



THE ALLIANCE

FOR CHILD PROTECTION IN HUMANITARIAN ACTION

CPMS Annex: Table of indicators

Background

Since their launch in 2012, the inter-agency Minimum Standards for Child Protection in Humanitarian Action (CPMS) have significantly improved the quality and measurability of child protection work in humanitarian settings. The measurement framework of the CPMS was updated as part of the revision process that led to the development of the 2019 edition. This aims to better support child protection practitioners in continuing to generate, synthesise and build evidence to promote effective child protection interventions. The revision of the measurement framework has been achieved through the hard work of over 1,500 individuals from 60 agencies and 80 countries.

Many thanks go to **Celina Jensen** who led the process for agreeing upon and finalising these indicators on behalf of the Assessment, Measurement and Evidence Working Group of the Alliance.

Standard 1: Coordination		
Indicator	Target	Notes
1.2.1. A strategic response plan for child protection is developed and agreed upon by members of the child protection coordination group and other relevant actors.	Yes	Members will consult with responsible authorities, national and international agencies, local civil society actors, affected populations and child-led groups.

<p>1.2.2. Dedicated coordination staff (coordinator and information manager) in place at national level in situations of L3 system-wide activation.</p>	<p>Yes</p>	<p>To determine the need for dedicated (full-time) or a designated/double-hatting (part-time, fulfilling both coordination and programmatic functions) coordination and information management capacity, the lead agency should consider: scope and scale of the humanitarian crisis, number of child protection partners and government's coordination capacity.</p>
<p>1.2.3. % of key preparedness actions accomplished by the child protection coordination group.</p>	<p>70%</p>	<p>To report on these indicators, ensure that the group develops a checklist of key preparedness actions in accordance to the IASC Preparedness Framework and Refugee Preparedness Package that are summarised in this standard.</p>
<p>1.2.4. % of surveyed child protection practitioners who report satisfaction with the child protection coordination group.</p>	<p>90%</p>	<p>Collect data through the sector/cluster performance monitoring system to report on this indicator.</p>
<p>1.2.5. % of response activities that are led by local actors.</p>	<p>50%</p>	<p>Collect this information from the existing response monitoring mechanisms and 3/4/5Ws.</p>
<p>1.2.6. Coordination group is co-led/coordinated by government, INGO or NGO.</p>	<p>Yes</p>	<p>The coordination lead agency leads and manages the group where possible in co-leadership with government bodies or NGOs.</p>

1.2.7. % of response activities led by the child protection coordination group at country level that are fully funded.	70%	'Fully funded' encompasses both programmatic and operational expenses. Obtain information from the existing response monitoring mechanism and 3/4/5Ws to report on this indicator.
1.2.8. % of child protection issues identified by an initial assessment that are regularly monitored by the child protection coordination group.	70%	The denominator for this indicator should only include child protection issues where a monitoring system is necessary. The child protection coordination group in-country should decide on the frequency of monitoring reports and activities.
Standard 2: Human resources		
Indicator	Target	Notes
2.2.1. % of child protection staff that demonstrate proven competencies with regards to their individual role and responsibilities (as specified in individual job descriptions) in line with the Child Protection in Humanitarian Action Competency Framework at the time of hiring.	90%	The timeline for demonstrating competencies can be amended in-country as appropriate (such as quarterly performance evaluation, annual evaluation).
2.2.2. % of child safeguarding concerns reported that received an outcome following the existing protocol.	100%	Add a timeframe (such as 'addressed within one week').
2.2.3. # and % of child safeguarding focal points at the individual agency level trained to respond to child safeguarding cases.	100%	

2.2.4. % of surveyed staff currently active within the humanitarian response who demonstrate an understanding of their agency's code of conduct and child safeguarding policy.	100%	Measure knowledge and understanding of the code of conduct and child safeguarding separately.
2.2.5. % of surveyed child protection staff that have left a government or local humanitarian agency job to join an international organisation.	Less than 5%	Measure government and local humanitarian agencies separately.
2.2.6. # and % of staff who participate in one or more agency-level activities that promote staff well-being each quarter.	90%	Activities may include peer-to-peer support, supervisory debriefs, or psychosocial support activities. The timeframe 'each quarter' can be amended in-country.
2.2.7. % of response staff that have signed their agency's code of conduct and child safeguarding policy at the time of hire.	100%	Signed copies of the code of conduct and child safeguarding policy should be measured separately but can be reported on jointly.
2.2.8. % of surveyed staff who attended an induction at their agency that included a briefing on child safeguarding within the first two weeks of their start date.	100%	
2.2.9. % of child protection teams in which at least half of its members are female.	100%	

2.2.10. % of mid-level and senior positions occupied by female child protection staff.	50%	
2.2.11. # and % of staff who come from the beneficiary population.	20%	Include refugee or IDP populations whenever relevant.
Standard 3: Communications and advocacy		
Indicator	Target	Notes
3.2.1. % of surveyed population in target locations that demonstrate an increase in knowledge of a specific child protection issue as a result of awareness-raising campaigns and messaging.	70%	Amend indicator in-country to refer to a specific area of child protection. Use baseline data to draw comparisons. Surveys should assess both knowledge and exposure to a campaign in order to identify a connection.
3.2.2. % of child protection advocacy campaigns that have been preceded by a completed risk assessment.	100%	
3.2.3. % of advocacy initiatives carried out with the active participation of children.	100%	Active participation can take many forms. See the references section for guidance. Child participation must be in the best interests of the child and determined based on a completed risk assessment that takes into account the 'do no harm' principle.
3.2.4. % of child protection project-related communication materials developed with the participation of children.	100%	The denominator is: communication materials for a specific programme or project.

3.2.5. # of children or caregivers who report having their personal information misused by humanitarian organisations.	0%	Collect data systematically through established feedback and complaints mechanisms.
3.2.6. # and % of advocacy campaigns that have contributed to a change in policy, legislation or practice in an area of child protection.	80%	Amend this indicator in-country to refer to a specific area of child protection. A formal evaluation documenting the influence of an advocacy campaign on a change in policy, legislation or area of practice can be conducted by an external party using interviews or other qualitative methods.
3.2.7. % of negative comments/feedback on social media that receive an appropriate response.	90%	This indicator measures the extent to which an organisation addresses negative comments made on social media. Data collection should only focus on social media posts related to child protection.
3.2.8. % of organisations with a policy in place that prohibits the provision of gifts or money in exchange for information.	100%	Include both local and international organisations.
3.2.9. % of organisations with policies in place on confidentiality.	100%	
3.2.10. % of organisations with policies in place on data protection.	100%	

3.2.11. % of social media posts that are translated into the local language(s).	90%	The denominator is the total number of social media posts (1 post will equal 1 message in any language) and the numerator is the total number of posts in the dominant local language.
3.2.12. # of local journalists/media outlets engaged in covering the response from a child-focused perspective.	To be determined in the country or context	This indicator measures engagement/coordination with local media and journalists.
3.2.13. % of children or caregivers whose identifying information (including photographs and videos) is stored for use in communications materials who have first provided their informed consent/assent.	100%	Information must be securely stored.
Standard 4: Programme cycle management		
Indicator	Target	Notes
4.2.1. % of CPHA programmes that build on a pre-crisis analysis of the child protection system and actors.	100%	Programmes and proposals must demonstrate that they are informed by sound analysis of pre-existing structures, actors, values and dynamics.
4.2.2. % of CPHA assessments that were designed based on the findings of a recent desk review.	100%	Update the desk review if it was conducted prior to the emergency or more than 3 months earlier.
4.2.3. % of CPHA programmes developed that address the risks, needs, capacities of children as identified through child protection assessment(s).	100%	All programmes, including those developed but not yet implemented at the time of reporting, should be included in this measurement.

<p>4.2.4. % of programmes integrating a monitoring system able to measure change at the outcome level through SMART quantitative and qualitative indicators.</p>	<p>100%</p>	<p>Project monitoring should not focus entirely on the measurement of activities and outputs (i.e. what we do and the services we deliver), but should also capture change at the outcome levels. Outcomes are significant and measurable changes in people, vulnerabilities, well-being status, practices, capacities and changes at the institutional level.</p>
<p>4.2.5. % and type of CPHA programmes that have been evaluated within the period of the programme cycle.</p>	<p>90%</p>	<p>Evaluations can be of different types: real-time, mid-term, final, but always based on a robust methodological framework guaranteeing neutrality and validity.</p>
<p>4.2.6. % of grievances shared by beneficiary communities that are reported by the communities as having been addressed.</p>	<p>100%</p>	<p>‘Grievances’ refer to issues or complaints reported through feedback and reporting mechanisms and can be reported by communities or individuals. This indicator measures the capacity of implementing agencies to address and resolve the issues raised (from a request for information to serious complaints).</p>
<p>4.2.7. % of programmes that demonstrate incorporating a gender-sensitive approach throughout the programme management cycle.</p>	<p>100%</p>	<p>A qualitative analysis based on a series of sub-indicators is required for measurement: 1) mixed-gender assessment teams, monitoring teams, programme teams, evaluation teams (all of which should be 40-60% female); 2) gender analysis; and 3) analysis of how the intervention affects girls, boys, men and women differently.</p>

4.2.8. % of programmes that incorporate the principle of inclusion throughout the programme management cycle.	100%	Measurement involves an analysis of the different elements related to inclusion, specifically sub-indicators: 1) % of persons with disabilities in the child protection team; 2) analysis of the needs of persons with disabilities in the beneficiary population; 3) analysis of how the needs are addressed; and 4) accessibility.
4.2.9. % of child protection issues identified by an assessment that are monitored for at least 12 months following the assessment period.	100%	'Issues' includes risks and concerns.
4.2.10. % of CPHA programmes that demonstrate that the views and inputs of children have been appropriately incorporated into assessments, implementation, response monitoring, and evaluations.	80%	This indicator measures the level of child participation.
14.2.11. % of programmes that systematically report on the unintended consequences of programme activities.	100%	Report on this indicator at both the output and outcome levels. It measures capacity to identify and alert implementing agencies to potential negative unintended changes (both internally and through coordination mechanisms). The frequency will vary according to the type of response.
4.2.12. # and type of completed CPHA assessments led by the child protection coordination group.	To be determined in the country or context	This indicator identifies which assessments are being prioritised (inter-agency or single-agency) and the multisectoral assessment(s) undertaken that have included questions related to child protection.

4.2.13. % of Child Protection Coordination group members that regularly report into the response plan's common monitoring framework.	100%	'Members' refers to individual agencies. Programmes should be adjusted appropriately if there are changes in the nature of the child protection issues that arise over the course of monitoring.
4.2.14. # of CPHA programme-related good practice documents (lessons learned documents, case studies, and research and evaluations) published by single agencies and inter-agency mechanisms.	To be determined in the country or context	This indicator refers to the importance of knowledge generation, evidence-building and knowledge management in the sector.
Standard 5: Information management		
Indicator	Target	Notes
5.2.1. % of staff involved in information management that can demonstrate knowledge on confidentiality procedures.	100%	
5.2.2. % of data collectors who receive training on data collection within one month of starting data collection.	100%	Data collectors should be trained within a month: it could be the week before data collection starts, but no later than 4 weeks before data collection begins. For any training beyond 4 weeks, they will need a refresher training.
5.2.3. Feedback mechanism in place in affected communities to share information with children and adults.	Yes	

5.2.4. % of data managers who receive training on data analysis and interpretation within one month of starting analysis.	100%	
5.2.5. % of data collectors who demonstrate increased knowledge of the ethical principles of data collection in humanitarian emergencies following training.	90%	An ethical approach to information can include respect for principles (such as do no harm, best interests of the child, confidentiality of information).
5.2.6. % of child protection programmes that are developed based on evidence from inter-agency assessment(s).	100%	Refer to Standard 4 for further indicators related to assessment.
5.2.7. % of children and caregivers who have first provided their informed consent/assent prior to providing information.	100%	
Standard 6: Child protection monitoring		
Indicator	Target	Notes
6.2.1. % of child protection strategies and programme documents that are informed by child protection monitoring findings.	80%	Measures extent to which the child protection monitoring analytical findings are used to inform strategies and programmes. It should be defined at the country level and refer to the child protection monitoring dissemination plan. Strategies and programme documents should be measured separately but can be reported on jointly.

6.2.2. % of key preparedness actions cited in this standard that are achieved by child protection coordination groups prior to implementing child protection monitoring.	80%	Ensure that a checklist of actions is developed in accordance to the key preparedness actions of the standard. Identify a timeframe in which to collect information.
6.2.3. % of trained individuals involved in child protection monitoring that demonstrate the relevant competencies to fulfil their role.	100%	'Individuals' refers to child protection and other-sector staff, community members or government staff that may be involved in child protection monitoring. This indicator measures the extent to which individuals have the appropriate skills to undertake their roles and responsibilities. 'Relevant competencies' will be defined by the terms of reference and the timeframe for assessing staff (such as at the date of hire or during their quarterly or annual evaluation).
6.2.4. % of participants who actively engaged in the design of the child protection monitoring system who are local actors.	100%	This indicator measures the extent of localisation. Define 'active participation' and what it constitutes (meeting attendance, number of community leaders represented, community leaders reviewed/input into the final draft) in-country.
6.2.5. % of monitoring teams where age, gender, and diversity reflect the characteristics of the community where monitoring is being implemented.	100%	Define the target population in-country.
6.2.6. % of detected grave violations against children that are monitored and reported on in accordance with the MRM Field Manual.	100%	

Standard 7: Dangers and injuries

Indicator	Target	Notes
7.2.1. % of sectors whose response plans include activities aimed at protecting children from physical and environmental dangers relating to the humanitarian situation.	100%	Activities can be at the coordination, actor or community-level. Data should be identified through periodic collection processes, including consultation, assessment and ongoing systematic data collection with national and local actors. It should include the cause (the hazard), circumstances and location of death.
7.2.2. % of targeted communities with a functioning community-level referral system for children affected by injuries or impairments.	80%	A functional referral system can be measured through quality benchmarks, the inclusion of specific services for children with injuries and impairments in mappings/SOPs or by the number of children with an injury or impairment who are registered by community child protection mechanisms and who receive appropriate referrals.
7.2.3. % of children with new injuries or impairments who received immediate medical care (such as within 24 hours).	90%	This indicator can be measured with an assessment or survey at the community level in order to capture children who may have been injured or impaired but who may not have reported it to a medical facility. 'Immediate' can be modified in-country. Determine in-country if 'care' is ongoing or provided only one time. Measure each service separately.
7.2.4. % of children with new injuries or impairments who needed to be rehabilitated and reported receiving rehabilitation support.	90%	Same note as 7.2.3.

7.2.5. % of children with new injuries or impairments who needed mental health and psychosocial support and received it.	90%	Same note as 7.2.3.
7.2.6. % of sectors whose response plans include elements designed to reduce child-related risks.	80%	The response plans should take into account sectors working specifically on camp management, shelter, water and sanitation, and food security.
7.2.7. % children who report satisfaction with the services they received following an injury or impairment.	100%	Measure services separately (medical, rehabilitation, MHPSS). Caregivers should report on this indicator in cases where the child cannot report due to age, disability or other factors.
7.2.8. # and % of children with unintentional injuries caused by changes in their environment as a result of the humanitarian situation.	To be determined in the country or context	Identifying causes related to explosive weapons is mandatory under international law. Data collection processes and injury surveillance that identify the cause of injury need to be put in place.
7.2.9. % of adults and children surveyed who can describe ways to mitigate risk and prevent injury caused by the physical dangers that are present.	80%	Measure adults and children separately. There are various ways to collect data on this indicator (such as through a periodic school survey or surveying children admitted to health facilities).
7.2.10. % children with new permanent physical impairments who report receiving case management services that have supported their recovery.	80%	The impairments are caused by unintentional injuries. Case management services will include referral to medical, rehabilitation or psychosocial support services and follow-up. See Standard 18 for further indicators.

7.2.11. % of schools that have incorporated a risk mitigation/injury prevention strategy into the curriculum.	100%	Measure both formal and informal schools.
7.2.12. % of children who demonstrate increased understanding of the physical dangers present in their communities.	100%	Use a survey or pre- and post-tests to test knowledge.
7.2.13. % of children who demonstrate increased understanding of how to mitigate personal injury.	100%	Same note as 7.2.12.
7.2.14. % of children who demonstrate increased knowledge of the services available to support them in the event that they are injured.	100%	Same note as 7.2.12.
7.2.15. # of community action plans implemented that focus on risk reduction and management relevant to children.	To be determined in the country or context	
7.2.16. % of community-level messaging campaigns that include measures to mitigate the identified physical dangers to children.	90%	This indicator can be measured across the response, including through campaigns of other sectors or for the child protection response only. A messaging campaign counts in the numerator if it includes one measure or many.

Standard 8: Physical and emotional maltreatment

Indicator	Target	Notes
8.2.1. # and % of children identified in need of response services for physical and emotional maltreatment who report receiving them.	100%	Adapt this indicator in-country to refer to specific services (health, MHPSS, case management, justice).
8.2.2. % of strategies to prevent and respond to physical and emotional maltreatment incorporated into humanitarian response programming that are based on recent needs assessments.	90%	Determine what constitutes 'recent' in-country (such as 'within the last 3 months').
8.2.3. % of children who have received response services for physical and emotional maltreatment that report satisfaction with the service provision at case follow-up.	90%	Adapt this indicator in-country to refer to specific services (health, MHPSS, case management, justice).
8.2.4. % of targeted communities with a referral system in place where children report incidents of physical and emotional maltreatment.	90%	
8.2.5. % of children and adults surveyed who know where to report cases of physical or emotional maltreatment.	90%	Measure adults and children separately.

8.2.6. % of health and education providers with standard operating procedures to identify, provide first line response, and refer children experiencing or at-risk of physical and emotional maltreatment.	80%	To be included in this measure, SOPs must specify procedures for identification, response and referral. Measure children experiencing physical or emotional maltreatment and children at-risk separately.
8.2.7. % of child protection case management eligibility criteria that include response actions to physical and emotional maltreatment of children.	100%	
8.2.8. % of targeted communities with local strategies to prevent physical and emotional maltreatment of children.	90%	
Standard 9: Sexual and gender-based violence		
Indicator	Target	Notes
9.2.1. % of target locations where gender-, age-, disability- and culturally sensitive response services for child survivors are currently operating.	90%	Service providers must meet all criteria that were agreed upon in-country to be counted. Criteria may include having response services in place at different levels. Criteria should be determined in accordance to national standards, sector specific standards (such as the CPMS) or inter-agency guidelines (such as Caring for Child Survivors).
9.2.2. % of children and/or their caregivers who have received response services for SGBV who report satisfaction with the service provision.	To be determined in the country or context	Measure this indicator through a structured interview (survey of identified child or caregivers during follow-up). The service provider who directly provided services to the child survivor

		must carry it out. Amend this indicator in-country to refer to specific services (health, MHPSS, case management, justice).
9.2.3. % of children or caregivers surveyed who demonstrate knowledge of the services available in their communities to support them by project end.	90%	
9.2.4. % of identified child sexual or gender-based violence survivors who required medical assistance and report receiving it.	90%	Maintain a coordinated approach to collecting data on this indicator so that survivors receiving services are not asked to report or to provide sensitive data more than once. Only direct service providers (such as case management agencies) can collect data according to information sharing protocols.
9.2.5. % of identified child sexual or gender-based violence survivors who needed mental health and psychosocial support and report receiving it.	90%	Maintain a coordinated approach to collecting data on this indicator so that survivors receiving services are not asked to report or to provide sensitive data more than once. Only direct service providers (such as case management agencies) can collect data according to information sharing protocols.
9.2.6. % of trained service providers who demonstrate increased knowledge on how to respond to child survivors of sexual and gender-based violence 3 months following training.	90%	Services providers include health workers, social workers, law enforcement personnel, etc. The timeframe can be amended in-country.

9.2.7. % of the CBCPMs that demonstrate increased knowledge of SGBV response actions following training on SGBV.	80%	
9.2.8. % of children and adults surveyed who can explain where to report cases of sexual and gender-based violence.	80%	Measure children and adults separately.
9.2.9. % of programmatic strategies to prevent and respond to sexual and gender-based violence incorporated into humanitarian response programming that are based on needs assessments.	100%	The protection cluster or child protection coordination group can monitor this indicator. Needs assessments should be recent and relevant.
9.2.10. % of health and social service providers in target community with a policy on patient confidentiality in place.	100%	
9.2.11. % of targeted communities with a functioning monitoring and reporting system in place where children in need of support can seek it.	90%	
9.2.12. % of GBV Standard Operating Procedures in place per targeted community to prevent and respond to GBV against children.	90%	Child protection and GBV actors should work together to identify appropriate services and to develop relevant SOPs. The target can be larger (such as per response location) as long as it is manageable to measure across a greater distance.

Standard 10: Mental health and psychosocial distress

Indicator	Target	Notes
10.2.1. % of children and their caregivers who report improvement in their mental health and psychosocial well-being following programme completion.	70%	Measure children and caregivers separately. In acute emergencies outcomes for some children and caregivers may worsen due to the deteriorating situation. The provision of MHPSS helps to stabilise their situation and prevent further decline. This indicator refers to interventions across all layers of the pyramid.
10.2.2. % of children identified as needing specialised mental health services who are referred to appropriate services.	100%	This indicator only tracks referrals to specialised services as per the key role of child protection actors, not the outcome of those services.
10.2.3. % of children identified as needing focused supports (Level 3 interventions) who report an improvement in their mental health and psychosocial well-being at programme completion.	70%	Develop criteria for what 'focused supports' includes in-country.
10.2.4. % of children identified as needing specialised services who report receiving appropriate services.	100%	Develop criteria for what constitutes appropriate services in-country. Refer to the pyramid for examples of specialised services. This indicator only tracks referrals to specialised services as per the key role of child protection actors, not the outcome of those services.

10.2.5. % of service providers who report increased confidence in responding to the mental health and psychosocial needs of children and caregivers as a result of programme interventions.	80%	Service providers include but are not limited to MHPSS actors, health professionals, social workers/caseworkers and teachers.
10.2.6. % of surveyed children or caregivers who report using positive coping mechanisms to support them in addressing their individual mental health and psychosocial needs.	80%	Measure children and caregivers separately. Positive coping mechanisms may include applying skills in stress management, conflict resolution, problem-solving, positive parenting or knowledge of where to seek help or information and resources needed to access care. Assess this indicator by using a survey to ask respondents to specify a coping mechanism and how frequently they use it.
10.2.7. % of surveyed caregivers who report using positive coping mechanisms to support them in addressing the mental health and psychosocial needs of their child.	80%	
10.2.8. % of targeted communities with a functioning referral system for children and caregivers in need of MHPSS services at the community level.	80%	Measure this indicator by mapping SOPs for referrals, service mapping documents, IASC MHPSS Referral Guidance Note and Form, and staff or volunteer knowledge of SOPs.
10.2.9. # and % of national plans and multisectoral strategies that include references to MHPSS for children.	90%	
10.2.10. % of actors contributing to the MHPSS working group that are local.	50%	

Standard 11: Children associated with armed forces or armed groups

Indicator	Target	Notes
11.2.1. % of children who remain disengaged from armed forces or armed groups 12 months after completing targeted programmes.	75%	The timeframe can be amended but must be long enough to meaningfully measure impact. Define 'targeted programmes' in context.
11.2.2. % of children separated from armed forces or armed groups who were reintegrated into a family environment.	60%	'Family' refers to biological family or alternative. The target recognises that some children will not reintegrate into a family environment but will reintegrate into a community. Measure each separately. The timeframe can be amended but must be long enough to meaningfully measure impact.
11.2.3. % of children who were reintegrated into family environment and were still with their families 6 months after placement.	80%	
11.2.4. % of identified children separated from armed forces or armed groups who receive basic services to support their recovery.	100%	Services can include healthcare, MHPSS and education. Measure each service separately.
11.2.5. % of children receiving basic services after being separated from armed forces or armed groups who report satisfaction with the service provision.	90%	

11.2.6. % of children separated from armed forces or armed groups who receive livelihoods services to support their recovery.	80%	Services can include vocational skills training and income-generating activities. Measure each service separately.
11.2.7. % of grave violation cases related to recruitment and use of girls and boys by armed forces or armed groups reported to national monitoring and reporting mechanisms.	100%	
11.2.8. % of reintegration plans that build on existing community systems.	90%	
11.2.9. % of reintegration plans that involve the local private sector in creating opportunities for children formerly associated with armed forces or armed groups.	80%	
11.2.10. % of school-age children formerly associated with armed forces or armed groups who have been enrolled or re-enrolled in school.	80%	
11.2.11. % of surveyed community members in target locations who can describe at least one action to prevent child recruitment and one action to report on child recruitment.	80%	Measure prevention and reporting separately.

11.2.12. # and % of existing interim care centres with agreed-upon SOPs in place.	90%	
11.2.13. % of humanitarian workers surveyed who demonstrate a clear understanding of how to identify, report, and respond to cases of child recruitment and use.	90%	Humanitarian workers are counted in the numerator only if they understand how to identify, report and respond to cases of child recruitment and use. Repeat the survey according to the rate of staff turnover.
11.2.14. Response-wide operational framework in place for the prevention of child recruitment, release and reintegration of children and adolescents formerly associated with armed forces or armed groups and other vulnerable children.	Yes	The framework must be response-wide and agreed-upon by local and international actors.
Standard 12: Child labour		
Indicator	Target	Notes
12.2.1. % of targeted children at-risk who are successfully protected from child labour through prevention support.	100%	This indicator requires a local definition of child labour risk factors. The denominator is: children that are identified as at risk. Prevention interventions may include food, cash or livelihoods support, education or child protection. The target of 100% refers to the targeted children who are at risk.
12.2.2. % of children identified in child labour who are removed from it.	80%	This indicator can be re-worded specifying the type of child labour (such as children who are trafficked or children in hazardous labour). A timeframe can be added to make the indicator time-bound.

12.2.3. % of families identified as at-risk that receive prevention support.	90%	This indicator requires a local definition of family-level child labour risk factors. The denominator is families that are identified as at-risk during assessments or monitoring. Prevention interventions may include food, cash or livelihoods support, education or child protection support.
12.2.4. % of humanitarian sector strategies that include child labour prevention and response actions.	100%	Relevant sectors include: education, child protection, food security and livelihoods, and health. Determine targeted sectors in-country.
12.2.5. % of children identified and/or removed from child labour receiving quality child protection case management services.	100%	This indicator can be re-worded to specify the type(s) of child labour. 'Quality' refers to child protection case management services provided in line with global and/or local minimum standards or SOPs and that facilitate adequate access to required multisectoral services.
12.2.6. % of children identified and/or removed from child labour who are enrolled in a quality learning opportunity.	100%	Specify learning opportunity (such as formal or non-formal education or vocational training).
12.2.7. % of working age children identified in and/or removed from child labour who have a pathway to livelihoods, vocational training or decent work.	100%	This indicator can be re-worded to specify the type(s) of child labour, including the worst forms. It should only be used for older children who have reached the legal minimum working age (age-appropriate). Safe work should be free from hazardous conditions and meet national legal requirements.

<p>12.2.8. % of surveyed adults in affected population who demonstrate increased knowledge on how to prevent and respond to child labour at project end.</p>	<p>80%</p>	<p>A survey can be carried out to measure the impact of awareness campaigns on knowledge levels among children and/or adults. Adapt this indicator to the specific aim of the campaign. The measure of change should be time-bound (such as from the baseline to end). The timeframe can be amended in-country.</p>
<p>12.2.9. % of surveyed service providers who demonstrate increased knowledge on how to identify child labour risks.</p>	<p>80%</p>	<p>A survey can be carried out to measure the impact of awareness campaigns on knowledge levels among service providers. Specify which service providers are targeted (such as local NGOs).</p>
<p>12.2.10. % of children removed from child labour who have not returned to child labour after XX months.</p>	<p>100%</p>	<p>Define a timeframe for success in local context.</p>
<p>12.2.11. % of adolescents removed from child labour who are engaged in age-appropriate decent work.</p>	<p>100%</p>	<p>Age-appropriate decent work is work that is legal for adolescents who have reached the minimum working age and which are carried out in line with national (and international) legislation.</p>
<p>12.2.12. % of unaccompanied and separated children removed from child labour requiring alternative care who access quality interim care.</p>	<p>80%</p>	<p>These indicators are specific to children who were separated from their families due to the humanitarian situation or due to engagement in one of the worst forms of child labour (such as</p>

12.2.13. % of unaccompanied and separated children who are removed from child labour and successfully reunified with their families.	80%	children who are trafficked, children associated with armed forces or groups or children in prostitution).
12.2.14. % of surveyed children in work who demonstrate increased awareness of occupational hazards and ways to mitigate them (harm reduction strategies).	80%	A survey can be carried out to measure the impact of harm reduction strategies for children in work. The measure of change should include a baseline and end measurement. Add a timeframe to make it time-bound.
12.2.15. % of targeted employers that offer apprenticeships to adolescents in line with national legislation.	100%	National legislation is context-specific and generally requires adolescents to have completed compulsory education and to have reached the legal minimum age for work. Refugee and migrant adolescents could also be included.
12.2.16. % of targeted employers supporting young workers to attend education.	100%	Measure vocational training separately from other forms of education.
12.2.17. % of families/households affected by the humanitarian crisis who are identified as at risk of child labour.	To be determined in the country or context	This indicator requires a local definition of family-level child labour risk factors. To measure this indicator a measurement or estimation of prevalence of these factors at the population level should be undertaken (such as food insecurity, poverty, family separation, etc.).
12.2.18. % of sensitisation campaigns in target communities that include messages on child labour risks and how to mitigate them.	80%	Risks may include child recruitment or child trafficking in the target locations that have resulted from the humanitarian situation. To make the denominator manageable, limit this

		indicator to specific target locations as opposed to the entire response.
12.2.19. Policies are in place to allow refugees, displaced persons and migrants to access decent work or other forms of livelihoods.	Yes	Specify which policies are to be targeted. 'Policies' are not limited to legislation but can comprise softer mechanisms (such as refugee livelihoods programmes, a moratorium on enforcing labour laws against refugees or work permits).
12.2.20. % of targeted employers that have protocols in place to prevent child labour/WFCL.	100%	Protocols may include, but are not limited to: minimum working age, workplace free from occupational and safety hazards and a defined limit of working hours for children.
12.2.21. # of children who sustain injury or health problems as a result of child labour per year.	To be determined in the country or context	This indicator can be re-worded to specify the type(s) of child labour. It will measure reduction of injuries in working children over time.
Standard 13: Unaccompanied and separated children		
Indicator	Target	Notes
13.2.1. Contextually adapted SOPs are in place that include procedures for UASC.	Yes	Refer to supplementary case management forms that reference UASC and family tracing.

13.2.2. % of registered UASC for whom FTR has started within 2 weeks of registration.	90%	Two weeks is the maximum. It may need to be developed sooner depending on the risk level (within 3 days for high, 1 week for medium and 2 weeks for low risk).
13.2.3. % of registered UASC who are reunited with their caregiver within 6 months of registration.	80%	Modify this indicator to add a timeframe (such as over duration of project).
13.2.4. % of unaccompanied children who access quality interim care within X days of being registered.	100%	The timeframe can be added according to country context. Please see Standard 19 for definition of quality interim care.
13.2.5. A monitoring system is in place at the community level to identify children at risk of separation.	Yes	
13.2.6. # and % of surveyed caregivers who report that unnecessary separation was successfully averted due to participation in project activities.	To be determined in the country or context	In order to measure this indicator there will need to be a mechanism in place to identify children at risk of separation. Criteria for what constitutes 'at risk' should be developed in-country. Community outreach workers or community-based child protection committees may lead monitoring.
13.2.7. % of children who have received at least one follow-up visit within one month of being reunited with caregiver.	100%	Modify this indicator in accordance with protocols on follow-up visits in-country.

13.2.8. % of reunified children who report a sense of safety in their community (in countries of origin or host country) at case follow-up.	100%	Define what constitutes 'safety' in-country. It may include basic needs being met or being free from violence and exploitation.
13.2.9. % of children requiring a second placement as a result of the initial reunification or placement being unsuccessful.	10%	
Standard 14: Applying a socio-ecological approach to child protection programming		
Indicator	Target	Notes
14.2.1. Humanitarian Response Plan includes targeted strategies for each level of the socio-ecological model.	Yes	This indicator should measure each level separately but can report on them jointly.
14.2.2. An analysis of risk and resilience factors that includes different levels of the socio-ecological model is available.	Yes	The analysis could be part of preparedness or response.
14.2.3. % of programmes that are based on an analysis of the risk and resilience factors at the four levels of the socio-ecological model.	80%	

14.2.4. % of programmes that reference the different levels of the socio-ecological model in their design and implementation.	80%	
Standard 15: Group activities for child well-being		
Indicator	Target	Notes
15.2.1. % of target locations where culturally, gender-, age-sensitive group activities are accessible to all children.	90%	Define what constitutes ‘culturally, gender- and age-sensitive group activities’ according to the context. ‘All children’ includes girl mothers, children with disabilities or in child labour, and other children who are hard to reach.
15.2.2. % of children and caregivers surveyed who report an increased sense of safety and well-being due to participation in group activities compared to the beginning of the intervention.	80%	Measure children and caregivers separately. Further define ‘safety’ and ‘well-being’ according to the country context and to reduce subjectivity.
15.2.3. % of children who demonstrate an increase in learning as a result of participation in group activities.	80%	Group activities in which an increase in learning should be measured include those related to non-formal education and life skills. Further specify the skill or type of non-formal education in-country. It can be measured using a pre- and post-test or similar testing method.
15.2.4. % of projects with group activities that are implemented based on the results of a needs assessment.	90%	

15.2.5. % of projects with group activities that demonstrate that the views and feedback of children have informed the design of the group activities.	90%	
15.2.6. % of surveyed group activities staff who demonstrate an understanding of the code of conduct and child safeguarding policy following induction.	100%	
15.2.7. % of children reporting a concern to a group activities worker or through the feedback and reporting mechanism who report satisfaction with the response provided.	100%	Refer to agency guidance related to child safeguarding and child-friendly feedback mechanisms and adapt in-country to ensure mechanisms are safe, appropriate and accessible for all children regardless of age, gender, language, disability and other relevant diversity factors.
15.2.8. % of locations for group activities where child friendly referral and service information is accessible.	90%	
15.2.9. % of physical structures/buildings that meet safety and accessibility criteria for universal design.	100%	Determine 'safety criteria' in-country using a checklist that includes: safe and secure infrastructure, location cleared of explosive ordnance (EO), child-friendly WASH facilities, clean drinking water, sufficient space, accessibility and inclusive environments (location, gender, language, race, religion, learning environment). A timeframe to meet the target can be added.

15.2.10. % of physical structures/buildings constructed for group activities using locally sourced, sustainable and environmentally friendly products.	To be determined in the country or context	Set a realistic target that takes into account the local context and availability of materials.
15.2.11. % of locations where group activities are held that use pre-existing structures within the community.	To be determined in the country or context	Pre-existing structures refers to community centres, youth centres or others that already exist in the community.
15.2.12. % of locations where group activities are held that are accessible to children in host communities as well as children who are refugees, IDP and migrants.	To be determined in the country or context	Host community may not be present in all contexts.
15.2.13. % of projects with group activities that incorporate a phaseout or transition plan shared with community members, including children.	100%	
Standard 16: Strengthening family and caregiving environments		
Indicator	Target	Notes
16.2.1. % of targeted caregivers who report increased knowledge of caring and protective behaviours towards children under their care following their participation in a family strengthening programme.	90%	

16.2.2. % of targeted caregivers who report enhanced skills to fulfil their responsibilities towards their children following their participation in a family strengthening programme.	90%	
16.2.3. % of children aged 8-17 who report a positive change in their interactions with their caregivers following their caregivers' participation in a family strengthening programme.	90%	
16.2.4. % of caregivers who report using positive coping skills within the past month following their participation in a family strengthening programme.	90%	
16.2.5. % of caregivers who do not approve of the use of corporal punishment against children following their participation in a family strengthening programme.	90%	
16.2.6. % of children aged 8-17 who report feeling safe in their caregiving environment.	90%	This indicator encompasses all adult household members who have interactions with the children.

Standard 17: Community-level approaches

Indicator	Target	Notes
17.2.1. % of child protection or multisectoral assessments that document community capacities and limitations to support children's well-being.	100%	Include questions aimed at understanding existing mechanisms, networks and individuals who support children's well-being in initial assessments and follow-up context analysis.
17.2.2. % of actions within community action plans or strategies that are planned, led and implemented by the community.	90%	An action could include an awareness-raising activity focused on a specific issue or an identified response that reduces a risk to children.
17.2.3. % of community members who report increased confidence in their ability to prevent and respond to child protection risks.	80%	Use a self-reported survey before and after community and external agency partnerships.
17.2.4. % of child protection intervention funding across the response that has been disbursed to community-owned actions over the duration of the response.	80%	This indicator measures the objective of strengthening community-led actions through humanitarian support and increased funding. Average the percentage across the entire response.

17.2.5. % of targeted communities where groups at risk of discrimination report that they are included in community protection mechanisms and that their opinions are valued.	80%	Groups at risk of discrimination include, but are not limited to: children with disabilities, young children and LGBTI. Measure each group separately. Data from these different at-risk groups could be collected through a periodic survey with a representative sample or through small, purposive samples of the easiest-to-reach representatives of these different at-risk groups. Being 'included in' community protection mechanisms and 'opinions being valued' should be measured separately but can be reported on jointly.
17.2.6. % of surveyed girls, boys, women and men who feel that protection concerns they report through community mechanisms receive an appropriate response.	90%	Measure each group separately.
Standard 18: Case management		
Indicator	Target	Notes
18.2.1. % of caseworkers trained and supervised in CPCM who demonstrate improvement in knowledge and competence in applying the CM process.	80%	Refer to Caseworker Capacity Assessment Tool in the Caseworker Coaching and Supervision Package. All caseworkers should be supervised. Include only caseworkers that are trained and supervised in the measure.
18.2.2. % of children and caregivers who report satisfaction with direct services received and the response actions taken through the CM process.	90%	Measure children and caregivers separately.

18.2.3. % of children and caregivers who report an increase to their well-being as a result of their urgent child protection needs/risks being addressed through the CM process.	90%	Measure children and caregivers separately.
18.2.4. # and % of appropriate referrals of children to CPCM services that are made by community members in target locations.	80%	'Appropriate' refers to the need of the child and/or caregiver aligning with the services to which they are referred.
18.2.5. # and % of appropriate referrals of children made by CPCM staff to other sectors.	80%	'Appropriate' refers to the need of the child and/or caregiver aligning with the services to which they are referred.
Standard 19: Alternative care		
Indicator	Target	Notes
19.2.1. % of children in interim alternative care who are placed in family or caregiving environment within 30 days of placement.	70%	
19.2.2. % staff trained on alternative care.	100%	
19.2.3. % of children in alternative care that have an agreed-upon case plan prior to placement.	100%	Collect consent/assent at the time of registration.
19.2.4. # of identified foster caregivers/mentors trained and provided with supervision support.	100%	

19.2.5. # and % of residential care facilities that meet minimum standards of care.	100%	All other facilities should be closed or supported to meet minimum standards of care.
Standard 20: Justice for children		
Indicator	Target	Notes
20.2.1. % of children in contact with the justice system who report child-friendly access to legal support since the start of the emergency.	90%	Define 'contact with the justice system' and 'child-friendly' and include at a minimum gender-, age- and disability-friendly. 'Since the start of the emergency' can be modified in-country according to the context and resources available for measurement. Source of verification: Structured interview (periodic survey or assessment of children in caseload), programme document review (monitoring report).
20.2.2. % of children in contact with the justice system who report satisfaction with the judicial proceedings they have undergone on a periodic basis.	90%	'Satisfaction' refers to having been treated fairly and with respect to their age and specific needs.
20.2.3. % of institutions surveyed that indicate increased numbers of children detained since the start of the emergency.	0	Collect this information during the baseline. These are institutions where children are deprived of their liberty. 'Deprivation of liberty' means any form of detention, imprisonment or placement of a person in a public or private custodial setting where that person is not permitted to leave at will as indicated by order of a judicial, administrative or other public authority (Havana Rules, 1990). If the target is amended in-country it should have the lowest number possible.

20.2.4. % of detention centres that grant access to international child protection actors.	90%	Further define 'regular access' (such as bi-monthly, monthly, quarterly). Determine what is meant by 'centres' in-country in accordance with the accessibility.
20.2.5. % of national security, defence, and intelligence actors with publicly available Standard Operating Procedures for child-friendly and non-discriminatory conduct.	90%	Define 'child-friendly', 'disability inclusive/accessible', 'gender-sensitive' conduct according to the local context and legislation. 'Actors' refers to institutions and agencies.
20.2.6. % of child victims or witnesses who benefit from protective services.	100%	This indicator provides baseline information and can be collected at the courts or from the police. It refers to services that are issued by the courts. Determine the timeframe by which to measure this indicator in-country (such as at the start of an onset emergency or an inter-agency agreed-upon date in the case of a protracted crisis 'the previous three months'). Protective services are provided where there is reason to believe a child has been abused or neglected or is otherwise in need of protection.
20.2.7. % of migrant children, including refugees, asylum seekers and unaccompanied or separated minors, who receive protective services following contact with the justice system.	100%	The justice system is understood to include the courts, security forces, prosecutions offices, prisons, detention or correction facilities and legal services. Other related systems include social welfare, security forces, military, intelligence services, border control and immigration.

20.2.8. # of detained children who are deported.	To be determined in the country or context	These are children who are deported in relation to the humanitarian situation (such as migrant children or children associated with armed forces or armed groups).
20.2.9. % of children in contact with the law who are successfully diverted from the formal justice system through non-custodial measures.	90%	<p>Types of non-custodial sentence include but are not limited to: a fine, probation order or community service order (or a combination of both), conditional or absolute discharge. Agencies to report only when data sources are available.</p> <p>Determine the reason the child is in contact with the law. Non-custodial measures are a good alternative for minor offences, but not for more serious crimes (such as those of a sexual nature).</p>
20.2.10. % of children in contact with the law who receive support from an interdisciplinary team.	100%	An interdisciplinary team is composed of a group of experts from different fields who share a common goal. It may include staff from different sectors and agencies or government. Only include child re-offenders or children who have committed serious crimes in this indicator. This indicator can be reported on by the child in a survey or by an agency representative.

<p>20.2.11. % of children in detention who are placed in child-specific and gender-specific facilities.</p>	<p>100%</p>	<p>This indicator measures how many children are placed only with other children, not with adults, as well as in facilities specific to their gender. Measure child-specific and gender-specific separately. Detention facility refers to any location in which inmates are forcibly confined and denied a variety of their freedoms under the authority of the state as a form of punishment following conviction of a crime (such as in a jail or prison).</p>
<p>20.2.12. % of detention facilities with 1:1 placement/child ratio.</p>	<p>90%</p>	<p>This indicator will identify whether or not there is overcrowding. Detention ratio refers to the maximum number of individuals the facility was built to withhold compared to the total actual number of individuals detained in the facility at any given time.</p>
<p>20.2.13. # and % of children who are sent to a detention centre in a geographic location different from that where their family lives.</p>	<p>To be determined in the country or context</p>	<p>This indicator is specific to children who are relocated, separating them from their family. It can be documented through monitoring visits or by a caseworker assigned to the case.</p>
<p>20.2.14. % of children arrested due to alleged involvement in conflict-related activities.</p>	<p>To be determined in the country or context</p>	<p>Using these indicators and determining their targets and timeframe will depend on the country context. 'Successfully' refers to having access to and receiving services. The 6 grave violations of the UN Security Council Resolution 1612 can be</p>

20.2.15. % of reports of violence against children that receive direct action from law enforcement.	To be determined in the country or context	used as a reference to determine what constitutes involvement in conflict-related activities. Define 'direct action' in-country.
20.2.16. % of children identified as victims of sexual exploitation who are successfully referred to health or psychosocial services.	To be determined in the country or context	
20.2.17. % of children identified as using illicit substances who are successfully referred to health or psychosocial services.	To be determined in country or context	
20.2.18. % of children in detention who report having had at least one visit with family members within the last 3 months.	100%	The benchmark for the number of visits and timeframe can be amended in-country.
20.2.19. % of detention facilities that provide minimum basic services to children.	90%	Determine 'basic services' in-country. They may include access to clean water, at least one meal per day, health services, outdoor leisure time or parental visits.
20.2.20. # of children in detention/100,000 children in country.	To be determined in	This indicator will be collected as baseline information and should be monitored regularly to determine an increase in the

	the country or context	number as a result of the humanitarian situation. It can be made specific to age, gender, nationality or other factors.
20.2.21. # of cases and average duration of detention of children in the last three months.	To be determined in the country or context	This information can be collected from detention centres at the start of an emergency and monitored over time. Disaggregate by pre-sentence and sentenced.
20.2.22. # of current national laws and policies that prohibit the detention of child asylum seekers, unaccompanied minors, or migrant children in connection with their immigration status.	To be determined in the country or context	Measure all of these groups of children separately. A separate indicator can be added in-country to measure whether the existing laws and policies are applied.
Standard 21: Food security and child protection		
Indicator	Target	Notes
21.2.1. % of food security programmes in target location that include an integrated approach to child protection.	100%	'Integrated approach' refers to child protection programming interventions that are integrated into the design of food security programmes to promote the well-being and protection of children.
21.2.2. % of surveyed unaccompanied and separated children that report provision of food security assistance.	90%	Includes street children and child-headed households.

21.2.3. % of surveyed food security staff who can describe the referral procedure for child protection concerns.	100%	
21.2.4. % of surveyed food insecure households that report receiving assistance from food security organisations following referral by child protection staff.	To be determined in the country or context	
21.2.5. % of food security programmes that include a child-focused risk mitigation strategy.	100%	Risk mitigation strategies should include risks specific to sex/gender, age and disability.
21.2.6. # and % of identified child protection cases referred by food security staff to child protection case management staff.	To be determined in the country or context	
21.2.7. % of food security programmes that engage in outreach activities to reach households with children or caregivers with disabilities.	80%	Includes individuals with limited mobility or those who have difficulty in reaching distribution sites.
21.2.8. # and % of food security assessments that include questions specific to child protection.	100%	
21.2.9. % of food security agencies that have adopted a child safeguarding policy.	100%	Includes both local and international organisations.

21.2.10. % of food security agencies that require all staff to sign a child safeguarding policy following a basic training on it.	100%	
Standard 22: Livelihoods and child protection		
Indicator	Target	Notes
22.2.1. % of children living in child-headed households or caregivers of children living in vulnerable situations surveyed who report earning a stable income after receiving livelihoods support.	90%	Define what constitutes ‘vulnerable’ situations in context. It may include children with elderly or ill caregivers or children released from armed forces or armed groups. A timeframe can be added to monitor this indicator (such as over 3, 6 and 12 months).
22.2.2. % of households referred for livelihoods support that report a reduction in the use of risky or harmful coping mechanisms or an improved Reduced Coping Strategy Index (RCSI) score.	90%	The Coping Strategy Index (CSI) and Reduced Coping Strategy Index are food security measurement tools of household food insecurity. The score can be interpreted as the likelihood that the household will make choices that are harmful to children when trying to meet their food needs. The use of the CSI for child protection purposes should be carried out jointly with the Food Security sector colleagues as part of an integrated approach and joint analysis between both sectors. For more information the CSI please visit: https://resources.vam.wfp.org/node/6 for a tutorial.
22.2.3. % of livelihoods projects where child safety, well-being, and inclusion are reflected in the project design and monitoring and evaluation framework.	100%	

22.2.4. % of livelihoods projects that monitor and mitigate risks related to unintended harmful consequences of project activities through safety mapping exercises and consultations with participants.	100%	Report on this indicator at both the output and outcome levels. It measures capacity to identify potential negative unintended changes, serving to alert implementing agencies (both internally and through coordination mechanisms).
22.2.5. % of caregivers surveyed who are able to pay for their children's schooling without external assistance in the past 3 months.	90%	Measure this indicator after receiving a form of livelihoods support.
22.2.6. % of caregivers or children who report that migration has been averted due to participation in livelihoods activities.	To be determined in the country or context	
22.2.7. % of adolescents who have completed a vocational skills training who secure an apprenticeship or employment within 3 months following the programme.	90%	
22.2.8. % of surveyed adolescents engaged in livelihoods activities who demonstrate knowledge of where to report safety concerns related to the livelihoods activities.	90%	

22.2.9. % of households with members with disabilities who receive livelihoods support who report earning a stable income over the past 3, 6 or 12 months.	90%	
22.2.10. % of livelihoods projects that are adolescent-friendly.	100%	'Adolescent-friendly' refers to projects that have included the views and inputs of children related to safety, interest areas, schedules and appropriateness into the project design.
22.2.11. % of livelihoods programmes that include a child-focused risk mitigation strategy.	100%	
22.2.12. % of livelihoods programmes that include a child-focused risk assessment.	100%	
22.2.13. % of livelihoods-focused agencies that have adopted a child safeguarding policy.	100%	Includes both local and international organisations.
22.2.14. % of referrals of children to appropriate services that are made by livelihoods staff.	To be determined in the country or context	

Standard 23: Education and child protection

Indicator	Target	Notes
23.2.1. % of non-formal or formal learning centres surveyed in target location that meet 100% of agreed-upon safety criteria and universal design standards.	100%	'Safety criteria' should be determined in-country using a checklist that includes: safe and secure infrastructure, location cleared of explosive ordnance (EO), appropriate facilities, sufficient space, accessibility (both in and around the learning centre), and inclusive environments (in terms of location, gender, language, race, religion, learning environment). See glossary for definition of universal design standards. A timeframe to meet the target can be added according to context.
23.2.2. % of education staff who demonstrate knowledge of participatory, inclusive, positive discipline and gender-sensitive approaches.	100%	Appropriate approaches should align with both child protection and education minimum standards and be adapted in-country.
23.2.3. # and % of safe and ethical referrals of children to child protection services made by education workers.	To be determined in the country or context	'Safe and ethical referrals' refers to following humanitarian principles and principles of best interests of the child, confidentiality, respect and safety.
23.2.4. # and % of formal and non-formal learning centres that are accessible to children with disabilities.	80%	Accessibility should consider: 1) physical structures in line with universal design, 2) educational information and materials, and 3) teachers' skills and resources.

23.2.5. % of identified school-aged children in target location regularly attending school or other centres of learning.	90%	Define 'regularly' according to the country context (such as at least 4 times per week). The denominator is: all school-age children up to the age of 18.
23.2.6. % of educational facilities with a child-friendly, safe, and confidential feedback and reporting mechanism in place.	100%	Refer to global guidance related to child safeguarding and community-based, child-friendly feedback mechanisms, and adapt in-country to ensure mechanisms are safe, appropriate, and accessible for all children, regardless of age, gender, language or disability.
23.2.7. % of children reporting a concern to an education worker or through the educational facility's feedback and reporting mechanism who report satisfaction with the response.	100%	Develop a safe and appropriate mechanism to gain feedback from children regarding their satisfaction with how their concern was handled.
23.2.8. % of formal and non-formal learning centres previously identified as unsafe according to safety criteria that are upgraded to meet safety requirements.	100%	Centres can include ones that were damaged or destroyed or moved to other locations due to danger.
23.2.9. % of identified formal and informal education facilities in target location being used as temporary shelters by community members/displaced population.	0	
23.2.10. % of education workers trained on the Monitoring and Reporting Mechanism (MRM) who demonstrate awareness of how to report attacks on	100%	

education facilities or use of facilities by military or armed groups.		
23.2.11. % of education personnel trained on the identification of protection concerns, signs of psychosocial distress, and the appropriate referral pathways.	100%	Protection referral pathways include both child protection and gender-based violence referral pathways (if different).
23.2.12. % of active-duty education personnel that have signed the code of conduct at their respective learning centre.	100%	The code of conduct should address child safeguarding, sexual exploitation and abuse, corporal punishment and other forms of cruel and degrading punishment.
Standard 24: Health and child protection		
Indicator	Target	Notes
24.2.1. # and % of healthcare workers in target location trained on identification of children affected by maltreatment.	80%	Training should include physical, psychological and emotional signs of abuse, neglect, exploitation or violence. A timeframe should also be added in-country ('within one month of hire').
24.2.2. % of births per health facility that are officially registered.	100%	
24.2.3. # and % of healthcare facilities in target location providing child-friendly services.	100%	A checklist of services considered child-friendly should be developed when mapping facilities.

24.2.4. % of health facilities in target locations that report having a direct link to birth registration facilities/authorities.	100%	
24.2.5. # and % of surveyed healthcare staff who are able to articulate actions to prevent family separation.	100%	Such as during an emergency medical evacuation.
24.2.6. # and % of healthcare facilities in target locations that offer rehabilitation and ortho-prosthetic services to child survivors of explosive ordinance and other physical dangers.	To be determined in the country or context	Determine target in-country.
24.2.7. # and % of healthcare assessments that include questions specific to child protection.	100%	
24.2.8. % of healthcare facilities that have adopted a child safeguarding policy.	100%	Includes both local and international organisations.
24.2.9. % of healthcare facilities that require all staff to sign a child safeguarding policy following a basic training on it.	100%	

Standard 25: Nutrition and child protection

Indicator	Target	Notes
25.2.1. % of identified health facilities and nutritional feeding centres that accept referrals of children in need of services.	80%	Identify the facilities through a service mapping exercise and monitor them. These are facilities that meet quality standards as identified by child protection staff. Specify 'children in need of services' in-country (such as infants in need of lactation services or services for malnourished children).
25.2.2. % of supplementary or therapeutic feeding centres with at least one focal point trained in child protection.	100%	A timeframe by which to measure this indicator should be determined in-country since staff turnover can be high (such as monitored quarterly).
25.2.3. % of unaccompanied or separated infants placed in care arrangements with women who are able to breastfeed them.	100%	
25.2.4. % of child-centred locations with space provided for women to breastfeed.	90%	Such as child friendly spaces, schools or youth centres.
25.2.5. % of nutritional feeding centres that have adopted a child safeguarding policy.	100%	Includes both local and international organisations.

25.2.6. % of nutritional feeding centres that require all staff to sign a child safeguarding policy following a basic training on it.	100%	
Standard 26: Water, sanitation and hygiene (WASH) and child protection		
Indicator	Target	Notes
26.2.1. % of WASH projects where child safety and well-being are reflected in the initial risk analysis, design, and monitoring and evaluation framework.	100%	In Cluster settings, coordinate with WASH colleagues to align the indicators with the 5 WASH commitments (WASH Minimum Commitments for the Safety and Dignity of Affected People, WASH Cluster, 2018).
26.2.2. % surveyed WASH staff who can provide the name of at least one place where they can refer a child at risk.	90%	
26.2.3. % of surveyed sites with separated communal facilities (toilet and bathing facilities) for girls/women and boys/men.	100%	
26.2.4. % of surveyed sites with communal facilities that meet 90% of safety criteria.	100%	Determine 'safety criteria' in-country using a checklist that can include being well-lit or within 200 meters of living areas.
26.2.5. % of schools, play areas, health centres etc. that include child-appropriate WASH facilities.	100%	Define 'child-appropriate' in country.

26.2.6. % accessible WASH facilities (for children with disabilities, adolescent girls).	100%	Measure children with disabilities, adolescent girls separately. Disability accessible refers to one or two stalls in a block of toilets being allocated to children with disabilities. Measure this indicator at the institutional level (such as educational facility, health centre or youth centre).
26.2.7. % of registered families provided with containers suitable for use by children.	100%	
26.2.8. # and % of identified child protection cases referred by WASH staff to child protection staff.	To be determined in the country or context	
26.2.9. # and % of WASH assessments that include questions specific to child protection.	100%	
26.2.10. % of WASH agencies that have adopted a child safeguarding policy.	100%	Includes both local and international organisations.
26.2.11. % of WASH agencies that require all staff to sign a child safeguarding policy following a basic training on it.	100%	

Standard 27: Shelter and settlement and child protection

Indicator	Target	Notes
27.2.1. % of shelter and settlement projects where child safety and well-being (including family unity, privacy and accessibility for children with disabilities) are reflected in design, monitoring and evaluation.	100%	Define 'safety' and 'well-being' in-country. Privacy and accessibility for children with disabilities should also be included.
27.2.2. % of constructed shelters that meet agreed-upon safety and privacy criteria for children and adolescents.	100%	'Shelter' refers to living spaces as well as community constructions. Child protection and shelter and settlement staff should develop safety and privacy criteria jointly.
27.2.3. % of constructed shelters accessible to children with disabilities.	To be determined in the country or context	
27.2.4. % of constructed shelters within accessible walking distance from play areas, schools, etc.	100%	Determine 'accessible distance' in-country (such as within 200 meters).
27.2.5. % of surveyed shelter and settlement staff who can successfully explain where to report child protection concerns or where to refer children in need of services, including unaccompanied and separated children and child survivors of sexual or gender-based violence.	100%	Knowledge of where to report and where to refer children should be measured separately but can be reported on jointly.

27.2.6. % of surveyed child protection staff who can explain where children and their caregivers should report their shelter and settlement concerns.	100%	
27.2.7. % of unaccompanied and separated children identified during shelter and settlement surveys or assessments.	To be determined in the country or context	For instance, if a shelter and settlement team is assessing damage to homes following a disaster, questions on separated children can be incorporated into the survey.
27.2.8. % of shelter and settlement agencies that have adopted a child safeguarding policy.	100%	Includes both local and international organisations.
27.2.9. % of shelter and settlement agencies that require all staff to sign a child safeguarding policy following a basic training on it.	100%	
Standard 28: Camp management and child protection		
Indicator	Target	Notes
28.2.1. % of managed sites with a functioning referral pathway to report incidents and child protection concerns.	100%	'Incidents' refer specifically to events that result in harm to a child and are caused by a lack of safety and security measures in a camp (such as poor lighting or secluded water points/latrines that result in incidents of sexual violence).
28.2.2. % of managed sites with formalised structures for children's participation.		

28.2.3. % of camps designed based on a risk assessment that includes measures that promote the safety, security and participation of children.	100%	
28.2.4. % of children who are in need of services following incidents affecting their well-being in or around the camp who report receiving services.	100%	
28.2.5. % of services or spaces for children that are accessible to all children, including those with disabilities.	100%	
28.2.6. % of children who report receiving quality services.	100%	Determine what constitutes 'quality' in-country. It could also include a measure of the quality of service provision.
28.2.7. % of camp management decision-making bodies that include children and adolescents.	100%	Include children with disabilities. A mechanism should be in place to enable the views and inputs of children and youth to be reflected into decisions that are taken.
28.2.8. % of basic service access points (such as water points, distribution points, health centres, community centres and toilets) which meet agreed-upon criteria to be considered safe and safely accessible for children (including at night as required).	100%	A list of criteria should be identified and agreed-upon amongst actors in-country.

28.2.9. # and % of camp management assessments that include questions specific to child protection.	100%	
28.2.10. % of camp management agencies that have adopted a child safeguarding policy.	100%	Includes both local and international organisations.
28.2.11. % of camp management agencies that require all staff to sign a child safeguarding policy following a basic training on it.	100%	
Birth registration		
% of children in target locations participating in project activities with a valid birth certificate.	To be determined in the country or context	This indicator refers to all children in the affected population and is not limited to refugees or displaced persons.
% of children under 18 without any form of legal identity document.	To be determined in the country or context	This information should be collected at the baseline.
% of children born in the displacement location who receive a birth certificate by the age of 1 year.	To be determined in	'Displacement' refers to internal or cross-border.

	the country or context	
% of children who lost their birth certificate in displacement and received a new one.	To be determined in the country or context	This indicator may be used in settings where there is internal displacement.
% of children without a birth certificate who receive one through a procedure for late birth registration in accordance with national legislation (for IDPs).	To be determined in the country or context	
% of children born in displacement who receive a birth certificate upon return/repatriation.	To be determined in the country or context	To collect information on this indicator, it is important that there is coordination between agencies operating in the country of asylum and country of origin.
# of new birth certificates issued for children under 18 years per community.	To be determined in the country or context	This information can be collected in target locations.