Research Terms of Reference

Joint Child Protection Assessment in Cox's Bazar District, Bangladesh
BGD1906
Bangladesh

06 Jan 2020
V 1.0

REACH Informing more effective humanitarian action

1. Executive Summary

Country of intervention	Bangladesh						
Type of Emergency	□	Natural disaster	□	Conflict			
Type of Crisis	□	Sudden onset	□	Slow onset	X	Protracted	
Mandating Body/ Agency	Cox's Bazar Child Protection Sub-Sector (CPSS)						
Project Code	70DYL						
Overall Research Timeframe *(from research design to final outputs / M&E)*	30/09/2019 to 30/05/2020						
Research Components	1. **Desk review and secondary analysis of existing resources**, including secondary data sources (listed below) and anonymized child protection case data, complemented with interviews with Child Protection actors 2. **Two representative household surveys,** one with adolescents (aged 15-20) and one with caregivers 3. **A series of qualitative research tools,** with four methodologies, for adolescents aged 12-17						
Primary Data Collection Timeframe	1. Start collect data: 09/02/2020		5. Preliminary presentation and joint analysis workshop: 22/03/2020				
	2. Data collected: 08/03/2020		6. Outputs sent for validation: 03/05/2020				
	3. Data analysed: 12/03/2020		7. Outputs published: 24/05/2020				
	4. Data sent for validation: 12/03/2020		8. Final presentation: TBD				
Number of assessments	X	Single assessment (one cycle)					
	□	Multi assessment (more than one cycle)					
Humanitarian milestones *Specify **what** will the assessment inform and **when** e.g. The shelter cluster will use this data to draft its Revised Flash Appeal;*	**Milestone**		**Deadline**				
	□	Donor plan/strategy	_ _/_ _/_ _ _ _				
	□	Inter-cluster plan/strategy	_ _/_ _/_ _ _ _				
	X	Cluster plan/strategy	_ _/_ _/_ _ _ _				
	□	NGO platform plan/strategy	_ _/_ _/_ _ _ _				
	□	Other (Specify):	_ _/_ _/_ _ _ _				
	Audience type		**Dissemination**				

Audience Type & Dissemination *Specify **who** will the assessment inform and **how** you will disseminate to inform the audience*	X Strategic X Programmatic X Operational □ [Other, Specify]	X General Product Mailing (e.g. mail to NGO consortium; HCT participants; Donors) X Cluster Mailing (Education, Shelter and WASH) and presentation of findings at next cluster meeting X Presentation of findings (e.g. at HCT meeting; Cluster meeting) X Website Dissemination (Relief Web & REACH Resource Centre) □ [Other, Specify]
Detailed dissemination plan required	□ Yes	X No
General Objective	To inform evidence-based strategic planning among child protection actors through the provision of relevant information on the needs, vulnerabilities, and access to services of Rohingya refugee children and their parents in relation to key child protection issues.	
Specific Objective(s)	1. To provide information on gaps in services for children 2. To identify significant differences in child protection issues and service access across demographic groups 3. To understand documented child protection concerns in the camps and highlight any potential trends across age, gender, camps, and time 4. To provide updated and detailed information on child protection priorities for advocacy and fundraising for Cox's Bazar Child Protection Sub-Sector (CPSS)	
Research Questions[1]	1. To what extent do children experience and cope with harmful practices and protection concerns (including violence/abuse, child labour, and early marriage)? a. How do children and caregivers define harmful practices? b. Which harmful practices do children perceive to affect their daily lives the most in terms of risk, prevalence, and severity? c. What are the individual, household, and community-level drivers of these harmful practices? 2. To what extent are children's needs being met through service provision and community-based mechanisms? a. What are the main protection concerns affecting children? b. Which services, especially those related to education, health, and NGO-provided and community-based CP, do Rohingya children have access to? c. What individual, household, and community-level factors determine children's access and use of these services? d. What unmet needs and protection concerns do adolescents prioritize and why? 3. What is the lived experience of specific vulnerable groups of children, including children with disabilities, married children, and working children? a. What barriers do these children face when trying to access services, especially education, health, and NGO-provided and community-based CP services?	

[1] To understand which research tool will address which research question, please reference Appendix A: Research Tool Matrix

	b. How do these children's interactions with their communities influence their overall well-being?
Geographic Coverage	ISCG/RRRC-recognised refugee camps/settlements in Ukhia and Teknaf Upazilas, Cox's Bazar
Secondary data sources	• Horrors I will never forget: The stories of Rohingya children (SCI; November 2017) • Education and Child Protection in Emergencies - Joint Rapid Needs Assessment (Education Sector, CPSS; January 2018) • Children's Experiences in the Rohingya Crisis (WVI, SCI, PLAN; January 2018) • Childhood Interrupted: Children's Voices from the Rohingya Refugee Crisis (WVI, SCI, PLAN; February 2018) • Education Capacity Self-Assessment: Transforming the Education Humanitarian Response of the Rohingya Refugee Crisis (UNICEF, BRAC, Education Sector; March 2018) • Adolescent Girls in Crisis: Voices of the Rohingya (PLAN; June 2018) • Protection Needs and Trends Assessment for Refugee and Host Communities in Teknaf Sub-district (IOM, UNHCR, Solidarites International, Plan, Oxfam, Nonviolent Peaceforce, Norwegian Church Aid; July 2018) • Report on Demographic profiling and needs assessment of maternal and child health (MCH) care for the Rohingya refugee population in Cox's Bazar, Bangladesh (icddr,b; July 2018) • Rohingya Refugee Response Gender Analysis: Recognizing and responding to gender inequalities (ACF, Oxfam, SCI; August 2018) • Current Level of Knowledge, Attitudes, Practices, and Behaviours (KAPB) of the Rohingya Refugees and Host Community in Cox's Bazar (IPA; October 2018) • Marriage and sexual and reproduction health of adolescents and youth in a qualitative study (Population Council, UNFPA; October 2018) • Culture, context and mental health of Rohingya refugees (UNHCR; October 2018) • Violence against women within the Rohingya community: Prevalence, reasons, and implications for communication (BBC Media Action; November 2018) • CXB Child Protection Sub-Sector Secondary Data Review (November 2018) • Joint Participatory Child Protection Assessment with Rohingya Adolescents (Danish Red Cross, SCI, Plan, World Concern, UNHCR; January 2019) • Education Needs Assessment Rohingya Refugee Response (REACH, Education Sector; March 2019) • Child-Focused Secondary Data Review (ACAPS; November 2019) • Vulnerabilities in the Rohingya refugee camps (ACAPS; December 2019) • Anonymized case data from CPIMs+ (January 2018 to October 2019)

Population(s) *Select all that apply*				
	□	IDPs in camp	□	IDPs in informal sites
	□	IDPs in host communities	□	IDPs [Other, Specify]
	X	Refugees in camp	□	Refugees in informal sites
	□	Refugees in host communities	□	Refugees [Other, Specify]
	□	Host communities	□	[Other, Specify]

Stratification *Select type(s) and enter number of strata*						
	□	Geographical #: 33[2] camps/settlements (survey tool)	□	Group #: _ _ _ Population size per strata is known?	□	*[Other Specify]* #: _ _ Population size per strata is known?

[2] Including all camps in the Kutupalong-Balukhali megacamp (except for Kutupalong Registered Camp), Whykong Union, and Teknaf Union

		Population size per strata is known? X Yes □ No Rohingya refugees residing across 33 refugee camps and settlements in Ukhiya and Teknaf Upazilas		□ Yes □ No		□ Yes □ No
Data collection tool(s)	X	Structured (Quantitative)		X	Semi-structured (Qualitative)	
	Sampling method		**Data collection method**			
Structured data collection tool # 1 Household survey: adolescents	□ Purposive □ Probability / Simple random **X Probability / Stratified simple random** □ Probability / Cluster sampling □ Probability / Stratified cluster sampling □ [Other, Specify]		□ Key informant interview (Target #):_ _ _ _ _ □ Group discussion (Target #):_ _ _ _ _ □ Household interview (Target #):_ _ _ _ _ X Individual interview (Target #): **800 individual interviews, at a 95% level of confidence with +/- 5% margin of error at Upazila level** □ Direct observations (Target #):_ _ _ _ _ □ [Other, Specify] (Target #):_ _ _ _ _			
Structured data collection tool # 2 Household survey: caregivers	□ Purposive □ Probability / Simple random **X Probability / Stratified simple random** □ Probability / Cluster sampling □ Probability / Stratified cluster sampling □ [Other, Specify]		□ Key informant interview (Target #):_ _ _ _ _ □ Group discussion (Target #):_ _ _ _ _ □ Household interview (Target #):_ _ _ _ _ X Individual interview (Target #): **800 individual interviews, at a 95% level of confidence with +/- 5% margin of error at Upazila level** □ Direct observations (Target #):_ _ _ _ _ □ [Other, Specify] (Target #):_ _ _ _ _			
Semi-structured data collection tool #1 Focus group discussions with working adolescents	**X Purposive** □ Snowballing □ [Other, Specify]		□ Key informant interview (Target #):_ _ _ _ _ □ Individual interview (Target #):_ _ _ _ _ X Focus group discussion (Target #): **10 groups (7-8 groups of working boys; 2-3 groups of working girls) (60 total individuals)** □ [Other, Specify] (Target #):_ _ _ _ _			
Semi-structured data collection tool # 2 In-depth interviews with adolescents with physical disabilities	**X Purposive** □ Snowballing □ [Other, Specify]		□ Key informant interview (Target #):_ _ _ _ _ X Individual interview (Target #): **15+ in-depth interviews** □ Focus group discussion (Target #):_ _ _ _ _ □ [Other, Specify] (Target #):_ _ _ _ _			
Semi-structured data collection tool # 3 Participatory rank method with unmarried	**X Purposive** □ Snowballing □ [Other, Specify]		□ Key informant interview (Target #):_ _ _ _ _ □ Individual interview (Target #): _ _ _ _ _ □ Focus group discussion (Target #):_ _ _ _ _			

and married adolescents and caregivers of adolescents				X Participatory ranking methody (Target #): **10 groups (2 groups unmarried boys; 2 groups unmarried girls; 2 groups married boys; 2 groups married girls; 2 groups caretakers) (60 total individuals)**		
Data management platform(s)	X	IMPACT		□	UNHCR	
Expected ouput type(s)	□	Situation overview #: _ _	X	Report #: **4** *(final synthesis report:1; thematic briefing reports: 3)*	□	Profile #: _ _
	X	Presentation (Preliminary findings) #: **1**	□	Presentation (Final) #: _ _	□	Factsheet #: _ _
	□	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	***REACH***					
	Donor: *UNICEF*					
	Coordination Framework: *CPSS*					
	Partners:					

2. Rationale

2.1. Rationale

Since August 2017, an estimated 744,400 Rohingya refugees have arrived in Bangladesh's Cox's Bazar District fleeing military operations characterised by widespread reports of human rights violations in Myanmar[3]. Currently, there are over 900,000 Rohingya refugees living in 34 settlements in Ukhiya and Teknaf[4], and of these, 55 per cent are children (<18 years old)[5]. Humanitarian crises, including natural disasters and complex emergencies, compromise children's rights to survival, development, and protection. Emergencies break down their habitual protective environments and generate new family and community dynamics[6]. From the onset of their displacement to Bangladesh, Rohingya children experienced physical violence, psychosocial trauma, sexual violence, forced labour, child marriage, and other forms of abuse and violence[7]. The 2019 Joint Response Plan further defined these abuses as serious protection risks including psychosocial distress, neglect, abuse, separation from caregivers, sexual violence, child marriage, child labour, and trafficking[8]. Children are experiencing high levels of distress after witnessing extreme violence in Myanmar, as well as being exposed to continued stressful and uncertain living conditions in Bangladesh. Physical violence and other protection concerns, including kidnapping, trafficking, natural hazards, and road accidents, are continuing risks for refugees in the camps, especially for children[9].Existing studies have provided isolated blocks of data on child protection indicators, offering some insight on the unique challenges faced by children in the camps. Notably, two reports conducted within six months of the

[3] Population Data and Key Demographic Indicators (UNHCR; Sept 2019)
[4] Situation Report Rohingya Refugee Crisis (ISCG; Sept 2019)
[5] Population Data and Key Demographic Indicators (UNHCR; Sept 2019)
[6] Minimum Standards for Child Protection in Humanitarian Action (Alliance for Child Protection in Humanitarian Action; Oct 2019)
[7] Education and Child Protection in Emergencies - Joint Rapid Needs Assessment (Education Sector, CPSS; January 2018)
[8] 2019 Joint Response Plan (ISCG, Feb 2019)
[9] REACH/UNHCR Settlement and Protection Profiling Round 5 (REACH, UNHCR; July 2019)

2017 influx captured children's perspective on their displacement: the Joint Rapid Needs Assessment on Education and Child Protection in Emergencies[10] and Childhood Interrupted[11]. Two later reports captured the voice of adolescents: Adolescent Girls in Crisis[12] and the Joint Participatory Child Protection Assessment with Rohingya Adolescents[13]. Additionally, regular multi-sectoral assessments such as the UNHCR Settlement and Protection Profiles and Multi-Sector Needs Assessments (MSNAs) offer protection-related indicators for child nutrition, education, rates of use of child-friendly spaces, and other indications on child well-being. Other updated Sectoral studies, such as the Education Needs Assessment, gives in-depth information on child labour, safety at learning centres, and perceived quality and accessibility of education, while also highlighting the need for up-to-date information on a dynamic population group such as children and youth.

Still, as the initial emergency phase winds down, there remains a need for updated, comprehensive child protection-focused information that includes statistical information with which the sub-sector can advocate for the needs of refugee children, and contextual information with which the subsector can improve and expand programming. This research therefore seeks to understand the current child protection landscape and fill information gaps on key child protection concerns.

3. Methodology

3.1. Methodology overview

The assessment will utilize a two-stage research approach consisting of a secondary data review (SDR) and primary data collection. The SDR was comprised of three parts: a document review of published reports and assessments; an anonymized case data analysis of child protection cases; and key informant interviews with UN, NGO, and INGO child protection staff members. The aim of the SDR was to understand and contextualize the current child protection landscape and identify and prioritize remaining research gaps. Through the findings of the SDR, the focus and scope of the research questions for primary data collection were established. Primary data collection will consist of both qualitative and quantitative tools including individual surveys, focus group discussions, and other informative qualitative tools. The below data collection components will cover the following focus areas of the research:

- Secondary data review
  - Access to services
  - Harmful practices and protection concerns
- Individual surveys
  - Access to services
  - Harmful practices and protection concerns
- Focus group discussions
  - Vulnerable groups
- In-depth interviews
  - Vulnerable groups
- Additional structured qualitative tools (e.g., participatory rank method, pile sorting, daily journal, etc.)
  - Access to services
  - Vulnerable groups
  - Harmful practices and protection concerns

3.2. Population of interest

The populations of interest are Rohingya adolescents aged 12-20, their caretakers, and community leaders residing in the 34 ISCG/RRRC-recognized camps in Cox's Bazar district. Through the quantitative survey, information will be collected from

[10] Joint Rapid Needs Assessment on Education and Child Protection in Emergencies (Education Sector, CPSS; January 2018)
[11] Childhood Interrupted: Children's Voices from the Rohingya Refugee Crisis (WVI, SCI, PLAN; February 2018)
[12] Adolescent Girls in Crisis: Voices of the Rohingya (PLAN; June 2018)
[13] Joint Participatory Child Protection Assessment with Rohingya Adolescents (Danish Red Cross, SCI, Plan, World Concern, UNHCR; January 2019)

youths aged 15-20 and their caretakers. Through the qualitative tools, community leaders and adolescents aged 12-17 will be targeted with special focus on children with disabilities, married children, and working children. For all methods of data collection, respondents from both genders will be included.

The secondary data review, especially the key informant interviews, highlighted the need for more understanding of and direct consultation with adolescent Rohingyas. The case data analysis also highlighted that many pressing protection concerns, including child marriage, child labour, and abuse, disproportionately affect adolescents. To better understand the adolescent perspective and lived experience, adolescents will be the main group targeted through the primary data collection.

3.3. Secondary data review

An extensive secondary data review (SDR) was conducted to develop a contextual understanding of child protection needs and vulnerabilities for the Rohingya refugee population and to identify gaps in existing data. The SDR constituted the initial stage of research in the assessment and consisted of three parts: a document review of published assessments, a review of anonymized cases captured by CPIMs+, and key informant interviews with INGO, local NGO, and UN child protection staff members. The document review included reports that focused specifically on children, as well as key response-wide reports that captured information from across several sectors. While the review focused on recently-published reports, reports from the entirety of the response were also included.

The anonymized case data review was used to understand the main protection concerns affecting children and any trends across time, space, and demographics of the cases captured by CPSS partners. The anonymized case data was received from the CPSS on October 30 and included case data from almost all CPSS partners[14]. Over 15,500 cases opened between January 2018 and October 2019 were included in the systematic analysis. Through the analysis, key findings were identified on overall protection concerns across all demographics, case rates disaggregated by age groups and sex, and other macro-level trends. Prior to the drafting of the research questions and tools for the primary data collection stage, preliminary findings of the anonymized case data review were presented to senior CP case workers and the CPSS reference group as a validation exercise.

The third stage of the SDR was comprised of KIIs during which key child protection staffers from different CPSS partners were asked to reflect on findings from the case data review and existing literature, identify data gaps, detail their organization's current priorities, and explain the current child protection landscape. Through this portion of the SDR, partners were able to explain how data was used by their organization and what specific groups or issues they felt were not adequately addressed by previously-conducted research.

The key findings and information gaps as identified by the secondary data review were used to help focus and develop the research questions, data collection methodology, and research tools for the primary data collection stage of research. Findings from the SDR will also be used to triangulate primary data collection findings.

3.4. Primary Data Collection

The primary data collection will use a mixed-methods approach with a quantitative household survey focused on 15 to 20-year-olds and caregivers and qualitative research tools that will focus on adolescents ages 12 to 17 and community leaders. Research questions, indicators, and methodologies were developed based on the findings and information gaps identified in the secondary data review. Data collection tools may be adjusted based on early findings from the piloting exercises. Household survey data will be collected and analysed by REACH teams, while qualitative tool data will be collected and primarily analysed by CPSS partners, with training and overarching guidance and support provided by REACH. A preliminary findings presentation and joint analysis workshop will take place after all data collection is

[14] To keep all information secure and anonymized, the data was password protected, shared with only one individual, and double anonymized (anonymized by the sub-sector and again by REACH), and all data was immediately deleted upon completion of the analysis.

completed and preliminary analysis is wrapping up. REACH will draft a final synthesis report and three thematic briefing reports, which will be reviewed by sector partners and REACH Geneva teams prior to publication.

All participating staff will receive joint training by REACH and CPSS partners. Training conducted by REACH will include objectives and methodology of the assessment, field data collection protocols, clarification of tools/agreement on standards for recording responses, and multiple rounds of practice with tools. REACH will ask CPSS partners to provide training on child safeguarding and protection against sexual exploitation and abuse (PSEA) for all team members. REACH will work with Translators Without Borders to translate tools into Rohingya and review language issues with the team prior to data collection. Following training, tools and data collection protocols will be piloted to identify and rectify any problems before full roll-out of data collection.

Household Survey

The household survey will focus on access to services and perceptions of harmful practices. Two surveys will be administered – one for adolescents and youths ages 15-20 and one for caretakers of children. Prior to the start of data collection, finalised surveys will be translated and coded into Kobo for use with smartphones. The survey will be initially piloted by a small group of REACH staff in late January with full piloting taking place in early February. Based on findings from the pilot, necessary adjustments will be made and finalization of the tool will occur before the full tool administration begins in mid-February.

The assessment team will be overseen by an international Assessment Officer, a national Project Officer, and a national Senior Field Coordinator. The field team will be led by a national Field Coordinator, supported by a Field Assistant. The Field Coordinator will manage the team leaders, each of whom will manage a team of 8 enumerators. For the caregiver survey, most of whom are anticipated to be female, the household survey team will be made up of mostly female enumerators (7 female enumerators to 1 male enumerator) in order to maximise acceptability in a conservative cultural context and minimise response bias and the risk of non-participation. For the adolescent survey, enumerators will be split evenly between females and males. All female enumerators for this component will be accompanied by male security assistants to minimise security risk/harassment.

Because the case data from the secondary data review did not reveal vast variations between camps across most protection trends, responses to the primary data collection research questions are also not expected to vary significantly across camps. As such, data will be collected to be representative of two strata, divided by upazila (Ukhiya and Teknaf), pending discussions with the sub-sector. For the adolescent survey, the sample size will consist of approximately 400 adolescents at each stratum (400 surveys in Ukhiya and 400 surveys in Teknaf, resulting in a total of 800 surveys) allowing for a 95% confidence level and a 5% margin of error for each stratum, and a 95% confidence level and 2% margin of error for the refugee population. For the adolescent survey, only households with a youth between the ages of 15 to 20 will be eligible for interview. In households where there is more than one adolescent present, the youngest adolescent will be interviewed, pending their consent. For the caregiver survey, the sample size will consist of approximately 400 caregivers at each stratum (400 surveys in Ukhiya and 400 surveys in Teknaf, resulting in a total of 800 surveys) allowing for a 95% confidence level and a 5% margin of error for each stratum, and a 95% confidence level and 2% margin of error for the refugee population. For the caregiver survey, only households with a caregiver who attends to children between the ages of 3 to 17 will be eligible for interview. Enumerators surveying adolescents and those surveying caregivers will be following different sample frames so that a caregiver and adolescent from the same household will likely not both be selected for participation in the survey.

In the absence of publicly available household lists for each camp, shelter footprints will be used as a proxy sample frame, from which a simple random sample will be generated. REACH will overlay ISCG camp boundaries onto REACH/UNOSAT shelter footprint data so that all shelters existing in the camps can be identified. From there, a random distribution of GPS points will be generated, with each GPS point indicating a shelter to be surveyed. GPS points and a map of each camp will

be uploaded to enumerator phones using the Maps.Me app. If an identified shelter does not contain anyone eligible for interview, enumerators will move on to the next assigned shelter. Prior to each interview, informed consent will be asked of the respondent. Interviews will be administered using the questionnaire previously uploaded onto smartphones.

The questions framed in the survey tool will draw on findings from the secondary data review. In line with the sub-sector's priority to mainstream protection concerns, the survey will focus on understanding what represents meaningful access to adolescents and caregivers through an inter-sectoral lens. The survey will seek to understand how and why adolescents participate and engage with certain services, how information is received by adolescents regarding different services and how decision-making around access to services is practiced. Questions will be focused on services provided by the education, health, and child protection sectors. The survey will also draw out knowledge and attitudes that adolescents and caregivers maintain regarding harmful practices and protection concerns in the camps, with special attention paid to early marriage, child labour, and physical abuse.

Qualitative tools

The development and administration of the qualitative tools will be conducted by REACH and CPSS partners. REACH will support in the qualitative data collection by providing overall assessment coordination, in addition to coordinating facilitator training, creating data collection tools, and creating templates for systematic data collection and preliminary analysis. Tool implementation in the field and primary data analysis will be carried out by committed CP research partners. Following this, REACH will be responsible for the secondary analysis of findings and, following joint analysis with the CPSS reference group, synthesis into a final report along with the data from the other study components.

For partners choosing to engage in the qualitative research, support to this assessment must be formalized through a written agreement with CPSS and REACH outlining the roles and responsibilities of the actors involved. This agreement will also outline objectively verifiable minimum standards that partners must meet during data collection in order for data to be included in the study's final report. This agreement will not preclude partners from using data from this component for their own purposes.

The qualitative tools will focus on access to services, harmful practices, and vulnerable groups, with an emphasis on contextualising responses and exploring "how" and "why" questions. Through the tools, a better understanding will be formed of how adolescents interpret their surroundings in regards to services and protection concerns, work to secure their own safety, and interact with those around them. The tools will also seek to understand factors on a multi-level framework to see how individual, household, and community-level drivers and factors affect adolescents' meaningful access to services and participation in community life. Additionally, adolescents' views on harmful practices, specifically on which ones affect their daily lives the most in terms of severity, prevalence, and risk, will be captured. Purposive sampling will be used and the tools will be implemented in camps or in geographic areas where certain demographic, protection, or other key trends are met

One set of tools will focus specifically on vulnerable adolescents, especially those living with disabilities, those who are married, and those who work, to better understand how they access services and what full participation looks like to them. Because these adolescents are hard to reach and often not specifically targeted by services and sectors, their needs and interactions with systems are not fully understood.

Because the qualitative tools will focus on engaging adolescents and youths on potentially sensitive topics, staff from CP partners who have experience working with Rohingya children in the camp settings will be asked to recruit child participants and lead the qualitative tool implementation. The CP staff will be trained by REACH on the research methodology for the assessment, the research tool they will be implementing, and general research ethics. While technical backstopping and coordination will be provided by REACH, piloting and implementation of the research tool will be conducted by the CP staff. Contingent on staff availability and capacity, CP partners will be asked to implement one or two

qualitative tools across three or four locations. A variety of tools will be implemented across the assessment, including in-depth interviews, focus groups discussions (FGDs), participatory ranking method, pile-sorting, and daily diaries. The total number of participants and tools implemented for the qualitative research will depend on how many and how much time CPSS partners are able to contribute to the research process.

In-depth interviews will be conducted with children with physical disabilities (with their caretakers present) to better understand their access to services and their interactions with the community. By employing in-depth interviews, CP staff will be able to meet in a location that is comfortable for them to access, most likely their own shelter, and better capture the full experience of each child. FGDs and visual diaries will be used for working adolescents to also discuss access to services and their interactions with the community. These groups will consist of 6 to 10 individuals in each group and will be arranged by sex and age with younger adolescents (ages 12 to 14) and older adolescents (ages 15-17) grouped separately. Participatory rank method will be used with married and unmarried adolescents to understand their perception of harmful practices.

3.5. Data Processing & Analysis

Cleaning and checking of household survey data will be conducted on a daily basis by REACH teams according to a set of pre-established Standard Operating Procedures (SoP). Data checking and cleaning will include outlier checks, recoding of 'other' responses, identification and removal or replacement of incomplete or inaccurate records, and GPS and time checks per interview. All changes will be recorded in a data cleaning log. A daily report of identified issues will be produced by REACH's data team and provided to field teams for inclusion in daily briefings. During data collection, assessment team leaders will monitor enumerator interview practices using a quality checklist.

Data processing and analysis for the qualitative research will be jointly managed by CPSS partners and REACH. Data checking of qualitative data will be managed by CPSS partners during debriefings at the end of each day of data collection where transcripts and notes will be reviewed for clarity and accuracy. All identifying data will be stripped from databases/transcripts prior to analysis and publication. Databases containing potentially identifying data will be password protected with access limited to key staff; raw FGD transcripts will be stored in locked cabinets.

In regards to respondent confidentiality and privacy, no names will ever be included in the qualitative tool recordings. During the FGDs, respondents will be assigned a number and will be referred to by their number during the discussion and in the transcriptions. During the in-depth interviews, the interviews and transcriptions will also be kept anonymous. During the qualitative tool training, implementation, and analysis, REACH will work with partners to ensure that recordings and transcriptions protect respondents' identities. Privacy protection will be incorporated into the research documentation as well; the research team will only know the general demographics of the respondents, while the support team may have access to the respondents' identities only if needed for accountability or compliance reasons.

Data Analysis

Following the finalisation of tools, a data analysis plan for both quantitative and qualitative tools will be developed ensuring linkages between questionnaire questions/responses, reporting on indicators, and stratification of the sample. Based on the plan's quantitative component, REACH will develop an initial analysis script using R software and will conduct all of the analysis. For the qualitative components, CPSS partners will deliver all transcripts, notes, and other data collection tools to the REACH team for additional analysis. The data will be analysed thematically using QSR NVIVO software and input into a saturation grid.

Analysis workshop and final outputs

A preliminary findings presentation will be produced and shared with CPSS partners at an analysis workshop. At the workshop, CP partners, CPSS, and REACH will jointly work together to interpret, contextualize, and triangulate findings as necessary to draw out the key messages. Input from the joint analysis workshop will then feed into the development of the final report.

After the final products are completed, they will once again be sent back to CPSS partners for final review. Raw data, analysis tables and final products will be made publicly available on commonly-used web platforms including Humanitarian Data Exchange (HDX) and HumanitarianResponse.info as they are produced, and will be usable under Creative Commons Attribution. Throughout the assessment process, REACH's technical team in Geneva will conduct internal review and validation of tools and products in order to ensure they meet REACH's organisational quality standards.

4. Roles and responsibilities

Description of roles and responsibilities

Task Description	*Responsible*	*Accountable*	*Consulted*	*Informed*
Research design	Assessment officer	Country focal point	CPSS, IMPACT HQ	CPSS
Supervising data collection	Project Officer, Field Coordinator, Field Assistant, and Team Leader	Country focal point		
Data processing (checking, cleaning)	Assessment officer; Project officer	Country focal point		
Data analysis	Assessment officer; Project officer	Country focal point	CPSS, IMPACT HQ	CPSS, IMPACT HQ
Output production	Assessment officer; Project officer	Country focal point	IMPACT HQ	
Dissemination	Assessment officer	Country focal point	IMPACT HW, CPSS	CPSS, IMPACT HQ
Monitoring & Evaluation	Assessment officer; Project officer	Country focal point	IMPACT HQ	CPSS
Lessons learned	Assessment officer; Project officer	Country focal point	Country focal point	IMPACT HQ

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. Monitoring & Evaluation Plan

IMPACT Objective	External M&E Indicator	Internal M&E Indicator	Focal point	Tool	Will indicator be tracked?
Humanitarian stakeholders are accessing IMPACT products	Number of humanitarian organisations accessing IMPACT services/products Number of individuals accessing IMPACT services/products	# of downloads of x product from Resource Center	Country request to HQ	User_log	Yes
		# of downloads of x product from Relief Web	Country request to HQ		Yes
		# of downloads of x product from Country level platforms	Country team		Yes
		# of page clicks on x product from REACH global newsletter	Country request to HQ		Yes
		# of page clicks on x product from country newsletter, sendingBlue, bit.ly	Country team		Yes
		# of visits to x webmap/x dashboard	Country request to HQ		N/A
IMPACT activities contribute to better program implementation and coordination of the humanitarian response	Number of humanitarian organisations utilizing IMPACT services/products	# references in HPC documents (HNO, SRP, Flash appeals, Cluster/sector strategies)	Country team	Reference_log	*Child protection sub-sector mid-term 2020 JRP review* *UNICEF child protection sub-sector strategy*
		# references in single agency documents			
Humanitarian stakeholders are using IMPACT products	Humanitarian actors use IMPACT evidence/products as a basis for decision making, aid planning and delivery Number of humanitarian documents (HNO, HRP, cluster/agency strategic	Perceived relevance of IMPACT country-programs	Country team	Usage_Feedback *and* Usage_Survey template	*Usage survey to be conducted with CPSS in May following release of four outputs, targeting at least five partners*
		Perceived usefulness and influence of IMPACT outputs			
		Recommendations to strengthen IMPACT programs			
		Perceived capacity of IMPACT staff			
		Perceived quality of outputs/programs			

	plans, etc.) directly informed by IMPACT products	Recommendations to strengthen IMPACT programs			
Humanitarian stakeholders are engaged in IMPACT programs throughout the research cycle	Number and/or percentage of humanitarian organizations directly contributing to IMPACT programs *(providing resources, participating to presentations, etc.)*	# of organisations providing resources (i.e., staff, vehicles, meeting space, budget, etc.) for activity implementation	Country team	Engagement_log	Yes
		# of organisations/clusters inputting in research design and joint analysis			Yes
		# of organisations/clusters attending briefings on findings;			Yes

Appendix A: Research tool matrix

Harmful practices and protection concerns

Main research question: To what extent do children experience and cope with harmful practices and protection concerns (including violence/abuse, child labour, and early marriage)?

Sub-research questions and indicative questions		What research tool will be used?		
Which harmful practices do children perceive to affect their daily lives the most in terms of risk, prevalence, and severity?		Qual	Quant	SDR
	How do children rank the risks that they encounter in terms of severity and prevalence?	X	X	
	What are coping mechanisms are being practiced in response to these risks?	X	X	
	What criteria do children use to identify harmful practices?	X		
	Who and what influences their perceptions of harmful practices?	X	X	
	What trends over time, space, or severity do the children perceive in regards to harmful practices in the camps?	X		
What are the individual, household, and community-level drivers of these harmful practices?				
	Are there initial or underlying protection concerns that make certain children more vulnerable to harmful practices?	X		
	How do the individual characteristics of a child who has experienced a harmful practice differ from the individual characteristics of a child who has not?	X	X	X
	How do the household characteristics of a child who has experienced a harmful practice differ from the household characteristics of a child who has not experienced a harmful practice?	X	X	
	To what extent have children received messaging on harmful practices from NGOs, community groups, and others?		X	

Access to services

Main research question: To what extent are children's needs being met through service provision and community-based mechanisms?

Sub-research questions and indicative questions		What research tool will be used?		
Which services, especially those related to education, health, and NGO-provided and community-based CP, do Rohingya children have access to?		Qual	Quant	SDR
	What services do children use themselves?		X	X
	Are there any barriers to access?	X		X
	Which sectors and services do children have the most information about?		X	
What individual, household, and community-level factors determine children's access and use of these services?				
	To what extent are children able to exhibit decision-making power in regards to their access to services?	X	X	
	Are any groups of children excluded from accessing services?	X	X	
	How do children receive information about services?		X	
	To what extent do children actively seek out assistance or help from community leaders?	X	X	
	Are there any individual characteristics of a child who accesses services that are different from a child who does not?	X		
	Are there any household characteristics of a child who accesses services that are different from a child who does not?	X		
What unmet needs and protection concerns do adolescents prioritize and why?				
	What gaps or unmet needs do adolescents perceive in the current services being provided for them in the camps?		X	
	What factors make adolescents prioritize certain issues, concerns, or needs over others?	X	X	
What are the main protection concerns affecting children?				
	# of cases documented in CPIMs+, by protection concern, age, and gender			X
	Trends of cases over time and space			X

Vulnerable groups (children with disabilities, married children, and working children)

Main research goal: What is the lived experience of specific vulnerable groups of children, including children with disabilities, married children, and working children?

Sub-research questions and indicative questions		What research tool will be used?		
What barriers do these children face when trying to access services?		Qual	Quant	SDR
	To what extent are these children excluded from accessing services?	X		
	To what extent are these children able to access services by themselves?	X		
	What decision making power are these children able to exhibit in their daily lives?	X		
	To what extent do these children require permission or help from someone else to access services?	X		
	To what extent have these children developed coping mechanisms to address these barriers?	X		
	Are certain services easier for these children to access as compared to other services? Why?	X		
How do these children's interactions with their communities influence their overall well-being?				
	To what extent do these children interact with community members outside of their household?	X		
	To what extent do these children rely on community members for help or support?	X		
	How would these children prefer to interact with their neighbours and community members?	X		

Appendix B: Adolescent Survey Data Analysis Plan

Indicator group	Research question	Sub-research question	IN #	Indicator	Questionnaire question	Question type	Response options
Demographics	*Demographics*		DEM-1	average age of repondents	Age of respondent	Number	Number
			DEM-2	% of respondents by gender	Gender of respondent	Select one	Male; female; other
			DEM-3	average number of people in household	Including yourself, how many people live in this household?	Number	Number
			DEM-4	household roster	Age and gender of each household member	Number; select one	
			DEM-5	relationship with head of household	Who is the head of the household? What is the relationship between you and that person?	Select one	Mother; father; husband; wife; grandm
			DEM-6	average age of head of household	Age of head of household	Number	Number
			DEM-7	% of head of household by gender	Gender of head of household	Select one	Male; female; other
			DEM-8	average education level of head of household	What is the highest level of education the head of household has completed?	Select one	Some primary; finished primary; some
			DEM-9	proportion of respondents with a disability	Type of disability (WGSS)		
			DEM-10	proportion of respondents who are married	Are you married?	Select one	Yes/no
			DEM-11	proportion of respondents who have a child	Do you have any children?	Select one	Yes/no
Daily activities	*Daily actvities*		DA-1	proportion of children who engage in different types of daily activities (including: % of respondents responsible for caring for	Which of the following activities do you do on a typical day?	Select yes/no for each a	Cook; clean; take care of family memb
			DA-2	# of hours dedicated to each daily activity	How much time do you spend doing each of these activities on a typical day?	Select one (for each che	30 min-1 hour; 1-3 hours; 4-6 hours; 7
			DA-3	average number of hours work in a week	In the past 30 days, how many days have you worked?	Select one (if said yes to	1-10 hours; 11-20 hours; 21-30 hours
			DA-4	proportion of children who report being paid in different manners	How are you paid for your work?	Select mulitple	Cash; goods; repay loan/debt
			DA-5	average number of days respondents attends school	In the past 30 days, how many days you have attended a learning center?	Select one (if said yes to	1-5 days; 6-10 days; 11-15 days; 16-2
Harmful practices	*Which harmful practices do children perceive to affect their daily lives the most in terms of risk, prevalence, and severity?*	How do children rank the risks that they encounter in terms of severity and prevalence?	HARM-1-1	proportion of children who cite harmful practices as threats to themselves	In the past 30 days, which three threats have you been concerned about for your safety?	Select multiple	Physical violence; kidnapping/ traffickin
			HARM-1-2	proportion of ranked concerns	Rank those threats from the ones you are most concerned about to least concerned about.	Rank selected response	
			HARM-1-5	proportion of respondents who cite harmful practices as threats in their area	In the past 30 days, which threats have you witnessed most frequently in your community?	Select multiple	Physical violence; kidnapping/ traffickin
			HARM-1-6	proportion of respondents who cite harmful practices that affect males	Which threats do you think boys are most at risk of in your community?	Select multiple	Physical violence; kidnapping/ traffickin
			HARM-1-7	proportion of respondents who cite harmful practices that affect females	Which threats do you think girls are most at risk of in your community?	Select multiple	Physical violence; kidnapping/ traffickin
		What are coping mechanisms are being practiced in response to these	HARM-1-8	% of respondents who take protective measures to avoid threats	Have you or your family done anything to try to avoid these threats?	Select one	Yes/no
			HARM-1-9	% of reported protective measures taken to avoid threats	If yes, what do you do to avoid these threats?	Select multiple	Don't go out after dark; don't go to the
		Who and what influences their perceptions of harmful practices?	HARM-1-10	proportion of respondents who identify certain harmful practices (re: hazardous work) as acceptable	It is okay for a child to help with household chores.	Select one	Agree/disagree
					It is okay for a child to work on the construction of their family's shelter.	Select one	Agree/disagree
					It is okay for a child to do chores that require a lot of strength, like collecting water or firewood.	Select one	Agree/disagree
					It is okay for a child to be responsible for taking care of their siblings.	Select one	Agree/disagree
					It is okay for a child to work outside the house to earn money.	Select one	Agree/disagree
					It is okay for a child to work a dangerous job to earn money.	Select one	Agree/disagree
					It is okay for a child to work on construction sites to earn money.	Select one	Agree/disagree
					It is okay for a child to stop going to school so that they can work.	Select one	Agree/disagree
			HARM-1-11	proportion of respondents who identify certain harmful practices (re: early marriage) as acceptable	It is okay for parents to arrange a marriage for their child.	Select one	Agree/disagree
					It is okay for parents to arrange a marriage for their daughter if they need money.	Select one	Agree/disagree
					It is okay for parents to arrange a marriage for their daughter to keep her safe.	Select one	Agree/disagree
					It is okay for a girl to be married to an older man.	Select one	Agree/disagree
					It is okay for a girl and boy to stop going to school so s/he can get married.	Select one	Agree/disagree
					It is a girl's main responsibility to become a mother after getting married.	Select one	Agree/disagree
			HARM-1-12	proportion of respondents who identify certain harmful practices (re: violence/abuse) as acceptable	It is okay for a father to hit their child.	Select one	Agree/disagree
					It is okay for a mother to hit their child.	Select one	Agree/disagree
					It is okay for a teacher to hit their student.	Select one	Agree/disagree
					It is okay for children to fight with each other.	Select one	Agree/disagree
					It is okay for a husband to hit his wife (even if his wife is a child).	Select one	Agree/disagree
					It is okay for a wife to hit her husband.	Select one	Agree/disagree
					It is okay for a parent to hit their child to discipline the child.	Select one	Agree/disagree
					It is okay for a parent to hit their child to set an example to other children for how not to behave.	Select one	Agree/disagree
					It is okay to solve a problem is with violence.	Select one	Agree/disagree
			HARM-1-13	proportion of respondents who identify certain harmful practices (re: neglect) as acceptable	It is okay for parents to ignore a child if the child is misbehaving.	Select one	Agree/disagree
					It is okay for parents to ignore a child if the parents are busy with household chores and work.	Select one	Agree/disagree
					It is okay for parents to ignore a child if the parents are stressed.	Select one	Agree/disagree
					It is a parent's responsibility to make sure all their children have enough food to eat.	Select one	Agree/disagree
					It is a parent's responsibility to make sure all their children have their needs met.	Select one	Agree/disagree
			HARM-1-15	proportion of respondents who cite different groups of people as decision-makers in regards to early marriage	Who decides if a child should get married?	Select multiple	Bride's mother; bride's father; groom's
			HARM-1-16	proportion of respondents who cite different groups of people as decision-makers in regards to child labour	Who decides if a child should work?	Select multiple	Mother; father; child; grandparents; old

Access to services	*Which services, especially those related to education, health, and NGO-provided and community-based CP,*	What services do children use themselves?	SERV-1-1	proportion of child who needed to access medical care	In the past 30 days, was there any reason why you needed to access medical care?	Select one	Yes/No\
			SERV-1-2	proportion of children who access health services	If yes, where did you seek treatment?	Select mulitple	Pharmacy; public/NGO clinic; private c
			SERV-1-3	types of reasons given for not accessing health services	If didn't seek treatment, why did you not seek treatment?	Select multiple	Didn't know where to access services;
			SERV-1-4	proportion of children who access education services	In the past 30 days, have you visited a learning center?	Select one	Yes/No
			SERV-1-5	proportion of children who access NGO CP services	In the past 30 days, have you visited a MPCAC, AFS, or CFS?	Select one	Yes/No
	What unmet needs and protection concerns do adolescents prioritize and why?	What gaps or unmet needs do adolescents perceive in the current services being provided for them in the camps?	SERV-1-6	proportion of children who faced challenges when accessing educational services	Did you face any challenges when you were at the health center?	Select mulitple	I didn't feel safe or respected; the spac
			SERV-1-7	proportion of children who faced challenges when accessing CP services	Did you face any challenges when you were at the educational center?	Select mulitple	I didn't feel safe or respected; the spac
			SERV-1-8	proportion of children who faced challenges when accessing health services	Did you face any challenges when accessing CP services?	Select mulitple	I didn't feel safe or respected; the spac
			SERV-1-9	# and type of unmet needs cited by children	What are your unmet needs?	Select mulitple	Lack of private latrines; not enough livl
			SERV-1-10	proportion of ranked unmet needs	Rank these unmet needs from most important to least important.	Rank selected response	
Access to services	*What individual, household, and community-level factors determine children's access and use of these services?*	To what extent are children able to exhibit decision-making power in regards to their access to services?	SERV-2-1	proportion of children who seek permission from others before accessing health services	Did you ask anyone for permission to go to the health center?	Select one	Yes/No
			SERV-2-2	proportion of children who seek permission from others before accessing educational services	Did you ask anyone for permission to go to the learning center?	Select one	Yes/No
			SERV-2-3	proportion of children who seek permission from others before accessing CP services	Did you ask anyone for permission to go to the MPCAC/AFS/CFS?	Select one	Yes/No
			SERV-2-4	proportion of children who are accompanied by others to health services	Did anyone go with you to the health center?	Select one	Yes/No
			SERV-2-5	proportion of children who are accompanied by others to educational services	Did anyone go with you to the learning center?	Select one	Yes/No
			SERV-2-6	proportion of children who are accompanied by others to CP services	Did anyone go with you to the MPCAC/AFS/CFS?	Select one	Yes/No
		To what extent do chidlren actively seek out assistance or help from community members?	SERV-2-13	proportion of children who cite different sources of help for day-to-day decision-making and tasks	When you need to make a decision, who do you ask for help?	Select mulitple	Mother; father; grandparents; siblings;
			SERV-2-14	proportion of children who cite different sources of help for when they are feeling stressed	When you feel mentally stressed, who do you ask for help?	Select mulitple	Mother; father; grandparents; siblings;
			SERV-2-15	proportion of children who cite different sources of help for when they are facing security issues inside their shelter	When you feel physically unsafe in your shelter, who do you ask for help?	Select mulitple	Mother; father; grandparents; siblings;
			SERV-2-16	proportion of children who cite different sources of help for when they are facing security issues outside their shelter	When you feel physically unsafe outside your shelter, who do you ask for help?	Select mulitple	Mother; father; grandparents; siblings;
			SERV-2-17	proportion of children who cite different sources of help for when they need physical assistance	When you need physical assistance, for example, carrying distributions from the center to your	Select mulitple	Mother; father; grandparents; siblings;

Appendix C: Caregiver Survey Data Analysis Plan

Indicator group	Research question	Sub-research question	IN #	Indicator	Questionnaire question	Question type	Response options
Demographics	*Demographics*		DEM-1	average age of repondents	Age of respondent	Number	Number
			DEM-2	% of respondents by gender	Gender of respondent	Select one	Male; female; other
			DEM-3	average number of people in household	Including yourself, how many people live in this household?	Number	Number
			DEM-4	household roster	Age and gender of each household member	Number; select one	
			DEM-5	relationship with head of household	Who is the head of the household? What is the relationship between you and that person?	Select one	Mother; father; husband; wife; grandm
			DEM-6	average age of head of household	Age of head of household	Number	Number
			DEM-7	% of head of household by gender	Gender of head of household	Select one	Male; female; other
			DEM-8	average education level of head of household	What is the highest level of education you have completed?	Select one	Some primary; finished primary; some
			DEM-9	proportion of respondents with a disability	Does anyone in this household have a disability or chronic illness that affects their ability to do (	Select one	Yes/No
Harmful practices	*Which harmful practices do caregivers perceive to affect their children's daily lives the most in terms of risk, prevalence, and severity?*	How do caregivers rank the risks that their children encounter in terms of severity and prevalence?	HARM-1-1	proportion of caregivers who cite harmful practices as threats to their children	In the past 30 days, which threats have you been concerned about for your child's safety?	Select multiple	Physical violence; kidnapping/ traffickin
			HARM-1-2	proportion of ranked concerns	Rank those threats from the ones you are most concerned about to least concerned about.	Rank selected response	
			HARM-1-3	proportion of respondents who cite harmful practices as threats in their area	In the past 30 days, which threats have you witnessed most frequently in your community?	Select multiple	Physical violence; kidnapping/ traffickin
			HARM-1-4	proportion of respondents who cite harmful practices that affect males	Which threats do you think boys are most at risk of in your community?	Select multiple	Physical violence; kidnapping/ traffickin
			HARM-1-5	proportion of respondents who cite harmful practices that affect females	Which threats do you think girls are most at risk of in your community?	Select multiple	Physical violence; kidnapping/ traffickin
		What are coping mechanisms are being practiced in response to these risks?	HARM-1-6	% of respondents who take protective measures to avoid threats	Have you or your family done anything to try to avoid these threats?	Select one	Yes/no
			HARM-1-7	% of reported protective measures taken to avoid threats	If yes, what do you do to avoid these threats?	Select multiple	Don't go out after dark; don't go to the
		Who and what influences their perceptions of harmful practices?	HARM-1-8	proportion of respondents who identify certain harmful practices (re: hazardous work) as acceptable	It is okay for a child to help with household chores.	Select one	Agree/disagree
					It is okay for a child to work on the construction of their family's shelter.	Select one	Agree/disagree
					It is okay for a child to do chores that require a lot of strength, like collecting water or firewood.	Select one	Agree/disagree
					It is okay for a child to be responsible for taking care of their siblings.	Select one	Agree/disagree
					It is okay for a child to work outside the house to earn money.	Select one	Agree/disagree
					It is okay for a child to work a dangerous job to earn money.	Select one	Agree/disagree
					It is okay for a child to work on construction sites to earn money.	Select one	Agree/disagree
					It is okay for a child to stop going to school so that they can work.	Select one	Agree/disagree
			HARM-1-9	proportion of respondents who identify certain harmful practices (re: early marriage) as acceptable	It is okay for parents to arrange a marriage for their child.	Select one	Agree/disagree
					It is okay for parents to arrange a marriage for their daughter if they need money.	Select one	Agree/disagree
					It is okay for parents to arrange a marriage for their daughter to keep her safe.	Select one	Agree/disagree
					It is okay for a girl to be married to an older man.	Select one	Agree/disagree
					It is okay for a girl and boy to stop going to school so s/he can get married.	Select one	Agree/disagree
					It is a girl's main responsibility to become a mother after getting married.	Select one	Agree/disagree
			HARM-1-10	proportion of respondents who identify certain harmful practices (re: violence/abuse) as acceptable	It is okay for a father to hit their child.	Select one	Agree/disagree
					It is okay for a mother to hit their child.	Select one	Agree/disagree
					It is okay for a teacher to hit their student.	Select one	Agree/disagree
					It is okay for the CiC to hit a child.	Select one	Agree/disagree
					It is okay for children to fight with each other.	Select one	Agree/disagree
					It is okay for a husband to hit his wife (even if his wife is a child).	Select one	Agree/disagree
					It is okay for a wife to hit her husband.	Select one	Agree/disagree
					It is okay for a parent to hit their child to discipline the child.	Select one	Agree/disagree
					It is okay for a parent to hit their child to set an example to other children for how not to behave.	Select one	Agree/disagree
					It is okay to solve a problem is with violence.	Select one	Agree/disagree
			HARM-1-11	proportion of respondents who identify certain harmful practices (re: neglect) as acceptable	It is okay for parents to ignore a child if the child is misbehaving.	Select one	Agree/disagree
					It is okay for parents to ignore a child if the parents are busy with household chores and work.	Select one	Agree/disagree
					It is okay for parents to ignore a child if the parents are stressed.	Select one	Agree/disagree
					It is a parent's responsibility to make sure all their children have enough food to eat.	Select one	Agree/disagree
					It is a parent's responsibility to make sure all their children have their needs met.	Select one	Agree/disagree
			HARM-1-12	proportion of respondents who cite culture, religion, and other communal practices as influences on their perceptions of har	It is okay for a girl to get married once she reaches puberty.	Select one	Agree/disagree
			HARM-1-13	proportion of respondents who cite different groups of people as decision-makers in regards to early marriage	Who decides if a child should get married?	Select multiple	Bride's mother; bride's father; groom's
			HARM-1-14	proportion of respondents who cite different groups of people as decision-makers in regards to child labour	Who decides if a child should work?	Select multiple	Mother; father; child; grandparents; old

Harmful practices	*What are the individual, household, and community-level drivers of these harmful practices?*	How do the household and individual characteristics of a child who has experienced a harmful practice differ from the household and individual characteristics of a child who has not?	HARM-2-1	% of respondents citing individual characteristics (including previous protection concerns) that make children more vulnerat	Which of these children do you think is likely to work a dangerous job?	Select multiple	UASC [child living with no family mem
			HARM-2-2	% of respondents citing individual characteristics (including previous protection concerns) that make children more vulnerat	Which of these children do you think is likely to have an early marriage?	Select multiple	UASC [child living with no family mem
			HARM-2-3	% of respondents citing individual characteristics (including previous protection concerns) that make children more vulnerat	Which of these children do you think is likely to experience physical violence?	Select multiple	UASC [child living with no family mem
			HARM-2-4	% of respondents citing household characteristics that make children more vulnerable to hazardous work	A child who lives in which of these households is likely to work a dangerous job?	Select multiple	Single-headed HH (male); single-head
			HARM-2-5	% of respondents citing household characteristics that make children more vulnerable to early marriage	A child who lives in which of these households is likely to have an early marriage?	Select multiple	Single-headed HH (male); single-head
			HARM-2-6	% of respondents citing household characteristics that make children more vulnerable to violence/abuse	A child who lives in which of these households is likely to experience physical violence?	Select multiple	Single-headed HH (male); single-head
		What are coping mechanisms are being practiced in response to these harmful practices?	HARM-2-7	types of reported coping mechanisms being practiced in regards to child labour	If you knew a child in your community was working a dangerous job, what would you do?	Select multiple	Report the issue to CiC; report the issu
			HARM-2-8	types of reported coping mechanisms being practiced in regards to violence/abuse (domestic)	If you knew a child in your community was experiencing physical abuse at home, what would y	Select multiple	Report the issue to CiC; report the issu
			HARM-2-9	types of reported coping mechanisms being practiced in regards to violence/abuse (teacher)	If you knew a child in your community was experiencing physical abuse by their teacher, what	Select multiple	Report the issue to CiC; report the issu
			HARM-2-10	types of reported coping mechanisms being practiced in regards to violence/abuse (sexual)	If you knew a child in your community was experiencing sexual abuse, what would you do?	Select multiple	Report the issue to CiC; report the issu
		To what extent have caregivers received messaging on harmful practices from NGOs, community groups, and others?	HARM-2-11	proportion of respondents who are aware of different community groups	Are you aware of youth groups in your community?	Select one	Yes/no
			HARM-2-12	proportion of respondents who can identify clear messaging on harmful practices	If yes, have you received any information from this group on harmful practices in your commu	Select one	Yes/no
			HARM-2-13	proportion of respondents who can identify clear messaging on harmful practices	If yes, what information have you learned?	Select multiple	Why children shouldn't work; why child