Child Protection
Cox's Bazar Child Protection Sub-Sector

Standard Operation Procedure (SOP) for Child Protection Situation Monitoring (CPSM)

Cox's Bazar Rohingya Response
Child Protection Sub-Sector
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Version 2

A. Contents

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 Teknaf[1]. 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 SOPs 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

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

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

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 six[2] 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 earlier[3].

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 stranger[4].

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 relatives[5].

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.

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[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 care[6]. 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

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[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)

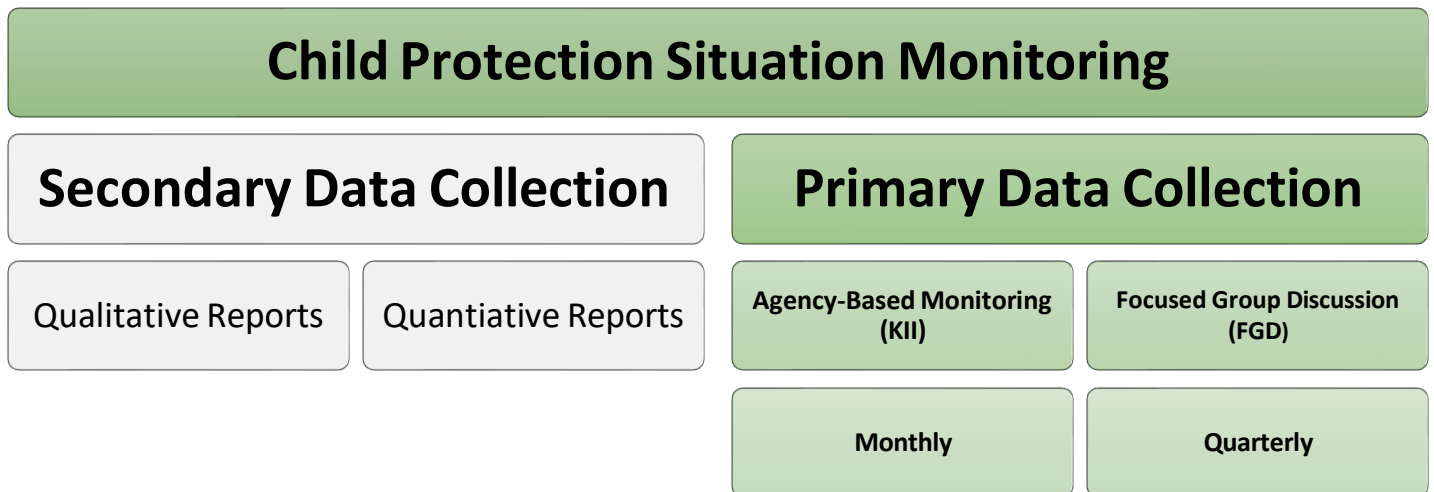**Mental health and psychosocial support (MHPSS)**

Refers to any type of local or outside support that aims to protect or promote psychosocial well-being or prevent or treat mental disorders[8].

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.

Child Protection Situation Monitoring

Secondary Data Collection	Primary Data Collection

Qualitative Reports	Quantiative Reports	Agency-Based Monitoring (KII)	Focused Group Discussion (FGD)
		Monthly	Quarterly

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
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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+

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[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 child labor** % of assessed communities reporting the main types of work boys are engaged in. % of assessed communities reporting the main types of work girls are engaged in. % of assessed communities reporting the main reasons for boys engagement in work. % of assessed communities reporting the main reasons for girls engagement in work. % of assessed communities reporting specific consequences of child labor
Child Marriage	% of assessed communities reporting child marriages (boys and girls under 18) in the past month % of assessed communities reporting the main reasons for child marriages, disaggregated by type of cause. % of assessed communities reporting specific consequences of child marriages, disaggregated by type of consequence.
Physical and emotional maltreatment (CPMS – Standard 8)	% of assessed communities reporting children are being neglected by caregivers or parents % of assessed communities reporting the main reasons for caregiver neglect of children % of assessed communities reporting specific consequences of caregiver neglect. % of assessed communities reporting children affected by domestic violence. % of assessed communities reporting specific impacts of domestic violence on children % of assessed communities reporting the main reasons for violence against children.
Access to the Services	% of assessed communities reporting lack of access to specific child protection services % of assessed communities reporting the main barriers to accessing child protection services.
Child Survivors (GBV against children)	% of assessed communities reporting children at risk of or affected by sexual violence. % of assessed communities reporting perpetrators of sexual violence against children, disaggregated by category
CAAFAG	% of assessed communities reporting children are actively engaged with armed groups. % of assessed communities reporting children are at risk of recruitment by armed groups % Assessed communities that reported children are being returned back after engaging or recruitment with armed group

H.   Minimum Data Standard and Selection of Key Informants and FGDs

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.
- Five KII's must be conducted per camps and host communities for the results to be included in that month.
- One FGD must be conducted for every two camps or host communities (HC) to ensure the results are included in the quarterly reporting. The selected camps or unions will alternate each quarter.
- FGDs will conducted with children ONLY.
- 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:
  - Religious leaders (Imams, Madrasah teachers etc.) (Camps and HC)
  - Adolescents (13-17) (Camps and HC)
  - Community leaders (Majhi's, others) (Camps and HC)
  - Learning Centers facilitators (Community Rohingya volunteer)
  - Child Protection Rohingya Community volunteers
  - Non-CP Rohingya community volunteers (Health, WASH, etc..)
  - Caregivers (Camps and HC)
  - CBCPC members (Camps and HC)
  - UP Chairman/ Member (For HC locations only)
  - UNO (For HC locations only)
- Agencies are requested to rotate the selection of Key Informants within their designated camps, ensuring diverse representation with the specified profile criteria mentioned above and ensure gender balance and include persons with disabilities.

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 Coordinator, 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:

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.