Guidelines on the Integration of Child Protection issues into Multi-sectorial & other Humanitarian Assessments

Introduction

The Child Protection Working Group (CPWG) is the global level forum for coordination on child protection in humanitarian settings. The group brings together NGOs, UN agencies, academics and others under the shared objective of ensuring more predictable, accountable and effective child protection responses in emergencies. In the humanitarian system, the Child Protection Working Group constitutes 'an area of responsibility' within the Global Protection Cluster.

All the organizations within the CPWG are committed to work towards the attainment of humanitarian assessments that are better coordinated and allow the collection of cross-sectorial key information in a timely manner. We want to encourage the harmonization of assessment methodologies and approaches to ensure the complementarity of assessment efforts carried out during emergency responses.

With this goal in mind, the CPWG members have collaborated in developing the *Guidelines on the Integration of Child Protection Issues into Multi-sectorial and other Humanitarian Assessments*. These Guidelines have been developed after an extensive review of existing inter-agency and cluster specific humanitarian assessment tools and methodologies, evaluations conducted, and lessons learned identified. Additionally, interviews were conducted with key informants[1] and a survey[2] was circulated to Child Protection field practitioners and information management professionals.

Acknowledgements

These guidelines have been developed by Ms. Solveig Routier, an independent consultant. Lisa Zimmermann has been responsible for incorporating feedback to the draft document and finalizing the guidelines.

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[1] Semi-structured interviews have been carried out with key focal points from: ACAPS, UNOCHA, a UNICEF information management expert, the CPWG Monitoring & Knowledge Management Officer (incl. work done on the Indicator Registry) as well as representatives from the following Clusters: CCCM, Early Recovery, Education, Health, Nutrition, Protection, Shelter, Water Sanitation and Hygiene.

[2] A survey was circulated online to Child Protection field practitioners in order to identify the greatest challenges encountered when trying to integrate CP in other sectorial humanitarian assessments, examples of successful and failed integration and the guidance that would be most useful to support their efforts in integrating CP in other assessments.

How to use the symbols in these Guidelines

This refers you to another section of these guidelines or to existing guidance/manuals that you can consult for more information

This highlights important points on which we want to draw your attention

This illustrates an example from the field

Glossary of acronyms

AIM group: The Assessment and Information Management Working Group
CAP: Consolidated Appeals Process
CAT: Comprehensive Assessment Tool
CBO: Community Based Organization
CCCM: Camp Coordination and Camp Management
CERF: Central Emergency Response Fund
CAP: Consolidated Appeals Process
CAT: Comprehensive Assessment Tool
CBO: Community Based Organization
CCCM: Camp Coordination and Camp Management
CERF: Central Emergency Response Fund
CFSVA: Comprehensive Food Security and Vulnerability Analysis
CLA: Community Level Assessment
COD's: Common Operational Datasets
CP: Child Protection
CPMS: Child Protection Minimum Standards
CPRA: Child Protection Rapid Assessment toolkit
CPWG: Child Protection Working Group
CPRATF: Child Protection Rapid Assessment Task Force
DO: Direct Observation
DR: Desk Review
EFSA: World Food Programme Emergency Food Security Assessment
EMMA: Emergency Market Mapping and Analysis Toolkit
ERC: Emergency Relief Coordinator
FGD: Focus Group Discussion
GBV: Gender Based Violence
HC: Humanitarian Coordinator
HCT: Humanitarian Country Team
HEA: Household Economy Approach
HeRAMS: Health Resources Availability and Mapping System
HNO: Humanitarian Needs Overview
IASC: Inter Agency Standing Committee
ICCM: Inter-cluster coordination mechanism
IDP: Internally Displaced Persons
IFRC: International Federation of Red Cross and Red Crescent Societies
IM: Information Management
INEE: Inter-agency Network for Education in Emergencies
IRA: Initial Rapid Assessment
FAO: Food and Agriculture Organization of the United Nations
KI: Key Informant
KII: Key Informant Interview
LAT: Livelihoods Assessment Tool
LB: Livelihood Baseline
LENSS: Local Estimate of Needs for Shelter and Settlement
MICS: Multiple Indicator Cluster Survey
SGBV: Sexual and Gender-Based Violence
SMART: Standardized Monitoring and Assessment of Relief and Transitions
MIRA: Multi-Cluster/Sector Initial Rapid Assessment
NAF: Needs Analysis Framework (IASC)
NATF: Needs Assessment Task Force
OCHA: Office for the Coordination of Humanitarian Affairs
PCNA: Post Conflict Needs Assessment
PDNA: Post Disaster Needs Assessment
PRA: Participatory Rapid Assessment
PSD: Preliminary Scenario Definition
RA: Rapid Assessment
RALS: Rapid Education Assessment of Learning Spaces
SC: Steering Committee
SDR: Secondary data review
SOP: Standard Operating Procedures
SV: Sexual Violence
UNDAC: United Nations Disaster Assessment and Coordination system
UNDP: United Nations Development Programme
UNICEF: United Nations International Children's Emergency Fund
UNHCR: United Nations High Commissioner for Refugees
VAM: Vulnerability Analysis and Mapping
WASH: Water Sanitation and Hygiene Cluster
WFCL: Worst Forms of Child Labour
WFP: Word Food Programme
WHO: World Health Organization
WWNK: What We Need to Know
WWW or 3W's: Who What Where

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Guidelines on the Integration of Child Protection issues into Multi-sectorial & other Humanitarian Assessments

Why these guidelines?

Experience has shown that coordinating needs assessments can help save more lives and enables more people to restore their livelihoods. Bearing in mind this lesson, the Inter-Agency Standing Committee (IASC) established the Needs Assessment Task Force (NATF) in 2009 to improve coordinated assessment processes and strengthen the identification of strategic humanitarian priorities in complex emergencies and natural disasters[3].

At different stages of an emergency and particularly at the early onset of emergencies often only limited information is available; assessment tools thus need to take into account the type and depth of information that is needed. Strong linkages are therefore required with contingency planning and coordination between clusters in order to draw on all the data collected pre-crisis and in the early phases of an emergency.

Children make up 50-60% of the global disaster-affected population and the particular protection risks that girls and boys face such as separation from families, interruption of education or increased child labor and trafficking are well documented. It is thus important to find suitable ways to ensure that we gather as far as possible in a timely manner the information that we need to inform the development of protection programs for children that will specifically address identified needs in crisis situations. These guidelines have been developed to incorporate child protection issues into multi-sectorial and into cluster specific assessments.

What will you find in these guidelines:

Guidance to support your efforts in successfully **integrating Child Protection issues into multi-sectorial humanitarian assessments** and **into cluster-specific assessments** carried out as part of emergency preparedness as well as during the phases 1, 2, 3, and 4 of a response.

SECTION 1	➢ Presents guiding principles and the humanitarian assessment framework.
SECTION 2	➢ Provides specific guidance on how to integrate Child Protection issues in multi-sectorial assessments and in cluster specific assessments.

Who are these guidelines for?

These guidelines are addressed to Child Protection (CP) field practitioners in humanitarian crisis who are involved in carrying out assessments and aim to include child protection specific issues in the assessments of other clusters/ sectors or in multi-sectorial assessments. These guidelines may also be useful to anyone who wishes to better coordinate assessments and create useful linkages between assessments between different sectors as the steps described apply to all sectors.

[3] IASC, Operational Guidance for Coordinated Assessments in Humanitarian Crises, March 2012, p.6.

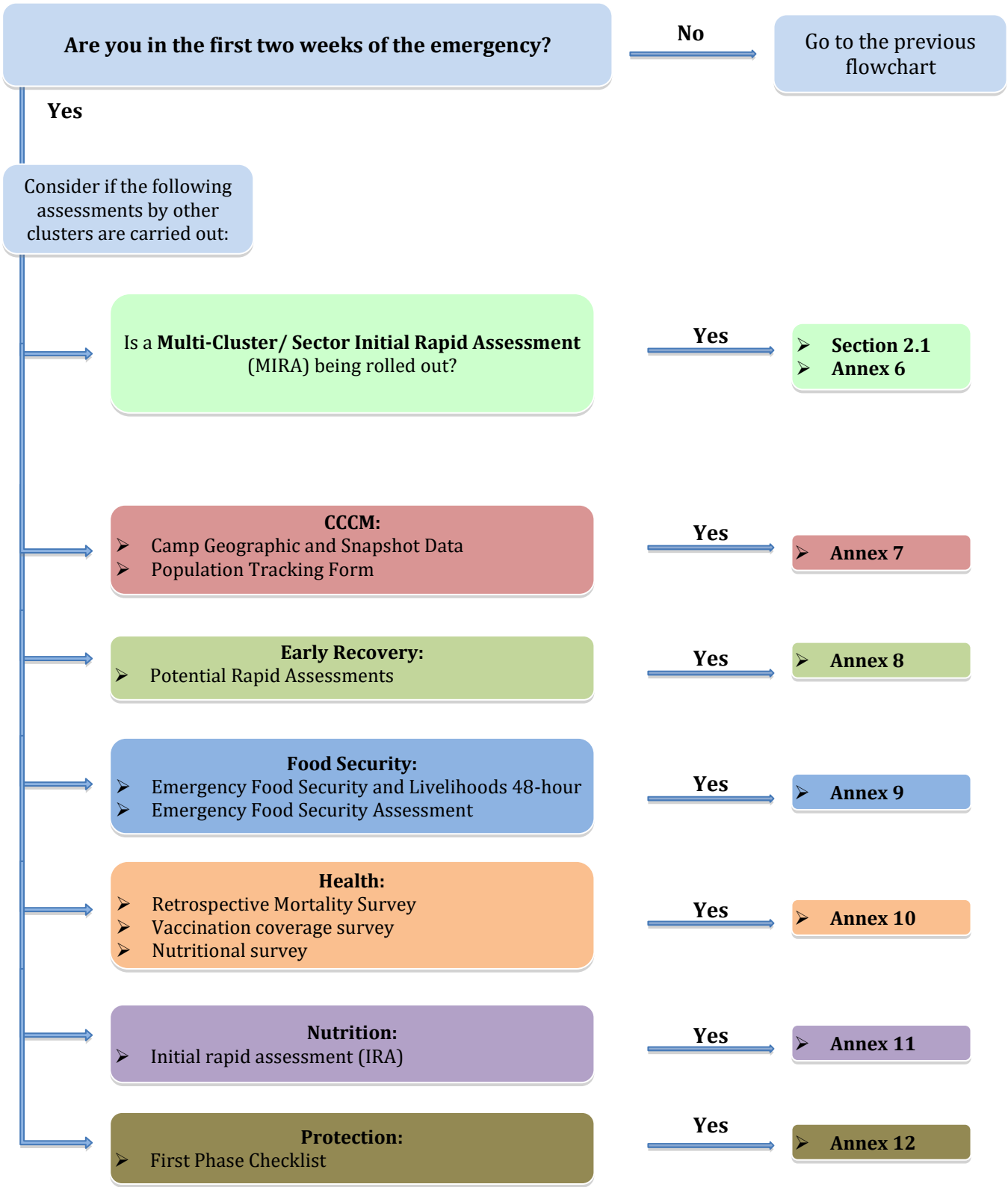
Overview of what to find in these guidelines

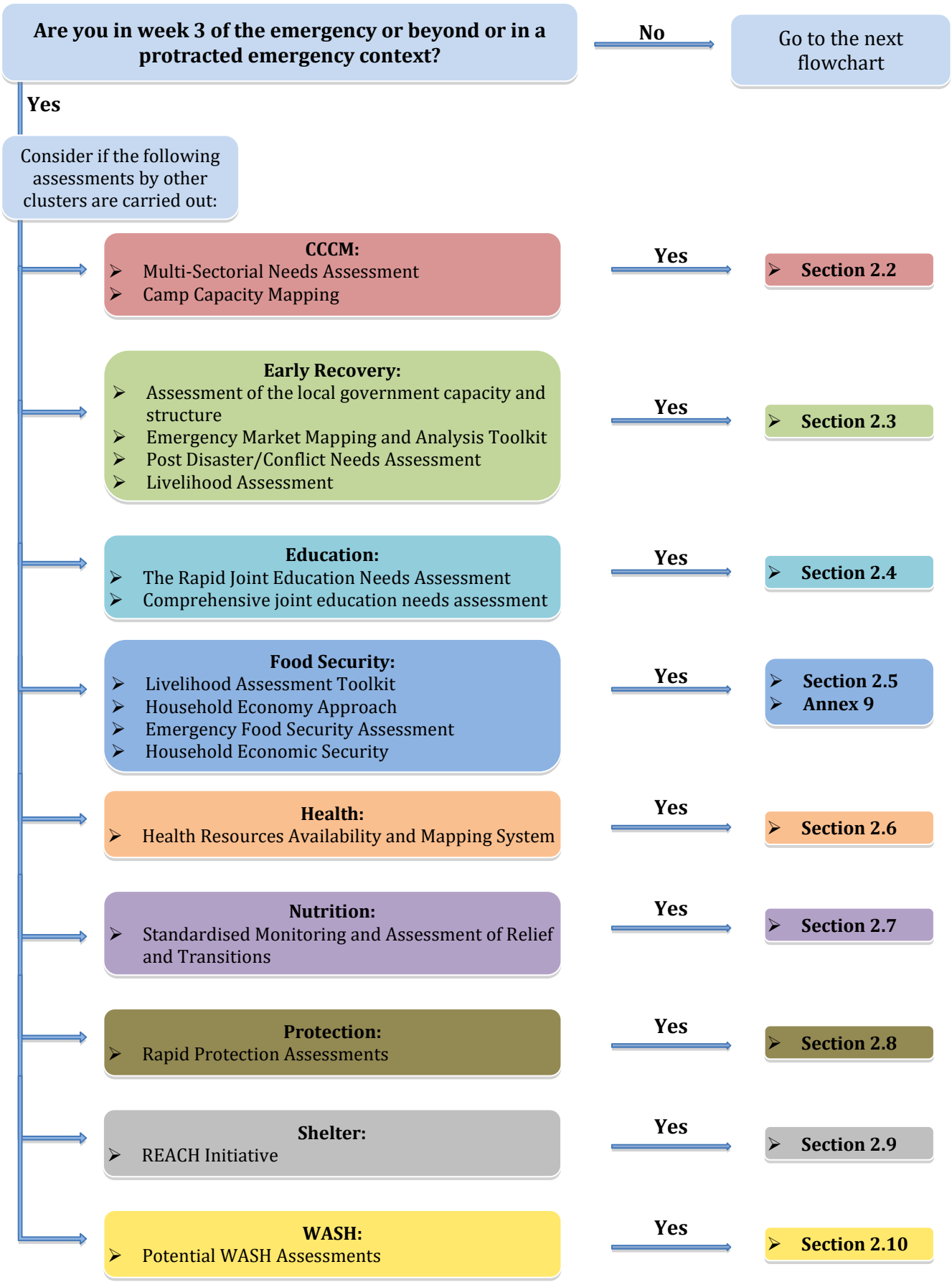
Background Information

Guiding principles: What to consider & actions to take	➢ **Section 1.1 & 1.2** (1-page Overview) ➢ **Annex 1** (WWNK) ➢ **Annex 2** (more details on guiding principles)
Humanitarian Assessment Framework	➢ **Section 1.3**. (1-page Overview) ➢ **Annex 3** (more details on the emergency phases)
Snapshot of the assessments carried out by emergency phases and clusters	➢ **Annex 4**

Please see the **next page** for a **decision-making flow chart** on integrating **child protection in other humanitarian assessments**

Decision-Making Flow Chart: Integrating Child Protection in other Humanitarian Assessment




Are you in week 3 of the emergency or beyond or in a protracted emergency context?
No
Go to the next flowchart
Yes
Consider if the following assessments by other clusters are carried out:
CCCM:
Multi-Sectorial Needs Assessment
Camp Capacity Mapping
Yes
Section 2.2
Early Recovery:
Assessment of the local government capacity and structure
Emergency Market Mapping and Analysis Toolkit
Post Disaster/Conflict Needs Assessment
Livelihood Assessment
Yes
Section 2.3
Education:
The Rapid Joint Education Needs Assessment
Comprehensive joint education needs assessment
Yes
Section 2.4
Food Security:
Livelihood Assessment Toolkit
Household Economy Approach
Emergency Food Security Assessment
Household Economic Security
Yes
Section 2.5
Annex 9
Health:
Health Resources Availability and Mapping System
Yes
Section 2.6
Nutrition:
Standardised Monitoring and Assessment of Relief and Transitions
Yes
Section 2.7
Protection:
Rapid Protection Assessments
Yes
Section 2.8
Shelter:
REACH Initiative
Yes
Section 2.9
WASH:
Potential WASH Assessments
Yes
Section 2.10

Section 1: Guiding principles and the humanitarian assessment framework

1.1. What to consider

Several principles, approaches and standards have been developed and are relevant for CP actors involved in providing humanitarian assistance such as:

- the **Child Protection Rapid Assessment toolkit** (CPRA)
- the **Child Protection Minimum Standards** (CPMS)
- the **Sphere Standards**
- the **IASC Operational Guidance for Coordinated Assessments in Humanitarian Crisis**

Below are some of the principles that should be taken into account by CP actors in all assessments.

Building upon previous experiences – the ethical considerations applicable to humanitarian assessments	
Considering the potential negative impact of assessments	See CPRA, p. 10 & CPMS 5, p. 64 (on data confidentiality)
When carrying out an assessment is either unnecessary or inappropriate	See CPRA, p. 6
Responding to urgent situations	See CPRA, p. 11, 18 & 61
Do no harm	See for example the Core Commitments for Children in Humanitarian Action, p. 8
The best interests of the child	See CPMS, p. 15
Integration is a two-way street	
A shared commitment to coordinated assessments	See IASC Operational Guidance for Coordinated Needs Assessments in Humanitarian Crisis, p. 10

1.2. Actions to take

Identify your key information elements that you need to inform programmatic decisions	
Identify key 'What We Need to Know' (WWKN)	See CPRA, p. 14 & Annex 1
Carry out a Secondary Data Review (SDR)	See CPRA, p. 15 See CPWG Guidance Note on SDR[4]
Make it harder for people to turn you down	
Understand the Humanitarian Assessment Framework	See section 1.3. & Annex 3
Identify your WWNK items	See CPRA, p. 14 & Annex 1
Carefully develop your indicators and the suggested questions to be inserted in other sectorial assessments	See Annex 3
Disaggregation of data	See Annex 3
Having your key arguments at hand to further persuade your interlocutor	See Annex 3

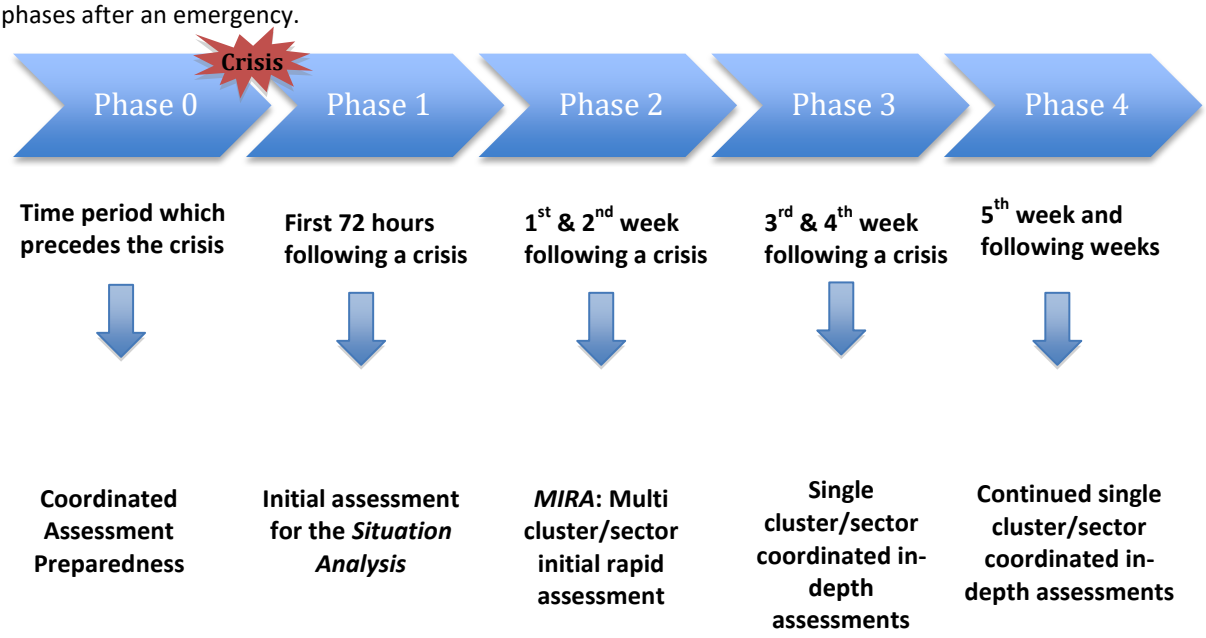
*For more **details on the above outlined principles** & **standards** please see **Annex 2***

[4] For the CPWG Guidance note refer to: http://cpwg.net/wp-content/uploads/sites/2/2014/05/Guidance_Note_CPiE_SDR_FINAL.pdf

1.3. The Humanitarian Assessment Framework

The emergency phases explained

As per the IASC Operational Guidance for Coordinated Assessments in Humanitarian Crisis, there are four phases after an emergency.

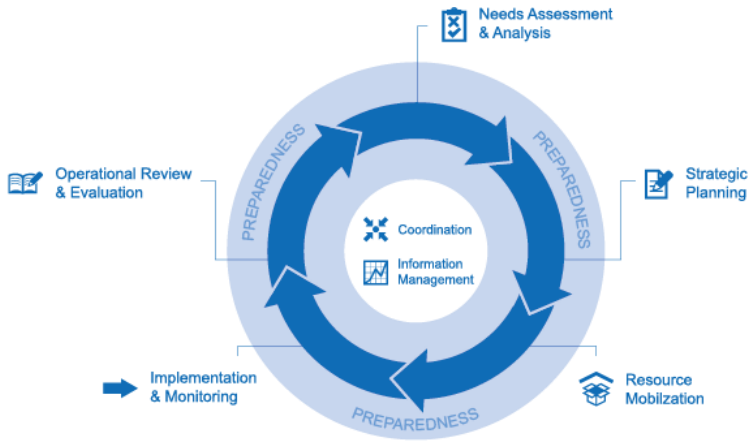


*For a more detailed overview of the **assessment framework** please refer to **Page 13** of the **IASC Operational Guidance for Coordinated Assessments** in Humanitarian Crisis.*
*For more details on the **emergency phases** please refer to **Annex 3**.*

*Please refer to **Page 9** of the **IASC Operational Guidance for Coordinated Assessments** in Humanitarian Crisis for information on the **roles and responsibilities** of the different actors and to **Annex 4** for more details on assessments during the different emergency phases.*

The Humanitarian Program Cycle[5] (HPC)

The humanitarian program cycle is a coordinated series of actions undertaken to help prepare for, manage and deliver humanitarian response.



The HPC consists of five elements (see the Figure), which are coordinated in a seamless manner. One step logically builds on the previous and leads to the subsequent one.

Effective emergency preparedness, effective coordination with national/ local authorities and humanitarian actors and information management are the basis for a successful implementation of the HPC.

[5] Imag ed fr

*For more details on the humanitarian assessment framework and on coordinated assessment please refer to the **IASC Operational Guidance on Coordinated Assessment in Humanitarian Crisis** on **pages 12-13***

Section 2: Integrating child protection issues in multi-sectorial humanitarian assessments

This section identifies opportunities to integrate Child Protection issues in multi-sectorial & cluster specific assessments - carried out in phases 3 &4 after an emergency.

In emergencies, CP field practitioners are strongly advised to identify which assessments are planned in order not to miss integration opportunities.

Section 2.1
Looks at integrating Child Protection in multi-sectorial or inter-agency assessments

Section 2.2 to 2.10
Look at integrating Child Protection in cluster specific assessments

Camp Coordination & Camp Management	**Health**	**Protection**
Early Recovery	**Food Security**	**Shelter**
Education	**Nutrition**	**WASH**

Most clusters don't have a standardized assessment framework used during emergencies. In most cases it is determined at country level which assessments will be carried out, according to the needs of each emergency.

Sections 2.2 to 2.10 present the most usual assessment, carried-out by different clusters, which provide strong opportunities for integration of CP issues.

For each cluster, a table is provided which enables you to quickly identify:

- The **type of assessment** carried-out
- The **phase** in which the assessment is usually carried out
- Examples of **existing data** in these frameworks that can be used by CP actors to inform programming
- The **methodology** used
- Examples of **indicators** that could be used to integrate CP issues (these are mainly in line with the indicators in the CPMS and the Indicators Registry)

In this section only cluster-specific assessments that provide strong opportunities in phases 3 &4 for integrating CP issues are presented.

Please refer to **Annexes 7-13** for **additional assessments** carried out by different clusters in the first two phases, which may provide **opportunities for integration or useful information** for CP

2.1. Integrating Child Protection in multi-sectorial or inter-agency assessments

At the end of 2012, OCHA launched a **Coordinated Assessment Information Portal** to reflect the work of the IASC on coordinated assessments. The portal aims **to assist agencies to better share data** and planning.

The IASC Operational Guidance on Coordinated Assessments in Humanitarian Crises lays out a proposed structure for coordination, while the IASC Multi-Cluster/Sector Initial Rapid Assessment Approach (MIRA) sets out a methodology for joint assessment. **The MIRA must be adapted to each specific context.**

Both (the MIRA & the Operational Guidance) have been integrated into the Transformative Agenda and it is therefore expected that during a large scale L3 Emergency the MIRA would be activated and that clusters and OCHA would have the capacity to conduct a rapid assessment.

The MIRA is the main multi-sectorial inter-agency assessment process promoted by the IASC. The decision to carry out a MIRA will be taken in each emergency by the Humanitarian Coordinator and the Humanitarian Country Team.

Background on the MIRA

Multi-Cluster/Sector Initial Rapid Assessment Approach (MIRA)[6]:

- Is a rapid assessment that aims at providing actors on the ground with a common understanding of the most pressing needs of affected populations, most affected areas, and most affected groups
- It provides information to help guide the planning of subsequent more detailed and specific assessments
- An evidence base for strategic response planning
- It is a light, fast inter-agency process based on global best practices in rapid needs assessment
- The outcomes of this assessment are not detailed enough to inform specific clusters' operational decisions

The MIRA analytical framework is based on four themes, under two pivotal areas: crisis impact and operational environment:

1. Crisis impact
2. Conditions of the affected population
3. Capacities and response
4. Humanitarian access

The MIRA is carried out in 5 steps:

1. ***Secondary data review***: this includes the secondary pre- and post-crisis data collected by each sector and the coordinated discussion platform where findings of other sectors are appraised. Approximately 72h after the onset of a sudden emergency (Phase 1), the secondary data should provide a reasonable picture of the situation, constituting a Situation Analysis. The Situation Analysis is the key document for information initial strategic response planning and appeals.
2. ***Joint data collection***: the community level assessment is primary data collection carried out using direct observation, key informant interviews and community focus group discussions.
3. ***Joint needs analysis***: this is a facilitated process during which findings of the primary and secondary data collection are collectively analyzed by different stakeholders. Analysis occurs at sector level as well as at the inter-sector level.
4. ***Preparing and disseminating the MIRA outputs***: After joint analysis of the MIRA findings, a final report will be compiled. The MIRA report will inform the revision of the Flash Appeal as it consolidates the conclusions of the final inter-sectorial analysis.

<u>Opportunities for integration</u>:

[6] Please consult the MIRA guidance for more detailed information: https://docs.unocha.org/sites/dms/CAP/mira_final_version2012.pdf

Secondary data collection:

- CP field practitioners could ensure that key elements of the CP secondary data review (SDR)or desk review are shared & discussed at the inter-sectorial secondary data review.
- To facilitate the integration of CP secondary data, it should be organized & tagged using the themes and questions provided by the MIRA analytical framework as well as per date, location, group & sector.
- This is important because: 1) Issues flagged in the SDR are more likely to be further investigated through subsequent primary data collection. 2) The comparison of secondary data and primary data collected will inform the development of the MIRA report.

The methodology of the MIRA community level assessment may be adapted to allow CP-related data collection. The MIRA includes a number of CP-related questions:

- Presence of landmines or explosive remnants of war
- Violence
- Forced military recruitment
- Violence against women and girls
- Physical and sexual violence
- Separation and the main security mechanisms existing in communities

Phase	Methodology	WWNK	Indicators
1 & 2	Community level questionnaire, direct observation and key informants / purposive sampling	The multi-sectorial focus of the MIRA and its emphasis on uncovering information on vulnerable populations and reported cases of violence makes it useful for CP practitioners. Data collected in the MIRA should be regularly consulted and inform CP assessments to avoid duplication and further explore CP issues identified in the MIRA. **WWNK** ❖ UASC ❖ Dangers & Injuries ❖ Physical violence ❖ Children associated with armed forces or groups	Percentage of surveyed communities reporting separation of children from their usual caregivers Percentage of communities reporting existence of dangers resulting in severe injuries for children Percentage of surveyed communities reporting physical violence against children Percentage of surveyed communities who note the recruitment of children into armed forces and/or groups

*For information on the **roles and responsibilities of the various participants** in the MIRA process please refer to **Page 8** of the IASC Guidance on **Multi-Cluster/Sector Initial Rapid Assessments**.*

*For an overview of the MIRA Framework please refer to **Page 10** of the **IASC Guidance on Multi-Cluster/Sector Initial Rapid Assessments.***

*For more detailed information on the **MIRA** please also refer to **Annex 6**.*

2.2. Integrating Child Protection in Camp Coordination and Camp Management

Assessment	Phase	Methodology	Background Information	WWNK	Indicators
Camp Capacity Mapping	3&4	Key informant level questionnaires / Representative sampling	The assessment is carried out: ➢ Once humanitarian services are in place ➢ On an ad hoc basis as needed ➢ Depending on how frequently humanitarian actors servicing a camp change The data seeks to answer the following questions: ➢ Who is doing what projects inside the camp? ➢ When did they start? ➢ Have any NAs been conducted?	CP field practitioners could rely on this assessment to get an idea of: ❖ The **CP actors and structures** operating in the camp ❖ The existence of a **CP protection referral system** ❖ The **provision of CP services** in the various sites mapped out ❖ The **capacities and mechanisms** in the camp **to respond to child separation**	Percentage of surveyed camps that have functioning safe spaces for children (and/or youth) Percentage of surveyed camps where specific services exist for vulnerable groups Mechanisms in place for registration and receiving information and for active tracing of immediate family members and relatives Surveillance systems and services are in place to prevent unnecessary separations Percentage of surveyed camps with a functioning referral system Percentage of surveyed camps where 60% or more of those surveyed confirm that CBCPMs exist in their camps

Multi-Sectorial Needs Assessment	3&4	Key informants and household level questionnaires / Representative sampling	➢ The assessment is carried out one or two months into the emergency once humanitarian services are in place ➢ Updated every 3-6 months (as the situation isn't expected to change substantially anymore) <u>Data is collected on the following topics</u>: Community Participation, Protection, Food, WASH, Health and Shelter.	This assessment is by nature **multi-sectorial** and might therefore potentially allow for the integration of various CP issues. CP field practitioners will need to liaise through the CP coordinator with the CCCM cluster to ensure the **most relevant WWNK** (based on the context) **are inserted in the assessment questionnaire**.

2.3. Integrating Child Protection in Early Recovery

Assessment	Phase	Methodology	Background Information	WWNK	Indicators
Assessment of the local government capacity and structure	3	Key informant questionnaire, individual questionnaire / Representative sampling	➢ This assessment is done at institutional level (municipal level) service provider by service provider ➢ It should be completed within 2 weeks (depending on the area to be covered, number of administrative units, access, etc.)	**Accessibility of basic services** to children, regardless of their age, sex, background and their different abilities **Capacities for provision of people/resources** at community level to provide support for children **Capacities and role of the government in ensuring effective referral mechanisms** are established and implemented **Capacities and mechanisms** in the community **to respond to child separation** **Availability and accessibility of essential sexual violence response** services for children (especially health and psychosocial services)	Percentage of communities with comprehensive services and support accessible to excluded groups Percentage of targeted communities with a functioning referral system Percentage of communities that have functioning safe spaces for children (and/or youth) Percentage of communities where 60% or more of those surveyed confirm that CBCPMs exist in their communities Adapted registration forms, SOPs, information, referral and case-management systems (to prevent and respond to family separation) in place Existence of a case management system Number of social workers, law-enforcement staff and health-service providers trained on child-appropriate responses to sexual violence

Emergency Market Mapping and Analysis Toolkit (EMMA) [7]	3	Community level questionnaire, Key informant questionnaire, Household level questionnaire, Focus Group Discussion / Purposive sampling	➢ This assessment aims at providing a better understanding of: - The local market systems in disaster zones - Livelihood and transition to economic recovery ➢ This assessment takes at least two weeks to be completed.	The data collected is normally age & sex disaggregated. It can provide CP actors with information on: ❖ **Child labor** (patterns and scale of the worst forms of child labor, increase in children's exposure to worst forms of child labor, new worst forms of child labor) ❖ **Physical violence and other harmful practices** (scale of child marriage and likely new risks due to the emergency) ❖ **The number of child-headed households** (with implications for cash or voucher assistance)	Percentage of surveyed community members who indicate the involvement of children in WFCL Percentage/number of reported incidence of intentional physical violence and other harmful practices [broken down by victim]
Post Disaster Needs Assessment (PDNA)/ Post Conflict Needs Assessment (PCNA)	4+	Direct observation, key informant questionnaire, community level questionnaire / Representative sampling	➢ A government-led exercise with the support of the EU, the UN system and the World Bank[8], bringing together national and international stakeholders to align recovery efforts in a coordinated way. ➢ It collects information on economic damages & losses, and the recovery priorities across all sectors - including the human development needs of the affected population - into a single consolidated assessment report. ➢ The information is used as a	➢ Usually a separate interagency coordination forum is established to coordinate the PDNA/PCNA process led by the government. ➢ Sector guidelines, some of which are still in a draft format, comprehensively guide the assessments for each sector. ➢ Some sectorial guidelines are more relevant for the integration of CP issues (e.g. education, health, economic recovery). This assessment is by nature **multi-sectorial** and might therefore potentially allow for the integration of various CP issues. It is essential for CP actors to play an active role in the coordination platform from the beginning of the process to ensure the **most relevant WWNK** (based on the context) **are inserted in the assessment questionnaire**.		

[7] For more information on the EMMA toolkit please consult: http://emma-toolkit.org/

[8] UNDP and the EU will work with the World Bank to strengthen the methodological basis of these assessments, create capacities within the international community and partner governments for the conduct of PDNAs and continue to advocate for the importance of coordinated and well-costed recovery strategies for the countries served. The PDNA combines the Damage and Loss Assessment developed by the United Nations Economic Commission for Latin America and the Caribbean (ECLAC) with an assessment of the impact of the disaster on human development, communities and the performance of national systems to deliver services and goods. The objective is to restore the situation as before the disaster, and use the recovery process for "building back better" in support of the national reform and development policies.

			basis for developing a comprehensive recovery framework, which will guide the design and implementation of early and long-term recovery programs, and to help determine international development assistance needs. ➢ Usually carried out from phase 4 of an emergency onwards		
Livelihood Assessment	4+	Household level questionnaire / Representative sampling	➢ An assessment carried out by the Early Recovery and/or Food Security cluster ➢ Carried out in both urban and rural settings together, or each cluster in either the urban or rural setting, depending on who does what where ➢ Comprehensive assessment carried out during 2nd month after emergency ➢ Rapid livelihoods assessment tools are developed to get a quick overview of existing needs within the first few weeks of the emergency	**Child Labor** (patterns and scale of the worst forms of child labor, increase in children's exposure to worst forms of child labor, new worst forms of child labor) **Physical violence and other harmful practices** (existing scale of child marriage and likely new risks a s a result of the emergency) **Other areas for integration with age & sex disaggregated data:** - Livelihoods - Dependents - Families - The cause of livelihood loss & how it impacts the family	Percentage of surveyed community members who indicate the involvement of children in WFCL Percentage of communities reporting the incidence of reported cases of trafficking for exploitation (labour or sex) Percentage/number of reported incidence of intentional physical violence and other harmful practices [broken down by victim]

2.4. Integrating Child Protection in Education

Assessment	Phase	Methodology	Background Information	WWNK	Indicators
The Rapid Joint Education Needs Assessment[9] (RJENA)	3	Key informant questionnaire, Direct observation, Limited Focus Group Discussion / Purposive sampling	➢ This assessment is usually carried out at the earliest during the 3rd phase. ➢ The tools used for education NAs are contextualized for each emergency. However all assessments aim to assess all components of a quality education: access & learning environment; teaching & learning; teachers & other education personnel; education policy; community participation & coordination. ➢ Additionally, nine key thematic issues are assessed: - Gender - Psychosocial distress - ECD - Youth - Inclusive education - Rights - HIV and AIDS - Conflict mitigation & resolution - Disaster risk reduction	**UASC** - Patterns of separation from usual caregivers of boys and girls - Types of care arrangements for separated and unaccompanied children and existing gaps - Capacities and mechanisms in the community to respond to child separation **Physical violence and other harmful practices** - Types and levels of violence towards girls and boys in the community - Causes and level of risk of death and/or severe injury to children resulting from violence and/or harmful practices **Dangers and injuries** - Nature and extent of any hazards for children in the environment **Sexual violence** - Specific risks of sexual violence for girls and boys - Availability and accessibility of essential sexual violence response services for children (especially health	Percentage of children separated from their caregivers Adapted registration forms, SOPs, information, referral and case-management systems (to prevent and respond to family separation) in place Percentage of registered UASC in appropriate and protective care arrangements Percentage/number of reported incidence of intentional physical violence and other harmful practices [broken down by victim] Number and percentage of assessed formal and informal learning environments that are considered safe for boys and girls of different ages Existence of a case management system Percentage of surveyed teachers and other education personnel who indicate children exhibit behavioral changes that relate to symptoms of distress since the emergency Percentage of surveyed learning environments who offer psychosocial support to children and youth and to teachers and other education personnel

[9] The Education Joint Rapid Assessment Toolkit: http://educationcluster.net/wp-content/uploads/2013/12/Ed_NA_Toolkit_Final.pdf

				and psychosocial services) - Common harmful practices **Psychosocial distress and mental disorders** - Sources of stress & signs of psychosocial distress among girls & boys and their caregivers - Children's and their caregivers' (positive and negative) coping mechanisms - Capacities for provision of people/resources at community level to provide support for children **Child Labor** - Existing patterns & scale of the worst forms of child labor - Likely increase in children's exposure to worst forms of child labor and new worst forms of child labor that could emerge as a result of the emergency **Children associated with armed forces or groups** - Past and current trends in involvement/association of children with armed forces **Protecting excluded children** - Accessibility of basic services to children, regardless of their age, sex, background and their different abilities	Percentage of surveyed learning environments who note the recruitment of children into armed forces and/or groups Percentage of surveyed learning environments who indicate the involvement of children in worst forms of child labor Percentage of affected marginalized children (3-18 years) attending school

Comprehensive joint education needs assessment	4+	Surveys, Key informant interviews, Direct Observation, Focus Group Discussion/ Representative Sampling	➢ This assessment assesses the same thematic issues as the RJENA but because it collects more detailed data, a different methodology is used (representative sampling instead of purposive sampling, surveys & more detailed focus group discussion). The report is expected to come out 1 or 2 months after the emergency.	There are great opportunities to integrate the following CP issues in this assessment: ❖ **UASC** ❖ **Physical violence and other harmful practices** ❖ **Dangers and injuries** ❖ **Sexual violence** ❖ **Psychosocial distress and mental disorders** ❖ **Child Labor** ❖ **Children associated with armed forces or groups** ❖ **Exclusion of certain categories of children** The CP topics that may be included will be similar for both education assessments, but the Comprehensive Joint Education NA allows a greater level of detail.	Please see examples from RJENA above.

2.5 Integrating Child Protection in Food Security

Assessment	Phase	Methodology	Background Information	WWNK	Indicators
Livelihood Assessment Toolkit (LAT)[10]	0, 2, 4+	Phase 2: Key informant interview, limited focus group discussions/ sampling Phase 4+: Focus Group Discussion, Household level questionnaire, Key informant interview/ Representative sampling	➢ Developed by ILO & FAO to improve the understanding of the impact of disasters on livelihoods ➢ Aimed at sudden onset natural disasters ➢ It is planned to extend the coverage of the toolkit to other types of emergencies. ➢ The toolkit contains 3 elements. 1) Livelihood Baseline Assessment: It is carried out **pre-crisis**, to provide a picture of normal livelihood patterns in areas at risk from natural hazards together with an indication of likely impacts of hazards, key response priorities and institutions likely to be involved in recovery. 2) Immediate Livelihood Impact Appraisal: It is carried out **immediately after the disaster**. The impact of the disaster on livelihoods at local level is assessed and where possible is integrated in multi-sectorial quick impact assessments (e.g. MIRA). This assessment is usually carried out **within the first 10 days** of an emergency and is completed within 7 days. 3) Detailed Livelihood Assessment: It is undertaken **within 90 days of the disaster** and is completed in 30 days. Data collected includes: - Percentage of households losing employment due to the disaster	Phase 2 If the data is sex & age disaggregated, it can support CP field practitioners in identifying the **children at greater risk of facing CP issues.** Phase 4 If the data is sex & age disaggregated, it can enable CP field practitioners to identify issues regarding: ❖ **Child labor** (patterns and scale of the worst forms of child labor, increase in children's exposure to worst forms of child labor, new worst forms of child labor) ❖ **Physical violence and other harmful practices**	Percentage of child headed households Percentage of surveyed communities who indicate the involvement of children in worst forms of child labor Percentage/number of reported incidence of intentional physical violence and other harmful practices [broken down by victim]

[10] For the LAT please refer to: http://www.fao.org/fileadmin/user_upload/emergencies/docs/LAT_Brochure_LoRes.pdf

			- Percentage of households undertaking various coping strategies due to the disaster - Assets lost at household and community levels (physical, human, financial, social and natural) after the disaster ➢ Given that the deterioration of household's livelihoods might have a significant impact on the protection of children, this assessment would enable CP field practitioners to identify ways in which particularly vulnerable households may be supported to prevent the occurrence of CP issues.		
Household Economy Approach (HEA)[11]	3+	Focus Group Discussions	➢ A rapid HEA for use in emergency response has been developed and piloted. ➢ It can be done in 10 days however because it is labor intensive it often takes several weeks for one livelihood zone to be assessed. ➢ The assessment collects data on the source of food, expenditure patterns and income patterns. ➢ The assessment provides a forecast of the impact that an expected scenario would have on targeted communities.	❖ **Child labor** This assessment could inform CP field practitioners on **the source of income of households** and, if the data collected are disaggregated, by sex and age, it may enable the **identification of children who contribute to family's income** and the **type of work** that they carry out.	Percentage of child headed households Percentage of surveyed communities who indicate the involvement of children in worst forms of child labor Percentage/number of reported incidence of intentional physical violence and other harmful practices [broken down by victim]

[11] For more information please consult: http://www.heawebsite.org/about-household-economy-approach

2.6. Integrating Child Protection in Health

Assessment	Phase	Methodology	Background Information	WWNK	Indicators
Health Resources Availability and Mapping System (HeRAMS)	2-3+	Key informant questionnaire	This assessment collects data on the availability of health resources (incl. services, caseload of patients, human resources, infrastructures). This assessment can take up to two months to be organized and might take another two months to be completed depending on its scale (e.g. will the assessment be carried out at national level or in a specific location in fixed or temporary health facilities).	❖ **UASC** ❖ **Physical violence and other harmful practices** ❖ **Sexual violence** ❖ **Psychosocial distress and mental disorders** ❖ **Dangers and injuries** ❖ **Protecting excluded children**	Percentage of health facilities for which referral pathways for child protection cases exist and are used
					Mechanisms in place for registration of immediate family members and relatives
					Percentage of health staff that has received training on identifying and referring children affected by violence, neglect, abuse and exploitation
					Number of health-service providers trained on child-appropriate responses to sexual violence
					Percentage of health staff that has has received training or counseling on how to deal with psychosocial issues
					Percentage of victims of sexual violence and children in need of mental health services, disaggregated by sex and age, and registered in a case-management system, who received health services
					Percentage/number of reported child survivors of severe injury who receive medical care within 12 hours
					Percentage of identified excluded children who have access to health services

2.7. Integrating Child Protection in Nutrition

Assessment	Phase	Methodology	Background Information	WWNK	Indicators
Standardized Monitoring and Assessment of Relief and Transitions (SMART[12])	3&4	Household level (children under 5 and often questionnaire for guardians) / Representative sampling	➢ A survey method for the assessment of the severity of a humanitarian crisis based on the most vital public health indicators: - Nutritional status of children under five (weight & height, malnutrition rates) - Mortality rate of the population ➢ Often, additional information is collected such as: - Age & sex of each household member - Information about the cause of death of children under 5 ➢ In certain occasions, a questionnaire will also be developed to collect further information from the children's guardian (incl. feeding habits, etc.). The most widely accepted practice is to assess malnutrition levels in children aged 6–59 months as a proxy for the population as a whole.	If a questionnaire is developed to collect additional data from the children's guardian, this may provide opportunities: ❖ To collect data on **UASC** ❖ To identify **particularly vulnerable households** (single headed, child headed, who has a member requiring special assistance etc.)	Percentage of child headed households Percentage of children separated from their caregivers Number of suspected cases of separation, violence, abuse, exploitation or neglect identified through nutrition programs and referred to child protection organizations.

[12] SMART Methodology is an improved survey method for the assessment of severity of a humanitarian crisis based on the two most vital public health indicators: nutritional status of children under-five and mortality rate of the population.

2.8. Integrating Child Protection in Protection

Assessment	Phase	Methodology	Background Information	WWNK	Indicators
Rapid Protection Assessments (RPA)[13]	3	Review of secondary data, key informant interviews, focus group discussions, direct observation	➢ The assessment is carried out either alongside or after multi-sectorial assessments[14] ➢ It informs protection teams on the prioritization & allocation of resources and on program design ➢ It enables the Protection cluster to collect relevant information & identifies key protection concerns and information gaps ➢ The assessment focuses on protection trends affecting the population in general rather than individuals ➢ The time frame varies according to the scope and scale of the disaster An RPA will provide **answers to the following key questions**: ❖ What are the key protection concerns in the emergency[15]? ❖ Who is affected by them? How many people are affected? Where are there? What are the population groups that are most severely affected or in a way requiring specific targeted intervention?	**UASC** - Patterns of separation from usual caregivers of boys and girls - Capacities and mechanisms in the community to respond to child separation **Dangers and injuries** - Nature and extent of any hazards for children in the environment **Physical violence** - Types and level of violence towards girls and boys in the community **Sexual violence** - Specific risks of sexual violence for girls and boys	Percentage of children separated from their caregivers Percentage/number of reported child survivors of severe injury Percentage/number of reported incidence of intentional physical violence and other harmful practices [broken down by victim] Percentage of surveyed communities that indicate a change in the incidence of sexual violence against children since (the emergency) Percentage of surveyed communities who indicate children exhibit behavioral changes that relate to symptoms of distress since (the emergency) Percentage of community members surveyed who know how to support children with psychosocial distress

[13] The RPA Tool mentions in a separate "read me first" document the following: During the first days of an emergency, professional protection officers working in small teams can use the First phase checklist for field visits. Protection teams need to conduct a Rapid Protection Assessment (RPA) during the first two to three weeks of an emergency. For this, they can use the Guidance note and the Data collection tools. Additional tools to help planning an RPA can be found in the Auxiliary tools. If teams need to learn more about the standards applying to an RPA or its technical aspects, they can refer to the Annexes.

[14] Complementarities between both exercises need to be fully exploited by (1) not reassessing a site that has been already assessed by the MIRA and for which sufficient information has been collected (2) actively using MIRA findings to narrow down the scope of the RPA and precise the populations, areas and issues that need to be assessed.

[15] Normally, assessing protection concerns will also include identifying its causes and perpetrators, as indicated in the Framework for Analysis of Protection Problems. However, in some particular cases this identification may create particular risks for affected populations and assessment teams alike. In these cases, assessment teams (particularly when not composed of personnel professionally trained in protection) must refrain from actively collecting this information. More details on this can be found in the training module.

			❖ What is the gap between what is being done and what needs to be done to address these protection concerns?	**Psychosocial distress** - Sources of stress and signs of psychosocial distress among girls and boys and their caregivers - Capacities for provision of people/resources at community level to provide support for children **Child Labor** - Existing patterns and scale of the WFCL **Children associated with armed forces or groups** - Past and current trends in involvement/association of children with armed forces or groups	Percentage of surveyed communities who indicate the involvement of children in worst forms of child labour Percentage of surveyed communities who note the recruitment of children into armed forces and/or groups Percentage of communities that have functioning safe spaces for children [and/or youth] Percentage of targeted communities with a functioning referral system for children at the community level Percentage of communities surveyed who confirm that Community based Child Protection Mechanisms (CBCPMs) exist in their community

2.9. Integrating Child Protection in Shelter

Assessment	Phase	Methodology	Background Information	WWNK	Indicators
REACH Initiative	3&4	Household level survey, key informant interview / Representative sampling	After an emergency, REACH supports better targeting and planning of relief assistance by facilitating rapid needs assessments, as well as monitoring and evaluation of humanitarian interventions. EACH and the Shelter cluster collaborate on assessments with REACH providing either on-the-ground support or remote technical support. Shelter assessments usually attempt to collect data which will enable them to establish the following needs: 1. Shelter 2. Basic goods and supplies to meet personal hygiene needs, prepare and eat food, provide thermal comfort, build, maintain or repair shelters 3. Distance or protection from security threats, threats from disease, or other natural hazards and safety hazards 4. Access to livelihood support activities 5. Return to country/settlement of origin (where possible) or dispersed settlements 6. Access to water and sanitation services and social facilities 7. Freedom of movement into and out of settlements 8. Land and property ownership and/or user rights 9. Access to information about and participation in shelter and settlement outputs Attention is given to the needs of persons most frequently, but not consistently at risk in disasters (female heads of households, persons with disabilities, refugees, single parents, unaccompanied children and elders).	**UASC** - Patterns of separation from usual caregivers of boys and girls **Dangers & injuries** - Nature and extent of any hazards for children in the environment **Physical violence and other harmful practices** - Types and level of violence towards girls and boys in the community **Sexual violence** - Specific risks of sexual violence for girls and boys	Percentage of children separated from their caregivers Percentage/number of reported child survivors of severe injury Percentage/number of reported incidence of intentional physical violence and other harmful practices [broken down by victim] Percentage of shelter programs where child safety and well being, including family unity are reflected in design, monitoring and evaluation. Percentage of constructed shelters that are in an accessible distance from one or more spaces for children's activities (schools, CFSs, etc.)

2.10. Integrating Child Protection in Water, Sanitation and Hygiene

Assessment	Phase	Methodology	Background Information	WWNK	Indicators
Potential assessments	2&3		Assessments carried out by the WASH cluster will collect data on: ➢ The number of pregnant women ➢ The number of children under 5 & other vulnerable people (this could include children aged 5-17 who are disabled) ➢ Whether or not the population has suitable[16] access to water, toilets & bathing facilities ➢ Whether or not all groups within the affected population have equitable access to WASH facilities & services	**UASC** - Patterns of separation from usual caregivers **Protecting excluded children** - Accessibility of basic services to children, regardless of their age, sex, background and their different abilities	Percentage of children separated from their caregivers
					Percentage of WASH projects where child safety and wellbeing, including family unity, are reflected in design, monitoring and evaluation
					Percentage of surveyed sites with communal facilities that have toilet and bathing facilities that are considered safe for women and girls by the population
					Percentage of schools, CFSs and health facilities where child-appropriate WASH facilities are in place
					Percentage of identified excluded children who have access to WASH services

[16] Here is considered both the safety of the facility as well as the security around the use of the facility.

ANNEXES

Annex 1: Child Protection WWNK in the rapid onset or large-scale emergency phase[17]:

a) Unaccompanied and separated children

1. Patterns of separation from usual caregivers of boys and girls
2. Types of care arrangements for separated and unaccompanied children and existing gaps
3. Capacities and mechanisms in the community to respond to child separation
4. Patterns and levels of institutionalization of children
5. Laws, policies and common practices on adoption (in and out of country).

b) Dangers and Injury

6. Nature and extent of any hazards for children in the environment (i.e. open pit latrines, dangling electrical wires, landmines or other explosives in the vicinity of the residence, small arms, camps close to roads, etc.)

c) Physical violence and other harmful practices

7. Types and levels of violence towards girls and boys in the community
8. Causes and level of risk of death and/or severe injury to children resulting from violence and/or harmful practices
9. Existence of active participation of children in acts of violence
10. Existing scale of child marriage and likely new risks as a result of the emergency.

d) Sexual violence

11. Specific risks of sexual violence for girls and boys
12. How different forms of sexual violence are viewed by families (including youth/children), community leaders and government counterparts, and how this is normally dealt with.
13. Availability and accessibility of essential sexual violence response services for children (especially health and psychosocial services)
14. Common harmful practices (domestic and/or societal).

e) Psychosocial distress and mental disorders

15. Sources of stress and signs of psychosocial distress among girls and boys and their caregivers
16. Children's and their caregivers' (positive and negative) coping mechanisms
17. Capacities for provision of people/resources at community level to provide support for children.

f) Protecting excluded children

18. Accessibility of basic services to children, regardless of their age, sex, background and their different abilities
19. Risks, and types, of discrimination against specific groups of children.

g) Information needs and communication channels

20. Common information-sharing channels (for children and adults) and child protection information needs.

h) Child labor

21. Existing patterns and scale of the worst forms of child labor
22. Likely increase in children's exposure to worst forms of child labor as a result of the emergency
23. Likely new worst forms of child labor that could emerge as a result of the emergency

i) Children associated with armed forces or armed groups

24. Past and current trends in involvement/association of children with armed forces & groups.

[17] Child Protection Rapid Assessment tool, December 2012, p.14-15

Annex 2: Guiding Principles

Principle 1: Building upon previous experiences - the ethical considerations applicable to humanitarian assessments

1.1. Considering the potential negative impact of assessments[18]

Child Participation

Child participation in assessments is important, and should take place if it's meaningful & safe to do so[19]

Ensuring that you are "context appropriate"

- Speaking to local people or colleagues with in-depth knowledge is important to understand about sensitive and politicized issues

This will help deciding on what questions to include and on adapting language & tools[20]

Dealing with sensitive data

- Data on sensitive issues[21] needs to guarantee confidentiality of the respondent
- Certain assessment methodologies are thus unsuitable to collect sensitive information (f. ex. Focus Group Discussions)
- More appropriate methods: key informant interviews

Only interviewers with adequate CP training should ask sensitive questions around topics such as sexual violence and the existence of children working or used by armed groups[22]

For more **information on data confidentiality**, please see **Standard 5** of the **CPMS (page 62)** and the **CPRA** for **templates of oral and written consent.**

1.2. When carrying out an assessment is either unnecessary or inappropriate

- When decisions have already been taken and the assessment results will have no relevance
- When no more additional information is required
- When the assessment puts data collectors or interviewees in harmful situations
- When the results of the assessment will be incorrect or biased (f. ex. when interviewees don't feel secure enough to tell the truth)
- When a population feels over-assessed and possibly hostile to assessments

1.3. Urgent Action & Commitment to follow-up action as necessary[23]

- A commitment from actors carrying out an assessment to respond to urgent action is necessary
- Actors must ensure to respond appropriately when a child's life and/or wellbeing is in immediate danger
- Urgent action is important and should be highlighted as a necessary part of any assessment that has CP components
- An effective urgent action procedure will look like a referral pathway which can be easily followed by assessment teams in the field[24]

Please refer to the **CPRA** to see an example of **Urgent Action Report (Page 61)**

1.4. Other applicable principles

- It is important not to raise false expectations with communities when carrying out an assessment by being clear about its objectives[25]
- Assessments should identify ways to support existing community-coping mechanisms which don't violate basic rights or harm children[26]

[18] CPMS and Child Protection Rapid Assessment tool, December 2012, p.10
[19] CPMS, p.11.
[20] Adapted from Child Protection Rapid Assessment toolkit, December 2012, p.11
[21] This includes questions around Gender Based Violence (GBV), whether or not the child or it's household is part of a minority group, has disabilities, mental health issues, whether or not a child is associated with armed groups and forces, etc.
[22] Child Protection Rapid Assessment tool, December 2012, p.11 and part 2, Tool 2, P42 – 56.
[23] Child Protection Rapid Assessment toolkit, December 2012, p.10
[24] Child Protection Rapid Assessment toolkit, December 2012, p.18
[25] Child Protection Rapid Assessment toolkit, December 2012, p.10 adapted from the Ethical Considerations for the IA Emergency Child Protection Assessment.
[26] Child Protection Rapid Assessment toolkit, December 2012, p.10

Principle 2: Integration is a two-way street

The IASC Transformative Agenda calls for a greater evidence-based, strategic and prioritized humanitarian response. To facilitate this, it proposes stronger coordination around the HPC, starting with needs assessments and analysis[27].

2.1. Considering already existing information

- Other clusters or organizations may already be collecting information relevant for child protection actors
- Example: In a displacement setting, IOM or UNHCR may collect information on where UASC are coming from for example
- Sometimes ensuring that the most basic information collected is disaggregated by age and sex is a starting point for programming in early stages

2.2. A shared commitment to coordinated assessments

- The IASC promotes the coordination of NAs to enhance the quality of humanitarian responses.

For recommendations on how to **prepare, lead and implement coordinated assessments** please refer to **page 19** of the **IASC Operational Guidance for coordinated needs assessments**

Principle 3: "What We Need to Know": information elements that you need to inform programmatic decisions

3.1. Identify key 'What We Need to Know'[28] (WWNK)

- WWNK is key information about the situation of children and existing capacities. This information is vital in informing immediate programming priorities.
- Deciding on context-specific WWKN is the foundation of any rapid assessment

Key steps to identify context-specific WWNK:

1. Carry out a Secondary Data Review (to identify what information is existing)
2. Identify which information needs to be collected
3. Identify context-specific WWNK

3.2. Carry out a Secondary Data Review (SDR)

- Carry out a secondary data review in the preparedness phase
- This can be done out of country for the most part, reducing pressure on in-country staff

Key considerations:

- It may be possible to update a SDR (either a previous one, or one by another agency)[29]
- Carry it out before finalizing assessment tools, in order to help you formulate questions and answer options
- A SDR includes pre- and post-onset data

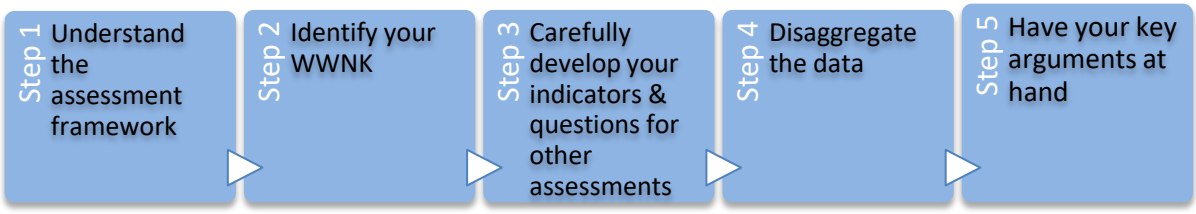
SDRs are useful because[30]:

- They can answer some of your WWNK
- When protection systems are in place, much of the data related to CP issues can be collected from information management systems → this diminishes the need to collect such data
- They may provide enough information, making data collection unnecessary
- If they are well collected, they can be shared for the MIRA

[27] Adapted from the Humanitarian Needs Overview, 2014 (https://assessments.humanitarianresponse.info/files/HNO_Guidance_and_Template_2014.pdf)
[28] Adapted from the Child Protection Rapid Assessment toolkit, December 2012, p.14
[29] Particularly in Level 3 emergencies, ACAPS carries out SDRs for UNICEF.
[30] Adapted from the Child Protection Rapid Assessment toolkit, December 2012, p.15

Principle 4: Make it harder for people to turn you down

It is strongly encouraged to follow these steps in order to give yourself every advantage in advocating to integrate CP issues in other humanitarian assessments.



Step 1: Understand the assessment framework

The most important challenge identified by C practitioners affecting their attempts to integrate CP issues in other assessments was to not know what assessments are carried out by which sector or agency which seriously undermines their efforts in coordinating and harmonizing assessments.

- Better understanding the overall assessment framework will help you identify who is usually doing what and when during the first 4 phases of an emergency
- This will support your efforts in liaising with the relevant people to integrate CP issues in other assessments
- Additional assessments may be carried out by specific clusters/agencies, thus efforts to liaise with other cluster coordinators and agencies to identify these are needed

Some cluster coordinators have reported having been approached during emergencies by other clusters and/or Areas of Responsibility and being given guidelines and detailed lists of questions to be integrated in their assessments, which would have required the use of different methodologies.

The wrong approach places you at risk of provoking rejection regardless of how

Emergency phases are conceptual in nature and do not operate along an exact timeline. As a result, the actual moment in which the assessment will be planned and conducted will vary.

Step 2: Identify your WWNK items

- This will ensure that you do not seek to collect already available data
- It will enable you to stress to the concerned cluster coordinator why it is important for you to collect such data.

Step 3: Carefully develop your indicators and the suggested questions to be inserted in other sectorial assessments.

Once your WWNK have been identified and you know which assessments are planned, you will need to identify the opportunities for integration & develop the actual questions.
This will depend on:

1. The methodologies & unit of analysis (community, household, individual) selected to ensure that it will enable you to collect the information that you are seeking
2. When it is anticipated that the results of the assessment will be made available so that it remains relevant to operational decisions[31]

The key is to ensure that the **questions drafted are formulated carefully, in a manner that is compatible** with the methodology of the assessment planned.

Important to remember:

- Phrase your question accordingly to collect the desired data, depending on the methodology used
- Example: for a MIRA, data is often collected via limited direct observations or key informant interviews
- Whilst you select the WWNK you phrase the question to be integrated, keep in mind the following:

[31] Global Protection Cluster key messages on assessment

- Avoid collecting information that cannot be used later on (due to group bias, inconsistency of the information collected across sites, etc.)
- Ensure that people participating in the survey are not put at risk (respondents & assessors)
- Ensure that assessors are not expected to possess specific CP skills to ask the questions or interpret the answers (f.ex. what is understood under a "separated and unaccompanied child")
- Formulate the questions using words that are understood in the same way by everyone

*Advice on how to appropriately **select key informants** & to see examples of key informant **interview questions** is provided in the CPRA toolkit on **pages 18-19**.*

Step 4: Disaggregation of data

- Ask other clusters and organizations to collect disaggregated data (by sex & age) whenever appropriate
- Even if questions do not directly address CP, gender and age-specific data can be important to inform CP programming

Step 5: Having your key arguments at hand to further persuade your interlocutor

- Should you need to further convince your interlocutor of the importance of ensuring the collection of this data, remind them of the centrality of Protection (see below statement). Remind them of how CP information can be useful to them as well.
- Link the need to collect this information to an information gap that needs to be filled to inform urgent operational decision.
- The indicators in the Indicator Registry[32] should be adapted and included where possible, as they allow comparison of needs and response across countries.

At the end of 2013, the IASC issued a statement, which affirms the commitment of the IASC Principals to ensuring the **Centrality of Protection in Humanitarian Action** and the role of HCs, HCTs and Clusters to implement this commitment in all aspects of humanitarian action.

(Statement by the IASC, December 2013)

[32] For the Indicator Registry please refer to: http://www.humanitarianresponse.info/applications/ir/indicators

Annex 3. The emergency phases

Phase 0: The Preparedness Phase

Collection of key data:

- A **Secondary Data Review** should be carried out to predict the types and nature of violence that may be present during an emergency

CP field practitioners are strongly encouraged to liaise with the Protection cluster in country to ensure that key CP information needs are taken into account.

Preparation for initial assessments (in Phase 1)

- Ideally to be planned before an emergency strikes
- Identify which agency/organization participates
- Agree upon specific assessment tools
- Discuss how sector/cluster assessment information will be collated & shared
- Define how sector/cluster members address NAs

Phase 1 & Phase 2: Secondary Data Review & rapid assessments

Multi-Cluster/Sector Initial Rapid Assessment (MIRA)[33]

- Aims at identifying strategic humanitarian priorities during the first two weeks following an emergency
- The process is based on 5 stages:
  - Initiation of the MIRA
  - Secondary Data Analysis
  - Community level assessment
  - Final inter-sectorial analysis & determining strategic humanitarian priorities
  - Preparing & disseminating the MIRA outputs
- Information from primary & secondary data sources is collected and analyzed and results in two products: The *Situation Analysis* & the *MIRA Report*
- *During the first 2 weeks the MIRA is the main assessment carried out, but other assessments may also be carried out, such as rapid assessments by specific agencies*

*For a **snapshot of the Standard Operating Procedures** in the different phases refer to **Pages 15, 16 & 18** of the **IASC Operational Guidance for Coordinated Assessments** in Humanitarian Crisis*

Phase 3 & Phase 4: In depth assessments

- In the 3rd & 4th phase harmonized assessments are carried out; when possible sectors may undertake joint assessments. This will require agreement on a set of key sectorial indicators to allow for inter-sectorial comparison via Common Operational Datasets
- Units of measurements may be broken down to household and individual levels and the sampling could move from purposive to representative
- Information collected by the different clusters should be based on an agreed table of key indicators and be compiled into a database, which can be used to understand sectorial needs & establish sectorial monitoring.
- The ICCM can then carry out an inter-sectorial analysis to identify linkages & issues across sectors[34]; this helps to achieve a common understanding for priority interventions, and a common basis for forecasting trends[35]

Please refer to **Annex 4** for an overview of the various **types of assessments** carried out in the different emergency phases.

[33] IASC, multi-cluster/sector Initial Rapid Assessment (MIRA), March 2012, p. 3-4
[34] The humanitarian dashboard may be of use to support this analysis.
[35] IASC Operational Guidance for Coordinated Assessments in Humanitarian Crisis, Page 18.

Overview of the Emergency Phases

	1st Phase – Situation Analysis	2nd Phase – MIRA Report	3rd Phase	4th Phase	Humanitarian Needs Overview
Focus	The scale and the severity of the emergency is assessed, priority needs of vulnerable groups are identified	The overall impact of the crisis is assessed and strategic humanitarian priorities are identified	An analysis of the situation and trends is carried out and each sector develops its operational plans and carries out more in-depth NAs (i.e. CPRA).	An analysis of the situation and trends is carried out and each sector develops its operational plans (incl. early recovery considerations). Early recovery considerations become integrated in sectorial assessments and are taken into account in analysis.	The HNO is another analytical framework used to collect and analyze data in addition to the situation Analysis. The information is more detailed, with information on the Admin level.
Aim	Used to advise national authorities, to inform initial response decisions and the development of situation reports, determines preliminary funding needs	Used to inform high-level planning of the humanitarian response, to determine the focus for further in-depth sectorial assessments and establish the basis for monitoring			To develop a shared understanding of the impact of a crisis on humanitarian needs & to inform the country's team SRP.
Timeframe	3 days (72 hours)	14 days	30 days	37 days +	Used in protracted crisis
Sources	Mostly secondary data sources with primary data from remote sensing and direct observation in a limited number of purposively selected sites	Mix of secondary & primary data. Primary field data collected jointly from purposively selected locations, spread across affected areas and chosen based on access, timing, resources and purpose of the assessment. Methodology: the unit of measurement is at the community & institutional levels.	Increasingly primary data sources, such as monitoring systems and joint assessments. The latter will now also include representative sampling.	Increasingly primary data sources, such as monitoring systems and joint assessments. The latter will now also include representative sampling.	**Recommended steps for the HNO:** Planning: partners tailor the analysis requirements to the country context[36], the selection of indicators should be linked to the SRP output indicators Data consolidation phase: consolidate all baseline data with input from partners Analysis: cluster leads & partners agree on a common understanding of the situation and prioritization of needs regarding each WWNK Development of an assessment plan Drafting of the HNO
Resources	Mainly provided by national authorities, Resident Coordinator/Humanitarian Coordinator office, UNDAC/OCHA and experienced staff from agencies/clusters/sectors; managed by OCHA (or the AIM Working Group)	Mainly provided by national authorities, the Humanitarian Coordinator/ Resident Coordinator office, UNDAC/OCHA, and experienced staff from agencies and clusters/sectors; managed by the AIM Working Group	Mainly provided by the cluster/sector	Mainly provided by the cluster/sector	
Reporting	Situation Analysis[37]	MIRA Report with cross-cluster/sectorial conclusions		PDNA / PCNA are sometimes carried out upon the request of the government.	

[36] This includes the definition of the questions that will guide the analysis, the available data, the geographic areas to be covered and the administrative level at which the assessment should take place, the sectors to be reviewed, the contextual risks to be considered, the population group that should be considered, the role and responsibilities of each partner in the process an the project timeline. For more information please see: 2014 Humanitarian Needs overview guidance https://assessments.humanitarianresponse.info/files/HNO_Guidance_and_Template_2014.pdf

[37] Previously called "Preliminary Scenario Definition", the name has now been changed to "Situation Analysis" however the process remains the same.

Annex 4: Recapitulation of the various types of assessments carried out in humanitarian settings

Time frame & duration of assessments	
Initial Assessments	Usually carried out within the first 72h of the emergency and completed within that time frame to feed into the Situation Analysis
Rapid Assessments	Usually carried out during the first 2 phases of an emergency and completed within that time frame to feed into the MIRA.
In-depth assessments	Usually carried out from the 3rd phase onwards. The duration of these assessments varies widely and can be completed within a week to up to a few months[38].
Who plans & carries out assessments	
Multi-sectorial assessment	When several sectors are being assessed. These assessments are general and are inter-agency but may also be carried out by only one agency which is operational in more then one sector (e.g. ICRC/IFRC who may be operational in Health, Protection, Shelter, Food security)
Inter-agency assessment	Are the assessments conducted by several agencies? They are usually multi-sectorial but may also be carried out by various agencies all working in the same sector.
Sectorial assessment	This assessment specifically assesses the needs of a particular sector; usually these assessments are carried out by one agency but may be carried out by several agencies working in the same sector.
The methodology selected to conduct assessments	
Community level	Community: Village, Camp, Neighborhood, etc. Institution: Health facility, School, Ministry, etc.
Household level	Head of household, female head of household, etc.
Key informants	Community leader, head teacher, camp manager, clinic director, etc.[39]
Focus Group Discussion	A method to collect qualitative data/information from a group of persons pre-selected according to specific criteria[40].
Representative sampling	Is absolutely essential for quantitative methods where we want to generalize from the sample to the whole population. Representative sampling is also called probability sampling because in a representative sample, each person or family in the population has an equal chance of being selected for the sample[41].
Random sampling	A method to draw a representative sample by means of selecting households or individuals randomly (every person in a group has the same chance of being chosen) from the whole population of households or individuals surveyed[42]. Bias may occur because of under-coverage of some groups, due to large non- response rates among particular groups or because of lack of access[43].
Purposive sampling	As time constraints normally do not permit random or statistically representative sampling, a sample of sites that represent a cross-section of typical regions and affected populations is generally selected. Such sampling is known as purposive sampling. Purposive sampling cannot represent the whole disaster-affected population and its results cannot be generalized beyond the target population. Its purpose is to understand the most pressing issues, concerns and needs, to inform the findings of the inter-cluster secondary data analysis, and to integrate the perception of affected communities in the prioritization of humanitarian interventions[44]
Convenience sampling	Is the method with the most bias and should be avoided if possible. This approach uses samples, which are readily available – such as a community closest to the side of the road, or families who are available to speak during the window of time that you have - and which may not allow credible inference about the population[45].

[38] This will depend on the type of assessment that is carried out and by which sector as well as the scope of the assessment
[39] Data collected through Key Informants may be somewhat subjective, and dependent on whether or not selected individuals are knowledgeable about the true scope and nature of violence in the areas under examination.
[40] Master Glossary of Terms, UNHCR
[41] ALNAP, Representative sampling in humanitarian evaluation, Jessica Alexander and John Cosgrave, February 2014.
[42] Operation Data Management Learning Programme, Glossary of Technical Vocabulary, UNHCR
[43] ALNAP, Representative sampling in humanitarian evaluation, Jessica Alexander and John Cosgrave, February 2014.
[44] IASC Guidelines on Multi-Cluster/Sector Initial Rapid Assessment, p. 16
[45] ALNAP, Representative sampling in humanitarian evaluation, Jessica Alexander and John Cosgrave, February 2014.

Annex 5: Snapshot of the assessments carried out by Emergency Phases and Clusters

The table underneath tries to capture as best as possible the various assessments that are conducted by humanitarian actors on the ground differentiating them according to the phases in which they are usually carried out, the agency/agencies that carry them out and the cluster/sector that it concerns. This table can be used as a guide but it would be strongly advised that you reconfirm, in each emergency, which assessments are being planned by which cluster/sector to ensure that you don't miss on integration opportunities.

Emergency phases	Multi-sectorial Interagency		Multi-sectorial Agency specific	Cluster specific	
Phase 0 *Before the crisis*				Food Security	Livelihood Assessment Toolkit
Phase 1 *72h following the crisis*	MIRA		IFRC Fact Team	CCCM	Camp Geographic & Snapshot Data
					Population Tracking Form
				Early Recovery	Potential Rapid Assessment
				Food Security	Emergency Food Security and Livelihoods 48-hour
				Nutrition	Initial Rapid Assessment
				Protection	First Phase Checklist
Phase 2 *First and second week following the crisis*	Nutrition and Food security	Rapid Household Economy Assessment (Nutrition & Food Security) Emergency food security assessment tool	IFRC Fact Team	Early Recovery	Potential Rapid Assessment
				Food Security	Livelihood Assessment Toolkit
					Emergency Food Security and Livelihoods 48-hour
					Emergency Food Security Assessment
				Health	Health Resources Availability and Mapping System
				Nutrition	Initial Rapid Assessment
				WASH	REACH Initiative
Phase 3 *Third and fourth week following the crisis*	JAM (WFP&UNHCR) *Only in refugee contexts*			Multi-Sectorial Needs Assessment	
				CCCM	Camp Capacity Mapping
				Early Recovery	Emergency Market Mapping and Analysis Toolkit
					Assessment oft he local government capacity and structure
				Education	The Rapid Join Education Needs Assessment
				Food Security	Emergency Food Security Assessment
					Household Economy Approach

			Health	Health Resources Availability and Mapping System
			Nutrition	Standardized Monitoring and Assessment of Relief and Transitions
			Protection	Rapid Protection Assessment
			Shelter	REACH Initiative
			WASH	REACH Initiative
Phase 4 *From the fifth week following the crisis*			Multi-Sectorial Needs Assessment	
			CCCM	Camp Capacity Mapping
			Early Recovery	Livelihoods Assessment
				PDNA/PCNA
			Education	Comprehensive Joint Education Needs Assessment
			Food Security	Livelihood Assessment Toolkit
				Emergency Food Security Assessment
				Household Economy Approach
			Nutrition	Standardized Monitoring and Assessment of Relief and Transitions
			Shelter	REACH Initiative

Annex 6: Additional Assessments that may provide opportunities for integration - CCCM

The CCCM cluster carries out a needs assessment to identify and measure the needs of displaced people residing in camps and communities. The primary purposes of these assessments are[46]:

- To know how many camps there are, where they are located, how many people are living at each site
- To know to what extent camps are covered by humanitarian actors and which camps lack services in particular sectors
- To identify key actors responsible for each camp, including camp administrators, government officials, community leaders and humanitarian actors
- To track changes in the number and composition of the camp population; this is important for estimating and monitoring the changing number of UASC
- To be able to compare a camp to other camps, or regions to other regions.

Assessment	Phase	Methodology	Background Information	WWNK	Indicators
Camp Geographic & Snapshot Data	1	Direct observation, Key informants / Purposive sampling	The assessment is carried out at the onset of the emergency. The focus is on the following matters: ➢ Geographical location ➢ Physical characteristics of sites ➢ Population estimation ➢ Mortality in the past seven days The assessment seeks to identify protection related concerns (e.g. the safety of camp sites, location of the distribution points, etc.). The Protection Cluster (with inputs from the CP AoR) might determine the protection requirements at country level and the CCCM cluster will support the Protection Cluster in the operationalization of the assessment at camp level. CP field practitioners may therefore in this context be able to integrate selected questions in this assessment. The data collected may be sex & age disaggregated.	❖ **Dangers and injuries** ❖ **UASC**	Percentage of affected camps that have safe spaces for children and youth Percentage of children separated from their caregivers

[46] From Assessment and Classification of Emergencies (ACE) project, Mapping of key emergencies needs assessments and analysis initiatives, Final report February 2009.

Population Tracking Form	1	Key informants and household level questionnaires / Purposive sampling	➢ This assessment is carried out shortly after the onset of an emergency (after the snapshot data is collected) and is regularly updated (depending on field capacity and the volume of population movements) to capture changes. ➢ Information on the following topics is collected: population figures; displacement information; government officials responsible for the camp. ➢ The registration and profiling of displaced populations will be done which will include the collection of information on the arrival or departures[47] of the population, the composition of the groups arriving (e.g. are there any members of the same family?, From which village do they come from? etc.), if they intend to stay in the camp or to leave and if so where to. This will enable the CCCM cluster to estimate which need may still be required to be provided with. ➢ The existing governance structure in the community will be also assessed in order to identify what needs to be done to support the community members to organize themselves (incl. governance structure, meeting requirements, attendance, etc.) and to support service delivery (e.g. food or NFI distribution).	The assessment could enable CP field practitioners to collect valuable data on: ❖ **UASC** ❖ The **existence of CBCPMs**	Percentage of children separated from their caregivers Percentage of surveyed camps where 60% or more of those surveyed confirm that CBCPMs exist in their camps Percentage of surveyed camps with a functioning referral system for children at the community level Mechanisms in place for registration and receiving information and for active tracing of immediate family members and relatives

[47] Departures are also referred to as decongestion of a site.

Annex 7: Additional Assessments that may provide opportunities for integration – Early Recovery

Assessment	Phase	Methodology	Background Information	WWNK	Indicators
Potential Rapid Assessments	1&2	Likely to be community level questionnaire, key informants & observation / purposive sampling	<u>Rapid assessments are carried out when:</u> ➢ It is felt that urgent data needs to be collected & analyzed for their sector ➢ If at that early stage the necessary data was not captured by the MIRA <u>Rapid assessments will seek to enable evaluating:</u> ➢ The needs to remove debris ➢ The local government capacity ➢ The need to repair or develop small scale infrastructure ➢ To support livelihoods	❖ **Child labor** ❖ **Physical violence and other harmful practices**	Percentage of surveyed community members who indicate the involvement of children in WFCL Percentage/number of reported incidence of intentional physical violence and other harmful practices [broken down by victim] Percentage of targeted communities with a functioning referral system

Annex 8: Additional Assessments that may provide opportunities for integration – Food Security

Assessment	Phase	Methodology	Background Information	WWNK	Indicators
Emergency Food Security and Livelihoods 48-hour[48]	1	Community & household level Focus group discussion, Key informant interview (traders, market workers, money transfer agents) desk review of coordination and other actors' response plans / Purposive sampling	➢ The purpose of this tool is to obtain a quick understanding of the food security and livelihoods situation within the first few days after a rapid onset disaster. ➢ The tool is independent of inter-agency multi-sectorial assessments such as the MIRA and collects information only on food security and livelihoods. ➢ It can be used alongside processes such as the MIRA to complement them with more detailed food security and livelihoods information. ➢ The results are aimed at informing the design of first phase responses (for the first 6 to 8 weeks after the disaster occurred). This assessment is divided in **4 main sections**: 1. Community & Household Focus Group Discussion Section 2. Markets and Traders Status After the Disaster – Questions for Traders 3. Cash Delivery Structures – Questions for Money Transfer Agents 4. Coordination and Other Actors' Response Plans **Data collected** by this assessment usually includes: ➢ Number of affected households ➢ Percentage of food sources[49] & change in percentage of food source ➢ Percentage of households engaging in livelihoods activities, engaging or re-engaging in livelihood activities	❖ **Child labor** ❖ **Physical violence and other harmful practices**	Percentage of child headed households Percentage of surveyed communities who indicate the involvement of children in worst forms of child labor Percentage/number of reported incidence of intentional physical violence and other harmful practices [broken down by victim]

[48] For more information please consult: http://www.ecbproject.org/resources/library/326-emergency-food-security-and-livelihoods-efsl-48-hour-facilitators-materials

[49] The percentage of food from a given source after the shock is estimated compared to the total quantity of food prior to the shock. The objective of the questions on food sources is to identify the current gap to the sources compared to the pre-disaster situation.

			after the shock ➢ New livelihood activities after the shock ➢ Health, water and sanitation in the affected community households ➢ Market and traders status after the disaster ➢ Cash delivery structures, trader's ability to re-stock after 7 days		
Emergency Food Security Assessment (EFSA)	2, 3, or 4	Key informant interview, limited focus group discussions / sampling	➢ Can be carried out in emergency situations or protracted crises, whether due to sudden natural disasters, disease, economic collapses or conflicts. ➢ It covers the geographic areas affected and determines the impact on households and their livelihoods. ➢ It can be in the form of an initial (6 to 10 days after the crisis), rapid (3 to 6 weeks after the crisis) or an in-depth (6 to 12 weeks) assessment. An EFSA answers the following **key questions**: ❖ Does the crisis have an impact on the population's food security and their livelihoods? ❖ How severe is the situation? ❖ Has the level of malnutrition been exacerbated by the crisis? How are people coping? ❖ How many people are food-insecure and where are they located?	Would the data collected in this assessment be disaggregated by sex and age, this might support CP field practitioners' efforts at identifying excluded children or children at greater risk of facing CP issues.	Percentage of child headed households Percentage of surveyed communities who indicate the involvement of children in worst forms of child labor Percentage/number of reported incidence of intentional physical violence and other harmful practices [broken down by victim] Percentage of identified excluded children who have access to food security services

Household Economic Security (HES)[50]	3+	Key informant interview, Focus group discussion, Household level questionnaire / Representative sampling	The Household Economic Security (HES) aims at collecting the required information to enable HES analysts to know **who** within the affected community **needs how much of what kind of assistance**, **when** such assistance is best provided and **for how long**.		Percentage of child headed households Percentage of surveyed communities who indicate the involvement of children in worst forms of child labor Percentage/number of reported incidence of intentional physical violence and other harmful practices [broken down by victim] Percentage of identified excluded children or households who have access to livelihoods

[50]For more details on the Household Economic Security please refer to:
http://www.livelihoodscentre.org/livelihoods/portal.portal?_nfpb=true&_pageLabel=pages_documentDetail_page&language=en&nodeId=%2FLivelihoods%2F16011&section=Publications&l=en#wlp_pages_documentDetail_page

Annex 9: Additional Assessments that may provide opportunities for integration – Health

Assessment	Phase	Methodology	WWNK	Indicators
Retrospective Mortality Survey **Vaccination coverage survey** **Nutritional Survey**	As needed	➢ Household level questionnaire – two stage random cluster sampling. ➢ In the target household, family members interviewed will be selected (by sex & age) depending on the aim of the survey.	❖ **UASC** ❖ **Physical violence and other harmful practices** ❖ **Sexual violence**	Number of children (under 5) who have died over (a specific period) (Disaggregated by location). Percentage of children fully, partially or not immunized within the target age group. Number of suspected cases of separation, violence, abuse, exploitation or neglect identified through nutrition programs and referred to child protection organizations.

Annex 10: Additional Assessments that may provide opportunities for integration – Nutrition

Assessment	Phase	Methodology	Background Information	WWNK	Indicators
Initial rapid assessment (IRA)	1&2	Household level: children under 5 years old and possibly a guardian's questionnaire. The sampling methodology will be defined based on the specific context in which it will be carried out and may include: key informant interviews, focus group discussions & observations.	This was a multi-sectorial assessment carried out by the Health, Nutrition and WASH clusters which has been more recently replaced by the MIRA. An IRA might still however be carried out by the nutrition cluster in the 2 phases of an emergency at sub-national level.	❖ **UASC**	Percentage of children separated from their caregivers Percentage of child headed households

Annex 11: Additional Assessments that may provide opportunities for integration – Protection

Assessment	Phase	Methodology	Background Information	WWNK	Indicators
First Phase Checklist	1	Key informant Interview / Purposive sampling	The **Rapid Protection Assessment** provides professional protection officers working in small teams with a *First phase checklist* for field visits carried out *in the days* that follow the emergency. This checklist is to be used for semi-structured interviews with key informants, including authorities, humanitarian workers & individuals from the community. Teams can consist of protection generalists and specialists on human rights, GBV & CP. This assessment will seek to answer the same questions as the RPA.	❖ **UASC** ❖ **Dangers and injuries** ❖ **Physical violence and other harmful practices** ❖ **Sexual violence** ❖ **Children associated with armed forces or groups** Other data of interest: - Population profile: resident, displaced populations (sex & age disaggregated when possible) - Presence of people with specific needs: disabled, minorities, single heads of households[51] - Services available on site and affected relevant infrastructure including those servicing children (CFS, social institutions, interim care structures etc.)	Percentage of children separated from their caregivers Percentage/number of reported child survivors of severe injury Percentage/number of reported incidence of intentional physical violence and other harmful practices Percentage of surveyed communities that indicate a change in the incidence of sexual violence against children since (the emergency) Percentage of surveyed communities who note the recruitment of children into armed forces and/or groups Percentage of communities that have functioning safe spaces for children Percentage of communities surveyed who confirm that CBCPMs exist in their community Percentage of targeted communities with a functioning referral system for children at the community level

[51] There would be an opportunity here to try and identify minor's head of households.