A view from the Christian Children's Fund

Rapid child protection assessments in emergency contexts

Andrea Becklund (Emergency Coordinator); Wendy Wheaton (Child Protection Specialist) and Michael Wessells (Senior Child Protection Specialist), Christian Children's Fund

In emergency situations, the focus of humanitarian aid is typically on the delivery of food, water, shelter, healthcare and other basic necessities. However, in these circumstances one of the most vulnerable yet invisible groups is children, and they usually comprise around half of the affected population. Therefore, the question of how to collect the assessment information needed to guide programmes to protect and support at-risk children and families becomes very important. This question is in part ethical – since in an acute emergency, collecting data will raise people's expectations of assistance without providing support – and in part practical, as the constantly changing situation imposes severe time constraints that prevent longer term epidemiological assessments, although these may be important later.

A holistic approach to child protection and well-being

Considering how to assess an emergency situation also raises important conceptual issues about what is child protection. Although many agencies have focused on the physical and legal protection aspects, which are clearly important, some of the greatest risks to children in emergencies are psychosocial risks, which have physical, psychological, social and spiritual elements. Since situations that involve separation, sexual abuse, gender discrimination or child soldiering have a psychosocial impact that may be every bit as profound as that resulting from physical or legal risk (Machel 2001), these should be included in child protection plans. Furthermore, the way that psychosocial risks are defined is also a matter of contention. Advocates of the mental illness point of view focus mainly on the negative

aspects of mental health, such as trauma, depression and anxiety, and urge organisations to focus on assessing their prevalence and severity in emergency situations.

Like many child-focused agencies, the Christian Children's Fund (CCF) thinks that this focus on mental illness is too narrow – it can single out and stigmatise children and dismiss the resilience they exhibit even in critical situations. This is seen in Western models of mental illness, which often place great emphasis on the impact of previous traumatic events. In reality, children and families in crises frequently report that their greatest stresses arise not from past violence or natural disasters but from the difficult life conditions that have followed them. Chronic poverty, changed social status and personal risk such as discrimination and trafficking may be more debilitating and harmful to children's long-term development than situations they have survived. All too often, approaches that concentrate on mental illness encourage counselling interventions, which are culturally biased and turn general problems into individual ones. What is needed in these situations is to use the resources that the affected population already has for supporting children.

For these reasons, CCF has developed a holistic, community-based approach to child protection that seeks to strengthen sources of resilience and support while simultaneously removing sources of vulnerability. Based on ecological models of child development (Dawes and Donald 2000), the holistic approach emphasises family and community support for children and seeks to reduce their vulnerability at

the family, community and societal levels. Therefore, in emergency situations, agencies on the ground need to identify and mobilise the local resources that can help with coping, healing and non-violent conflict resolution. CCF takes a two-stage approach to this process, which includes a rapid child-focused assessment – the core of this article – followed by a longer, more thorough assessment.

Methodology of conducting a rapid child protection assessment in emergencies
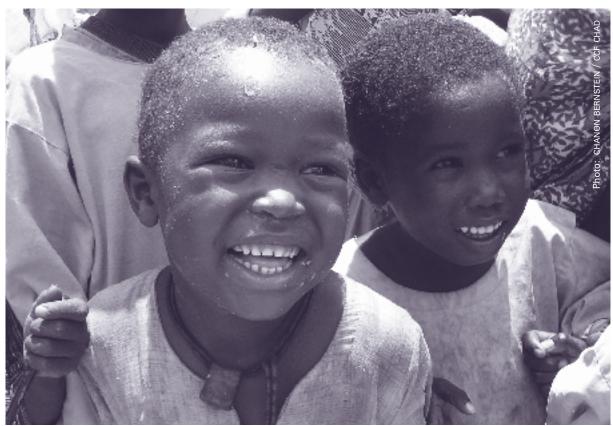
CCF begins rapid assessments by reviewing existing data and identifying gaps to guide collection of new data. Our preferred assessment strategy is to cooperate with other agencies such as the United Nations, other NGOs, local community-based organisations (CBOS), government and social service agencies and those providing legal protection such as police, peacekeepers or government troops. In countries such as Afghanistan and Angola, CCF has collaborated with the International Rescue Committee and Save the Children USA in conducting large-scale assessments, with each partner covering a particular geographic region.

Whether conducted jointly or individually, CCF's assessments focus on those geographic areas or marginalised groups for which little reliable information exists. Our work is guided by strategic informants who are from the local area and are familiar with the language, situation and customs. These informants provide advice on the cultural protocols for entering villages, help identify important local resources and protection issues, advise on the handling of ethical issues associated with the assessment, and help with the appropriate wording of questions used to collect qualitative and quantitative data. Our informants also advise us on the immediate and historical causes of the emergency; particularly in conflict-related situations, this advice is useful in tailoring the assessment to the political, historical, economic and social context.

Before collecting the data, it is important that we first identify the main child protection issues. For example, in any situation this may include gender discrimination, separation from parents, trafficking, sexual violence, landmines, disability, living and working in the streets, social exclusion or child soldiering, among many others. Once the focus of the assessment has been determined, we will then recruit and train local staff to collect the information. Typically, training involves two weeks of workshops and supervised practice sessions in data collection. As part of this process, with the help of our trainees and strategic cultural informants, we will adjust the language and assessment methods of the study to fit the local culture and situation. In particular, we pay close attention to the local idioms of expression regarding feelings, how to ensure confidentiality and informed consent, and how to avoid asking questions in a way that puts the participants at risk. In doing this we also probe our informants' views of childhood and children, and ask how people have been affected by the current situation. It is important at this stage that we learn about local resources such as rituals, bereavement processes and indigenous practices of non-violent conflict resolution that could be used to support children in the current context.

The actual process of data collection typically runs for only three to six weeks, followed by a similar amount of time devoted to analysis and interpretation. Both qualitative and quantitative data are gathered through a multi-modal strategy that includes discussions with groups of at-risk children such as those who have been separated from their family or who have disabilities; structured and semi-structured interviews with strategic informants and focus groups of elders, women, children and gender segregated adolescents; transect walks; observations and descriptions of local conditions; and case studies.

Visits to villages typically begin with meeting the elders, teachers and other important local figures to obtain a broad overview of the children's situation. These are followed by more focused discussions with particular targeted and/or at-risk groups. Whenever possible, we use visual methods appropriate for children and people with low rates of literacy. For example, in spider-web mapping, a group of children constructs a web of protection issues using string, wire, rope and cloth, to demonstrate how each player is entangled in the web. Each string of the web represents a different relationship that the children have; for instance, with religious leaders, parents and community members. To qualify their relationships the children use different materials, for example,

In feeding centres in Chad, CCF established child-centred spaces to enable children to flourish

cloth might represent a positive relationship and wire a negative one. Similarly, in child-led risk mapping, children in a village or internally displaced persons (IDP) camp draw a sketch of their local area and indicate places that are dangerous to children. Once we have gathered the information, we cross-check and reference it with data from other sources to ensure that we are as accurate as possible. To minimise duplication of child support efforts, we also map the local services and support mechanisms, including the specialised psychosocial supports for the referral of severely affected children.

When analysing the data, which we disaggregate by categories such as age, gender and ethnicity, we look carefully for broad trends and patterns rather than taking a case-by-case approach. Together with cultural insight gained from our strategic informants, we look for those culture- and gender-related risks that may be hidden or non-obvious. Overall, the emphasis is on finding the child protection risks that are most severe, widespread and unattended, and which are most likely to be responsive to community-based interventions.

Linking assessment and action
Once the initial assessment has been completed, it is important that action is quickly taken. To this end, CCF typically follows the rapid assessment with the establishment of child-centred spaces (CCSs), which provide emergency education and psychosocial support for children of various ages. CCSs also offer us the chance to conduct more thorough assessments, facilitate ongoing community mobilisation activities and provide information to guide decisions about programme directions.

Our work in Afghanistan in early 2002 illustrates this approach. CCF started by conducting a rapid assessment that, in keeping with local norms, was gender segregated. We also drew on de Berry's (2003) research into local cultural understandings of childhood, the significant psychosocial issues and the means of support for Afghan children.

We identified crucial protection issues including gender discrimination, risk of landmines, poor hygiene, lack of water and sanitation, early marriage, child soldiering and systemic violence, among others. Since both children and adults identified lack of education as a major problem, CCF worked with local people to establish CCSs that taught skills of basic literacy and numeracy, and also gave vital messages about health and landmines. We engaged children in expressive activities using songs and other cultural traditions that the Taliban had previously banned. To address gender discrimination we ensured that girls had a high level of participation. Effectively, the CCSs brought the communities together around the children, strengthening trust and building relationships with CCF, as well as providing space for everyone to learn more about the villages and the causes of particular protection issues.

Over a two-month period, more than 50 CCSs were established in Afghanistan, allowing us to plan longer-term programmes, such as literacy classes for young people, youth-led well construction projects and income generation schemes as well as the continuation of child protection monitoring, reporting and action at village level. Taking our lessons to the national level, CCF helped organise a meeting on child protection that integrated assessment data collected by many agencies, including Afghan NGOs. The resulting national picture of child protection was used to help donors focus funding and to inform government efforts to support children.

The Asian tsunami of December 2004 also created a humanitarian crisis, and CCF's response once again coupled rapid assessment and rapid action. Initial investigations indicated that unaccompanied minors and orphans were the group with the most urgent protection needs, and CCF responded through the rapid provision of economic, social and psychological supports.

In other situations, our assessments may indicate that programme responses are best integrated with the work of other agencies in different humanitarian sectors. For example, in Chad we observed that children who attended feeding centres run by Médecins Sans Frontières (MSF)–Belgium received little stimulation and recovered slowly. Following their feeding in the centres, many of the children, including infants, were observed lying around the tents by themselves. Therefore, to complement MSF–Belgium's feeding programme, CCF quickly established CCSs to improve the children's surroundings. These CCSs engaged parents by teaching them about healthy child development and giving them the opportunity to attend to, play with, and provide the love and support that children need in order to flourish, regardless of the circumstances.

Because emergency assessments have obvious limitations, CCF regards them as the first stage of an iterative process that probes more deeply and systematically over time. Follow-up assessments such as child-led risk mapping often require the children to present their findings to the adults by conducting a role play, which typically evokes excited discussion and leads to community action. Crucially, it is the fact that children play a major role in both the assessment and resulting action that means they are not passive recipients in a crisis, but active agents of their own protection.

References

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