



Save the Children



CHILDREN'S MIRA

LISTENING TO CHILDREN DURING EMERGENCIES

A Tool for Conducting Multi-Cluster Initial Rapid Assessments with Children

Copyright © Save the Children August 2016

All rights reserved. Any part of this publication may be reproduced by any method without fee or prior permission from the publisher solely for awareness raising purposes, but not for resale. For commercial and other purposes, prior written permission from the publisher must be obtained and a fee may be incurred.

Published by:

Save the Children Philippines

2nd and 3rd floor, Midland Building, 1040 EDSA

Magallanes Village, Makati City

Manila, Philippines

On the cover:

A boy draws a picture of his community during a children's consultation in Leyte province, one year after super typhoon Haiyan hit central Philippines.

TABLE OF CONTENTS

What is in this toolkit?

Introduction	4
What is MIRA?	5
How Children's MIRA came about?	5
How to conduct Children's MIRA?	6
Tools for consulting children: A Full-blown consultation	
Body Mapping	8
H' Assessments	10
Visioning Exercise	11
Tools for consulting children B: Rapid assessment with children	13
Tips in writing the Children's MIRA report	15
Annexes	
Quality Benchmarks of Child Participation	17
Child Safeguarding Protocol	19
Documentation Guide for Documenters	20

Introduction

“I was really affected when I saw those people crying, shouting for help and praying when the sea was growing big and about to attack us. I saw a small child carried away by the big waves. Until now I see him in my dreams like that. I feel guilty because I could only watch him from that distance and could not do anything to help him.” – a young survivor of Typhoon Haiyan

Disasters harm all people but they affect children differently from the way they affect adults because children have distinct characteristics. Children rely on the support of their caregivers to be able to survive, develop and be safe. In times of disaster, children face greater risks because they may be separated from their caregivers or their caregivers are unprepared, overwhelmed, or have become incapable of supporting them. Hence, governmental and independent agencies that are delivering emergency aid must help caregivers to regain their capacities to support children and conduct their mission in a manner that promotes, respects, and protects the rights of children embodied in the UN Convention on the Rights of the Child (CRC).

Children’s right to be heard does not cease in situations of disaster or in their aftermath. Children have evolving capacities -- their knowledge and skills grow as they age and gain more experience. The UN Committee on the Rights of the Child encourages State parties to the CRC to support mechanism which enable children to play an active role in both post-emergency, reconstruction, and post-conflict resolution processes. The Committee specified that their views should be elicited in the assessment, design, implementation, monitoring and evaluation of programs.

On the other hand, the children have proven that with proper support they can do useful things in times of disaster several times in the past. For instance, the children who survived typhoon Ketsana in 2009 raised awareness among their peers about the risks in the evacuation center by drawing maps and putting danger signs around the evacuation center. The children affected by monsoon rains in 2013 taught their friends about the role of hygiene in preventing disease outbreak among displaced people. Lastly, children who bore the brunt of typhoon Haiyan in 2013 worked in groups in reviewing the disaster risk reduction policy and plan of their community to contribute to the prevention of similar disaster in the future.

Despite these, children are often excluded in emergency response processes because adults view them as passive receivers of aid. Children’s right to be heard is the right that is often misunderstood or set aside for other rights. But then again, child rights are indivisible and interdependent. For adults to be able to understand what is best for children at a given situation, they must recognize and support children to analyze their experience and find solutions to the problems that they are facing. Save the Children strives to contribute in addressing this gap. Hence, it developed and tested tools and processes that guide humanitarian workers in facilitating children’s participation in assessments during emergencies. The package consisting of these tools and processes is called the Children’s MIRA.

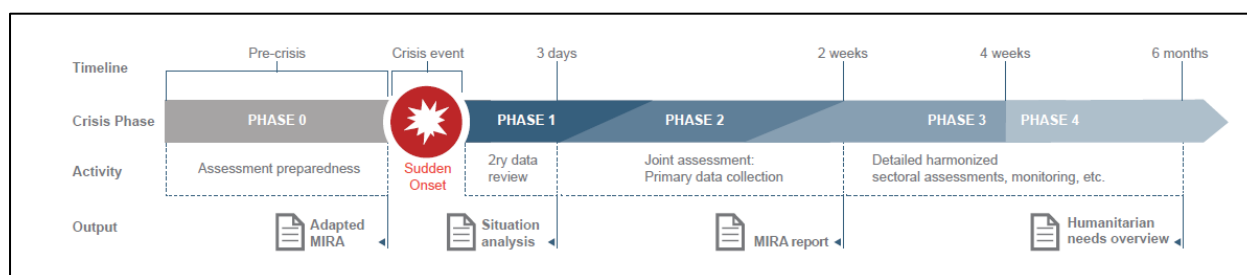
What is MIRA?

According to the Inter-Agency Standing Committee (IASC), the **Multi-Cluster/Sector Initial Rapid Assessment (MIRA)** is a joint needs assessment tool that can be used in sudden onset emergency like disaster caused by typhoons and earthquakes. Furthermore, IASC explains that MIRA delivers the following:

- ✓ An initial common understanding of the most pressing needs of the affected areas, and groups;
- ✓ A voice for the affected population;
- ✓ Information to help guide the planning of subsequent assessments which are more detailed and operationally specific;
- ✓ An evidence base for response planning;
- ✓ A light, fast inter-agency process based on global best practices in rapid needs assessment.

The MIRA figures in the phase two of humanitarian response assessment process. It is expected to happen three days after the crisis event. The MIRA report is expected to come out two weeks after the crisis event.

Figure 1: Coordinated assessment approach and phases, as per IASC



How Children's MIRA came about?

Similar definition, purpose and timeline apply for the "Children's MIRA". When typhoon Haiyan struck, Save the Children introduced the concept of "Children's MIRA" after learning that the traditional MIRA only involves adults in gathering of primary data. Save the Children worked with Iloilo Juvenile Welfare Foundation, Plan International, World Vision and UNICEF for the conduct of the children's consultations in typhoon Haiyan affected areas in 2013.

The Children's MIRA report informed the interventions of Save the Children for children and families affected by the super typhoon. More importantly, it informed the Republic Act No. 10821 or the Children's Relief and Protection Act which was adopted by the Philippine Government in 2016. A number of facilitator's trainings about Children's MIRA were already conducted for staff of Save the Children and partners. This toolkit was developed to further equip trained facilitators of Children's MIRA.

How to conduct Children's MIRA?



The process of conducting Children's MIRA is divided into three parts which are preparation, actual consultations and report writing and utilization. The actual consultations engage children who are 6 to 17 years old. The children are divided into three groups according to age bracket. The first group is composed of children who are 6 to 9 years old. The second group is composed of children who are 10 to 12 years old. The last group is composed of children who are 13 to 17 years old. Each group should have ten to fifteen participants with balanced representation of boys and girls, and the most deprived children such as children with disabilities and children of cultural groups.

Process	Steps	Timeline (Days)		
		1	2	3
Preparation	Decide and announce the conduct of Children's MIRA			
	Organize a team of trained facilitators of Children's MIRA (to be deployed together with the assessment team)			
	Adopt or review the Children's MIRA Toolkit			
	Plan the conduct of MIRA from preparation to report utilization			
	Coordinate with local government. Identify the severely affected areas and secure contact details of assigned social worker in the identified area.			
	Seek the support of the Department of Social Welfare and Development and/or the barangay (village) council in arranging consultation venues and inviting children.			

Children's MIRA: Listening to Children during Emergencies

Process	Steps	Timeline (Days)											
		3	4	5	6	7	8	9	10	11	12	13	14
Actual consultations	Run children's consultations in selected areas according to age bracket. Note: The time needed to run consultations depends on the number of areas selected and number of available facilitators.												
Report Writing and utilization	Consolidate the results of the consultations, and develop a short write-up about the key findings.												
	Seek organizational sign-off of the report.												
	Share report to the emergency response team and clusters.												
	Translate report into child-friendly formats.												
	Seek organizational sign-off of child-friendly report.												
	Share report to children.												

Tools for consulting children A: Full-blown consultation

The children's consultation is a half-day activity that has three parts.

Part 1: Body Mapping

The body mapping gives children the opportunity to freely share their experiences after the emergency. The tool is important as a first assessment of children's views of a response and also valuable for future evaluation purpose as the tool can be adapted to explore changes in children's lives 'before and after' the humanitarian response.

Part 2: H' Assessments

The H' assessments enable children and young people to assess the strengths and weaknesses of humanitarian responses (and existing sector programs) and make recommendations for improving them.

Part 3: Visioning Exercise

The visioning exercise allows children to envisage their community a year after the emergency.

Session Guide for Facilitators

A. Warm-up and Introduction

Introduce yourself and the team that will conduct the consultation. Explain to children the activity and its purpose. Ask children to introduce themselves by sharing their name, age and current location.

Ice breaker: To facilitate the individual introduction, break the participants into three groups. Ask groups to arrange their line according to the first letter of their name (A to Z), their age (youngest to oldest), the name of their barangay (Z to A), number of siblings (many to few).

B. Body Mapping

Objectives of the session:

At the end of the session, children shall be able to:

- Share their experiences during the emergency; and
- Identify things that are important to them when it comes to emergencies and emergency responses.

Time requirement: 1 hour

Materials needed per group: 10 pieces markers or 2 boxes of crayons, 4-8 pieces flipchart papers, and a masking tape



Process:

1. Divide the participants into two groups according to sex. Assign female facilitator for girls and male facilitator for boys. (5 minutes)
2. Provide markers or crayons and flipchart pages stuck together to each group. Ask for a child volunteer from each group to lie on the paper and have a line drawn around his or her body to create a large body map which represents children. Ask groups to draw a vertical line in the middle of their body maps. The left side of the body map is where bad experiences will be recorded while the right side is for the recording of the good experiences. Allow children to draw sad and happy face expressions on their body maps. Ask the groups to write the sex, age group and background of the children above their body maps. (10 minutes)
3. Use the body maps to explore and record children's views regarding their situation. Refer to the guide questions provided. The questions can be adopted to enable more explicit exploration of sector questions but it is important to first allow the children to share freely and express the issues that come to their mind, what matters to them, and what they think about the response to date. (30 minutes)
4. Ask the representatives of each group to share the highlights of their group discussion. Discuss whether children think these impacts are similar for all groups of girls and boys in the community. Which children do they feel are most vulnerable and/or have faced most negative impact from the emergency? Why? (15 minutes)

Guide Questions

Key questions relating to the body map *may* include:

Head:

- How has the emergency context affected the way you think?
- Do you still have the opportunity for learning/education?
- Do you think differently about emergencies?
- Do you have added knowledge about emergencies and how to cope?
- How did you and your family cope after the emergency?

Eyes:

- How do you see your community after the emergency?
- What are the changes in children/families/schools/environment? Other?
- Do adults see children differently now? Due to children's help in the recovery period?

Ears:

- What did you hear (sounds, voices, silence etc.) after the emergency?
- What do you hear now?
- Do you hear about any new things in your family, neighborhood, and community?
- How has the emergency affected the way adults listen to children?
- How has it affected the way children listen to adults?

Nose:

- What do you smell after the emergency? Now?

Mouth:

- How has the emergency context affected what children (and families) have to eat? How has it affected the way people speak with each other?
- What do different people say about the response?
- Have you noticed more noise/silence after the emergency? What could be the reason(s)?

Shoulders:

- Do you have any new responsibilities after the emergency?
- Are there changes in the responsibilities of your mother, father or other relatives?

Torso:

- How has the emergency context affected children's health?
- How has it affected the health of babies, infants or pregnant women?
- Are there new kinds of harm facing children since the emergency (in terms of abuse, neglect, violence or exploitation)?

Heart:

- How has the emergency context affected children's feelings?
- How has it affected the feelings people have for different people in their community? Who do children get support from in times of distress?
- Do you know where you can get help or refer your peers to if they need help?

Arms and hands:

- As a result of the emergency context, are there any kinds of activities that girls/boys are doing more or less than before?
- How have you helped others with your arms and hands after the emergency?
- Do people use their hands in any harmful way to others after the emergency?

Legs and feet:

- As a result of the emergency context are there any changes in the places where girls and boys go or do not go?
- Where do you go and play? Are these areas safe for playing? How could you make the play areas for safe in the future?

Whole body

- If this boy/girl was living with disabilities, what would be different in the body map? (Only asked if there are no disabled children represented in the meeting).
- A very young boy or girl, baby, toddler? A girl/boy from the rural area?

Risks

- What were some of the potential risks that children faced after the emergency? Can you give an example?

C. H' Assessments



Objectives of the session:

At the end of the session, children shall be able to:

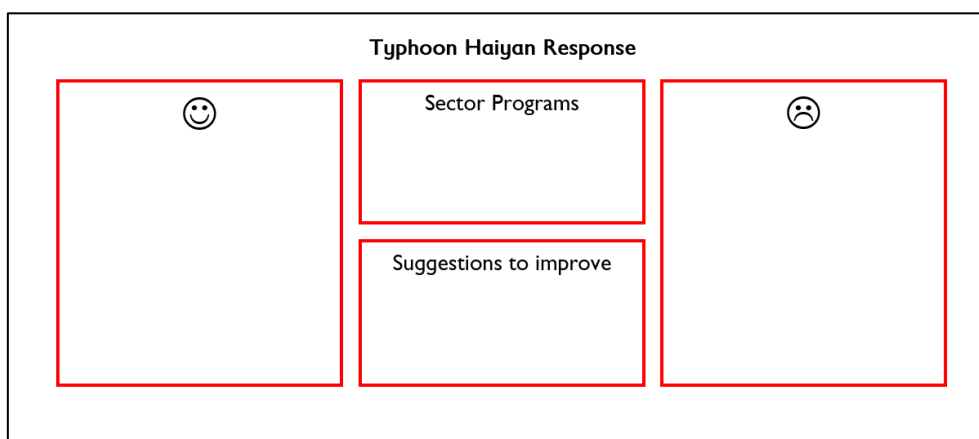
- Assess the strengths and weaknesses of humanitarian responses (and existing sector programs);
- Make recommendations for improving humanitarian responses.

Time requirement: 40 minutes

Materials needed per group: 10 pieces markers or 2 boxes of crayons, 4-8 pages of flipchart papers, medium size post-it papers and a masking tape

Process:

1. Draw the H' assessment model on a flipchart paper and then write the name of the humanitarian response above the model. See example below.



Children's MIRA: Listening to Children during Emergencies

2. Explain to children that their feedback and suggestions will be used to further improve the support for them and their families. Assure them that no one will dislike them if they share negative observations about the emergency response. (5 minutes)
3. In plenary, ask the children the following questions, one by one. (30 minutes)

Guide Questions

Responses will be placed under:

What support do you and your family received after the typhoon/ earthquake etc.?	Sector Program
What were the good/positive actions carried out by the different individuals or groups? By whom?	😊
What were the bad/negative actions carried out by the different individuals or groups? By whom?	😞
What was the level of information (high or low) children have about the response before and after the emergency response? Did you feel that you had enough information to make informed decisions for yourself and your family before and after the response?	😊/😞
How were you and/or other children involved in the response? What do you think about your/children's involvement?	😊/😞
What would be your suggestions for how a similar response could be carried out in the future?	Suggestions to improve
To ensure better disaster preparedness in the future, what should be the role of the: governments, local groups, media, children and youth and others?	Suggestions to improve

4. Synthesize the session by highlighting the positive actions carried out by different individuals or groups, involvement or non-involvement of children in the response and their suggestions for future preparedness and response. (5 minutes)

D. Visioning Exercise

Objectives of the session:

At the end of the session, children shall be able to:

- Describe how they envisage their community will look like in a year after the disaster;
- Identify the difference between their community now and the one that they envisaged.

Time requirement: 1 hour

Materials needed:

For age 6 to 9 years old: bond paper, pencil and crayon for every participant, and a masking tape
For the other age groups: 2-4 pieces flipchart paper pages, 6 pieces pencils, 3 boxes of crayons and a masking tape.

Process

1. The group that is composed of children aged 6 to 9 years old will do individual drawing exercise. Meanwhile, children in other age groups will be divided into two, according to sex. (5 minutes)
2. Allow children to discuss the guide questions below in plenary (for younger children) or in small groups (for other age groups). (10 minutes)

Guide Questions

- How do you want your village or community to function a year from now?
- Who runs your village or community?
- Who makes decisions about disaster preparedness? Are children involved? If yes, how?
- What is different? What is better? Better in which way?

3. Ask children to draw their vision for their village or community. (30 minutes)
4. For the session of younger children: ask children to post their drawings on the wall. Ask some volunteers to explain their drawings in plenary. For the other groups, ask the representatives of the group to present their output in plenary and the highlights of their group discussion. (10 minutes)
5. Synthesize the session by highlighting children's views about how their community can be better, especially in terms of preparedness for future disaster. (5 minutes)



E. Closing

Thank the children for taking part in the consultation. Explain what will happen next (i.e. report development and dissemination) and how the organization will use the data produced during the consultation.

Ask children to complete the activity feedback form. Once children are done with the form, explain how they can reach Save the Children if they have concerns about the activity or Save the Children's program in their community.

Tools for consulting children B: Rapid Assessment with Children

The full-blown consultation with children was proven effective in terms of surfacing children's views about their experience and situation during the disaster and its aftermath. However, Save the Children would like to ensure that children are engaged from the very beginning of its humanitarian response hence it adjusted the tools to integrate the children's consultation in its rapid assessment process. This section presents the processes and tools that were used by the team in conducting rapid assessment with children.

Session Guide for Facilitators

Objective: At the end of the rapid assessment, Save the Children shall be able to identify the specific needs and concerns of children affected by the disaster.

Participants: A mix group of children aged 6 to 17. If possible, divide the children according to the following age brackets: 6 to 12 years old and 13 to 17 years old.

Materials Needed: Flipchart paper, markers, meta-cards (at least 2 colors), masking tape, scissor and crayons.

Key Questions for Children:

- What happened? How are you?
- What are the things you are happy about now? Why?
- What are the things you are sad about now? Why?
- What help do you and your family need right now? Why?
- What support do you need to become prepared for another disaster in the future?

Processes:

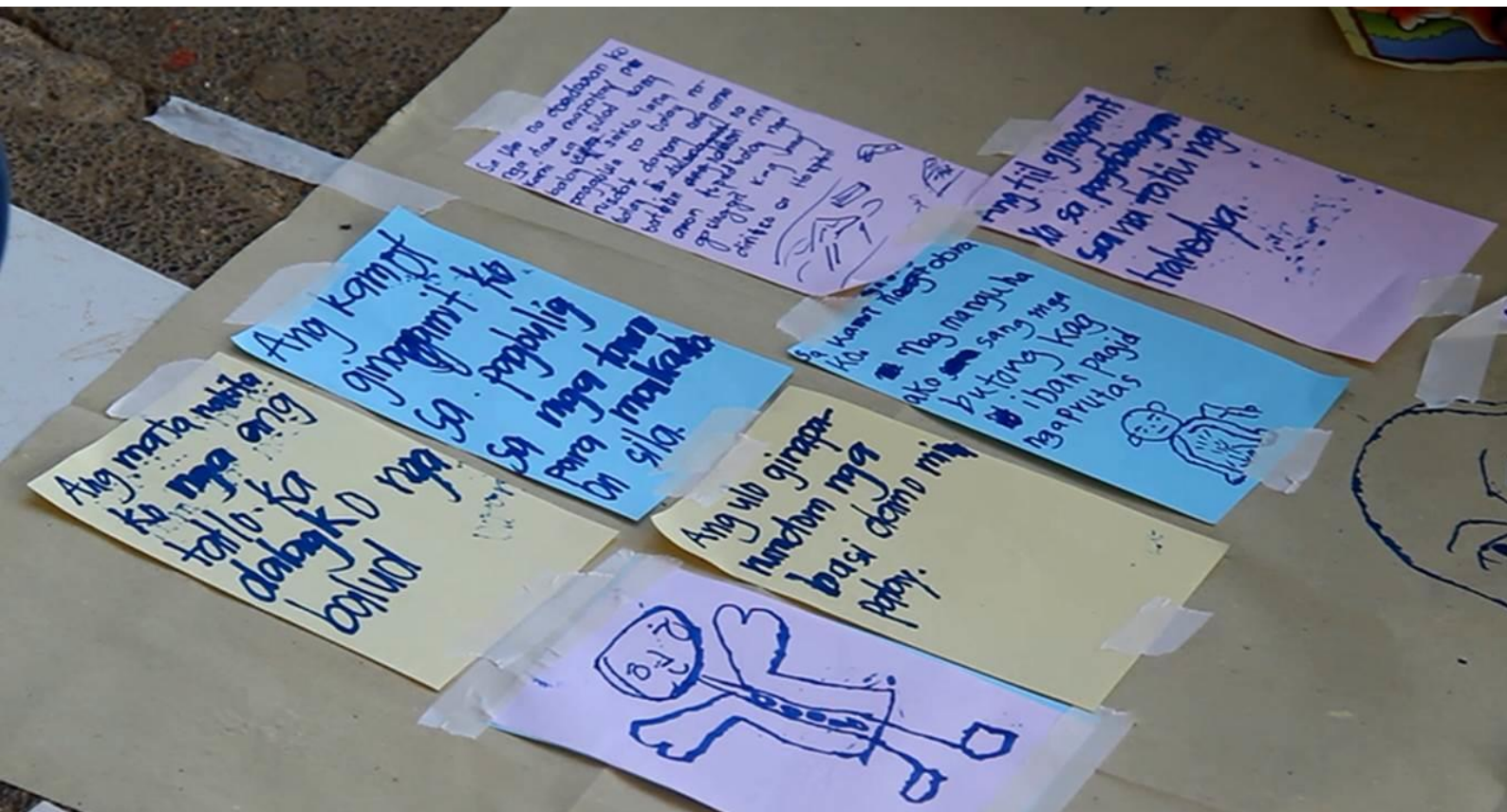
Option 1: 1-Hour Session

- 1) Ask every participant to introduce himself or herself by sharing his or her name, age and barangay where he or she lives.
- 2) Introduce Save the Children to them and explain the purpose of the consultation.
- 3) Ask children to share what happened before, during and after the typhoon.
- 4) Stick 2-3 pages of flipchart paper together and request a volunteer (child) to lay down on the paper. Let the other children trace the body of the volunteer and draw the details of the body parts like eyes, nose, lips etc.
- 5) Ask children to select a partner. Every partner will then select one body part and think of the things that they are happy or sad about in relation to the body part that they have selected. Ask children to write their inputs on the flip chart, left side for the things they are sad about and right side for the things they are happy about.
- 6) Discuss children's inputs in plenary.
- 7) Based on the things children are sad about, ask the children to identify the help that they need.
- 8) Ask them what help do they need to become prepared for another disaster in the future.
- 9) Thank the children and explain to them how Save the Children will consider their opinion.

Option 2: 45-Minute Session

- 1) Ask every participant to introduce himself or herself by sharing his or her name, age and barangay where he or she lives.
- 2) Briefly introduce Save the Children to them and explain the purpose of the consultation.
- 3) Ask children to share what happened before, during and after the typhoon.
- 4) Recall the different body parts with the children and then ask them to select 2-3 body parts and think of the things that they are happy or sad about in relation to the body parts that they selected. Ask children to write their inputs on meta-cards.
- 5) Discuss children's inputs in plenary.
- 6) Based on the things children are sad about, ask the children to identify the help that they need.
- 7) Ask them what help do they need to become prepare for another typhoon in the future.
- 8) Thank the children and explain to them how Save the Children will consider their opinion.

Tips in Writing the Children's MIRA Report



The Children's MIRA report should be released two weeks after the crisis event. The common sections of the report includes executive summary, background and rationale, objectives and methodology, profile of participants, findings of the consultations, and overall analysis and conclusion.

Some of the important things to remember when developing the report:

- ✓ Keep the report short (10 pages or less) and direct to the point because humanitarian response teams do not have time to read and interpret long and comprehensive report.
- ✓ Include as many quotations from children as possible. These serve as supporting evidences to the interpreted finding of the consultations.
- ✓ If possible, arrange findings and recommendations per cluster (i.e. health, education, governance, protection etc.). This will allow the response teams to easy understand children's feedback and recommendations.
- ✓ Highlight children's recommendations. If children provide concrete examples or suggestions, underscore these.
- ✓ Also underscore the unique experience and needs of girls, boys, children with disability and children from cultural groups, among others
- ✓ Consider a section that discusses assessment team's experiences in implementing Children's MIRA. Underscore the lessons learned by the team for future interventions.
- ✓ Include photos from the consultations to further give life to the report.

ANNEXES

- A. Child Participation Quality Benchmarks Monitoring Tool**
- B. Child Safeguarding Protocol: Code of Conduct**
- C. Documentation Guide for Documenters**

A. Child Participation Quality Benchmark Monitoring Tool

1.0. Background

Award Name:		Donor:	
Award Duration Dates:		SoF:	
Location:		Budget holders:	

2.0. Monitoring Checklist

Quality Benchmarks	Achievement (√)		a) Major Issue if not met b) Recommended improvement
	Met	Unmet	
A. Child Participation			
1. Children were engaged meaningfully in at least one of the stages and MEAL of the project management cycle (i.e. project identification and designing, project set-up, implementation, monitoring, evaluation and transition) and provided with opportunities to initiate ideas, activities and projects.			
2. The targets of, and expectations from, children’s participation were clearly outlined, understood and agreed upon with children, based on a full, accessible, diversity-sensitive and age-appropriate information about their right to be heard and about their involvement. Children understand how much impact they can have on decision-making and who will make the final decision including setting criteria for selection and actual selection for their representation.			
3. Written consent, for participation and for the use of information provided by children, were obtained from child participants, with sufficient time for children to consider their involvement and they were informed that they can withdraw from participating at any point in the process.			
4. The socioeconomic, environmental and cultural context, including other time commitments (work, school) of children were considered when designing and implementing projects and activities involving them.			
5. Children’s participation draw upon, and build, their knowledge, skills and abilities, in appropriate ways, levels and appropriate pace.			
6. Time, resources, environments and working methods were adapted to children’s capacities and their need for differing levels of support to ensure they have the confidence to contribute and participate. Some of the examples of adjustments are the following. • Simple and conversational language is used in all discussions involving children. Jargons or technical terms are avoided or clearly explained if used. • The use of local language is encouraged. Translators are provided, when needed. • Child-friendly meeting places are used where children feel safe, relaxed, comfortable and where they have access to the facilities that they need (e.g. comfort rooms, especially for children with disabilities). • Creative and interactive learning methods are used to facilitate children’s expression of views and interaction. • Organization’s forms and templates are made simple or explained clearly to children.			

Children's MIRA: Listening to Children during Emergencies

Quality Benchmarks	Achievement (√)		a) Major Issue if not met b) Recommended improvement
	Met	Unmet	
7. The age range, race, color, sex, sexual orientation, language, religion, political affiliation, ethnic origin, social status, disability or other status were considered when organizing the participation of children. This could mean reaching out to children in their community rather than inviting representatives to a central point and engaging support from influential adults.			
8. Supporting adults and older children were provided with appropriate training, tools and development opportunities including the understanding of child rights and child participation principles, gender equality principles and skills for communication, facilitation and conflict resolution, to enable them to work effectively and confidently with children.			
9. Clear structures and systems for preventing and responding to risks are in place. These include <ul style="list-style-type: none"> • code of conduct for adults • making children aware of their rights of their right to be safe from abuse and risks and know where to go for help, if needed. • conducting risk assessment • ensuring that children are accompanied by trained adults during the participation process • formation of child protection team; and • setting-up of complaints procedure and responding mechanism, for every activity. 			
10. Children were asked about their satisfaction with the process and suggestions on how ways of working with them can be improved; provided feedback about the results of their participation and the impact in relevant decisions and next steps; and encouraged to participate in follow through activities.			

3.0. Action Plan

Major constraint/ issues / gap	Recommended improvement	Action	Responsible	By when	Status

4.0. Remarks/ Comments

--

5.0. Sign off

MEAL Specialist: Name _____; Signature _____; Date _____

Budget Holder: Name _____; Signature _____; Date _____

Area Manager: Name _____; Signature _____; Date _____

B. Child Safeguarding Protocol: Code of Conduct

Save the Children International
Child Safeguarding Protocol
CODE of CONDUCT
16 February 2010

Whilst members may develop a Code of Conduct which outlines a wide range of behaviors their Code of Conduct must contain standards in relation to behavior towards children which include as a minimum the following. These behaviors apply equally to the personal and professional lives of staff and other representatives:

1. Staff and others must never:

- 1.1. hit or otherwise physically assault or physically abuse children
- 1.2. engage in sexual activity or have a sexual relationship with anyone under the age of 18 years regardless of the age of majority or consent locally. Mistaken belief in the age of a child is not a defense.
- 1.3. develop relationships with children which could in any way be deemed exploitative or abusive
- 1.4. act in ways that may be abusive or may place a child at risk of abuse.
- 1.5. use language, make suggestions or offer advice which is inappropriate, offensive or abusive
- 1.6. behave physically in a manner which is inappropriate or sexually provocative
- 1.7. have a child/children with whom they are working to stay overnight at their home unsupervised
- 1.8. sleep in the same room or bed as a child with whom they are working
- 1.9. do things for children of a personal nature that they can do themselves
- 1.10. condone, or participate in, behavior of children which is illegal, unsafe or abusive
- 1.11. act in ways intended to shame, humiliate, belittle or degrade children, or otherwise perpetrate any form of emotional abuse
- 1.12. discriminate against, show unfair differential treatment or favor to particular children to the exclusion of others.

This is not an exhaustive or exclusive list. The principle is that staff should avoid actions or behavior which may constitute poor practice or potentially abusive behavior.

2. It is important for all staff and others in contact with children to:

- 2.1. be aware of situations which may present risks and manage these
- 2.2. plan and organize the work and the workplace so as to minimize risks
- 2.3. as far as possible, be visible in working with children
- 2.4. ensure that a culture of openness exists to enable any issues or concerns to be raised and discussed
- 2.5. ensure that a sense of accountability exists between staff so that poor practice or potentially abusive behavior does not go unchallenged
- 2.6. talk to children about their contact with staff or others and encourage them to raise any concerns
- 2.7. empower children - discuss with them their rights, what is acceptable and unacceptable, and what they can do if there is a problem.
- 2.8. maintain high personal and professional standards
- 2.9. respect the rights of children and treat them fairly, honestly and with dignity and respect

3. In general it is inappropriate to:

- 3.1. spend excessive time alone with children away from others.
- 3.2. take children to your home, especially where they will be alone with you.
- 3.3. place yourself in a position where you are made vulnerable to allegations of misconduct.

C. Documentation Guide for Documenters

A. Activity Profile

Name of Response: _____

Group/ Age Bracket: _____

Location: _____

Date: _____

Number of females in group: _____

Number of males in group: _____

Instruction: Record the summary of discussions in bullet points but in complete sentences or thought. Use the back of the paper if you need more space to write.

Participants (Full name and age):

- 1.
- 2.
- 3.

Facilitators (Full name):

- 1.
- 2.
- 3.

Documenters (Full name):

- 1.
- 2.

B. Body Mapping

Responses from Girls

Body Parts	Positive Experience	Negative Experience	Other Remarks


Responses from Boys


Body Parts	Positive Experience	Negative Experience	Other Remarks

C. H' Assessments

Sector program identified:			
Positive actions identified by girls	By whom	Positive actions identified by boys	By whom
Negative actions identified by girls	By whom	Negative actions identified by boys	
Recommendations raised by girls		Recommendations raised by boys	
Other remarks			

C. Visioning Exercise

 Insert photo of children's drawing here
Highlights of inputs shared by children:
Name and sex of group members:

 Insert photo of children's drawing here
Highlights of inputs shared by children:
Name and sex of group members:



Save the Children