Research Terms of Reference

Child Protection Assessment in South-Eastern Ukraine

UKR2318

Ukraine

February 2024
v.1

REACH *Informing more effective humanitarian action*

1. Executive Summary

Country of intervention	Ukraine					
Type of Emergency	□	Natural disaster	x	Conflict	□	Other *(specify)*
Type of Crisis	x	Sudden onset	□	Slow onset	□	Protracted
Mandating Body/ Agency	UNICEF					
IMPACT Project Code	64FQZ					
Overall Research Timeframe *(from research design to final outputs / M&E)*	01/02/2024 to 30/06/2024					

Research Timeframe	1. Pilot/ training: 04-14/03/2024	6. Preliminary findings factsheet: 31/05/2024
	2. Start collecting data: 11/03/2024	7. Outputs sent for validation: 10/06/2024
	3. Data collected: 19/04/2024	8. Outputs published: 30/06/2024
	4. Data analysed: 10/05/2024	9. Final presentation: 30/06/2024
	5. Data sent for validation: 10/05/2024	

Number of assessments	x	Single assessment (one cycle)	
	□	Multi assessment (more than one cycle) *[Describe here the frequency of the cycle]*	

Humanitarian milestones	**Milestone**		**Deadline (can be tentative)**
	x	Donor plan/strategy	30/06/2024
	□	Inter-cluster plan/strategy	_ _/_ _/_ _ _ _
	x	Cluster plan/strategy	30/06/2024
	□	NGO platform plan/strategy	_ _/_ _/_ _ _ _
	□	cOther (Specify):	_ _/_ _/_ _ _ _

Audience Type & Dissemination *Specify **who** will the assessment inform and **how** you will disseminate to inform the audience*	**Audience type**	**Dissemination**
	x Strategic	x General Product Mailing (e.g. mail to NGO consortium; HCT participants; Donors)
	x Programmatic	x Cluster Mailing (Education, Shelter and WASH) and presentation of findings at next cluster meeting
	□ Operational	x Presentation of findings (e.g. at HCT meeting; Cluster meeting)
	□ [Other, Specify]	x Website Dissemination (Relief Web & REACH Resource Centre)

			□ [Other, Specify]	
Stakeholder mapping *Has a detailed stakeholder mapping been conducted during research design to identify all actors that could contribute to and/or benefit from the research?*	□	Yes	x	No (stakeholder mapping will be conducted as a part of scoping for the Key Informants)

General Objective	To inform evidence-based strategic planning (including Humanitarian Needs Overview and Humanitarian Response Planning) among child protection actors through the provision of up-to-date, relevant, and comparable information on the child protection risks, vulnerabilities, needs and access to protection services of children, adolescents and their parents in South-Eastern Ukraine.
Specific Objective(s)	1. Conduct a comprehensive analysis to identify the prevalent child protection risks and concerns in selected locations in Ukraine. 2. Generate updated quantitative and qualitative data on child protection risks and concerns to support the Humanitarian Needs Overview (HNO) and Humanitarian Response Planning (HRP) process. 3. Assess the availability of child protection services and their capacity to address the child protection risks. 4. Provide a contextual understanding to support the Child Protection Area of Responsibility (CP AoR) in improving and expanding programming. 5. Advocate for the needs of the most vulnerable children by utilizing evidence-based findings. 6. Identify significant differences in child protection risks and service access across demographic groups and geographic locations.

Research Questions	1. Which child protection risks and concerns do communities consider to be the most significant, and what are the drivers of these risks?
	    a. What are the main risk factors and most vulnerable groups?
	    b. What are the main protective factors?
	2. To what relevant protection services do children and families have access, what are the barriers to access, and which service gaps exist?
	    a. To what extent are children and families likely to seek support/trust these protection services?
	    b. To what extent do the child protection services coordinate with each other at local and/or national level?
	3. To what extent do communities tolerate, condemn, and cope with violence and abuse against children?

4. To what extent do communities know about and use reporting mechanisms or existing resources for child protection issues?
5. Where relevant, how do these issues differ across children's demographic groups?
    a. How do these issues differ across age and gender groups?
    b. How do these issues differ across particularly vulnerable groups of children?
6. How does the need for and access to services vary across different geographic areas?
    a. How do these issues differ across different oblasts?
    b. How do these issues differ across rural and urban areas?

Geographic Coverage	Oblasts: Dnipropetrovsk, Kharkhiv, Sumy, Mykolaiv, Zaporizhzhia, Donetsk, Kherson,
Secondary data sources	*See section 3.3*

Population(s)
Select all that apply

□	IDPs in camp	□	IDPs in informal sites
□	IDPs in host communities	□	IDPs [Other, Specify]
□	Refugees in camp	□	Refugees in informal sites
□	Refugees in host communities	□	Refugees [Other, Specify]
□	Host communities	x	Children in South-Eastern Ukraine

Stratification
Select type(s) and enter number of strata

x	Geographical #: per oblast, per rural/urban location or oblast centre/outside of oblast centre (for KIIs) Population size per strata is known? □ Yes x No (estimates available)	x	Demographic group #: per gender and age (concerns child consultations) Population size per strata is known? □ Yes x No (estimates available)	□	Other #: __ Population size per strata is known? □ Yes □ No

Data collection tool(s)

x	Structured (Quantitative)	**x**	Semi-structured (Qualitative)

	Sampling method	**Data collection method**
Structured data collection tool # 1 *Select sampling and data collection method and specify target # interviews*	□ Purposive □ Probability / Simple random □ Probability / Stratified simple random x Probability / Cluster sampling □ Probability / Stratified cluster sampling □ [Other, Specify] If cluster sampling, what is the mininum cluster size? 5 **Sampling frame:** Do you have the population number at PSU level for **all** population groups? X Yes □ No	□ Key informant interview (Target #):_ _ _ _ _ □ Group discussion (Target #):_ _ _ _ _ x Household interview (Target #): 2000-2700 □ Individual interview (Target #):_ _ _ _ _ □ Direct observations (Target #):_ _ _ _ _ □ [Other, Specify] (Target #):_ _ _ _ _

Semi-structured data collection tool (s) # 1 *Key Informant Interviews with service providers*	x Purposive □ Snowballing □ [Other, Specify]		x Key informant interview (Target #): 90-105 □ Individual interview (Target #): _ _ _ _ _ □ Focus group discussion (Target #):_ _ _ _ _ □ [Other, Specify] (Target #):_ _ _ _ _	
Semi-structured data collection tool (s) # 2 *Child consultations*	x Purposive □ Snowballing □ [Other, Specify]		□ Key informant interview (Target #):_ _ _ _ _ □ Individual interview (Target #):_ _ _ _ _ x Focus group discussion (Target #): 24 □ [Other, Specify] (Target #):_ _ _ _ _	
Target level of precision if probability sampling	95% level of confidence		5+/- % margin of error	
Disaggregation by gender and age *Are you planning to conduct sex/age disaggregated analysis?*	Gender		Age	
	x	Yes	x	Yes
	□	No	□	No
Data management platform(s)	x	IMPACT	□	UNHCR
	□	[Other, Specify]		
Expected ouput type(s)	□ Situation overview #: __	x Report #: 1	□ Profile #: _ _	
	x Presentation (Preliminary findings) #: 1	x Presentation (Final) #: 1	□ Factsheet #: 1	
	□ Interactive dashboard #:_	□ Webmap #: _ _	□ Map #: _ _	
	□ [Other, Specify] #: __			
Access	x Public (available on REACH resource center and other humanitarian platforms)			
	□ Restricted (bilateral dissemination only upon agreed dissemination list, no publication on REACH or other platforms)			
Visibility *Specify which* **logos** *should be on outputs*	*REACH*			
	Donor: UNICEF			
	Coordination Framework: CP AoR			
	Partners: [List logos here if outside coordination framework]			

2. Rationale

2.1 Background[1]

---

[1] Contains excerpts from the Child Protection in Ukraine, Secondary Data Review, published by REACH Initiative in December 2023.

According to the 2024 Humanitarian Needs and Response Plan (HNRP), there are 14.6 million people in need of assistance in Ukraine, of whom 3.17 million (22%) are children.[2] Children in Ukraine are exposed to a range of protection risks, several of which have been exacerbated by the 2022 escalation of the war in Ukraine. These threats include physical violence, psychosocial distress, protection risks in schools, hospitals, and residential care institutions, denial of humanitarian access, family separation, trafficking in persons, transfer to other occupied territories or the Russian Federation, detention, Gender-Based Violence (GBV), and child labour. These protection risks are higher for children in frontline areas and areas along the Russian border, including Kharkivska, Luhanska, Donetska, Zaporizka, Khersonska, Sumska, and Mykolaivska, where severity of needs was assessed to be highest in 2023.[3]

Between 24 February 2022 and 8 October 2023, OHCHR recorded 27,768 civilian casualties as a result of the large-scale armed invasion by the Russian Federation, including 9,806 killed and 17,962 injured. Of these casualties, 1,756 were children (560 killed and 1,196 injured).[4] The killing and maiming of children have predominantly been caused by the use of explosive weapons with wide area effects, and explosive ordnances.[5] Additionally, in 2022, the UN verified 2,334 grave violations against 1,482 children in Ukraine (629 boys, 474 girls, and 379 sex unknown). Such violations include the killing and maiming of children, rape and other forms of sexual violence perpetrated against children, use of children by armed forces or armed groups, attacks on schools, hospitals, and protected persons, the abduction of children, and denial of humanitarian access to children. It is worth noting that the real number of such violations is likely higher due to low reporting rates and difficulty verifying such information.[6]

Bearing in mind the threats and risks faced by children and their parents in Ukraine, it is crucial to explore their effects on psychosocial health. UNICEF and World Vision estimate that 1.5 million children are at risk of depression, PTSD, and other mental health issues.[7] A recent study conducted via a survey of mothers of Ukrainian children aged 3 to 17 years, commissioned by the "Ukraine Children's Action Project", found a marked decrease in the mental health status of children since the invasion – 80% of respondents perceived their child's mental health to be good or very good prior to the invasion compared to 65% in January – February 2023.[8] Contributing factors and stressors may include the experience of conflict events, displacement, family separation, loss of caregivers, disruption to education and day-to-day routines.[9]

Family separation has become an increasingly concerning risk for children in Ukraine since the escalation of the war, with Ukrainian NGO Magnolia having received over 2,500 requests to find children who have gone missing since February 2022.[10] The 2023 MSNA found that across Ukraine, 2% of households surveyed reported that at least one child (under 18 years old) was not residing in the household. The four main reasons why children were not residing in the household were

---

[2] OCHA, "Humanitarian Needs and Response Plan, Ukraine", December 2023, https://reliefweb.int/report/ukraine/ukraine-humanitarian-needs-and-response-plan-2024-december-2023-enuk

[3] OCHA, "Humanitarian Needs Overview Ukraine 2023," December 2022, https://reliefweb.int/report/ukraine/ukraine-humanitarian-needs-overview-2023-december-2022-enuk

[4] OHCR, "Ukraine: Civilian casualties", October 2023, https://ukraine.un.org/en/248799-ukraine-civilian-casualties-8-october-2023

[5] United Nations Secretary-General, "Children and Armed Conflict: Report of the Secretary-General (A/77/895-S/2023/363)" (United Nations, June 2023), https://reliefweb.int/report/afghanistan/children-and-armed-conflict-report-secretary-general-a77895-s2023363-enarruzh

[6] United Nations Secretary-General, "Children and Armed Conflict: Report of the Secretary-General (A/77/895-S/2023/363)" (United Nations, June 2023), https://reliefweb.int/report/afghanistan/children-and-armed-conflict-report-secretary-general-a77895-s2023363-enarruzh

[7] "War in Ukraine Pushes Generation of Children to the Brink, Warns UNICEF," accessed November 9, 2023, https://www.unicef.org/press-releases/war-ukraine-pushes-generation-children-brink-warns-unicef; Nadine Haddad, Phiona Koyiet, and Kate Shaw, "No Peace of Mind: The Looming Mental Health Crisis for the Children of Ukraine" (World Vision, 2022), https://www.wvi.org/sites/default/files/2022-07/No%20Peace%20of%20Mind.pdf

[8] Ratings Group & Ukraine Children's Action Project, "Problems of Ukrainian Children in Conditions Of War (January 27 - February 1, 2023)",https://ratinggroup.ua/en/research/ukraine/problems_of_ukrainian_children_in_conditions_of_war_january_27-february_1_2023.html

[9] Ibid.

[10] "Magnolia Center for Missing Children," Служба Розшуку Дітей Магнолія, 2023, http://help.missingchildren.org.ua/

that they left the house because they married or left with a partner, they left the house to study, they left the house to seek safety and security, or the child is with a foster family or kinship family or friends.[11]

The 2023 HNO reported a total of 3.6 million people in need of GBV prevention services.[12] Women and girls, as well as men and boys (though to a lesser extent), have been at heightened risk of GBV since the escalation of the war in 2022, although up-to-date information on the scale and exact nature of GBV is unavailable.[13] Conflict-related sexual violence (CRSV) – a form of GBV – has been committed in Ukraine since the beginning of the conflict in 2014. OHCHR has verified 4 cases of sexual violence against girls in Ukraine between February 2022 and July 2023 (in addition to 94 men and 51 women). However, there is a high likelihood that rates of CRSV are higher than what has been documented, as 80% of cases of sexual violence in conflict tend to go unreported.[14]

Additionally, the most recent comprehensive study performed on child labour in Ukraine from 2014-2015, estimated that 9.7% of children in Ukraine were engaged in child labour across the agriculture, industry, and services sectors in Ukraine.[15] While the current prevalence of child labour in Ukraine is unknown, the escalation of the war in 2022 has increased the vulnerability of displaced children to exploitation in the worst forms of child labour (e.g., commercial sexual exploitation, recruitment of children by non-state armed groups, or forced begging), as well as children in institutions, those with disabilities, stateless children, children from minority groups, forcibly transferred children, homeless and orphaned children.[16]

2.2 Intended impact

This assessment aims to extend and deepen the understanding of children and their parents regarding threats that they face, their needs in addressing the risks, and available services. While the UN has worked to systematically document protection threats against children in Ukraine, the scale of some of these threats is difficult to determine based on both the sensitivity of the topic of violence committed toward children and limited accessibility in frontline and Temporarily Occupied Areas. Other protection threats affecting Ukrainian children that could benefit from further evidence generation include psychosocial distress, child labour, family separation, and violence against children (including physical and sexual violence). IMPACT Initiatives will undertake an in-depth mixed-methods assessment with the aim of better understanding the landscape of child protection threats, needs, access, and barriers to accessing services to address protection concerns.

Findings from this assessment aim to improve understanding of the needs, vulnerabilities, and access to services of vulnerable children and adolescents and their parents, concerning key child protection risks and concerns. A deeper understanding of these issues would help inform ongoing or planned humanitarian interventions among the child protection actors, as well as strategic decision-making processes (including HNO and HNRP). Additionally, the findings aim to explore the existing child protection services and evaluate their capacity to address the child protection risks. Policymakers could use this data to design more effective and equitable policies that address the specific threats and needs of children in Ukraine and allocate resources more efficiently. The findings could also feed into supporting advocacy efforts targeted towards safeguarding children's rights.

3. Methodology

3.1 Methodology overview

---

[11] REACH, "Multi-Sector Needs Assessment 2023: Child Protection Findings."
[12] OCHA, "Humanitarian Needs Overview Ukraine 2023." https://reliefweb.int/attachments/18db203c-0d11-440b-958b-40ef16607cdc/Ukraine%20Humanitarian%20Needs%20Overview%202023.pdf
[13] Ibid.
[14] OHCHR, "Report on the Human Rights Situation in Ukraine 1 February - 31 July 2023."
[15] International Labour Organization "Ukraine: National Child Labour Survey 2014-2015", 12 December 2017. Child Labour Statistics: Ukraine: National Child Labour Survey 2014-2015 - Analytical Report (ilo.org)

[16] U.S. Department of Labor, "2022 Findings on the Worst Forms of Child Labor: Ukraine."

A Secondary Data Review (SDR) has been conducted as the first step of this assessment, to provide an overview of the threats faced by children in Ukraine, as well as available services to address these threats. The SDR resulted in the publication of a brief, "Child Protection in Ukraine," in December 2023, which will provide the background to the following in-depth assessment.

To allow for a comprehensive, in-depth analysis of the threats, needs and services available to children in Ukraine, this assessment will rely on a mixed-method approach, combining quantitative components (household survey) with qualitative components (Key Informant Interviews, Individual Interviews, and Child Consultations - Focused Groups Discussions). This methodology will allow to capture perspectives of the children, caregivers and key child protection actors. The assessment will result in production of a preliminary findings presentation, a final situation overview, and a final presentation. Depending on the capacity and relevance, a child-friendly brief may be developed.

The methodology of this assessment is embedded within the Protection Analysis Framework (PAF) and the Availability, Accessibility, Acceptability, Quality (AAAQ) framework. The PAF concept relies on analysing the context (i.e., factors that shape the crisis dynamics and the resulting protection issues), current threats to the population (i.e., threats affecting different population groups in various geographic areas), threats' effect on the population (i.e., how and why are certain population groups in specific geographic areas vulnerable to and/or affected by the threats) and existing capacities to address protection threats (i.e., the resources and capabilities to address the consequences and/or drivers of the threats, including individual capacity and institutionalized mechanisms). The PAF will serve as a framework to develop quantitative and qualitative tools of the assessment.

The AAAQ framework aims to identify potential barriers to accessing services in humanitarian settings. It includes analysis of the existent services in a given location, their physical, financial, administrative, social and informational accessibility. The framework allows as well to explore the acceptability, i.e., adequateness of the services for a given population (incl. ethical and cultural considerations), and quality of the available services. The AAAQ framework will serve to develop quantitative and qualitative tools of the assessment.

The quantitative component will include a household survey with members of the households with children. The household survey will explore the child protection risks and protection services, allowing to assess their type, scale and main stakeholders of the child protection. The survey will help identify the main vulnerability/risk factors, as well as protective factors regarding child protection, as well as gaps in availability and quality of relevant accessible services. Respondents will additionally be asked about their perception of child protection risks and appropriate response mechanisms. The Knowledge, Approach and Practices (KAP) framework will be applied to examine to what extent assessed communities tolerate, condemn, and cope with violence and abuse against children. Finally, the household survey will allow to explore the information environment and households' awareness concerning child protection reporting mechanisms. The findings will be disaggregated by location and rural/urban distinction.

The qualitative component will include Key Informant Interviews (KIIs) with relevant stakeholders, including representatives of legal and social services, childcare and education, as well as healthcare and MHPSS. Additionally, the qualitative component will include Child Consultations, with children aged 8-17.

The KIIs will explore risks to children in the selected locations, available child protection services, general Knowledge, Attitude, and Practices (KAP) and awareness regarding child protection among the communities, from the perspective of service providers. The KIIs' focus will extend to the community [of the KI], as well as structural mechanisms. Additionally, the KIIs will allow to explore the issues related to basic needs related to child protection, including social/legal services, education/childcare services, and healthcare/MHPSS services. Relevant questions within these fields will be asked to the appropriate KIs. The KIIs will also allow to develop stakeholder mapping, which can be enhanced by further desk research and consultations (follow-ups).

The Child Consultations will include group assessments with children aged 8-17 to explore children's wellbeing, vulnerability/risk factors, protective factors, as well as available protection and basic services. The consultations will be conducted in separate gender (male, female) and age groups (8-11, 12-14, 15-17). The consultations will be conducted in a child-friendly manner, regarding the questions asked and methods used. The older age group (15-17) will be interviewed using a Focus Group Discussion method (adjusted to the adolescents). The younger age groups (8-11, 12-14) will be interviewed relying on the following group consultation, child-friendly methods:

- Body Mapping (for 12–14-year-olds either Body Mapping or FGDs can be used): Body mapping is a participatory tool, which uses the drawing of a body and body parts to explore children's needs and experiences. Children draw an outline of a body on a flipchart – as they draw different body parts, they are asked about relevant experiences (e.g., drawing the eyes – asked about what they see; drawing the heart – asked about how they feel, etc.).
- Yes, No, Maybe: This tool allows to gather children's feedback on a series of statements. Children are presented with a statement and give their response using "Yes", "No" or "Maybe" signs, to indicate whether they agree/identify with the statement.
- Helping Hands: This tool involves participants identifying what type of support they and their peers and families need, in the form of recommendations. Children are asked to draw outlines of their hands and draw/write the main ideas about how adults and children can help other children.

An additional qualitative component, IIs or FGDs with caregivers can be included in the study if a partner organization of UNICEF conducts data collection. In such case, REACH would be responsible for the provision of data collection tools and data analysis.

Additionally, a service mapping and destruction mapping component may be developed by the GIS team, as a case study of a chosen location, to supplement the findings. Development of this component will be dependent on the needs of the assessment and capacity of the GIS team.

Assessment's summary:

1. Secondary Data Review (completed)
2. Data collection:
    2.1. Scoping for data collection
    2.2. Enumerator's training
    2.3. Household survey
    2.4. Key Informant Interviews
    2.5. Child Consultations (FGDs with children), IIs/FGDs with caregivers (tentative)
3. Quantitative and qualitative data analysis
4. Preliminary findings presentation
5. Final situation overview report
6. Final presentation
7. Lessons learned

Key definitions:

- **Child protection** is the prevention of and response to abuse, neglect, exploitation, and violence against children.
- **Child protection services** are governmental or non-governmental institutions responsible for preventing, identifying, and responding to cases of abuse, neglect, exploitation, and violence against children. These services

aim to safeguard the well-being and rights of children, providing support, intervention, and advocacy to ensure their safety and protection from harm.

- **Household** includes individuals, incl. family or close acquaintances who are currently living together and share key resources and expenses (i.e., share income, key resources and expenses beyond rent).
- **Community** is a group of people that the respondents interact with in their location.
- **Risk factors** are environmental factors, experiences or individual traits that increase the probability of a negative outcome.
- **Protective factors** balance and buffer risk factors and reduce a child's vulnerability.

3.2 Population of interest

Geographical area assessed:

The assessment will be focused on the South-Eastern macro-region of Ukraine, covering 7 oblasts, where protection needs are the most strongly pronounced. Four of the chosen oblasts constitute de-occupied territories and/or are located on the frontline: Dnipropetrovsk, Kharkiv, Sumy, and Mykolaiv. Another 3 oblasts are partially occupied: Zaporizhzhia, Donetsk, and Kherson. Data collection in the 3 latter oblasts would be limited to adult respondents (Key Informant Interviews and Household surveys) and achieving a desirable representative sample size would be tentative, due to its dependence on the security and logistical provisions. The assessment will put additional emphasis on areas with high population of Internally Displaced Persons (IDPs) - this will be achieved by data collection in Dnipropetrovsk and Khakrkiv oblasts.

Population assessed:

The population of interest of this study are children residing in South-Eastern regions of Ukraine, including urban and rural areas. Children aged 8-17 will be interviewed about their own experiences, while caregivers and service providers (education, healthcare, protection) will supply the assessment with their perception of the children's situation.

Unit of measurement:

The quantitative surveys will be conducted at the level of the household. Qualitative components will mainly be conducted at the community level (KII and FGDs) to understand residents experience and service access. Together these methods will provide a comprehensive picture of protection aspects for children in selected oblasts.

3.3 Secondary data review

A Secondary Data Review (SDR) has been conducted as the first step of this assessment, in order to ensure a broader and deeper understanding of the threats faced by children in Ukraine, as well as available services. The SDR resulted in the publication of a brief, "Child Protection in Ukraine", in December 2023. This assessment will be developed based on the findings of the SDR.

Other secondary sources will be used for informing methodology and establishing ethical practices, as well as further contextual understanding and data triangulation (see Table 1).

Table 1. Main secondary sources used for the assessment

Secondary source	Link

Global Protection Cluster and USAID, "Protection Analytical Framework Guidelines Annex 1," March 2021	https://www.globalprotectioncluster.org/sites/default/files/2023-01/paf_introduction_annex-1_individual_081021.pdf.
UNICEF, "Availability, Accessibility, Acceptability and Quality framework", 2019	https://gbvguidelines.org/document/availability-accessibility-acceptability-and-quality-framework-a-tool-to-identify-pote settings/#:~:text=and%20aiding%20recovery-,Availability%2C%20Accessibility%2C%20Acceptability%20and%20Quality%20framework%3A%20A%20tool%20to,a
Save the Children, "Knowledge, Attitude and Practice Surveys in Child Protection", December 2012	https://resourcecentre.savethechildren.net/pdf/7245.pdf/
Save the Children, "So You Want to Involve Children in Research? A toolkit supporting children's meaningful and ethical participation in research relating to violence against children", 2004	https://resourcecentre.savethechildren.net/document/so-you-want-involve-children-research-toolkit-supporting-childre

Save the Children, "Practice Standards in Children's Participation", 2005	https://resourcecentre.savethechildren.net/document/practice-standards-childrens-participation/
REACH, "Multi-Sector Needs Assessment 2023: Child Protection Findings."	Child Protection Multisectoral Needs Assessment - Ukraine 2023 - Ukraine	ReliefWeb
Ukraine Protection Cluster, "Protection Monitoring Findings (1 January - 31 August 2023)," September 8, 2023	https://reliefweb.int/report/ukraine/ukraine-protection-cluster-protection-monitoring-findings-1-january-31-august-2023
OCHA, "Humanitarian Needs Overview Ukraine 2023," December 2022	https://reliefweb.int/report/ukraine/ukraine-humanitarian-needs-overview-2023-december-2022-enuk.
Liudmyla Cherenko, Volodymyr Sarioglo, and Natalia Sitnikova, "Child Poverty: Impact of the War in Ukraine on Households with Children" (UNICEF	https://www.idss.org.ua/arhiv/Ukraine%20Child%20Poverty%20Report%202023%20engl.pdf.

Ukraine, April 2023)	
World Vision, "Child Protection Needs Assessment for World Vision Ukraine Crisis Response Team," February 1, 2023.	N/a
Heal Ukraine Trauma, "Mental Healthcare in Ukraine," April 2023.	N/a
HIAS and GIRLS, "18 Months Later: A Mental Health and Psychosocial Needs Assessment across Ukraine," August 2023.	N/a
Ratings Group & Ukraine Children's Action Project, "Problems of Ukrainian Children in Conditions Of War (January 27 - February 1, 2023)"	https://ratinggroup.ua/en/research/ukraine/problems_of_ukrainian_children_in_conditions_of_war_january_27-februa

Protection Cluster, Protection Monitoring Dashboard	https://app.powerbi.com/
Ministry of Education of Ukraine, "Education Under Threat," Освіта під загрозою, accessed November 10, 2023	https://saveschools.in.ua/.
UNICEF, "UNICEF Data Country Profiles: Ukraine," UNICEF DATA, accessed November 24, 2023	https://data.unicef.org/country/ukr/.
Care International. "Rapid Gender Analysis: Ukraine," October 2023.	N/a
United Nations Secretary-General, "Children and Armed Conflict: Report of the Secretary-General (A/77/895-	https://reliefweb.int/report/afghanistan/children-and-armed-conflict-report-secretary-general-a77895-s2023363-enarru

S/2023/363)" (United Nations, June 2023)	
OHCHR, "Report on the Human Rights Situation in Ukraine 1 February - 31 July 2023" (OHCHR, October 2023)	https://ukraine.un.org/sites/default/files/2023-10/23-10-04%20OHCHR%2036th%20periodic%20report.pdf.
World Bank, "Mental Health in Transition: Assessment and Guidance for Strengthening Integration of Mental Health into Primary Health Care and Community-Based Service Platforms in Ukraine," 2017	https://documents1.worldbank.org/curated/en/310711509516280173/pdf/120767-WP-Revised-WBGUkraineMentalHe

3.4 Primary Data Collection

This assessment includes 3 core primary data components, based on research methods comprised of a Household Survey, Key Informant Interviews, Child Consultations (FGDs with children), and an additional component of tentative Focus Group Discussions with caregivers as detailed in Table 2 below. Each key informant will be interviewed regarding the sector of services offered by their institution (education, healthcare, or social services).

3.4.1. Sampling and disaggregation

Table 2. Data collection targets

Data Collection Component	Respondents	Target Number of Surveys/Interviews per location	Main areas of focus
Household Survey	Adult members of households in which children reside	About 2000-2700 (min. 385 per oblast, while less might be collected in Kherson, Zaporizhzhia and Donetsk, due to security and logistic restrictions)	- Child protection risks in the community - Risk factors and protective factors - Availability, accessibility and quality of child protection services - Trust in and reliance on child protection services - Knowledge, approaches and practices towards child protection - Awareness of reporting mechanisms - Information needs concerning child protection
Key Informant Interviews	Representatives of service providers belonging to the sectors of: - Education - Healthcare (incl. Physical healthcare and MHPSS) - Social and legal assistance	Total: 90-105, disaggregated by type of service, oblast, location type (urban/rural disaggregation for the public services) and by type of the actor (government and public services/NGO)	- Child protection risks in the community - Risk factors and protective factors - Availability, accessibility, acceptability and quality of child protection services - Knowledge, approaches and practices towards child protection - Child protection stakeholders and cooperation mechanisms - Access to information and awareness of child protection risks and services
Child Consultations (Focus Group Discussions with children)	Children and adolescents aged 8-17 y.o.	Total: 24, disaggregated by age group (8-11; 12-14; 15-17), gender, oblast	- Daily activities (allows to assess how children spend their time, indirectly contributing to the assessment of risk and protective factors and/or identify risks) - Safety networks (allows to assess whether children have networks of support and know who to reach in case of encountered threats)
Focus Group Discussions or	*Caregivers*	*Total: up to 24, disaggregated by*	- *Child protection risks in the community* - *Risk factors and protective factors*

Individual Interviews (pending confirmation on whether UNICEF partners can collect data)		*oblast, Urban/rural*	- *Availability, accessibility and quality of child protection services* - *Trust in and reliance on child protection services* - *Knowledge, approaches and practices towards child protection* - *Awareness of reporting mechanisms* - *Information needs concerning child protection*

Household survey

Quantitative data collection with caregivers (household survey) will be disaggregated by location (oblast). The sample size of the quantitative component (about 2000-2700 surveys in total, incl. min. 385 per strata) has been calculated based on probability sampling, where the exact size of each strata population is unknown, but large enough to be treated as infinite. A cluster sampling strategy will be used where the primary sampling unit (PSU) is settlements within each oblast. Settlements will be selected at random, and number of surveys per settlement will be determined according to probability proportionate to size (PPT) so that each household in the targeted oblast population has an equal chance of being surveyed.

The survey will be representative at the level of oblast and will be conducted in both, rural and urban areas. For the population distribution in each area as of the latest January 2022 census[17] see Table 3. It is important to note that population figures may have changed since then due to displacement caused by the conflict, e.g., in 2023, the Kharkiv Regional Military Administration estimated the oblast's population to be around 1.9 million[18]:

Table 3. Population estimates of Dnipropetrovsk and Kharkiv oblasts

	Dnipropetrovsk	**Kharkiv**	**Mykolaiv**	**Sumy**	**Donetsk**	**Zaporizhzhia**	**Kherson**
Total population	3,096,485	2,598,961	1,091,821	1,035,772	4,059,372	1,638,462	1,001,598
Urban	2,606,079	2,115,117	750,698	723,175	3,693,450	1,269,910	615,080
Rural	490,406	483,844	341,123	312,597	365,922	368,552	386,518

We will conduct 2000-2700 surveys to achieve representativeness with 95% confidence level and 5% margin of error at location (oblast) level. A buffer of 10% will be added (increasing the number of surveys to 2200-2900) to account for the surveys removed during data cleaning. The exact sample size required to achieve representative sample at the level of each oblast is 2695. However, the expected sample takes into account that it may not be possible to achieve a representative sample (385 per oblast) in Donetsk, Zaporizhzhia and Kherson, due to security and logistic considerations.

---

[17]   Statistics   Ukraine,   "   Number   of   Present   Population   of   Ukraine",   January   2022, http://db.ukrcensus.gov.ua/PXWEB2007/ukr/publ_new1/2022/zb_%D0%A1huselnist.pdf
[18] to be added

Cluster sampling will be applied in order to facilitate movement of the Field Team across the surveyed territories, bearing in mind security considerations. Firstly, the Security Department will conduct mapping of locations inaccessible due to significant security concerns. These locations will be excluded from sampling. Further, GISO will map GPS locations where data collection should be conducted to maintain random probability. Only households with children will be interviewed. Since there is no existing database of households with children, the Field Team will visit households within the GPS mapping radius. In the event that no households with children are found in a specific location, the Field Team will proceed to interview the closest available household with children.

Additionally, we will attempt to reach the quota of 10-15% of IDP respondents within each oblast to roughly reflect the estimated IDP population as a share of the total population of the oblast[19]. Depending on the timing and capacity of the Field Team, quantitative data collection will be continued until such quota is achieved.

Key Informant Interviews with service providers

The urban vs. rural distinction will be replaced with oblast centre vs. outside of oblast centre for the KIIs, as some public services may only be located in urban areas (e.g., healthcare facilities). The oblast centre is the hromada containing the oblast's capital. Additionally, the KIIs will be disaggregated by type of the key informant, i.e., government/public services vs. NGO.

Key Informants will be representatives of the organisations/institutions of interest identified by the Field Team during scoping. The Key Informants will be reached through these organisations/institutions. Additionally, Key Informants can be further identified through networking and snowballing if the Field Team has difficulties in reaching organisations/institutions of interest directly.

Child Consultations (Focus Group Discussions with children)

Child consultations (i.e., child-friendly Focus Group Discussions) will be disaggregated by location (oblast and rural vs. urban), as well as by gender and age (incl. 3 age groups: 8-11 y.o., 12-14 y.o., 15-17 y.o.). Disaggregation by location will allow to explore children's experiences across different areas of interest and identify potential differences. Furthermore, disaggregating by gender and age enables to capture the insights and experiences of children across various demographic groups. This is crucial as demographic characteristics can significantly influence children's vulnerability to risks. Moreover, this approach aims to create a sense of comfort among children within their respective groups and facilitates the use of age-appropriate data collection methods tailored to each group.

Child respondents will be identified through purposive sampling to assure the required number of Child Consultations conducted across different age, gender and geographical groups. Children and their parents will be reached via schools and NGOs working with children. Each Child Consultation will include about 4-6 child participants.

Individual Interviews or Focus Group Discussions with caregivers (tentative)

---

[19] IOM, "Ukraine Internal Displacement Report", December 2023, https://reliefweb.int/report/ukraine/iom-ukraine-internal-displacement-report-general-population-survey-round-15-november-december-2023

If added, qualitative data collection (IIs or FGDs) with caregivers would be disaggregated by location, including by oblast, as well as type of location (urban vs. rural). Each FGD would include 4-6 participants.

FGDs would rely on purposive sampling, using snowballing for finding respondents, to ensure reaching the quota for each stratum (oblast, urban/rural). FGDs will be conducted independently from the household survey, i.e., will include respondents who did not participate in the household survey. However, respondents for the Individual Interviews may be identified through snowballing, relying on information provided by the participants of the household survey.

3.4.2. Logistical provisions of data collection

Quantitative and qualitative data will be collected by the REACH Field Team. At the beginning of data collection, the Field Team will receive a relevant training on the tools used in data collection. The training will cover research objectives and scope, as well as an overview of the methodology and tools. A pilot data collection for each of the tools will follow the trainings. Subsequently, a debrief will be conducted with the Field Team and the Senior Assessment Officer, to discuss any challenges, fix potential technological issues or introduce improvements to the data collection tools and processes. After the data collection has started, the Senior Assessment Officer will be in daily contact with the Field Team to address any potential challenges on an ongoing basis.

For security reasons, areas marked as 'No Go areas' in ACTED's Risk Map (i.e. potential military targets such as critical infrastructure) and conflict-affected 'hazardous' industrial infrastructure mapped by IMPACT Ukraine will be excluded from face-to-face interviewing. Phone surveys (CATI) will be conducted in these areas instead.

Additionally, the Field Team will receive training concerning child protection, including relevant risks and ethical considerations when collecting data with children. As the Child Consultations with younger children (8-14y.o.) rely on specific child-friendly data collection methods, an adequate training on these methods and tools will follow. A referral pathway will be developed to ensure appropriate handling and reporting of potential child protection cases. Child Consultations will take place in child-friendly spaces, if possible, at schools or organisations working with children (e.g., providing extracurricular classes, safe spaces).

3.5 Data Processing & Analysis

The secondary data will be collected and reviewed by the Assessment Team (Assessment Officer and Senior Assessment Officer). Any new relevant reports, factsheets, briefings and other information, will be added to the stock of secondary data and will be used to triangulate the results of the data collection.

Enumerators will receive a training on quantitative and qualitative data collection, as well as the specific tools used in this assessment. An additional training on child protection will be conducted ahead of the Child Consultations, as specified in the Child Protection Protocol. A pilot data collection of the quantitative and qualitative components will follow the training. The data collection tools may be adjusted based on the insights from the pilot.

All primary quantitative data will be collected using the Kobo Toolbox platform. The IMPACT Assessment Team will clean the raw data daily to account for any duplicates or data quality issues during data collection. All data collection and cleaning activities conducted will be in line with IMPACT's minimum standards requirements and checklist (available here). The IMPACT Data Officer will conduct statistical analysis on the cleaned quantitative data set using R.

Qualitative data, including key informant interviews, individual interviews and focus group discussions, will be audio-recorded (dependent on respondents' consent), and the interviewers (Field Team enumerators) will take notes during data collection. Enumerators will transcribe these notes, using recordings to consolidate them, as soon as possible after the discussions. The transcripts will be translated automatically, with translation verified and edited by the Field Team. The coding system will be exported as a data saturation grid built via MAXQDA to highlight the key themes, areas of consensus, and areas of disagreement. A summary of findings will be written per location.

Both quantitative and qualitative analysis will be performed according to the Data Analysis Plan (see section 6). All data cleaning and analysis will be reviewed by the IMPACT HQ Research Department.

3.6 Limitations

- The chosen methodology will allow for gathering overall perceptions of the most significant risks to children, rather than gathering statistical data on the prevalence of existing child protection risks. Collecting such statistics at the household level would be highly challenging, due to sensitive nature of the topics discussed and potential respondents' bias stemming from this sensitivity. The assessment will thus explore the perceived most significant child protection risks in communities (not as experienced by the households) to reduce the bias, while allowing to capture the main child protection issues.
- Due to the sensitive nature of the topics discussed and in the effort to avoid putting children under stress, children will not be interviewed about experienced or perceived risks or threats. Instead, the Child Consultations will focus on children's activities (incl. education and free time) and safety networks, to bring valuable insight on their potential risk and protection factors.

4. Key ethical considerations and related risks

The proposed research design meets / does not meet the following criteria:

The proposed research design…	*Yes/ No*	*Details if no (including mitigation)*
… Has been coordinated with relevant stakeholders to **avoid unnecessary duplication** of data collection efforts?	Yes	
… **Respects respondents, their rights and dignity** (*specifically by: seeking informed consent, designing length of survey/ discussion while being considerate of participants' time, ensuring accurate reporting of information provided*)?	Yes	
… Does not **expose data collectors to any risks as a direct result** of participation in data collection?	Yes	
… Does not **expose respondents / their communities to any risks as a direct result** of participation in data collection?	Yes	
… Does not involve **collecting information on specific topics which may be stressful and/ or re-traumatising** for research participants (both respondents and data collectors)?	No	Respondents will be interviewed on topics concerning protection issues, which may be stressful. However, we will refrain from asking sensitive personal questions, detailed questions about protection incidents, etc. The

		respondents will be able to resign from participating at any point.
… Does not involve **data collection with minors** i.e. anyone less than 18 years old?	No	The assessment includes interviews and focus groups with children. The data collection tools will be appropriate for different age groups and child friendly. The Field Team will be trained on the issues of child protection and data collection with children. The Field Team will collect consent for participation in the assessment from the caregivers and children will be able to resign from participating at any point.
… Does not involve **data collection with other vulnerable groups** e.g. persons with disabilities, victims/ survivors of protection incidents, etc.?	No	Respondents of the assessment are persons residing in Ukraine, including children. Among them, there might be persons with disability or survivors of protection incidents. However, we will refrain from asking sensitive personal questions, detailed questions about protection incidents, etc.
… Follows IMPACT SOPs for management of **personally identifiable information**?	Yes	

4.1. Data protection

Project staff will follow IMPACT data protection SOPs. REACH will ensure that personal data is processed and transferred in accordance with the applicable data protection laws, regulatory guidelines and industry standards. REACH will ensure at all stages of the research that consent is sought from the respondent before the recording of any data. REACH will place appropriate technical and organisational measures to protect the personal data against accidental or unlawful destruction or accidental loss, alteration, unauthorised disclosure or access, and which provide a level of security appropriate to the risk represented by the processing and the nature of the data to be protected. Any sharing of the raw (non-anonymized) microdata is done via Microsoft SharePoint, in order to restrict access only to authorized people. Facilitators, note takers and the analysis team will have access to the raw data. In addition, the translator will have access to the raw transcripts. The translated transcripts will be accessed by the SAO/AO in Ukraine as well as lead analyst in Geneva. After data cleaning, any identifiable information will be deleted and anonymized if needed (personal data, such as names and addresses will not be collected, but we will remove the data such as position and organisation of the KIs that could potentially help identify them). Raw data and translated data will be kept on REACH/ACTED SharePoint for 6 months after the final report is completed, after which it will be deleted.

REACH staff in Ukraine are trained in and have committed to abiding to the following [ACTED policy documents](#):
- ACTED's Code of Conduct;
- ACTED's Child Protection Policy;
- ACTED's Data Protection Policy;
- ACTED's Anti-Fraud, Bribery & Corruption Policy;
- ACTED's Grievance Policy;
- ACTED's Policy Against Sexual Exploitation and Abuse;
- ACTED's Anti-Terrorism and Anti-money laundering Policy;
- ACTED's Environmental Safeguarding Policy

- ACTED's procedures, manuals and handbooks e.g. Finance, Logistics, Administration & Human Resources, Transparency & Audit, Security & Safety and AME;
- Code of Conduct for The International Red Cross and Red Crescent Movement and NGOs in Disaster Relief, of which ACTED is a signatory,
- U.N. Inter-Agency Standing Committee (IASC) Task Force on Protection from Sexual Exploitation and Abuse in Humanitarian Crises.

All international REACH staff working on the project are bound to the corresponding IMPACT documents, which are aligned to those of ACTED.

4.2. Consent considerations

Informed consent and/or assent will be obtained from all respondents and from the caregivers of child respondents before data collection. At the beginning of each group activity with children, enumerators will summarise key information related to data collection and ensure that all children assent prior to participation. It will be emphasized that participation is voluntary, and that the child does not have to participate even if their parents consented, or they previously agreed to participate. The child can decide on their own if they would like to participate and their decision will be respected.

4.3. Referral Mechanism

Several referral pathways will be in place, to be chosen depending on the type of situation encountered.

The ACTED hotline for complaints against our staff or for any concern will be provided to participants.

Enumerators will be provided with a guide on when to refer cases to UNICEF and what to do in case of an emergency situation (the pertinent authority – police/ambulance, to be contacted, UNICEF and SAO to be informed).

For all other non-urgent concerns, enumerators will be provided a list of organisations to refer the respondents to, based on the circumstances (e.g., MHPSS, healthcare institutions).

For any concerns within the team, enumerators will report to the Field Officer who will report the concern to the SAO. The SAO will further report to a referral partner, if needed.

Following every child consultation session there will be a debrief with enumerators, FO, and/or SAO to discuss any issues that arose during discussions. Any outstanding child protection issues (including anything children have disclosed that is concerning or concerning behaviour) will be reported after the debrief.

4.4 Child Protection Protocol

Data collection involving participation of children will be executed in a manner abiding by the Child Protection Protocol, which aims to protect the child respondents from any harm.

5. Roles and responsibilities

Task Description	Responsible	Accountable	Consulted	Informed
Research design	*Senior Assessment Officer*	*Research Manager*	*Cluster Coordinator, HQ Research Department*	*Cluster*
Supervising data collection	*Field Officer, Senior Assessment Officer*	*Research Manager*	*HQ Research Department*	*Cluster Coordinator*

Data processing (checking, cleaning)	Senior Assessment Officer	Research Manager	Field Team, HQ Research Department	Cluster Coordinator
Data analysis	Senior Assessment Officer	Research Manager	Data officer, HQ Research Department	Cluster Coordinator
Output production	Senior Assessment Officer	Research Manager	GIS Officer, Cluster Coordinator, HQ Research Department	Cluster
Dissemination	Senior Assessment Officer	Research Manager	Cluster Coordinator, HQ Communication Department	Cluster
Monitoring & Evaluation	Senior Assessment Officer	Research Manager	HQ Research Department	Cluster Coordinator
Lessons learned	Senior Assessment Officer	Research Manager	Field Team, HQ Research Department	Cluster Coordinator

Responsible: *the person(s) who executes the task*

Accountable: *the person who validates the completion of the task and is accountable of the final output or milestone*

Consulted: *the person(s) who must be consulted when the task is implemented*

Informed: *the person(s) who need to be informed when the task is completed*

6. Data Analysis Plan

To see the DAP please follow the link.