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# Examining Child Protection Rapid Assessment:

*a structured review of field learning from the Child Protection Rapid  
Assessment (CPRA) toolkit*



**Debbie Landis, Lindsay Stark, Hani Mansourian, and Alastair Ager,  
on behalf of the Child Protection in Crisis (CPC) Network**

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(Cover photo: Landis, 2009)

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## I. EXECUTIVE SUMMARY

From May-September 2013, the Child Protection in Crisis (CPC) Network conducted a structured analysis of field learning regarding the Child Protection Rapid Assessment (CPRA) toolkit, in order to identify key findings, lessons learned, and recommendations for its future use and implementation. The review covered use of the CPRA toolkit in 15 countries: *Burkina Faso, Indonesia, Iraq, Jordan, Lebanon, Mali, Myanmar, Nigeria, Pakistan, Philippines, Somalia, Syria, Thailand, Tunisia, and Yemen*.

The CPRA toolkit was consistently described by respondents as a valuable addition to the field, and a means of increasing the methodological rigor with which child protection assessments are carried out. However, findings suggest that the usage of the tool is often dependent on technical assistance from the Child Protection Working Group (CPWG). Additional training and capacity building is needed in order to promote the sustainability of the toolkit and make it accessible in more diverse contexts.

The study also found that assessments conducted in the earlier phases of emergencies are more likely to be used by actors in the area of program development and coordination. Although the Inter-Agency Standing Committee (IASC) recommends that cluster-specific assessments begin during the third phase of emergencies (3-4 weeks)<sup>1</sup>, assessments examined in this review took place at two months or later, suggesting that efforts be made to use the CPRA toolkit as close to the third phase of emergencies as possible, in order to increase the impact of findings.

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<sup>1</sup> IASC. (2011). *Operational Guidance for Coordinated Assessments in Humanitarian Crises*. Geneva: Inter-Agency Standing Committee (IASC).

Overall, respondents reported satisfaction with the toolkit, although its usage varied significantly by context. In 7 out of 15 assessments, additional approaches such as focus group discussions were included along with the components of the CPRA toolkit. This suggests that additional guidance is needed regarding the intended design of the CPRA toolkit, as well as the potential challenges and risks associated with incorporating other methods. In particular, respondents raised the issue of child participation in research as an issue for further consideration, in light of the current CPRA guidance that children not be involved in rapid assessment exercises. A confidential case discussed in this report highlights harm that came to children as a result of their participation in focus group discussions, reinforcing the importance of viewing the use of such methods in crisis contexts with extreme caution.

## II. BACKGROUND

From May-September 2013, the Child Protection in Crisis (CPC) Network conducted a structured analysis of field learning from the Child Protection Rapid Assessment (CPRA) toolkit. The focus was documenting key findings and lessons learned, and formulating recommendations for its future use and implementation. The toolkit was developed in 2010-2011 through an inter-agency process coordinated by the Child Protection Working Group (CPWG), the global level forum for coordination on child protection in humanitarian settings which works to ensure “more predictable, accountable, and effective child protection responses in emergencies.”<sup>2</sup>

The goal of the CPRA toolkit is to provide an overview of key child protection concerns within the context of humanitarian emergencies, in order to inform initial program development, fundraising and advocacy efforts, and to serve as a basis for more in-depth assessments and situation monitoring in the future. The CPRA is *not* intended to elicit findings for use in long-term program development, or to produce data that is generalizable to a larger population. Rather, it is intended for strategic use within the initial phases of humanitarian contexts, and is designed to be an inter-agency effort.<sup>3</sup>

The toolkit includes a guide as well as tools that are intended to be adapted to particular assessment contexts. The CPRA provides specific tools to 1) conduct a key informant interview; 2) make direct observations; 3) compile a desk review; and 4) produce a summative site report. The CPRA also provides a sample data entry tool that facilitates the creation of data displays in order to concisely portray key findings.

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<sup>2</sup> From CPWG website: [www.cpwg.net/cpwg](http://www.cpwg.net/cpwg)

<sup>3</sup> Global Protection Cluster. *Information Sheet: Child Protection Rapid Needs Assessment (CPRA) Toolkit*. January 2012. Accessed at: <http://cpwg.net/assessment-topics/cpra-toolkit/>

Since early 2011 when it was first shared with the field - to the end of 2013, the CPRA toolkit has been used in over 20 contexts. The CPRA toolkit represents a follow-up to the Child Protection Assessment Resource Toolkit, which was developed from 2007-2009 by the CPWG along with global inter-agency partners. In 2010, field usage of this initial toolkit was evaluated by researchers from the Program on Forced Migration and Health at Columbia University, who found that existing materials were not conducive to rapid assessment efforts, and that there was a need to develop specific tools that could be used in emergency contexts.<sup>4</sup> The CPRA toolkit was designed in response to these findings.

This report represents a follow-up to the 2010 review, seeking to document trends in learning as the CPRA has been used in the field. This report was shared with CPWG members prior to its finalization, and corresponding comments and suggestions were incorporated into the final version.

### **III. METHODS**

This study involved four primary steps: 1) hypothesis and question development; 2) distribution and completion of a remote questionnaire; 3) follow-up interviews; and 4) data analysis. An overview of these steps is outlined in **Annex I**.

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<sup>4</sup> Ager, A., Stark, L., and Blake, C. (2010). *Assessing Child Protection in Emergencies: Field Experience Using the Inter-Agency Emergency Child Protection Assessment Resource Toolkit*. New York: Columbia University, Program on Forced Migration and Health, Department of Population and Family Health.

## IV. FINDINGS

### A. Examining the Hypotheses and Guiding Question

This section includes a discussion of the guiding question and hypotheses that were considered as part of this review. The primary findings for each of these areas are described below:

**Hypothesis 1: If an assessment is conducted soon after the start of an emergency, findings are more likely to be used**

In total, the review covered 15 countries in which the CPRA was used: *Burkina Faso, Indonesia, Iraq, Jordan, Lebanon, Mali, Myanmar, Nigeria, Pakistan, Philippines, Somalia, Syria, Thailand, Tunisia, and Yemen*. Within these contexts, the CPRA was conducted in response to a variety of humanitarian emergencies, including armed conflict, refugee outflows, international displacement, natural disasters and drought. Regarding the issue of timing, assessments were carried out between two to six months after the start of rapid onset emergencies. In the case of protracted settings, the CPRA was conducted mid-emergency, although timing varied depending on the context. The total time period for the assessment process (from the start of preparations to the release of the final report) varied significantly, ranging from one to nine months. The majority (8) were conducted within a two or three month time period. An overview of assessment sites by type of emergency and timing is contained in the table on the following page.



**Table 1: Assessment Sites (by timing and type of emergency)**

<b>Country</b>	<b>Type of Emergency</b>	<b>Date of CPRA</b>	<b>Length of time after emergency CPRA conducted</b>	<b>Time period of assessment (from start of preparations to final report)</b>
Burkina Faso	Drought and refugees from Mali	2012	2 months	March – May 2013
Indonesia	Merapi volcano	2011	7 -8 months	June - August 2011
Iraq	Syrian refugees	2013	5 months	December 2012- January 2013
Jordan	Refugees from Syria	2012	6 months	October 2012- January 2013
Lebanon	Refugees from Syria	2013	During protracted emergency	September 2012-June 2013
Mali	Drought and displacement	2012	Several months after nutrition crisis began	March - June 2012
Myanmar	Internal conflict	2012	4 months	October 2012-January 2013
Nigeria	Internal conflict and Floods	2012-2013 (multiple dates)	Various times	One month-several months
Pakistan	Floods and displacement	2012	During protracted emergency	October 2012- TBD ( <i>report still in draft form</i> )
Philippines	Typhoon Pablo	2013	2 months	February - April 2013
Somalia	Drought and displacement	2011	2 months	September -December 2011
Syria	Refugees from Syria	2013	During protracted emergency	January- August 2013
Thailand	Floods	2012	3 months	December 2011- February 2012
Tunisia	Lybian refugees	2011	6 months	July - September 2011
Yemen	Internal conflict/IDPs	2012	During protracted emergency	July- September 2012

Within these contexts, follow-up on findings took place in a variety of ways, including in the form of program development or adaptation, fundraising, training, coordination, and advocacy. The nature of such follow-up activities varied widely across locations. Program development or adaptation was the most commonly mentioned use of findings, reported in 11 countries, followed by planning and strategy, reported in eight countries. Fundraising activities were reported in seven countries, while additional training and advocacy were each reported as follow-up activities to the CPRA in six countries. In some cases, in-country actors engaged in a

multiple forms of follow-up, while in others the response was more limited to specific areas.

An overview of the type of follow-up activities by site is listed in the table below:

**Table 2: Primary Types of Follow-up (by Country)**

Country	Fundraising/ Proposal Development	Advocacy	Program Development/ Adaptation	Emergency Prepared- ness	Planning/ Strategy	Training	Future use of CPRA	Unknown
Burkina Faso	x		x		x			
Indonesia				X			x	
Iraq		x	x					
Jordan			x		x			
Lebanon			x		x			
Mali	x	x						
Myanmar	x		x			X		
Nigeria	x	x	x	X	x	X	x	
Pakistan*	x	x	x		x	X	x	
Philippines		x	x		x			
Somalia	x		x		x	X		
Syria			x		x			
Thailand		x		X		X		
Tunisia								x
Yemen	x		x			X		
<b>TOTAL</b>	<b>7</b>	<b>6</b>	<b>11</b>	<b>3</b>	<b>8</b>	<b>6</b>	<b>3</b>	<b>1</b>

\* Country report being finalized, so final follow-up is TBD

In terms of the relationship between *timing* and the *type of follow-up* that took place, assessments conducted during the earliest post-emergency phase (at two months) resulted in strong and coordinated follow-up by actors on the ground, particularly in the areas of program development, fundraising and planning. In the case of *Burkina Faso*, findings were used for fundraising efforts as part of the Consolidated Appeal Process (CAP), and were also used for the development of Child Friendly Spaces (CFSs) and other emergency response initiatives. In addition, findings from the assessment revealed tensions between refugees and host communities, and so this led to an inter-agency commitment to engage in sensitization around conflict prevention in affected areas. In the case of *Somalia*, findings from the assessment

uncovered a large number of separated and unaccompanied children, as well as the fact that appropriate referral and follow-up services were not in place. As a result of the assessment, a concerted effort was made by actors on the ground to establish an Identification, Documentation, Tracing and Reunification (IDTR system), which is now in place. In addition, findings were used for sector-wide planning and coordination purposes. As the assessment coordinator for this study said,

“The report became a discussion point for programming and opened up discussion on funding.”

In the case of the *Philippines*, findings were used by the government as a basis to strengthen the foster care system and child protection actors have used results for advocacy and program purposes, although funding limitations have prevented follow-up on all areas to take place.

In the case of *Indonesia*, however, where the assessment was conducted at the latest post-emergency phase (at 7-8 months), timing was described by a member of the research team as a limitation to the way in which the findings were used. Although he noted that the assessment produced “good data,” he described it as “flat” and not producing significant programmatic results in light of the fact that the early phase of the emergency had passed.<sup>5</sup> Despite this fact, the assessment resulted in notable capacity-building efforts at the government level, including the formation of a Child Protection Rapid Response Team by the Ministry of Social Welfare, which carried out a subsequent CPRA in response to a flood in 2011. Following an earthquake in 2013, however, the CPRA was not used, leading the respondent to

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<sup>5</sup> The timing of the assessment in Indonesia was also due to the fact that it was conducted as a formal pilot test of the CPRA toolkit and an opportunity to test and refine the data entry tool. As such, this assessment represented a somewhat different case than most of the other assessments examined in this review

note that the government's use of the CPRA has not sustained itself over time, in part due to staff turnover among those who had initially been trained on the CPRA.

A similar scenario was described in the case of *Thailand*. Although the assessment was conducted 3-months post emergency, making it on the early side of the assessments considered in this review, it was still conducted after the initial response to the emergency had passed. As a member of the research team said,

“The fact that the response was already over made it [the report] less interesting to some partners....The whole thing about doing it at the right time is a challenge. Getting a clear picture at the time [*of the crisis*] would have been useful.”

As such, findings were used primarily for general advocacy on child protection, and to lobby the government with regard to developing preparedness measures to be able to carry out a CPRA in the future. In addition, the country team developed sample adaptations of CPRA tools to be ready for future emergencies, including one targeted towards conflict-related emergencies, and another focused on natural disasters. As in the case of Indonesia, however, the researcher described high turnover as an impediment to preparedness efforts, as those who received training on the tool have since moved on to other positions.

In the case of *Mali*, timing was also described as interfering with the use of findings. In this case, however, it was with regard to the timeframe of the production of the final report, rather than the phase of the emergency within which the assessment was conducted. The assessment coordinator stated that it took six weeks to complete the final report, although mentioned an executive summary was available within one week, and that actors on the ground used that instead of waiting for the final report. “Maybe it took too long to write,” she said. She noted that, although the assessment was initially intended to be used more broadly for programming and to inform discussion around the impact of food and nutrition

emergencies on child protection risks, findings were primarily used for the purposes of proposal development as well as smaller advocacy efforts surrounding the crisis.

The issue of timing was somewhat more difficult to determine in the case of protracted emergencies in light of the fluid nature of these contexts. However, in the case of *Yemen*, the assessment was described as being carried out early-on in the crisis, and findings resulted in strong programmatic follow-up. Taken together, the cases examined in this review suggest that conducting assessments in the early phases of an emergency make direct follow-up in the area of *program development and planning* more likely to take place. Similarly, as the cases of *Indonesia* and *Thailand* suggest, assessments conducted after the active emergency response phase has passed run the risk of being underutilized for direct programmatic follow-up, although may still be effective in the areas of capacity building and emergency preparedness efforts at the national level. In addition, as the case of *Mali* suggests, delays in producing the final report can also interfere with the degree to which findings are implemented.

Regarding the issue of timing, however, the earliest assessments examined in this review took place at two months following an emergency, which technically falls within “Phase IV” of the emergency phases identified by the Inter-Agency Standing Committee (IASC).<sup>6</sup> And, as previously mentioned, the remaining assessments took place between 3 and 6 months post-emergency. According to guidance from the IASC, sector-specific assessments should begin during Phase III (3-4 weeks post-emergency) and beyond, once coordinated multi-sector assessments have taken place.<sup>7</sup> In this way, the assessments examined in this review meet IASC guidance by not taking place within the first two weeks of an emergency, although all are on

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<sup>6</sup> IASC. (2011). *Operational Guidance for Coordinated Assessments in Humanitarian Crises*. Geneva: Inter-Agency Standing Committee (IASC).

<sup>7</sup> Ibid

the later end of the recommended timeframe, since none took place during Phase III, and a number significantly later. The CPRA toolkit was designed to be used during Phase III of emergencies, or as soon as possible thereafter. As such, findings also suggest that child protection actors should work to initiate assessments earlier on in emergencies—with efforts to initiate the process during Phase III or shortly thereafter.

**Hypothesis 2: The provision of support from the CPWG serves to mitigate challenges throughout the assessment process**

Among the sites examined in this review, support from the global CPWG was provided in 14 out of 15 cases, with the exception of Nigeria, where the assessment process was led by an in-country team with support from an external consultant. In the case of *Myanmar*, the respondent was not available for a follow-up interview, and so additional information on the level of support provided by the Global CPWG for that assessment is not available. However, the questionnaire completed by the respondent indicates that he and a colleague participated in a regional training on the CPRA provided by the CPWG prior to the start of the assessment.

In the remaining 13 cases, support from the CPWG took multiple forms, including members of the CPWG Rapid Response Team (RRT) providing in-country training, and supporting the process of study design and tool development. In some cases, RRT members served as team leaders, while in others they provided technical assistance to in-country team leaders on the ground. Significant support was also provided in the area of data analysis and report writing. Support was provided both in-country as well as through remote assistance. In certain instances, members of the RRT returned following the assessment in order to assist with the dissemination of the report and to provide additional training to local child protection actors on the use of the CPRA. It was also common for more than one individual to provide

support to the same country in various ways and at various stages of the process. Of the various forms of technical assistance, remote support was mentioned in the largest number of countries (12), followed by assistance with study design (11), and training (11), which included all forms of training at any stage of the process. Assistance with data analysis or report writing was mentioned the next most frequently (10), followed by support with in-country start-up (8).

An overview of the primary types of Global CPWG support provided by country is listed below:

**Table 3: Global CPWG Support (by country)**

Country	Training (any form)	In-country start-up	Study Design	Data analysis or report writing	Serving as Team Leader	Remote support	Post-report follow-up (in country)
Burkina Faso	x	x	x	x		X	
Indonesia			x	x		X	
Iraq				x		X	
Jordan	x		x			X	
Lebanon	x	x	x	x	x		x
Mali		x	x	x		X	
Myanmar	x						
Nigeria							
Pakistan	x	x	x			X	
Philippines	x		x			X	
Somalia	x	x		x		X	x
Syria	x		x	x	x	X	
Thailand	x	x	x	x		X	x
Tunisia	x	x	x	x	x	X	x
Yemen	x	x	x	x	x	X	x
<b>TOTAL</b>	<b>11</b>	<b>8</b>	<b>11</b>	<b>10</b>	<b>4</b>	<b>12</b>	<b>5</b>

In terms of the *impact* of these activities, the involvement of the Global CPWG was described favorably by respondents without exception, and as a significant asset in terms of getting the assessment process underway and handling challenges and issues that emerged. Respondents expressed particular gratitude for assistance that was provided during the study design process in terms of sampling and tool development, as well as with regard to data

analysis. Support for data analysis was mentioned most frequently in cases where multiple revisions to the toolkit had been made, or where other topical areas had been introduced, such as in the case of *Mali*, where the tools were adapted in order to address the food and nutrition crisis, requiring the data management tool to be altered. In the case of *Lebanon*, a member of the CPWG RRT worked with the in-country team to develop new data analysis tools to accommodate findings from focus groups as well as key informant interviews.

The range of support provided by CPWG members in various capacities was noted by the respondent from *Burkina Faso*, who said,

“He [CPWG member] helped us organize concretely the assessment. After analyzing the document, even when he left, he was continuing to help us with what we were trying to achieve. It was very important support technically.”

Appreciation for receiving more than one member of the CPWG RRT (sent separately, at different phases of the study) was expressed by the respondent from *Thailand*, who said,

“We got a lot of support from them, and they have such flexibility in terms of being able to deploy people to help. The fact that we got two people sent to us in such a short period of time is amazing.”

Even in the case of RRT members who served as team leaders, the role of the remote support position was described as valuable. In the case of the assessment in *Tunisia*, for example, the team leader said,

“I was on Skype with [the CPWG remote support specialist] every morning and evening to discuss the process. [He] was key to getting the assessment off the ground.”

As these findings suggest, support from the global CPWG served to mitigate multiple challenges throughout various stages of the assessment process, particularly in the area of study design and data analysis. Both in-country and remote support was provided, and both forms of assistance was consistently valued by respondents. Although CPWG support did not



prevent challenges from emerging, it provided an added means of navigating these complexities most effectively.

The most commonly reported *challenges* (mentioned by 6 out of 11 individuals) associated with the use of the toolkit involved issues with data analysis and study design. In addition, the most commonly reported *suggestion* (mentioned by 7 out of 11 individuals) given by respondents regarding the usage of the tool was for additional training in research methods, particularly in the area of data analysis. In this way, findings suggest that the current usage of the toolkit is somewhat reliant on technical assistance from the CPWG. This theme is further supported by the case of *Nigeria*, which represents the only assessment examined in this review that did not take place with direct CPWG assistance. In this instance, the toolkit was deemed inaccessible to those without a prior research background, and quantitative data analysis was not conducted. Regarding these revisions, the respondent for the *Nigeria* study said,

“For local level actors who don’t have experience with statistics, data management and software, it [*the data entry toolkit*] wasn’t going to work.”

As such, findings suggest that additional training and capacity building is needed in order for the use of the toolkit to be sustainable, and applicable to more diverse contexts.

### **Hypothesis 3: Pre-assessment training results in a greater level of adherence to the methodological standards specified in the CPRA toolkit**

Of the 15 assessments examined as part of this review, some form of training or capacity building was provided in each case, although the type of training or capacity building varied by site, as well as the timeframe within which these efforts took place in relation to the assessment. In most cases, trainings were held with assessment taskforce members and

assessors on separate occasions prior to the start of the data collection. In the case of *Somalia*, however, training was not provided until after the assessment took place. An overview of the training and capacity building efforts by site is described in the table below:

**Table 4: Training Provided (by Site)**

Country	Provider	Types of Training
<b>Burkina Faso</b>	CPWG/RRT	Training of trainers for 19 people. A smaller group provided subsequent trainings, including a 1-day briefing for in-country working group members and a 3-day training for assessment teams, in addition to a 1-day field test.
<b>Indonesia</b>	Columbia University and CPWG/RRT	A 4-day training was provided to the research team as well as 20 additional participants on the CPRA prior to data collection. A field test of the tool was also conducted.
<b>Iraq</b>	IRC and CPWG	Lead researcher participated in 2.5 day training in Lausanne by CPWG. IRC provided a 2-day training with assessors and 3-day training with team leaders prior to start of data collection.
<b>Jordan</b>	CPWG/RRT	Five individuals from Jordan were among those attending the regional CPRA training in 2012 prior to the assessment. In-country training was provided to all assessment team members and those involved in data collection.
<b>Lebanon</b>	CPWG/RRT	Training was facilitated by the CPWG RRT, and conducted with a group of inter-agency participants, comprising global CPWG members responsible for surge support.
<b>Mali</b>	IRC	2-day training was organized with the assessors and a 3-day training with team leaders.
<b>Myanmar</b>	UNICEF, CPWG/RRT and Save the Children	Prior to start of assessment, two members of leadership team participated in the CPWG regional training on the CPRA in Bangkok in 2012. In-country, a 3-day training was provided by UNICEF and Save the Children for assessment teams.
<b>Nigeria</b>	UNICEF and Save the Children	A 2-phase training of trainers (TOT) was conducted by an external consultant. The first phase was 2 days, and prepared teams to conduct rapid assessments. The second phase was 4 days and held once teams had completed their assessments. Each training had about 30 people. Following the TOT, additional trainings were held in various locations.
<b>Pakistan</b>	CPWG/RRT and in-country working group	CPWG/RRT member provided training for CPRA working group. CPRA working group trained 45 enumerators on data collection tools and provided additional training to field teams.
<b>Philippines</b>	CPWG/RRT and WV	CPWG/RRT and two CPRA taskforce members who had previously received CPRA training from the CPWG conducted training for assessors. 46 individuals were trained, taking in place in two subsequent 2-day sessions.
<b>Somalia</b>	CPWG/RRT	Training was not provided prior to assessment. After data collection was completed, a CPWG/RRT member provided training for CP working group members in Somalia and Kenya, involving approximately 12-13 organizations.
<b>Syria</b>	CPWG/RRT	Training was facilitated by the CPWG RRT, and conducted with a group of inter-agency participants, comprising global CPWG members responsible for surge support.
<b>Thailand</b>	CPWG/RRT	Training on data collection tools was conducted by researchers from Columbia University for 12 assessment teams (36 persons) before the start of data collection. A field test was also conducted after training for data collectors. An additional training on the CPRA was conducted for approximately 15 participants from government agencies and NGOs.
<b>Tunisia</b>	CPWG/RRT	CPWG RRT member along with UNFPA, Save the Children, and UNICEF provided a 3-day training to assessors prior to the start of data collection.
<b>Yemen</b>	CPWG/RRT	Training was facilitated by the CPWG RRT, and conducted with a group of inter-agency participants, comprising global CPWG members responsible for surge support.

Although some form of training was held in all 15 locations, the fact that *Somalia* was the only country in which comprehensive training was *not* provided prior to the start of the assessment makes it an interesting case for comparison. As mentioned above, numerous methodological issues took place within the context of this assessment, significantly impacting data quality as well as methodological rigor. For example, no standard approach to sampling was used among agencies. In addition, agencies also used different versions of the key informant questionnaire. Also, there was no standard approach to handling sensitive issues such as gender-based violence, resulting in enumerators asking questions on this topic in certain areas, and not doing so in other locations, creating considerable difficulties when it came to reviewing the data. Although data analysis was successfully conducted by the in-country team, and with the support of the CPWG, ultimately resulting in useful information, the approach to data analysis was significantly more complex than in other cases, and information was not collected with the same degree of rigor.

While the other 14 sites in which pre-assessment training was provided also faced challenges throughout the assessment process, the number of methodological and data quality issues were significantly higher in Somalia than other countries. In addition, of the countries in which pre-assessment training was provided, only one site (*Mali*) mentioned that data quality was an issue. In this case, the lead researcher discovered discrepancies in the site reports prepared by assessors, and so corrected these prior to producing the final report.

In the case of the *Philippines*, a member of the research team reported that it is possible that the use of English questionnaires may have resulted in interviewers describing various terms in different ways according to local dialects; however this speculation was not confirmed, and data quality was still described to be generally strong. In the remainder of sites (with the

exception of Myanmar, since the respondent was not available for an interview), data quality was described to be high, with no significant issues. In this way, findings suggest that pre-assessment training supports the level of methodological rigor and data quality in assessments, although does not mitigate challenges altogether.

The importance of pre-assessment training that emerges from these findings can be seen as a shift in the field, in light of the increased level of rigor associated with the CPRA toolkit in comparison to other child protection assessments that practitioners may have conducted in the past. As one respondent said,

“The tool is part of the professionalization of the sector. For the moment, it is helping us achieve a more robust evidence base that can be defended....it gives assessments more credibility.”

As such, more training was required in order to use the CPRA toolkit, but this new level of emphasis on methodological rigor was generally described as a positive development.

**Question 1: How do adaptations to the toolkit impact data quality and the degree to which desired information is produced?**

Adaptations took various forms across sites. In some cases, the primary components of the CPRA toolkit were used, but revisions were made to the terminology or issues covered in order to reflect the local context. In other cases, significant changes to the tools were made, in order to account for a unique focus or technical area, or other issues pertinent to the context. In addition, some assessments incorporated additional tools or methods along with the components of the CPRA, and so combined varying approaches. Among the sites examined in this review, countries fell into two primary categories: 1) Those that used the CPRA with minor revisions, but made contextual adaptations; and 2) Those that used the CPRA toolkit along with other methods. A similar number of countries fell into each of these two categories, with eight

countries (*Burkina Faso, Myanmar, Pakistan, Philippines, Somalia, Thailand, Tunisia, and Yemen*) using the first approach, while seven countries (*Indonesia, Iraq, Jordan, Lebanon, Mali, Nigeria, and Syria*) employed the second. An overview of these categories, as well as the types of adaptations made by each country, is contained in the tables below:

**Table 5: Category 1- Use of tool with contextual adaptations (by country)**

Country	Portions of tool used	Revisions to CPRA
<b>Burkina Faso</b>	<b>4</b>	Contextualizing themes/adapting questions; Suggestions for KI selection in order to fit refugee perspective
<b>Myanmar</b>	<b>4</b>	Contextualizing questions to context
<b>Pakistan</b>	<b>4</b>	Considerations on culture for the KI tool; minor changes
<b>Philippines</b>	<b>4</b>	Revised to fit context; Questions on children involved in conflict were removed b/c of sensitivity issues, but this issue was left in the direct observation tool
<b>Somalia</b>	<b>1</b> (only KI Questionnaire)	Tool contextualized only briefly; standard approach not used across sites; some used different versions of questionnaire, etc.
<b>Thailand</b>	<b>4</b>	Followed main components of tool but took out conflict-related components b/c do not relate to Thai context
<b>Tunisia</b>	<b>4</b>	Lots of contextualization of questions; GBV and sexual violence separated out as separate issues; Added questions regarding children involved with political groups; Expanded answer choices to be inclusive
<b>Yemen</b>	<b>3</b> (not desk review)	Stayed close to data collection kit, but made changes to contextually appropriate terminology; there were some changes to information on recruitment

**Table 6: Category 2- Use of CPRA with additional tools or methods (by country)**

Country	Portions of tool used	Revisions to CPRA	Additional Tools or Methods
Indonesia	4	Tool was adapted to fit context and some minor revisions were made to particular questions. Also, psychosocial questions moved before questions about violence to make less "shocking".	Added a ranking system in the KI tool; also added participatory ranking and focus groups to assess validity
Iraq	3 (not site report)	Site report not used since was in camp-based setting	Two series of FGDs; including with children and youth; added body and risk mapping
Jordan	4	Significant revisions to accommodate joint CP and GBV assessment; also looked at adults as well as children. Adapted site report based on FGDs; expanded tool to ask about access to services; also expanded to ask about GBV and adult's issues; took out psychosocial info b/c had been previous assessment; pilot test was done prior to main assessment	Added FGDs as well as safety audit from IRC
Lebanon	3 (not d.o.)	Highly modified CPRA questionnaire and data entry tool; certain thematic areas were excluded because already known through desk review; had to change data entry tool and create new form for analysis b/c of FGDs	Added FGDs, including with adolescents.
Mali	4	Major revisions to toolkit in order to adopt to the food and nutrition crisis	Added FGDs
Nigeria	2 (KI, site report)	Significantly cut down KI tool; didn't use data management tool; adopted a more qualitative form of analysis	Added FGDs and participatory ranking; added a simplified service provider capacity map; developed training guide, which included guidance on conducting research with children and youth.
Syria	2 (KI, desk review)	Largely followed the CPRA as a starting point, although excluded direct observation and site report due to remote methodology. Questions were based on conditions within Syria rather than host countries, and revisions were made according to context and WWNK.	Remote methodology, which included interviewing newly-arrived refugees from Syria in Jordan, Iraq, and Lebanon who had left in the past month, and the recall period covered 2 months prior. Used quota sampling approach to promote triangulation. Also conducted a small number of humanitarian interviews inside Syria.

In terms of the impact of these adaptations on *data quality*, as mentioned in the previous section, challenges in this area were only described in the cases of two countries (*Mali* and *Somalia*). As such, it is not possible to draw conclusions between adaptations to the tool and data quality, other than to note that the quality of information collected was not a

significant issue of concern across the majority of sites, regardless of the type of adaptations made to the CPRA toolkit. As previously mentioned, issues of pre-assessment training, as well as CPWG support also have a significant impact on data quality, potentially more so than adaptations to the tool itself.

There was also a general sense among respondents that adaptations enabled assessments to produce desired information. There was no notable difference in the level of satisfaction with the results in sites that used only the CPRA toolkit versus those that incorporated other methods and approaches. In the case of *Yemen*, for example, the assessment coordinator stated that they “stayed relatively close to the data collection tool set,” although made contextual changes to various terms. Additional questions were also added to capture reasons behind potential increases or decreases in the recruitment of children into armed groups. Findings from these efforts were directly used in programming with regard to children associated with armed forces, and other findings were used to inform response efforts, such as geographical areas for the development of mine risk education programs. In *Nigeria*, assessments used a more qualitative approach and did not use the data entry tool. And, quantitative information was gathered primarily through secondary sources. As such, assessments sought to gather more general information on child protection issues affecting particular areas, and reports were described as meeting this goal.

In the case of *Syria*, a particularly innovative approach was used in terms of methodology, in light of the fact that the context within Syria was assessed by interviewing recently-arrived Syrian refugees in Iraq, Jordan, and Lebanon. In addition, the study incorporated interviews with humanitarian workers inside Syria as well as a desk review. A “Do No Harm” approach drove the decision to conduct the majority of the interviews outside of

Syria, in order to avoid potential harm or retaliation against respondents based on their participation. As the assessment coordinator said,

“Before doing the assessment we had heard stories of people who were questioned in Syria by other researchers, with National Security arriving the next day and asking them what had been discussed.”

Although a smaller number of interviews were conducted with humanitarian workers inside Syria, this was done by organizations with appropriate contextual knowledge and in-country staff who could conduct the research in a way that would avoid harm. The report from this assessment has generated direct programmatic response by actors on the ground, and findings have also been used for coordination and planning purposes. Although plans had initially been made for a public launch of the Syria report connected to larger advocacy initiatives, the lead researcher for this assessment noted that these plans have currently been put on hold in light of “the current circumstances and operational challenges for organizations.” She described the case of Syria as an example in which the “context will frame how publically you can or cannot use findings.”

Among countries that incorporated other methods, focus groups were the most common addition. In the case of *Iraq*, focus groups were held with both adults and children, with the lead researcher describing the involvement of children as essential in order to compare their perspectives with the views of adults, and promote triangulation. The involvement of children or adolescents in focus groups was also used in *Lebanon* and *Nigeria*, and was depicted as a means of gathering more in-depth and targeted information that also promoted child participation. In the case of *Tunisia*, the involvement of children occurred accidentally, as one of the researchers interviewed adolescent girls as a result of mistaking their actual ages. When the girls participated, however, they reported a desire to be involved in the



study, and stated that they would feel excluded otherwise. In the cases of *Burkina Faso* and the *Philippines*, children were not involved in research, although respondents from these countries reported that other actors involved in the assessment process had expressed a desire to include children in the CPRA. In light of these instances, the issue of children's involvement in the CPRA remains one worth revisiting for ongoing discussion. In addition to these cases, another assessment not included in this review also involved focus groups with children. In this instance, however, children were subjected to harm as a direct result of their participation. The assessors in this case were not able to protect children due to a lack of training and not having taken necessary precautions. This case was brought to the attention of the research team prior to the start of this review, although this was among the countries for which the lead researcher could not be reached, and so additional information is not available. However, this situation highlights the potential risks to children if focus groups are not conducted with the appropriate level of supervision, and supports the basis on which the CPRA guidelines specify that consultation with children should not be included as part of rapid assessments using the toolkit.

Focus groups were also added in *Jordan*, along with a revised tool that incorporated both GBV and child protection issues. While the assessment was described as eliciting desired information, the assessment coordinator mentioned that this created additional challenges with regard to data analysis. She said,

“We struggled a bit, because when you adapt the tool a lot, this affects the data entry and site report.”

As a result, producing the report took longer than expected, and the overall data analysis process became more complex. The theme that making multiple revisions to the CPRA toolkit complicates the data analysis process was mentioned consistently by respondents from

sites in which substantial adaptations took place. An exception to this is *Nigeria*. In light of the fact that the data management tool of the CPRA was not used in this setting, there was not an attempt to combine the analysis of both quantitative and qualitative primary data.

In a few cases, various aspects of adaptation were raised as not producing intended results, although the overall findings of the assessments were still referred to favorably. For example, in *Tunisia*, considerable discussion took place during the contextualization process regarding how to address the issue of GBV. According to the assessment coordinator, various members of the working group raised concern that “it isn’t useful to combine GBV and sexual violence,” and so ultimately these two issues were separated in the tool. In the end, however, the researcher noted that “the answers were very similar for both” and so it was not clear whether the meaning or distinction between the terms had been clear to respondents. Although the written tool was in Arabic, the coordinator noted that there are slight differences between the Arabic of Tunisians and that of Libyans, who were the focus of the assessment. While the impact of this approach was unclear in terms of the findings, the assessment coordinator did state that the discussions taking place around this process were “good for collaboration.”

In *Lebanon*, although adaptations produced desired information, the assessment coordinator noted that certain particularly “sensitive” child protection issues were uncovered during the process, and that it became “difficult to get broad agreement for [their] inclusion in the report.” As a result, this “raised the question of reviewing the inclusion of such questions at the assessment design phase.” In this way, although the information produced met the intended goals of the research team, the issue of potentially collecting sensitive information if it will not be used became one for consideration.

In light of this discussion, several themes emerge. *First*, findings suggest that actors involved in the use of the CPRA toolkit have adapted the tool in a variety of ways, depending on the context and intended purposes of the assessment exercise. In all cases reviewed during this study, some form of contextualization and adaptation took place. *Second*, data quality was believed to be high across the majority of sites, suggesting that respondents did not perceive the accuracy of information collected to be a major challenge, regardless of the type of adaptations that had taken place.

*Third*, there was a general sense that adaptations made by assessment teams produced the type of information that was desired by in-country actors. Although there were certain cases in which questions emerged regarding the impact of particular methodological choices, the overall findings from these assessments were still considered widely useful. In cases that incorporated focus groups or that made significant changes to the tool itself, a greater number of challenges were experienced with regard to data analysis, although the information produced in the end was considered salient and useful.

*Fourth*, the issue of involving children in research emerged as an issue for further consideration in five locations, suggesting that additional discussion on this issue would be worthwhile. However, as exemplified by the case described above in which children experienced harm as a result of their involvement, the issue of children's participation in rapid assessments is one that should not be taken lightly, also suggesting that existing CPRA guidance on this topic is warranted. A summary of these points is contained in the table on the following page.

**Table 7: Adaptations: Key Themes**

1)	Actors have adapted the CPRA toolkit in a variety of ways, depending on the context and intended purposes of the assessment exercise. In all cases reviewed during this study, some form of contextualization and adaptation took place.
2)	Data quality was believed to be high across the majority of sites, regardless of the type of adaptations that had taken place.
3)	There was a general sense that adaptations produced desired information. In cases that incorporated focus groups or that made significant changes to the tool itself, a greater number of challenges were experienced with regard to data analysis.
4)	The issue of involving children in research emerged as an issue for further consideration in five locations, suggesting that additional discussion on this issue would be worthwhile. However, as exemplified by a case in which children experienced harm as a result of their involvement, the issue of children's participation in rapid assessments is one that should not be taken lightly, also suggesting that existing CPRA guidance on this topic is warranted.

## **B. Satisfaction with Toolkit/Recommendations**

The review also explored the issue of overall satisfaction with the CPRA toolkit. There was a general consensus among respondents that the toolkit represents a valuable contribution to the field, and provides a way to examine issues within humanitarian contexts in a more systematic and rigorous manner than was previously available. In addition, there was a sense that the tool could be used effectively in the area of decision-making and coordination. As one respondent said,

“The tool can be used in multiple ways to coordinate a response. As a practitioner that values quality, I’m an advocate for the use of the CPRA tool.”

Another respondent commented on the inclusion of ethical standards as a particular asset to the toolkit. She said,

“I found that just the presence of a CPRA is really important in terms of helping people decide what is an ethical assessment and what should go into one. The fact that we have a tool that we can share helps raise awareness.”

While respondents praised the value of the tool, the need to adapt it according to particular contexts was also emphasized, as well as the fact that it is essential to have sufficient training and staff capacity in order to use it in the field. The level of rigor associated with the tool was mentioned as a potential limitation by one respondent, who argued that the tool may be less accessible to those without a background in research or data analysis. As previously mentioned, the complexities of data analysis were also reflected in the suggestions offered by respondents, with 7 out of 11 individuals expressing a need for additional training in the areas of data analysis, interpretation and reporting. Two additional suggestions were each noted by four individuals: a desire for the involvement of children in research; and a need to increase ways to promote national-level follow-up on assessment findings, including preparedness and capacity-building efforts. An overview of the primary suggestions described by respondents is contained in the table below:

**Table 7: Suggestions (by number of respondents)**

<b>Suggestions</b>	<b>Number of KIs who mentioned (out of 11)</b>
More support in the area of data analysis (ex. data interpretation, qualitative analysis, general data analysis skills, etc.)	7
Increase national-level follow-up on findings (ex. increased buy-in for results, additional capacity building on future use of CPRA, etc.)	4
Revise CPRA to include child participation	4
Toolkit too long/complicated; make more concise	2
Develop platform for information-sharing between individuals who have used/are currently using CPRA toolkit	2
Develop an even more rapid assessment tool	1
Develop approach/guidance for use of toolkit in urban settings	1
Expand criteria for key informants (additional categories of people; additional number of people per category)	1
Increase means of triangulation within toolkit	1

## **V. LIMITATIONS**

A potential limitation of this study can be seen in the fact that, out of the 18 initial sites identified for consideration, researchers from three locations did not respond to the request for participation in this review. As such, it is possible that findings may have been different had feedback from the remaining three locations been available. In addition, the initial list of sites was based on known locations where the CPRA toolkit was used during the study period, which in the majority of cases involved assessments conducted with support from the CPWG. In this way, it is possible that these cases were more “successful,” or more conforming to recommended CPRA usage, than others that had not have been brought to the attention of the CPWG or the research team prior to the start of the study.

## **VI. CONCLUSION**

This review highlights a number of key themes regarding the field usage of the CPRA toolkit. *First*, regarding the issue of *timing*, findings suggest that assessments conducted in earlier stages of an emergency are more likely to be widely used by actors on the ground, particularly in the areas of coordination, program development, and fundraising. However, as previously mentioned, all of the assessments examined in this review took place during the fourth phase of an emergency or later, all of which fall outside the guidance of the IASC that sector-specific assessments should begin during the third phase of an emergency, or as soon as possible thereafter. As such, findings suggest that child protection actors could benefit from carrying out assessments using the CPRA toolkit earlier on in emergency contexts, with the goal of beginning the process as close to the third phase as possible. While findings from this review do suggest that assessments carried out at later stages can still be used for advocacy, capacity building, or emergency preparedness efforts, these goals fall somewhat outside the intended

purpose of the CPRA toolkit, which was developed primarily to guide decision-making in the early stages of humanitarian contexts. As mentioned, the issue of timing is more difficult to determine in the case of protracted contexts, although this review also includes examples of assessments conducted early on in protracted crises that resulted in strong programmatic follow-up at the country level. Nevertheless, findings from this review also suggest that information collected at all phases of an emergency can be used for various purposes, and efforts should be made to maximize the impact of assessment findings at whatever stage the CPRA is conducted.

*Second*, with regard to the issue of *CPWG support*, findings suggest that the Global CPWG, and the Rapid Response Team (RRT) in particular, represents a valuable source of training and capacity building for those involved in carrying out CPRA assessments. Respondents consistently described tool adaptation, sampling, and data analysis as ways in which support from the CPWG was particularly useful. However, as previously mentioned, the current usage of the tool appears somewhat dependent on technical assistance from the CPWG, in light of the challenges reported in the areas of data analysis and research design. In addition, the only case of an assessment conducted without CPWG support did not engage in quantitative data analysis because the tool was considered too complex for those without a prior background in research methods. As such, findings suggest that the CPWG should continue its current role of training and technical assistance regarding the use of the CPRA toolkit, but that additional opportunities for capacity building should be provided in order to promote the sustainability of the toolkit and to make it more accessible to diverse field contexts.

*Third*, findings also suggest that *pre-assessment training* plays an important role in mitigating methodological and data quality issues associated with the use of the CPRA, particularly in light of the fact that the toolkit represents a shift forward in the level of rigor associated with child protection assessments in the field. While previous assessment tools may not have specified particular sampling or data analysis approaches, the CPRA toolkit has strong methodological guidelines, which respondents have found necessitate careful training in advance in order to ensure that assessments are carried out in the appropriate manner. Although pre-assessment training does not eliminate challenges altogether, it increases the degree to which assessments are conducted in a standardized and ethical manner, and minimizes complications associated with data analysis.

*Fourth*, findings suggest that actors involved in the use of the CPRA toolkit have adapted the tool in a variety of ways, depending on the context and intended purposes of the assessment exercise. Data quality was not reported to be an issue in the majority of cases, and adaptations were generally described as fulfilling the intended purposes of research teams. However, approximately half of the assessments considered in this review involved the incorporation of other methodologies along with the CPRA, which frequently complicated the process of data analysis. While respondents reported satisfaction with the revisions made, the fact that approximately half of all cases that used the toolkit changed it significantly raises the question of whether the toolkit itself is meeting existing needs. On one hand, the toolkit was consistently described as a basis to start from in carrying out assessments. And yet, the fact that focus group discussions and other approaches were frequently added suggests that further clarification may be needed regarding the intended purpose of the CPRA toolkit as opposed to other approaches, as well as the reasons behind its design. Also, the issue of involving children



in the CPRA is one that warrants ongoing discussion, particularly in light of the number of sites in which this issue emerged, either through directly involving children in research or through respondents offering this as a suggestion. As previously mentioned, the anonymous case in which children experienced harm as a result of their participation in focus groups also highlights why this issue one that warrants serious concern.

## VII. RECOMMENDATIONS

In light of these findings, this study suggests the following recommendations:

- **The CPWG and its partners should work to sustain the level of support provided to the field and expand existing training opportunities in the area of research methods:**

The CPWG should continue its current role in providing training and technical assistance with regard to the use of the CPRA toolkit. While maintaining the level of technical support that is currently provided to the field, additional training opportunities, particularly in the areas of data analysis and study design, could make the tool accessible to more diverse contexts and promote its sustainability.

- **Child protection actors should strive to use the CPRA toolkit during Phase III of emergencies, or as soon as possible thereafter:** Although IASC guidance specifies that sector-specific assessments should begin during the third phase of emergencies, or as soon as possible thereafter, the earliest assessments examined in this review took place during Phase IV, with a number significantly later. As such, additional guidance should be provided to Child Protection Sub-Cluster Coordinators regarding the importance of carrying out child protection rapid assessments as close to the third phase of emergencies as possible. The benefits of conducting assessments earlier in emergencies that were identified in this review further support this suggestion.

- **Additional guidance on the involvement of children in assessments should be provided, including elaboration of the concerns underlying the current CPRA guidance regarding engagement with children:** In light of the number of cases in which focus groups with children were conducted, or the issue of involving children in research was raised, additional clarification on this issue should be provided, as well as the potential risks associated with this practice, as evidenced by the anonymous case highlighted in this review.
- **Additional clarification is needed regarding the rationale behind the design of the CPRA toolkit:** In light of the large number of cases that involved significant revisions to the CPRA toolkit, including the incorporation of focus group discussions and other approaches, additional guidance should be provided by the CPWG regarding the rationale behind the current design of the CPRA toolkit, and how it relates to other tools and methods. In addition, in light of the significant challenges in data analysis that resulted from multiple adaptations to the toolkit, additional guidance to this effect should also be provided.

### **Phase I: Hypothesis and Question Development**

At the start of the study, the research team formulated a series of hypotheses, and one open-ended question, to guide the collection of relevant information. Initially, 12 hypotheses and one guiding question were developed, covering issues such as the lead-up to the CPRA; the inter-agency process; timing of the assessment; adaptation and data quality; remote support from the CPWG; and general satisfaction with the toolkit.

### **Phase II: Remote Questionnaire Distribution**

As a next step in the study, a list was prepared of all known sites where assessments using the CPRA toolkit have been conducted during the study time period (January 2011- October 2013), and key individuals involved in the use of the toolkit in each site were identified. This list included 18 locations. A brief questionnaire was then developed to elicit feedback regarding the use of the tool, with this questionnaire then distributed via email to key stakeholders in each of the 18 locations. The questionnaire covered a range of general issues regarding the usage of the toolkit, including the components that were used, adaptations to the tools that were made, training and capacity building efforts that were provided, as well as the way in which data analysis took place. Individuals from all but three sites responded to this request for information, resulting in questionnaires being received from 15 locations where the CPRA had been used. In total, 12 individuals submitted questionnaires, as some respondents were involved in the use of the CPRA in more than one location, and so completed questionnaires for all sites where they used the tool. Once all

questionnaires had been received, data were analyzed, and initial themes and areas for further exploration were identified.

### **Phase III: Follow-up Interviews**

Upon analysis of questionnaire data, follow-up interviews were conducted with respondents in order to discuss the initial findings in greater depth, and to gather additional information in order to test the hypotheses and question that had been developed. In addition to the themes addressed in the questionnaires, follow-up interviews covered areas such as: planning and preparation for the CPRA; challenges and lessons learned; ethical issues; data quality; and general satisfaction with the toolkit, including a discussion of potential changes to the toolkit itself as well as the process of CPRA implementation. All individuals who submitted initial questionnaires were contacted in order to schedule follow-up interviews. Interviews were conducted via phone or Skype with 11 out of 12 respondents, reflecting a total of 14 locations where the CPRA had been used. Summary transcripts from interviews were prepared based on written notes, and were sent back to all respondents for verification, and in order to enable them to make any changes to the summaries, or elaborate on any of the issues discussed. Six individuals responded to the verification request and submitted revisions that were incorporated into final transcripts.

### **Phase IV: Data Analysis**

The final step in the study involved data analysis, examining the hypotheses and the guiding question that had been developed earlier in the study. Data sources considered as part of this process included questionnaire findings, interview transcripts,

as well as final assessment reports or other supporting documents provided by respondents. Although 12 hypotheses were initially formulated, those found not to be relevant were eliminated throughout the process of data analysis. In the end, a total of three hypotheses and one guiding question were examined, which are as follows:

- **Hypothesis 1:** If an assessment is conducted soon after the start of an emergency, findings are more likely to be used
- **Hypothesis 2:** The provision of support from the CPWG serves to mitigate challenges throughout the assessment process
- **Hypothesis 3:** Pre-assessment training results in a greater level of adherence to the methodological standards specified in the CPRA toolkit
- **Question 1:** How do adaptations to the toolkit impact data quality and the degree to which desired information is produced?

# Examining Child Protection Rapid Assessment:

*a structured review of field learning from the Child Protection Rapid Assessment toolkit*

A report commissioned by the Child Protection Working Group (CPWG)

Debbie Landis, Lindsay Stark, Hani Mansourian, and Alastair Ager on behalf of the Child Protection in Crisis (CPC) Network, December 2013



From May-September 2013, the **Child Protection in Crisis (CPC) Network** conducted a structured analysis of field learning regarding the Child Protection Rapid Assessment (CPRA) toolkit, in order to identify key findings, lessons learned, and recommendations for its future use and implementation. The review covered use of the CPRA toolkit in 15 countries: **Burkina Faso, Indonesia, Iraq, Jordan, Lebanon, Mali, Myanmar, Nigeria, Pakistan, Philippines, Somalia, Syria, Thailand, Tunisia, and Yemen**. The CPRA toolkit was consistently described by respondents as a valuable addition to the field, and a means of increasing the **methodological rigor** with which child protection assessments are carried out. However, findings suggest that the usage of the tool is **often dependent on technical assistance** from the Child Protection Working Group (CPWG). Additional training and capacity building is needed in order to promote the sustainability of the toolkit and make it accessible in more diverse contexts. The study also found that assessments conducted in the **earlier phases of emergencies** are more likely to be used by actors in the area of program development and coordination. Although the Inter-Agency Standing Committee (IASC) recommends that cluster-specific assessments begin during the third phase of emergencies (3-4 weeks), assessments examined in this review took place at two months or later, suggesting that efforts be made to use the CPRA toolkit **as close to the third phase of emergencies as possible**, in order to increase the impact of findings. Overall, respondents reported **satisfaction with the toolkit**, although its usage varied significantly by context. In 7 out of 15 assessments, additional approaches such as focus group discussions were included along with the components of the CPRA toolkit. This suggests that additional guidance is needed regarding the **intended design** of the CPRA toolkit, as well as the **potential challenges and risks** associated with incorporating other methods. In particular, respondents raised the issue of **child participation** in research as an issue for further consideration, in light of the current CPRA guidance that children not be involved in rapid assessment exercises. A confidential case discussed in this report highlights harm that came to children as a result of their participation in focus group discussions, reinforcing the importance of viewing the use of such methods in crisis contexts with extreme caution.

## Recommendations:

**The CPWG and its partners should work to sustain the level of support provided to the field and expand existing training opportunities in the area of research methods:** The CPWG should continue its current role in providing training and technical assistance with regard to the use of the CPRA toolkit. Additional training opportunities should also be provided, particularly in the areas of data analysis and study design, which could make the tool accessible to more diverse contexts and promote its sustainability.

**Child protection actors should strive to use the CPRA toolkit during Phase III of emergencies, or as soon as possible thereafter:** Additional guidance should be provided to Child Protection Sub-Cluster Coordinators regarding the importance of carrying out child protection rapid assessments as close as possible to the third phase of emergencies, in keeping with IASC guidance, and given the benefits of conducting assessments earlier in emergencies identified in this review.

**Additional guidance on the involvement of children in assessments should be provided, including elaboration of the concerns underlying the current CPRA guidance regarding engagement with children:** Given the frequency of issues raised on involving children in research, additional clarification on this issue should be provided, along with the elaboration of potential risks.

**Additional clarification is needed regarding the rationale behind the design of the CPRA toolkit:** In light of the large number of cases that involved significant revisions to the CPRA toolkit, additional guidance should be provided by the CPWG regarding the rationale for the current design of the CPRA toolkit, and how it relates to other tools and methods. Further, given the significant challenges in data analysis that resulted from multiple adaptations, additional guidance in this area should be provided.