

Child Protection Situation Monitoring SOP

Child Protection Sub-Sector Cox’s Bazar | Rohingya Refugee Response



A. Contents

A.	Contents	1
B.	Background.....	2
C.	Objective.....	2
D.	Tools and methods	2
	Primary Data Collection:	3
E.	Key Terms	4
	I. Child Protection Sub-Sector	4
F.	Community:	4
	II. Camp:.....	4
	III. KoBo:.....	5
	IV. Child Protection Monitoring:	5
	V. Situation Monitoring:.....	5
	I. Scope and Coverage	7
	II. Secondary Data Collection:.....	7
G.	Child Protection Situation Indicators.	7
H.	Minimum Data Standard and Selection of Key Informants.....	8
I.	Data management, analysis and report writing.....	9
J.	Ethical considerations.....	9
	I. Guiding Principles	9
	II. Consent process.....	9
	III. Mitigating Potential Harm.....	9
	IV. Confidentiality of Data	10
	V. Compensation.....	10
	VI. Urgent Action Procedure	10
K.	A. Annex 1: Situation Monitoring: Questionnaire for Key Informants.....	11
L.	A. Annex. 2 Situation Monitoring: Questionnaire for Focus Group Discussion.....	22

B. Background

Since August 2017, more than 900,000 Rohingya refugees have arrived in Bangladesh’s Cox’s Bazar District, fleeing widespread human rights violations in Myanmar. As of December 2023, 971,904 Rohingya refugees, of whom 52% are children, are living in 33 camp settlements in Ukhiya and Teknaf¹. Humanitarian crises, including natural disasters and climate-related emergencies, compromise children’s rights to survival, development, and protection. Rohingya children live in a situation of profound stress, and are exposed to all forms of violence abuse, exploitation, and neglect, including Gender Based Violence.

C. Objective

The objective of a situation monitoring system is to better understand the complex protection dynamics and thus respond in a more targeted and effective way. Situation Monitoring will facilitate collection, collation, and analysis of information on key child protection concerns in order to strengthen the overall child protection response. Data and information collected through Situation Monitoring will build an evidence base to inform programming and advocacy. It will allow plans and programs to adapt based on emerging trends if necessary. It will be used to inform priorities and strategies and to advocate with donors and actors within the humanitarian community on the needs of girls and boys living in these areas.

D. Tools and methods

There are two methods of data collection for situation monitoring:

1. primary data collection and analysis
2. secondary data review.

This protocol will describe the tools and approaches used for each method.

Scope and Coverage

Child Protection Situation Monitoring will be conducted through all the Rohingya camps in Cox’s Bazar: CP Partners have a regular presence and access to communities CP Partners have access to the population through mobile/outreach activities

Secondary Data Collection:

Data collection for the secondary data review (SDR) will take place on quarterly basis and based on the reports are published and disseminated, they should be reviewed and inputted into the SDR accordingly. Below is a scoring matrix that should be used to support the selection of resources for the desk review. Scores 4, 5, and 6 should generally be avoided but considered if corroborated with at least one source with scores between 1 and 3.

Score	Key to Categories of Resources
1	UN source

¹ Joint Government of Bangladesh – UNHCR Population Factsheet, December 2023

Child Protection Situation Monitoring SOP

Child Protection Sub-Sector Cox's Bazar | Rohingya Refugee Response



2	International organization
3	National organization
4	International media
5	National media
6	Blog with no official affiliation, individual opinion, etc.

Primary Data Collection:

Data collection methods

Data collection will be by agency. Each member agency will be assigned a 'coverage area' overlapping or proximate to their operational areas. Trained staff assigned from the partner agencies will visit communities regularly to collect data using the tools developed.

Primary data collection will consist of three components:

Type of tool	Frequency
Key Informant Interviews (KII)	Monthly
Focus Group Discussion (FGD)	Quarterly

Geographical coverage areas

Primary data collection will focus on the situation of children in all the Rohingya camps and in the 11 host community unions in Ukhiya and Teknaf.

Data collection software

The data collection tool is the Kobo Toolbox Online-Offline Web Form (multiple submission), which allows online and offline submissions using any device with internet access and browsing capabilities (laptops, tablets, and mobile devices). Each organization will have one account to be used by its data collectors to access the web form to prevent unauthorized people from accessing the forms. Online-Offline features enable the data entry to be entered in offline mode (internet access is needed when opening the form and when uploading the collected submissions).

Data Collection Process will be as following:

Enumerators will conduct interviews with key informants and collect answers using either one of the following methods:

- a) using paper forms
- b) directly input the answers to the question via the web form.

If paper form is used, enumerators must open the web form whenever they have access to a device with internet connectivity and enter the answers.

An Internet connection will be needed for the offline submissions to be uploaded.

Staffing requirements

Child Protection Situation Monitoring SOP

Child Protection Sub-Sector Cox's Bazar | Rohingya Refugee Response



Roles	Main responsibilities
CPSS coordinators	The CP sub-sector coordinator will oversee the implementation of the CPIE Situation and Response Monitoring system and provide updates to the CP sub-sector partners regularly.
CP sub-sector Partners	The committed CPSS partners and the CP Focal Points at the camps will support the implementation and roll-out of the CP Situation Monitoring Framework. They will be part of collecting data, review and analysis of the data in collaboration with CPSS team. CPSS prepares periodic reports based on the findings from the situation monitoring tools.
CPSS Information Management Officer	The CPSS IMO will be responsible for maintaining the data tool (KoBo) and will work closely with the partner focal points to ensure data is collected regularly, as mentioned in the structure above, and Compiling, cleaning, and analyzing the data.
Enumerators/ CP Partners	The enumerators/CP Partners Are responsible for collecting primary data for each data collection period. They need to be trained on CPIE and data collection skills. A gender balance is needed among the data collectors. Data collectors will be selected from existing agency staff using the KII, DO, and FGD tools.

E. Key Terms

I. Child Protection Sub-Sector

Child Protection Sub-Sector (CPSS) Cox's Bazar - serves as the primary forum for coordination and collaboration on child protection in emergencies within the Rohingya response. The CPSS comprises over 19 child protection organizations, encompassing UN agencies, INGOs, national NGOs, and government departments engaged in the response efforts. CPSS's primary objective is to coordinate interventions aimed at preventing and responding to abuse, neglect, exploitation, and violence against children.

CPSS aligns its work with the following strategic milestones: (1) fostering partnerships with government entities at various levels to fortify the child protection system in Cox's Bazar, (2) enhancing protective and resilience factors that empower children, their families, and communities to actively participate in their own protection, and (3) advocating within the humanitarian community to acknowledge child protection as an essential, life-saving priority, with a focus on placing children and their protection at the core of all facets of the humanitarian response

F. Community:

Community can be defined as a network of people who share similar interests, values, goals, culture, religion, or history as well as feelings of connection and caring among its members. Additionally, the term refers to populations affected by an emergency, including internally displaced and host populations.

II. Camp:

Temporary settlements for the Rohingya community with a specific geographical location. There are thirty-three camps in the Teknaf and Ukhiya upazila.

III. KoBo:

KoBo Toolbox is a free, open-source tool for mobile data collection. It allows the user to collect data in the field using mobile devices such as mobile phones or tablets and with paper or computers. KoBo Toolbox has an integrated set of tools for building forms and collecting interview responses.

IV. Child Protection Monitoring:

According to CPMS standard number six² child protection monitoring is “Objective and timely data and information on child protection risks are collected, managed, analyzed and used in a principled, safe and collaborative manner to enable evidence-informed prevention and response actions.”

V. Situation Monitoring:

Ongoing and systematic data collection and analysis of child protection risks, concerns, violations, and capacities in a given humanitarian context. The purpose of situation monitoring is to produce situational evidence on child protection risks and existing capacities to respond as to inform and adapt the response

Child

Any person under the age of 18, unless under the (national) law applicable to the child, majority is attained earlier³.

Unaccompanied children

a child who has been separated from both parents/caregivers and relatives and who is not being cared for by an adult who, by law or custom, is responsible for doing so. This means that a child may be completely without adult care, or may be cared for by someone not related or known to the child, or not their usual caregiver e.g. a neighbors, another child under 18, or a stranger⁴.

Separated Child:

A child who is separated from both parents/caregivers or from his/her previous legal or customary primary caregiver, but not necessarily from other relatives⁵.

Children without parent/caregiver care:

All children not living in the overnight care of at least one of their parents/caregivers, for whatever reason and under whatever circumstances. Children without parent/caregiver who are outside their country of habitual residence or victims of emergency situations may be designated as unaccompanied or separated.

Child Headed Households (CHH):

A form of independent living, where unaccompanied and separated children live in a “child or peer-headed household” (CHH), where they are cared for by an older sibling or by unrelated older children.

² Child Protection Minimum Standards – Standard 6

³ Convention on the Rights of the Child, or CRC, Article 1, 1989.

⁴ Inter-agency Guiding Principles on Unaccompanied and Separated Children, 2004.

⁵ Ibid.

Caregiver

is someone who provides daily care, protection and supervision of a child. This does not necessarily imply legal responsibility. Where possible, the child should have continuity in who provides their day-to-day care⁶. A customary caregiver is someone that the community has accepted, either by tradition or common practice, to provide the daily care, protection and supervision of a child.

Alternative care:

Care that is provided when the child's own family is unable, even with appropriate support, to provide adequate care for the child, or abandons or relinquishes the child. It may take the form of informal or formal care, including kinship care, foster care, other forms of family-based or family-like care placements, residential care, or supervised independent living arrangements.

Child Labour:

All work that deprives children of their childhood, their potential and their dignity, and that is harmful to physical and mental development. It refers to work that:

is mentally, physically, socially or morally dangerous and harmful to children; and/or interferes with their schooling by: depriving them of the opportunity to attend school; obliging them to leave school prematurely; or requiring them to attempt to combine school attendance with excessively long and heavy work.⁷

Persons with specific needs

Refers here to individuals that might face heightened protection risks because they have specific needs e.g. female headed households, elderly caregivers, parents or other caregivers with mental or physical disabilities.

Psychosocial distress

is a term used by mental health practitioners and users of mental health services to describe a range of symptoms and experiences of a person's internal life that are commonly held to be troubling, confusing, or out of the ordinary.

Neglect

Child neglect is a form of abuse, that results in a deprivation of child of their basic needs, including the failure to provide adequate supervision, health care, clothing, or housing, as well as other physical, emotional, social, educational, and safety needs. This is unintentional or intentional neglect of the child such as discrimination, or lack of basic needs being provided to the child (note this is not the neglect based on general conditions in the camps)

Serious medical condition (including serious injury):

Children with life threatening illness, including those on long-term medications that requires close social support and supervision

Mental health and psychosocial support (MHPSS)

⁶ UNHCR (2008) *Guidelines on Determining the Best Interests of the Child*, UNHCR.

⁷ Child Labour ILO (<https://www.ilo.org/ipec/facts/lang--en/index.htm>)

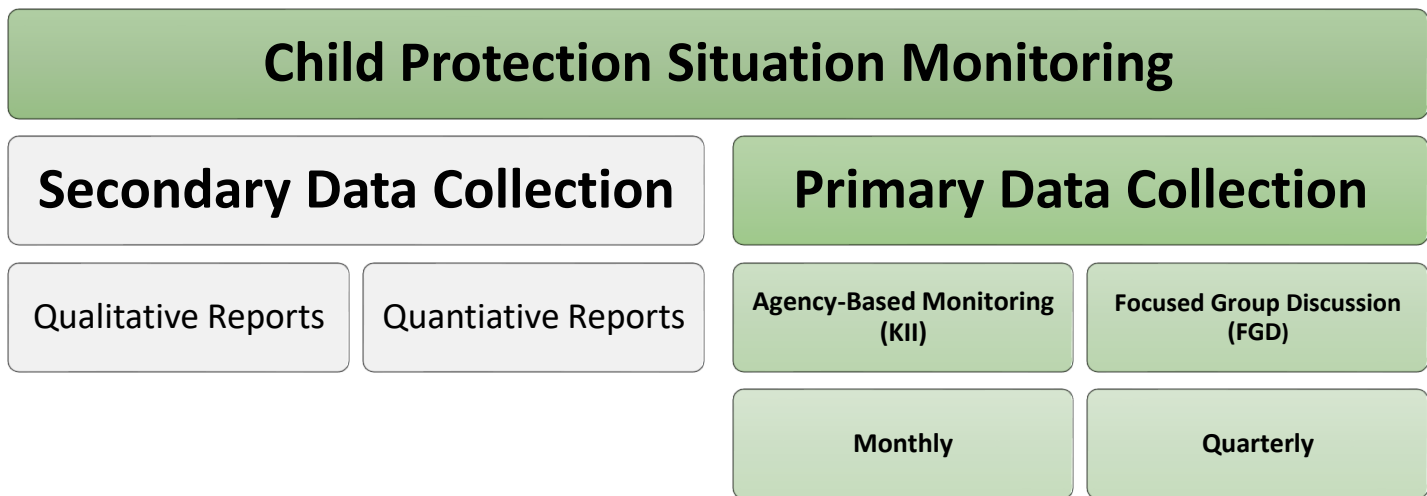
Refers to any type of local or outside support that aims to protect or promote psychosocial well-being or prevent or treat mental disorders⁸.

Psychosocial support

Refers to processes and actions that promote the holistic wellbeing of people in their social world. It includes support provided by family, friends and the wider community. E.g. for children it can be that they have access to Child Friendly Spaces where they participate in structured activities in a safe and child friendly environment.

Specialized services:

here this is referred to as individuals that is in need of mental health and psychosocial support services. This can take the form of focused psychosocial support provided by health actors and community-based protection activities or through clinical mental health services.



I. Scope and Coverage

The Child Protection Situation Monitoring will be conducted through all the Rohingya camps in Cox’s Bazar:

- CP Partners have a regular presence and access to communities
- CP Partners have access to the population through mobile/outreach activities

II. Secondary Data Collection:

Data collection for secondary data review (SDR) will take place on an ongoing basis. As reports are published and disseminated, they should be reviewed and inputted into the SDR accordingly. Below is a scoring matrix that should be used to support the selection of resources for the desk review. Scores 4, 5, and 6 should generally be avoided but considered if corroborated with at least one source with scores between 1 and 3.

G. **Child Protection Situation Indicators.**

The indicators have been chosen based on the top 5 concerns on CPIMS+

⁸ IASC Guidelines on Mental Health and Psychosocial support in Emergency settings, 2007.

Child Protection Concerns	Indicators
Mental Health and Psychosocial Support (MHPSS) (CPMS - Standard 10)	% of assessed communities that reported children in need of focused non-specialized services. % of assessed communities that reported children in need of specialized services % of assessed communities that reported parents (or other caregivers) in need of specialized services
Child Labour (CPMS - Standard 12)	% of assessed communities that reported children engaged in type of work that prevents them from going to school % of assessed communities that reported children living in child headed households (CHH) engaged in child labour % of assessed communities that reported children living in households with persons with specific needs (PSN) engaged in child labour
Child Marriage	% of assessed communities that reported children are being married before they are 18 years old. % Of assessed communities that reported the major three causes of child marriage. % of assessed communities that reported top three consequences of child marriage.
Neglect	% of communities that reported children are being neglected % of assessed communities reported that three main causes of negligence are prevalent in the community. % of assessed communities reported that three main consequences of the negligence.
Physical and emotional maltreatment (CPMS – Standard 8)	% of assessed communities reported that children are affected by domestic violence. % of assessed communities reported the top three consequences of domestic violence on children.
Access to the Services	% of assessed communities reported that children have no/limited access to child protection services % of assessed communities reported that children have limited access to the services due to the following reasons- security concerns, not being interested in participating, feeling excluded, and conflicts with school timing. % of assessed communities reported the reason that leads to preventing them from accessing the services

H. Minimum Data Standard and Selection of Key Informants

Minimum data standards for the CP situation monitoring will be as following:

- The unit of measurement will be camp and unions in the host community.
- Ten KI’s must be conducted per camps and host communities for the results to be included in that month
- A camp will be considered ‘covered’ when 1/3 of the blocks in that camp have been captured in the month.
- A diverse selection of KI for each community should be included in selection process. Types of KI can include but are not limited to:
 - o Religious leaders (Imams, Madrasah teachers etc.)
 - o Community leaders (Majhi’s, others)

- School teachers
 - Medical staff (doctors & nurses)
 - Camp Managers (only for camps)
 - CBCPC members
 - CP workers (including PSS workers)
 - NGO staff
 - Other
- Using the same KI for each month in the same location is ideal, and organizations should aim to follow this practice.

I. Data management, analysis and report writing

- Data collected monthly will be managed by responsible agencies and CPSS. IMO is responsible for ensuring all partners submit to him/her the field data, which is then handed over to the CP IMO for collation and analysis.
- The collated raw data will be analyzed by the IMO, CPSS Team, and CP agencies.
- Quarter reports will be drafted by the CPSS and reviewed by the CP SAG before finalization.
- Report findings will be presented for feedback in the monthly CP Sub-Sector meeting.
- Dashboards will be produced by the IMO, reviewed by the CPSS Coordinators, and shared with donors, ISCG, CPSS partners, and other stakeholders as appropriate.

J. Ethical considerations

I. Guiding Principles

All agencies and their staff (including data collectors) that are part of piloting the monitoring framework will follow the below guiding principles:

- **Confidentiality**-means collecting, keeping and sharing information in a safe way and according to agreed data protection policies and protocols-no identifiable data should be available.
- **Do no harm**-ensuring the data collection do not expose the respondent(s) to any harm neither during nor after the interview or discussion.
- **Accountability**- each agency and their staff must act responsible, e.g. in case of an urgent action is needed, the respective agency staff must be aware on what to do.
- **Prevention of Sexual abuse and Exploitation**- agencies must ensure that their staff do not abuse their power or trust and to ask for or accept favors, payment or gifts in exchange for services or support.

II. Consent process

Verbal informed consent will be acquired from all respondents prior to the interview. The KI questionnaire includes a section on consent, which will be documented on the form. The FGD will also include a section on consent.

III. Mitigating Potential Harm

The following precautions will be taken to avoid any possible harm participants of this process:

Child Protection Situation Monitoring SOP

Child Protection Sub-Sector Cox's Bazar | Rohingya Refugee Response



1. Enumerators will receive training covering the ethical considerations during the assessment and basic ethical principles.
2. An urgent action procedure will be set up to ensure that any child who may need immediate assistance is actively referred to qualified personnel.
3. Respondents will be informed that they may stop the interview at any time without repercussions.

IV. Confidentiality of Data

No identifying information will be collected during this assessment. This will also be emphasized to the respondents. All data will be managed in a restrictive manner to eliminate possibility of data being used for any purpose other than identification of vulnerabilities and needs of girls and boys.

V. Compensation

No compensation is planned for participation in the data collection process.

VI. Urgent Action Procedure

Urgent action case is defined as the case of a child or an event that requires immediate action. If data collectors get to know about an individual case or event that require immediate action, the data collector should use the urgent action procedure and referral mechanisms to contact the right person/agency. This procedure is necessary to ensure that children whose lives and/or well-being are in immediate danger are catered to by the data collection team.

K. A. Annex 1: Situation Monitoring: Questionnaire for Key Informants

Instructions for data collectors

- ✓ This questionnaire is designed for Key Informants in their communities;
 - ✓ Only read the questions and not the answer options;
- ✓ Explain to the respondents that you do not need individual information about children. You are only collecting numbers and information about girls and boys affected by different problems;
- ✓ Explain to the respondent that the information should not be about his/her family, but about the community he/she is living in currently; and
- ✓ If during the conversation, you are alerted to a case of a child that needs immediate action (e.g. if a child's life is in danger), follow the "urgent action procedure."

Some key definitions:

Child: any person under the age of 18, unless under the (national) law applicable to the child, the majority is attained earlier.

Unaccompanied Child: a child who has been separated from both parents and relatives and who is not being cared for by an adult who, by law or custom, is responsible for doing so. This means that a child may be completely without adult care, or may be cared for by someone not related or known to the child, or not their usual carer e.g. a neighbor, another child under 18, or a stranger.

Separated Child: a child who is separated from both parents or from his/her previous legal or customary primary caregiver, but not necessarily from other relatives.

Orphan: a child who has lost both parents (as a result of death). In many countries, a child who has lost one parent is considered an orphan, but this term should be avoided as it can result in the unnecessary placement of a child in alternative care, rather than being supported by their surviving parent.

Children without parent/caregiver care: all children not living in the overnight care of at least one of their parents/caregivers, for whatever reason and under whatever circumstances. Children without parents/caregivers who are outside their country of habitual residence or victims of emergency situations may be designated as unaccompanied or separated.

Child Headed Households (CHH): A form of independent living, where unaccompanied and separated children live in a "child or peer-headed household" (CHH), where they are cared for by an older sibling or by unrelated older children.

Caregiver is someone who provides daily care, protection, and supervision of a child. This does not necessarily imply legal responsibility. Where possible, the child should have continuity in who provides their day-to-day care. A customary caregiver is someone that the community has accepted, either by tradition or common practice, to provide the daily care, protection and supervision of a child.

Child Labour: is work undertaken by children under the legal minimum working age of 14 (under Bangladeshi law). Hazardous work is work that is hazardous for the health, safety or moral development of children, and is prohibited for all children under the age of 18.

Persons with specific needs refers here to individuals that might face heightened protection risks because they have specific needs e.g. female headed households; elderly caregivers; parents or other caregivers with mental or physical disabilities.

Psychosocial support refers to processes and actions that promote the holistic wellbeing of people in their social world. It includes support provided by family, friends and the wider community. E.g. for children it can be that they have access to Child Friendly Spaces where they participate in structured activities in a safe and child friendly environment.

Specialised services: here this is referred to as individuals that is in need of mental health and psychosocial support services. This can take the form of focused psychosocial support provided by health actors and community-based protection activities or through clinical mental health services.

Informed Consent form:

My name is _____ *[say interviewer's name]* _____ and I am working with _____ *[say the name of the org./group]* _____.

We are collecting this information for the child protection sub-sector, who supports all organizations who work to protect children in Rohingya response at Bangladesh. We do not need any names or identifying information about you or your children. It is not a guarantee that you will receive any direct support, but the information you provide will help us to understand emerging or changing risks of threats to children so we can help them better. We would like to ask you some questions about the situation of girls and boys and their caregivers in your community.

The interview should take half an hour. Your identity will be kept strictly confidential and your participation is voluntary and you can choose not to answer any or all of the questions.

[After asking each of the following questions, look at the KI and get implicit approval that s/he understood]

All the information you give us will remain confidential.
Your participation in this interview is voluntary.

You can stop answering to questions at any time.

Do you have any questions?

Do you agree to participate? Yes No

<p>Date: __/__/__</p> <p style="padding-left: 40px;">DD MM YYYY</p> <p><input type="radio"/> Camp: (camp number):-----</p> <p><input type="radio"/> Block: _____</p> <p><input type="radio"/> Host community: (name of Union) _____</p> <p>-----</p>	<p style="text-align: center;">Data collector</p> <p>Name: _____</p> <p>Designation _____</p> <p>Organization: _____</p> <p>-----</p>
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Source of information (key informant)

- Camp authority (CiC)
- Law enforcement authority
- Religious leaders (Imams, Madrasah teachers etc.)
- Community leaders (Majhis, others)
- School teachers
- Medical staff (doctors & nurses)
- Camp Managers (only for camps)
- CP networks
- CBCPC members
- CFS workers (including PSS workers)
- NGO staff
- Other

Age group: 18-25 25-35 35- 60 >60		Male	Female
#	Question	Answer options [do not read]	Related indicators
Mental Health and Psychosocial Support (CPMS standards 10)			
1.0	Have you noticed/ are you aware of boys and girls in your community, with behavioural and psychological problems (<i>e.g. bedwetting, anxiety, aggressive behaviour, sleeping problems, learning difficulties</i>) <u>during last month?</u>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know	% of assessed communities that reported children in need of focused non-specialized services
1.1	If yes, how often would you say boys and girls have had behavioural and psychological problems?	<input type="radio"/> Do not know <input type="radio"/> Sometimes <input type="radio"/> Often <input type="radio"/> Very often	
1.2	Have you noticed/ are you aware of boys and girls in your community with severe behavioural and psychological problems (<i>e.g. withdrawn behaviour, drug abuse, trying to hurt others, extreme hopeless, inability to perform daily tasks, suicide attempts</i>) <u>during the last month?</u>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know	% of assessed communities that reported children in need of specialised services
1.3	If yes, how often would you say boys and girls have had sever behavioural and psychological problems?	<input type="radio"/> Do not know <input type="radio"/> Sometimes <input type="radio"/> Often <input type="radio"/> Very often	
1.4	Have you noticed/ are you aware of caregivers that are not able to take care of children (<i>resulting in e.g. children</i>	<input type="radio"/> Yes <input type="radio"/> No	

	<i>being neglected, suffer from family violence etc.) due to severe psychosocial problems <u>during the last month</u>?</i>	<ul style="list-style-type: none"> <input type="radio"/> Don't know 	% of assessed communities that reported parents (or other caregivers) in need of specialized services
1.5	If yes, how often would you say these caregivers have not been able to take care of their children?	<ul style="list-style-type: none"> <input type="radio"/> Do not know <input type="radio"/> Sometimes <input type="radio"/> Often <input type="radio"/> Very often 	
Child Labour (CPMS standard 12)			
2.0	Have you noticed/ are you aware of boys and girls in your community who have been engaged in type of work that prevents them from going to school or playing with their friends, <u>during the last month</u> ?	<ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know 	% of assessed communities that reported children engaged in type of work that prevents them from going to school
2.1	If yes, how often would you say boys and girls are engaged in work?	<ul style="list-style-type: none"> <input type="radio"/> Do not know <input type="radio"/> Sometimes <input type="radio"/> Often <input type="radio"/> Very often 	
2.2	To your knowledge, do any of the children live in a child headed household (<i>children living on their own without any adults</i>)?	<ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know 	% of assessed communities that reported children living in child headed households (CHH) engaged in child labour
2.3	If yes, how often would you say these children living in a child headed household are engaged in work?	<ul style="list-style-type: none"> <input type="radio"/> Do not know <input type="radio"/> Sometimes <input type="radio"/> Often <input type="radio"/> Very often 	



2.4	To your knowledge, do any of the children engaged in work that prevents them from going to school or playing with their friends live in a household with persons with specific needs (e.g. <i>female headed households, caregivers with a disability, caregivers with a serious medical condition</i>)?	<ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know 	<p>% of assessed communities that reported children living in households with persons with specific needs (PSN) engaged in child labour</p>
2.5	If yes, how often would you say these children are engaged in work?	<ul style="list-style-type: none"> <input type="radio"/> Do not know <input type="radio"/> Sometimes <input type="radio"/> Often <input type="radio"/> Very often 	
2.6	What are the 3 main types of work BOYS have been engaged in <u>during the last month</u> ?	<ul style="list-style-type: none"> <input type="radio"/> Agriculture <input type="radio"/> Factory work <input type="radio"/> Port work <input type="radio"/> Workshops (blacksmiths or similar) <input type="radio"/> Begging <input type="radio"/> Scavenging <input type="radio"/> Domestic work/maids during school hours <input type="radio"/> Working in markets/shops/restaurants <input type="radio"/> Smuggling <input type="radio"/> Carrying loads <input type="radio"/> Day labor <input type="radio"/> Work as porter <input type="radio"/> Drug paddling <input type="radio"/> Fishing <input type="radio"/> Driving tomtom <input type="radio"/> Other <input type="radio"/> Do not know 	<p>% of assessed communities that reported main three types of work boys have been engaged in</p> <p>% of assessed communities that reported the main three types of work girls have been engaged in</p>

<p>2.7</p>	<p>What are the 3 main type of work GIRLS have been engaged in <u>during the last month</u>?</p>	<ul style="list-style-type: none"> o Agriculture o Factory work o Port work o Workshops (blacksmiths or similar) o Begging o Scavenging o Domestic work/maids during school hours o Working in markets o Smuggling o Day labor o Forced child labour such as prostitution o Drug paddling o Sewing/tailoring/handicraft o Other o Do not know 	<p><i>Under other:</i> % of assessed communities that reported children being recruited by parties to the conflict</p>
<p>2.8</p>	<p>To your knowledge, are there any children who did not continue the work they were engaged in and returned to their normal lives (e.g. back to school), <u>during the last month</u>?</p>	<ul style="list-style-type: none"> o Yes o No o Don't know 	
<p>2.9</p>	<p>If yes, what were the main 3 types of work the children were engaged in who back to their normal life? (e.g., starting to go to the schools, staying at home)</p>	<ul style="list-style-type: none"> o Agriculture o Factory work o Port work o Workshops (blacksmiths or similar) o Begging o Scavenging o Domestic work/maids during school hours o Working in markets/shops/restaurants 	<p>% of assessed communities reported that children engage in works have returned to their normal lives.</p>

		<ul style="list-style-type: none"> o Smuggling o Drug paddling o Fishing o Driving tomtom o Do not know. o Other 	
2.10	If yes, how often would you say children did not continue the work they were engaged in and returned to their normal lives?	<ul style="list-style-type: none"> o Do not know o Sometimes o Often o Very often 	
Child Marriage			
3.0	Are you aware of any boys and girls got married in your community during <u>the last month</u> ?	<ul style="list-style-type: none"> o Yes o No o Don't know 	% of assessed communities that reported children are being married before they are 18 years old.
3.1	If yes, how frequently would you say child marriage are happening in your community?	<ul style="list-style-type: none"> o Do not know o Sometimes o Often o Very often 	
3.2	If yes, what are the main causes of child marriage in your community?	<ul style="list-style-type: none"> o Poverty of the family o Lack of proper accommodation of the children. o Religion believes and cultural reason o Scarcity of food o Social insecurity o Feared of armed groups o Any other reasons o Love affairs o Better life security o Do not know 	% Of assessed communities that reported the major three causes of child marriage.

3.3	If yes, to your knowledge, what are the consequences of the child marriage in your community?	<ul style="list-style-type: none"> o Early pregnancy o Health complications which lead to death o High fertility rate which can cause of future poverty o Stop to go learning centre o Increase violence against children o Short family life o Others o Do not know 	% of assessed communities that reported top three consequences of child marriage.
Neglect			
4.0	Do you see boys and girls in your community are facing negligence by their caregivers? (Such as lack of proper care by the parents, lack of fulfilment basic needs of the children due to limited resources, discrimination between boys and girls etc)	<ul style="list-style-type: none"> o Yes o No o Don't know 	% of assessed communities that reported children are being neglected.
4.1	If yes, what are the main reasons of the negligence to the children in your community?	<ul style="list-style-type: none"> o Cultural believe o Lack of resources o Domestic violence o Lack of proper understanding about negligence o Inadequate housing o Unemployment of the caregivers o Lack of food o Others 	% of assessed communities reported that three main causes of negligence are prevalent in the community.

4.2	If yes, how children are being impacted by the negligence by their caregivers?	<ul style="list-style-type: none"> o Physical consequences such as delay in growing o Emotional consequences such as poor mental health o Behavioural consequences such as Juvenile delinquency leading to adult criminality. o Societal Consequences such as not willing take responsibility o Migration to other places o Hampered education o Others 	% of assessed communities reported that three main consequences of the negligence.
Violence against Children			
5.0	Do you see boys and girls being affected by domestic violence? (Is there any act in the family by which children are impacted negatively?)	<ul style="list-style-type: none"> o Yes o No o Don't know 	% of assessed communities reported that children are affected by domestic violence.
5.1	If yes, how often children are facing violence at home?	<ul style="list-style-type: none"> o Do not know o Sometimes o Often o Very often 	
5.2	If yes, how children are being impacted by domestic violence?	<ul style="list-style-type: none"> o Children are practicing same thing they are learning from family o Shows sign of terror o Skipping school o Not serious in school o Trouble to make friends o Low self esteem o Other 	% of assessed communities reported the top three consequences of domestic violence on children.

Access to the Services			
	What are the services for the children that are not available in your community?	<ul style="list-style-type: none"> o Child-friendly spaces o Multipurpose centre (MPC) o PSS support o Life skill training o ECD activities o Community-based child protection o Case management services o Advance vocational training o Open space for playing o Health services o Others 	% of assessed communities reported that children have not access to the child protection services
Enumerator Comments:			
KI Comments:			

Closing the interview:

- ✓ Thank the key informant for their time and their contributions.
- ✓ Remind the key informant that the purpose of the activity is to understand concerns and needs of girls and boys in their community.
- ✓ Explain to the key informant that you will be conducting this interview with other people in the community.
- ✓ Remind key informant to their agreement to confidentiality.
- ✓ Ask key informant if they have questions.

L. A. Annex. 2 Situation Monitoring: Questionnaire for Focus Group Discussion.

Key consideration for conducting Focus Group Discussion

- ✓ The purpose of focus group discussions (FGDs) is to obtain information about what children are thinking about the specific areas captured in the questionnaire that supports Child Protection Situation Monitoring.
- ✓ The participants of the FGD are a homogenous group who usually have some characteristics in common, such as sex and age, so they will feel comfortable speaking in the group.
- ✓ The group in an FGD should constitute around 10-12 people for a discussion on specific topics outlined in the questionnaire.
- ✓ A FGD is led by a trained facilitator. It is very useful to have another person as a note-taker who takes notes but does not participate in the discussion.
- ✓ FGDs should be held in a location that provides as much privacy as possible and where children are comfortable.
- ✓ Ensure sensitivity when conducting Focus Group Discussions with children. It is to **mandatory** assign male staff to facilitate FGDs with adolescent boys and female staff to lead FGDs with adolescent girls.
- ✓ Be thoroughly prepared to handle any emergency referrals for children that may arise during the session.
- ✓ Please use extra paper if required to capture all the answers from the children properly.

Informed Consent form:

My name is [say interviewer's name] and I am working with [say the name of the org./group] .

Introduce the note-taker in the same way.

We are conducting this FGD for the child protection sub-sector, who supports all organizations who work to protect children in Rohingya response at Bangladesh. We do not need any names or identifying information about you. It is not a guarantee that you will receive any direct support, but the information you provide will help us to understand emerging or changing risks of threats to children including you so we can help them better. We would like to ask you some questions on few specific areas.

This FGD needs forty-five minutes maximum to complete. Your identity will be kept strictly confidential. Your participation is voluntary, and you can withdraw yourself any time of this session.

[After asking each of the following questions, look at the participants and get implicit approval that s/he understood]

- ✓ All the information you give us will remain confidential.
- ✓ Your participation in this FGD is voluntary.
- ✓ You can withdraw yourself at any time from this discussion.
- ✓ Do you have any questions?

Do you agree to participate?

<input type="checkbox"/> Yes <input type="checkbox"/> No	
Date: __/__/____ DD MM YYYY <input type="radio"/> Camp: (camp number):----- <input type="radio"/> Block: <input type="radio"/> Host community: (name of Union) -----	<p style="text-align: center;">Facilitator's information</p> Name: _____ Designation: _____ Organization: _____ -----
Age group: <input type="checkbox"/> 10- 14 <input type="checkbox"/> 15- 17 (under 18)	<input type="checkbox"/> Boys <input type="checkbox"/> Girls
Number of Participants: _____	

Focus Group Discussion (FGD) Guided Questions

Thematic area	Questions	Responses
Psychosocial Distress	Hey pals! Sometimes things can make us feel a bit sad. Can you tell me what made the children/friends unhappy for a while? Also, what things or moments make the children/friends really happy? Let's chat about the things that bring smiles to our faces!	

<p>Child Labor</p>	<p>Hi friends! Sometimes we can't play or go to school because we have to work. Why do you think that happens? In your opinion, how we can convince the children who are going to work every day to come back to school again?</p>	
<p>Child Marriage</p>	<p>Hey pals! Have you heard about someone our age getting married in our community? Do you know why they're doing it? Let's talk and share our thoughts!"</p>	
<p>Neglect</p>	<p>Hey buddies! Sometimes, friends might not get enough attention from family such as having time with parents or staying alone in the shelter without an adult, doing all the chores by friends, and not responding promptly to health issues. Is that common among your friends? What do you think could be the reasons for this? And why do you think caregivers might find</p>	

	<p>it hard to give the children and friends the attention they need?</p>	
<p>Violence Against Children</p>	<p>Hi Everyone! We want to know your experience of children/friends facing violent situations frequently by anyone from the community/family members.?</p> <p>(The enumerator should capture who is doing that and in which form of violence)</p>	
<p>Access to service</p>	<p>Are you aware of the CP facilities and services here?</p> <p>Do you find any difficulties accessing these services?</p> <p>What do you think we can improve to have a better service a these facilities?</p>	

- ✓ Please ensure that the children are back at their homes or their regular work after the FGD session.
- ✓ No children are feeling unwell for any questions you asked during the session.
- ✓ All the notes are confidentially preserved.