Violence Against Children
PREVENTION AND RESPONSE
Practical Guidance
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Abbreviations and Acronyms

AAP    accountability to affected populations
DIST  district implementation support team
DRDIP Development Response to Displacement Impacts Project
PEP    postexposure prophylaxis
PSEA protection from sexual exploitation and sexual abuse
SIST    subcounty implementation support team
UNCRC United Nations Convention on the Rights of the Child
UNHCR United Nations High Commissioner for Refugees
VAC    violence against children
WASH water, sanitation, and hygiene
Key Concepts and Terms

Child. The United Nations Convention on the Rights of the Child defines a child as a human being younger than 18 years, unless under the law applicable to the child the age of majority is reached earlier.

Child protection. A broad term to describe efforts aimed at keeping children safe from harm. The United Nations Children’s Fund (UNICEF) uses the term “child protection” to refer to preventing and responding to violence, exploitation, neglect, and abuse against children.

Child safeguarding. Refers to measures taken to promote the welfare of children and protect them from harm. In the context of the Development Response to Displacement Impacts Project (DRIDP), the broad obligation of staff and partners is to ensure DRDIP activities and project operations do not expose children to adverse impacts, including the risk of abuse and exploitation, and that any concerns about children’s safety within the communities where they work are appropriately reported.

Gender-based violence (GBV). GBV is an umbrella term for any harmful act that is perpetrated against a person’s will and that is based on socially ascribed gender differences. GBV includes acts that inflict physical, mental, or sexual harm or suffering; threats of such acts; and coercion and other deprivations of liberty, whether occurring in public or in private life. GBV disproportionately affects women and girls across their lifespan.

Displacement. Forcible or voluntary uprooting of persons from their homes by violent conflicts, gross violations of human rights and other traumatic events, or threats thereof. Persons who remain within the borders of their own country are known as internally displaced persons.

Host communities. Communities that host large populations of refugees and/or internally displaced persons, typically in camps, local settlements or integrated into households.

Mainstreaming child protection. Mainstreaming child protection means assessing specific child protection needs and risks associated with a project or intervention and undertaking appropriate measures to mitigate or address the identified risks.

Sexual exploitation and abuse (SEA). Refers to forms of GBV that have been reported in humanitarian contexts, specifically alleged against humanitarian workers. Sexual exploitation is a facet of GBV that is defined as any actual or attempted abuse of a position of vulnerability, differential power, or trust for sexual purposes, including but not limited to, profiting monetarily, socially, or politically from the sexual exploitation of another. Sexual abuse is further defined as “the actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions (IASC 2015). In the context of World Bank-supported projects, SEA occurs against a beneficiary or member of the community.

Violence against children (VAC). Violence against children includes all forms of violence against people under the age of 18, whether perpetrated by parents or other caregivers, peers, or strangers. The Ugandan Children (Amendment) Act of 2016 defines VAC as:

“any form of physical, emotional or mental injury or abuse, neglect, maltreatment and exploitation, including sexual abuse, intentional use of physical force or power, threatened or actual against an individual which may result in or has a high likelihood of resulting in injury, death, psychological harm, mal-development or deprivation.”
This note provides practical guidance on how to effectively identify, assess, and manage the risk of violence against children (VAC) in a context of a development response to forced displacement. It is intended to help government and nongovernment actors involved in the design, implementation, monitoring, and evaluation of the Uganda Development Response to Displacement Impacts Project (DRDIP) ensure that there are effective mechanisms in place for the identification and response to risk of VAC. The note complements the DRDIP guidance notes on integrating gender-based violence (GBV) prevention, risk mitigation, and response into DRDIP.1

DRDIP seeks to address the impacts of forced displacement in communities hosting refugees in 11 districts in Uganda: Arua, Adjumani, Kiryandongo, Isingiro, Kamwenge, Kyegegwa, Lamwo, Moyo, Yumbe, Koboko, and Hoima (GOU and World Bank 2019). The project seeks to serve communities hosting refugees in target areas to increase their access to basic social services, expand their economic opportunities, and enhance environmental management. Anticipated subprojects under DRDIP will focus on: (1) social and economic services and infrastructure; (2) environmental and natural resource management; and (3) livelihoods programs.

Within and across each subproject, DRDIP is committed to incorporating mechanisms to minimize the risk of VAC and ensure an adequate and holistic response for child survivors of violence. Recognizing that VAC is a multifaceted problem that cannot be effectively addressed from a single vantage point, the project seeks to promote a broad-based approach that draws on the capacity and expertise of a variety of sectors. DRDIP is equally committed to ensuring that its subprojects support efforts to prevent and respond to GBV. To the extent possible and without compromising efforts to meet the specific needs of each target group, DRDIP aims to support collaboration and coordination between VAC and GBV interventions and build on the significant overlaps in the roles service providers play with regard to both.

The note does not include specific guidance on measures to prevent or provide protection against sexual exploitation and abuse (SEA) by DRDIP staff, contractors, or consultants (see box 3.3). Rather, it focuses on community-level efforts to prevent, mitigate, and respond to any incident of VAC triggered by the project. It complements the United Nations High Commissioner for Refugees’ 2012 Minimum Standards for Child Protection in Humanitarian Action, which underlines the need to ensure that child protection considerations inform every aspect of all humanitarian actions in compliance with the “do no harm” principle (Child Protection Working Group 2012).
Background

Forced Displacement in Uganda

Uganda is the largest refugee-hosting country in Africa and the third-largest worldwide. Because of ongoing conflicts and instability in the Democratic Republic of Congo and South Sudan, official statistics from the Office of the Prime Minister and the United Nations High Commissioner for Refugees (UNHCR) estimate that Uganda is hosting over 1.33 million refugees and asylum seekers. Women and children comprise 82 percent of Uganda’s overall refugee population. The country is likely to continue experiencing an influx of refugees as it continues to implement its open-door policy.

The prolonged and steady influx of refugees has far-reaching implications. Refugee-hosting areas are among the poorest and least-developed areas in the country. Most refugees are therefore hosted by communities also struggling with development challenges: poverty and unemployment, deficits in human capital development and social service delivery, limited access to basic infrastructure, and a degraded natural resource base. The continued influx of refugees in these areas multiplies the enormous pressures on already-strained public services, natural resources, local infrastructure, and social dynamics. It can also exacerbate existing vulnerabilities and render the population in refugee-hosting areas less resilient to economic and environmental shocks (UNDP 2017). For example, studies show that the presence of refugees affects the coping abilities of host communities, especially where such communities have limited social capital, less diverse livelihoods, and low levels of assets (UNICEF 2018).

Against this backdrop, refugee-hosting districts are now recognized under the vulnerability criteria of Uganda’s National Development Plan 2015/16–2019/20 (NDP II), making them a priority for development interventions that target both refugee and host communities and that includes multisectoral and coordinated services to prevent and respond to violence against children (VAC).
VAC in the Displacement Context

Protecting children from all forms of violence remains a global priority, as reflected in the Sustainable Development Goals. More than one billion children aged 2–17 are exposed to multiple forms of violence every year (Hillis et al. 2016). VAC has been shown to occur at significantly higher rates in low- and middle-income countries than in high-income countries.

The effects of adverse childhood experiences over a person’s lifetime are well documented. Exposure to violence substantially contributes to child mortality and morbidity and can affect a child’s physical and mental health over the short and long term, impairing the ability to learn and socialize, and impacting the transition into adulthood, with adverse consequences later in life as well (UNICEF 2014; Pinheiro 2006; Anda et al. 2006). The experience of violence in childhood can also negatively affect cognitive development, which may result in educational underachievement. For instance, children who are victims of violence are at higher risk of dropping out of school (WHO 2014; UNICEF 2014). Missing out on school further increases a child’s vulnerability to harm (Prickette et al. 2013). In addition, exposure to violence can also contribute to “toxic stress” (Moffitt and the Klaus-Grawe 2012 Think Tank 2013). Children who experience early life toxic stress are at risk of long-term adverse health effects, which might not be manifest until adulthood. These adverse health effects include maladaptive coping skills, poor stress management, unhealthy lifestyles, mental illness, and physical disease (Franke 2014).
VAC has important economic and social consequences for nations. The consequences of such violence is often inter-generational, with those who experienced violence as a child being more likely to become violent as an adult. This cycle has long-term impacts on a family’s economic well-being. Globally, the economic impact of physical, psychological, and sexual violence against children is estimated to be as high as $7 trillion, or about 8 percent of global gross domestic product (Pereznieto et al. 2014). The immediate and long-term public health consequences and economic costs of VAC can undermine investments in education and health and erode the productive capacity of future generations.

The risks to children of being exposed to violence are complex, driven by several factors at the individual, family, community, institutional and policy level. Evidence suggests that forced displacement can increase a child’s risk to such exposure. Displaced people are often fleeing high levels of violence and are also experiencing violence during their transition. Displacement and dependence on aid weakens families as well as any community-level social support mechanisms. Compounded by the absence of economic and social safety nets, this increases a child’s vulnerability to abuse, violence, and exploitation. Further, access to basic social services, including education, health, water, and sanitation, can be severely hindered in displacement settings, making children vulnerable and exposing them to violence. The fragile realities of the refugee experience leave families who have already undergone trauma, who are experiencing tremendous stress, and who feel disempowered at higher risk of domestic abuse. It has also been documented that difficulties in accessing basic services, poverty, and lack of livelihood opportunities, including during the more prolonged phases of displacement, make it more likely that displaced children will engage in child labor, putting children—especially girls—at a greater risk of trafficking and sexual violence. Girls may also choose to engage in transactional sex or be forced into child marriage, making them vulnerable to other forms of violence. Boys might engage in risky behaviors such as delinquency, gang activities, or drug or alcohol abuse, which can perpetuate the cycle of violence. Table 2.1 provides a summary of some of the risks faced by children in the displacement context.

The Intersection of Violence Against Children and Gender-based Violence

There is a growing body of evidence on the intersection between VAC and gender-based violence (GBV), which suggests areas of potential synergy for VAC and GBV programming. A recent narrative review (Guedes et al. 2016) reveals several such intersections:

- Shared risk factors of experiencing GBV or VAC include family breakdown, economic stress, and drug or alcohol abuse.

- Social norms often support GBV and VAC and discourage help-seeking, including the normalization of violence; the justification of physical violence as an acceptable means of discipline; the low status of women and girls; and the perception that violence is a “family” matter, discouraging survivors from seeking help.

- It is common that the maltreatment of a child and violence against a partner occur in the same household—sometimes referred to as co-occurrence. For example, children in households where women experience intimate partner violence are more likely to experience violence, neglect, and maltreatment.

- Both GBV and VAC have intergenerational effects. For example, a woman who reports physical or sexual abuse in her childhood is more likely to experience intimate partner violence as an adult. A man who experienced childhood abuse is more likely to become violent in his personal relationships as an adult.

- Many forms of VAC and GBV have common and compounding consequences across the lifespan.

- VAC and GBV intersect during adolescence, a time of heightened vulnerability to certain kinds of violence. Both perpetration and victimization of some forms of violence often begin or become elevated during this time.
Recognition of these intersections is critical to effective VAC programming. Evidence of common correlates also suggests that specialized efforts to address shared risk factors may help prevent both forms of violence. The co-occurrence has important implications for health, social services, and legal responses to violence. In the DRDIP context, the significant overlap in the role of service providers must be leveraged and built on, and collaboration between child protection services and services for women must be fostered. In addition, common consequences and intergenerational effects suggest a need for more integrated early intervention. For example, in developing countries, home and community-based parenting programs show promise for reducing harsh or abusive parenting and could also help address other forms of family violence (Guedes et al. 2016).

<table>
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<tr>
<th>Table 2.1. Risk Factors for Violence Against Children in a Context of Forced Displacement</th>
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<td><strong>Separation of children from caregivers</strong></td>
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<td><strong>Physical abuse</strong></td>
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<td><strong>Sexual abuse and exploitation (SEA)</strong></td>
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<td><strong>Child labor</strong></td>
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<td><strong>Neglect</strong></td>
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VAC = violence against children.

\(^a\) See article 3 of the 1999 International Labour Organization’s General Conference (No. 182) https://www.ilo.org/dyn/normlex/en/PN/NORMLEX/PUB:12100;0::NO::P12100;ILO_CODE:C182.
Understanding and Addressing Risks

Risks and Considerations for the DRDIP
The Development Response to Displacement Impacts Project (DRDIP) supports investments through three types of sub-projects: (1) social and economic services and infrastructure; (2) sustainable environment and natural resources management, and (3) livelihoods program. Box 3.1 provides a short description of each type of subproject.

DRDIP expects to bring positive change and opportunities to communities, including children. Available evidence, however, suggests that development interventions, depending on their scope, can negatively affect children, directly or due to negative effects on their communities and families during the lifecycle of operations. Risks to children may be inadvertently exacerbated by programs designed without proper consideration to their safety and well-being, or if appropriate safeguards are not put in place during design and throughout implementation.

Education Programs
Education is an essential component of a humanitarian response. Lack of access to education directly impacts a child’s safety and wellbeing. School can serve as a protective factor for children by keeping them safe from negative influences and engaging them in structured recreational and learning activities, including how to recognize, refuse, and report unsafe or abusive situations, in addition to other skills related to personal safety. For example, a child in a safe school is less likely to engage in hazardous child labor or to be sexually exploited. Access to safe, quality education can also help children and adolescents cope with adversity by giving them a sense of purpose, normalcy, stability, structure, hope, and improved future economic prospects. Conversely, the risk of being exposed to violence can prevent a child from accessing education.
Child protection concerns should therefore be reflected in the assessment, design, monitoring, and evaluation of education programs, paying attention to aspects that may increase the vulnerability of children to violence. For example, poorly designed education facilities can increase the risk of VAC in schools. However, the risk of exposure to violence can be mitigated with thoughtful, child-safe building design, such as designs that cater for children with disabilities and that include safe, hygienic, and inclusive child-only water and sanitation facilities located close to classrooms and separated by sex.

Given their close and consistent contact with children, teachers and other school staff are vital to prevention efforts in terms of early detection of the signs and symptoms of child abuse and appropriate response to prevent further harm. Teachers and educators must receive relevant training in child protection, available referral systems, and basic psychosocial support so they can identify and provide immediate assistance to a child showing signs of distress. Select school staff representatives could undergo more specialized training to screen cases and assess the appropriate intervention, such as reporting to authorities or connecting families to community-based services. Teachers can play a role by identifying children who have dropped out of school; referring such families to financial assistance, as needed; and further monitoring and supervising the situation to help a child remain in school.

Water, Sanitation, and Hygiene Programs
Water, sanitation, and hygiene (WASH) programming that is insensitive to the gender dynamics of a given social and cultural context can exacerbate the risk of VAC. For example:

- Girls face increased risk of experiencing sexual assault and violence while traveling to WASH facilities such as water points, cooking facilities, and sanitation facilities, that are limited in number, located far from their homes, or are in isolated locations.

- Girls who must spend a great deal of time collecting water are at a higher risk of missing and/or not attending school, which limits their future opportunities.

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**Box 3.1. DRDIP Subprojects**

**Social and economic services and infrastructure**
This category of subprojects support improved access to quality basic services by host communities. Key services include education, primary and secondary health, water supply, sanitation, and hygiene.

**Sustainable environment and natural resources management**
These subprojects focus on decreasing the environmental impacts of the protracted refugee presence, which has resulted in the deterioration of the natural resource base; deforestation resulting from the overexploitation of wood and other nontimber forest products for a variety of purposes, including shelter, firewood, charcoal, food, and medicines; degradation of grazing lands; loss of wildlife; soil erosion; the open disposal of solid waste, particularly plastics; and uncontrolled extraction of groundwater for domestic and livestock consumption. Key interventions center on integrated natural resources management and access to energy.

**Livelihoods program**
These subprojects support interventions aimed at improving the productivity of livelihoods and strengthening the resilience of communities. Interventions center on support for traditional and nontraditional livelihoods and capacity building for community-based organizations.
Schools that are not equipped with personal hygiene supplies may discourage girls from attending and staying in school, especially if they are menstruating.

Lack of lighting, locks, privacy, and/or sex-segregated sanitation facilities can increase the risk of harassment or assault against girls or boys.

Child protection concerns should be reflected in the assessment, design, monitoring, and evaluation of WASH interventions. Facilities and services should be designed and delivered in a way that does not lead to or perpetuate discrimination, abuse, exploitation, or violence against boys or girls.

For example, all children should have access to child-friendly and gender-appropriate WASH services that minimize their risk of experiencing physical or sexual violence. Measures must therefore be taken to ensure that WASH activities and facilities are available, accessible, and adapted to the needs of children, including those with disabilities. Actions taken by the WASH sector to prevent and mitigate the risk of VAC should be done in coordination with child protection specialists.

Children should also be consulted regarding the design and location of the facilities, including safety mapping and consultations with girls about privacy measures and how to better incorporate menstrual hygiene management considerations in WASH facility and services design.

Health Infrastructure and Services

Health interventions are central to the overall approach of supporting services that prevent or respond to VAC. Health services are often the first—and sometimes only—point of contact for survivors seeking assistance, and they provide an important entry point for further referrals. It is crucial to ensure the safety and protection of the children and young people who are accessing services. Health services must reduce protection risks to the greatest extent possible and be delivered in a way that considers the age and developmental needs of children. Services should be delivered in safe locations that pose no threat of physical danger whenever possible.

DRDIP partners have a duty to consider the VAC risks and incorporate protection considerations into interventions aimed at strengthening access to health services in targeted communities. For example, when designing and constructing a health facility, the physical safety of children should be considered, including ensuring that there are open, well-lit, and highly visible spaces to reduce any opportunity for abuse. Health providers working in displacement contexts must be equipped to offer nondiscriminatory, quality health services for child survivors that operate according to the best interests of the child.

When health care programs are safe, confidential, effectively designed, sensitive, and accessible—both in terms of location and physical access, as well as of good quality, they can:

- Facilitate the immediate care of child survivors;
- Initiate a process of recovery—one that not only incurs physical and mental health benefits for individual child survivors but that can also provide wide-ranging benefits to families, communities, and society; and
- Link survivors to additional services they may need.

Sustainable Environment and Natural Resources Management

Promoting sustainable use and management of natural resources is essential to inclusive growth and the well-being of people. Conversely, mismanagement of the environment and natural resources can result in significant effects. For example, in rural target districts served by DRDIP, the influx of refugees and reliance on firewood as a main source of fuel has dramatically accelerated deforestation, soil erosion, and loss of agricultural and grazing environments. Children and women, who are usually responsible for the chore, must walk long distances to collect firewood for cooking and household purposes, which exposes them to serious risks, including of being sexually assaulted.
Beyond the immediate risk of assault, the lack of safe and efficient energy sources has indirect negative impacts. For example, cooking and heating with traditional fuels can cause indoor air pollution, significantly contributing to ill health among women and children, who typically do the cooking for the household. The use of wood means that women and children spend a great deal of time and energy on firewood collection, which severely limits the opportunity of women to perform more productive economic roles in society and of children to receive an education.

On the other hand, increasing access to cleaner and more efficient energy, such as through the provision of clean and efficient cookstoves or rural electrification, can protect the health and safety of women and children, reduce their risk of being exposed to violence, and provide light so children can study in the evening. Replacing wood-fired stoves with clean and efficient cookstoves eliminates the risks associated with collecting wood for fuel and creates a healthier environment

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2. The World Health Organization estimates that 2.5 million women and young children in developing countries die prematurely each year from breathing the fumes from indoor biomass stoves. Available at: http://lnweb18.worldbank.org/sar/sa.nsf/0/9ee1c318673ab9eeb852569d00048c3?OpenDocument.
within the dwelling. Eliminating kerosene stoves reduces the risk of injury and death to children due to fire and air pollution.

Therefore, if access to clean energy is identified as a community concern or a priority under DRDIP subproject financing, the district implementation support team (DIST) and the subcounty implementation support team (SIST) should explore in greater depth the needs, preferences, and challenges of children living in the relevant communities that are linked to energy access and use, as well as to what energy interventions might improve safety, provide protection from VAC, and empower girls. Relevant question prompts are included in appendix A.

Finally, it is important to consider that many displaced families rely on fuel as a key source of income as well as for cooking. Without alternative income generation activities, therefore Clean Energy technologies/solutions may have limited impact on the number and frequency of children and women collecting firewood.

Livelihoods programs
Livelihoods programs often have protective effects on children, particularly when mothers benefit directly or when projects are used to provide livelihood opportunities for older adolescents. In addition, livelihood and economic empowerment programs can be leveraged to enhance prevention and response to violence against children. For example, livelihood interventions provide a good opportunity to reach parents and caregivers with critical positive parenting messages. Interventions such as village savings and lending associations or savings and internal lending community groups, for example, can be used as a platform to foster discussion around positive parenting and discuss other child protection issues. Supporting caregivers to process and cope with family trauma and stress from displacement, as well as learn positive parenting practices can result in reducing harsh discipline practices, improving caregiver-child relationships, and preventing incidences of abuse.

Livelihoods programs also offer an avenue to sensitize refugee communities on their collective responsibility to keep children in their community safe. This could be achieved through various accessible forms such as community plays and debates or screening videos. Such activities could include supporting community members to develop and disseminate messages about risks and protective factors for children; to recognize symptoms and report abuse early, and to develop bottom-up referral systems and community-based care networks that build on local culture in responding to protection issues when they arise.

However, livelihoods programs can also increase the risk of being exposed to violence for children; if appropriate safeguards are not in place. For example, children may be forced to drop out of school to care for siblings, while parents/caregivers participate in livelihoods programs. Second, livelihoods program that target women and adolescent girls without attention to the community gender and cultural norms and/or the risks associated with shifting gender roles may increase their exposure to domestic violence or other forms of violence within the community. Research shows that parents who are violent with one another are at higher risk for physically abusing their children (Dong et al. 2004). In addition, children’s ‘witnessing’ or exposure to domestic violence has been increasingly recognized as a form of child abuse.3

Addressing Risks of VAC in DRDIP
Effective protection of children is increasingly viewed as a central concern in development practice. ‘Mainstreaming’ child protection or ensuring that child protection considerations inform development interventions can help minimize the instances in which the risks to children are inadvertently exacerbated by subprojects. In other words, mainstreaming child protection is part of compliance with the ‘do no harm’ principle’ that should guide all aspects of DRDIP.

It is therefore imperative that DRDIP implementing partners/organizations ensure children who may come in contact with various subprojects are kept safe and protected; by ensuring that subprojects are designed and implemented in a way that avoids any negative effects on children.

3. Recent research has proposed that the consequences of child abuse and domestic violence exposure are often similar and mimic one another. Children who are abused and exposed to domestic violence exhibit emotional, psychological, and behavioral consequences that are almost identical to one another.
Specifically, the different implementing partners should:

- Incorporate strategies intended to mitigate any risk of VAC that could result specifically from project activities or that are already present in the community,

- Integrate efforts to address social and cultural norms that underpin violence against children and promote more equitable gender norms as part of project design and implementation;

- Facilitate the provision of assistance to survivors of VAC by making sure that project staff know how and where to refer children for safe and ethical care, according to standards of confidentiality and the best interests of the child.

Overall, the principles outlined in box 3.2, anchored in the United Nations Convention on the Rights of the Child (UNCRC), must be considered in the design, implementation,

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**Box 3.2. Guiding Principles**

**Do no harm**
This means ensuring development actions and interventions do not expose children to further harm; including the risk of danger or abuse of their rights. The concept of ‘do no harm’ means that organizations must strive to minimize as much as possible any unintended negative effects of any given intervention, which can increase children’s vulnerability to both physical and psychosocial risks. Such unintended negative consequences may be wide-ranging and extremely complex. In addition, measures should be undertaken to ensure children are more secure, facilitate children’s and families’ own efforts to stay safe, and reduce children’s exposure to risk.

**Best interests of the child**
The “best interests of the child” encompass a child’s physical and emotional safety (their well-being) as well as their right to positive development. In line with Article 3 of the United Nations Convention on the Rights of the Child (CRC), the best interests of the child should provide the basis for all decisions and actions taken, and for the way in which service providers interact with children and their families.

**Nondiscrimination**
Adhering to the nondiscrimination principle means ensuring that all children are not discriminated against (treated poorly or denied services) because of their individual characteristics or a group they belong to (e.g. gender, age, socioeconomic background, race, religion, ethnicity, disability, sexual orientation, or gender identity). Children in need of protective services should receive assistance from agencies and caseworkers that are trained and skilled to form respectful, nondiscriminatory relationships with them, treating them with compassion, empathy, and care. This includes ensuring equal access to services for refugee and host community children.

**Respect confidentiality**
Confidentiality is linked to sharing information on a need-to-know basis. The term “need-to-know” describes the limiting of information that is considered sensitive and sharing it only with those individuals who require the information in order to protect the child. Any sensitive and identifying information collected on children should only be shared on a need-to-know basis with as few individuals as possible.

**Child participation**
This emphasizes children’s capacity to participate in their own protection. Assist children to claim their rights, access available remedies and recover from the effects of abuse.
monitoring, and evaluation of all activities under DRDIP. These core principles are inextricably linked to the overarching responsibility to ensure no harm and to support responsible development progress.

**Practical Steps**

This section outlines how the DRDIP implementers can assess, address, and respond to risks of VAC that could directly result from project activities and/or reduce the risk of exacerbating existing protection risks. While it is equally important for World Bank clients to ensure that appropriate mechanisms are in place to meet their commitments and responsibilities to provide protection against sexual exploitation and abuse (SEA), these steps do not reference or include specific guidance on measures, tools, and processes to prevent and mitigate SEA by DRDIP staff, contractors, or consultants (see box 3.3).

**Community Mobilization and Village-level Community Development Plans**

During planning phases, when helping communities identify priority needs and draft community plans with the support of district probation and social welfare officers and sub-county community development officers, DIST and SIST must explore VAC-related risks that are linked to specific subproject activities or interventions, prioritize them in terms of severity and scale, and identify potential measures to reduce the risk of exposure to violence and/or minimize its impacts on the safety and well-being of children. An analysis of how the subproject might exacerbate underlying risk factors for VAC should be included in this effort.

If children are excluded from community consultations, their specific concerns and issues may not surface. Therefore, they should be consulted if feasible and safe and according to guidance on age-appropriate research with children and young people, including requirements for parental permission and consent. While there is no recommended minimum

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**Box 3.3. Protection Against Sexual Exploitation and Abuse**

As highlighted in the United Nations Secretary-General's bulletin “Special Measures for Protection from Sexual Exploitation and Sexual Abuse” (ST/SGB/2003/13), protection against sexual exploitation and sexual abuse (PSEA) relates to certain responsibilities of international humanitarian and development actors, including: preventing incidents of sexual exploitation and abuse (SEA) committed by personnel of the organization or agency against a member of the affected population; setting up confidential reporting mechanisms; and taking safe and ethical action as quickly as possible in the event that an incident does occur. It is therefore a distinct subset under accountability to affected populations (AAP). As such, detailed guidance on PSEA is outside the authority of this practical guidance. Detailed guidance on PSEA is available on the Inter-Agency Standing Committee AAP/PSEA Task Force website.¹

In addition, the World Bank’s “Good Practice Note: Addressing Gender Based Violence in Investment Project Financing Involving Major Civil Works” (World Bank 2018) provides good-practice guidance to task teams for identifying, assessing, and managing the risks associated with gender-based violence—particularly SEA and sexual harassment—in the context of World Bank-financed projects that involve major civil works—that is, civil works large enough to be carried out by a contractor rather than a small-scale project such as a community-driven development investment, which often involves self-construction by beneficiary communities.

¹. [http://www.pseataskforce.org](http://www.pseataskforce.org)
age for research among children, we recommend conducting consultations with adolescents, aged 13 to 17, particularly for project interventions with direct implications for child protection, to ensure their concerns are embedded in the design and implementation of the project. A specifically trained child protection facilitator should conduct any community consultation that involves children, and a safe environment should be established to minimize risk to participating children. Child survivors should not be sought out or targeted as a specific group during assessments or any other community consultations.4

Teams should be sensitive to the challenges involved in places where it is not feasible to consult with children, deploying community consultation methods to sensitize community members, including local traditional and religious leaders and para-social workers, on the importance of understanding specific risks of VAC that could arise as a result of the intended subproject activities. At a minimum, this means that D1ST, S1ST, and community facilitators must be trained and experienced in facilitating discussions with community members on sensitive topics like VAC.

A list of recommended VAC-related questions or “prompts” relevant to DRDIP subprojects are presented in appendix A. They highlight areas for investigation that can be selectively incorporated into various assessments to help identify the relationship between VAC risks and subproject interventions.

Based on assessment results, an action plan should be developed outlining measures to mitigate any identified risks of VAC that could result from specific project activities or that is already present within the community.

Identification and Subproject Prioritization and Appraisal
During the identification, prioritization, and appraisal phase, when community development plans are aggregated at the district level and proposals are finalized for project implementation, D1ST, S1ST, and safeguard specialists on the national-level project implementation support team should ensure that project descriptions include child-friendly considerations and/or embed measures or elements to mitigate risks of exposure to violence linked to specific subproject interventions.

The plans should be reviewed by the relevant government officers, DRDIP’s social safeguard specialists, social safeguard officers in districts, and the project implementation support team to ensure contextually relevant safeguarding measures for children and consistency of safe and ethical practices across all project interventions, including the establishment of standard referral pathways for care and support of survivors. The project implementation support team should include at least one dedicated child protection officer or assistant.

Community facilitators, D1ST, S1ST, and subproject reviewers should consider the following:

- Does the community development plan articulate the risks of VAC and the protection needs of children linked to specific subproject activities?
- Is there a clear description of how the subproject’s interventions will mitigate the risk of VAC? Are the proposed safeguarding measures adequate and culturally appropriate?
- Does the plan outline safe and confidential procedures for receiving, managing, and responding to VAC-related complaints throughout the subproject cycle? Are they integrated and harmonized with existing formal and informal child protection procedures and practices?

Subproject Implementation
During the implementation phase, as part of the social safeguard screening process, community facilitators and technical staff should consider the VAC-related risks and protection needs of children that were raised during the preliminary community consultations. If the issues are not clearly expressed in the community development plans or if they require elaboration, technical staff should use the question prompts in

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4. A VAC-specific assessment, which includes investigating incidents, interviewing survivors about their experiences, and conducting research on the scope of VAC in the population, should only be conducted in collaboration with VAC specialists and/or a partner or agency that specializes in VAC.
appendix A for further analysis. Technical staff should not assume that because attention to VAC risks associated with subprojects is absent from the plan and project proposals, no concerns exist. To address questions and concerns, technical staff should connect with subcounty community development officers and other local leaders working on VAC in the community as well as the probation and social welfare officers and the social safeguard specialists in the district.

During the implementation of each subproject, appropriate and relevant risk mitigation and safeguarding measures should be implemented at various stages. This may require:

- Institutionalization of VAC prevention and responses at the organizational level, such as developing internal policies and procedures, adopting safe recruitment, selection, and vetting procedures for staff who have direct or indirect contact with children, developing code of conduct for workers that includes clear consequences for breaching it and that is connected to disciplinary and grievance procedures, developing capacity and training staff, and establishing or strengthening monitoring and reporting mechanisms;
- Direct programming to strengthen the child protection system at the local level;
- Reporting or referral to and collaboration with agencies with specific expertise in quality care of children exposed to violence, according to guiding principles.

All suspected and actual cases of VAC should be reported to authorities as they arise during the implementation of the various subprojects, keeping information on the child survivor and the reporting sources confidential and anonymous. Survivors should be linked to and supported in accessing essential services: health/medical care; psychosocial support; legal/justice assistance; and social welfare, including appropriate alternative care, in accordance with existing national laws, standards, guidelines, and regulations.

Table 3.1 highlights key considerations and good practices to mainstream child protection across all interventions relevant to DRDIP. These considerations should be adapted to the specific context, always considering the essential rights, expressed needs, and identified resources of the target community.

<table>
<thead>
<tr>
<th>DRDIP subproject: Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implement strategies that maximize the accessibility of educational programs for girls and other at-risk children.</td>
</tr>
<tr>
<td>■ Where schools do not exist or are situated far away from communities, create new schooling venues to provide safe spaces for students and avoid any discontinuation of educational programs.</td>
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</tr>
</tbody>
</table>

(continued)
Table 3.1. Continued

**DRDIP subproject: Education (continued)**

<table>
<thead>
<tr>
<th>Based on age-appropriate consultations with girls and boys, implement strategies that maximize physical safety in and around educational environments.</th>
<th>Minimize potential VAC-related risks within the educational environment by, for example, providing private, child-friendly, and sex-segregated dormitories, toilets, and bathing facilities; locating schools that lack their own water and sanitation facilities close to existing water supplies; monitoring paths for safety; and providing adequate lighting and safety evacuation pathways.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensure child-safe building design to prevent injury and abuse.</td>
<td>Ensure that the lighting in buildings is adequate; that there are no hidden spaces; that the playground can be seen from the school’s buildings; that there are adequate and safe boundaries (fencing); that entry to the school is only through the administrative or reception area; that there is adequate outdoor shelter; and that designs cater to people with disabilities.</td>
</tr>
<tr>
<td>Provide safe, hygienic, and inclusive child-only water and sanitation facilities, located close to classrooms and segregated by sex, that incorporate menstrual hygiene management considerations.</td>
<td>Ensure safe travel to and from school with safety patrols, by arranging for escorts, or by traveling home in groups.</td>
</tr>
<tr>
<td>Ensure child-safe building design to prevent injury and abuse.</td>
<td>Enhance the capacity of school personnel to mitigate the risk of VAC in educational settings through ongoing support and training.</td>
</tr>
<tr>
<td>Train teachers, parents, caregivers on alternative or positive discipline; disability inclusion; child rights; child protection, including detecting abuse and intervening appropriately; and child development.</td>
<td>Consult with child protection specialists to identify safe, confidential, and appropriate systems of care (i.e., referral pathways) for survivors, and ensure school staff members have the basic skills needed to provide information on where to get support.</td>
</tr>
<tr>
<td>Ensure all teachers and other school personnel understand and have signed a code of conduct to prevent violence against children. Breaches of the code of conduct should be clearly linked to disciplinary and grievance procedures.</td>
<td>Provide all school personnel with written information about where to refer child survivors for services, particularly female teachers who girl survivors may be more likely to approach.</td>
</tr>
<tr>
<td>Engage school staff in discussions around creating a culture of nonviolence; challenging beliefs around masculinity that condone VAC; and the role they can take to create a safe and nonthreatening environment for all students and teachers.</td>
<td>Develop a standard referral pathway for child survivors who disclose VAC to school staff, and ensure personnel have the basic skills and information necessary to provide safe, ethical, and confidential referrals.</td>
</tr>
<tr>
<td>Train all primary- and secondary-level school personnel how to recognize the many varied and localized forms of VAC, including verbal harassment and bullying and sexual exploitation. Ensure that they are also trained on how to respectfully and supportively engage with and provide information to child survivors about their rights and options to report risk and access care in an ethical, safe, and confidential manner.</td>
<td>If needed, provide more specialized child protection training for a select group of school staff members who could serve as focal points at their school to assess and manage child protection concerns and reports.</td>
</tr>
</tbody>
</table>

(continued)
Table 3.1. Continued

<table>
<thead>
<tr>
<th>DRDIP subproject: Health</th>
<th>Ensure programs that share information about reports of VAC within the education sector or with partners in the larger humanitarian community abide by safety and ethical standards.</th>
</tr>
</thead>
</table>
|                         | - Develop and implement robust and child-friendly complaint-handling mechanisms.  
|                         | - Develop inter- and intra-agency information-sharing standards that do not reveal the identity of or pose a security risk to child survivors, their caretakers, or the broader community.  
|                         | - Send school representatives to participate in multistakeholder meetings on child protection to provide input on threats and cases, and work with other stakeholders to address child protection issues in a holistic and coordinated manner. |
|                         | - Incorporate VAC-related messaging into education-related community outreach and awareness-raising activities. |
|                         | - Work with child protection specialists to integrate community awareness-raising on VAC into education outreach initiatives, such as community dialogues, workshops, meetings with community leaders, anti-VAC messaging, parent-teacher association meetings, and parent groups.  
|                         | - Engage men and boys, particularly leaders in the community, as agents of change in building a supportive environment for the education of girls. |
|                         | - Develop self-protection skills. |
|                         | - Ensure children are taught self-protection or personal safety skills, as well as how to identify, stop, and disclose abuse. |
|                         | - Involves women and adolescent girls in the design and delivery of health programming. |
|                         | - Employ women as clinical and nonclinical staff and in administrative and training positions to ensure a gender balance in all aspects of health programming and health care provision to survivors. |
|                         | - Ensure adequate policies and procedures are implemented. |
|                         | - Provide clear guidelines on one-on-one consultations with children and young people, including when another health worker should be present, such as during a physical examination; obtaining consent from children and/or adults; and safe and secure storage of confidential and sensitive medical records of children.  
|                         | - Develop specific procedures for home visits and outreach services that include child protection standards.  
|                         | - Provide guidance to health workers on how to handle disclosures from children, and ensure they are aware of appropriate child-friendly referrals and responses. |
|                         | - Increase the accessibility of health and reproductive health facilities that integrate child-friendly, VAC-related services. |
|                         | - Maximize safety within and around health facilities. This can include, among other things, installing adequate lighting; employing female guards at facilities; ensuring lockable, sex-segregated latrines and washing facilities; and linking with community health workers to provide child survivors with safe, supportive, and confidential escorts to and from facilities.  
|                         | - Reduce or eliminate fees for VAC-related services.  
|                         | - Ensure facilities are universally accessible to child survivors, including those with disabilities.  
|                         | - Ensure the presence of same-sex, same-language health workers if possible. Provide translators and sign language interpreters who are trained in the guiding principles of child survivor care.  
|                         | - Introduce mobile clinics to remote areas with trained, child-friendly service providers. |
|                         | (continued)
<table>
<thead>
<tr>
<th>DRDIP subproject: Health (Continued)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enhance the capacity of health providers to deliver quality care to survivors through training, support, and supervision.</td>
</tr>
<tr>
<td>- Train health staff on child protection.</td>
</tr>
<tr>
<td>- Designate and train specific providers with clear responsibilities related to the care of child survivors, including triage, clinical care, mental health, and psychosocial support and referral.</td>
</tr>
<tr>
<td>- Send representatives from health care providers to participate in multistakeholder meetings on child protection so they can provide input on threats and cases, working with other stakeholders to address child protection issues in a holistic and coordinated manner.</td>
</tr>
<tr>
<td>Undertake safe recruitment measures.</td>
</tr>
<tr>
<td>- Screen and vet health staff who have contact with children.</td>
</tr>
<tr>
<td>- Ensure that the level of contact with children by staff who are not health workers, including security personnel, cleaners, drivers, caregivers, and volunteers is considered and that appropriate recruitment screening measures are undertaken.</td>
</tr>
<tr>
<td>Implement strategies that maximize the quality of care available to survivors at health facilities.</td>
</tr>
<tr>
<td>- Establish private, child-friendly consultation and examination rooms to ensure the privacy and safety of child survivors seeking care.</td>
</tr>
<tr>
<td>- Equip health facilities with proper supplies to provide care for VAC.</td>
</tr>
<tr>
<td>- Implement standardized data collection in health facilities, with safe and ethical documentation, including coding of case files to ensure confidentiality and secure storage of medical records.</td>
</tr>
<tr>
<td>Other considerations</td>
</tr>
<tr>
<td>- Ensure health supplies are accessible and adequately labeled.</td>
</tr>
<tr>
<td>- Incorporate anti-VAC messaging into health-related community outreach and awareness-raising activities.</td>
</tr>
<tr>
<td>- Develop a standard referral pathway for VAC survivors who may disclose to health staff, and ensure training for health personnel on how to provide safe, ethical, and confidential referrals.</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>DRDIP subproject: WASH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implement strategies that maximize the safety, privacy, and dignity of WASH facilities.</td>
</tr>
<tr>
<td>- Conduct age-appropriate consultations with adolescent girls and boys about WASH needs and facilities.</td>
</tr>
<tr>
<td>- In consultation with affected communities, locate WASH facilities in safe locations and within safe distances from homes.</td>
</tr>
<tr>
<td>- Construct culturally and age-appropriate toilets and bathing facilities that are sex-segregated.</td>
</tr>
<tr>
<td>- Ensure adequate lighting, such as solar-powered or electrical lighting, lanterns, or torches, inside and outside WASH facilities, especially if they are communal or a distance from homes.</td>
</tr>
<tr>
<td>- Ensure provision of locks to enhance safety.</td>
</tr>
<tr>
<td>- Provide girls’ latrines with an external screen or wall to provide additional privacy near the entrance, and where appropriate, make Infrastructure adaptations, such as ramps and railings so children with disabilities can access and use the facilities in safety and with dignity.</td>
</tr>
<tr>
<td>- Where children must travel some distance to reach WASH facilities, develop strategies to enhance safety along the routes, such as safety patrols along paths, escort systems, and community surveillance.</td>
</tr>
</tbody>
</table>

(continued)
Table 3.1. Continued

**DRDIP subproject: WASH (Continued)**

| Ensure dignified access to personal hygiene materials. | ■ Distribute suitable material for the absorption and disposal of menstrual blood for girls of reproductive age.  
- Consult with girls to identify the most culturally appropriate materials.  
- Ensure that the timing and process of distributing these materials does not place girls at more risk of violence.  
■ Include bins for disposable sanitary supplies in female toilets to prevent girls from having to dispose of their sanitary supplies in locations or at times that increase their risk of being assaulted or harassed.  
■ Ensure adequate water and facilities to wash reusable pads in privacy  
■ Provide information on menstrual hygiene, safety, and other issues at WASH facilities. |
| --- | --- |
| Incorporate child protection messages into hygiene promotion and other WASH-related community outreach activities. | ■ Ensure these awareness-raising efforts incorporate information on the rights of child survivors, including confidentiality at the service delivery and community level; where to report risk; and how to access care for VAC.  
■ Work with communities to discuss the importance of sex-segregated toilets and bathing facilities, particularly for shared or public facilities. Organize a community-based mechanism to ensure that separate usage is respected.  
■ Provide trainings for WASH staff on issues related to VAC and child rights.  
■ Identify places where a child survivor who reports an instance of VAC to WASH staff can receive safe, confidential, and appropriate care; and provide WASH staff with the necessary basic skills and information to supportively respond to child survivors.  
■ Ensure the safety and accessibility of WASH facilities for girls and boys.  
■ Set up accessible, well-understood, and culturally appropriate mechanisms for suggestions and complaints. |
| Other measures | ■ Provide trainings for WASH staff on issues related to VAC and child rights.  
■ Identify places where a child survivor who reports an instance of VAC to WASH staff can receive safe, confidential, and appropriate care; and provide WASH staff with the necessary basic skills and information to supportively respond to child survivors.  
■ Monitor the safety and accessibility of WASH facilities for girls and boys.  
■ Set up accessible, well-understood, and culturally appropriate mechanisms for suggestions and complaints. |

**DRDIP subproject: Clean energy**

<table>
<thead>
<tr>
<th>Assess risk of VAC.</th>
<th>■ Evaluate VAC risks related to clean energy technologies/solutions and consider ways to mitigate them before deciding on energy access interventions, especially regarding, type, scale, and sources of energy to promote.</th>
</tr>
</thead>
</table>
| Mainstream child protection concerns into clean energy solutions. | ■ Ensure clean energy technologies and solutions are designed in a way that includes the concerns of children.  
■ Promote the use of fuel-efficient cooking techniques and fuel alternatives to reduce the risks faced by women and girls when they collect wood for fuel and to ensure a healthier environment in the home.  
■ Train household members, including children, on clean energy efficiency and use. |
| Offer income-generating activities to older out-of-school girls and young women. | ■ Develop opportunities for older out-of-school girls/young women to earn incomes and reduce their reliance on the collection and sale of firewood. |

**DRDIP subproject: Livelihoods**

| Assess VAC-related risks. | ■ Design and conduct livelihood assessments that examine the risk of VAC in livelihoods programs, and strategize with relevant actors about ways to mitigate risks.  
■ Carefully assess the benefits (e.g., increased income) and risks (e.g., school drop-outs and exploitation) to adolescent girls and boys of any livelihood opportunity. |

(continued)
Table 3.1. Continued

**DRDIP subproject: Livelihoods (Continued)**

| Implement livelihoods programs that are accessible to those at risk for VAC. | ■ Ensure that age-, gender-, and culturally-sensitive protection standards for children and adolescents are incorporated into livelihood interventions. Where possible, provide support and flexible arrangements so that out-of-school children—particularly those from child-headed households—can continue pursuing their education while accessing the livelihoods programs.  
  ▪ Address obstacles that prevent older out-of-school girls and young women from participating in planning meetings and livelihood activities.  
  ▪ Ensure locations and times meet the needs of older out-of-school adolescent girls who have family-related responsibilities.  
  ▪ Ensure physical access for people with disabilities.  
  ▪ Provide childcare for program participants.  
  ▪ Address cultural obstacles that prevent older out-of-school adolescent girls and other at-risk groups from participating in livelihoods programming.  
  ▪ Support local organizations, community groups, and businesses that provide older out-of-school girls and women as well as other at-risk groups, such as children who are orphaned, unaccompanied, or from child-headed households, opportunities to connect with one another in a safe space, to share resources and skills, and to communicate about important livelihood-related issues.  
  ▪ Design livelihoods programs to support the building of community strength, capacity, and cohesion so the community can serve as a strong protective factor for children, especially those without parents or extended family. Build on existing community mechanisms to support psychosocial programming for children, adolescents, and adults, tailored to address their specific issues, such as strengthening resilience, exploring identity and insecurity about the future, regaining a sense of individual agency, and building mutual support.  
  ▪ Consult with older out-of-school adolescent girls and women participating in livelihoods programs to identify any potential safety risks related to the program, including concerns when traveling to and from the activities; support participants in managing and making empowered choices regarding such risks.  
  ▪ Whenever possible, situate livelihood activities in safe locations and schedule them during times of the day and week that minimize the risk of VAC.  
  ▪ Implement strategies that allow older out-of-school adolescents to control their assets in ways that mitigate the risk of theft or financial exploitation.  
  ▪ Consult with child protection specialists to identify safe, confidential, and appropriate systems of care (referral pathways) for child survivors, and ensure livelihood staff members have the basic skills they need to provide information on where to obtain support.  
  ▪ Incorporate anti-VAC messaging into livelihood-related community outreach and awareness-raising activities.  
  ▪ Conduct training and awareness-raising activities for the affected community on issues of child protection as it relates to livelihoods. |

**Other considerations**

| Implement livelihoods programs that minimize possible VAC-related risks as a result of participation. | ■ Consult with older out-of-school adolescent girls and women participating in livelihoods programs to identify any potential safety risks related to the program, including concerns when traveling to and from the activities; support participants in managing and making empowered choices regarding such risks.  
  ▪ Whenever possible, situate livelihood activities in safe locations and schedule them during times of the day and week that minimize the risk of VAC.  
  ▪ Implement strategies that allow older out-of-school adolescents to control their assets in ways that mitigate the risk of theft or financial exploitation.  
  ▪ Consult with child protection specialists to identify safe, confidential, and appropriate systems of care (referral pathways) for child survivors, and ensure livelihood staff members have the basic skills they need to provide information on where to obtain support.  
  ▪ Incorporate anti-VAC messaging into livelihood-related community outreach and awareness-raising activities.  
  ▪ Conduct training and awareness-raising activities for the affected community on issues of child protection as it relates to livelihoods. |

VAC = violence against children; WASH = water, sanitation, and hygiene.
**Monitoring and Evaluation of Subprojects**

Monitoring project implementation implies continuously verifying the subproject’s progress on outputs and outcomes based on specified indicators. This should include an assessment of measures being undertaken to mitigate the risk of VAC and/or to identify emerging risks that need to be addressed. In some cases, this includes collecting information about specific incidents or violations and reporting them in line with safe and ethical practices.

Generally, monitoring whether child protection considerations have been effectively integrated during subproject design and implementation requires concrete steps to assess the achievements of specific indicators. Table 3.2 presents sample indicators that can be used to monitor and assess whether child-friendly considerations are mainstreamed into the development and implementation of different subprojects. The following list of suggested indicators is not exhaustive.

Most can be incorporated into a project’s existing tools and processes for monitoring and evaluation to improve information collection and analysis without the need for additional data collection.

The project implementation support team, in coordination with DIST and SIST, should select indicators and set appropriate targets prior to the start of an activity, adjusting them as needed as the project progresses. It is vital that data not only be collected and reported but that they are also analyzed with the goal of identifying where modifications might be beneficial.

The performance evaluation of the DRDIP should include an assessment of the extent to which child protection concerns were mainstreamed into the development and implementation of the various subprojects.

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**Table 3.2. Examples of Relevant Child Protection Indicators**

<table>
<thead>
<tr>
<th>Subproject</th>
<th>Indicator Type</th>
<th>Indicator Definition</th>
<th>Possible Data Sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>Output</td>
<td>The ratio of female to male teachers in the affected area</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Outcome</td>
<td>Percentage of schools considered safe for boys and girls of different ages</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Output</td>
<td>Number of schools with WASH facilities segregated by sex and by adult versus child</td>
<td>Infrastructure assessment of WASH in schools</td>
</tr>
<tr>
<td></td>
<td>Output</td>
<td>Percentage of children who report feeling safer in class and at school</td>
<td>School surveys</td>
</tr>
<tr>
<td></td>
<td>Output</td>
<td>Percentage of active duty educators trained on child protection threats and strategies to tackle them</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Output</td>
<td>Percentage of active educational sector staff who have signed a code of conduct</td>
<td>Organization records</td>
</tr>
<tr>
<td></td>
<td>Output</td>
<td>Percentage of schools and learning sites with a reporting and referral mechanism for VAC survivors</td>
<td>Key informant interviews</td>
</tr>
</tbody>
</table>

(continued)
<table>
<thead>
<tr>
<th>Subproject</th>
<th>Indicator Type</th>
<th>Indicator Definition</th>
<th>Possible Data Sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>Output</td>
<td>Percentage of health staff that has received training on identifying and providing referrals to children affected violence</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Output</td>
<td>Percentage of health staff trained on clinical management of sexual violence against children</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Output</td>
<td>Percentage of health facilities where child-appropriate WASH facilities are in place</td>
<td>Facility survey</td>
</tr>
<tr>
<td></td>
<td>Output</td>
<td>Percentage of staff providing health services who are female</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Output</td>
<td>Percentage of health facilities providing clinical care for survivors of sexual assault against children or another form of VAC at no cost</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Output</td>
<td>Number and percentage of health facilities that can provide emergency contraceptive pills, postexposure prophylaxis, and presumptive treatment for sexually transmitted infections to adolescent and young adult survivors of sexual violence</td>
<td>Health facility questionnaire</td>
</tr>
<tr>
<td></td>
<td>Output</td>
<td>Staff knowledge of safe and ethical referral pathway for VAC survivors</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Output</td>
<td>Percentage of health sites with a standard referral pathway for VAC survivors</td>
<td>Key informant interviews</td>
</tr>
<tr>
<td></td>
<td>Output</td>
<td>Number of facilities with child-friendly spaces for children</td>
<td></td>
</tr>
<tr>
<td>WASH</td>
<td>Output</td>
<td>Existence of lockable, sex-segregated WASH facilities at the community level</td>
<td>Direct observation, safety audit</td>
</tr>
<tr>
<td></td>
<td>Output</td>
<td>Presence of functional lighting at WASH facilities</td>
<td>Direct observation, safety audit</td>
</tr>
<tr>
<td></td>
<td>Outcome</td>
<td>Inclusion of VAC referral information in WASH community outreach activities</td>
<td>Desk review, key informant interviews, and survey (at agency or sector level)</td>
</tr>
<tr>
<td>Livelihoods</td>
<td>Output</td>
<td>Existence of measures, including referral systems, to enable excluded children, excluded households, or at-risk children to access economic support</td>
<td></td>
</tr>
<tr>
<td>Clean energy</td>
<td>Output</td>
<td>Number of households with access to clean energy</td>
<td>Survey</td>
</tr>
</tbody>
</table>

WASH = water, sanitation, and hygiene.
References


Appendix A.
Questions and Prompts to Assess VAC-Related Issues in DRDIP

Potential Areas of Inquiry: Education Subprojects

Participation and leadership
- What is the ratio of male to female education staff, including in positions of leadership?
- Are systems in place for training and retaining female staff?
- Are the lead response actors in the education sector—school staff members, teachers, and related non-governmental organizations—aware of international standards and guidelines for mainstreaming VAC prevention and mitigation strategies into their activities?

Cultural and community norms and practices
- How has displacement affected access to and availability of education programs, particularly for girls and other at-risk groups?
- Which children and youths are not attending or face barriers to attending primary and/or secondary school (e.g., adolescent girls, child heads of household, girl-mothers, sexual assault survivors, girls and boys with disabilities, and refugee children)?
  - What cultural barriers do girls face in accessing education (e.g., gender norms that prioritize the education of boys over girls, gender-discriminatory attitudes toward girls in educational settings, child and/or forced marriage, and domestic responsibilities)?
  - What cultural barriers do other at-risk groups of children face in accessing education (e.g., stigma, discrimination, poverty, and norms around sexuality)?
  - Are there strategies in place for the reintegration and reenrollment of those who have dropped out?
- What is the situation regarding parental and community involvement in education?
- What are boys’ attitudes toward girls in educational settings, and what are girls’ attitudes toward other girls? What are girls’ and boys’ attitudes toward boys?
  - Is there evidence of gender-inequitable attitudes or practices?
  - Are these attitudes or practices supported and/or internalized by girls, particularly adolescent females?
- What safety precautions are girls expected to take when attending or traveling to school? Are there any violence-related risks that boys face when going to school (whether gender-based or not)?
- What is normal help-seeking behavior for child survivors of VAC or other forms of violence? What are the risks associated with reporting an incident (e.g., safety and stigma)?
Infrastructure and safety

- Are schools and other learning environments located in areas that are safe and equally accessible to girls and other at-risk groups?
  - Are girls involved in decisions about the location of safe learning environments?
  - Are all levels of schooling equally accessible (not only the lower grades)?
  - Are education centers built based on universal design and/or reasonable accommodation to ensure accessibility to all persons, including those with disabilities (e.g., physical disabilities, injuries, and visual or other sensory impairments)?

- Are the distances and routes traveled to school safe for all students—particularly girls—and acceptable to parents?
  - Are strategies in place to accompany students to learning environments as necessary?
  - Has safety mapping been conducted with students and teachers to identify at-risk zones in and around learning environments?
  - Are there safety patrols for potentially insecure areas?

- Are learning environments physically secure? Is there sufficient lighting? Are toilets accessible, private, safely located, adequate in number, and sex-segregated?

- What are the common VAC-related risks faced by children while accessing education (e.g., sexual exploitation by teachers or staff; harassment or bullying on school grounds; and students, especially girls, engaging in exploitative sexual relationships to cover school fees)?

- How to provide immediate referrals in an ethical, safe, and confidential manner?
- How to best support child survivors to remain at or return to school after an incident has been reported?

Teaching capacity and curricula

- Are teachers and administrators trained to address specific topics related to health and the empowerment of girls—especially adolescent females?
  - Do teacher training curricula explicitly integrate sexual-ity education and other gender-related issues (e.g., gender-sensitive teaching methods and factors that affect access, enrollment, and achievement levels among girls and boys)?
  - Are these trainings and curricula age-, gender-, and culturally appropriate?

- Are learning materials inclusive of and relevant to girls and other at-risk groups?
  - Do they avoid gender stereotyping?
  - Do primary and secondary school teaching methods respect girls as equals (e.g., are girls encouraged to ask and answer as many questions as boys; are boys encouraged to avoid dominating group work; and are classroom-related cleaning tasks divided equally between girls and boys)?

- Do learning materials provide information on issues such as gender equality, VAC, HIV/AIDS, human rights, and relationship skills in a way that builds upon indigenous knowledge and practices?

Areas related to education communications and information sharing

- Do education programs raise awareness within the community (e.g., through parent-teacher associations or community-parent school coalitions) about VAC risks and protective factors related to education?
  - Do such awareness-raising activities include information on prevention, survivor rights (including to confidentiality at the service delivery and community levels), where to report risk and how to access care for VAC?
  - Is the information provided age-, gender-, and culturally appropriate?
Potential Areas of Inquiry: Health Subprojects

Cultural and community perceptions, norms, and practices
- Are community members aware of:
  - The physical and mental health consequences of sexual violence and other forms of VAC?
  - The benefits of seeking VAC-related health care?
  - Where VAC survivors can access child-friendly services?
- Do community members perceive the available VAC-related health services to be safe, confidential, and supportive?
- What are the cultural, emotional, and other obstacles that child survivors face when seeking VAC-related health care (e.g., lack of child-specific and child-friendly services, stigma, lack of privacy or confidentiality, language and/or cultural issues, lack of knowledge about benefits and/or location of services, getting to and from the facility, and costs)?
- Who/what are the existing community support systems (e.g., para-social workers, child protection committees, and local committees or community-based groups focused on child protection) capable of supporting child survivors who are seeking health care?

Infrastructure
- What is the number, location, safety and accessibility of health facilities that provide clinical care—including mental health and psychosocial support—for child survivors of rape and care/support for other forms of VAC?
- Are the various health facilities located in areas that are safe and equally accessible to children?
- Are there private rooms in the health facilities where child survivors can receive confidential treatment?
- Are trained and child-friendly staff available 24 hours a day, 7 days a week?
- What is the availability of medical drugs, equipment, and administrative supplies to support the care of survivors of child sexual assault and other forms of VAC?
- Has the mapping of child-friendly services been compiled in a reference document (e.g., a directory of services) that is available to communities, health staff, and other service providers (e.g., lawyers, police, and mental health and psychosocial support providers specializing in the care of child survivors)?
- Wherever possible, have services for child survivors been integrated into existing health care centers in a nonstigmatizing way (rather than created as standalone centers) so that child survivors and their families can seek care without being easily identified by the community?

Services
- What is the range of health services provided to support the medical needs of VAC survivors—e.g., Postexposure prophylaxis (PEP) to prevent HIV, emergency contraception, treatment for sexually transmitted infections; pregnancy care, safe access to abortion where it is legal, basic mental health care, psychiatric support, and psychological counseling?
  - How many health facilities provide clinical care and mental health support to child survivors of rape as well as care, support, and referrals for other forms of VAC? Where are they located? Are they safe and accessible?
  - Are follow-up services available (e.g., ensuring adherence to the full course of PEP, voluntary counseling and testing at prescribed intervals, provision of long-term mental health and psychosocial support as needed, and family counseling)?
  - Is a trained caseworker available at the health facility to provide care and support to survivors?
- Are there facility-specific policies and protocols for the clinical care of child survivors of sexual assault and other forms of VAC?
  - Do these policies and protocols adhere to ethical and safety standards (privacy, confidentiality, respect, non-discrimination, best interest of the child, and—where appropriate—informed consent)?
Do the policies and protocols include medical history; examination; the collection of forensic evidence, if possible; treatment; referral; reporting; pregnancy counseling; child survivor safety planning; mental health and psychosocial support; record keeping; and coordination with other sectors and actors, particularly the police and judiciary?

Can the policies and protocols be easily referenced or accessed? Are staff members aware of them?

Do the policies and protocols include information about providing care and support to boy child survivors of sexual violence?

Are women, adolescent girls, and other at-risk groups meaningfully engaged in the development of health policies, standards, and guidelines that address the rights and needs of children, particularly as they relate to VAC?

What referral pathways for VAC survivors are in place at health facilities (e.g., to security/police, safe shelter, mental health and psychosocial support, legal services, and community services)?

Are there options for mobile clinics or other community outreach efforts by health workers to rural populations and settlements?

What are the attitudes of health care workers toward survivors of VAC and the provided services (e.g., attitudes toward emergency contraception and abortion care for adolescent girls in settings where such services are legal)? How is this reflected in the type and level of care provided?

Have community health workers, including traditional health providers, been trained on:

- The physical and mental health implications of different types of VAC?
- How to immediately respond to child survivors?
- Providing child-friendly, safe, and ethical referrals?

Areas related to health communications and information-sharing

Do health-related community outreach activities raise awareness in the community about VAC risks and protective factors?

- Do these awareness-raising activities include information about referral pathways for child survivors?
- Is the information provided in an age-, gender-, and culturally appropriate way?

### Potential Areas of Inquiry: WASH Subprojects

#### Cultural and community norms and practices

- What are the gender- and age-related responsibilities related to WASH (e.g., water collection, storage and treatment, and usage)?
  - Who collects water? How often do girls and boys collect water? At what times of day?
  - How many hours per day are spent by girls and by boys traveling to and from WASH facilities?
  - In what ways do these factors exacerbate risk exposure to VAC?

- Are children, especially girls, prevented from attending school due to WASH-related responsibilities (e.g., collecting water)?

- What preferences and cultural habits should be considered before determining the type of toilets, bathing facilities, laundry facilities, kitchens, and water points to be constructed for children?

- How does displacement impact the access of children to WASH facilities?
Infrastructure

- What is the current source of water? Is it adequate in quality and quantity in line with humanitarian standards?
- What means of transporting water are available, and who is given access to these means?
- What is the distance to water points, toilets, and other WASH facilities?
  - Is the route traveled safe?
  - Is there a system of safety patrolling or a community surveillance system for areas that are potentially insecure?
- Are WASH facilities secure and child-friendly?
  - Is there sufficient lighting?
  - Do they provide adequate privacy?
  - Are bathrooms and bathing facilities equipped with doors that lock from the inside?
  - Are there family latrines?
  - Are facilities designed and built based on universal design and/or reasonable accommodation to ensure accessibility for all persons, including children with disabilities (e.g., physical disabilities, injuries, and visual or other sensory impairments)?
  - If latrines are communally shared, are there separate facilities for boys and girls that are clearly marked, private, and separated by an appropriate distance?
- What types of sanitary supplies and personal hygiene materials are culturally appropriate for distributing to girls, especially related to menstruation?
  - Are these materials regularly available, resupplied, and distributed?
  - Does the timing and process of their distribution put children at higher risk of VAC?
  - Are there adequate and private mechanisms for the cleaning or disposing of sanitary supplies?
- What types of sanitary supplies or personal hygiene materials do female and male survivors of sexual assault with injuries need? Are mechanisms in place to ensure that they can be accessed and distributed in a confidential and non-stigmatizing manner?

Areas related to WASH communications and information sharing

- Has training been provided to WASH staff on:
  - Issues of VAC?
  - How to supportively engage with survivors and provide information in an ethical, safe, and confidential manner about their rights and options to report risk and access care?
- Do WASH-related community outreach activities raise awareness in the community about general safety and VAC risk reduction?
  - Does this awareness-raising include information on child survivor rights (including to confidentiality at the service delivery and community levels), where to report risk, and how to access care for VAC?
  - Is this information age-, gender-, and culturally appropriate?
- Are discussion forums on hygiene and sanitation age-, gender-, and culturally sensitive? Are they accessible to boys and girls in a way that participants feel safe to raise VAC issues?
Potential Areas of Inquiry: Clean Energy Subprojects

Community norms and practices
- What are the common sources of household fuel or energy for cooking, lighting, and power?
- What are the roles of girls and boys in obtaining and using different sources of fuel?
- For those who use firewood for cooking, who collects it, where from, and how often? At what times of day or night? How long does it take to collect the firewood? Is safety a concern when it is being collected?

Types of energy and energy preferences
- Do community or household members prefer particular types of fuel or energy over others? For cooking? For lighting? For heating? For power?
- What factors affect the choice of energy sources? (e.g., cost, physical security, weather, and availability of alternative fuel or energy source)?
- Do these preferences change throughout the year, for example, based on drought, rain, or cold weather?
- Do any particular types of fuel or energy add to the burden of children, especially girls? If so, how?
- Which particular types of fuel or energy are less burdensome to children? How?
- Are there any VAC-related risks associated with getting access to energy?
- How does the threat to the wellbeing of the child affect a household’s choice of sources of energy?

Potential Areas of Inquiry: Livelihood Subprojects

Cultural and community norms and practices
- How does displacement impact a community’s economic coping strategies? How are children affected?
- What barriers prevent older out-of-school adolescent girls from accessing livelihood opportunities?

Physical safety and risks of VAC
- Are children forced to work? What kind of danger does that put them in? Are there ways to ensure that they do not have to work and that their families receive adequate support?
- What are the likely impacts of the livelihood intervention on the safety and well-being of children?
- How can the risks to the safety and well-being of children be mitigated in the proposed livelihood intervention?
- How will providing access to sustainable energy or proposed energy solutions protect children’s health and safety?

Areas related to livelihood communications and information sharing
- Has training been provided to livelihood staff on:
  - Issues of VAC?
  - How to supportively engage with child survivors and provide information in an ethical, safe, and confidential manner about their rights and options to report risk and access care?
- Do livelihood programs raise awareness in the community about VAC risks and protective factors related to livelihood activities?

Note: This list is not exhaustive.
PEP = postexposure prophylaxis, VAC = violence against children; WASH = water, sanitation, and hygiene.