Needs Identification and Analysis Framework for Child Protection Response Planning during COVID-19

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

The CP NIAF COVID-19 is a Global Child Protection AoR guidance produced on behalf of the Global Protection Cluster. It is one of a series of support tools developed by the Global Protection Cluster and AoRs to help field colleagues analyse and prioritize during COVID-19 pandemic.

Using NIAF for Strategic and Operational Planning during COVID-19 Pandemic

Who can use this guidance?

CP NIAF COVID-19 guidance has been developed for the following contexts:

1. **Countries where the cluster system is active and where colleagues will be reviewing the HRP.** Colleagues in these countries can use the guidance for the UNOCHA-led HRP review, and in coordination with the Protection Cluster and AoRs.

2. **Countries where the cluster system has recently been activated due the COVID-10 pandemic.** Colleagues in these countries can use this guidance and include child protection analysis into the templates and documents that UN-OCHA specifically defined for each country.

3. **Countries where the cluster system is active and where colleagues are developing a COVID-19 Preparedness and Response Plan (PRP), not the HRP.** These countries can use this guidance to ensure the inclusion of child protection analysis and needs in their PRP (not led by UNOCHA). Child Protection Coordination Groups will coordinate with the Protection Cluster/WG and AoRs.

4. **Countries where the cluster system is NOT active and where colleagues are working on preparedness and response planning for the COVID-19 pandemic.** These countries can also use this guidance for integrated child protection analysis and setting of priorities, as part of the strategic and programmatic response planning, as defined in each country. Coordination mechanisms may vary, depending on the country.

Whilst focused specifically on humanitarian contexts, the NIAF for COVID-19 response planning can also be used, with limited adjustments, to other contexts where Child Protection Coordination Groups are working or are being set up.

Purpose and scope of this guidance

The objective of the NIAF COVID-19 guidance and tools is to identify general and child protection specific context-based overarching indicators that would allow **the adjustment of the child protection response to the changes caused by COVID-19 pandemic and consequent measures.**

It provides a set of tools **to add to existing response planning, not substitute it:** priority areas, population groups in need and priority issues already identified in the existing planning should be **complemented, not discounted**.

This specific COVID-19 NIAF guidance is leading up to the more general Needs Identification and Analysis Framework (NIAF) Guidance, which is intended to support CPCG colleagues in the field in their **analysis for humanitarian response.**

The NIAF uses context analysis for decisions on response. Context analysis plays a key role in enabling humanitarian actors to operate in environments characterized by complexity, instability and insecurity. The purpose of context analysis is to allow CPCGs responding to the COVID-19 pandemic to better understand the socio-cultural, political, economic and geographic factors that give rise to crisis and may either hamper or enable their response and take decisions accordingly.

The NIAF focuses on joint analysis of available data by CPCG colleagues, moving away some of the focus (and resources) usually spent on primary data collection.

The NIAF lists the **main decisions that a** Child Protection Coordination Group **has to make** and identify **guiding questions** the CPCG **has to answer** to make decisions. It also suggests **what indicators to use and where** the CPCG **may find the necessary data**, maximizing use of data and analysis from other humanitarian sectors following Child Protection Monitoring System (CPMS) integrated approach across sectors for a solid Child Protection Analysis.

This document is composed of two parts:

1. The first details the NIAF approach to analysis for **strategic decision-making,** defining the steps for CP coordination groups. These steps will help to effectively define priority geographical areas, considering the COVID-19 spread and impact across each country, priority groups, priority CP risk and target population.

2. The second part details the NIAF approach to analysis for **programmatic decision-making:** what are the underlying causes, what are the factors increasing/decreasing the CP risk and the impact on survivors, what sub-sectors of the population are more at risk, who is impacted differently, what are effective programme modalities to use.

Terminology:
Throughout this guidance, the term 'Child Protection Coordination Group' or 'CPCG' will be used and may be taken as referring to Child Protection Areas of Responsibility', 'Child Protection Sub-cluster', 'Child Protection Working Group', or other.

Key Sections

Key sections are described briefly below with hyper-links for quick access.

Strategic Decision Making *(List of the main decisions that you are likely to have to make at strategic level. A clear list of key decisions helps focus your analysis and information gathering on the essential)*

NIAF Process to support Strategic Decision-Making *(Steps to define priority geographical areas, priority groups, target population, and priority CP risks)*

Identify Children or People in Need *(What to include and on how to calculate CiN)*

Identify Target Population *(What to include and on to consider when calculating Target Population)*

Programmatic Decision-Making *(List of the main decisions that you are likely to have to make at programmatic level. A clear list of key decisions helps focus your analysis and information gathering on what is essential)*

Impact of COVID-19 Pandemic on protection risks and response programming for children *(Narrative of likely changes in risks and Visual: Helps you think of all likely ways that COVID-19 Pandemic and the containment measures changes risk and impact on children and their protection)*

NIAF in 7 Steps: Process and Actions *(Overview and summary of seven steps to identify and analyse needs, plan response & monitoring situation changes to adjust response)*

Contents

Acronyms

CCCM	Camp Coordination and Camp Management
CP	Child Protection
CP AoR	Child Protection Area of Responsibility
CPCG	Child Protection Coordination Group
CPMS	Child Protection Monitoring System
CAAFG	Children Associated with Armed Forces or Armed Groups
DTM	Displacement Tracking Matrix
FoM	Freedom of Movement
GBV	Gender Based Violence
HCT	Humanitarian Country Team
HH	Household
HRP	Humanitarian Response Plan
IOM	International Organisation for Migration
KI	Key Informant
MHPSS	Mental Health and Psychosocial Support
MICS	Multi-Indicator Cluster Survey
MoH	Ministry of Health
NIAF	Needs Identification and Analysis Framework
OCHA	Office for the Coordination of Humanitarian Affairs
PRP	Preparedness and Response Plan
PIM	Protection Information Management
RC	Resident Coordinator
RO	Regional Office
SGBV	Sexual and Gender Based Violence
UASC	Unaccompanied and Separated Children
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
WFP	World Food Programme
WHO	World Health Organisation

Strategic Decision-Making

The focus of analysis in support of strategic decision-making is to determine the scope of any required response (including the target population), outlining the main concerns, risks and response options and identifying priority groups and geographical areas. This can be achieved by answering the following guiding questions:

1. **Whether or not to respond**: *Are the Government and civil society in the country able to fully respond to the crisis or should Child Protection Coordination Group (CPCG) complement?*
2. **Defining the aim and strategy of the response**: *What are the main CP issues that CPCG is aiming at changing in this context and with current /forecast limitations?*
3. **Priority Geographical Areas**: *Where should CPCG focus their members' response?*
4. **Priority Groups**: *What population groups will be included in the response (IDPs, Refugees, general population, host community…)?*
5. **Child Protection priority responses**: *Which are the main concerns and risks of children affected by the COVID-19 epidemy? How can the CPCG define the priority planning and response to efficiently address those risks?*
6. **Population Targeted**: *How many people should the response target? Will the response target children and caregivers/adults?*

NIAF Process to support Strategic Decision-Making

The CP NIAF for COVID-19 defines two (2) steps of strategic context analysis to be used by CP coordination groups. These steps will help effectively define priority geographical areas (considering the COVID-19 spread and impact across each country), priority groups, priority CP risks and target population.

The NIAF for COVID-19 focuses on analysis of available data and collaboration with other sectors for a strategic decision-making process rather than concentrating time and resources on primary data collection. It maximizes the use of data and analysis from other humanitarian sectors for a solid Child Protection Analysis, following the CPMS integrated approach[1].

Context analysis

The steps of the NIAF process for context analysis are detailed below, but please prefer to the excel tool for details (See: Annex 1: Indicators & Sources for Strategic Analysis NIAF Covid-19)

- Step 1: Context analysis for geographical prioritization in areas most affected by COVID-19
- Step 2: Pre-existing situations in the COVID-19 affected geographical areas
  - Pillar 1: Population groups in areas most affected by COVID-19
  - Pillar 2: Context analysis in areas most affected by COVID-19
  - Pillar 3: Child Protection specific analysis in areas most affected by COVID-19

After completing the context analysis, it is possible to calculate the People in Need (PiN)/Children in Need (CiN) within the Child Protection Sector and subsequently to determine the target population.

[1] https://alliancecpha.org/en/CPMS_home

Step 1: Context analysis for geographical prioritization in areas most affected by COVID-19

Output: This step will help CP teams identify the geographical **areas where reports[2] indicate that the virus is most widespread and/or has the largest impact**.

- Indicators used for this step are those often used by the Strategic Coordination actors/groups (e.g. HCT, National Governments, MoH, WHO) to prioritize areas and organize the response.
- In some responses, such prioritization already exists and is shared: CP Coordination groups will utilize it, without duplicating the efforts and the analysis.
- In countries where such prioritization does not already exist, CP Coordination groups can use the NIAF COVID-19 methodology to develop a list of priority areas for response.
- A list of indicators and sources of commonly available data for identification of priority geographical areas are in Annex 1: Indicators & Sources for Strategic Analysis NIAF Covid-19 - *Group 1: Context analysis for geographical prioritization in COVID-19 most affected areas.*

Suggested indicators for Context analysis for geographical prioritization in COVID-19 most affected areas

- **Prevalence of COVID-19 outbreak in different geographical areas** of the country (if these is an outbreak in the country)
- **Population estimates** (disaggregated by gender and age if possible) by affected geographical area
- **# of reported cases of infected population** (disaggregated by gender and age if possible) by affected geographical area
- **# of COVID-19 deaths** (disaggregated by gender and age if possible) by affected geographical area
- **State of emergency/curfew/other by geographical area** including population mobility status
- **Status ranking of the health response and systems** to the COVID-19 pandemic by geographical area[3]
- **Social services** shutdown status[4]
- **Education system** shutdown status
- **Children in institutions** by status (remaining or emptied) and in detention centres
- **Impact on markets** – in particular capacity, functionality, accessibility.
- **Impact of mental health/ psychosocial wellbeing** (disaggregated by gender and age if possible)

Once the CP Coordination Group identifies these priority areas, they can proceed to the subsequent step and develop an analysis of the pre-existing situations in the COVID-19 affected areas.

Step 2: Pre-existing situations in the COVID-19 affected geographical areas

Output: reach a shared understanding of the pre-existing situation in the priority geographical areas (including population groups, levels of vulnerability across the population and overall child protection risks)

Pillar 1: Population groups in areas most affected by COVID-19

During this step the CPCG maps presence and estimated numbers of **pre-existing vulnerable groups** (Refugees, IDPs, returnees etc.) living in the priority geographical areas.

[2] Surveillance system are not currently be able to capture all positive cases, so this is an estimation in all countries.
[3] Use the same categorization system as coordinating actor in the country.
[4] Use the Child Protection list specific for the country.

- A list of indicators and sources of commonly available data for identification of priority groups are in Annex 1: Indicators & Sources for Strategic Analysis NIAF Covid-19 - *Group 2: Population groups in COVID-19 most affected areas.*
- Indicators may need to be adjusted to include most vulnerable population groups relevant to the context.

Suggested list of pre-existing vulnerable groups

- **# of people internally displaced living in camps or camp-like settings**
- **# of people internally displaced**
- **# of refugees**
- **# of returnees**
- **% of IDPs / returnees / refugees in relation to host population**

Pillar 2: Context analysis in areas most affected by COVID-19

During this step the CPCG maps and agrees on **pre-existing levels of vulnerability** across the population living in the priority geographical areas.

- Such vulnerabilities will likely increase during COVID-19 pandemic and containment measures.
- Limitations to access to goods and services, including access limitations to humanitarian assistance, will likely impact these vulnerabilities.
- A list of indicators and sources of commonly available data for identification of pre-existing levels of vulnerability are in Annex 1: Indicators & Sources for Strategic Analysis NIAF Covid-19 - *Group 3: Context analysis in COVID-19 most affected areas.*

***Indicators and sources of commonly available data for identification of pre-existing levels of vulnerability in a*reas with limited humanitarian access**

- **Family/Household economic status**
- **% of population living in poverty**
- **% of population of working age unemployed**
- **Prevalence of Global Acute Malnutrition (GAM)**
- **Crude Death/Mortality Rate (deaths/ 10,000 persons/ day)**
- **Under-five Death/Mortality Rate (deaths/ 10,000 children U5/ day)**
- **Education enrolment and attendance rates (children in school & out of school)**

Pillar 3: Child Protection specific analysis in areas most affected by COVID-19

During this step, the CPCG maps and agrees on specific **Child Protection risks and impact on the affected population** living in priority geographical areas. This understanding of the context of each priority area from the CP perspective will allow the CPCG to define a CP response strategy. Priority interventions will be designed on the basis of this "profile" of CP risks and impact specific to each priority geographical area.

- This step also prepares the ground for defining Children in Need (CiN) and Target Population
- When additional children's groups at higher risk during COVID-19 pandemic have been identified by CPCG, the Coordination Group can add them to the list of indicators (e.g., UASC in institution that closed due to COVID-19, children released from detention away from their place of origin). For a checklist of potential groups, see Annex 3: Checklist of groups that may be at higher risk
- A list of indicators and sources of commonly available data for identification of specific risks and impact are in Annex 1: Indicators & Sources for Strategic Analysis NIAF Covid-19 - *Group 4: Child Protection specific analysis in*

COVID-19 most affected areas. In addition, Annex 11: Prevalence Data and Sources provides a quick source of data for colleagues who may not have country/area specific prevalence data.

Indicators and sources of commonly available data for identification of specific risks and impact

- **Family size/ composition (including extended family as support network/coping mechanism)**
- **Child labour presence/prevalence (can be national level prevalence)**
- **Child marriage presence/prevalence (can be national level prevalence)**
- **Children with disabilities (can be national level estimates)**
- **Unaccompanied and separated children presence/prevalence**
- **Children suffering from violence, neglect or abuse (can be national level prevalence)**
- **Children living and working on the streets**
- **CAAFG presence/prevalence**

Calculate the total number of Children/People in Need

The objective is to determine a good enough estimate for strategic planning purposes to determine the scale and scope of the response. It is important to focus on identifying need, not targeting or capacity to respond (this will be detailed in subsequent steps).

Key terminology for CiN calculations

Overall child population

The overall child population figures can be obtained from the population census (or other depending on the context), and usually represents around 50-60% of the total population (information can be acquired from the National Bureau of statics and/or OCHA). The same percentage can be used to derive the number of children (boys + girls) under 18 years old[5] affected by a humanitarian situation from the total estimate of affected population. Ideally, countries will have a gender and age disaggregation of the population of children with several gender and age cohorts.

However, in displacement situations, the percentage of child population might vary depending on the context as in some situations the estimated figures of child population can be higher or lower than the census.

Resources like the IOM DTM (Displacement Tracking Matrix[6]) or WFP food registration can help in the process. In refugee contexts, data from registration may be obtained from UNHCR.

Children in Need (CiN)

Children in Need (CiN) are a subset of the people in need of protection services/ activities agreed upon by the Protection Cluster/Protection Coordination Group. They are intended as Children in Need of Child protection services that prevent risk and/or limit impact of incidents.

Children in need of Water, Education, Food, Nutrition, Healthcare and other basic needs and services are included in the People in Need (PiN) of those sectors.

Important: Clarifying who is included in the PiN/CiN figure

Child Protection Coordination Groups should clarify whether their PiN/CiN includes only children or also adults (e.g. caregivers, social workers) as both options are possible. Lack of clarity on this point leads to mistakes and hinders the full understanding of what the estimate means, as well as hindering comparison between countries and for the same country over time.

[5] 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.
[6] https://dtm.iom.int/ search for countries for reports and datasets.

How to calculate Children in Need (CiN)

Annex 1b: CiN Calculation provides a series of indicators and percentages to apply for estimating the number of children in need. *(This list is a subset of the indicators for the context analysis, Annex 1: Indicators & Sources for Strategic Analysis NIAF Covid-19, that includes common sources of such data)*. In addition, Annex 11: Prevalence Data and Source provides a quick source of data for colleagues who may not have country/area specific prevalence data.

List of indicators in Annex 1b: CiN calculation

- **Family size/ composition (including extended family as support network/coping mechanism)**
- **Social services shutdown status**
- **Children in institutions by status (remaining or emptied) and in detention centres**
- **Education system shutdown status**
- **Impact of MH/ psychosocial wellbeing (disaggregated by gender and age if possible)**
- **# of people internally displaced living in camps or camp-like settings**
- **# of people internally displaced**
- **# of refugees**
- **# of returnees**
- **% of IDPs / returnees / refugees in relation to host population**
- **% of population living in poverty**
- **% of population in working age unemployed**
- **Child labour presence/prevalence (can be national level prevalence)**
- **Child marriage presence/prevalence (can be national level prevalence)**
- **Children with disabilities (can be national level estimates)**
- **Unaccompanied and separated children presence/prevalence**
- **Children experiencing violence, exploitation, neglect or abuse (can be national level prevalence)**
- **Children living and working on the streets**
- **CAAFG presence/prevalence**

Child Protection Coordination Group (CPCG) colleagues can use Annex 1 as to produce CiN estimates based on the context indicators:

1. **Collect prevalence** data **for the listed indicators in Annex 1** (CiN Calculation). Use Annex 11 (Prevalence data and Sources) if needed.
2. **Calculate the percentage /number of children at risk or impacted for each indicator**, using the estimated percentage suggested for each indicator.
3. **Adjust that percentage when the indicators include a "plus" sign** (i.e. 5+%, 100+%): coordination groups and country offices can decide which projection of children affected by that particular risk they want to consider. For example. If 5% is the prevalence of child marriage but the coordination team concludes that child marriage will increase as COVID-19 aftermath, they can decide to increase the prevalence % as per their decision. The used percentage should not be lower than the one in Annex 1b.
4. **Apply percentages to the overall population estimates or to the specific population groups**, as identified by the indicator.
5. **The CP CiN will be equal to the sum of all indicators' results.**

Note that:

- Additional indicators can be incorporated, if Child Protection Coordination Group (CPCG) have identified them as useful for calculating CiN estimates and have the data.
- There is no need to use averages, aggregation or any other IM approach normally used in CiN estimates. Current COVID-19 pandemic impact and lack of evidence-based knowledge about its long-term aftermaths currently justifies this approach.
- Some benchmarks may be different depending on the type of country: children in high- or medium--income countries may have additional resources to mitigate the impact, for example, of school closures (e.g. remote communications with their peers and teachers, web-based learning). In this case, the percentage to use should be lower than the suggested 100% of children not accessing schools.

Determine the Target Population

The Target Population is a sub-set of People in Need and represents **the number of people CPCG actors plan to assist**. CPCG may include both **children** and **caregivers** in their target population. It is necessary that the CPCG outline in writing who is included in the target population and the rationale behind it.

During the COVID-19 Pandemic, Target Population will depend and can be calculated in relation to four (4) factors:

1) Estimated number of Children in Need, Caregivers and other adults that the CPCG can still reached with **previously used response modalities** (In areas of the country where spreading of COVID-19 and containment measures are limited).
2) Estimated number of Children in Need, Caregivers and other adults that the CPCG can reach **with newly developed response modalities** (In areas seriously impacted by COVID-19 and containment measures – identified by Inter-Agency analysis on WHO & MoH data).
3) Estimated number of Children in Need that CPCG actors have capacity, resources and freedom of movement to reach for support, through modalities appropriate to each area.
4) Changing mobility and characteristics of access to some areas.

At the end of the analysis above (aimed at supporting Strategic Decision-Making), you will have:

- ✓ **Where to respond:** Severity of each area/location based on context analysis (including *pre-existing* and *COVID-19- related* factors)
- ✓ **"Profile[7]"** of the situation in priority areas
- ✓ **How many people need aid:** Estimated number of CiN and/or PiN
- ✓ **How many the CPCG members will assist**: Estimated number of People (Children, caregivers and other groups) to target in the response.

The next part will help identify **HOW to respond:** what programmes and modalities to use to reduce risk and mitigate negative consequences of CP incidents on children, families and communities.

This analysis is aimed at supporting *Programmatic Decision-Making*

[7] Profiling is defined as: "A collaborative process that aims to arrive at a comprehensive view of a displacement situation, including at minimum disaggregated population data (core data), and to achieve consensus around the findings. Profiling does not necessarily imply a single data-collection method but often uses a mixed-methods approach. It also often includes a comparative analysis between different population groups and can capture thematic or sectoral information determined by the defined purpose. Profiling of displacement situations is a collaborative process that gathers information on IDP or refugee populations in order to advocate and help bring about a solution to their displacement. This information includes population data disaggregated by sex, age, location and diversity, as well as sector-specific information such as protection issues, livelihoods, future migration intentions. In urban settings, profiling gathers comparative data on both displaced and nondisplaced households in the same neighborhood. Profiling is different from other data collection exercises in that it is a collaborative process, which actively promotes the buy-in of partner organizations and the government from the beginning of the exercise to the final report". Source: PIM Common Terminology, in: http://pim.guide/wp-content/uploads/2018/04/Protection-Information-Management-Terminology_Revised-Edition-April-2018.pdf

Programmatic Decision-Making

Programmatic Decision-Making analysis focuses on targeted groups, modalities of intervention (including adapting or suspending current operations), identifying capacity and issues of cost, resources and timeframes. The following guiding questions will help determine answers to these areas:

1. **What children's sub-groups should be prioritized?** Who is more at risk or more impacted by incidents or without sufficient support (children in institutions, children going through case management but pending solutions)? *These may be the same groups or new groups in addition those the previous response was targeting (before COVID-19). Generally, it is expected that the number of those in need will increase due to the situation changes)*
2. **How to modify current modalities** for 1) delivery of basic goods, 2) risk prevention services, 3) services for survivors of Maltreatment, SGBV, Mental Health and Psychosocial Distress and Child Labour.
3. **Where and what activities can continue, must be adapted or should be suspended**, due to the risk of infection and/or due to containment measures.
4. **Which local actors can CPCG support and how**? What existing community-based risk prevention mechanisms and measures that are mitigating the impact of incidents on children and families can the CPCG strengthen and how.
5. **The actors in the CPCG that will respond** (with a **strong focus on local partners**, also due to the limitations imposed on international and national actors).
6. **The amount of money, time and human resources** that will be allocated for the CPCG response.
7. **Changing the response on the basis of new evidence**, also outside the current funding cycle.
8. **When the CPCG involvement will end**, and what is the exit strategy.

Analysis for programmatic decision making

Analysis for programmatic decision-making includes the description of data and information, identification of causes, actors and how they relate to one another, as well as the definition of likely scenarios in the case of lack of action. Analysis must also include the identification of the best options for the response.

Child Protection Coordination Group Coordinators, members and IM/Data and Assessment experts have specific and predictable roles during the process for information gathering, analysis, decision-making, appropriate to their mandate and skillset[8].

The aim and scope of CPCG programmatic analysis

Note that the NIAF helps CPCGs *identify and analyse evidence to inform strategic decision-making and the design of policies and programmes. It does not aim at helping colleagues identify, assess and target individuals/households in need of support.*

How Child Protection Risks may change during COVID-19 pandemic and containment measures

The COVID-19 pandemic is a direct threat to physical and mental health. The pandemic and the measures taken for the health response (to limit the spread of the various, including social distancing, restricted movement and lockdown) impact children and their families in numerous ways.

As a direct impact, children whose caregivers have been isolated, hospitalized or died due to COVID-19 are at increased risk of sudden and unplanned separation, with limited access to alternative care arrangement.

[8] See Annex 6: Roles within the Child Protection Coordination Group (CPCG)

As a consequence of some of the containment measures, children are also more exposed to the **risks** of sexual abuse and exploitation, domestic violence, psychological distress and cyber bullying. Families may increasingly resort to negative coping mechanisms such as child marriage and child labour, as they lose income. In addition, children already engaged in child labour could be at a higher risk of engagement in the worst forms of child labour, as closure of businesses and economic consequences increase the likelihood of losing their current jobs.

The **impact/consequences** of Child Protection incidents on children and their families may not be reduced through previous modalities of delivering child protection services, due to serious access limitations due to the same containment measures. The negative impact on all categories of vulnerable children, including children with disabilities, unaccompanied and separated children, children in institutional care, children on the move, children working and/or living in the streets, children in conflict with the law and children in need of mental health and psychosocial support services, will likely increase in severity.

It has already been observed that children of refugees, IDPs, returnees, minorities and marginalized communities are exposed to higher level of child protection risks in addition to being subject to further marginalization; this as a reaction to fear and panic sparked by the COVID-19 pandemic.

Examples of child protection concerns related to COVID-19:

The following list is not exhaustive but outlines some of the immediate analysis undertaken on the impact of the pandemic. Impact will differ depending on context and particularly in terms of existing vulnerabilities.

General:

- Disruption of access or denial of access to services due to prioritizing response to COVID-19, limited availability of service providers due to lockdown measures, stigmatization of children from families with persons infected with COVID-19.
- More exposure to domestic violence, sexual abuse and exploitation and corporal punishment under lockdown.
- Loss of income due to COVID-19 measures pushes more families under poverty line and exposes more children to the risks related to negative coping mechanisms such as child labour, child marriage, sexual abuse and exploitation and trafficking.

Children on the move and children living and/or working in the streets:

- Children on the move and children living and/or working in the streets are at risk of arrest linked to curfew and lockdown measures.

Children in marginalized groups or locations:

- Further marginalization and violence against children from poor families or minorities. Families of minorities living in slums and informal settings are often considered as a source for contagion and face further displacement to more remote areas in addition to disruption of their already limited income generating activities and access to services. For example, attacks on Roma populations and seasonal migrant workers, identified as scapegoats for the spreading of COVID-19.

Children in institutional care:

- Children in institutions are at more risk with shrinking resources due to movement restrictions and lockdown, limited access to social workers and case management services, disruption of alternative care and family reunification arrangement.
- Some of the measures taken to cope with the risk of contagion may drastically reduce child protection measures (example: in Sudan all religious schools were closed and children previously living in school accommodations were left without care and shelter, without promptly ensuring family reunification or alternative care arrangement).

Children in conflict with the law:

- Children in conflict with the law see their cases delayed due to lockdown and restriction of movements leading to extended detention.

- Children in detention have been released by authorities of some countries, to limit overcrowding in prisons. Many of these children face challenges reaching their families, due to limitations to freedom of movement imposed for the pandemic, or lack of access to means of transportation. These children are likely to face further family separation and abuse.

Family separation and alternative care:

- Family separation with limited opportunities for family reunification and alternative care for children with caregivers infected with COVID-19.
- Children without a primary caregiver due to death or isolation placed under kinship or spontaneous care arrangement without care arrangement assessment and implementation of protection measures.

Children with disabilities:

- Children with disabilities and children with chronic diseases lose access to social and health services.

Mental health and distress:

- Increase of cases of children in need of MHPSS due to disruption of daily routine, fear and lockdown.
- Increase of cases of children in need of MHPSS due to increased Mental Health and psychological distress of caregivers.
- Children in the process of recovering with the support of MHPSS service providers lose access to such services and at more risk.

Child labour:

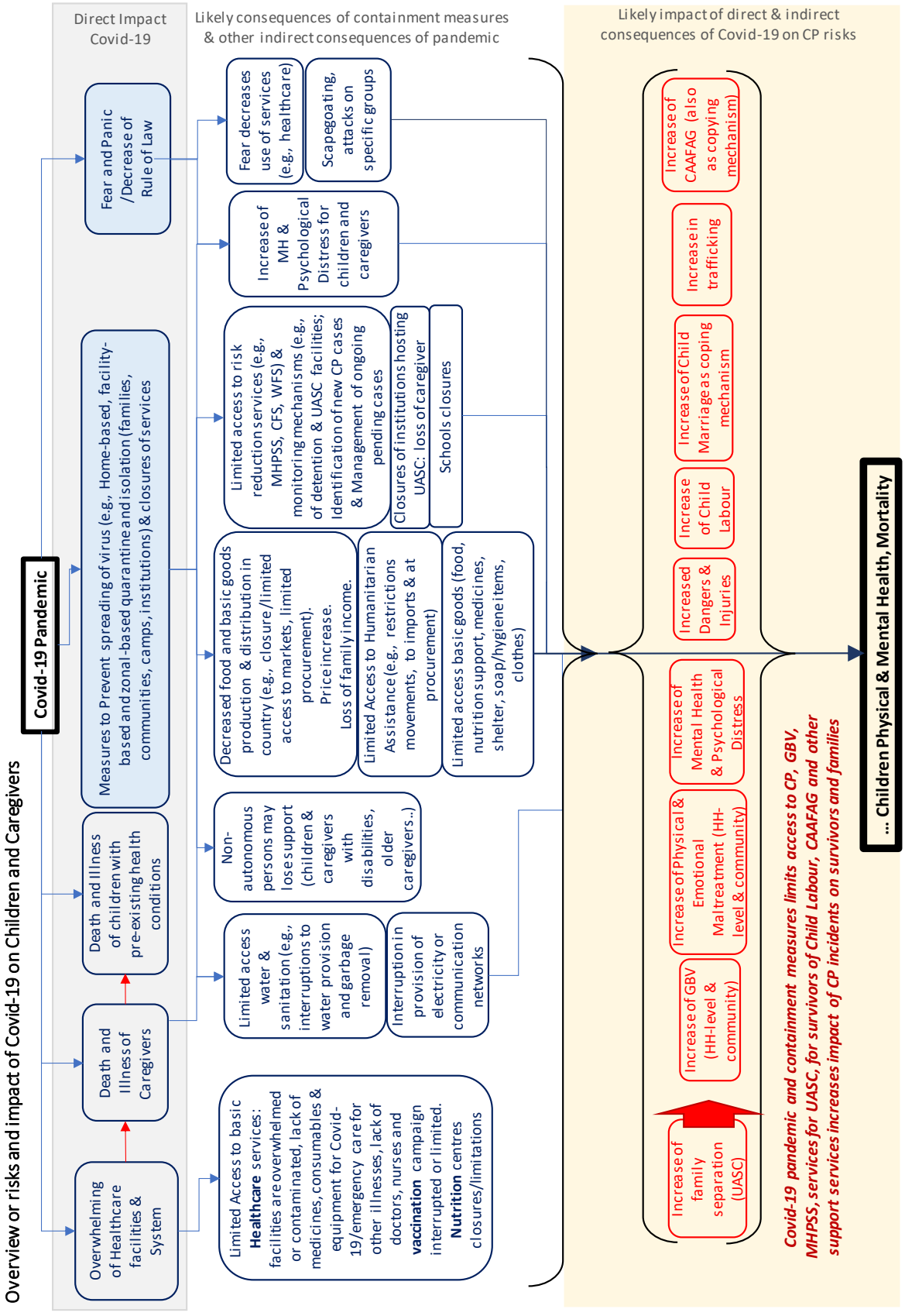
- Due to closure of businesses, working children resort to the worst forms of child labour and engage in exploitative relationships after losing their source of income.

SGBV:

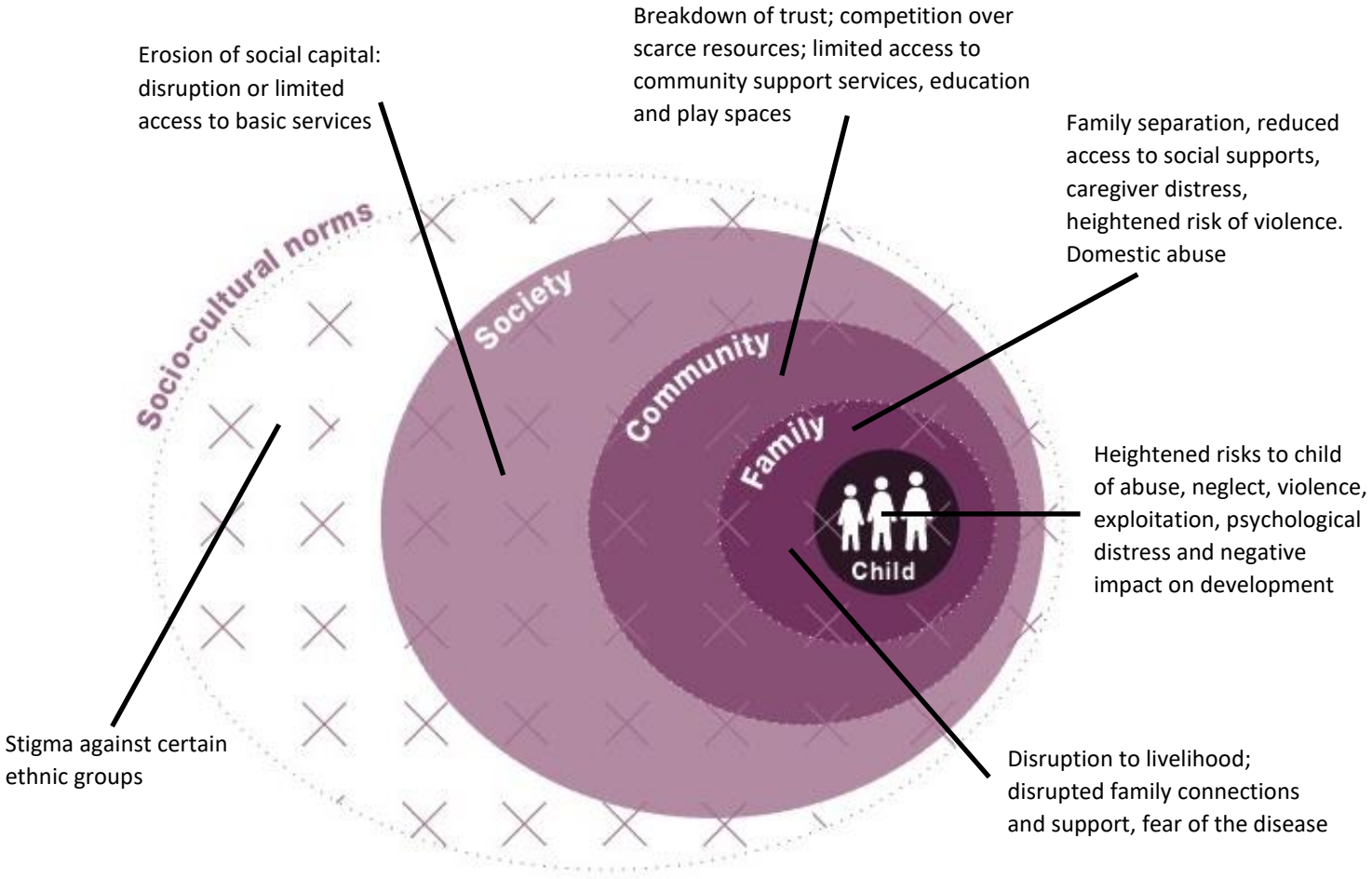
- Overwhelmed healthcare is likely to limit access to CMR (clinical management of rape), emergency contraception, assisted birth, pre- and post-natal care.
- Girls could face increased risk of child marriage and transactional sex. Both girls and boys can face increased risk of sexual exploitation and abuse by humanitarian workers or service providers, however adolescent girls have significantly higher risks.
- Girls' workload at home can increase to take care of family members or support household chore which increase a risk of girls to lose an opportunity to access essential Child Protection, Education and other services.

Impact of COVID-19 Pandemic on protection risks for children

The overview of risks and impact below can be used by Coordination Groups colleagues to identify potential changes that are relevant to the raise of CP risks on new groups, as well as the increase or decrease of existing Child Protection risks and impact on specific groups.



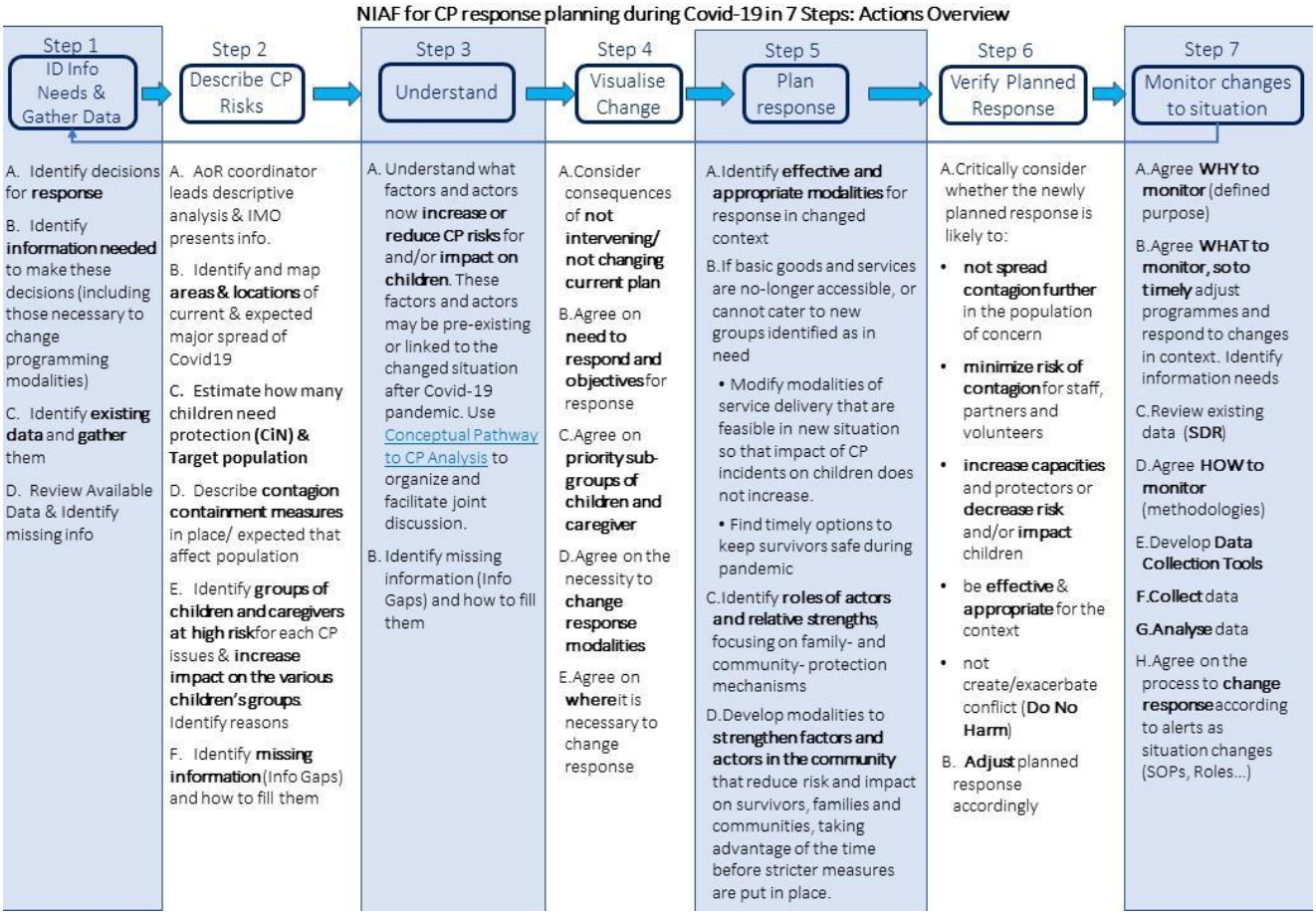
The Socio-ecological impact visual illustrates how various layers of protection can be affected by the Pandemic



Source: The Alliance for Child Protection in Humanitarian Action, Technical Note: Protection of Children during the Coronavirus Pandemic, Version 1, March 2019. For other examples, see also: Annex 8: Examples of impact of COVID-19 on Child Protection Risks

NIAF Process to support Response Planning

This visual guides Child Protection Coordination Groups (CPCG) through the NIAF response planning process during COVID-19. Each of the 7 steps is discussed in more detail later in this section.



How to use the Step by Step Actions and Guiding Questions

Each step will include specific actions, detailed below. Also, information will be needed for each decision, and some useful questions to guide the identification of such information are listed for each step of the NIAF process. CPCG colleagues may need to add other questions that are relevant for the context and the specific time of the response.

Step 1 - Identify Information Needs and Gather Data

Actions:

1. Identify decisions for response (*Adapt the list in Programmatic Decision-Making to your situation*)
2. Identify the **information needed** to make these decisions (including those necessary to change programming modalities) (Adapt *Annex 2: Indicators and Sources for Programmatic Analysis)*
3. Identify **existing data** and **gather** them. Useful data and sources are in *Annex 2: Indicators and Sources for Programmatic Analysis* and in *Annex 11- Prevalence Data and Sources*

   The IMO and coordinator will open and maintain appropriate communication channels to identify and update needed information. **Requests should be clearly linked to the list of information needs identified, addressed to specific focal points, accompanied by specific level of details needed** (e.g. disaggregation, frequency…) and **planned use of the information**.

Gathering data from other actors - relevant actors include:

- OCHA, RC office, and relevant focal points from WHO, Health Cluster, Health Coordination Group or relevant central authority
- CPCG members, at sites/locations level and at different admin levels in the country. CPCG members should regularly collect and share updated relevant information from their field staff and network of contacts in their geographical areas of operation. It is useful to share with field staff how the information will be used and the level of detail needed. Members can also gather information from local authorities and share back with Coordinators/IMOs.
- UNICEF (e.g., MICS and CP-IMS databases – with extreme caution aggregating and using case management data[9])
- Other Clusters and Coordination Groups: Health (including Sexual and Reproductive Health), Education, Protection and AoRs, Food Security, CCCM, MHPSS, etc.
- Authorities and Ministries: Bureau of Statistics, Ministry of Health, Ministry of Education, Ministry of Interior, Police…
- Other CP service providers, organizations of people with disabilities and women's groups and youth-led organizations, as close to the field as possible. CPCG focal points at sub-national level can greatly support in gathering and sharing information with country CPCG, if details and use of the information is clearly explained to them.

Step 2 - Describe Child Protection Risks

Actions:

1. CPCG coordinator facilitates joint descriptive analysis with CPCG members. Analysis should focus on answering the guiding questions below and any other questions relevant to describing the risks, impact & groups at risk.
2. IMO presents information relevant to answering guiding questions to CPCG members, including identified priority areas & estimates how many children need protection (CiN) (See above: NIAF Process to support Strategic Decision-Making).
3. Describe **contagion containment measures** in place/expected that affect population (see Impact of COVID-19 Pandemic on protection risks for children)
4. Identify specific **sub-groups of children and caregivers at high risk** for each CP issue. Consider how COVID-19 pandemic & containment measures increase protection risks for previously identified groups as well as additional groups of children (e.g. New risks linked to closing of UASC institutions, children who were living with elderly caregivers who are hospitalized or deceased). Identify reasons. Use & adapt Annex3: List of groups that may be at higher risk.
5. Consider now the impact/consequences of incidents on children, and how COVID-19 pandemic & containment measures **increased** or **will likely increase the impact on the various children's groups**. Consider what is likely to happen to children experiencing HH-level violence, GBV or maltreatment who can no longer be identified and referred to services, due to service and domestic shut-down.
6. **Identify missing information** (Info Gaps) and how to fill them.

Guiding Questions:

- ✔ What are the main risks for children in the context?
- ✔ How is that different from before COVID-19? What are the main CP risks now?
- ✔ Who are the most vulnerable children and families likely to receive the worst impact of COVID-19? Consider gender, age, disability, status and other characteristics of children and their caregivers to identify who are most vulnerable in this situation (See Annex 3: Checklist of groups that may be at higher risk).
- ✔ Who are the groups most at risk now? Why?
- ✔ What is the **impact** of each CP issue on each group?
- ✔ How is that different from before COVID-19?
- ✔ What are the groups who are likely to be impacted more now? Why?

[9] Please always refer to PIM Framework for Data Sharing in Practice for guidance on how to aggregate and use CP IMS and other case management data, as harm may be done when using such information. Ask Regional Help Desk and Global CP AoR to be put in contact with experts when planning to use such databases.

Step 3 - Understand

Actions:

1. Understand what factors and actors now **increase or reduce CP risks** for and/or the **impact on children**. These factors and actors may be pre-existing or linked to the changed situation after the COVID-19 pandemic. Use Annex 4: Conceptual Pathway to CP Analysis below to organize and facilitate joint discussions.
2. Identify missing information (Info Gaps) and how they can be filled.

Guiding Questions:

To understand what factors and actors now **increase or reduce CP risks** for and/or the **impact on children**, consider the following questions, for each identified group:

- ✔ How does COVID-19 and the containment measures directly & indirectly affect children and caregivers physical & mental health, well-being and death? (See Impact of COVID-19 Pandemic on protection risks for children).
- ✔ What longer-term factors & actors are responsible for and /or worsen CP **risks?** Focus on those that will likely **continue** in the current situation (COVID-19 pandemic and contagion containment measures).
- ✔ What longer-term actors, factors, capacities, services and mechanisms of individuals, families, communities and Country/Region **reduce** risks? Focus on those that will likely **continue** in the current situation.
- ✔ How have actors and factors impacting on CP risks changed since the COVID-19 and containment measures?
- ✔ What longer-term actors & factors **worsen** consequences/ impact of CP issues/incidents? (e.g. Threats and vulnerabilities of individuals, families, communities and Country/Region). Focus on those that will likely **continue** in the current situation.
- ✔ What long-term factors and actors help reduce consequences/ impact of CP issues (e.g. Capacities of individuals, families, communities and Country/Region)? Focus on those that will likely **continue** in the current situation.
- ✔ How will COVID-19 increase barriers of children to access to child protection and other essential services? (consider their age, gender, disability and other characteristics, as per Annex 3: Checklist of groups that may be at higher risk).
- ✔ How will COVID-19 impact children's risks of Sexual Exploitation and Abuse and their ability to seek support including a complaints and feedback mechanism? (consider their age, gender, disability and other characteristics, as per Annex 3)
- ✔ How will COVID-19 and containment measures worsen consequences/ impact of CP incidents on children survivors?

Step 4 – Visualise change

Actions:

1. Consider consequences of not intervening/not changing current plans.
2. Agree on need to respond and objectives for response.
3. Agree on priority children's groups to prioritize in the response.
4. Agree on the necessity to change response modalities.
5. Agree on priority locations /areas where response should be changed.

Guiding Questions:

- ✔ What happens if we do nothing?
- ✔ What happens if we do nothing differently?
- ✔ Who will continue to be affected?
- ✔ Who will be affected more?
- ✔ What children sub-groups will likely see the worse happen?
- ✔ What does the community want to see in one year? What is the one year vision of CPCG?

- ✔ Can this happen without CPCG intervention?
- ✔ What timeframe are we considering for our interventions?
- ✔ What are current and likely future limitations to access (by aid workers and service providers to communities, and children and by communities to services)
- ✔ What groups will aid workers or service providers still be able to reach? Through what means?

Step 5 - Plan response[10]

Actions:

1. Identify effective and appropriate modalities for response in changed context.
2. If basic goods and services are no-longer accessible, or cannot cater to new groups identified as in need:
   - Modify modalities of service delivery that are feasible in this new situation and take into account new limitations to movement.
   - Find timely options to keep survivors safe during pandemic *(e.g. where still possible, prioritize moving the children at risk of HH-level violence to a safe place before lock-down starts).*
3. Identify roles of actors and relative strengths, focusing on family- and community- protection mechanisms.
4. Develop modalities to strengthen factors and actors in the community that reduce risk and impact on survivors, families and communities, taking advantage of the time before stricter measures are put in place.

Guiding questions:

- ✔ Who are the responders (within and outside of the CPCG)?
- ✔ How do we (Child Protection Coordination Group) work with other actors?
- ✔ How have other CP groups have adapted programming to COVID-19 pandemic in other contexts? *See:* ***Global Resource Menu:*** *(https://www.dropbox.com/s/7xp0bmqxl1v4rcn/1.%20COVID19%20CP%20AoR%20Resource%20Menu_Working%20Doc%20March2020.docx?dl=0)*
- ✔ How can the CPCG leverage other Coordination Groups/ Clusters?
- ✔ What are the success stories or failure stories in this context?
- ✔ How do we increase capacity to prevent CP issues and address impact in the current context?
- ✔ How do we reduce vulnerabilities and exposure to risks, to prevent CP issues and enhance resilience?
- ✔ Where do we respond?
- ✔ Who in the CPCG can implement which part of the response?
- ✔ How many children can we target?
- ✔ How many caregivers can we target?

Step 6 - Verify Planned Response

Actions:

1. Critically consider whether the newly planned response is likely to:
   - **not spread contagion further** in the population of concern.
   - **minimize risk of contagion** for staff, partners and volunteers.
   - **increase capacities** and protectors or **decrease risk** and/or **impact** children
   - be **effective** and **appropriate** for the context.
   - not create/exacerbate conflict (**Do No Harm**).
2. **Adjust** planned response accordingly.

[10] *For suggestions on response actions, see: The Alliance for Child Protection in Humanitarian Action, Technical Note: Protection of Children during the Coronavirus Pandemic, Version 1, March 2019 In: https://alliancecpha.org/en/COVD19*

Guiding Questions:

- ✔ How are delivery modalities going to protect the population from further contagion/increase contagion?
- ✔ How are delivery modalities and protective items going to protect staff, partners and volunteers?
- ✔ What CP issue is the planned response trying to address? How? How likely is it?
- ✔ How much improvement is the planned response likely to produce?
- ✔ What are Strengths, Weaknesses, Opportunities and Threats of planned response modalities?
- ✔ How are planned response modalities going to impact existing tensions/conflict?
- ✔ How do we decrease risk of tensions and conflict?
- ✔ What is the likely impact on other groups? (not on our target groups).
- ✔ What is the likely impact on social dynamics between groups?
- ✔ What are program-specific GBV risks?
- ✔ What are the risks around increased Sexual Exploitation and Abuse (SEA)? What are the measures to mitigate the risks?
- ✔ How are planned response modalities going to impact other CP issues?
- ✔ What is our exit strategy? What will indicate that the critical need over?

Step 7 –Monitor changes to Child Protection situation

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.

Monitoring information that may indicate changes in the child protection situation is not the same as conducting a Programme (response) Monitoring exercise of a Child Protection Programme[11].

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

- 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, and
- Ensuring information needs are adapted to meet the information requirements during COVID-19 pandemic[12].

Actions:

As reflected in the Grand Bargain outcomes for work stream five[13], there is a common process for primary data collection and analysis, that humanitarian actors implement for any data collection and analysis exercise, including child protection monitoring:

1. Identification of a defined purpose: *Agree **WHY** to monitor, what decisions we are trying to inform with the monitoring information.*
2. Identification of specific Information Needs: Agree on **WHAT** to monitor -in order to inform specific decision-making.

[11] 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

[12] Language is borrowed from DRC *Guidance Note on Protection Monitoring during the COVID-19 Pandemic*, April 2020

[13] 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*

3. Review existing data (including other actors' data) and use of what is appropriate to meet the information needs ***(Secondary Data Review)***
4. Identification of remaining **information gaps** and specific **methodologies** to capture needed data through primary data collection: Agree **HOW to monitor** *(Key Informant Interviews? Interviews with families on the phone? Facility - level assessments? Administrative data from authorities? Aggregated data from service providers?) and WHO the source of information is (who do we ask?)*
5. Development of **Data Collection Tools** (i.e., 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). A*nnex 12: Standard questionnaire NIAF COVID-19 was developed by Global CP AoR for profiling children and gathering data based on risk perception analysis. Such tool can be adapted to the information needs identified in your context*[14].
6. **Piloting** and **revision** of Data Collection Tools.
7. Enumerators **Training**[15]**, Data collection** and **Data processing.**
8. Various levels of **Analysis** (*e.g. Descriptive analysis, Explanatory Analysis, Interpretation…*)
9. **Response** Planning based on evidence.

A monitoring system to collect primary data will 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 point.

However, as the current situation evolving rapidly and many actors are facing difficulties obtaining up-to-date primary data, it may be necessary that CPCG plans and implements a monitoring system, with modalities adapted to the limitations of movement and access.

Tools should be developed for each context

The information colleagues need and the situation in the country will shape the questionnaire, therefore developing tools for data collection cannot be done outside the specific context. For ongoing support through this process, including for identifying information needs and questionnaire design reach out to the Regional Help Desk and Global CP AoR.

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? (See suggestions below).
- ✔ 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 that the information from local actors and staff in the field reaches the 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 CPCG?
- ✔ How do we ensure that the CPCG predictably adjusts response?
- ✔ What kind of safeguarding measures are needed to safely and ethically collect information i.e. from children and women?

[14] For support on tools ask Regional Help Desk and Global CP AoR to be put in contact with experts.
[15] See Annex 5*: "Coaching Enumerators and Local Actors on monitoring"* for guidance on essential steps

Suggestions on Protection information that will likely be needed during COVID-19 pandemic include[16]:

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[17], 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: *How Child Protection Risks may change during COVID-19 pandemic and containment measures*

[16] Adapted from DRC *Guidance Note on Protection Monitoring during the COVID-19 Pandemic*, March 2020

[17] 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.

Changes in the situations that should trigger a change in the response may be[18]:

- 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).
- New risks emerging due to COVID-19 over time, as contagion and containment measures evolve (lock-down of entire communities increases the risk of domestic violence but decreases criminal violence, decrease of some forms of child labour and increase of other -sometimes worse-forms of child labour).
- Access of Child Protection Coordination Groups to priority locations changes (e.g. government imposes isolation measures in some areas, CP and GBV services have to close).
- Groups of children become at higher risk for one or more of the CP risks (due to social exclusion and marginalization, scapegoating, new dynamics).
- CP risks become more or less prominent than previously identified in analysis phase (as services are limited or risk increases).
- 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).

[18] Adapted from ACAPS, *Analysis spectrum & structured analytical techniques*, 2016 (unpublished)

Annexes

Annex 1: Indicators & Sources for Strategic Analysis NIAF Covid-19

See Separate Annex 1- Excel - in Folder

Annex 1b: CiN Calculation

See Separate Annex 1b- Excel - in Folder

Annex 2: Indicators & Sources for Programmatic Analysis NIAF Covid-19

See Separate Annex 2- Excel - in Folder

Annex 3: Checklist of groups that may be at higher risk

Identifying the groups of children who have the greatest level of risk in the specific context is essential for analysis and response. The list below is not intended to be an exhaustive list. Child Protection Coordination Groups (CPCG) should adapt it to their context.

Consider the following groups of children and add those groups that are not included in this list:

- ❑ Children who are unaccompanied (*Children who have been separated from both parents and other relatives and are not being cared for by an adult who, by law or custom, is responsible for doing so*)
- ❑ Unaccompanied children, living in institutions that are closing due to COVID-19, may lose care
- ❑ Children living in the care of vulnerable care-providers, who may lose caregiver due to COVID-19 related hospitalization or death (elderly caregivers, single-headed, diabetic, immunocompromised etc.)
- ❑ Children of poorer families, who have no more access to income and basic goods, and may be using negative copying mechanism (e.g. child labour, child marriage, reduced food intake for children)
- ❑ Children who are separated (*Children separated from both parents or from their previous legal or customary primary caregiver, but not necessarily from other relatives. These may, therefore, include children accompanied by other adult family members*.)
- ❑ Children who have intellectual disabilities or physical disabilities[19] (cannot walk, cannot see, cannot hear, cannot speak…) and are not autonomous, especially as caregivers die or become ill. They may also be abandoned and not cared for due to reduced income and access to basic goods.
- ❑ Very small children, if caretakers die or become ill.
- ❑ Children in need of services to prevent CP risks (CFS, MHPSS)
- ❑ Children in need of nutrition services and healthcare for COVID-19 or other pre-existing conditions
- ❑ Children exposed to dangers and injuries, as those living or working near contamination by Explosive Ordnance or dangerous infrastructure, as healthcare services may be overwhelmed or inaccessible
- ❑ Children out of school
- ❑ Child-headed households
- ❑ Children who are married and/or parents or heads of household as domestic level violence may increase, and income decreases
- ❑ Children who are at risk of HH-level violence or live with parents who may be experiencing HH-level violence.
- ❑ Children at risk of becoming associated with armed forces or groups as coping mechanisms for limitations to family income or their access to basic goods.
- ❑ Children who are or identify as lesbian, gay, bisexual, transgender or intersex, or are of a specific ethnic group (e.g. refugees, Roma) or with a health conditions (e.g. Albino children), or accused of witchcraft, that may be used as scapegoat by community
- ❑ Children who live or work on the streets
- ❑ Children who are seasonal workers
- ❑ Children with specific health conditions (e.g. HIV-AIDS, TB)
- ❑ Children in in detention –decrease of basic goods and services, increased violence and negative coping mechanisms.
- ❑ Children in institutions –decrease of basic goods and services, increased violence and negative coping mechanisms, closure and abandonment.
- ❑ Children living in high density environments, such as urban slums and other informal settlements, including camps and shelters
- ❑ Children in acute poverty/dependent on incomes now at-risk
- ❑ Women who are on the frontlines of service provision and caregiving- as professionals, mothers, and home caregivers

[19] CP NIAF can choose to use the global WHO estimates which considers that about **15%** of the population lives with **some form of disability**, **of whom 2-4% experience significant difficulties in functioning** (World report on disability. *2011 Edition. WHO and the World Bank)*

- ❑ Children on the move (migrant, refugee and IDP children)
- ❑ Children who are unaccompanied (Children who have been separated from both parents and other relatives and are not being cared for by an adult who, by law or custom, is responsible for doing so)
- ❑ Children who are separated (Children separated from both parents or from their previous legal or customary primary caregiver, but not necessarily from other relatives. These may, therefore, include children accompanied by other adult family members.)
- ❑ Children with Mental Health and Psychological Distress who cannot be identified and referred to services
- ❑ Children experiencing HH-level violence, GBV or maltreatment who can no longer be identified and referred to services, due to service and domestic shut-down.
- ❑ Children who become associated with armed forces and groups, who enter in child marriage and are forced to work, as identification and service provision may be limited.
- ❑ Children whose case management could not be completed due to the pandemic or containment measures.

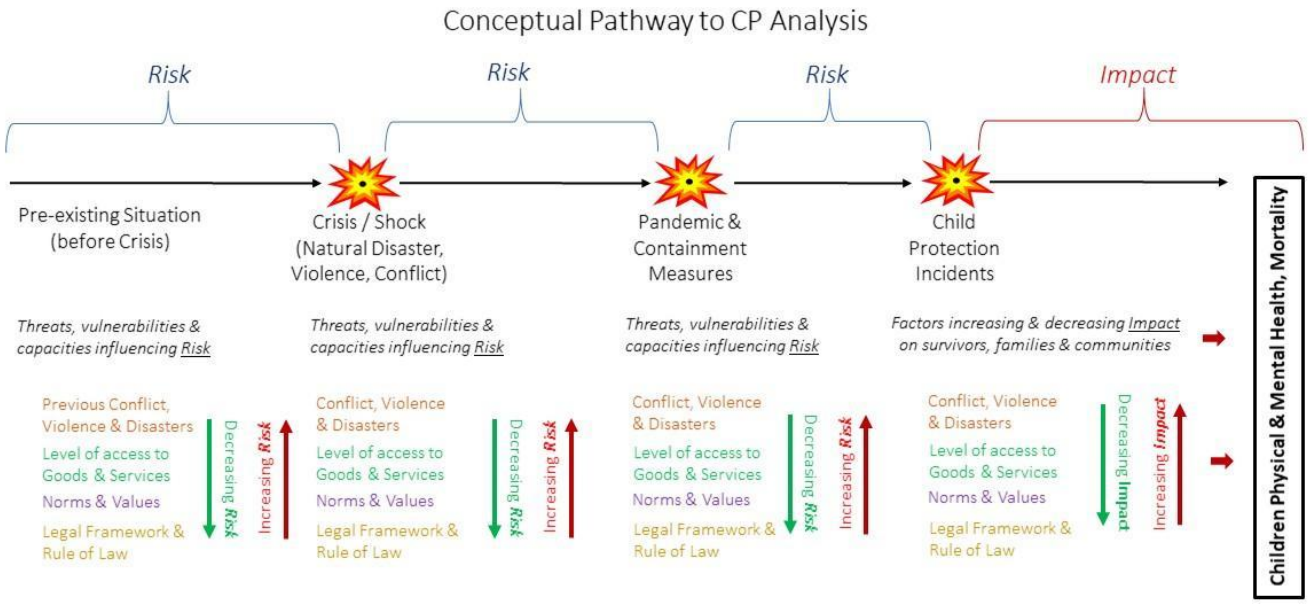
Consider that specific categories may be at risk for specific CP risks.

Annex 4: Conceptual Pathway to CP Analysis

The visual below may help guide and organize Child Protection Coordination Group (CPCG) colleagues' collective thinking when analysing factors & actors.

CPCG can intervene on both reducing risks and supporting survivors to manage the impact of an incident, is it useful to apply a structured logical progression to understanding actors and factors influencing risk and consequences on survivors.

This visual helps organize CPCG colleagues' collective thinking of how factors & actors during the emergency, and after the pandemic increase or decrease risk and impact of CP incidents.



Annex 5: Coaching Enumerators and Local Actors on monitoring

When secondary data from CP and other sectors/actors are not sufficient, primary data collection may be needed. This list helps coordinators and IMOs in training and coaching local actors and enumerators for any primary data collection (e.g., child protection monitoring).

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** (this is why we monitor on a regular basis and not only once)
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**, clarifying 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
8. Explain and give examples of **how to ask specific questions**, e.g., sensitive questions, questions that may need specific explanation.
9. Set up referral pathways and share them and explain them to local colleagues
10. Explain **how to use and fill** the Data Collection Tools (i.e., questionnaire)
11. Give local colleagues the opportunity to come back with questions before starting data collection (short deadline)
12. **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…)
13. **Revise** Data Collection Tools and guidance material
14. 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
15. Address **specific issues in bilateral** conversations and keep communication channels open, so colleagues can ask questions when they face problems
16. Feed back to the local colleagues **how their information was used**.
17. Remember to **thank the colleagues** but also **correct** what they may be doing that puts people they interview in **danger or in difficult situations**.

Annex 6: Roles within the Child Protection Coordination Group

The Child Protection Coordination Group (CPCG) are well positioned for carrying out analysis and evidence-based decision-making, as they are potentially formed by organizations and individuals with complementary skillsets. They may include:

- Data or Assessment experts, IMOs
- Subject-Matter experts (e.g. Coordinator, Child Protection experts from UN and NGOs, national service providers, experts from authorities)
- Context/Cultural Experts (e.g. National and Local NGOs, Authorities, National service providers, local staff of International Organizations…) and
- Decision Makers, whose role is to make decisions about the response (e.g. Heads of organizations, Coordinator, UN Child Protection officers, line ministries).

These four profiles /skillsets are necessary to identify information needs, collect and analyse data, make sense of information in the specific context, provide options for response and decide on implementing these options.

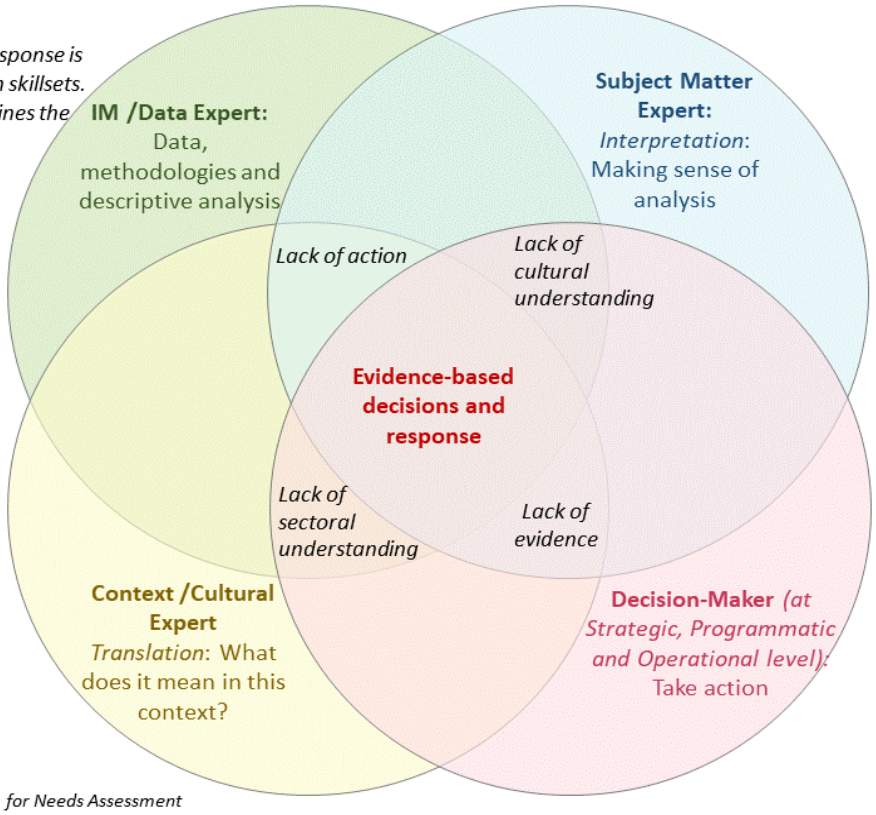
While each skillsets has specific leading roles, according to their expertise, they are fully involved throughout the process to ensure quality outcomes.

Evidence-based decisions and response – Venn Diagram

Evidence – based decision making and response is generated by the interaction of four main skillsets. Excluding even only one of them undermines the veracity and usefulness of results.

The modalities and process of their interaction must be rigorous and predictable, for results to be useful and usable

- *Discounting Information Management (IM) skillset results in lack of evidence.*
- *Discounting the subject matter or the cultural expertise prevents make sense of information (for a specific sector and in a specific culture/context).*
- *Excluding decision-makers results in lack of appropriate action.*



Modified by EDAUUR - Grand Bargain Work Stream for Needs Assessment

***Source**: 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

At each step of the process, each profile has predictable roles and responsibilities, that derive from their position and skillsets20. The skillsets have to work together throughout the process, leading different parts of the work, and complementing each other.

[20] For more information and details, 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

To ensure appropriate quality to the process and save time, it is important to remember that, for example:

- Decision-Makers have the responsibility of defining specific Information Needs (as they know what information they need to make key decisions), and explain them to IMOs, Subject-matter and Cultural experts to ensure a common and harmonised direction.
- IMOs/Assessment Experts will be responsible to ensure that the appropriate methodology is used to collect each type of data/information (or that the secondary data the Child Protection Coordination Group will use will be obtained using an appropriate method, and from a reliable source)
- IMOs/Assessment Experts will be responsible to ensure that data collection tools (including Questionnaires and Data Analysis Plans) will be effective in collecting needed information that can be later analysed as necessary
- IMOs/Assessment Experts will be responsible of carrying out Descriptive Analysis of data
- Interpretation, Explanatory, Anticipatory and Prescriptive analysis are the joint responsibility of context and subject-matter (Child Protection) experts, who take the lead including IM/Assessment experts for technical support.
- Decisions on response are the role of Decision-Makers in the Child Protection Coordination Group (Coordination Group's Coordinators and Members).

Annex 7: COVID-19 + Disability // 5 things that we need to know

1) **The people most often cited as being at serious risk are largely, by some definition, people with disabilities** so saying "don't worry COVID-19 is only dangerous for older persons or people with pre-existing conditions" could be inappropriate.

2) **It can be harder for persons with disabilities to take the appropriate steps to protect themselves from the coronavirus outbreak.** Taking measures to self-isolate for those who rely on others is difficult. Going shopping for food when someone else needs to help you is complicated. For those with chronic health conditions, getting life-saving medicine can be hard with disrupted services. Even washing hands and cleaning surfaces regularly (the advice we are all given) can be more difficult for persons with physical impairments.

3) **COVID-19 coronavirus threatens not only the health of persons with disabilities, but their independence**. For those who need support to maintain independence, particularly those who live in group settings like residential homes, outbreaks of the disease can disrupt these services. Caregivers may become sick, or the risk catching and spreading the illness may require them to stay at home.

4) **To be accessible, public health messages on COVID-19 MUST be provided in different and accessible formats**. Information should include audio, large print, easy to read, pictures and sign language and also be accessible to children with disabilities.

5) **Closing of residential schools and day centres can put persons with disabilities at risk of abuse.** As some persons with disabilities will require additional care, families who are not used to providing this care, and who struggle in doing so can put persons with disabilities at risk of violence, neglect and abuse. Abrupt changes in safety networks can cause further harm to those who need support.

(Sources: IOM DoE Protection: extract from Forbes article written by Andrew Pulrang, a well-known disability rights activist and writer, and the Save the Children paper on the impact of COVID-19 on children with disabilities.

(https://www.forbes.com/sites/andrewpulrang/2020/03/08/5-things-to-know-about-coronavirus-and-people-with-disabilities/#628d66da1d21)

(https://resourcecentre.savethechildren.net/node/17195/pdf/english_10_things_you_should_know_about_covid-19_and_persons_with_disabilities.pdf)

Annex 8: Examples of Impact of COVID-19 & measures on CP Risks

(*The Alliance for Child Protection in Humanitarian Action, Technical Note: Protection of Children during the Coronavirus Pandemic, Version 1, March 2019*). Some of the child protection risks below are observed in the current COVID-19 pandemic and some are potential risks observed in previous infectious diseases outbreaks.

Risks presented by COVID-19 and related control measures	Causes of risks
Child Protection Risk: Physical and emotional maltreatment	
• Reduced supervision and neglect of children • Increase in child abuse and domestic/interpersonal violence • Poisoning and other danger and risks of injuries to children • Pressure on or lack of access to child protection services	• Childcare/school closures, continued work requirements for caregivers, illness, quarantine/isolation of caregivers • Increased psychosocial distress among caregivers and community members • Availability and misuse of toxic disinfectants and alcohol • Increased obstacles to reporting incidents
Child Protection Risk: Gender-based violence (GBV)	
• Increased risk of sexual exploitation of children, including sex for assistance, commercial sexual exploitation of children and forced early marriage • Pressure on or lack of access to child protection/GBV services	• Reduced family protection of children • Reduced household income and/or reliance on outsiders to transport goods and services to the community • Girls' gender-imposed household responsibilities such as caring for family members or doing chores • Increased obstacles to reporting incidents and seeking medical treatment or other supports
Child Protection Risk: Mental health and psychosocial distress	
• Distress of children due to the death, illness, or separation of a loved one or fear of disease • Worsening of pre-existing mental health conditions • Pressure on or lack of access to MHPSS services	• Increased stress levels due to isolation in treatment units or home-based quarantine • Children and parents/caregivers with pre-existing mental health conditions may not be able to access usual supports or treatments • Quarantine measures can create fear and panic in the community, especially in children, if they do not understand what is happening
Child Protection Risk: Child labour	
• Increased engagement of children in hazardous or exploitative labour	• Loss or reduction in household income • Opportunity or expectation to work due to school closure
Child Protection Risk: Unaccompanied and separated children	
• Separation • Becoming unaccompanied or child head of household • Being placed in institutions	• Loss of parents/caregivers due to disease • Isolation/quarantine of caregiver(s) apart from child(ren) • Children sent away by parents to stay with other family in non-affected areas
Child Protection Risk: Social exclusion	
• Social stigmatisation of infected individuals or individuals/groups suspected to be infected • Increased risk/limited support for children living/working on the street and other children already at risk • Increased risk/limited support to children in conflict with the law, including those in detention	• Social and racial discrimination of individuals/groups suspected to be infected • Disproportionate impact on more disadvantaged and marginalized groups • Closure/inaccessibility of basic services for vulnerable children and/or families • Disruption to birth registration processes due to quarantine

Annex 9: Child Protection and COVID19 Data Collection Tips & Key Considerations

See Separate Annex Word doc in folder

Annex 10: OCHA - COVID-19 Response Readiness and Humanitarian Response Plan Revision Guidance Note

See Separate Annex -pdf- in Folder

Annex 10b: COVID19-GHRPRevision-GuidanceNote-annexes

See Separate Annex -zipped folder- in Folder

Annex 11: Prevalence Data and Sources

See Separate Annex -excel- in Folder

Annex 12: Standard questionnaire NIAF COVID-19

See Separate Annex -Word- in Folder

Annex 13: Interim Technical Note: PSEA during COVID-19 Response - Version 1.0

(developed by WHO, UNFPA, UNICEF, UNHCR, WFP, IOM, OCHA, CHS Alliance, InterAction and the UN Victims' Rights Advocate- In French, Spanish, Russian, Arabic and English)

https://interagencystandingcommittee.org/other/interim-technical-note-protection-sexual-exploitation-and-abuse-psea-during-covid-19-response

Annex 14: A checklist on Safeguarding (PSEA) for Local & National CSOs during COVID-19 response April 2020

by the Global Mentoring Initiative

https://static1.squarespace.com/static/58256bc615d5db852592fe40/t/5e918e746174a20e3a955bec/1586597493083/Final_+Guidance+and+checklist+on+PSEA+for+Local+and+National+CSOs+during+COVID.pdf

Annex 15: Ethical Considerations for Evidence Generation Involving Children - COVID-19

https://www.unicef-irc.org/publications/pdf/DP%202020-01.pdf *(you may need to copy and past this link into your browser as it does not always open, or find it in Folder)*