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Child Protection Rapid Assessment: **MOZAMBIQUE** Cyclone Response

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 International Federation
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KEY POINTS FROM THE MISSION

1. Some actions have been taken to improve children protection from violence in the operation, to date.
2. While action is being taken by Cruz Vermelha de Mozambique (CVM) and IFRC, governments and humanitarian agencies, children's basic needs are still not being met, their voices are not being heard, and safeguards to protect them from violence and to empower them can be improved.
3. Practical, low-cost actions can be taken to improve the child protection response for CVM and IFRC. Actions can focus on enhancing child protection safeguards, empowering girls and supporting action to prevent, mitigate and respond to child marriage, and supporting vulnerable children like orphans and those on the streets.

PURPOSE OF THE FIELD MISSION

As part of the broader focus in the operation on Protection, Gender and Inclusion (PGI), to identify the protection needs of the child population in the intervention zones of the IFRC in coordination with the Cruz Vermelha de Mozambique (CVM).

The expected results are:

- Assessment of child protection needs in the framework of emergency recovery operations in Mozambique.
- Observations, recommendations and a proposed strategy to strengthen child protection within recovery operations.

BACKGROUND

Cyclone Idai made landfall at Beira, Mozambique on 15 March resulting in widespread damage with more than 1.5 million people affected, several hundreds of casualties and more than 230,000 houses destroyed.

One million children have been in need due to the cyclone. Through UNICEF, 500,000 children are being targeted through humanitarian interventions. (AOR PPT).

Due to the scale of the disaster a massive Red Cross and Red Crescent response operation was initiated with nearly all type of global response tools mobilized and an Emergency Appeal of CHF 31 million launched. IFRC and CVM have been coordinating their response.

The IASC Area of Responsibility for Child Protection notes the following key areas requiring focus: case management, support to unaccompanied and separated children, building on existing national and local community protection structures (like child protection committees), reducing risk of SGBV including child marriage, and psychosocial support. (AOR).

IFRC Appeal: PGI

People particularly women, adolescent girls and unaccompanied children living in spontaneous settings are exposed to SGBV and abuse due to inadequate shelter, safety and privacy. Through the operation specific actions will be taken to reduce the risk of SGBV and violence against children including providing adequate and safe shelter with separate WATSAN, health and facilities for women and men as well as putting in place safety systems and referrals for unaccompanied and separated children.

Output 1.2: Emergency response operation prevent and respond to sexual- and gender-based violence (SGBV) and all forms of violence against children

- Conduct awareness in communities on prevention of SGBV
- Provide essential referral services to survivors of SGBV and unaccompanied children and other children on their own
- Establish a system to ensure IFRC and National Society staff and volunteers have signed the Code of Conduct and have received a briefing in this regard

METHODOLOGY

This rapid assessment was mostly qualitative and used a mixed approach of focus group discussions, key informant interviews, participant observation in the field, and reviews of relevant documents (internal and external to the Red Cross Movement).

KEY THEMES

The following are the key themes identified through the assessment. They are not listed in any particular order.

The findings are broken into the following categories: institutional capacity, protection concerns, vulnerable children, gender and age, and partnerships.

Institutional capacity

Finding 01: Government capacity

In Beira, there are supportive government ministries who are working together to provide coverage and to limit duplication of services.¹ The Ministry of Gender, Child Protection and Social Action is providing child protection services, encouraging humanitarian agencies to invest in child protection, and wants a collaborative approach to jointly address child protection concerns in the Cyclone affected areas.

Humanitarian agencies also note the importance of building on national and community-level capacities to strengthen the protective environment around children and families.²

¹ Area of Responsibility on Child Protection. (2019). *Child Protection Needs and Risks in Mozambique*.

² PLAN International. (2019). *Children Still Cry, Water Everywhere*.

Finding 02: National Society capacity

The CVM has a history of working with vulnerable children. For example, it has managed a children's shelter³ and worked with orphans and children on the streets in past disasters (see also findings 12 and 14) and with the HIV project.

CVM in Beira has a PSS focal point who is also supporting PGI, including child protection activities. The focal point is coordinating very closely with the IFRC PGI/PSS focal point. PSS is the main entry point for PGI in Beira. PGI capacity can be built and strengthened through supporting PSS personnel to have training and mentorship over time.

PGI, including child protection, is a part of the Emergency Operational Plan of Action.

Finding 03: Internal National Society child protection safeguards

The CVM does not have a Child Protection / Safeguarding Policy. This is a concern considering, a) the National Society is working with children, b) the children it works with are in vulnerable situations, and c) it is essential for all National Societies to have child protection safeguards as part of being a well-functioning and safe organization.

The importance and urgency in having child safeguarding systems has been reinforced by concerns of exploitation. For instance, the Child Protection AoR has found: "Reports have raised evidence regarding women and girls without money coerced into engaging in sexual practices with local leaders in exchange for food supplies."⁴

In addition, there have been specific concerns raised about aspects of the Red Cross response not meeting the best interest of the child. A PSS delegate reinforced this in her mission report: "This event made me realize that the role of the PSS delegate as well as the responsibilities of the delegates in terms of child protection are probably not clear to everyone."⁵

The IFRC delegation has drafted Prevention of Sexual Exploitation and Abuse (PSEA) Standard Operating Procedures specific to the Mozambique response. Trainings are being planned, an internal focal point and reporting system has been established, and local referral systems have been mapped and are provided to local CVM volunteers. UNICEF also leads an inter-agency PSEA group that provides support to humanitarian agencies, as needed, and leads on reporting and investigating concerns that it receives.

Finding 04: IFRC capacity

As part of Cyclone Idai Emergency Response, a FACT PGI delegate was deployed with the IFRC in April. Then there was a second rotation in May. Now a PGI delegate is in place and will be in-country for six-months. A local PGI officer is now also being sought; this will start as a one-year position. In addition, a

³ IFRC. (2003). *A Helping Hand for Mozambique's Vulnerable Children*. <https://www.ifrc.org/ar/news-and-media/news-stories/africa/mozambique/a-helping-hand-for-mozambiques-vulnerable-children/>.

⁴ Area of Responsibility on Child Protection. (2019). Powerpoint: *Cyclone Idai Mozambique: Child Protection Needs and Capacities*.

⁵ Canadian Red Cross. (2019). *Mission Report: Psychosocial Delegate*.

PGI delegate was sent to support the IFRC/Canadian/Finnish led Health ERU. To help identify lessons learned As part of this training and support on child protection and SGBV have been included. Moreover, the Swedish Red Cross deployed a PGI person as part of its WASH ERU review.

The IFRC PGI/PSS delegate is working hand-in-hand with the CVM PSS team. The PGI outputs will be achieved through this partnership.

Child protection is also being included in daily PGI briefings that PGI delegates are delivering to incoming staff (PGI briefings are mandatory to all).

Protection concerns

Finding 05: Mental Health and Psychosocial Support including Safe Spaces

There is a need for psychosocial support for children and their families in the cyclone-hit areas.

The experience of witnessing the damages caused by the cyclone and the inability of their parents to protect them contributed to high levels of distress amongst girls and boys. Displacement, lack of access to services, including food contributed to heightened tension within families with increasing incidents of violence, including corporal punishment.⁶

Psychosocial distress among children is being caused by several factors. PLAN International found these include: subsequent floods, loss of caregivers and belongings, and lack of access to basic needs.⁷

There is a need to ensure age-appropriate and gender-sensitive safe spaces are available to girls and boys, promoting a protection environment for children.⁸

Local orphanages and children on the streets are not receiving adequate PSS support following the cyclone.

Finding 06: Sexual and Gender-Based Violence

Girls and young women are facing increased risks of SGBV, including sexual violence, exploitation, early pregnancy, and child marriage.⁹

An assessment conducted by the Protection Cluster found: As the disruption of schooling for adolescents is prolonged, survival continues to be an uphill struggle with social tension, family disputes, teenage pregnancy, child marriage, child labor and exploitation continuing to increase.¹⁰

⁶ Protection Cluster. (2019). *Protection Cluster Strategy for Idai Response*.

⁷ PLAN International. (2019). *Children Still Cry, Water Everywhere*.

⁸ Area of Responsibility on Child Protection. (2019). Powerpoint: *Cyclone Idai Mozambique: Child Protection Needs and Capacities*.

⁹ PLAN International. (2019). *Children Still Cry, Water Everywhere*.

¹⁰ Protection Cluster. (2019). *Protection Cluster Strategy for Idai Response*.

Due to lack of safe and dignified WASH facilities in dwellings or distance to facilities, women and girls are forced to source for solutions elsewhere exposing them to potential risks of SGBV. Past lessons as well as assessment reports both highlight that women and girls and their families resort to negative coping mechanisms to attain basic needs and endure economic hardship, including being exposed to sexual exploitation, survival sex and early and forced marriage.¹¹

The Ministry of Health has a SGBV specialist and a focal point within the *Direcção Nacional de Assistência Médica* (National Department of Medical Care) and is defining SGBV within sub-sector strategies, such as adolescent health. A five-year National SGBV strategy was approved in 2016.

Within the Ministry of the Interior, the government established the Gabinetes de Atendimento Integrado à Mulher e Criança Víctima de Violência (Cabinets of Assistance to Women and Child Victims of Violence) usually staffed by female police officers. The victim service centers feature private spaces for SGBV survivors to report cases and are either stand-alone buildings or situated within police stations. There are 22 stand-alone centers and 238 victim service centers throughout the country offering temporary shelter, food, limited counseling, and monitoring following reintegration for victims of crime; however, it remained unclear whether trafficking victims benefited from these services in 2017. Police training has taken place through UNFPA and PEPFAR.¹²

Mozambique has one of the world's highest rates of child marriage: 48%.¹³ This includes girls as young as 11 years old. 40% of girls and women become pregnant before the age of 20. The adolescent girl pregnancy rate is 137.8 births per 1,000 live births and the risk of death among pregnant girls is four times higher than for women above the age of 20.¹⁴

Services and technical capacity to respond to SGBV in rural areas are very poor. Furthermore, health facilities with capacity to respond to SGBV are far apart and mainly in Beira. This makes accessing help very difficult; families resist sending girls away for treatment because of the distances. In addition, the families often first try to resolve cases of SGBV, especially those involving family members, first within the family and only go to the police as a last resort. This means that survivors in rural and urban areas, in many cases, do not receive professional and standard-based health, protection and psychosocial supports.

Local police note that physical violence against children is common. Although child marriage is now illegal the amount of action to enforce the law by police is questionable.

Finding 07: Essential documents including birth certificates

Lack or loss of legal documents during the cyclone (i.e. identity documents, birth certificates, school certificates and property documents) is a prevailing issue. This has led to inability to secure livelihoods for some, potential land and ownership conflicts, and problems with enrolment of children in schools.¹⁵

¹¹ Ibid.

¹² Ibid.

¹³ Girls Not Brides. (2019). *Mozambique*.

¹⁴ UNDP. (2104). *Human Development Report*.

¹⁵ Protection Cluster. (2019). *Protection Cluster Strategy for Idai Response*.

Finding 08: Access to education

The impact of the cyclone on children's education has been particularly significant because schools were destroyed, schooling materials were lost, and families lost their incomes.¹⁶ More than 3,500 classrooms have been destroyed by the cyclone and 330,000 students have been impacted.¹⁷

Due to the loss of education, more children are likely being put into situations to find work or begging, while expectation of assistance have contributed to voluntary temporary separation of families¹⁸ (e.g. families leaving behind children to maintain land or while parents go to access income, etc.).

The government notes that children outside of Beira are struggling to access schools because of the distances they have to travel to functioning schools. Bicycles are needed to help children get to school and return home in reasonable times.

Keeping girls in school longer could be an effective way to help reduce the risk of child marriage. However, girls begin to drop-out of school much earlier than boys do. A marked difference can be seen after grade 7, in particular. This is mainly because the next level of school can be further away for children to attend, parents prioritize the education of boys when they lack resources to educate all their children, there can be pressures on girls to marry or work, and/or girls' education may be seen by families as not a requirement.

Finding 09: Sexual and reproductive health and rights

Local health providers note that girls are often pregnant, even at age 14. This is not necessarily tied to the cyclone but is an ongoing risk related to child marriage, gender inequality, and de-prioritizations of girls' education.

Adolescent girls affected by the cyclone are in need of menstrual hygiene management support. IFRC and CVM are including this in their distributions, planning to take further action, and a training for volunteers is being conducted very soon.

Finding 10: Child participation (linked also to Community Engagement and Accountability)

Children are not being given chances and forums to participate in the decision-making, planning, or project implementation. This is a problem across humanitarian agencies and the government.

The IFRC has begun work on CEA and it is being integrated across sectors. There is interest to have a pilot focusing on children that can also prioritize girls at risk of marriage / out of school or who are already married.

¹⁶ Ibid.

¹⁷ Area of Responsibility on Child Protection. (2019). Powerpoint: *Cyclone Idai Mozambique: Child Protection Needs and Capacities*.

¹⁸ Protection Cluster. (2019). *Protection Cluster Strategy for Idai Response*.

Finding 11: Referrals

Referral mapping has been conducted. Volunteers are provided referral mapping for SGBV, including when children are involved. Volunteers have also been trained on PGI minimum standards and psychosocial first aid for handling cases of SGBV. Although referral service capacity is very low in rural areas.¹⁹

The ICRC has a specific protocol on SGBV response. This involves a) providing post-rape kits and first aid to any survivors that disclose to ICRC health personnel or at ICRC supported clinics, b) accompanying the person to the police (the first level of reporting required by law), and c) supporting the survivor to access the closest health clinic. The ICRC in 2018 also organized a meeting of government agencies to encourage greater collaboration between the agencies and to promote changing of the law so police do not need to be the only agency that concerns are reported to (because police can be perceived in different ways by survivors).

There have been concerns relating to the capacity of personnel to effectively refer and handle children's protection needs and to meet their best interests. More needs to happen to ensure that protection systems are in place, personnel supported and that the minimum standards for child protection in humanitarian settings are followed.

The PGI review of the Health ERU found "not all the volunteers have received briefings specifically on the Children Protection Policy and the PSEA Policy. In addition, it was evident during the last training done by this PGIE Delegate that it is needed to reinforce with them how to make a report and use the referral services available if they have a protection concern."²⁰

Vulnerable populations

Finding 12: Orphans

UNICEF notes that the levels of children orphaned due to the cyclone was exaggerated. Rather than there being thousands of orphans after the cyclone it is likely in the range of less than 40 that have been verified. This is mainly due to reporting issues that involve different agencies using different definitions for "orphans" and flaws in the tools and processes for collecting information.

However, children who were already orphans or are now orphaned due to the cyclone do have many challenges. SOS Villages reports:²¹"Approximately one third of Mozambique's 2.1 million orphans have lost their parents due to the persistent HIV/AIDS pandemic that the country has been facing. Orphans are less likely to attend school on a regular basis as many of them have to engage in labour activities in order to eke out a living."

¹⁹ Area of Responsibility on Child Protection. (2019). *Child Protection Needs and Risks in Mozambique*.

²⁰ Canadian Red Cross. (2019). *Mission Report: PGI Delegate*.

²¹ <https://www.sos-childrensvillages.org/where-we-help/africa/mozambique>.

In the past, the CVM has funded and built a home for orphans in the town of Chokwe. It was badly affected by 2013 floods. The Red Cross then provided special care for the orphans in the camp for affected people.²²

Finding 13: Unaccompanied and separated children (UASC)

Family separation due to the Cyclone has been limited. There have been some cases, but the numbers are relatively low.

Finding 14: Children on the streets

Prior to Cyclone Idai, many orphaned children end up in the streets of major cities, where they are often sexually exploited, and criminal activities and drug abuse become part of their everyday life.²³

Beira has many children sleeping on the streets. The Ministry of Gender, Child Protection and Social Action notes that a survey they conducted prior to the cyclone showed that 84% of children on the streets have families. However, they are pushed away from their homes for a variety of reasons: poverty, they are moving from rural areas to the city on their own, peer pressure to move to the city and stay on the streets, and family problems.

The Ministry of Gender, Child Protection and Social Action deploys personnel in evenings to identify children on the streets. Children are then helped to one of seven transit centres, such as Saint Egidio, where they receive food, a place to shower, access to school, and family reunification. For children who choose not to stay at the transit centres, an integrated approach is taken among ministries to find solutions. This involves the police, city hall, health, and the justice department.

Children on the streets do not receive adequate PSS, often request school supplies, and need places to shelter that are safe and well-managed.

Finding 15: Children with disabilities

The majority of children with disabilities have lost their assistive devices creating challenges for them to go to school. Besides this mobility issue many children have also lost their school materials and birth registration documentation which reinforce the barriers for the children to go to school.²⁴

The new vulnerability criteria for IFRC Mozambique operations will include children with disabilities. The vulnerability criteria are to be used to help prioritize people to support with across IFRC sectors.

²² Reuters. (2013). *Unsheltered and Lonely, Orphans in Mozambique Cope with the Country's Worse Flood Crisis*. <http://news.trust.org/item/20130312114300-7qbao/>.

²³ SOS Villages. (2019). *Catastrophic: The Aftermath of Cyclone Idai*. <https://www.soschildrensvillages.ca/news/catastrophic-aftermath-cyclone-idai-mozambique-517>.

²⁴ Protection Cluster. (2019). *Protection Cluster Strategy for Idai Response*.

Gender and age

Finding 16: Gender equality

Mozambique has very low gender equality. Specifically, the country is ranked 181 out of 188 in the 2015 UNDP Human Development Index, and 139 out of 159 countries in the UNDP Gender Inequality Index.²⁵

Boys' education is viewed as paramount over that of girls (see also finding 08 access to education). In fact, girls drop out of school at an early age and almost half of girls are married before the age of 18 years. SGBV is disproportionately higher for girls than boys. (see also finding 06 SGBV).

Communities, government and humanitarian agencies report that girls have far less decision-making power than boys do.

Finding 17: Sex and age disaggregated data (SADD)

Sex and age disaggregated data is currently being collected by IFRC for all of its sectors in terms of people reached.

Since the beginning in the operation IFRC added a question on disability into its data collection during the emergency in the multi-sectorial assessment, for the next assessments the information will be collected with the Washington Group questions or based on them.

Partnerships

Finding 18: Partnerships

UNICEF and IFRC have a global letter of agreement to work close together on children's issues, including child protection. This agreement can be used by CVM and IFRC to work closer with UNICEF, gather technical support from them, and to generate funding.

The Ministry of Gender, Child Protection and Social Action has flagged an interest to work closer with the Red Cross. It has asked for help on identifying the gender-specific needs of girls and boys and would like to gather information on the risk of child marriage in the aftermath of the cyclone.

UNHCR and IFRC were in discussion several months ago about a potential partnership that included a focus on protection. However, the partnership agreement has stalled, and its current status is unclear.

²⁵ UNDP Human Development Reports, 2015, <http://hdr.undp.org/en/composite/GII>.

RECOMMENDATIONS

The recommendations are based on the findings, in particular **key problems** that the National Society / IFRC have an **added-value** to address, have or can build a **capacity** to address, are **practical**, can be done in a **timely** manner, and can reasonably be **funded**.

The recommendations apply to the operational area of the IFRC.

Legend:

Recommendations	Funding
<p>“PILOT” = means this would be a new intervention for the National Society to consider testing. The PILOT projects require new funds.</p>	<p>No cost = no new funding required</p> <p>Low cost = the cost is so low that funding can likely be found in existing budgets</p> <p>New cost = these are for PILOT projects; funding from existing sources needs to be identified or new funding generated</p>

RECOMMENDATION	
1	Build internal child safeguarding systems
1a	Develop child protection/safeguarding guidelines to support the IFRC and CVM cyclone operations. ²⁶
1b	Ensure all IFRC and CVM personnel interacting with children are briefed on the child protection guidelines.
2	Empower girls and prevent, mitigate and respond to child marriage
2a	Provide messages on child marriage prevention and response to local schools (using material from UNICEF).

²⁶ While it is out of scope for this recovery operation, CVM should have a Child Protection/Safeguarding Policy. This is a basic and essential requirement for all National Societies to ensure that children’s best interests are supported, harm does not occur to children, and that organizational risk towards the National Society is reduced.

2b	Have conversations on child marriage prevention and response with parents (using material from UNICEF).
2c	Make visits to girls who are married or are at risk of marriage. Understand their needs and help connect them to resources. This should be done after a training on how to do this effectively by either UNICEF or PLAN International.
2d	Deliver weekly sessions with the strengthening resilience program adapted for children in this context, in rural areas, in particular preventing early marriage and targeting especially girls, in school from 8 to 15 years old and provide them with bicycles “on an educational loan” to encourage attendance at school. Monitor through schools if children are attending. If children do attend for three consecutive months the bicycles can be given permanently to the families.
2e	In one location pilot a child participation and feedback mechanism to gather children’s perspectives on their priorities, challenges, and in order to ensure their voices are included in the design of IFRC and CVM recovery projects. ²⁷ Ensure that girls who are married or are at risk of being married / out of school are prioritized to participate.
2f	Include adolescent girl mothers as part of Livelihood Mothers Groups. Also conduct sessions on preventing and responding to child marriage as part of the Mothers Groups.
2g	Partner with agencies such as the Ministry of Gender, Child Protection and Social Action, UNICEF, PLAN, and Save the Children to develop a study on how girls, boys and parents perceive the risk of child marriage since the Cyclone. The study should have concrete recommendations. It can employ a qualitative approach using focus group discussions.
3	Improve access to basic essential services for orphans and children staying on the streets
3a	Deliver to orphans and children staying on the streets with regular PSS sessions through orphanages and Saint Egidio. Adapt as needed the IFRC and World Vision Child Friendly Spaces toolkit and translate the activities in the Activity Catalogue.
3b	Provide children staying on the streets with schools supplies in order to attend school. The children who use the programs of Saint Egidio can be prioritized.

²⁷ PLAN International’s toolkit on Child Friendly Feedback Mechanisms can be used. (<https://plan-international.org/publications/child-friendly-feedback-mechanisms-guide-and-toolkit>). In addition Mozambique UNICEF will have by mid-August a tool to help with child participation.

Appendix 1: Itinerary

1. Build internal child safeguarding systems:

- a. Develop and translate Child protection/safeguarding guidelines to support the IFRC and CVM cyclone operations
- b. Ensure all IFRC and CVM personnel interacting with children are briefed on the child protection guidelines:
 - i. Include the CP regulation in the Volunteers Trainings with the Code of Conduct

2. Empower girls and prevent, mitigate and respond to child marriage:

a. Previous work:

- 1) Coordinate with UNICEF regarding materials and support in the trainings
- 2) Coordinate with Teachers from Chinamacondo, Psychologists from the Dondo Hospital and the Police Coordinator for collaboration in the sessions and program.
- 3) Prepare UNICEF materials and translate if necessary
- 4) Training volunteers in Child protection and in Child marriages.
- 5) Identify families in Chinamacondo area with:
 - i. Daughters with age:
 1. First group: up to 18 years old and
 2. Second small group: which of them families with girls from 8 to 17 years old
 - ii. Girls under 18 years old married.

b. 1st Action: Awareness sessions families:

- i. Prepare planning about awareness sessions with families with daughters up to 18 years old with the help of the teachers.
- ii. Provide the sessions planned included the information about the “bikes loan”
- iii. Monitor impact and provide follow-up with families with more risk
- iv. Sign or make the agreement with the families for the “bikes loan” formalised.
- v. Provide bikes “in loan” for attendance to the school
- vi. Monitor the attendance with the school.
- vii. Revise the fulfillment of the agreement with the families and decide about which of them completed or not the compromised
- viii. Analyse with the families that not completed which factors affected to them and study and plan with them a new opportunity.

c. 2nd Action: Visits to married girls under 18 years old:

- i. Start selecting Girls married under 18 years old within the sector programs beneficiaries and increase the number if possible.
- ii. Arrange visits with the objective of building trust
- iii. Provide information and Refer to services and follow-up
- iv. Encourage and facilitate them to come to the Strengthening children program

- d. 3rd Action: Strengthening children resilience program:**
- i. Prepare the content of the sessions based on the Strengthening children resilience program from IFRC, the HIV program for children implemented by CVM and IFRC in Mozambique and the [Activity Catalogue for Child Friendly Spaces in Humanitarian Settings](#) from IFRC and World Vision.
 - ii. Establish days and sessions with the agreement of the school facilities
 - iii. Select the children with the help of the teachers
 - iv. Arrange meetings with the families to explain the program
 - v. Select the children and school areas with criteria matched with the school teachers and community context.
 - vi. Provide one-day session per week in different locations of the rural areas.
 - vii. Monitor attendance and follow-up of non attendance
 - viii. Work with families for effective referrals in case the children or the family need specific attention.

3. Improve access to basic essential services for orphans and children staying on the streets

- a. Arrange a meeting with Saint Egidio for collaboration in providing PSS to the children in the street
- b. Set up the days, location, responsibilities and temporality for the collaboration and use of the space.
- c. Select the children with the help of Saint Egidio
- d. Prepare materials and translate if necessary the [Activity Catalogue for Child Friendly Spaces in Humanitarian Settings](#) from IFRC and World Vision and adapt to the context and particularities.
- e. Provide the sessions.
- f. Have regular meetings with Saint Egidio to check wellbeing of the children and different approaches for the activities.
- g. Select within the children and distribute them school materials based on criteria matched with Saint Egidio.

Appendix 2: Key informants interviewed & Main places visited.

Informants of the Red Cross Red Crescent Movement:

National Society

- Regional Director, Sofala Province

IFRC:

- Assessment cell, Shelter, Livelihoods, Health and Wash sector programs

ICRC

- Hicham Mandoudi, Head of Sub-Delegation Beira

Informants of external agencies:

- UNICEF
- Saint Egidio Beira
- UNHCR

Informants of governmental institutions:

- Regional Director, Province of Sofala Ministry of Gender, Child Protection and Social Action
- Orphanage Director and Other
- Chinamacondo sede School
- Chinamacondo Police
- Chinamacondo Health services
- Directora Centro de atendimento baseado no genero, Beira
- Superintendente Provincial, Centro de atendimento de familia e menor victima de violencia Ponta Gea.

Visits to:

- Chinamacondo sede
- Beira
- Terra Prometida (Beira peri-urban)

Appendix 3: Tools for interviews and focus groups discussions.

A) QUESTIONS FOR CHILDREN

Estimated time:

1-1.5 hours for a group of 10-20 children.

Background:

All child participants and their guardians will have signed a consent form in advance or at the time of the focus group discussion.

If it is culturally appropriate/necessary, focus groups can be divided by gender. For example, all girls and all boys. In this case, the facilitators should ideally be of the same gender. Where mixed groups of girls and boys are possible then it is ideal to have facilitators of each gender.

Using the questions:

Questions can be translated into small group activities to keep the focus group discussions engaging and interactive. For example:

- Children who answer “yes” can stand on one side of the room and children who answer “no” on another while children who are “unsure” can stand in the middle.
- Children might draw out basic rights at the front of the room or in small groups (e.g. 2a).
- Answers could be collected and then children could vote on the ones they think are most relevant (e.g. for questions 2 c-d, 4a, or 5a)
- Other local activities can be added wherever helpful.

Basic rules for children’s consent

No one under the age of 18 may be interviewed, photographed or filmed without the prior written consent of his or her parent, legal guardian or social worker. This also applies to anonymous interviews, because a child might still be identified from details of his or her story.

When working with an unaccompanied child, consent must be given by the local authority that looks after him or her, and (if relevant) his or her foster carer. A foster carer’s permission alone is not sufficient. Consent can be sought via the child’s social worker or the local authority press team and must be given in writing before the interview takes place.

Children will be informed that their names and identities will not be used in any published material. They do not have to share any information they do not want to and can stop participation in the focus group at any time. There will be psychosocial support personnel available if any child would like to talk to them during or after the session.

Questions:

1. Background / context

- a) Warm-up energizer
- b) How old are you?
- c) What are your favourite activities?

2. Child rights

- a) What rights do you think every child should have? Why? Are they the same rights as when you were living in your home country?
- b) Has anyone ever talked to you about your rights in this camp? If so, what did they talk about?
- c) What rights would you like to learn more about? Why?
- d) What things and support do children need the most here? Why?

3. Needs in migrant communities

- a) Do all children in this place go to school? If not, who does not and why? Is it the same for girls and boys? What can be done to help all children go to school?
- b) If you were separated from your family, what would you do? Who would you talk to or where would you go? What can be done to make this easier for children?
- c) Do you have chances to help make decisions about projects that are for children? If yes, how? What decisions would you like to be more involved in?
- d) Do children have documents like birth certificates?

4. Learning more and getting help

- a) If you needed help, like someone was trying to hurt you or someone you know, who would you talk to? Why that person? Are helping services easy to access here?

5. Any other advice

- a) Do you have any other questions?
- b) Do you have any other advice to make sure children know their rights are safe?

Energizer to end.

B) QUESTIONS FOR KEY INFORMANTS

Estimated time:

30-60 minutes.

Background:

Key informants can include personnel from local government (e.g. ministry responsible for child protection, education, urban planning, health), local NGOs, International NGOs (e.g. PLAN, Save the Children, World Vision), UN agencies (e.g. UNICEF, UNHCR, IOM), and community leaders (e.g. village/city leaders, religious leaders, women's networks).

Clearly explain that we are conducting an assessment with the aim to improve Red Cross services for children. We are seeking trends and no specific comments will be attributed to key informants, e.g. we will not state anything in our assessment like "key informant from (___agency) said '....'."

The following questions are general guides and can be modified as needed. Not all questions might be necessary for all key informants based on context, time available, key informant speciality, etc.

Questions:

1. What protection risks have been documented?

- a) Are they the same for girls and boys? Why?
- b) Are there specific populations at higher risk? Why?
- c) In what situations, times or specific locations are children most unsafe?
- d) Who is committing protection violations, e.g. SGBV?
- e) How well are referral pathways functioning? How can they be improved?

2) What do you view as the most important priorities to protect children? Why?

3) What existing protection systems are in place?

- a) What plans exist from child protection clusters, or similar inter-agency initiatives?
- b) What government systems are in place to protect children? Are they functioning?
- c) Are there any disaster laws to protect children in disasters?

4) What are the main barriers to reach children?

- a) Are they the same for girls and boys?
- b) What can be done to reduce the barriers?
- c) What quick wins can be achieved?

5) What added value do you see the Red Cross as having to protect children? Why?

(6) Questions specifically for Red Cross)

- a) Do we have a child safeguarding policy? What is working or not?
- b) What activities are we implementing to protect children?
- c) What can we be doing better to protect children?
- d) Do we have sex and age disaggregated data on the girls and boys we are reaching?
- e) What are our project timelines?
- f) What partnerships can we pursue to enhance our child protection efforts?
- g) Is there any work on child protection that is successful that we can build on and further scale up?

C) CONSENT FORM

BACKGROUND

The Red Cross is conducting an assessment to improve its work with child migrants moving from Venezuela.

As part of the consultation the Red Cross is seeking guidance from the government, local humanitarian agencies, the United Nations, and from children themselves.

INFORMATION ABOUT THE CONSULTATION

The consultation will involve a group of children who will be asked by Red Cross personnel to give their advice on questions about what child rights are important to them, what actions can be taken to achieve their rights, what they would like to see as priorities, and how to access local helping services.

The consultation will take approximately one to one and a half hours (1 – 1.5 hours).

Children do not have to answer any questions or participate in any activities that they do not want to. They are free to leave at any time. The consultation is designed to be interactive and safe.

This information will not be shared with other agencies and is only for ensuring the proper consent of the child participant.

The Red Cross is committed to ensuring that children have a voice in the design and delivery of our humanitarian services.

PARTICIPANT INFORMATION

Personal information (of child participant)

Last Name: _____ First Name: _____

Gender: male ___ female ___ other _____

Age: _____

Information about adult (parent/caregiver/local community leader) giving permission for child to participate

Last Name: _____ First Name: _____

Relationship to applicant (e.g. parent/caregiver/community leader): _____

Signatures

I, (parent/caregiver/community leader name) _____, hereby give my child (participant's name) _____, permission to attend a consultation hosted by the Red Cross, June _____ (day), 2019