be conducted in low- and middle-income countries.
- Wider adoption, scaling and sustaining of evidence-based interventions is also needed to reduce child physical and emotional maltreatment. Improved surveillance of the range of types, locations, and perpetrators of VAC, as well as of access to key prevention interventions, is essential to target prevention and monitor progress and outcomes.

3. GBV:

- In view of the evidence for the high prevalence and severe health outcomes of VAWG, rigorous data for what works to prevent such violence are still scarce. Available intervention research is highly skewed toward studies done in high-income countries, and it largely focuses on response rather than prevention. Moreover, there are several areas in which the evidence base is small or non-existent. There are no rigorous assessments of interventions to prevent trafficking and few evaluations from humanitarian and emergency situations. Few assessments have been done in indigenous or ethnically diverse populations or in older populations.
- The quality of evidence on effectiveness of interventions is weak with most studies employing non-rigorous methodologies (lack of control groups, no randomization, reliance only on limited qualitative data or field visit information, small sample sizes, lack of assessment of long-term outcomes or impacts, etc.) This limits conclusions that can be drawn based on available evidence.
- Few studies measure impact on VAWG at the community or population level. Even when an evaluation has measured a direct impact on violence, it has been almost exclusively among direct intervention recipients or their partners. Very few evaluations have measured an impact on VAWG at the community level or population level. The field of violence prevention needs to identify approaches to prevent violence at a community level, not just at the individual level.

4. MHPSS:

- There is a need for information systems, evidence, and research for mental health in conflict-affected countries.
- There is little on sustainability of prevention in regard to MHPSS.
- Research is lacking about the effectiveness, efficacy and possible underlying mechanism for success or failure of UN and NGO preventive MHPSS interventions. Moreover, most published effectiveness studies on psychosocial interventions were from former Yugoslavian countries, while only single studies are available from areas of continuous armed conflicts.
- Research is also needed to strengthen the evidence base on the interrelationship between mental health and other health, educational and social well-being outcomes.
- In addition, there is a need for documentation and learning about indigenous understandings and practices that could be used to strengthen prevention and reduce culture bias in prevention work on MHPSS.

5. UASC:

- Communities should self-identify their needs, and researchers should spend time with young people living in difficult situations to understand how they perceive the risk of separation and what choices and solutions are available to them.
- Besides, much remains to be learned about the effectiveness and outcomes of preventive efforts, such as family and community education, positive parenting, maintenance of appropriate cultural practices and norms, and development of effective community-based child protection mechanisms.
- Reintegration is also an area where research is strongly needed, as the limited information currently available suggests that many young people have significant difficulty after leaving residential care.

6. Child labor:

- There is a need for harmonized and systematic data collection, analysis and dissemination, as well as research and investigation about the root causes in relation to child labor in humanitarian settings. There is indeed a lack of quantitative peer-reviewed studies regarding risk factors and evaluation for effectiveness of prevention strategies.
- Long-term sustainable impact is also needed with the provision of viable alternatives for the social and economic integration of the most vulnerable children and their families. Results cannot be assessed immediately but step-by-step.

7. CAAFAG:

- Little documentation exists about what communities, families and children are doing themselves to prevent children's engagement with armed forces/groups. We need to deepen our understanding of causality, pathways and interplay between risk factors. There is a need for longitudinal research to understand the timing of all risk factors and the determination of cause and effect.
- We need to learn about what communities and families already do to prevent stigma, learn about cultural mechanisms and processes that can prevent stigma and improve reintegration, and identify the role that meaningful child participation can play in strengthening stigma prevention. In reintegration work, much needs to be done to learn how to prevent stigmatization of children born to girls inside armed groups.

- Greatly increased research is urgently required on the early childhoods of child soldiers during the pre-conflict period. Both quantitative and qualitative studies should be undertaken. These studies should include parenting behaviors, child health, nutritional and developmental status, accessibility and use of basic services, exposure to traumatic domestic, community or inter-generational violence, preschool experiences (if any), and children's school histories and achievement. Research should also be undertaken regarding the types, contents and methods of informal, non-formal and formal education received (or not received) by child soldiers before and during their participation in violence. These data should be studied in relation to prevailing types of child soldier recruitment and the degree of security provided children in communities, internally displaced person and refugee camps, schools and play areas.
- Little is also known about the preventive role of Disarmament, Demobilization and Reintegration (i.e., whether it helps to prevent (re-)recruitment in particular). Then, monitoring and evaluation of release and reintegration interventions are mostly programmatic in scope, measuring the outputs (e.g., the number of program participants) rather than the impact (e.g., successful and sustainable reintegration of ex-combatants into civilian life or the prevention of recidivism). Evaluations rarely venture beyond ex-combatants to take stock of how reintegration programs strengthen communities and families, even though they function as a "restraining force" for illegal behavior. In addition, little comparative work exists across programs and contexts.

8. Children in contact with the justice system:

- There is an overall lack of data about children in the juvenile justice system as well as children at risk to come in contact with the justice system.
- Data needs to be collected about what works and what doesn't work to prevent children from being in contact with the justice system, such as alternatives to detention, and then promote the working approaches.

ANNEX 3: GLOSSARY

Abuse is a “deliberate act with actual or potential negative effects upon a child’s safety, well-being, dignity, and development. It is an act that takes place in the context of a relationship of responsibility, trust or power.”⁴⁷⁸

Accountability is “the process of using power responsibly, taking account of, and being held accountable by, different stakeholders, and primarily those who are affected by the exercise of such power.”⁴⁷⁹

Caregiver is an “individual, community, or institution (including the State) with clear responsibility (by custom or by law) for the well-being of the child. It most often refers to a person with whom the child lives and who provides daily care to the child.”⁴⁸⁰

Centrality of protection refers to the recognition that the protection of all persons affected and at risk must inform humanitarian decision-making and response, including engagement with States and non-State Parties to conflict. Protection is recognized as the purpose and intended outcome of humanitarian action and must be central to preparedness efforts, as part of immediate and life-saving activities, and throughout the duration of humanitarian response and beyond.⁴⁸¹

Child: As per the Convention on the Rights of the Child, a child means “every human being below the age of 18 years, unless under the law applicable to the child, majority is attained earlier.”⁴⁸²

Child in contact with the justice system: “Any child who comes into contact with the juvenile justice system or the criminal justice system as a victim/survivor, witness or in conflict with the law, and/or any child who comes into contact with the civil and/or administrative justice systems. This term is broader than ‘child in conflict with the law.’”⁴⁸³

Child labor is “work carried out to the detriment and endangerment of a child, in violation of international law and national legislation. It either deprives children of schooling or requires them to assume the dual burden of schooling and work.”⁴⁸⁴

Child marriage “refers to any formal marriage or informal union between a child under the age of 18 and an adult or another child.”⁴⁸⁵

Child protection in humanitarian action is “the prevention of and response to abuse, neglect, exploitation and VAC in humanitarian action.”⁴⁸⁶

Children associated with armed forces or armed groups refers to “any person below 18 years of age who is or who has been recruited or used by an armed force or armed group in any capacity, including but not limited to children, boys and girls, used as fighters, cooks, porters, messengers, spies or for sexual purposes. It does not only refer to a child who is taking or has taken a direct part in hostilities.”⁴⁸⁷

Community: Usually, this refers to a collective of people living in a particular area or sharing common values. It “frequently consists of multiple sub-groups that differ according to religion, socio-economic status, and ethnicity, and some groups may wield much more power and influence than others do.”⁴⁸⁸

Dangers and injuries correspond to “physical and environmental dangers that injure, impair and kill children in humanitarian crises. ‘Unintentional injuries’ occur when the harm was not deliberately caused by oneself or by another person, including harm caused by explosive ordnance.”⁴⁸⁹

Development settings refer to non-humanitarian settings, and development settings can be determined based on the UN Development Program's (UNDP) Human Development Index (HDI), created to emphasize that people and their capabilities should be the ultimate criteria for assessing the development of a country, not economic growth alone. The HDI can also be used to question national policy choices, asking how two countries with the same level of Gross National Income (GNI) per capita can end up with different human development outcomes. The HDI is a summary measure of average achievement in key dimensions of human development: a long and healthy life, being knowledgeable and have a decent standard of living.⁴⁹⁰

Do no harm is “the concept of humanitarian agencies avoiding unintended negative consequences for affected persons and not undermining communities’ capacities for peace building and reconstruction.”⁴⁹¹

Female genital mutilation “comprises all procedures involving the removal of the external female genitalia or other injury to the female genital organs for non-medical reasons.”⁴⁹²

Gender-based violence is “any act that is perpetrated against a person’s will that is based on gender norms and unequal power relationships. It encompasses threats of violence and coercion. It can be physical, emotional, psychological or sexual in nature, and can take the form of a denial of resources or access to services. It inflicts harm on women, girls, men and boys.”⁴⁹³ It should be noted that the GBV sector has come to an agreement to refer to GBV and not SGBV, as GBV includes all forms of harm.

Harm is any detrimental effect of a significant nature on a child’s physical, psychological or emotional well-being that impacts healthy child development. Harm may be caused by physical or emotional abuse, neglect, and/or sexual abuse or exploitation.⁴⁹⁴ For the current desk review synthesis, harm referred to the Child Protection (CP) risks listed in the Minimum Standards for Child Protection in Humanitarian Action (CPMS); that is, dangers and injuries (standard 7), physical and emotional maltreatment (standard 8), gender-based violence (standard 9), mental health and psychosocial distress (standard 10), children associated with armed forces or armed groups (standard 11), child labor (standard 12), and unaccompanied and separated children (standard 13).⁴⁹⁵ The issue of children in contact with the justice system was added to the list of CP risks as relevant preventive approaches and actions had been identified.

Hazard is “potentially damaging physical events, natural phenomenon or human activity that may cause loss of life, injury or other health impacts, property damage, loss of livelihoods and services, social and economic disruption or environmental damage. Some definitions suggest hazards are dangers that can be foreseen but not avoided.”⁴⁹⁶

Hazardous child labor corresponds to “work which, by its nature or the circumstances in which it is carried out, is likely to harm the health, safety or morals of children.”⁴⁹⁷

Humanitarian settings refers to places where a humanitarian crisis has been declared. The CPMS refers to “humanitarian crisis” corresponding to “serious disruption of the functioning of a community or a society involving widespread human, material, economic or environmental losses and impacts that exceed the ability of the affected community or society to cope using its own resources and therefore requires urgent action.”⁴⁹⁸

Intimate partner violence is “behavior by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviors.”⁴⁹⁹

Mental health and psychosocial support is “any type of local or outside support that aims to protect or promote psychosocial well-being and prevent or treat mental health conditions. MHPSS programs aim to (1) reduce and prevent harm, (2) strengthen resilience to recover from adversity, and (3) improve the care conditions that enable children and families to survive and thrive.”⁵⁰⁰

Physical and emotional maltreatment: “‘Maltreatment’ includes any action, including the failure to act, that results in harm, potential for harm, or threat of harm to a child. It occurs in a range of settings and may be committed by parents or caregivers, family members, those in positions of authority, strangers and even other children.”⁵⁰¹

Prevention: “Primary Prevention addresses the root causes of CP risks among the population (or a subset of it) to reduce the likelihood of abuse, neglect, exploitation or VAC. Secondary Prevention addresses a specific source of threat and/or vulnerabilities of a child who is identified as being at particularly high risk of abuse, neglect, exploitation or violence, due to characteristics of the child, family and/or environment. Tertiary Prevention reduces the longer-term impact of harm and reduces the chance of recurring harm to a child who has already suffered abuse, neglect, exploitation or violence.”⁵⁰²

Promotive factors influence positive developmental outcomes in general, independent of risk. Where protective factors are influences that buffer or reduce the negative impact of risk factors, promotive factors capture the notion that some influences promote positive outcomes regardless of risk exposure or level of risk.⁵⁰³

Protection analysis is “a process undertaken to identify protection problems with the aim of informing a protection strategy and response.”⁵⁰⁴

Protection mainstreaming “is the process of incorporating protection principles and promoting meaningful access, safety and dignity in humanitarian aid.”⁵⁰⁵

Protective factors refers to factors that “balance and buffer risk factors and reduce a child’s vulnerability. They lower the probability of an undesirable outcome.”⁵⁰⁶

Resilience in the context of child protection in humanitarian action is the ability to deal with adversity and without major negative impact. It refers to the capacity of a dynamic system to adapt successfully to challenges that threaten its function, survival or development and is influenced by a combination of protective factors that exist across a child’s social ecologies, which must be promoted to outweigh risks. These include individual characteristics and external factors that have come together for it to materialize in culturally meaningful ways, such as: diversity of livelihoods, coping mechanisms, life skills such as problem-solving, the ability to seek support, motivation, optimism, faith, perseverance and resourcefulness. While resilience has been viewed as a trait or an outcome, it most likely is a process that exists on a continuum that may be present to differing degrees across multiple domains of life, and may change as a result of the child’s interaction with their environment.⁵⁰⁷

Risk refers to the likelihood that violations of and threats to children’s rights will manifest and cause harm to children in the short- or long-term. It considers the type of violations and threats, as well as children’s vulnerability and resilience. Risk can be defined as a combination of hazard, threat and vulnerability and must be considered within the socio-ecological framework.⁵⁰⁸

Risk factors are “individual traits, experiences or environmental factors that increase the probability of a negative outcome.”⁵⁰⁹

Separated children are children separated from both parents or from their previous legal or customary primary caregiver, but not necessarily from other relatives. These may, therefore, include children accompanied by other adult family members.⁵¹⁰

Threat is a person, circumstance or a thing that is likely to, or acts with the intent to, inflict injury, damage, danger or harm, either perceived or actual. They may be manifested in the form of behavior, organizational or group practices, or formal policies.⁵¹¹

Unaccompanied children (also called unaccompanied minors) are 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.⁵¹²

Violence against children corresponds to “all acts that involve the intentional use of power or verbal or physical force, threatened or actual, against a child or against a group of children that either results in or has a high likelihood of resulting in actual or potential harm to the child or children’s safety, well-being, dignity, and development.”⁵¹³

Violence against women can be defined as “any act of gender-based violence that results in, or is likely to result in, physical, sexual, or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life.”⁵¹⁴

Vulnerability refers to individual, family, community and societal characteristics that reduce one’s ability to withstand adverse impact from violations of and threats to their rights. It is often specific to each person and to each situation as well as to geographic location and timing.⁵¹⁵

Worst forms of child labor “are prohibited to any person below the age of 18 and are to be eliminated as a matter of urgency. They are a subset of child labor, and as outlined in International Labor Organization Worst Forms of Child Labor Convention, 1999 (No. 182), they include: (i) All forms of slavery or practices similar to slavery, such as the sale and trafficking of children, debt bondage and serfdom and forced or compulsory labor, including forced or compulsory recruitment of children for use in armed conflict; (ii) The use, procuring or offering of a child for prostitution, for the production of pornography or for pornographic performances; (iii) The use, procuring or offering of a child for illicit activities, in particular for the production and trafficking of drugs as defined in relevant international treaties; (iv) Work which, by its nature or the circumstances in which it is carried out, is likely to harm the health, development, safety, or morals of a child, also known as “hazardous work.”⁵¹⁶

ANNEX 4: ANNOTATED BIBLIOGRAPHIES

Annotated Bibliographies per Child Protection Risk

CAAFAG: <https://drive.google.com/file/d/1UgTUI3O3AtXcVhliJxQDpqv86lhfWMC/view?usp=sharing>.

Child labor: https://drive.google.com/file/d/1iTi-gDOiyjy1xLZup_YTR7VgfWQk5aiW/view?usp=sharing.

Children in contact with the justice system: https://drive.google.com/file/d/1t8xVvPG7nrRd6pn_CdWqBcORnft5Pv6r/view?usp=sharing.

Dangers and injuries: <https://drive.google.com/file/d/1I2l0xOWk07PoyvokRh28z1q8e10PD6P3/view?usp=sharing>.

GBV: <https://drive.google.com/file/d/1UoH-fQxzZC3Deu2XcBpu16O-pKh04eyf/view?usp=sharing>.

MHPSS: <https://drive.google.com/file/d/1mCzhROrTBXiGGE9a4Dyk4VNkrXOCH8O0/view?usp=sharing>.

Physical and emotional maltreatment: https://drive.google.com/file/d/1vAj6gVr9FBfW_bZyemJbRdF0ZkadXRwg/view?usp=sharing.

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International Conventions

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Prevention Framework

Desk Review Synthesis