

# Needs Identification and Analysis Framework for Child Protection



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## NIAF in 7 Steps:

The CP NIAF is a Global Child Protection AoR guidance produced on behalf of the Global Protection Cluster.

A specific guidance for conducting the NIAF during COVID-19 Pandemic exists<sup>1</sup>: The present guide goes beyond the Pandemic. If this guide is used during the pandemic, the CPCG will consider the impact of COVID-19 and its containment measures on Child Protection, as an additional layer of crisis in the context.



## 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.

The NIAF terms “**Factors and actors that increase or decrease CP risks**” are, in other publications, referred to as Risk and Protective factors. However, too many times risks materialize in actual CP incidents and violations and therefore the NIAF analyses an additional set of “**Factors and Actors that worsen or reduce the-negative-consequences /impact of those violations**” on individuals, families, communities and the society.

<sup>1</sup> <https://www.cpaor.net/node/669>. Specific sections from the COVID-19 NIAF Guide can be still useful when planning if the impact of COVID-19 is still relevant: in particular, see section: How Child Protection Risks may change during COVID-19 pandemic and containment measures, pages 12-16, Suggestions on Protection information that will likely be needed during COVID-19 pandemic include, pages 23 and 24, and Annex 8: Examples of Impact of COVID-19 & measures on CP Risks. See also: Annex 09 (pg.16) - Child Protection and COVID19 Data Collection Tips & Key Considerations

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Comics in the NIAF handbook were made using Pixton Pro ( <https://www.pixton.com/> )

## Key aspects of NIAF & Purpose:

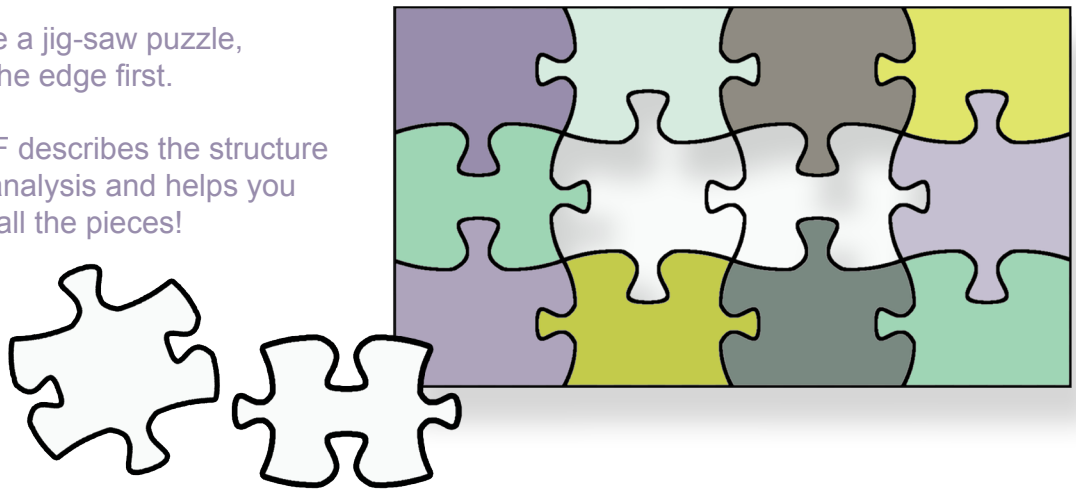
One of the fundamental tasks of Field CP Coordination Groups (CPCG) is understanding the CP situation in the context where they operate and plan an appropriate response to protect children and strengthen their resilience. The Needs Identification and Analysis Framework (NIAF) helps the CPCG in the field find a balance between resources spent on data collection /needs assessments to those spent on analysis, the real pre-condition for appropriate CPCG response.

The **NIAF is not another assessment tool**: it is a frame to help **Coordination Groups**<sup>2</sup> through the 7 steps of the process (See below). The NIAF focuses on the various levels of analysis, from descriptive to explanatory to joint interpretation and planning, all necessary for CPCG colleagues' response.

## A Framework for Child Protection Analysis:

When you make a jig-saw puzzle,  
you build the edge first.

In the same way, NIAF describes the structure  
and scope of your analysis and helps you  
remember all the pieces!



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 the CP integrated approach across sectors for a solid Child Protection Analysis. (See Annexes 1a, 2a and 3a)

<sup>2</sup> NIAF can be also used by any CP actors, not only by CP Coordination Groups, with the relevant adjustments.

The NIAF was developed on the realization that, in most humanitarian responses, only a limited part of all necessary data is available. Nevertheless, some data and information are always available or obtainable in ALL context. Such data can be quantitative and qualitative, be in the form of numbers, images, audio, video or stories from the field. They may come from official statistics, monitoring visits and reports, assessments by other sectors, rapid intersectoral assessments, knowledge and expertise of field staff, interviews with children, families, community workers and service providers, local actors, and members of the CPCG. **The NIAF helps CPCG use the data and information they have, those that they can obtain from other sources and those they can collect<sup>3</sup>, and encourages the use of expert judgement when appropriate to understand the CP situation and plan their response.**

Consequently, there is no standard minimum required datasets to successfully analyse using NIAF: datasets and consequently results, will vary depending on the context. What is indispensable in every context is a clear identification of decisions to be made, basis for CPCG decisions and information needed to make such decisions.

The NIAF helps CPCG use different sources and types of data to reach a shared understanding.

It provides the structure for CP analysis and helps Field CP Coordination Groups (CPCG) identify all the pieces of information they need, gather them, analyse them, and use them for response. The NIAF also clarifies roles and responsibilities of Coordinators, IMOs and CPCG members throughout the analysis process.

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 help colleagues identify, assess and target individuals/households in need of support.

## NIAF Handbook - Key Sections:

This document illustrates the 7 steps of NIAF analysis and provides tools to implement each step.

Each step of the NIAF helps take one or more decisions. Guiding questions and key actions are identified, with roles and responsibilities.

Annex 1 to 7 provide more guidance on each step and tools to help CPCG implement them. Comic Strips (Annex 14a, b, c and d) illustrate how the NIAF process can be implemented. Key sections are described briefly below with hyper-links for quick access.

<sup>3</sup> Useful indicators are suggested in the Annex 3b, structured by 1) sudden onset and 2) protracted crisis to guide 1) strategic, 2) programmatic and 3) operational decision-making. The indicators are not appropriate to all exercises and context. **Once the coordinators and Members of the CPCG identify their decision-making components and relative information needs, the IMO can use the list of indicators in Annex 3b to phrase the appropriate questions for the context (with the support of CP and Context/Cultural experts).**

## The NIAF Handbook can help the CP Coordination Groups:

- Agree on the process, roles and responsibilities (NIAF Process to support Response Planning) and Annex 19.
- Obtain an overview of the logical flow of your analysis (Conceptual Pathway to CP analysis).
- Identify guiding questions, actions, roles and responsibilities and operational techniques at each step (Step 1 – Identify decisions, Info Needs and Gather data), Step 2 (Describe), Step 3 (Understand), Step 4 (Envision), Step 5 (Plan response), Step 6 (Verify Planned Response), Step 7 (Monitor situation changes and adjust response). Roles and Responsibilities are specified at each step, and illustrated in Annex 19.
- Identify decisions, info gaps, gather data (Step 1 and Annex 1).
- Describe the factors and actors increasing or reducing risks and impact (Step 2 and Annex 2a).
- Identify affected areas to assess and analyse, considering pre-existing situation and CP risks (Step 2, Annex 2a & 2b).
- Understand: Severity Analysis and CiN (Step 3, Annex 3c and 3d).
- Plan response (Step 5, Annex 5a, 5b and 5c).
- Define target population (Annex 5a, 5b).
- Estimate Costing (Annex 5c).
- Monitoring ongoing changes to the CP situation and adjust response (Step 7 & Annex 7).
- Annex 12 and Annex 1 -section 7 help CPCG on Localization in Assessment and Analysis for the CP Coordination Groups.
- Annex 20 presents in a user-friendly manner Information Sources and Methods of Data collection for each decision and CP risk.

## NIAF Rules of Engagement:

The purpose of gathering information and data is to analyse them and enable decision-making for humanitarian response.

CPCG members analyses jointly, and reach a common understanding.

Exploring reasons for dissent leads to better collective understanding. Dissent should be reflected in analysis.

While IMO's have a big role to play in implementing the NIAF, Coordinators of formal or informal CP Coordination Groups lead the NIAF analysis process.

Gathering information is not the same as collecting new information. Primary data should be collected only when appropriate data are not already available, not usable, or not reliable.  
NIAF uses available data first.

Analysis is not limited to description of data and information: it includes identification of causes, actors and how they relate to one another, as well as definition of likely scenarios in case of lack of action.

Analysis must also include identification of best options for response.

Analysis is an iterative process: it may have to be repeated as new information comes, and as new dynamics create relevant changes. The NIAF allows for key information to be included in the analysis at a later time.

CPCG Coordinators, members and IM/Data and Assessment experts have specific and predictable roles during the process, that are appropriate to their mandate and skillset.

Children are not a homogenous group: different risk factors, different barriers to accessing support services and therefore different CP needs must be analysed for each group of boys and girls of different age, disability, diversity and social status.



## Who can use this guidance?

The Needs Identification and Analysis Framework is a guide for CP Coordination Groups in the field. 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<sup>4</sup>.

While the Coordinator /Co-coordinator leads the group through the analysis and facilitates the process, IMO identifies existing data and how to fill information gaps and provides the initial analysis. CPCG members use their knowledge and expertise, and channel that of their field staff and partners, to interpret, complement and modify data analysis.



CP NIAF guidance has been developed for any of the humanitarian contexts, regardless of their coordination structure. Whilst focused specifically on humanitarian contexts, the NIAF can also be used, with limited adjustments, to other contexts where formal or informal Child Protection Coordination Groups are working or are being set up, coordinated by different CP actors. Whoever takes the coordination role can lead the process and use this handbook.

<sup>4</sup> Based on outcomes of the Grand Bargain Work Stream on Needs Assessments: EDAUUR (See Annex 19 for a visual overview and the Grand Bargain outcomes in: [https://interagencystandingcommittee.org/system/files/ensuring\\_data\\_and\\_analysis\\_is\\_useful\\_and\\_usable\\_for\\_response\\_-\\_tools.pdf](https://interagencystandingcommittee.org/system/files/ensuring_data_and_analysis_is_useful_and_usable_for_response_-_tools.pdf))

## Tips for Practical Implementation:

Tips Field experience has proven the success in analysis and response of those CPCG who share information in their meetings during the whole year, verifying and analysing such information within the CPCG. Partners updates that consist in listing implemented or planned activities are not a recommended way of sharing information. The CPCG should rather focus on discussing and finding solutions to specific issues and new developments that impact the safety of children. When yearly planning time comes (either HNO/HRP or other types of appeals), the CPCG who have used their regular meetings this way find themselves ahead of others, and easily identify priorities and response strategies.

## Acronyms:

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

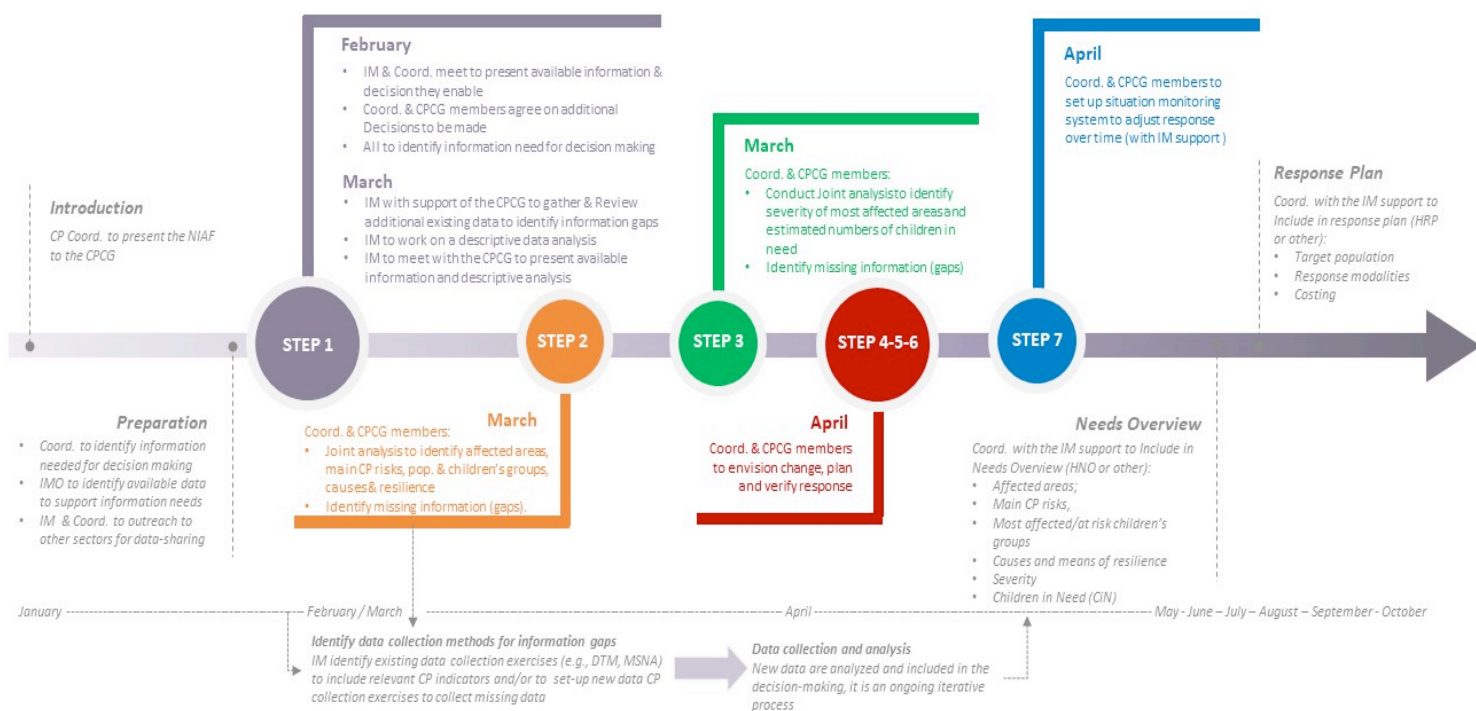


## Timeline (including links with HNO/HRP):

The timeline visualizes the NIAF process during the year and roles. It also explains how NIAF analysis fits with HNO/HRP.

# Needs Identification & Analysis in the Field - Timeline

CPCG will adapt according to their Planning Cycle Timeline



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## Child Protection Analysis for Response:

- Seven main Child Protection risks impact the physical and mental health and mortality of children in emergencies:
  - 1.) Dangers and Injuries
  - 2.) Physical & Emotional Maltreatment (incl. neglect)
  - 3.) Sexual and Gender-Based Violence (SGBV, incl. Child Marriage and Female Genital Mutilation/Cutting)
  - 4.) Mental Health & Psychological distress
  - 5.) Children Associated with Armed Forces and Armed Groups (CAAFAG)
  - 6.) Child Labour
  - 7.) Unaccompanied and Separated Children (UASC)<sup>5</sup>
- Capacities, Vulnerabilities and Threats impact the safety and security of children

## Risk Equation:

- We can represent CP risks as the result of Threats<sup>6</sup>, Vulnerabilities and Capacities<sup>7</sup>

$$\text{Risk} = \frac{\text{Threat} * \text{Vulnerability}}{\text{Capacity}}$$

- Capacities and Vulnerabilities can belong to the individual, the family, the community and the Society country. Threats can affect the individual, the family, the community and Society.
- Risk is higher when threats and vulnerabilities are higher, and when capacities are lower. A CP response aims at increasing capacity and reducing threats and vulnerabilities.
- Child Protection Response in Emergencies aims at reducing the seven risks and at mitigating the impact of such violations on children, when they happen.
- CP analysis for response must identify Threats, Vulnerabilities and Capacities for each group, as they are likely different for boys and girls, and for children from different ethnicity, health status, economic/social class, and age group.

<sup>5</sup> These were identified in the CP Minimum Standards: This is a list where each risk is separate for convenience, so to clearly structure the analysis process. The analysis results will reflect the complexity of reality, risks are linked to each other, and in some situations, one CP risk can also become a risk factors or even protective factors for other CP risks.

<sup>6</sup> Including Deprivation

<sup>7</sup> Including protective factors at individual, family, community and society level

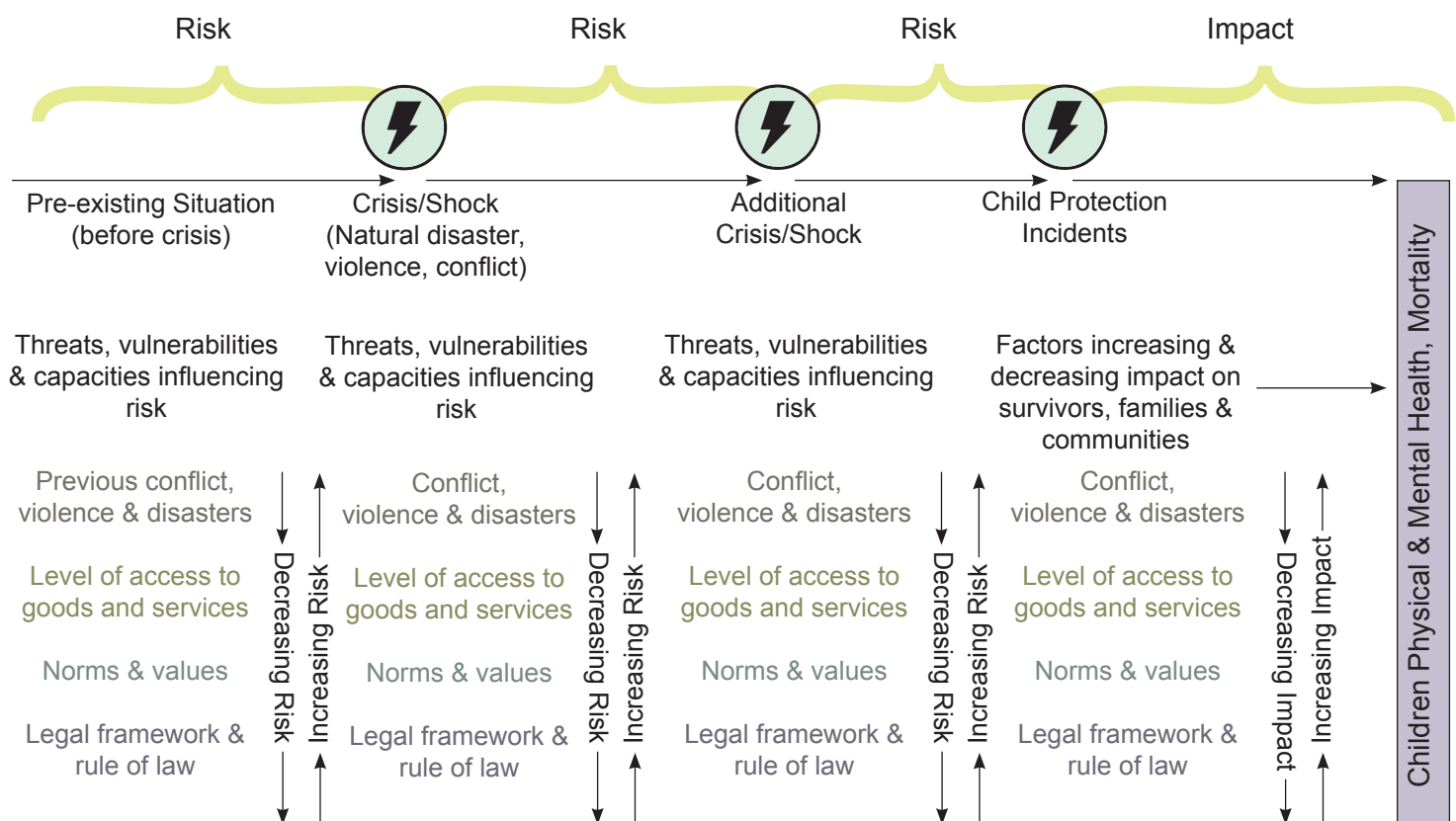
## Conceptual Pathway to CP Analysis:

CPCG can respond by:

- 1.) Reducing risks & building /strengthening resilience
- 2.) Supporting survivors to manage the impact of an incident/violation.

The visual below may help organize CPCG collective thinking, apply a structured logical progression to how factors & actors increase or reduce (protective factors) risk, impact and consequences of CP incidents. Remember that analysis should always look at the four levels of the socio-ecological approach:

- Individual
- Family
- Community
- Society



For example, in a war-torn country, pre-existing factors and actors increase or decrease CP risks, and the conflict brings a new series of factors and actors (armed groups, lack of legal accountability for violations...).

A natural disaster will add a new shock: Threats, vulnerabilities and capacities will change again, and should be analysed, in addition and in relation to those resulting from the conflict.

A series of GBV incident, in our example, will create immediate and longer-term negative consequences for the individuals, the family and the community. The type and impact of the incidents will also depend on the mitigating factors existing at the three levels (e.g., cultural norms, services, legal framework), as well as on those factors that add suffering. In our example, honour killing will worsen the impact of the GBV incidents, not only for the immediate threat to the individuals' lives, but also as the GBV survivors would be less likely to seek help and the healing process will be longer and more difficult, creating harm also at family and community level. A further factor worsening the consequences of the GVB incidents, could be of legal nature: for example, the implementation of protective detention of GBV survivors in a country, to save them from honour killings.

Another way to visualise the same concept is through this table:

PHASES:		ANALYSIS:
CP RISKS	I - Many Child Protection Risks often pre-date the crisis, and are caused by actors and factors linked to norms and values, legal framework and its implementation, levels of access to goods and services and even previous conflict, natural disasters and violence.	The identification of longer-existing, newly arising, or modified CP risks must also include who the population and children's groups facing higher risks are and why.
	II - When the crisis/shock hits new Child Protection risks may arise, and other may transform in nature, due directly or indirectly to the crisis, and following changes to levels of access to goods and services, alterations to norms and values and even changes in the implementation of the legal framework.	For each group, we must then consider all the factors and actors impacting each CP risks, at the individual, family, community and society levels, and how changes over time increased or reduced each CP risk.
	III - It is not infrequent that one or more new crises/ shocks hit the same areas, altering the CP risks once more.	We should remember that crisis and shocks exacerbate existing vulnerabilities and create new ones.
IMPACT & CONSEQUENCES	IV - Once CP incidents take place, impact and consequences on individuals, families and communities vary depending on the norms and values, the legal framework and its implementation, levels of access to goods and services by the individual, family and community and in correlation to the characteristics of the violence, conflict or natural disaster.	For each group of children at high risk, we must then consider all the factors and actors that contribute to increasing or reducing the negative consequences of each CP "incident/ violation": for example, CP services, community healing rituals, and resilience systems (economic support by religious groups, women's informal networks of support..).

## NIAF Process to Support Response Planning:

Overview: The NIAF process is structured in 7 steps:



Any attempt to organize group analysis in a linear process will only approximate what happens in reality. As the old saying goes, “all models are wrong, but some are useful”, and this process is useful to organize the group’s analytical thinking and not skip any necessary step.

When following the NIAF 7 step-process, consider that it will often be iterative: you may have to repeat each step more than once, even after the following steps are implemented. This is because new information gaps will be identified and new information will be gathered, but also because each new realization may bring to reconsider previous conclusions.

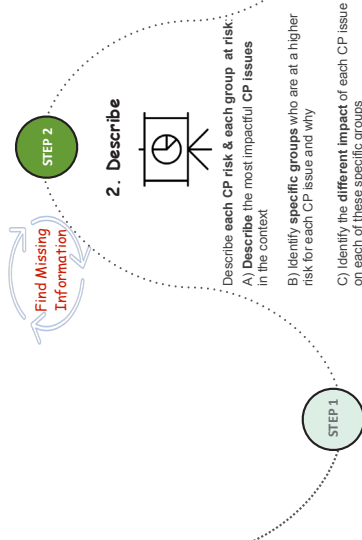
Start the analysis process early in the year, so that CPCG has the time to identify and collect missing information before the planning cycle starts.



# NIAF in 7 Steps:



## NIAF in 7 Steps



### 1. Identify Decisions, Info Needs & Gather Data

A) Identify decisions for response & basis for decision-making (What do we base our decisions on?)

B) Identify info needed to make these decisions

C) Identify existing data and gather them (work with AoR members, data providers and other sectors)

D) Review Available Data & Identify missing info

E) Identify appropriate source or data and investigate gaps for missing info and fill info gaps

See: STEP 1  
Annex 1 & 1a

### 2. Describe

Describe each CP risk & each group at risk:  
A) Describe the most impactful CP issues in the context

B) Identify specific groups who are at a higher risk for each CP issue and why

C) Identify the different impact of each CP issue on each of these specific groups

D) Identify affected areas and their profile

E) Consider:

- What is happening to children? What are the main CP risks?
- Who are the groups most at risk? Why?
- When are they most at risk? group?
- What is the impact of each CP issue?
- What is the impact of affected by crisis?
- What is the situation in these areas?

F) Understand what factors and actors increase or reduce CP risks for and/or impact on children. Consider for each identified group:

- What long-term and new factors and actors cause/worsen CP risks?
- What long-term and new actors, factors, capacities, services and mechanisms of individuals, families, communities and Country/Region reduce risks?

Have they changed since the crisis?  
What new or long-term actors and factors worsen consequences/ impact of CP issues? (Threats and Vulnerabilities of individuals, families, communities and Country/Region).  
What new or long-term factors and actors help reduce CP risks? (Capacities of individuals, families, communities in Country).

G) Identify missing information (Info Gaps) and how to fill them

See: STEP 2  
Annex 2a,  
2b, 2c & 2d

### 3. Understand

A) Identify locations to prioritize for response. Consider:

- In what locations/areas are CP risks the highest?
- Where are fewer resources and capacities to protect children or reduce impact of occurred violence on children?
- What values and benchmarks will define each severity level

B) Calculate how many children need protection (CIN). Consider:

- How many children are at risk & will likely need of protection in each location?
- What percentage of each identified population group is "in need" for each severity level

C) Identify missing information (Info Gaps) and fill them

See: Step 3  
Annexes 3a,  
3b & 3c

### 5. Plan response

A) Identify effective and appropriate modalities for response

B) Identify roles of actors, building on relative strengths

C) Identify targets for response & costing

D) Consider:

- Who are the responders?
- What timeframe are we considering for our interventions?
- How do we (CPCG) work with other actors? How to we increase capacity to prevent CP issues and address impact?
- How do we reduce vulnerabilities and exposure to risks, to prevent CP issues and enhance resilience?

What are the success stories or failure stories in this context?  
Who in the CPCG can implement which part of the response? How to leverage other WGs/ Clusters?  
Where do we respond?  
How many people/children do we target?  
How much funding and staffing do we need?

See: Step 5  
Annexes 5a, 5b & 5c

### 6. Verify Planned Response

A) Critically consider if the Response is likely to:  
be effective & appropriate for the context  
increase capacities and protectors or decrease risk and/or impact children  
create/exacerbate conflict or tensions  
Do Harm

Consider:  
What CP issue is planned response going to address? How? How likely is it?  
What are its Strengths, Weaknesses, Opportunities and Threats?  
How much improvement?  
How is this going to impact existing tensions? How do we decrease risk of tensions and conflict?  
What are the likely impact on other groups (not on our target groups)

What are the likely impact on social dynamics between groups  
What are program-specific GBV risks?  
How do we prevent Sexual Exploitation and abuse in our programming?  
How is it going to impact other CP issues?  
What is our exit strategy?  
What will indicate that the critical need over?

B) Adjust planned response accordingly (SOPs, Roles...)

See: Step 6  
Annexes 6a & 6b

### 7. Monitor Situation & Adapt Response

A) Agree WHAT to monitor (where /how to gather alert information, how to analyse it, and how to verify it in the field)

B) Agree HOW to change response according to alerts as situation changes (SOPs, Roles...)

C) Agree HOW to change response according to alerts as situation changes (SOPs, Roles...)

- What events may compel strategic or programmatic change in response? What may significant impact on CP risks or support to the survivors?
- What info is crucial to understand changes?
- How do we gather, verify and analyse and communicate such information?
- How do we ensure information from local actors and staff in the field reaches CPCG and can be used?
- How do we act on information and adjust response?
- Whose role is it in the CPCG?
- How do we ensure that response to alert is predictable?

See: Step 7  
& Annex 7

## Summary of Each Step:

Each step below includes:

- A.) Decisions
- B.) Guiding questions to the identification of information needed
- C.) Recommended actions
- D.) Roles & Responsibilities of CPCG members, IMO and Coordinator

*For detailed guidance and tools to support the CPCG implement each step, see Annex 1-7.*

*For a visual example of implementation, see Annex 14 (a-d): NIAF in Comic Strips*

1

Identify  
Decisions,  
Information  
Needs and  
Gather Data

### Decisions:

- What decisions must the CPCG make? (e.g., identify areas and locations to prioritize? Prioritize population and children's groups? Quantify population to support? Identify programme modalities? Identify partnership for CPCG members?)

?

### Guiding Questions:

- ☒ What will the CPCG consider when making their planning decisions? (e.g., Do we decide based on number of children at risk? Availability, quality and access to basic goods and services? Availability, quality and access to Protection and CP services? Humanitarian Access to areas and locations? Funding limitations? Political considerations that impact independence of aid?)

- ☒ Do we need more data and information to make these decisions, or can we analyse the available ones?

### Recommended Actions, Roles and Responsibilities:

1.) Identify decisions for response (Adapt the lists of decisions in each of the 7 step to your situation)

**(Responsibility: CPCG Coordinators & Members)**

2.) Jointly agree on the basis for decision-making (What to consider when making planning decisions)

**(Responsibility: CPCG Coordinators & Members)**

3.) Identify the information needed to make these decisions (Adapt Annex 2b and Annex 3b: Indicators and Sources for Analysis in various contexts to your context and information needs)

**(Responsibility: CPCG Coordinators & Members with support by IMO)**

4.) Identify existing data, gather them (including from other sectors<sup>8</sup>) and conduct descriptive analysis. When necessary, collect data to fill information gaps. Extensive guidance for IMO is in Annex 01a (Child Protection and Data Collection Tips & Key Considerations) and useful global and regional datasets are in Annex 11- Prevalence Data and Sources

**(Responsibility: IMO with support by CPCG Coordinators & Members)**

5.) Ensure necessary Sex, Age and Diversity Disaggregation of your data: Each group of children faces different CP risks, at different degrees of risk. Different factors influence the risk of each group and different factors protect them. Barriers to accessing resources and support services will also vary, depending on the group's characteristics. Once the groups are identified (Step 2) CPCG will need Sex, Age and Diversity Disaggregated (SADD) data to "translate" their analysis into practical decisions. For example, CGs will use SADD data -including estimations- to calculate severity of locations, how many people are in need (Step 3), modality of service delivery (Step 5). The minimum disaggregation necessary is done on the base of sex, age, disability. However, the analysis will have more actional results when it includes additional disaggregation that impact on the CP situation of each group (e.g., displacement or legal status, sexual orientation, poverty level, ethnic/religious/cultural background, living environment: city/town-semi-dense areas/rural).

### Tips for Practical Implementation:

If needed, Coordinator (with a small groups of CPCG members) can build an initial list of decisions, propose an initial idea on what to consider when making planning decisions, and a preliminary list of information needs. The IMO can then identify available data for those information needs, including by reaching out to other sectors for data-sharing. Coordinator can then present to the CPCG the initial list and ideas to be discussed, amended and endorsed by the CPCG. The CPCG will then consider additions to the list if information needs, so that the IMO can gather additional data. The IMO will then conduct descriptive analysis, to present to the CPCG, discuss and jointly analyse.

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.



### **TOOLS:**

For tools and detailed guidance on implementing Step 1, please see: Annex 1.

<sup>8</sup> Gathering data from other actors – Examples of relevant actors include: 1) IOM DTM public datasets on <https://displacement.iom.int/> (Dataset tab at the bottom of the page, search by country) and UNHCR public data on <https://data2.unhcr.org/en/situations> (and then choose the refugee response); 2) IOM DTM & UNHCR non-public data, at aggregated level and in line with Do No Harm best practices and safe data sharing MoUs; 3) OCHA, RC office, and relevant focal points from coordination groups and actors (e.g., national and local authorities); 4) Field Staff and CP staff of 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. 5) UNICEF, SCI and other CP actors' data (e.g., MICS and CP-IMS databases – with extreme caution aggregating and using case management data); 6) Other Clusters and sectoral Coordination Groups: Education, Protection, Mine Action, Food Security, GBV, Counter Trafficking, CCCM, Health (including Sexual and Reproductive Health), MHPSS, WASH, CASH WG, etc. 7) Authorities and Ministries: Bureau of Statistics, Ministry of Health, Ministry of Education, Ministry of Interior, Police... 8) 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. 9) Search what is available online on the topics (even older reports may be useful, especially in the start of a response)

## 2

### Describe

#### Decisions:

- Agreement on context indicators to profile areas and identify those affected by the crisis
- Agreement on “affected” areas/locations to consider, in order to identify priority areas/locations
- Agreement on main CP Risks per geographical area and per group [HNO]<sup>9</sup>
- Agreement on who the most affected population and children’s groups most at risk are [HNO]
- Agreement on what the impact on most affected population and children’s groups is [HNO]
- Agreement on actors and factors impacting CP risks [HNO]
- Agreement on actors and factors increasing and reducing negative consequences after violations/incidents. [HNO]



#### Guiding Questions:

- ☒ Where are these children most at risk living? Which areas have been impacted by the crisis/crises in a way that affected the CP situation (risks, coping mechanisms, services....)? - Annex 02a Describe Affected areas and population groups, section on Identify Geographical Priority areas and Annex 2b Suggested context analysis indicators (for details on indicators)– Tab 2: Geographical Priority.
- ☒ What population groups are affected by the crisis? (e.g., IDPs, Refugees, Returnees, Migrants, non-displaced population, specific groups or ethnicities...) – See examples of groups in the IASC “Humanitarian Population Figures<sup>10</sup>, (p. 3 Humanitarian Profile Framework); Annex 02a Describe Affected areas and population groups, section on Population Groups in Affected areas and Annex 2b Suggested context analysis indicators (for details on indicators)– Tab 3: Groups Most Affected.
- ☒ What is the profile of these areas: a) What vulnerable groups live in each area, where and how many? b) What are the pre-existing vulnerabilities and resilience of the communities in each affected area (beyond CP)? c) What is the CP situation in each area? What is happening to children? Annex 02a Describe Affected areas and population groups, section on Vulnerabilities and Resilience in affected areas and Annex 2b Suggested context analysis indicators (for details on indicators) – Tab 4: InterSector Vuln. & Resilience.
- ☒ What are the main risks for children in the affected areas? Have these risks changed following shocks/crises? Annex 02a Describe Affected areas and population groups, section on CP situation in affected areas and Annex 2b Suggested context analysis indicators (for details on indicators)– Tab 5: CP Situation.

<sup>9</sup> [HNO] refers parts of the analysis that can be included in HNO or overview of CP needs in other planning documents/appeals. [HRP] refers to those that can be included in the HRP or other joint strategic plan.

<sup>10</sup> [https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/humanitarian-profilesupportguidance\\_final\\_may2016.pdf](https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/humanitarian-profilesupportguidance_final_may2016.pdf)

- ☒ Who are the children and families most at risk<sup>11</sup>? Who is likely to be more impacted by incidents or without sufficient support? (e.g., specific ethnic groups? Displaced or non-displaced? Specific age or sex? Children living in cities, towns-dense-areas or rural areas? Children living in disadvantaged neighbourhood without services)? Consider always gender, age, disability, diversity, status and other characteristics of children and their caregivers to identify who are most vulnerable in this situation. See also Annex 02a Describe Affected areas and population groups, Section: Identifying Children Groups more or differently at risk
- ☒ When are these children most at risk?
- ☒ What is the CP situation in each area and what is the impact on each group identified above? What is the resulting CP situation in the areas?

**To understand what factors and actors increase or reduce CP risks for and/or the impact on children, consider the following questions, for each identified group, always considering sex, age disability and diversity:**

- ☒ What longer-term factors & actors are responsible for and /or worsen CP risks? Focus on those that will likely continue in the current situation.
- ☒ What longer-term factors and actors<sup>12</sup> reduce risks? Focus on those that will likely continue in the current situation.
- ☒ How have factors impacting on CP risks changed since the shock/crisis?
- ☒ What longer-term actors & factors worsen consequences/ impact of CP incidents? (e.g., Threats and vulnerabilities of individuals, families, communities and Society, barriers to support services for specific groups...). Focus on those that will likely continue in the current situation.
- ☒ What long-term factors and actors help reduce consequences/ impact of CP incidents (e.g., Capacities of individuals, families, communities and Country/Region, incl. services)? Focus on those that will likely continue in the current situation, and what needs strengthening.
- ☒ How have these actors and factors changed since the shock/crisis?

<sup>11</sup> The identification of groups at higher risk is fundamental to proceed to the next steps of the process: it impacts the response strategy, the targeting, and also the calculation of Children in Need (what % to calculate as CiN for each group)

<sup>12</sup> Factors and actors include capacities, services, mechanisms of individuals, families, communities and society, persons and groups. These two terms are often used to describe overlapping concepts.

## Recommended Actions, Roles and Responsibilities:

1.) Identify Geographical Units of Analysis to use in the analysis, e.g., Region, Governorate, Province, Districts (Admin level 1, 2, 3)

**(Responsibility: IMO with support by Coordinator) - Please use the same Unit selected by Inter-Agency coordination)**

2.) CPCG group agrees on context indicators to be used in the identification of affected geographical areas.

**(Responsibility: CPCG Coordinators & Members, with support by IMO who verifies that the group selects indicators that can be analysed) (see Annex 2a and 2b)**

3.) Identify and profile affected geographical areas, including inter-sectoral vulnerabilities and resilience and affected population groups and present to CPCG

**(Responsibility: IMO with support by Coordinator) (See Annex 2a and 2b)**

4.) CPCG coordinator facilitates discussion amongst CPCG members (and experts of Food Security, Shelter, CCCM, Education, GBV, Mine Action, and other relevant sectors) to build a shared understanding of the context analysis results. It is likely (and should be considered a positive outcome of the joint session/s) that CP expertise and contextual/cultural knowledge of the members will add to and even modify the results.

**(Responsibility: CPCG Coordinators & Members, with support by IMO who explains the data behind the descriptive analysis and modifies results according to the expert judgment of the group)**

5.) Continue the context analysis, describing:

1.) Main CP risks per affected area

2.) Children groups who are at a higher risk for each CP risk

3.) Different impact of the CP violations/incidents for each group, and presents to the CPCG<sup>13</sup>

**(Responsibility: IMO with support by Coordinator)**

6.) CPCG coordinator facilitates discussion amongst CPCG members (and experts of Food Security, Shelter, CCCM, Education, GBV, Mine Action, and other relevant sectors) to build a shared understanding of the descriptive analysis results. It is likely (and should be considered a positive outcome of the joint session/s) that CP expertise and contextual/cultural knowledge of the members will add to and even modify the data analysis.

For example, CPCG members may identify a population group or a children group at risk that was not included in the data analysis, and add it.

**(Responsibility: CPCG Coordinators & Members, with support by IMO who explains the data behind the descriptive analysis and modifies results according to the expert judgment of the group)**

<sup>13</sup> For practical examples of impact of crisis on GBV on children, and mitigating actions to take in all sectors, see the Cheat Sheet #2 in the “Scenarios and Potential GBV Risks and Barriers for Women and Girls”, pages 15-19, available at: [https://www.humanitarianlibrary.org/sites/default/files/2020/07/GBV\\_Integration\\_in\\_Emergency\\_Preparedness\\_Guidance\\_Final\\_June\\_2020.01.pdf](https://www.humanitarianlibrary.org/sites/default/files/2020/07/GBV_Integration_in_Emergency_Preparedness_Guidance_Final_June_2020.01.pdf)



7.) At the end of this session/s, the group should have a common understanding of:

- A.) Affected geographical areas and documented modalities for this analysis
  - B.) Population and Children groups who are at a higher risk for each CP risk (to prioritize).
  - C.) Main CP risks per area (for each of the seven (7) main CP risks<sup>14</sup> in the Analysis Framework for Child Protection<sup>15</sup>)
  - D.) Different impact of the CP violations/incidents for each group
- (Responsibility: CPCG Coordinators & Members)**

8.) Identify missing information (Info Gaps) and how to fill them.

**(Responsibility: CPCG Coordinators & Members for identifying info gaps and IMO to gather additional data to fill info gaps)**

In countries where the HNO is being developed, CPCG can use the identified 1) Population Groups and 2) Affected Geographical Areas to contribute to the overarching Protection (Cluster and AoRs) analysis, and to the Intersectoral analysis (beyond protection). The suggested modalities and indicators are in fact in line with those recommended by Inter-Sectoral and Protection colleagues at global level (e.g., JIAF)

9.) Describe information related to:

- 1.) Actors and factors increasing and reducing CP risks
- 2.) Actors and factors increasing and reducing negative consequences of CP incidents/violations and presents to the CPCG

**(Responsibility: IMO with support by Coordinator)**

10.) CPCG coordinator facilitates discussion amongst CPCG members to build a shared understanding of what factors and actors now increase or reduce each CP risks for each of the previously identified groups in the specific context

**(Responsibility: CPCG Coordinators & Members, with support by IMO who explains the data behind the descriptive analysis)**

Remember that children are not a homogenous group: different risk factors, different barriers to accessing support services and consequently different CP needs must be analysed for each group of boys and girls of different age, disability, diversity, social status, ethnic/religious /cultural group.

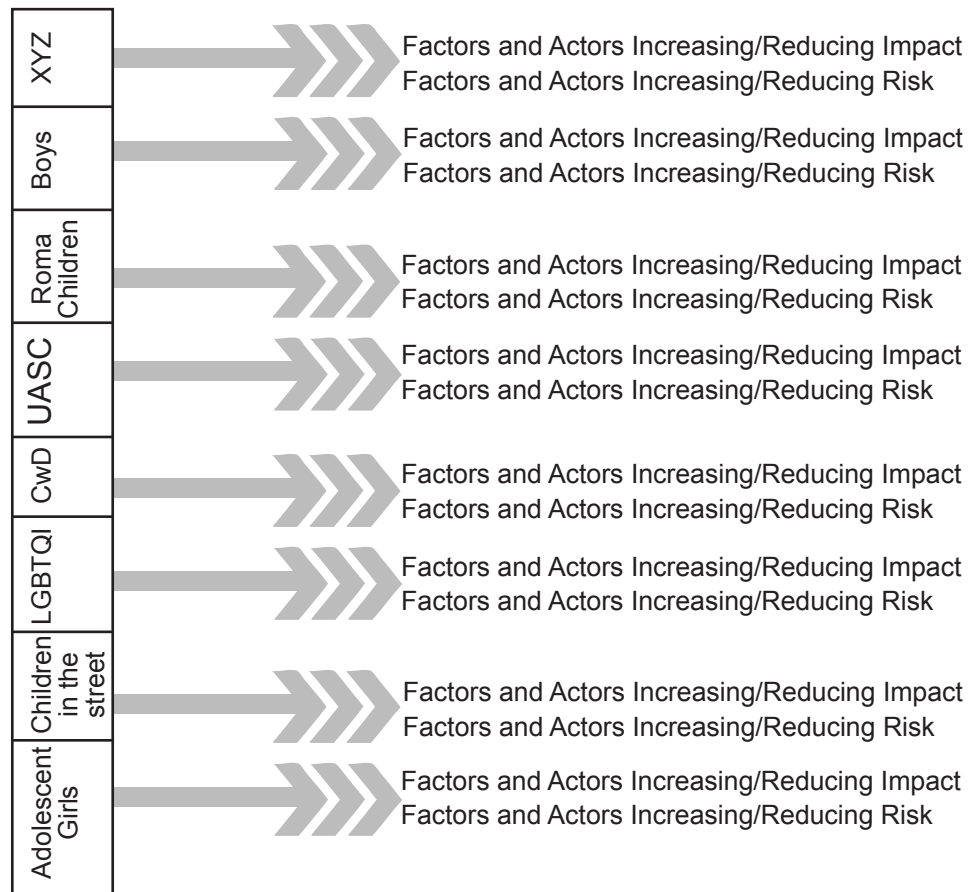
<sup>14</sup> Dangers and Injuries; Physical and Emotional Maltreatment; Mental Health and Psychological Distress; SGBV, Child Labour; Association with Armed Forces and Armed Groups, Unaccompanied and Separated Children. The AoRs may also decide to use the tool to separately analyse risks usually included in the 7 (e.g., Child Marriage, Female Genital Mutilation/cutting). See: Child Protection Minimum Standards: <https://www.alliancecpa.org/en/cpms> )

<sup>15</sup> See Annex 7 - CPAF

*Examples of Analysis of factors and actors is done per each CP risk and each identified group*

Child Protection Risk “Y” and “X”

Groups of Children who face higher risk



### Tips for practical implementation:

Analysis is time and resource-intensive. Start in January/February if your response will follow the HPC cycle with HNO and HRP common deadlines. That will give the CPCG time to finalize the analysis of actors and factors, identify the missing information, find ways to collect it and revise analysis, before having to calculate severity levels for each area and estimates of children in need for the HNO.

1.) CPCG coordinator facilitates discussion amongst CPCG members to build a shared understanding of what factors and actors now increase or reduce the negative consequences of violations/incidents on children, families and communities. These factors and actors may be pre-existing or linked to the changed situation.

**(Responsibility: CPCG Coordinators & Members, with support by IMO who explains the data behind the descriptive analysis)**

It is likely (and should be considered a positive outcome of the joint session/s) that CP expertise and contextual/cultural knowledge of the members will add to and even modify the data analysis.

2.) At the end of this session/s, the group should have a common understanding of:

- How and what actors and factors increase/decrease each CP risks for each group
- How and what actors and factors increase/reduce negative consequences of incidents/ violations for each group



## TOOLS:

- For tools and techniques to identify factors and actors, see Annex 2c.
- “Understanding Risk and Protective Factors in Humanitarian Crises: Implications for Child Protection in Humanitarian Action” by Alliance for Child Protection in Humanitarian Action is an excellent resource for risk and protective factors.
- For fishbone analysis diagram templates to fill, see Annex 2d.

# 3

## Understand

### Decisions:

- Geographical areas to prioritise for response (through a CP severity analysis). [HNO/HRP]
- Estimates how many children need protection from CP risks and support in coping with negative consequences of incidents/violations (CiN). [HNO]



### Guiding Questions:

To identify CP severity of areas, and to calculate how many children need protection (CiN), consider the following questions, for each identified group:

- ☒ What is likely to indicate that CP risks are higher in an area? Where is a higher number of children at higher risk located? Where do communities and families have fewer resources to protect children from risks and/or support survivors manage consequences of incidents/violations?  
(please, avoid number of reported cases, as they are misleading and can be counterproductive for your analysis. Use different types of indicators, including proxies<sup>16</sup>. Examples are in Annex 3b)
- ☒ What values and benchmarks will define each severity level? (i.e., what value of each indicator will signify that the situation in that area goes from “under stress” to “severe”, to “critical” to “catastrophic”?)
- ☒ What percentage of each identified population group is “in need” for each severity level? E.g., what percentage of IDP children are in need in an area with “under stress” level of severity? Or in an area with “critical” or “catastrophic” level? What percentage of host community children? And refugee children? And migrant children?

<sup>16</sup> A proxy indicator is a variable used to stand in for one that is difficult to measure directly. For example, Food insecurity is often correlated to negative coping mechanisms involving child labour, early marriage, sexual exploitation. In many contexts, closure of schools may be linked to an increase of Psychosocial Distress for children, and sudden displacement of population due to violence often results in an increase in unplanned family separation, etc.

## Recommended Actions, Roles and Responsibilities:

1.) Agree on Indicators, values and benchmarks to use for defining CP severity<sup>17</sup> of each geographical area (among those earlier identified as “affected”). See Annex 3a for step-by-step severity analysis and Annex 3b for suggested list of indicators

**(Responsibility: CPCG Coordinators & Members, with support by IMO who verifies that the group selects indicators that can be analysed)**

In countries where the HNO is developed, CPCG will coordinate closely with Protection Cluster and AoRs (or Coordination Groups for Protection, GBV, MA, HLP, CT) on the methodology to calculate severity, and contribute indicators to the calculation of overarching Protection severity, as well as Inter-Sectoral Severity. See Annex 3a for overview and links between CP, Overall Protection and Inter-Sectoral Severity)

2.) Calculate results of the CP Severity Analysis using agreed indicators and benchmarks, and present them to the CPCG, in a visual form (Responsibility: IMO with support by Coordinator). CPCG coordinator facilitates discussion amongst CPCG members to verify the results of the mathematical calculations reflect the expert knowledge in the group and of colleagues in the field. It is likely (and should be considered a positive outcome of the joint session/s) that CP expertise and contextual/cultural knowledge of the members will add to and even modify the data analysis<sup>18</sup>.

**(Responsibility: CPCG Coordinators & Members, with support by IMO who explains the data behind the descriptive analysis and modifies results according to the expert judgment of the group)**

3.) Considering the earlier agreed population groups most at risk (Step 2: Describe), identify benchmarks to calculate CiN per each population group (See Annex 3a for step-by-step CiN calculation), based on the level of severity of each area

**(Responsibility: CPCG Coordinators & Members)**

4.) Calculate the approximate number of children in need of CP response (CiN) per area using agreed benchmarks and agreed severity of geographical areas and present results to the group for endorsement.

**(Responsibility: IMO for calculation, Coordinator and members for verifying the results are in line with agreed parameters)**

5.) At the end of this session/s, the group should have a common understanding of:

- CP Severity of each affected areas
- CP estimated CiN (Children in Need)

**(Responsibility: CPCG Coordinators & Members and IMO)**

<sup>17</sup> Severity and Priority are often used interchangeably by humanitarian practitioners. In the NIAF, Severity (how severe the impact of the crisis is on the CP situation in each area) is calculated using: 1) indicators of proportion of vulnerable /at risk population groups over total population (which usually is a proxy for increased CP risks) and 2) indicators of CP risks (including proxies). Once the severity of each location/area is identified, the NIAF suggests to prioritize using information on services/resources of communities. This means identifying locations and areas -at high severity levels- where existing services/local resources (independent from the humanitarian community intervention) are unable to meet the CP needs. Note that info on services should be compared to the level of severity (how severe the impact of the crisis is on CP in each area) to identify priority areas for CP interventions (see Annex 3).

<sup>18</sup> Take information on services, as an example: data on Availability of services are more easily gathered in a quantitative form, and therefore normally included in the calculation. However, information about Access, Awareness, Acceptability, Quality and Use of/to services should not be overlooked (see annex 10), even when qualitative, and can be included in the CPCG joint review to adjust priority results.

6.) Identify missing information (Info Gaps) and how to fill them.

**(Responsibility: CPCG Coordinators & Members for identifying info gaps and IMO to gather additional data to fill info gaps)**

MANAGING DISSENT: getting to a shared understanding of factors and actors does not mean agreeing on every detail. The final analysis should be comprehensive of the main agreements, but can include different angles and perspectives, when clearly identified as such. Dissent is valuable to push for additional inquiry. It is the role of the coordinator and co-coordinator to manage the group so that dissent sparks a better analysis.



**TOOLS:**

- Annex 3a describes step-by-step how to calculate severity, linkages with Inter-sectoral and Overarching Protection Process, and how derive the estimates of CiN.
- Annex 3b includes suggested indicators CPCG can adjust and use.

**4**

Envision  
Change

**Decisions:**

- Defining the shared objectives of the response, per each group [HRP]
- When the CPCG involvement will end, and what is the exit strategy (how do we help local actors reach a situation where the CPCG intervention is no longer needed). [HRP]



**Guiding Questions:**

- ☒ What happens if we do nothing? What happens if we do nothing differently from before?
- ☒ Who will continue to be affected? Who else will be affected?
- ☒ What do affected community want to see in one year? What is the one-year vision of CPCG?
- ☒ Can this happen without involvement if the CPCG intervention?
- ☒ What timeframe are we considering for our interventions?
- ☒ What will indicate that a community does no longer need CPCG support?

**Recommended Actions, Roles and Responsibilities:**

1.) Consider consequences of not intervening/not changing current plans.

**(Responsibility: CPCG Coordinators & Members)**

2.) Agree on need to respond and objectives for response.

**(Responsibility: CPCG Coordinators & Members)**

3.) Agree on what will indicate that CPCG support is no longer needed by communities.

**(Responsibility: CPCG Coordinators & Members, IMO ensures indicators can be collected/analysed)**

# 5

## Plan Response

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. This is what is done during this step.

### Decisions:

- Agree on modalities of response, in the necessary scenarios, for:

1.)  
Delivery of Ensuring  
Access to basic goods  
& services (also in  
cooperation with other  
sectors)

2.)  
Risk  
prevention  
services

3.)  
Strengthening services and referrals  
for survivors of Injuries, Physical and Psycho-  
logical Maltreatment, SGBV, Mental Health and  
Psychosocial Distress, ex-CAAFAG, Family  
Separation and Child Labour and children living  
with mental health issues and psychological  
distress. [HRP]

- Agree on how many children, caregivers and communities must the CPCG reach with their support (considering CiN and the work by other existing active support actors): target population [HRP]
- Which community actors can CPCG support and how? What existing community-based risk prevention mechanisms and measures mitigating the impact of incidents on children and families the CPCG can strengthen and how. [HRP]
- Which actors in the CPCG that will respond (with a strong focus on local partners). [HRP]
- The amount of money, time and human resources that will be allocated for the CPCG response. [HRP]



### Guiding Questions:

- ☒ Who are the responders (within and outside of the CPCG)? Categorized in international, national, local /community level.
- ☒ 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?
- ☒ How do we (Child Protection Coordination Group & its Members) work with other actors?
- ☒ How can the CPCG leverage other Coordination Groups/ Clusters?
- ☒ What are the success stories or failure stories in this context?



- ☒ Based on identified factors and actors, how do we increase capacity to prevent/mitigate CP risks in the current context? How do we strengthen communities to do that?
- ☒ Based on identified factors and actors, how do we increase capacity to address impact and negative consequences of CP incidents and violations on individuals, families, communities and society?
- ☒ How do we reduce vulnerabilities and exposure to risks, to prevent CP incidents and enhance resilience?
- ☒ How do we strengthen communities to do that?
- ☒ Where do we respond?
- ☒ Who in the CPCG can implement which part of the response?
- ☒ How many children should and can we target?
- ☒ How many caregivers should and can we target?
- ☒ How much should we budget? How many staff do we need?

### Recommended Actions, Roles and Responsibilities:

- Identify roles of CPCG and external CP actors and partners and relative strengths, focusing on local partners and family- and community- protection mechanisms.  
**(Responsibility: CPCG Coordinators & Members: IMO collates information)**
- Based on the analysis in step 2, identify effective and appropriate modalities in the context for 1) delivery of ensuring access to basic goods & services (also in cooperation with other sectors), 2) risk-prevention services, 3) strengthening services and referrals for survivors of Injuries, Physical and Psychological Maltreatment, SGBV, Mental Health and Psychosocial Distress, ex-CAAFAG, Family Separation and Child Labour and children living with mental health issues and psychological distress (including modalities to strengthen factors and actors in the community that reduce risk and impact on survivors, families and communities).  
**(Responsibility: CPCG Coordinators & Members)**
- Calculate the target population for the CPCG response (See Annex 5a on Target Population)  
**(Responsibility: 1) CPCG Coordinators & Members to identify basis of the decisions, benchmarks and variable to consider; 2) IMO to calculate it on the basis of such decisions)**
- Estimate the amount of money, human resources and time needed for the CPCG response. (See Annex 5c on Costing)  
**(Responsibility: 1) CPCG Coordinators & Members to choose approach and variables, 2) IMO to calculate)**



#### TOOLS:

The Alliance for Child Protection in Humanitarian Action brief “Why Identifying Risk and Protective Factors is a Critical Step in Prevention Programming: Implications for Child Protection in Humanitarian Action” includes practical examples of prevention activities designed on the basis of the analysis of factors and actors impacting CP risks. (pages 8-9, 11-12).

# 6

## Verify Planned Response<sup>19</sup>

### Decisions:

- We modify the planned response if:
  - The planned response is NOT likely effective and efficient to achieve the identified objectives in this context
  - The planned response MAY cause harm to children, families, communities and create/exacerbate tensions and conflicts



### Guiding Questions:

- ☒ What CP risk is the planned response trying to address? How?
- ☒ How much improvement is each modality and the overall planned response likely to produce?
- ☒ What are Strengths, Weaknesses, Opportunities and Threats of planned response modalities? (SWOT analysis)
- ☒ How likely is each modality to succeed?
- ☒ Is any of the planned modalities likely to do harm to the children, families and communities? How?
- ☒ How is each one of the planned response modalities going to impact existing tensions/conflict?
- ☒ How are planned response modalities going to impact other CP risks?
- ☒ What are some of the likely impact on other groups? (not on our target groups).
- ☒ What are modalities likely to impact on social dynamics between groups?
- ☒ What are program-specific GBV risks?
- ☒ How could each modality increase Sexual Exploitation and Abuse (SEA)? What are the measures to mitigate these risks?
- ☒ How do we decrease risk of harm, tensions and conflict and other negative impacts?

### Recommended Actions, Roles and Responsibilities:

- 1.) Critically verify that the newly planned response is likely to:
  - Increase capacities and protectors or decrease risk and/or impact children
  - Be effective and appropriate for the context.
  - Not create harm to children, families and communities
  - Not create/exacerbate conflict (**Responsibility: CPCG Coordinators & Members**)
- 2.) Adjust planned response accordingly (**Responsibility: CPCG Coordinators & Members**)



### TOOLS:

For tools more on implementing Step 6, please see: Annex 6: Tools and Techniques to verify Planned Response

<sup>19</sup> This is related to “Protection Risk Assessment”, as similar activities are called in some contexts.

# 7

## Monitor Situation and Adjust

The NIAF Step 7 “Monitoring changes to the Child Protection Situation within the funding cycle” is a type of Situation Monitoring in line with CPMS standard 1. It identifies changes to the context, within the funding cycle, that have such dramatic impact on the Child Protection Situation that strategic or programmatic changes in the response are necessary.

This system is different from Programme (response) Monitoring of a Child Protection Programme<sup>20</sup>, and it is also different from a Child Protection Monitoring<sup>21</sup> system: Usually, results of a CP monitoring system may trigger changes in operational decisions during the funding cycle. Some of the results can also be analysed before the planning (as per NIAF steps 1 to 3), and thus inform strategic /programmatic decisions.

Changing strategic and programmatic decisions during the planning/funding cycle (e.g., 1 year for most HRP-related funding) is not usually foreseen, except through emergency appeals decided through inter-sectoral mechanisms.

Step 7 allows the CPCG to include in the plan the description of a clear and predictable system to make strategic and programmatic changes for CP response, if needed.

### This situation monitoring system is based on:

- A light information-sharing and analysis system that identifies events and situational changes (through “alerts”) during the funding cycle (e.g., 1 year for the HRP), that compel changes in priorities and programmatic modalities of the response before a new funding cycle can start. Note, that events that trigger operational changes<sup>22</sup> are not monitored through this system, as operational changes can be made without impact on strategy and programme modalities. The suggested monitoring modality uses few key datasets and information that are normally already available, either through partners’ activities, existing periodical data collection exercise (e.g., DTM MSLA) and through public information.
- Defined SoPs and roles for verification of alerts
- Defined and documented modalities for modifying response strategic and programmatic decisions during funding cycle that are included in the strategic plan (e.g., HRP)

### **Decisions:**

- How to change the response on the basis of new evidence<sup>23</sup> (if changes are not possible, this system is not necessary)
- What key indicators to monitor as they indicate significant change in the CP situation during the current funding cycle. [HRP]
- How to collect and analyse new evidence capitalizing on existing situation monitoring mechanisms and systems

<sup>20</sup> 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 analysing 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>

<sup>21</sup> For a Child Protection Monitoring <https://resourcecentre.savethechildren.net/library/child-protection-emergencies-monitoring-toolkit>

<sup>22</sup> A large sudden increase in UASC in a location does not trigger a change on strategic priorities and programme modalities. An organization can make such changes without the need to modify strategic objectives, partnerships and plan.

<sup>23</sup> Including this eventuality in the plan and a reference to the alert monitoring mechanisms and modality to adjust response may be useful in preparing donors to later necessary changes.



### Guiding Questions:

- ☒ What events/changes may prompt a change in response strategic or programmatic level? What may change rapidly with significant impact on protection of children from risks or support to the survivors?
- ☒ What do we need to know (monitor) to ensure we do not miss these events? What info is crucial to understand these impactful changes of situation?
- ☒ Where do we get this info? Who is collecting it already? How do we gather these information from actors who are already collecting it?
- ☒ How do we channel the info to the CPCG in a predictable manner?
- ☒ When do we need verification from the field? How do we do that?
- ☒ How often do we need to analyse? Who analyses them and how?
- ☒ How do we act on information and adjust the response in a predictable manner? Whose role is it in the CPCG?

### Recommended Actions, Roles and Responsibilities:

1.) Agree on the defined purpose: WHY to monitor? To know when and how the situation has changed and adjust the response

**(Responsibility: CPCG Coordinators & Members)**

2.) Agree WHAT to monitor: What are the events that are likely to change the CP situation to the point of needing an adjustment of the response? Changes can create conditions that compel a response change at strategic, programmatic and at operational level. Operational changes are not included, as they are relevant to members' activities: the CPCG will focus on WHAT drives changes at the Strategic and Programmatic levels only:

- Strategic: changes of most affected geographical areas, population or children's groups, number of CiN/ population to target, change in the main CP risks. For example: in case of a sudden-onset natural disaster striking a conflict-affected country, a large change in the conflict lines, a new large-scale movement of population in a different area/direction, the opening of a new large-scale route of trafficking of children.
- Programmatic: changes that impact modalities of delivery (e.g., pandemic and movement restriction measures), or changes of actors who provide goods and services (e.g., major changes in ministries responsibilities, large NGO partners leaving a country/response).

**(Responsibility: CPCG Coordinators & Members)**

3.) Agree HOW to gather identified information and alerts (where /how to gather alert information, e.g., partners reporting, media reports, Inter-Sectoral WG, staff at field level)

**(Responsibility: IMO; Coord & Members to support)**

4.) Agree on WHO and HOW channels the information to the CPCG (e.g., identifying what specific information that members of the CG obtain regularly and share monthly with the IMO/Coordinator in the CPCG, including a standing agenda point in the regular CPCG meetings on updates on major changes)

**(Responsibility: IMO to lead and CPCG Coordinators & Members to support)**

5.) Agree on WHO analyses gathered information & HOW OFTEN (e.g., include a standing agenda point in the regular CP meetings, include regular monthly analysis of agreed indicators in the IMO task list, identify a group of IMO, Coordinators and 3 members who meet every month to analyse)

**(Responsibility: CPCG Coordinators & Members; IMO to support)**

6.) HOW and WHO verifies the alerts/information in the field & obtains more information (when is verification necessary, SOPs, Roles & Responsibilities)

**(Responsibility: CPCG Coordinators & Members; IMO to support)**

7.) Agree HOW to ensure response is modified according to situation changes (SOPs, Roles & Responsibilities: e.g., who and how to decide changes in response modalities or strategic decisions, who highlights issues with IAWG / HCT and communicates to other sectors for possible joint response, how to implement the changes, who explains changes in response to donors, how to include this eventuality in the HRP / other planning documents)

**(Responsibility: CPCG Coordinators & Members)**



**TOOLS:**

For more on Situation Monitoring Systems based on Alerts, see Annex 07  
For a visual illustration of a possible process, see NIAF in COMICS 4: Monitoring Change and Adapt Response

## Annexes List:

Annex 01 IM Guidance - Decisions Information Needs & Data

Annex 01a Mapping information needs and methods

Annex 02a Describe Affected areas and population groups

Annex 02b Suggested context analysis indicators

Annex 02c Tools and Techniques to analyse actors and factors impacting CP risks

Annex 02d Templates for Fishbone Diagram to fill

Annex 03a Severity, PiN and CiN

Annex 3b Suggested severity analysis indicators

Annex 05a Target Population for CP

Annex 05b Targeting Guidance\_for\_MHPSS\_in\_HRP

Annex 05c Activity Costing Guideline

Annex 06a Tools and Techniques to Verify Planned response

Annex 06b The-Do-No-Harm-Framework-for-Analyzing-the-Impact-of-Assistance-on-Conflict

Annex 07 Alert-based Situation Monitoring System

Annex 08 NIAF visual final 2 pages

Annex 09 CPAF- Child Protection Analysis Framework

Annex 10c AAAQ framework for CP

Annex 11 Prevalence Data and sources

Annex 12 Localization in Assessment and Analysis for the CP Coordination Groups

Annex 14 a/d - NIAF in Comic Strips Part 1/4

Annex 15 a GBV & PSEA annex\_risk mitigation tip sheet

Annex 15 b GBV & PSEA annex\_risk mitigation tip sheet checklist

Annex 16 Template for NIAF Report

Annex 19 Roles and Responsibility Overview

Annex 20 Information Sources and Methods for the NIAF