

Child Protection and COVID-19: Data Collection Tips & Key Considerations



On 3 April 2020, a nurse takes a girl's temperature at a Primary Health Care Centre in Beirut, Lebanon. © UNICEF/UNI317998/Choufany

***An annex to the Needs Identification and Analysis Framework (NIAF) handbook for
Child Protection Coordination Groups in countries***

Purpose of this document

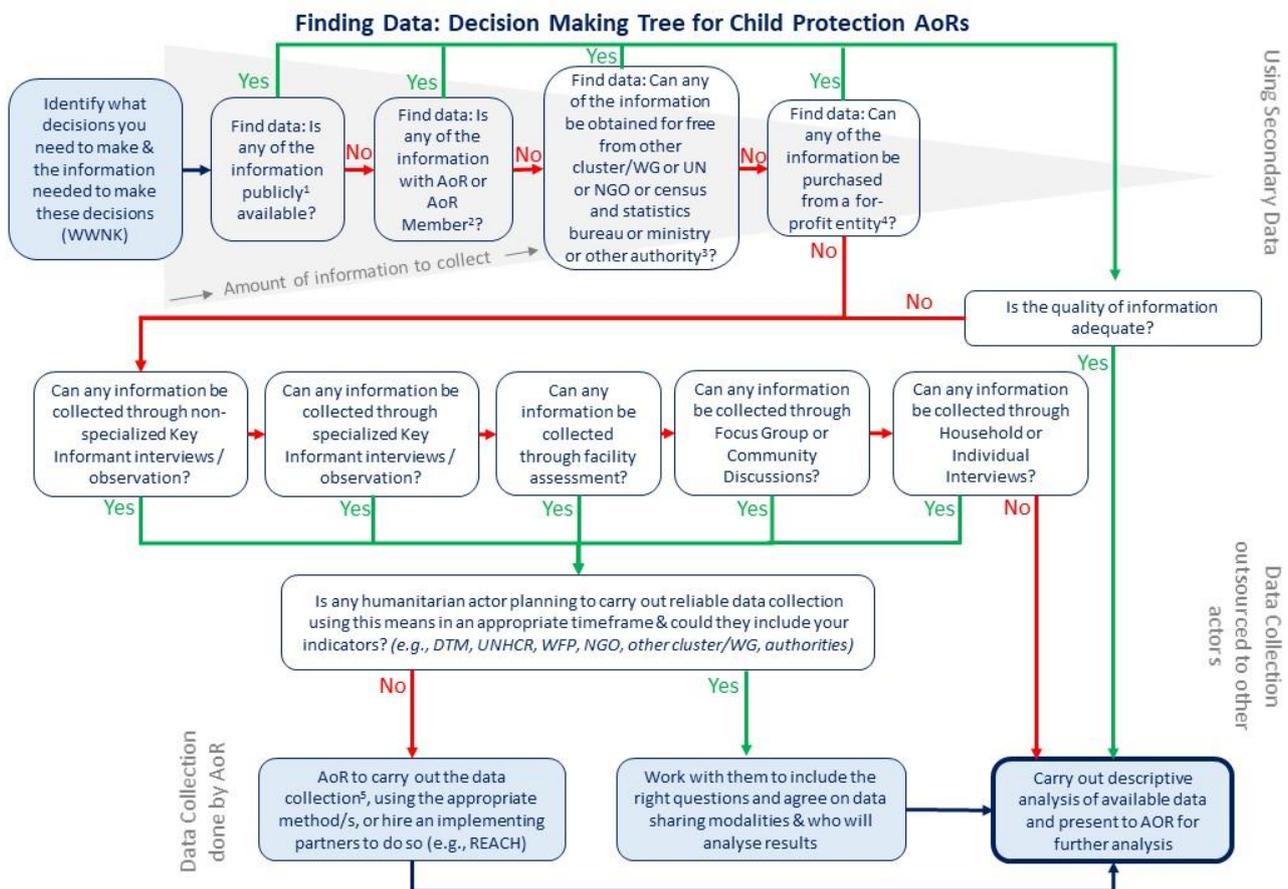
The Needs Identification and Analysis Framework (NIAF) guides Child Protection Coordination Groups (CPCG) to move the focus (and resources) usually spent on *primary* data collection and on joint analysis of available *secondary* data¹.

Collecting primary data can only deliver information after a substantial amount of time, as setting it up and implementing it will take more time than analysing existing data from other sources. Therefore, secondary data are usually a preferred starting point².

However, as the current situation caused by the COVID-19 pandemic is in continuous and quick movement, it **may be necessary that CP Coordination Group also collects some primary data**. As the pandemic increases limitations and new risks on data collection for all actors, data collection modalities should consider and be adjusted to such risks and limitations of movement and access.

This document helps CPCG follow the appropriate process for data gathering, collection and analysis, and adjust to new risks and limitations.

The decision-making tree above guides you through the effort of identifying data and information for your Child Protection analysis.



¹ Agreed definitions under PIM: “Data collected by the organization/researcher undertaking an information management activity to directly address the set objectives and research questions”. “Secondary data is data that has been collected, collated and analysed by other agencies, institution or bodies”. http://pim.guide/wp-content/uploads/2018/04/Protection-Information-Management-Terminology_Revised-Edition-April-2018.pdf

² The Global Child protection AoR dashboard “VOCID-19 – Global Overview on Child Protection Risks” provides an excellent example of analysis of existing data from other sources for Child Protection analysis. It is constantly updated and available at: <https://app.powerbi.com/view?r=eyJrIjoiNWY0Zg2NWYtMWZlOC00YTFhLTkNTAtNGEwNDU4MzA4OTBliiwidCI6Ijc3NDEwMTk1LTE0ZTtEtNGZiOC05MDRiLWFiMTg5MjYyNyIsImMiOiJh9>

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Understanding each other

Before we start, it is important to clarify three terms and their **agreed** meaning in the humanitarian context. Understanding these three concepts saves time and enables cooperation³.

- A. **(Child) Protection Assessment** is a data -collection exercise usually **conducted at a single point in time** to gain an understanding of the protection issues, availability of resources, sources of problems and their impact on the affected population ('snapshot'). This is done in order to identify protection needs, risks, and solutions, and to inform programme interventions and response activities that are complementary with positive community coping mechanisms.

(Child) Protection monitoring is defined as '**systematically and regularly** collecting, verifying and analyzing information **over an extended period of time** in order to identify violations of rights and protection risks for populations of concern for the purpose of informing effective responses. Child Protection monitoring as described in the Minimum Standards, Standard 6, refers to the regular and systematic examination (monitoring) of child protection risks, violations and capacities in a specific humanitarian context. The purpose is to produce evidence that informs analyses, strategies and responses. Effective monitoring is collaborative, coordinated and multisectoral. The data and information collected should reflect the situation of all children and their protection risks.

- B. **(Child) Protection Response Monitoring** (also called "Protection Programme Monitoring") is defined as the "Continuous and coordinated review of implementation of response to measure whether planned activities deliver the expected outputs and protection outcomes and impact, both positive and negative".

(Child) Protection Response Monitoring is an M&E function, and it is not addressed in the Using NIAF for Strategic and Operational Planning during COVID-19 Pandemic. This annex, however, can be useful to any type of data collection, including that for Protection Response Monitoring.

Do I need to assess or to monitor?

When identifying your information needs, consider whether you need to monitor how the situation evolves over time or if the information is not likely to change in the short/medium term, and how a change will impact your decisions.

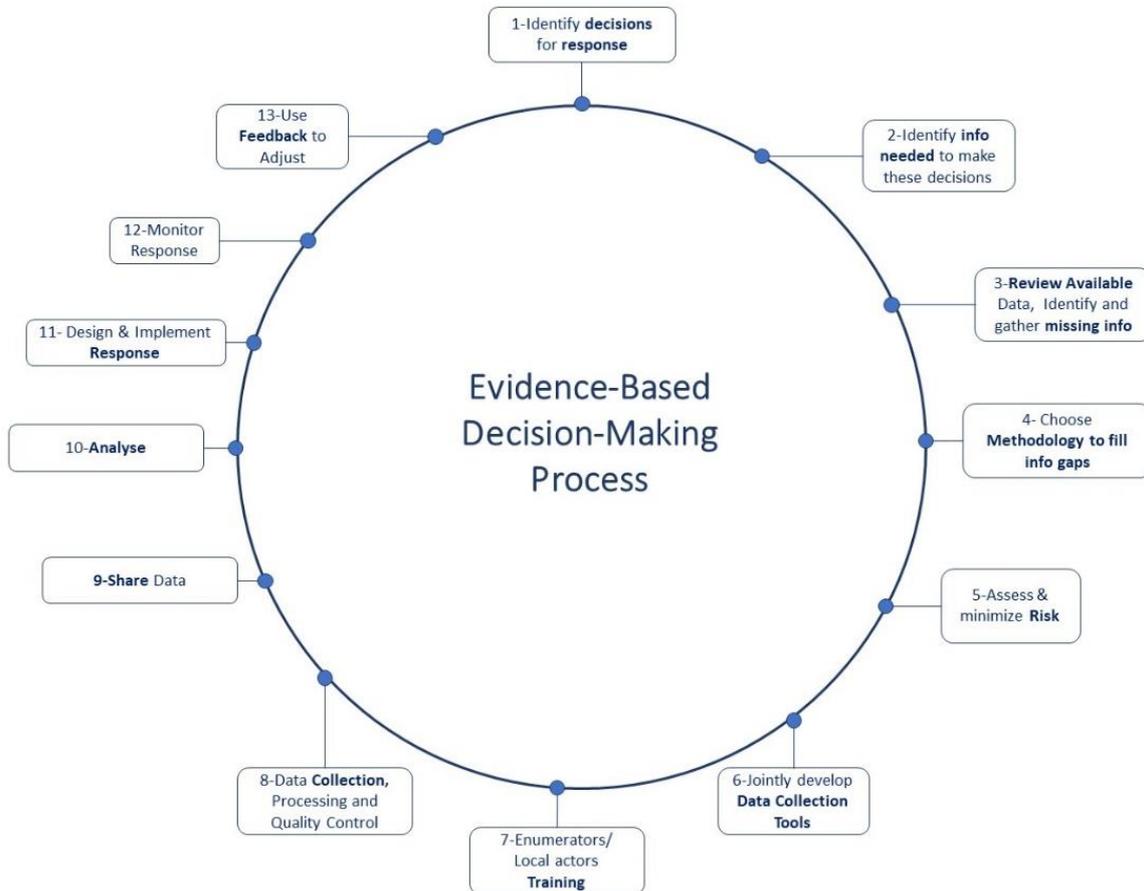
For information that may change often and may impact your response, you need a child protection monitoring system⁴. For the others, assessment may be enough.

³ PIM definitions: "Protection Response Monitoring: Continuous and coordinated review of implementation of response to measure whether planned activities deliver the expected outputs and protection outcomes and impact, both positive and negative". "Protection monitoring is defined as 'systematically and regularly collecting, verifying and analyzing information over an extended period of time in order to identify violations of rights and protection risks for populations of concern for the purpose of informing effective responses', in PIM Matrix, available at <https://wp.me/a8q26O-i5>

⁴ Monitoring includes an initial assessment to define the baseline (benchmark to which you compare changes)

Evidence-Based Decision Making: An Agreed Process

There is a commonly agreed⁵ process for any data collection and analysis, that humanitarian actors implement, for evidence-based decision-making, that includes analysis and use of both secondary and primary data, as illustrated below:



See each step below for implementation details

Help for implementing each step is detailed below. Responsible actor for each step is also indicated. The “responsible actor” indicates the skillset who takes the lead for the specific step. This is identified on the basis of the specific expertise needed for each step. However, cooperation of all actors is needed, to implement each step (Decision-Makers, Child Protection experts, context/cultural experts and IM/Data experts is crucial at each step)⁶.

This process is in line with results of Grand Bargain Work Stream 5 (Needs Assessments)⁷, Protection Information Management (PIM) Framework⁸, and Responsible Data for Children⁹ principles.

⁵ See: *Tools to Ensure Data is Useful and Usable for Response:*

https://interagencystandingcommittee.org/system/files/ensuring_data_and_analysis_is_useful_and_usable_for_response_-_tools.pdf

⁶ See: *Tools to Ensure Data is Useful and Usable for Response:*

https://interagencystandingcommittee.org/system/files/ensuring_data_and_analysis_is_useful_and_usable_for_response_-_tools.pdf

⁷ <https://interagencystandingcommittee.org/grand-bargain/workstream-5-tools-and-guidance-advancing-coordinated-needs-assessment-and-analysis>

⁸ <http://pim.guide/>

⁹ <https://rd4c.org/index.html#principles>

Decisions for response:

This step is about Identification of a defined purpose. Agree **WHY** we should collect information: what **decisions** we are trying to inform?

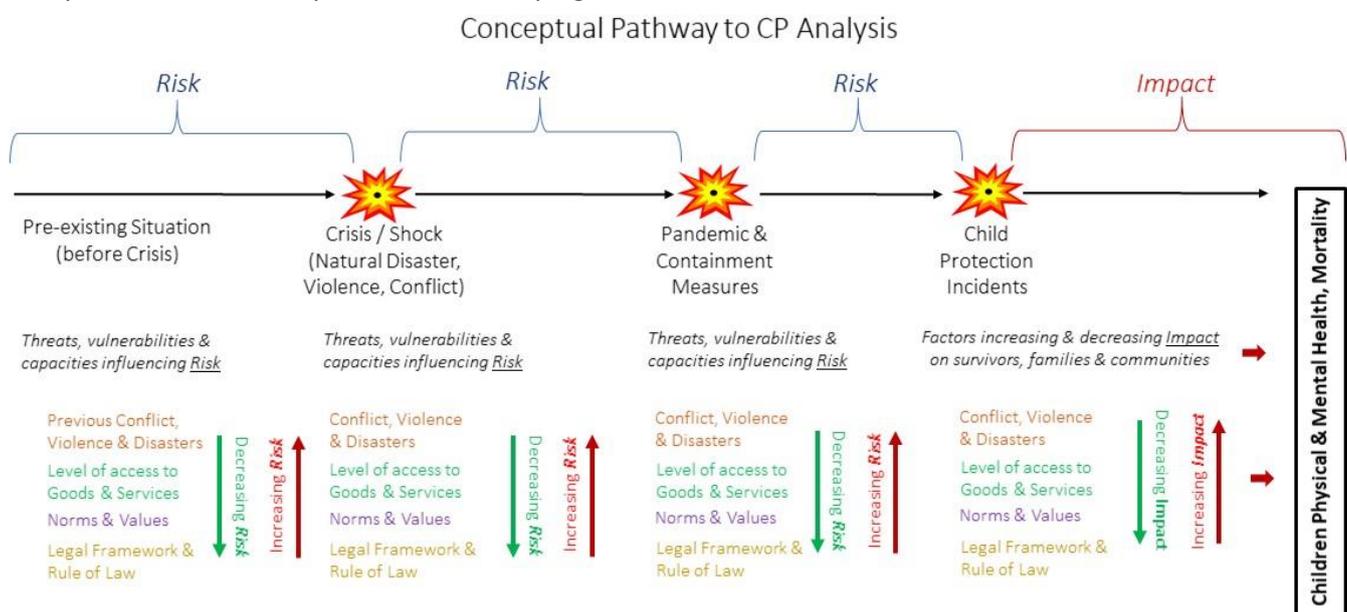
(Responsible actors¹⁰: Coordinators and Coordination group members who are decision-makers)

1. Identification of specific Information Needs:

Agree on **WHAT** information we need. (Responsible actors: Coordinators and Coordination group members who are decision-makers)

- Information Needs are not equal to the questions you will have in your questionnaire: **they are what you need to know in order to make your decisions.**
- Contributing questions **without a clear link to the information gap** may not provide useful information. It wastes resources and time.
- Start from the decisions you have to make and **identify the information you do not have** to make such decisions. Only at that point, draft and validate **questions**, create the **analysis plan** and questionnaire.
- Identifying detailed information needs **before developing questions** is essential: Questions can thus be more targeted and obtain **the right data for your use.**

Child protection Analysis Framework¹¹ and Conceptual Pathway to CP Analysis are visuals that can help decision-makers in the coordination group identify their information needs, including factors and actors increasing and decreasing risk and reducing or worsening impact of incidents; groups particularly impacted by CP risks, community resources and coping mechanisms.



The Pathway should be used to analyse each of the 7 child protection risks¹².

¹⁰ "Responsible actors" refers to the skillset that is qualified to take the lead on each step. Other skillsets/actors will have to contribute at each step, according to their expertise.

¹¹ <https://displacement.iom.int/dtm-partners-toolkit/analytical-frameworks>

¹² Child Protection Minimum Standards, Standards 7 to 13: https://alliancecpha.org/en/CPMS_home

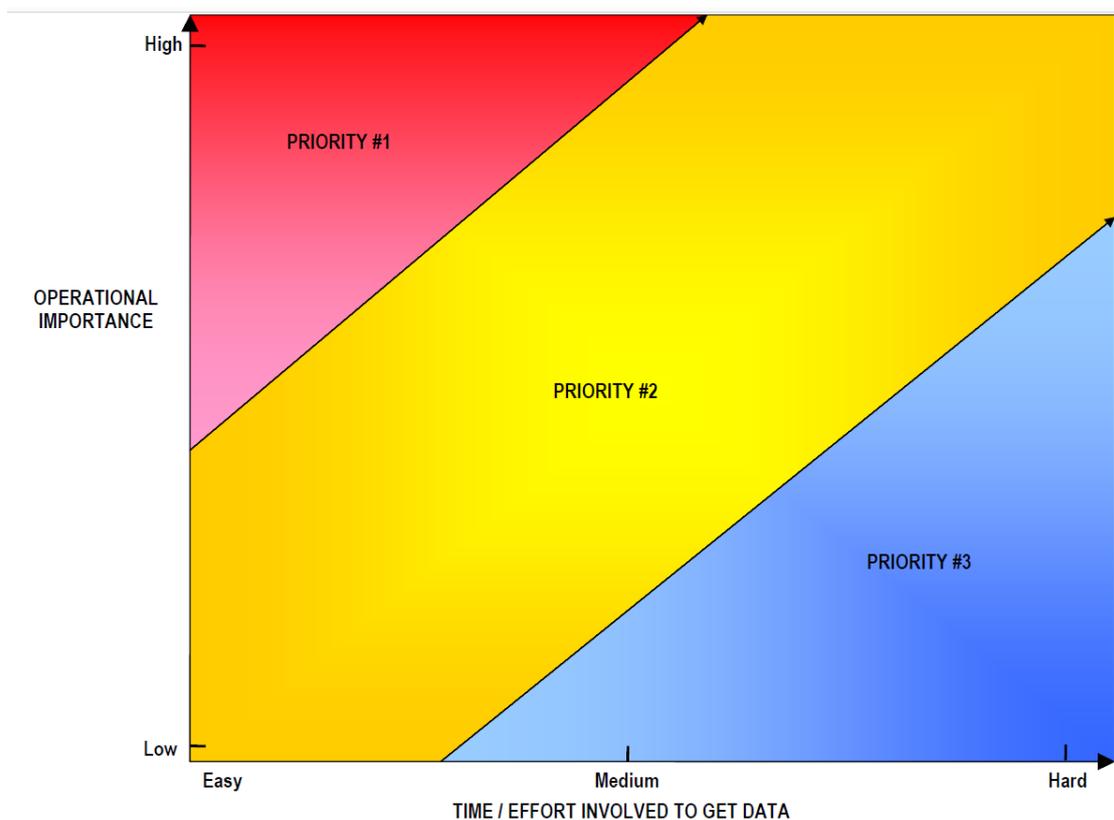
Prioritize Information needs

It will likely be unrealistic to gather or collect all the information needed in an emergency context, with the limitations posed by COVID-19 and containment measures.

The graph below helps you work with your colleagues on identifying what information you should prioritize for data collection

- Priority #1 information have high operational importance (e.g., geographical coordinates of communities in need, estimated number of people / children) can be obtained rapidly and easily.
- Priority #2 information have various operational importance and various levels of difficulty
- Priority #3 information have low operational importance and are more difficult to obtain, or it would take a longer time.

In an emergency, aim at collecting Priority #1 information first, then move to priority #2 and then, only if possible, to Priority #3 information.



Suggestions on Protection information that will likely be needed during COVID-19 pandemic¹³

Danish Refugee Council (DRC) gathered some examples of information needs for Protection Monitoring, that are likely to be relevant during the COVID-19 pandemic and consequent containment measures. These can help Coordination Groups identify their specific information needs.

Information category	Information need
Access to health and Child Protection/GBV services	Access to, availability of, quality of each service
	Constraints in accessing health and Child Protection services, including discriminatory practices
Freedom of Movement (FoM)	FoM constraints
	Impact of FoM constraints on individuals, families or communities
	Access of children and families to territory and the right to seek asylum
	Access of CP Coordination Groups to priority locations, and how it changes over time (e.g., government imposes isolation measures in some areas, CP and GBV services have to close)
	Crowding, limited space available due to limited Freedom of Movement
Violence, coercion, and abuse	New/different types of violence, coercion, abuse ¹⁴ , New risks emerging due to COVID-19 over time, as contagion and containment measures evolve (lock-down of entire communities may increase the risk of domestic violence, decrease some forms of child labour and increase other -sometimes worse- forms of child labour)
	Groups of children become at higher risk for one or more of the CP risks (due to social exclusion and marginalization, scapegoating, new dynamics)
	Perceptions of fear, stigma, and safety
	Impact of CP violations increases drastically over time (e.g. due to longer exposure to lack of livelihood, loss of caregivers, closure of institutions hosting children)
Knowledge of prevention practices and other information on COVID-19	Levels of knowledge
	Current practices
	Where people get their information on COVID-19 prevention and access to health
	Changes that affect severity of risks in various locations (e.g. COVID-19 contagion moves to a new urban area, where risk of separation for children becomes much higher)
Coping Strategies & social cohesion	Increase of negative coping mechanisms (e.g. child marriage, child labour, association with armed forces or armed groups)
	Social cohesion among between people & communities
Communication networks (to, among and from communities)	Means for information sharing with community (e.g., radio/TV channels, bulletin boards, loudspeakers); how information can be shared back from the community; access to specific technology (e.g., mobile phone, smart phone, internet and computer use), what phone/internet networks are used in different locations/areas (with specific focus on communication with children at risk)

For examples of new and different risks see the *Using NIAF for Strategic and Operational Planning during COVID-19 Pandemic* section on: *How Child Protection Risks may change during COVID-19 pandemic and containment measures*

¹³ Adapted from DRC *Guidance Note on Protection Monitoring during the COVID-19 Pandemic*, March 2020 and from ACAPS, *Analysis spectrum & structured analytical techniques*, 2016 (unpublished)

¹⁴ CPCG can safely assume that earlier prevalence of many CP risks is going to increase: such data will be extremely difficult to collect, but estimations can be used and justified by previous experience (e.g., increase during previous pandemics, e.g., Ebola). The reported prevalence data are always likely to be lower than the real incidents: however, this will be even more so during COVID-19, especially where isolation and quarantine measures are in place and access to services is heavily limited. Note that such limitations to access include access to those services that are usually also means of identification of survivors, e.g., education and Child Friendly Spaces). Annex 11 *Prevalence Data and Sources* may feel some of the data gaps for some countries.

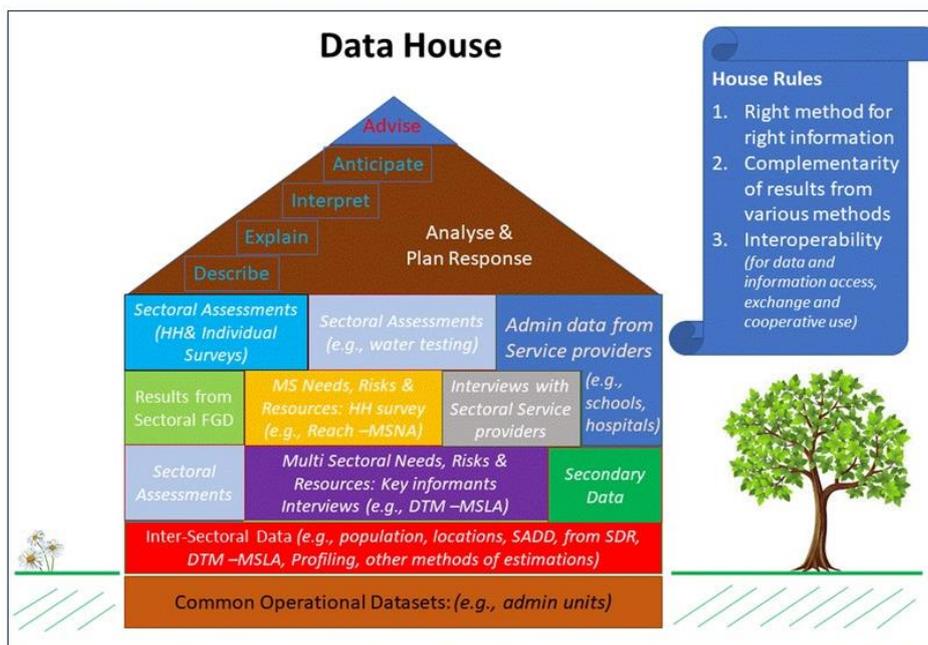
2. Review available data:

Review existing data (including other actors' data) and use of what is appropriate to meet the information needs (**Secondary Data Review**) (Responsible actors: IM/Data experts)

Useful data from other actors may include number of children not in school due to school closures (Education Sector), pre-existing income level of families or pre-existing community poverty level (Statistics Office or World Bank or UNDP), children/caretaker adults living with disabilities (statistics office or existing HI /other actor Survey), pre-existing levels of malnutrition (Nutrition Cluster), access and use to water and soap in the community pre-COVID (WASH Cluster), estimated number of people per location, average family members per shelter, information sharing modalities and phone networks functioning in each location (IOM-DTM), Boys and Girls by age group (DTM-IOM for IDPs and UNHCR for Refugees), Explosive Ordnance Presence per area (Mine Action AoR), number of CAAFAG (UNICEF data/MRM), access to locations (OCHA)¹⁵.

What method for what Information- NIAF

Child Protection Analysis considers multiple datasets from different sources, obtained through different methods. This is because there is no one method of data collection that provides all the information needed.



Using multiple sources and methods also enables validation, spotting of errors, identification of areas of further inquiry and **increased understanding**.

Examples of use of specific existing datasets for Child Protection Analysis

CP IMS, GBV IMS¹⁶ and other Case Management System data

CP IMS, GBV IMS, and other types protection case management information systems are defined as systems that “support the provision of protection and/or targeted interventions to identified individuals or groups through the management of data – from case identification to case closure – related to a specific case¹⁷”.

¹⁵ For more datasets and sources, see Annex 1 (Annex 01 - Indicators & Sources for Strategic Analysis NIAF Covid-19), Annex 11 (Prevalence Data and Sources) and Annex 02 (Indicators & Sources for Programmatic Analysis NIAF Covid-19) of the *NIAF at the Time of COVID-19*

¹⁶ For more info on using GBV IMS data for programming, see: <http://www.gbvim.com/learn-more/linking-data-analysis-to-programming>

¹⁷ http://pim.guide/wp-content/uploads/2018/04/Protection-Information-Management-Terminology_Revised-Edition-April-2018.pdf

Case management data cannot be shared when they include personal identifiable information (PII)¹⁸. They can be aggregated and used, however, ensuring that no PII are included, and that the information does not have the potential to do harm. For help conducting do no harm analysis on datasets, please see: [5. Assess and Minimize Risk \(below\)](#).

Aggregated data from case management systems can be used to provide crucial information on what type of incidents are reported, what groups are particularly targeted and are able to report, type of reported perpetrators, support mechanisms used on the communities (or lack of such mechanisms), consequences of incidents for individuals, families and communities, and locations where increased resources are needed to respond to reported cases.

This information cannot represent the real number of incidents, as reporting is always limited, but nonetheless it is very useful.

Aggregated datasets from Case Management systems should be interpreted:

- 1) using the experience of CP and cultural experts and
- 1) comparing what happens in other contexts under similar circumstances¹⁹

An analysis of such reported incidents over time will provide a dynamic picture of how reported incidents, mechanisms, actors and groups are (or are not) changing and should be used to adapt CP response.

Such information should be described by IM/data experts and interpreted by CP and context/cultural experts together to identify

- a) what is visibly changing
- b) what is not changing
- c) what was expected to have changed but does not appear from such datasets

Explaining why likely changes are not reported (when they remain hidden), is essential to adapt the CP response and reach further hidden cases. Change can help understand new dynamics and hidden risks

In addition, consider the number of cases that each service provider was previously handling, vis-à-vis the number of currently closed/open/limited access service providers, per type of service. Include a likely percentage of increased incidents and estimate the gaps in currently needed services.

Decrease of reported cases:

CPCG may see a decrease of reported cases during COVID-19, as access to healthcare centres, to GBV²⁰, CP services, Child and Women friendly spaces as well as freedom of movement of survivors decreases when psychosocial distress and loss of livelihood decrease, and access to basic goods and services becomes more difficult²¹.

This decrease in reports is not reassuring. Previous experience has given ample evidence of the fact that a reduction in reported cases does not correspond to a reduction in incidents, with UN Women estimating

¹⁸ Remember not to use any **individual data** from case management and do not ask case management agencies or IMS holders to provide individual, community-level data, as they may be recognizable: only ask for aggregates and explain the specific purpose /use.

¹⁹ While no situation is ever exactly like another, CP colleagues can extrapolate specific aspects that can help foresee what is likely to happen: besides looking at other large scale epidemics, like Ebola, colleagues could consider more usual situations: for example, if teachers are an important source for alert on suspected child abuse, when schools are closed for months for holidays reported cases of child abuse or neglect may decrease, as teachers do not see children.

²⁰ For tips on “*Integrating GBV considerations in child protection assessments, monitoring and reporting May 2018*”, see this link: <https://www.dropbox.com/s/avsawkhfw7yv2vb/Key%20messages%20Child%20Survivors%20Assessments%20IM%20v2.pdf?dl=0>

²¹ This is not always going to be the case, as some countries have seen sudden increases in reported cases, including India, USA, Lebanon, France, Australia, Malaysia and China. The US received over 2,000 calls in one month from individuals **citing the coronavirus lockdown as a factor in their abuse**. Other countries saw a drastic decline of reports (<https://www.unwomen.org/en/digital-library/publications/2020/04/issue-brief-covid-19-and-ending-violence-against-women-and-girl>, <https://news.un.org/en/story/2020/04/1061052>).

before the pandemic that 40% of women who experience violence are not seeking help²². The UN Secretary General²³, UN Women and UN OHCHR have publicly called attention to the likely increase of domestic violence incidents and the increase difficulties in reporting cases, due to current limitations of freedom of movement. The pandemic is making reporting even harder, because of “limitations on women’s and girls’ access to phones and helplines and disrupted public services like police, justice and social services.”²⁴. “Restrictive measures adopted worldwide to fight COVID-19 intensify the risk of domestic violence [...] It is very likely that rates of widespread domestic violence will increase, as already suggested by initial police and hotline reports. For too many women and children, home can be a place of fear and abuse. That situation worsens considerably in cases of isolation such as the lockdowns imposed during the COVID-19 pandemic”²⁵.

Estimating Child Protection risks using pre-pandemic data from CP and other sources

It is appropriate to base strategic and programmatic choices on estimations even in absence of prevalence data.

It is appropriate to make decisions on the assumption that, for example, risk of HH-level violence for women and children increases when families are in isolation at home to prevent the virus’s spread.

In addition, it is appropriate to make decisions and find alternatives for survivors of domestic violence that may have lost access to their normal coping mechanisms when they are unable to leave their homes, or when services close/reduce: these factors increase the impact/negative consequences of incidents on survivors.

Many CP risks are likely to increase during this time. Do not wait for data on reported cases to confirm increase: Take that as a given for strategic and programmatic decision-making²⁶.

It is appropriate to estimate increase in risks using pre-pandemic prevalence data, data from other sources and/or on the basis of evidence from previous epidemics or lockdowns, when available (e.g., during Ebola)²⁷.

Annex 11 to *Using NIAF for Strategic and Operational Planning during COVID-19 Pandemic* provides prevalence data for some CP risks at global, regional or country level. Use these data or area/country specific prevalence data if you have them, preferring those most updated, reliable and most detailed (closest to the geographical boundaries of your response) to estimate the new prevalence, remaining mindful of the limitations of such data.

When estimating reasonable increase of risk, using this or other modalities, CPCG should document the process, its strengths and limitations.

Other modalities to estimate specific risks

Specific analysis may be possible for specific risks, depending on the situation and containment measures in place. For example, CP Coordination Groups could estimate **the scope of current need for psychosocial support due to closure of schools and lock down of families in houses**, using the estimated children population in specific areas²⁸. If it is likely that all children experiencing closures and lock down will experience a level of psychological distress (100% of all children -adjusted to the context, e.g., children previously

²² UN-Women, COVID-19 and ending violence against women and girls, available at: <https://www.unwomen.org/en/digital-library/publications/2020/04/issue-brief-covid-19-and-ending-violence-against-women-and-girls>

²³ <https://news.un.org/en/story/2020/04/1061052>

²⁴ <https://news.un.org/en/story/2020/04/1061052>

²⁵ <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25749&LangID=E>

²⁶ Modalities of calculation, assumptions, strengths and limitations of the analysis must be clearly and transparently explained, both in documents and when presenting results to CPCG members and other actors, so that information can be accurately understood and used.

²⁷ The Global Child protection AoR dashboard “COVID-19 – Global Overview on Child Protection Risks” provides an excellent example of analysis of existing data from other sources for Child Protection analysis. It is constantly updated and available at:

<https://app.powerbi.com/view?r=eyJrIjoiNWY0Nzg2NWYtMWZlOC00YTZhLTlkNTAtNGEwNDU4MzA4OTBlIiwidCI6Ijc3NDEwMTk1LTE0ZTlENGZiOC05MDRlLWFiMTg5MjAyMzY2NyIsImMiOiJh9>

²⁸ Carefully consider the definition used for children as it may not be “under 18 years old” everywhere). In some (conflict) contexts, the % of child population provided may fall at around 50%, but boys / girls between the ages of 14-18 are not included: the coordination team is encouraged to undertake analysis to develop a “good enough” calculation.

attending schools). CPGC could estimate that a percentage will recover naturally without Psychosocial support and the remaining will remain in need of PSS services.

Research carried out after past epidemics and lock-down situations may be also useful to identify expected changes and estimate scope²⁹.

For more on how CP risks may be affected by COVID-19 and consequent measures, please see: *How Child Protection Risks may change during COVID-19 pandemic and containment measures*, a section of *Using NIAF for Strategic and Operational Planning during COVID-19 Pandemic*, and lessons learned from other epidemics³⁰.

Hotline reported cases:

In line with good IM practices, such cases should not be merged with cases reported through other channels, and informed consent should have been obtained from the data owner. Such data can support the interpretation of changes in the CP situation. The analysis should also consider when reporting through hotline has been introduced in your context, as this may help better understand what such information tells us when compared with previous reports.

In addition, if hotline existed before, it is useful to consider how and why reporting has changed. This can be done considering, for example, total numbers, Sex and Age disaggregated numbers, location disaggregation, or type of incident reported.

Social Media as sources of information³¹

1. Passive use of information found on media and social media

Scanning social media to identify qualitative information may be useful and can be a source of information when this happens without actively engaging a feedback from users: CPGC will read and interpret the information that are online.

It is important to consider that reliability of sources is quite difficult to assess for social media information, also in light of the recent world-wide increase of the scale of deliberate and unintentional misinformation through social media.

2. Interactive use of information found on media and social media

The interactive use of social media as source of information (where CPGC opens up or solicits or appears ready to receive CP information) should be considered as a last resort, and can only be implemented when fundamental protective measures and SoPs are in place.

Note that, in addition to commercially available social media, also Rapid Pro-based tools (e.g., UReport) can be used interactively, and such use should be governed by the highest standards of safeguards for children³².

Risks and Accountability when using social media as source of information

Very few human resources have the necessary combined protection and technical skills, competencies and proven experience to safely use social media interactively for child protection.

²⁹ UNICEF, *Care and Protection of Children in the West African Ebola Virus Disease Epidemic, Lessons learned for future public health emergencies*, 2016, pages: 26 available at: <https://resourcecentre.savethechildren.net/node/10319/pdf/final-ebola-lessons-learned-dec-2016.pdf>

³⁰ For example, *Worse Than the War: An Ethnographic Study of the Impact of the Ebola Crisis on Life, Sex, Teenage Pregnancy, and a Community-Driven Intervention in Sierra Leone*

³¹ Before using social media for any purpose, please become familiar with specific guidance that exists for that medium (e.g., Rapid Pro, UReport). For UNICEF, that includes the *Guidance note on the use of social media* <https://unicef.sharepoint.com/sites/DOC-DigitalLabs/SitePages/Guidance-Note-on-the-Use-of-Social-Media.aspx>. For tips on online safety for children, see *COVID-19 and its implications for protecting children online, April 2020*, at: <https://www.unicef.org/media/67396/file/COVID-19%20and%20Its%20Implications%20for%20Protecting%20Children%20Online.pdf>

³² <https://community.rapidpro.io/>, <https://www.unicef.org/innovation/U-Report>

Risks to children's safety and wellbeing when using Social Media interactively, including Rapid Pro-based tools, are high. Information shared on social media by survivors may very likely be personally identifiable and can increase risks for children and families if not adequately managed. In addition, once posted on social media, the management of such information is no longer under the control of the child/person providing such information, nor under the control of the CPGC, even when all possible safeguards have been put in place.

Risks linked to information on social media is high in normal times, also due to the distance and anonymity of persons involved and the inability to identify, reach and protect the children involved. Informed consent by children and parents/guardians is also quite difficult to implement through social media. COVID-19 pandemic and containment measures are likely to add additional layers of difficulties in protecting children involved in such information exchange.

Before using social media, it is essential to carefully consider the pro and contra of using such sources as well as consider all potential scenarios, learning from similar situations in other or the same context. It is also essential to consider national or regional legislation, and organization data protection policies that are relevant to management of personal information.

The final responsibility of such decision should be identified and documented in writing, and cannot be made by the IMO or the CP subject matter experts: **it is likely to be responsibility of the "Head" of the involved organization/agency** (e.g., Representative, Coordinator, Head of Office, Head of Mission...) ³³.

Involving children as source of information in a humanitarian context

As UNICEF guidance highlights: "Many of the ethical issues [*relevant to involving children in data collection*] that are present in other settings remain relevant and applicable in the context of humanitarian settings. These ethical issues include:

- an institution's capacity to appropriately and respectfully engage children in research,
- understanding power relations,
- securing informed consent and assent,
- ascertaining harms and benefits,
- maintaining privacy and confidentiality, and
- ensuring appropriate communication of findings" ³⁴

As soon as the information is solicited or simply received from children by CPGC, through social media or any other means, the ethical and safety consideration in organizational guidance must be adhered to.

It is to be fully expected that the ability of CPGC to implement all protective measures will face objective impediments during COVID-19 pandemic and the consequent limitations that are put in place by governments and organizations. This should be considered a key factor determining the decision whether or not to involve children in data collection.

³³ For UNICEF, the UNICEF PROCEDURE FOR ETHICAL STANDARDS IN RESEARCH, EVALUATION, DATA COLLECTION AND ANALYSIS state that: "Maintaining Highest Ethical Standards in all Evidence Generation (a) **The Country Representative** will be responsible for ensuring and maintaining the highest ethical standards in all country office evidence generation endeavours. They are responsible for ensuring appropriate processes are undertaken and resources allocated to meet these standards and the protocols contained herein. (b) **Regional Directors and Heads of Divisions** will be responsible for ensuring and maintaining the highest ethical standards in all the evidence generation endeavours of UNICEF units, offices and divisions. They are responsible for ensuring appropriate processes are undertaken and resources allocated to meet these standards and the protocols contained herein", in: <https://www.unicef.org/media/54796/file>. For UNHCR, "The UNHCR staff member, usually the **Representative in a UNHCR country office**, who has the authority to oversee the management of, and to determine the purposes for, the processing of personal data", *Policy on the Protection of Personal Data of Persons of Concern to UNHCR*, in: <https://www.refworld.org/pdfid/55643c1d4.pdf>

³⁴ What We Know about Ethical Research Involving Children in Humanitarian Settings, in: <https://unicef.sharepoint.com/sites/OoR-EEG/DocumentLibrary1/Ethical%20Research%20Children%20Humanitarian%20.pdf>

Additional background on ethics of involving children and children’s participation is available in *Practice Standards in Children’s Participation*³⁵ and *Ethical Research Involving Children*³⁶.

COMING SOON: Tools for Child Participation during the COVID-19 situation and throughout the programme cycle, including needs identification, are forthcoming. Developed tools will also address child safeguarding, including when and how to engage children in assessments, monitoring, and other participatory methods.

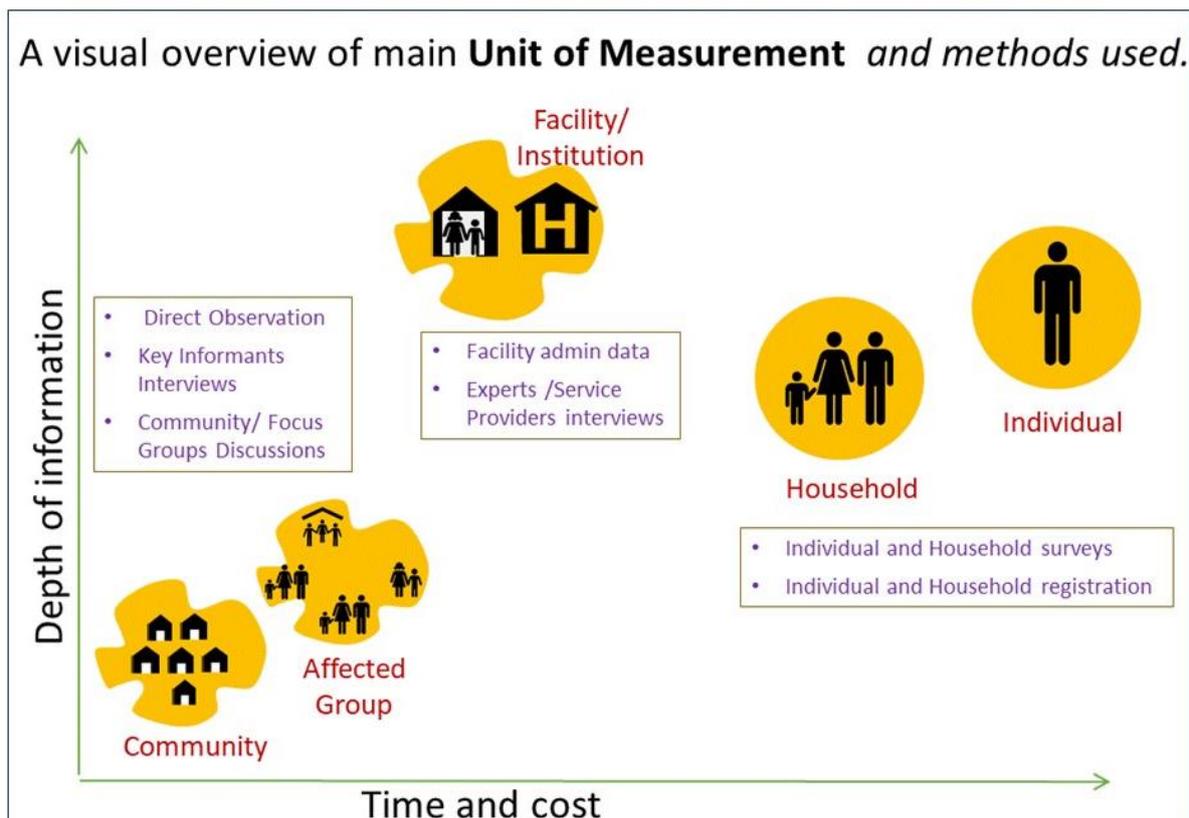
3. Choose methodology to fill information gaps

Identification of specific **methodologies** to collect data for remaining **information gaps** through primary data collection: Agree **HOW to collect information** (Key Informant Interviews? Interviews with families on the phone? Facility -level assessments? Administrative data from authorities? Aggregated data from service providers?) (Responsible actors: IM/Data experts)

How do I know what method is appropriate for the information I need³⁷?

The visuals below illustrate some of the common methods of primary data collection used in the humanitarian context, and what type of information each one can provide. It helps CPCG identify the appropriate method for their information needs.

Each **method of data collection** provides information at a specific **Unit of Measurement or Unit of Analysis**



³⁵ <https://resourcecentre.savethechildren.net/sites/default/files/documents/3017.pdf>

³⁶ <https://childethics.com/> and https://www.dropbox.com/sh/oktlwahoj24sza5/AABqdEkA6qa8Z23tYWdNvIOsa?dl=0,https://reliefweb.int/sites/reliefweb.int/files/resources/Children_Participation_Humanitarian_Guidelines.pdf

³⁷ Source: adjusted from IOM *DTM & Partners Toolkit* (<https://displacement.iom.int/dtm-partners-toolkit/other-tools-0>). See also: UNHCR Handbook, table 10

 <p>Community</p>	<p>Direct Observation in community (observers are not sectoral Experts): triangulate data from other methods, discover what is and is not there, spot sleeping abnormalities (<i>e.g., many children in the streets during school hours, female latrines not segregated, UAC sleeping accommodation not separate from adults</i>)</p> <p>Key Informants Interviews (enumerators and respondents are NOT Sectoral Experts): Information about the impact of the crisis on the community & among different population groups, risks, challenges, opportunity and resilience (<i>e.g., main obstacles for children to attend schools, dangers for children, number of people sleeping outdoors...</i>)</p> <p>Community Group discussions more in-depth understanding of awareness, obstacles to use and quality of services, as well as expectations, needs and challenges identified by the community.</p>
 <p>Affected Group</p>	<p>Focus group discussions provide a more in-depth understanding of risks, obstacles, expectations, needs and challenges faced by specific groups (e.g., children, mothers, parents, teachers, social workers), resilience tactics, as well as awareness, use and quality of protection and other services.</p> <p>Useful to better understand nuances of more sensitive information and for reaching specific groups directly. It allows a confidential and safe space to express their point of view for children, women and individuals whose views may not be adequately capture through other methods (<i>girls feel unsafe in the site because, boys do not use service because, we do XYZ to minimize risks of violence, we are afraid of XYZ as they can hurt us, we cannot go to the Child Friendly Space...</i>)</p>
 <p>Service Provider & Facility</p>	<p>Observation at Facilities: information on infrastructure and conditions at the time of the visit (<i>e.g., Child Friendly Spaces or classrooms conditions, overcrowding, visible hygiene concerns, obstacles to movement of Children with disabilities</i>).</p> <p>Service Provider Interviews: Collects in-depth information on challenges, risks, needs and resources of the facility and their ability to provide services (<i>e.g., new or most common types of CP risks, dynamics and consequences for children, community/family resilience and protecting mechanisms, training needs of staff, protection concerns of specific groups of children, barriers to access to services...</i>)</p> <p>Service Provider/Facility admin data: documented statistics on facility beneficiaries and on availability of resources (<i>e.g., attendance of girls and boys, ratio of social and case workers/children, number of cases/reported incidents, CP IMS aggregated statistics...</i>).</p>
 <p>Household</p>  <p>Individual</p>	<p>Household Survey: understand access to services, needs, obstacles, resources and priorities as identified by <u>household representative</u>, based on pre-defined indicators. (<i>e.g., obstacles to accessing services or meeting basic needs, income, level of education, reasons for not attending schools, awareness of and satisfaction with services...</i>)</p> <p>Individual Survey: Identify <u>specific perspective</u> of children, mothers or fathers, especially useful when points of view may differ according to age and gender (<i>e.g., obstacles to meeting basic needs and using services, concerns around personal safety and division of tasks/activities that may put children at higher risk...</i>)</p> <p>Results of Surveys result may be generalizable to the whole community or not, depending on the way the survey was designed and conducted. Note that the number of children in a location is not an outcome of HH or individual surveys.</p>

Various Sources, including UNICEF, [IQM DTM & Partners Toolkit](#), ACAPS/Pherson, Okular Analytics, UNHCR & EDAUUR (Grand Bargain)

Finding alternatives modalities of data collection during COVID-19³⁸

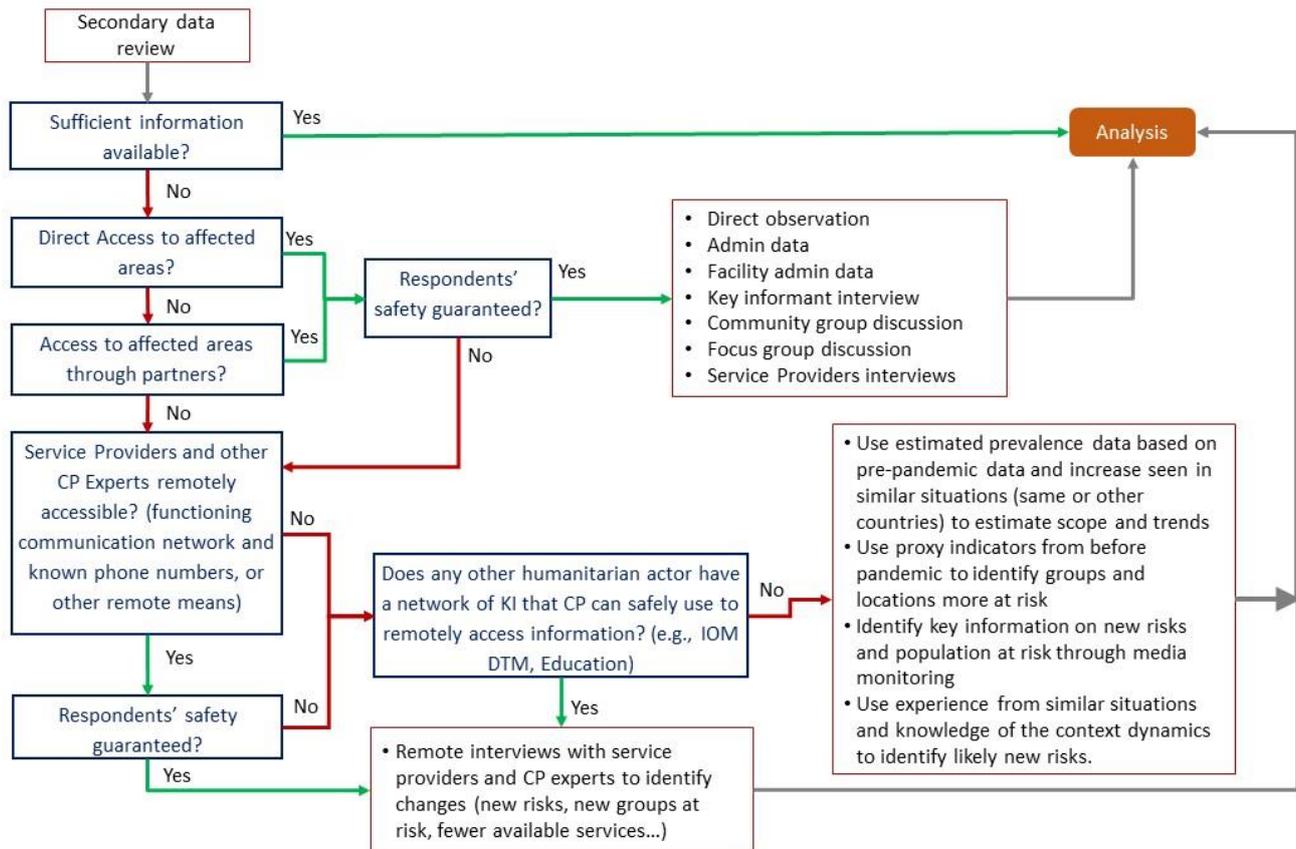
The main challenges for child protection monitoring during the COVID-19 pandemic include:

- Ensuring information needs are adapted to meet the information requirements during COVID-19 pandemic³⁹ and
- Reduced face-to-face interactions with people of concern, reducing the ability of the Coordination Group and its members to identify protection monitoring respondents and collect data and information through group and individual data collection methods

³⁸ Sources include DRC *Guidance Note on Protection Monitoring during the COVID-19 Pandemic*, April 2020 and CartONG, COVID-19 CRISIS: how to adapt our data collection for monitoring and accountability? V1, April 2020 (English: <https://blog.cartong.org/2020/04/10/covid-19-crisis-how-to-adapt-data-collection-for-monitoring-and-accountability/>, French: <https://blog.cartong.org/2020/04/08/crise-covid-19-adapter-collecte-de-donnees-pour-le-suivi-et-la-redevabilite/>)

³⁹ For help identify these information needs, see *Using NIAF for Strategic and Operational Planning during COVID-19 Pandemic* section: How Child Protection Risks may change during COVID-19 pandemic and containment measures)

How can we collect data during COVID-19



Adapted to COVID-19 from ACAPS presentation material

If you still have access to field locations, think ahead: Establish a network to continue your data collection in case access is interrupted.

In the context of Covid-19⁴⁰:

- Limit as much as possible (or even stop entirely) face-to-face data collection (such as paper or mobile surveys, focus group discussions, etc.) and prioritize (or even mandatorily use) **"remote" data collection mechanisms** to limit the frequency and number of contacts between individuals.
- Limit data collection **to essential and critical data** for project implementation and context monitoring; and postpone non-imperative data collections to later.
- Identify the level of risk for teams and communities and stop all **"risky" data collections** such as data collections resulting in the gathering of too many people or the collection of biometric data (which by its very nature can facilitate the transmission of Covid-19).
- Equip personnel with the necessary protective equipment (remember that, if data collection is done face-to-face, moving from one informant to another, WHO guidance for house care visit applies⁴¹).
- Make maximum use of **secondary data**. The current crisis is generating a large amount of data: consider using publicly available data (see for example the HDX platform) at least for context monitoring. This limitation of

⁴⁰ Modified from: CartONG, COVID-19 CRISIS: *how to adapt our data collection for monitoring and accountability? V1*, April 2020 (English: <https://blog.cartong.org/2020/04/10/covid-19-crisis-how-to-adapt-data-collection-for-monitoring-and-accountability/>, French: <https://blog.cartong.org/2020/04/08/crise-covid-19-adaptation-collecte-de-donnees-pour-le-suivi-et-la-redevabilite/>)

⁴¹ [https://www.who.int/publications-detail/advice-on-the-use-of-masks-in-the-community-during-home-care-and-in-healthcare-settings-in-the-context-of-the-novel-coronavirus-\(2019-ncov\)-outbreak](https://www.who.int/publications-detail/advice-on-the-use-of-masks-in-the-community-during-home-care-and-in-healthcare-settings-in-the-context-of-the-novel-coronavirus-(2019-ncov)-outbreak)

primary data collection can also be an opportunity to explore your old data that you may not have had time to analyse completely yet ;)

- **SAFELY Share your data as much as possible:** it is crucial - even more than usual - to limit unnecessary data collections if this data already exists and can be found. Try sharing as much as possible your shareable data (with your partners, clusters, open data platforms such as HDX, etc.), even if you doubt their quality - in the context of a crisis, data is often of imperfect quality due to the difficult data collection conditions.
- Follow the OCHA/PIM Framework for Data Sharing in Practice⁴² when planning for data sharing
- Integrate the **data protection** component into your new tools (consent, security, etc.) especially - and above all - if you have lists of people identified as infected (significant risk of stigmatization).
- If you anticipate having to refer cases to another actor, think about planning sooner rather than later a "data sharing agreement" so that these are in line with your organization's procedures

Review data collection strategies:

- Potentially **limit quantitative surveys** (more complex to implement at a distance in **favour of more qualitative approaches** (such as semi-structured telephone interviews for example),
- Review **your sampling strategies** to possibly target a smaller number of individuals, for example using sentinel households or "snowball" sampling rather than representative probability random sampling as originally envisaged⁴³,
- Also review **the very relevance of conducting certain data collections such** as baseline or endline surveys in the context of the current crisis. The latter, as an exceptional event, could impact the results and make the study incomparable with a "normal" period,
- **Coordinate your efforts.** Some States, inter-sectoral initiatives led by UNOCHA and the cluster system at country level or organizations (such as national Red Crosses, NGO consortia...) are setting up communication mechanisms that can be aimed at certain actors or communities (hotlines, SMS sending...). Make sure you know these and coordinate on the topic so as not to duplicate them, to avoid misunderstandings, doubts for the communities or them also having more information than they need.
- The health crisis can affect everyone, and in this sense, it is important that your procedures **apply to all your partners:** organizations in charge of "third party monitoring", local partners, etc. Stay attentive to the feedback and possible fears expressed by the latter and accompany them in the changes.

⁴² <http://pim.guide/essential/a-framework-for-data-sharing-in-practice/>

⁴³ See section below: [Sampling Methodologies for Hard to Reach Population](#)

Protection Monitoring Data Collection Methods⁴⁴

Protection monitoring activities generally include one or several of the following data collection methodologies: direct observation, household interview, key informant interview and focus group discussion. The table below details recommendations on modifying protection monitoring methods in situations where COVID-19 pandemic is present in operational areas.

Recommended modifications during COVID-19 pandemic	
Method	Recommendations
Direct observation	In contexts where staff are able to move around and in compliance with social distancing advice from health authorities, direct observation activities can be undertaken, taking into consideration COVID-19 Response messages for Communicating with Communities and any existing guidance for staff & workforce engagement with communities during COVID-19 pandemic.
Household interview	<p>It may be needed to suspend face-to-face household interviews when COVID-19 is present in communities. You can continue household interviews telephonically or through other remote means⁴⁵.</p> <p>If community-based protection committees (CBPC) or protection focal points are present in the community, they can play a role in identifying people to participate in telephonic protection monitoring interviews. If CBPC or focal points identify people in person for interviews then they should be trained and made aware of precautions to take in relation to COVID-19. CBPC members or protection focal points can also take a larger role in data collection and conduct interviews. If this is undertaken, CBPC and protection focal points must be trained on data collection techniques and data protection considerations.</p> <p>It is important to build a rapport with the person you are interviewing, and this will be even more difficult during a remote interview, especially when the interviewer does not see the body language of the person being interviewed. More caution should be made in presenting yourself, the organization and the purpose of the interview, the way data will be collected and reported. Any interviewee's concern should be truthfully and promptly addressed, and the interviewer should be trained on how to handle such concerns/who to ask for more information.</p> <p>Snowball sampling or convenience sampling can be used as an approach to guide protection monitoring identification of interviewees. Please reference details below.</p>
Key informant interview Expert Consultations Practitioners Interviews	<p>Key informants can be sectoral experts or non-sectoral experts: health workers, community leaders, teachers, community-based protection committee members / protection focal points, or others who have knowledge of the community.</p> <p>When possible, establish the network of Key Informants before strict social distancing are in place, fully respecting health measures and rules. Recommend undertaking key informant interviews telephonically, ensuring diversity among KIIs, taking into consideration Age, Gender and Diversity.</p> <p>Recommend having key informants from a variety of perspectives that provide age, gender, and diversity perceptions.</p>
In-Person Focus group discussion	It will be necessary to suspend in-person FGDs when COVID-19 is present in communities, in order to protect staff, partners and communities

Remember that in all types of data collection, enumerators/interviewers should be familiar with GBV and CP referral pathways in case the interviewee seeks such information.

⁴⁴ Source: DRC Guidance Note on Protection Monitoring during the COVID-19 Pandemic, April 2020

⁴⁵ For more technical guidance on this, see: CartONG, COVID-19 CRISIS: *how to adapt our data collection for monitoring and accountability? V1*, April 2020, <https://blog.cartong.org/2020/04/10/covid-19-crisis-how-to-adapt-data-collection-for-monitoring-and-accountability/>. For tips on how to conduct remote interviews (not CP specific), see: *Remote Survey Toolkit* https://60decibels.com/user/pages/03.Work/_remote_survey_toolkit/60_Decibels_Remote_Survey_Toolkit_March_2020.pdf

Sampling methodologies⁴⁶ for hard to reach populations⁴⁷.

Understanding that data collection methodology and ability to identify and interview people of concern will be impacted by COVID-19, a list of sampling methods are detailed below. The purpose of this list is to provide examples that can be used to identify household interviews in situations where populations are hard to reach – including times when people are social distancing themselves or when access to people of concern is restricted due to health and safety concerns⁴⁸.

Sampling methodologies for hard to reach populations			
Type	What	Advantages	Disadvantages / Limitations
Convenience Sampling ⁴⁹	Strategy uses existing relationships to identify participants.	<ul style="list-style-type: none"> • Benefits from existing relationships to identify participants. • Can focus on recruitment from specific locations, settings or activities. • Efficient and inexpensive. 	<ul style="list-style-type: none"> • May result in a homogeneous sampling frame. • Limited generalizability to broader population. • Less rigorous if organizations or partners do not follow a process to identify participants.
Snowball Sampling ⁵⁰	Based on a referral approach where a small number of individuals with specific characteristics recruit others with these characteristics from their networks or community.	<ul style="list-style-type: none"> • Reach to participants with the same characteristics. • Often used in community engagement research, studies and mixed methods approaches. • Based on networks and relationships which may lend credibility to research. 	<ul style="list-style-type: none"> • Referral contact may not be effective in identifying diverse individuals. • Referral contact may only identify participants meeting specific characteristics. • Participants may not share information freely for fear of privacy or confidentiality – especially in qualitative study.
Respondent Driven Sampling	Used to reach hidden or most-vulnerable populations basing participation and reach on trust of respondents recruiting frame.	<ul style="list-style-type: none"> • Seeds (respondents) recruit a fixed number of participants. • Systematic information collected to identify potential biases. 	<ul style="list-style-type: none"> • Requires training and time to capture and identify respondent relationships. • Reach may not be diverse. • Bias if a great percentage of participants share characteristics.

⁴⁶ A 'sample' is the subset of a population that is studied. 'Sampling' is the process of selecting a sample. Sampling methodologies therefore assist DRC in determining how the organisation will engage in primary data collection. The data collection methodology refers to the tools DRC uses in primary data collection. For example, household interviews.

⁴⁷ Source: DRC *Guidance Note on Protection Monitoring during the COVID-19 Pandemic*, April 2020

⁴⁸ For more information on sampling methods please refer to [UNHCR Needs Assessment Handbook](#) or a summary in *Handout Methods and Information*, DTM & Partners Toolkit in: <https://displacement.iom.int/dtm-partners-toolkit/other-tools-0>

⁴⁹ Households and individuals are selected for the sample based on their accessibility and proximity to the researcher (UNHCR, Needs Assessment Handbook)

⁵⁰ Households and individuals are selected according to recommendations from other informants, with each informant recommending the next set of informants (UNHCR, Needs Assessment Handbook)

Adapting questions & answers based on changes to methodology

When adapting protection monitoring methodologies, colleagues should go through their data analysis plan and adapt / reformulate questions and answers to match the interviewee's perspective. For example, if you plan to change your data collection methodology from household interviews to key informant interviews, then the formulation of the question and possibly the measurement of the answer will require adaptation to take into consideration the key informant response, representing his / her perspective. One example is noted below with changes highlighted in yellow.

Information need	HHI question prior to change	Answer
Reason for return	Why did you decide to return to your area of origin	Multiple choice – no-prompt: 1) Assistance stopped in the area of displacement; 2) no assistance provided in the area of displacement; 3) harvest time; 4) insecurity/violence in the area of displacement; etc.
Information need	Adapted KII question	Answer
Reason for return	In your opinion , why did people return to their area of origin?	Multiple choice – no-prompt: 1) Assistance stopped in the area of displacement; 2) no assistance provided in the area of displacement; 3) harvest time; 4) insecurity/violence in the area of displacement; etc.

In Evidence: Guiding Questions for Child Protection Monitoring

Regardless of the technical tools, it is crucial that Coordination Groups answer these guiding questions when planning & designing their Child Protection Monitoring.

Guiding Questions:

- ✓ What decisions should we make that may need up-to-date information?
- ✓ What do we need to know to make such decisions?
- ✓ What info is crucial to understand impactful changes of situation? What may change rapidly with significant impact on protection of children?
- ✓ What method of data collection is appropriate and able to capture this type of information and what is possible in this context (e.g. Can specialized key informants provide each type of information, or should we ask families? In person or on the phone?)
- ✓ How often do we need this information?
- ✓ How do we ensure information from local actors and staff in the field reaches Child Protection Coordination Group (CPCG) and is used?
- ✓ How do we gather, verify and analyse and communicate such information?
- ✓ Who will do it?
- ✓ How do we act on information and adjust the response?
- ✓ Whose role is it in the Child Protection Coordination Group?
- ✓ How do we ensure that the Child Protection Coordination Group predictably adjusts response?

Remember to compare new and previous results of Child Protection monitoring to identify trends.

4. Assess and Minimize risk

Risks may be specific to implementing the overall exercise, but they can also be linked to each question for enumerators, respondent, community and organizations. It is important to assess and minimize risks faced during data collection, as well as when storing, sharing and analysing data).

Remember that “communities” are not homogeneous groups: women, girls, boys, men, persons with disabilities, ethnic or other sub-groups may face different risks linked to specific actions.

(Responsible actors: Context/Cultural experts, with support from IM/Data experts and coordination group members)

Who is put at increased risk?	Because of Data Collection	Because of Data Storage	Because of Data Analysis	Because of Data or Reports Sharing (currently)	Because of Data or Reports Sharing (in the future)
Enumerators					
Key Informants					
Displaced community					
Host Community					
Organization					
Others					

For more on ethical standards for data collection in humanitarian settings, please see UNICEF 5-pager Guide: *Ethical Standards for Data Collection and Analysis in Humanitarian Settings*⁵¹.

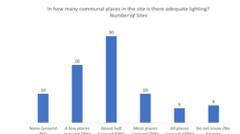
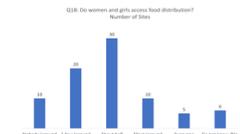
⁵¹ [https://unicef.sharepoint.com/sites/OoR-EEG/DocumentLibrary1/Guide%20-%20Ethics%20for%20Data%20Collection%20-%20HQ%20-%20Oct%202019%20\(1\).pdf?csf=1&e=aKnMa3&cid=faf8be3a-8f1b-468a-b17e-9972fc986da5](https://unicef.sharepoint.com/sites/OoR-EEG/DocumentLibrary1/Guide%20-%20Ethics%20for%20Data%20Collection%20-%20HQ%20-%20Oct%202019%20(1).pdf?csf=1&e=aKnMa3&cid=faf8be3a-8f1b-468a-b17e-9972fc986da5)

5. Jointly develop Data Collection Tools

Data collection tools include questionnaire and data analysis plan. The data collection plan must be developed before data collection starts, to ensure we have a clear plan of how to analyse the collected data.

(Responsible actors: IM/Data experts, with expertise by CP experts- Coordinators and Coordination group members- and Context/Cultural experts.

- Remember to **Pilot** and **revise** Data Collection Tools.
- Remember to document the link between question and use of its results, as well as provide a mock-up of expected result to verify the question serves your purpose.
- Developing tools for data collection cannot be done outside the specific context, as the information colleagues need and the situation in the country will shape the questionnaire. **For support on going through this process, identify information needs and develop questionnaires, ask Regional Help Desk and Global CP AoR to be put in contact with experts.**
- Tip:** In the questionnaire, phrase questions using language that is easily understood by non-Child Protection specialists and can be more easily translated. For example, do not ask “How many Unaccompanied Children are there”. Phrase the question as follows: “Approximately how many children under 18 years in this location living with no mother, no father or any other adult family members?”. Instead of asking about “Orphans”, ask about “Children under 18 years whose parents have both died”.
- For examples of **Data Analysis Plan** see example below, and page 14 of ACAPS Questionnaire Design, *How to design a questionnaire for needs assessments in humanitarian emergencies*, July 2016⁵².

Information Need	Type of Question	Question Text	Response Options	Preconditions for Data Collection	Recommended Source of information	Example of Visualization	Example of Descriptive Analysis	Example of Use that can be done by Data Users (eg, Clusters, WGs...)
lighting, communal spaces	Recommended by Cluster/AoR for severity analysis	In how many communal places in this location is there adequate lighting?	None (around 0%); A few (around 25%); About half (around 50%); Most (around 75%); All (around 100%); Do not know /No Answer		Woman Member of residents committee / Woman / girl and boy when possible /Protection actor/ Site Manager		According to key informants, there no adequate lighting in any communal place in xx% of assessed site, while there is adequate lighting in a few communal places in y% of sites, about half of the communal places in xx% of assessed sites, and in most or all... KI could not answer in xx% of assessed sites.	
Women and girls access to food distribution	Standard	What is the proportion of women and girls who can access food distribution in the community?	Nobody (around 0%); A few (around 25%); About half (around 50%); Most (around 75%); Everyone (around 100%); Do not know /No Answer		woman member of residents committee / woman / Protection actor/ food actor/ Site Manager		According to key informants, in xx% of sites, no woman and girl can access food distribution, in xx% of sites only few can, in xx% of sites about half can access food distributions, and in xx% of sites all or most women and girls can access food distribution... KI could not answer in xx% of assessed sites.	Adjust food distribution modalities, time, and/or location, according to the reason
Reasons for lack of access to food distribution by women and girls	Standard	If women and girls are NOT able to access food distribution, why not?	Distribution is done to men only, women and girls are not permitted to attend; Being at distribution site during distribution is unsafe for women and girls; The way to distribution site is not safe for women and girls; The time when food distributions happen make it difficult for women and girls to participate; There is no food		woman member of residents committee / woman / Protection actor/ food actor/ Site Manager		According to key informants, in xx% of sites, women and girls cannot access food distribution as distributions are done to men only and women and girls are not permitted to attend; in xx% of sites, they do not have access to distributions as being at distribution site is unsafe... KI could not answer in xx% of assessed sites.	Adjust food distribution modalities, time, and/or location, according to the reason

An example of Data Collection Plan for Child Protection that includes mock up analysis of results – to help verify questions are likely to provide needed information – before data collection starts (Source: [IOM DTM & Partners Toolkit](#))

Annex 12 to Using NIAF for Strategic and Operational Planning during COVID-19 Pandemic is a Standard questionnaire NIAF COVID-19 version, a tool that CP AoR has created for profiling children under the HH and gathering data based on risk perception analysis. Such tool can be adapted to the information needs identified in your context⁵³.

⁵² <https://displacement.iom.int/dtm-partners-toolkit/field-companion-excel> and https://www.acaps.org/sites/acaps/files/resources/files/acaps_technical_brief_questionnaire_design_july_2016_0.pdf

⁵³ For support on tools ask Regional Help Desk and Global CP AoR to be put in contact with experts.

6. Enumerators (or local actors/partners) Training

(Responsible actors: IM/Data experts, with support by CP experts and Context/Cultural experts)

Training of staff, partners and enumerators carrying out the data collection is essential, however there may be need to limit in-person trainings and provide training and coaching through remote means (webinars, phone...). This is a short list to *help coordinators and IMOs in training and coaching local actors and enumerators for any primary data collection (e.g., child protection monitoring).*

Coaching Enumerators and Local Actors

1. Agree with local colleagues on the **defined purpose** of the data collection/monitoring exercise: **WHY** do we monitor? *What decisions we are trying to inform with the information we will obtain?*
2. Get into the details: explain clearly to local colleagues the **specific information we need**: **WHAT** should we monitor -in order to inform specific decision-making.
3. Summarize and explain to local colleagues **existing information** (including other actors' data)
4. Explain that we have to collect:
 - information to **verify** that what we know is correct
 - information **we do not have**
 - information **on changes of the situation** (for monitoring)
5. Explain to local colleagues why the chosen **methodology** is appropriate to collect such information (*Key Informant Interviews? Interviews with families on the phone? Facility -level assessments? Administrative data from authorities? Aggregated data from service providers?*)
6. Explain what the **source of information** should be (if sampling was done, what to do when the selected person or HH does not want/cannot answer), and **frequency** expected.
7. Explain and discuss in **details the questions**, focusing on the exact meaning of key terms (e.g., what is a child headed household? Who is an Unaccompanied child?)
8. Clarify exactly **what we want to know** with each question, and how the results will be used: this limits the errors and misunderstandings during data collection
9. Explain and give examples of **how to ask specific questions**, e.g., sensitive questions, questions that may need specific explanation.
10. Share CP and GBV referral pathways with enumerators/local colleagues and explain them
11. Explain **how to use and fill** the Data Collection Tools (i.e., questionnaire)
12. Give local colleagues the opportunity to come back with questions before starting data collection (short deadline)
13. **Pilot** the data collection on a small sample (one day is often enough to observe the main issues) and jointly discuss the main problems and find solutions (e.g., revise questionnaire, explain better, change source...)
14. **Revise** Data Collection Tools and guidance material
15. Organize **regular and frequent debriefings** with local colleagues (e.g., once a week) where results of the week are discussed and better understood: Ask local colleagues what worked and what did not work, discuss the important information and discuss and solve the main problems that came up during data collection
16. Address **specific issues in bilateral** conversations and keep communication channels open, so colleagues can ask questions when they face problems
17. Feed back to the local colleagues **how their information was used**.
18. Remember to **thank the colleagues** but also **correct** what they may be doing that puts people they interview in **danger or in difficult situations**.

7. Data collection, Data processing and quality control

(Responsible actors: IM/Data experts with operational resources by Coordination group members)

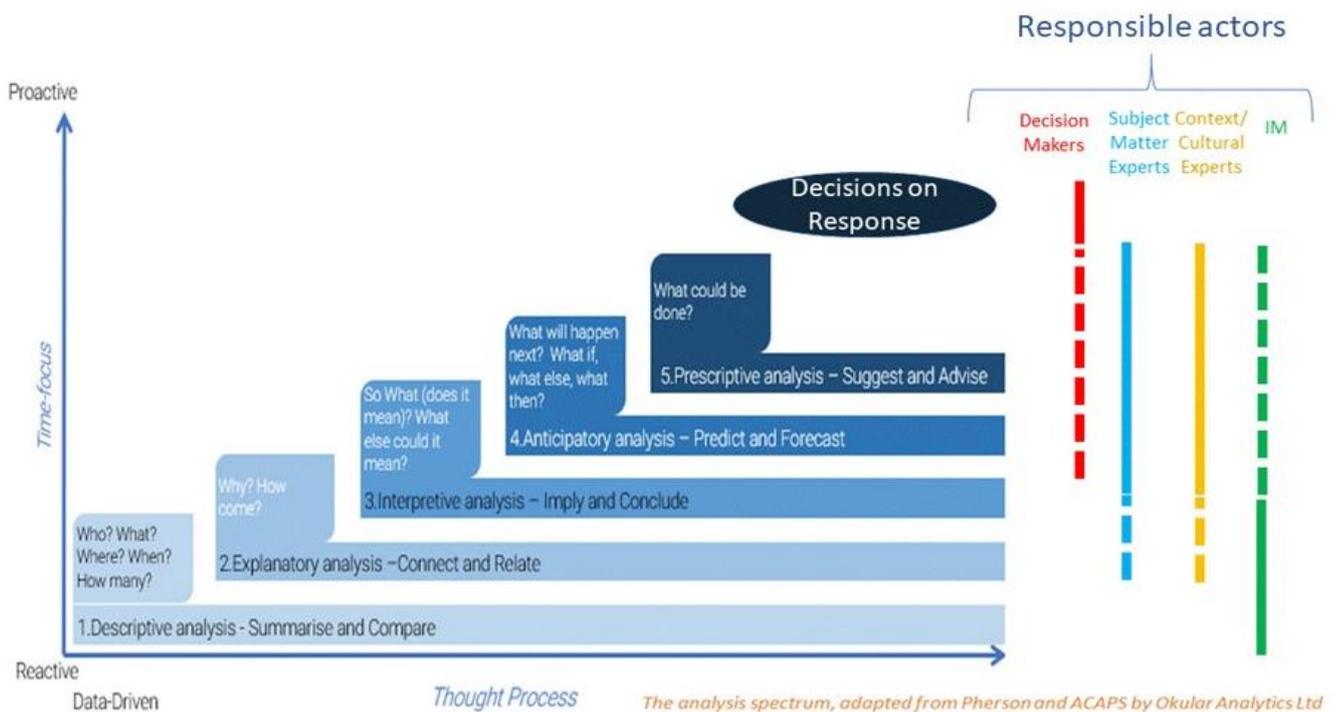
8. Data sharing with Coordination group members (modalities depend on data sensitivity)

(Responsible actors: IM/Data experts)

9. Various levels of Analysis (e.g. Descriptive analysis, Explanatory Analysis, Interpretation...).

Each analytical level entails different activities and require different combinations of competencies AND interaction with experts:

CP experts- Coordinators and Coordination group members- and Context/Cultural experts for other levels of analysis.



Analysis Spectrum with defined leading roles, as developed by EDAUUR WG under the Grand Bargain

- **Descriptive analysis:** Summarize and consolidate key variables and observations and prepare results using pre-identified analysis plan. Main patterns, trends, anomalies & outliers are identified; Responsible actor: Information Management/Data experts for Descriptive analysis
- **Explanatory analysis:** Identify main underlying mechanisms/processes/factors that contribute to current gaps; Responsible actors: CP experts and Context/Cultural experts e.g., Coordinators and Coordination group members, Local NGOs or local staff.
- **Interpretive analysis:** Discuss and establish critical gaps, set priority geographical areas and affected groups and assess uncertainty and information gaps; Responsible actors: CP experts, and Context/Cultural experts e.g., Coordinators and Coordination group members, Local NGOs or local staff
- **Anticipatory analysis:** Based on risk analysis and possible scenario, discuss and establish future potential gaps and refine the list of priority geographical areas or affected groups; Responsible actors: CP experts, and Context/Cultural experts e.g., Coordinators and Coordination group members, Local NGOs or local staff
- **Prescriptive analysis:** Discuss and agree on a strategy and objectives to change or prevent humanitarian outcomes. Recommend a set of appropriate and proportionate response options (this process is also called response analysis). Responsible actors: CP experts, and Context/Cultural experts e.g., Coordinators and Coordination group members, Local NGOs or local staff
- **Decisions on response:** Responsible actor: Decision Makers (e.g., Heads of organizations in Coordination Group)

10. Design and Implement Response informed by evidence.

(Responsible actors: Coordinators and Coordination group members who are decision-makers)

11. Monitor response

(Responsible actors: M&E experts and Coordination group members)

12. Use feedback and Adjust

This is specifically relevant for on-going exercises (e.g., CP Monitoring), when changes are made based on learning at each round of information gathering. (Responsible actors: IM/Data experts adjust, Coordinator facilitates the constructive provision of feedback by members)