

Assessment Tool / Data Source	Quantitative Data Approach	Qualitative Data Approach	Recommended modifications to improve EO child casualties inclusion
MA AOR Analytical Framework			
IMAS 05.10 and Minimum Data Requirements	Standardises a minimum set of data to be collected by Mine Action Programs globally. Include standardised data collection of Accident and Victim data that meet many of the needs in this document.		Some categorisations are very high level and may lack the level of detail desirable.
Information Management System for Mine Action (IMSMA or IMSMA Core)	IMSMA is used in over 40 mine action programs around the world. IMSMA Core will support collection of data defined by the minimum data requirements and should be able to provide data accordingly. Where there are gaps IMSMA Core schema may be extended to include additional data as required		IMSMA and IMSMA Core are highly customisable. Depending on national data collection standards adjustments may need to be made to include all relevant data. On a global level any gaps identified in the minimum data requirements will also affect IMSMA Core data collection.
Humanitarian Data Exchange (HDX)			
Knowledge Attitudes and Practices Survey (KAP)			
Landmine monitor			
Joint IDP Profiling Service (JIPS)	Internally displaced person profiling is a collaborative data collection process to establish a shared understanding of a displacement situation. Household surveys are used to establish a demographic profile of the displacement- affected population that can be disaggregated by displacement status, location, sex, age and diversity characteristics, as well as a wide range of other information on their humanitarian and development needs, living conditions and coping mechanisms	Qualitative methods are often used in displacement profiling exercises to inform, complement or validate findings produced by household surveys. Key informant interviews and focus group interviews are commonly used methodologies. These methods can be used to understand the barriers faced by persons with disabilities.	EO Victims could be included among other diversity characteristics in surveys that are undertaken. EO Victims should be included among key informants, and questions should be asked about how the crisis impacts differently on persons with disabilities
iMMAP			
Monitoring and Reporting Mechanism IMS+			
Country-level Survey for the Monitoring & Evaluation Mechanism			
Injury Surveillance Incident Investigation			
Child Protection Needs Identification and Analysis Framework (NIAF)			
REACH			
ACAPS			
Displacement Tracking Matrix (DTM)	Globally, only limited disability specific information is collected, but the framework is in place - Mobility Tracking: estimate of a population type in a given area (e.g. the number of IDPs in a camp). The Multi- Sectoral Location Assessment tool includes estimates on the number of persons with disabilities. Flow Monitoring: movement past a defined location (e.g. border point, transport junction) can, in certain contexts, track persons with disabilities. Registration: census-like data on individuals within a population, including information on individuals with specific vulnerabilities. Surveys: qualitative or quantitative surveys through individual or household interviews. The Bentiu site assessment report from South Sudan used the Washington Group short set of questions to collect data on persons with disabilities.	Multi-Sectoral location assessments are undertaken routinely, particularly in cases where the population is relatively static, for example in South Sudan IDP camps. These assessments analyze the risks faced by affected populations in accessing services, using key informant and focus group methods. Some tools used in assessments have integrated disability.	Where more detailed data is collected, moving from the broad initial estimates towards detailed registration data, DTM tools could be modified to incorporate a standard primary data collection tool DTM mobility tracking tools like the Global Core Site Assessment that feed into global statistics use "best estimates" provided by key informants about vulnerability characteristics of the population, such as disability status. Using the global estimate of 15% disability prevalence rate is recommended where reliable primary or secondary data may not be available
Child Protection Information Management System (IMS)			
Multi-Cluster Needs Assessment (MCNA)	EO impact on children not specifically included as one possible category of vulnerable people among others with unmet needs. May provide insight on information gaps. However, the primary data collection element is very limited and only meant to inform overarching strategic priorities. Use of quantitative data focuses largely on pre-crisis and limited in-crisis secondary data	The methodological framework includes direct observation, key informant interviews and community group discussions as primary data collection approaches. However, disability is considered only as a specialized issue in the analysis of unmet needs and key humanitarian priorities (i.e. with the question, 'is there specialized response capacity in place?'), and not mainstreamed throughout	The MIRA process does not specify tools, leaving their design up to the assessment team. The following general points may improve inclusion in the process: • When initiating a MIRA specifically designate responsibility regarding vulnerability in relation to EO. • In conducting a secondary data review ensure that EO victim data is among the agreed categories for analysis, in line with Table 2 in the guidance • If primary data is sought ensure that interview guidance and direct observation checklists are inclusive of explosive ordnance child victims issues. • In order to account for the differing impact of explosive ordnance on children, interview participants should represent victim organizations and other related organizations
Public Health information services (Health Cluster - PHIS)			
MHPSS Service Mapping INFORM			
Joint Education Needs Assessment	Focused mostly on the collection and analysis of school-level data	The JENA is mostly a quantitative type of assessment. However, the Guide on Coordinated EIE NAs provides some guidance on qualitative data collection through FGDs	Currently there is no standard indicators/questions bank as part of the Education Cluster Needs Assessment package. Should this be developed, specific indicators and questions on EO child casualties could be added.
Harmonization of education assessments	Depends on the types of assessments done by partners and possible harmonization of indicators. Most often, this focuses on the collection and analysis of school-level data.	Depends on the types of assessments done by partners and possible harmonization of methodology and indicators	No recommendation given that this is a "light" methodology that relies mostly on existing assessments.
Education Cluster Information Management System (IMS)			
Health Resources Availability Monitoring System (HeRAMS)			

Annex E Inclusion of EO Child Victim Prevention and Response in the Humanitarian Needs Overview	
HNO Sections	Guidance on integrating EO Child Victims
Key Findings	At a minimum, use SADD data on EO casualties and include findings related to on-going risk. Use key data listed in Table 2.
Humanitarian Consequences	Describe the specific or heightened risks faced by sub-groups of the population (children) and barriers child victims face to access assistance. Use outputs from Step 2.4
Part I Impact of the Crisis	
Context	Describe (1) key problems, (2) how EO impacts children, (3) the factors contributing to heightened risk, and (4) their priorities and needs from children's perspective. Again, use outputs from Step 2 as inputs in this section
Humanitarian Consequences and Causal Factors associated with Needs	Child Victims with disabilities should be identified as a sub-group. Reflect inter- sectionality by describing how factors impacting specifically on such groups (such as barriers to accessing assistance) intersect with other structural inequalities (such as on the basis of age, socio-economic status, gender, ethnicity or religion) and contextual factors to create heightened risk for child victims within the prioritized population groups (e.g. IDPs with disabilities, women/girls with disabilities).
	<p>Examples</p> <p>Health services: child victims with disabilities may face particular barriers to accessing health services due to physical access obstacles or inaccessible information. Often, health services needed specifically by child victims (such as rehabilitation, assistive technology, MHPSS) may not be reaching child victims</p> <p>Schools: schools may not be inclusive of child victims with disabilities due to inaccessible or unsafe transport, inaccessible buildings, lack of adapted curriculum or trained teachers</p> <p>Assistance: may not be designed or delivered in an accessible way</p> <p>Rights and other related protection considerations: child victims may experience particular forms of discrimination, targeted violence or exploitation. Indirect Child Victims, (losing parents or living with parents or siblings who are EO victims) should be accounted for</p>
Severity of Humanitarian Needs	Analysis should include, at a minimum, the impact of EO on humanitarian consequences and needs, in particular in relation to children
Number of PIN	Where robust secondary data is unavailable use primary data sources. Highlight the number of child victims with a visual representation.
Part II Risk Analysis	
Risk Analysis	Use available results from recent analysis in the crisis context to describe the broad risk that EO poses to children drawing on data analysis process. Seek out perspectives from organizations of mine victims and local/international NGOs working with victims.
Part III Monitoring of Situation and Needs	
	Identify how humanitarian consequences and needs may evolve for child victims with disabilities, with consideration for access to assistance and other factors that heighten risk.
Part IV Sectoral Analyses	
For each sector	Describe how the EO impacts differently on children and factors contributing to heightened risk, with regard to each sector. See Steps 1-3 as a guide to integrate across: Mine Action Child Protection Education Health
Annex: Analysis Methods, IM Gaps and Gap-filling Plans	
Information Gaps	Reflect on what additional information is needed for programming and how it will be used. If reliable data on EO impact on children is not already available, describe how this will be integrated into planned needs assessment and other data collection processes.

Annex F Inclusion of EO Child Victim Prevention and Response in the Humanitarian Response Plan	
HRP Sections	Guidance on integrating EO Child Victims
Foreword by Humanitarian Coordinator	
	Make a reference to inter-cluster collective outcomes and the need to ensure children are protected and child victims fully included, as an important statement of leadership and commitment to inclusion.
Summary	
The Humanitarian Response Plan at a Glance	Include total estimated number of child victims in need and those who remain at risk of EO
Part I: Strategic Humanitarian Priorities	
Priority Humanitarian Outcomes, population groups and geographic locations	<p>A key outcome should be to strengthen inclusiveness of the humanitarian response for all prioritized sub-groups, which should include child victims</p> <p>Describe how explosive ordnance impacts children capturing their priorities and needs from their perspective, and considering the specific barriers faced by child victims with disabilities, and the impact of intersecting factors such as age, gender and ethnicity</p> <p>Consider including a text box or similar to highlight the specific outcome, with rationale, for prioritized sub-groups, including child victims (e.g. "age, gender and disability", or "reaching the furthest left behind").</p>
Strategic Priorities	<p>Ensure that the needs analysis on EO Child Victims undertaken during the HNO process is reflected in the strategic priorities of the HRP, and in line with inter-cluster collective objectives including:</p> <ul style="list-style-type: none"> • Risks associated with EO contamination for particular groups, and among them children • Obstacles to accessing humanitarian assistance (including due to lack of physical access or inaccessible information) for child victims (both direct and indirect victims) • Unmet health needs (including rehabilitation and MHPSS related needs) • Out of school child victims remaining without assistance to enroll or for social inclusion • Heightened risk of violence or abuse, including targeted violence against children with disabilities and among them child victims
Part II Strategic Objectives Response Approach	
Strategic Objectives	<p>In the description of each strategic objective, make reference to children at risk and child victims. Explain how this result will advance towards inter-cluster collective outcomes, or how it will specifically benefit groups who are most at-risk.</p> <p>Consider having a specific SO under which EO child victims can be better highlighted.</p>
Response Approach and Costing	<p>Rather than simply listing EO child victims as a group to be targeted or prioritized, describe how the response will address the factors contributing to vulnerability and the barriers to inclusion of child victims. Refer to good practice criteria to inform type of approach that is optimal (Annex F).</p> <p>Review on-going or planned responses, including by the government or development partners. Determine if child victims have adequate access to the response, if there are specific barriers faced, and what adjustments are needed in order to improve access.</p> <p>Establish clear multi-sectoral costing for both prevention (EORE) and Victim Assistance related activities for children. These can include but not limited to all services stated under the collective outcomes (Step 7)</p>
Part III Monitoring and Accountability	
Response Monitoring	<p>Indicate if there is need to strengthen collection and use of data on EO impact on children; use common and comparable indicators coherent with HNO data on child victims and categorically integrate into beneficiary registration systems accordingly across all relevant clusters.</p> <p>Refer to good practices and criteria that is useful as a benchmark for designing interventions (Annex F)</p> <p>Describe how affected groups, including EO Victims, will participate in monitoring the response.</p>
Part IV	
Sector Description	Consider adding a specific sub-heading in particular under Protection, Health and Education describing prioritised sub-groups that include child victims through SADD data on EO victims

Criteria and General Principles for Good Practices	Description/Benchmark
Demonstrable Impact	clear recorded change and positive impact
Contributes to 4 Collective Outcomes	The extent to which the practice has a demonstrable/measurable positive impact on reducing child casualty/fatality rates, increasing personal capacity of child survivors and increasing their access to education and social inclusion
Demonstrates inter-cluster collaboration	
Sustainability	potential for local actors to develop or sustain this action in the future
Demonstrates complementarity with relevant national authorities, supports local capacity, is community-driven with coherent linkages with pre-existing mechanisms	Is not a stand-alone project delivered by an international actor that will completely stop if international funding does. It is of value to the community who are involved in the continuation of the practice once it is established, along with other local actors
Context specific with clearly designated ownership	The practice has clear ownership that will facilitate its continuity as needed/required by the community after the end of the project cycle
Value for Money	DFID Framework
Economy, Efficiency, Effectiveness, Equity	Price/Quality of inputs, how well are inputs converted to outputs? how well are outputs achieving the intended impact, are the benefits fair and inclusive of marginalized groups?
Replicability	adaptable or scalable in another context
Innovative and Builds on existing knowledge	The practice benefits and builds on existing knowledge/practices and contributes to the community of practice in its field
Dynamic and evolving	The practice is not a one-off static intervention. It is flexible to respond to evolution of needs and context
Person Centered	Active involvement of individuals in any decision which concerns them
Do No Harm	The practice does not have "side-effects" that have a negative impact in any given context
Built in mechanisms for Accountability to Affected Populations	The practice demonstrate clear feed-back mechanisms and is endorsed by affected population groups
Conforms to general principles of CPRD	Respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons; - Non-discrimination; - Full and effective participation and inclusion in society; - Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity; - Equality of opportunity; - Accessibility; - Equality between men and women; - Respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities.