

CPC Good Practice Policy Change Brief

Spring 2008



Care and Protection of Children in Crisis-Affected Countries (CPC) Initiative

The CPC initiative, funded by the Oak Foundation, USAID's Displaced Children and Orphans Fund, and the US Institute of Peace, aims to create an evidence base for policy formulation and programmatic intervention and to pilot new assessment methodologies to address child protection concerns. It will strengthen and systematize child care and protection in crisis-affected settings through the collaborative action of humanitarian organizations, local institutions, and academic partners.

Linking Research to Action

Professionalizing the field of humanitarian response requires an understanding of the impact of programmatic interventions. A number of promising assessment methodologies suitable for implementation in a variety of settings are currently being developed through Columbia University's Care and Protection of Children in Crisis-Affected Countries (CPC) Initiative. These methodologies provide the basis for determining impact and assessing reliable incidence rates for child protection concerns in order to improve programs and affect policy.

Evidence-based findings support policy action in Aceh, Indonesia: Before the tsunami of 2004, there was one psychiatric hospital and two psychiatrists in the region of Aceh, Indonesia. It was common to see three patients assigned to one bed and receiving the same medications. In the recent CPC evaluation "Community, Mental Health Treatment, Protection and Promotion for Women and Children in Aceh" supported by JSI and USAID, 74% of patients and primary caretakers surveyed reported significant positive changes since the new decentralized mental health system became operational. Some patients, once confined to their homes, now hold jobs; almost all are able to take care of themselves with reduced support from caretakers. Today, there are mental health nurses in nearly every sub-district health center, cadres of volunteers working in many villages, and a state-of-the-art district inpatient clinic in Aceh Besar. A key challenge remains: how can the mental health program be expanded and sustained beyond emergency funding? Key actors in Indonesia are mobilizing with the Governor of Aceh and the Ministry of Health in Jakarta to help raise the profile – and funding levels – for mental health in Aceh and throughout Indonesia. Recently, a national conference examining the new model at the community and district levels was held and culminated in a resolution to implement the model across Indonesia. The conference also released the *Banda Aceh Declaration* linking mental health and human rights. Legislation to increase attention to mental health is currently under discussion.



Policy implications of the current work include:

- **Professionalism**
Rigorous measurement, sensitive to the local culture and the constraints of emergency settings, is attainable for key protection concerns.
- **Resource Allocation**
Investment in such work promises to establish a firmer evidence base for emergency programming.
- **Collaboration**
Partnerships between implementing agencies offer the potential for comprehensive assessment that guides both prioritization and assessment of impact and effectiveness.

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New methodologies promise greater knowledge of the extent of the exploitation, neglect, and abuse of children.

Working together to identify good practice in the Occupied Territories of Palestine: NGOs have been implementing psychosocial programs for children in the West Bank and Gaza for more than 30 years; however, there is limited evidence to support the effectiveness of these programs. UNICEF and NGOs, with CPC support, are now engaged in an interagency effort to evaluate program outcomes in the Occupied Territories of Palestine. Six common program outcomes have been identified and indicators have been agreed upon. A CPC-tested methodology capable of identifying local definitions of child protection and well-being will be employed to establish a common baseline. Random sampling, comparison groups of wait-listed children, and other important evaluation design issues will be addressed by NGO participants, UNICEF and the CPC team. Expected results include improved understanding of the nuances of child protection and well-being in different crisis-affected settings and evidence-based decision-making on the future of psychosocial programming.

Application of descriptive epidemiology to human rights concerns helps to professionalize the field of humanitarian practice: CPC's implementation of the Neighborhood Methodology – an innovative approach to establish incidence rates for sexual violence - in northern Uganda and Liberia,

demonstrates that we can effectively quantify problems and identify solutions to ensure an understanding of issues affecting children, which, to date, have been a critical shortcoming of human rights concerns. This work continues in Ethiopia and Sri Lanka in 2008.

Longitudinal research helps shed light on what happens to children affected by conflict and what helps: Longitudinal research conducted in Mozambique over a 16-year period showed that former child soldiers who are provided with rehabilitative services and accepted back into their families and communities are able to become productive, responsible and caring adults. CPC is extending its use of longitudinal methodologies to examine the lasting impact of programs on children in emergencies. Partnering with CCF and UNFPA in Lira, Uganda, CPC is conducting a longitudinal study using narrative methodology to better understand girls' life experiences in the face of violence and its aftermath. In Gulu, northern Uganda, CPC with Save the Children in Uganda (SCIU), is assessing the impact of structured psychosocial activities as part of a school curriculum using measures derived from participative consultations with children, parents, and teachers. While the process is slow, the results are critical to verifying the effectiveness of programs, contributing to future program learning, and affecting policy change.